



**The Case for Developing a Regional Children's
Agenda: Central California Children's Institute**

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Background

The first Regional Children's Summit in the San Joaquin Valley was convened in 1999 by Valley Children's Hospital (now Children's Hospital Central California) and California State University, Fresno. Deeply concerned about the challenges of poverty, poor health, family stress, and limited education, summit participants identified the need for a vehicle that would call greater attention to children's needs, and facilitate the development of more effective policies, systems and programs on behalf of children and their families.

In response, the Institute for the Study of Children and Families (now the Central California Children's Institute) was established in 2000. The Institute's mission, as a program of the Center for Health and Human Services at California State University, Fresno, was to improve the well-being and quality of life for all children, youth and their families in the Central California region.

A seed grant from the Stuart Foundation and additional funding support from the university provided for the Institute's start-up. With this support, a second Children's Summit was held in 2000, and the Central California Children's Collaborative was formed in collaboration with Children's Hospital Central California. The Collaborative consisted of 250 health, human services, education, and child welfare professionals representing 75 agencies from throughout the region who were dedicated to improved outcomes for children. The CCCI provided staff support for the Collaborative. The third and fourth Children's Summits were convened in 2001 and 2002, respectively.

As momentum around children's issues grew, the CCCI received a three-year, \$500,000 grant from the California Endowment to support its work. Over the next several years, the Institute filled a critical need for solid information about the status of children in the Valley. Several key data reports were produced that focused on issues of critical concern: childhood asthma, teen pregnancy, and childhood obesity. Also, the CCCI published *Children Count!*, a report card on the well-being of children in Fresno County in 2002. This document was prepared under the direction of the Fresno County Interagency Council for Children and Families. A region-wide data book on child well being, *Children in Jeopardy: A Sourcebook for Community Action*, followed in 2004.

This document continues to be widely used by child-serving agencies and child advocates.

Despite five years of successfully bringing child advocates in the region together, and providing meaningful data and information to support their work, transitions in leadership and reductions in funding support rendered the Institute unable to continue its work. Consequently, the university began to brainstorm new ways of achieving the Institute's mission.

Today, the conditions of children and families in the San Joaquin Valley remain dire; yet, there is no organizational infrastructure for regularly convening stakeholders who share interests in children's issues, for encouraging collaboration and coordination across agencies and child-serving systems, and for calling attention in a comprehensive manner to the challenges facing children in the Valley. Research regarding challenges unique to children in this region is still needed so that appropriate and effective responses can be developed.

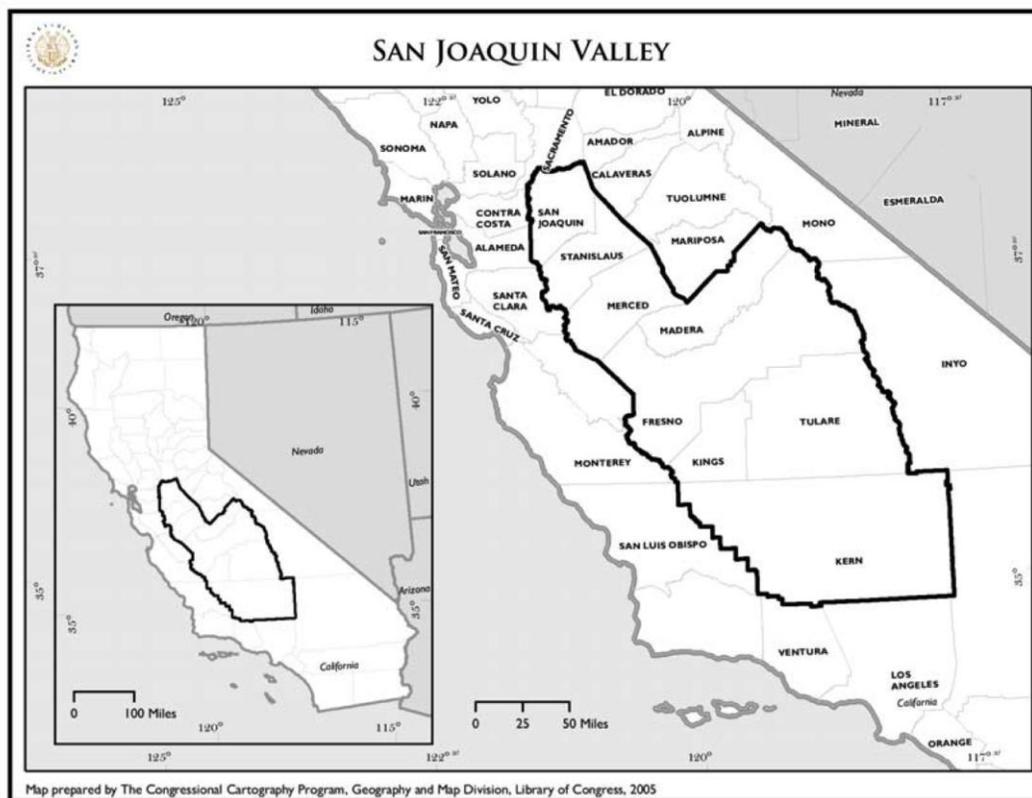
The Central California Children's Institute has begun the process of revitalizing its work of bringing the resources of the university into communities in the region to address the challenges facing children and their families. Funding has been secured from five colleges at the University to support the Institute's work, and new leadership is in place. Even in the midst of dwindling state resources, the Institute is committed to leveraging its resources with those of the public and private sectors to promote regional progress in children's concerns.

This document provides a brief overview of the socioeconomic environment of the San Joaquin Valley as it affects children and families, provides selected highlights of the conditions of children, and points to the opportunity before us to strengthen and expand the work of the CCCI, and to create a regional children's agenda that unites us around children's issues.

Demographic, Economic and Social Profile of the San Joaquin Valley

The San Joaquin Valley covers nearly 300 miles of California, stretching from just south of Sacramento to north of Los Angeles (Figure 1). The San Joaquin Valley encompasses eight counties --- Fresno, Kern, Kings, Madera, Merced, San Joaquin, Stanislaus and Tulare --- all tied together by Highway 99. Collectively, this rich region encompasses seven of the nation's top ten agricultural counties, which is reflective of the region's contributions to the vitality of the state and the nation (California Partnership for the San Joaquin Valley, 2006).

Figure 1. The San Joaquin Valley of California



Source: Congressional Research Service (2005)

The San Joaquin Valley (SJV) is one of the fastest growing regions in California and is projected to add approximately 1.4 million residents, by 2020, to the 3.3 million already living in the region. Approximately 60 percent of the growth in the Valley is attributable to migration from other parts of the United States, California, and

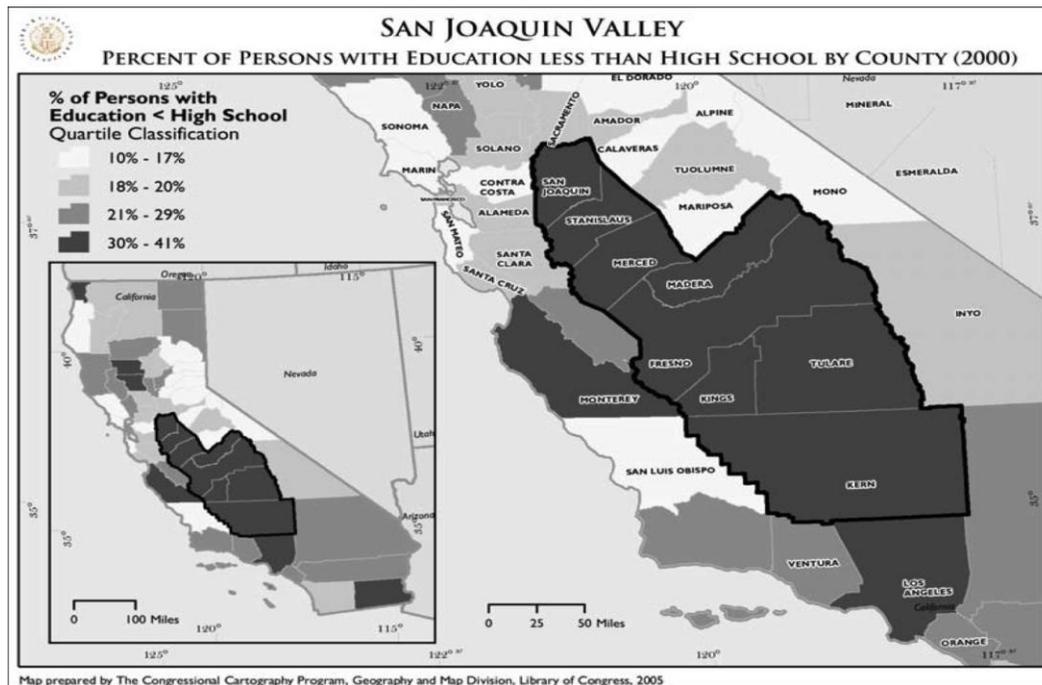
international regions, especially Mexico (California Partnership for the San Joaquin Valley, 2006).

Migration from neighboring areas of California due to lower housing costs in the Valley constituted the majority of the increase in population in the San Joaquin Valley in the late 1990's. The influx of individuals from different regions has led to a highly diverse Valley. The 2000 U.S. Census indicated that there is not one majority racial/ethnic group within the Valley, with 46.0% being White, 39.8% Latino, 6.1% Asian/Pacific Islander, and 4.6% African-American.

According to the Congressional Research Service (2005), two of every three international migrants to the SJV between 1995 and 2000 were Latino. Many of the new immigrants who find work in the agricultural sector form *colonias*, which are incorporated towns that resemble overgrown labor camps (Congressional Research Service, 2005). Because Latino immigrants tend to be younger than the state average, have lower high school graduation rates, and are disproportionately low-skilled (Reed et al., 2005), increased demand is being placed on health, education, and social service delivery systems to support the complex needs of this population. At the same time, many of these individuals lack the qualifications for high-demand, human service jobs as many have less than a high school education (Figure 2). Consequently, most are limited to occupying low-skilled, part-time, seasonal work for which there is great demand in the region's agriculturally-based economy (Congressional Research Service, 2005). Those who migrate to the region from other areas of the state often have the skills and education necessary to fill higher wage positions, but choose to commute significant distances to jobs in their counties of origin (outside the Valley).

Also, despite its unmatched agricultural contributions and rapidly growing population, the Valley has experienced disproportionately lower allocation of state and federal resources over many years than other regions of the state. The lack of attention and resources in the Valley has further contributed to its poor status in a number of important quality of life indicators (California Partnership for the San Joaquin Valley, 2006).

Figure 2. Percent of Persons with Education Less than High School by County



Source: Congressional Research Service (2005)

Demographic Profile of Children in San Joaquin Valley

The San Joaquin Valley is home to approximately 959,325 children under the age of 18. The number of children in the Valley has increased at a much higher rate than it has for the state as a whole, and the region has a slightly higher percentage of children than the state average (Children Now, 2007). Yet, resources available to children and families have neither kept pace with the need, nor with population growth (Children Now, 2007).

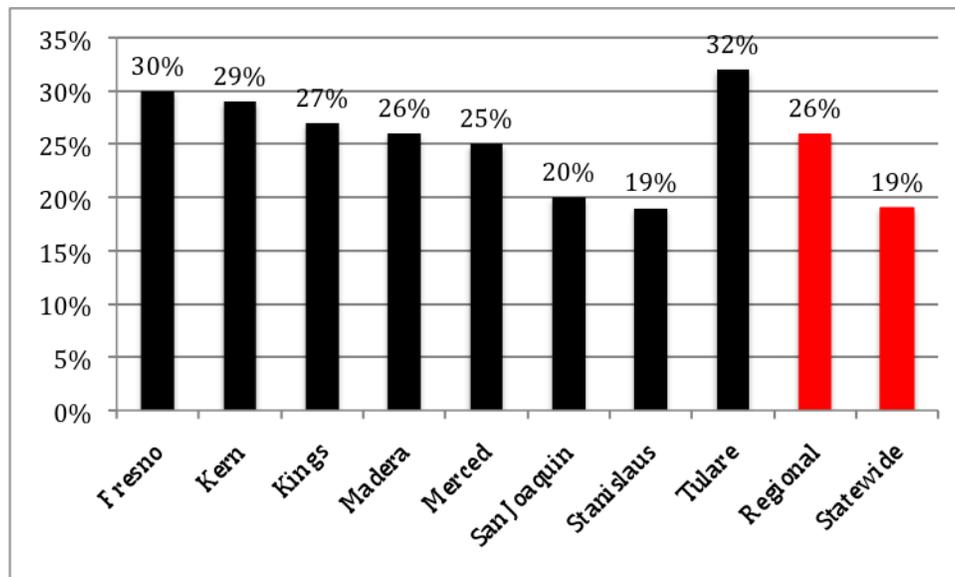
In 2007, Merced County had the greatest percentage (59%) of households with children under the age of 18 in the San Joaquin Valley, and Madera County has the lowest percentage, with 47% of households having children.

Many of the children in Valley households speak a language other than English at home. Frequently, children act as interpreters on behalf of family members who are unable to speak the English language. These children often face tremendous difficulties

because of their parents' inability to optimally navigate health, education and social service delivery systems.

Spanish and Asian languages constitute the majority of the languages spoken in Valley homes, right behind the English language (Central Valley Health Policy Institute California State University, Fresno, 2004). Merced County, at 53%, had the highest percentage of children who primarily speak a language other than English at home. Tulare and Madera counties both had similar percentages of children who speak another language at home, at 49% and 48%, respectively. Fresno County was not far behind with approximately 46%, while Kings County had a lower percentage of children speaking a language other than English at home with 42%. The Children Now data indicated that in Stanislaus, 40% of households had children who spoke another language at home. Finally, both Kern County and San Joaquin County had the lowest percentages at 39% and 37%, respectively (Children Now, 2007).

Figure 3. Percent of Children Living in Poverty



Source: Children Now (2007)

Along with language barriers, there are also a high percentage of children living in poverty in the San Joaquin Valley. According to Children Now, Tulare County (32%) and Fresno County (30%) had the highest rates of children living in poverty. Kern

County followed closely behind with 29%. Kings, Madera and Merced counties each had similar percentages of children living in poverty with 27%, 26% and 25%, respectively. San Joaquin County had 20% of children living in poverty in 2007, while Stanislaus County had 19%. The level of poverty among children in the Valley is substantially higher than the statewide average, as shown in Figure 3 (Children Now, 2007).

Child Health Indicators

Children in the Valley also face a number of serious health challenges, including high rates of low birth weight, teen births, obesity and asthma. In the Valley and nationally, low birth weight (less than 2,500 grams) is associated with poor prenatal care, poverty, and young maternal age (Palacio, 2001). As shown in Figure 4, the percentages of low birth weight infants are particularly high for African Americans as compared to Whites in each county of the region. Low birth weight infants are more likely to suffer developmental delays and poorer health outcomes than their full weight counterparts.

Figure 4. Percent of Low Birth Weight Infants by Race/Ethnicity

	Fresno County	Kings County	Kern County	San Joaquin County	Stanislaus County	Tulare County	Merced County	Madera County
African American	14%	20%	14%	12%	14%	N/A	12%	N/A
Asian	9%	13%	9%	9%	9%	8%	6%	N/A
Latino	7%	6%	7%	6%	5%	6%	6%	6%
White	6%	6%	7%	6%	7%	6%	7%	7%
Other	N/A	N/A	N/A	N/A	13%	N/A	N/A	N/A

Source: Children Now (2007)

The teen birth rate is an important indicator for assessing child well-being because of its association with poverty, lower educational attainment, and poor child outcomes. Teen births are a major challenge in every county of the Valley. Kings County had the highest rate of teen births with 70 per 1,000 live births, while Stanislaus County had the

lowest rate with 44 per 1,000 live births. Each county had significantly higher rates of teen births than the statewide average of 37 per 1,000 live births, highlighting the severity of the issue in this region. Even more telling are the racial disparities across each county. As shown in Figure 5, Latinos have the highest rates of teen births across all eight counties, followed by African Americans. The high rates of teen births in the Valley are a cause for serious concern, as often times these young parents are left without opportunities to attain sufficient education that could break them out of the cycle of poverty and low wage jobs. These consequences not only affect the teen parents, but also influence the opportunities available to their children (Children Now, 2007).

Figure 5. Teen Birth Rates (per 1,000) by Race/Ethnicity

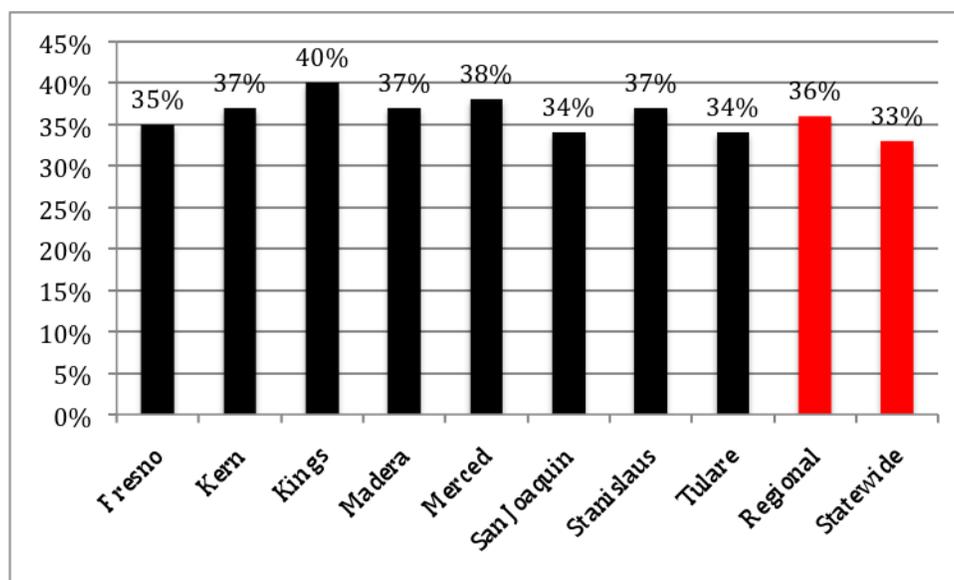
	Fresno County	Kings County	Kern County	San Joaquin County	Stanislaus County	Tulare County	Merced County	Madera County
African American	64	67	71	51	38	42	38	N/A
Asian	46	N/A	29	42	22	68	36	N/A
Latino	70	95	94	71	67	79	69	98
White	25	44	37	22	27	33	30	30
Other	18	N/A	12	8	N/A	N/A	N/A	N/A

Source: Children Now (2007)

The Central California Children’s Institute report, *Adolescence Interrupted: An Analysis of the Epidemic of Teen Births in San Joaquin Valley Communities*, established a key association between the rates of teen births and the characteristics of the respective community: “Communities with higher percentages of teen births also have higher percentages of residents living in poverty, families headed by a single female, low levels of educational attainment, foreign-born residents, and residents who speak a non-English language at home” (Hernandez, Curtis & Sutton, 2004, p. 24). The report sheds light on the factors influencing the high rates of teen pregnancy in the Valley, and offers suggestions for mitigation through regionally and culturally appropriate interventions.

Overweight children are a major concern because of the short and long-term health risks many are subjected to as a result of the condition. The Centers for Disease Control and Prevention (CDC) classifies overweight children as having their age and gender-adjusted body mass index (BMI) at or above the 95th percentile (Greer, Hernandez, Sutton & Curtis, 2004, p.8). “Overweight children are at risk for health problems that may follow them into adulthood, such as Type 2 diabetes, high blood pressure, high lipids, asthma, sleep apnea, and orthopedic problems” (Greer, Hernandez, Sutton & Curtis, 2004, p.7). Kings County has the highest percentage of overweight children in the Valley with 40%. Merced County follows closely behind with 38% of the children in the population being overweight. Madera County, Kern County and Stanislaus County each have 37% of the children in their populations classified as overweight. According to the Children Now 2007 data (Figure 6), approximately 35% of the children in Fresno County are overweight. Both San Joaquin County and Tulare County have identical percentages of overweight children at 34%. The prevalence of overweight children has been increasing across the nation, and the Valley is no exception. Each county of the Valley has higher numbers of overweight children in comparison to the statewide average of 33% (Children Now, 2007).

Figure 6. Percent of Overweight Children in the San Joaquin Valley



Source: Children Now (2007)

The Central California Children's Institute report, *Obesity and Physical Inactivity Among Children and Adolescents in the San Joaquin Valley*, presents an overview of the issue among children in the Valley; highlights its prevalence, proposes issues for further investigation; and encourages the community to use the information provided to facilitate discussions (Greer, Hernandez, Sutton & Curtis, 2004). The report also highlights the racial/ethnic disparities that exist among children and adolescents with the condition, and again, suggests gender, age and culturally appropriate interventions.

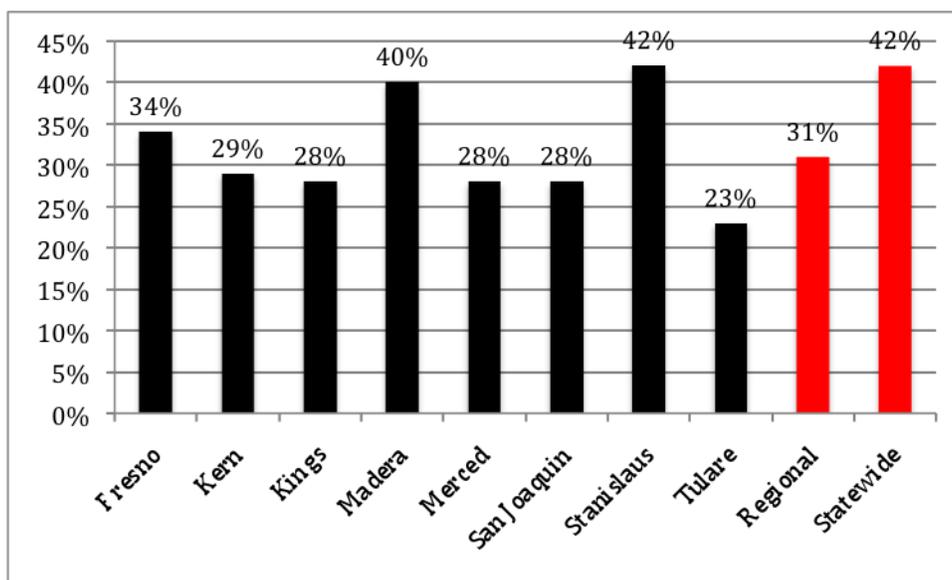
Another study by the Central California Children's Institute, *Struggling to Breathe: The Epidemic of Asthma Among Children and Adolescents in the San Joaquin Valley*, addresses the varying aspects of the chronic health condition of asthma among children ages 0-17 in the Valley. The report explains that the San Joaquin Valley "...has the highest prevalence of childhood asthma in the state..." with almost one in six children being diagnosed at some point with the condition (Hernandez, Sutton, Curtis & Carabez, 2004, p. 4, 27). The associated costs to families are staggering. "Disruptions in daily routines affect not only the child or adolescent but also the employment, work productivity, income-earning capacity, and quality of life of families" (Hernandez et al, 2004, p. 28). The report highlights the severity of this epidemic, and explains that its short and long-term effects "threaten to burden an already taxed health care system," and increase student absenteeism, leading to economic stress for families who must take time off work to care for those with the condition, and poorer academic performance for affected youth (Hernandez et al., 2004).

In May 2008, the Central California Area Social Services Consortium (CCASSC) produced a brief focused on the effects of methamphetamine use on children and families. The report *Responding to the Needs of Mothers and Children Affected by Methamphetamine Abuse in Central California* (Hernandez and Noriega, 2008) indicates that the SJV has historically been heavily impacted by the production, sale, distribution and abuse of methamphetamine. The brief focuses on the effects of children being removed from their homes due to meth use, and discusses the barriers that prevent children from being reunited with their mothers.

Educational Performance Indicators

Additional indicators of crises facing children in the Valley are preschool enrollment rates and performance on high school proficiency exams. Preschool and nursery school have been found to be vastly important in enhancing many aspects of children's development both in and outside of school. Children who experience the benefits of high-quality early care and education programs have stronger social and academic skills, and are less likely to encounter academic, health and social problems later in life. Stanislaus County had 42% of children ages 3 and 4 enrolled in preschool or nursery school, which is identical to the statewide average. Madera County had 40% enrollment, while Fresno County had 34% of children ages 3 and 4 enrolling in preschool or nursery school. The Children Now 2007 data shows that Kern County had 29% of children enrolling. San Joaquin County, Merced County and Kings County each had 28% of the children in their regions enrolling for preschool or nursery school. Finally, Tulare County fell far below the statewide average with 23% of children involved in preschool enrollment (Figure 7). The low percentages of children enrolled in preschool or nursery school in the region as a whole (31%), in comparison to the statewide average (42%), is of great concern (Children Now, 2007).

Figure 7. Percent of Children Enrolled in Preschool or Nursery School



Source: Children Now, 2007

The California High School Exit Exam was established to ensure that children in the public education system could perform at an adequate level respective to their grade in school. Differences in levels of performance on the examination become evident when looking at racial disparities, as shown in Figures 8 and 9. The percentage of African American and Latino students passing the examination are significantly lower than the rates at which White and Asian 10th grade students are passing. These percentages are a reflection of both the education provided as well as the competency of the students themselves, both of which may be influenced by other challenges facing the residents of the region (Children Now, 2007).

Figure 8. Percent of Children Passing the California High School English Exit Exam by Race/Ethnicity

	Fresno County	Kings County	Kern County	San Joaquin County	Stanislaus County	Tulare County	Merced County	Madera County
African American	60%	56%	61%	60%	68%	68%	67%	62%
Asian	72%	81%	81%	73%	82%	76%	76%	72%
Latino	65%	64%	62%	65%	68%	63%	66%	68%
White	88%	84%	84%	87%	85%	84%	84%	86%
Other	65%	57%	68%	66%	74%	61%	51%	68%

Source: Children Now (2007)

Similar to the English exam, the math competency of children is of high importance in their future success. The racial disparities in the performance of 10th grade math students in the Valley region are similar to the trends seen in the English exit exam. As shown in Figure 9, African American and Latino students fell far behind their White and Asian counterparts. The racial/ethnic disparity in the pass rates of children is an issue that should be further examined and addressed (Children Now, 2007).

**Figure 9. Percent of Children who Passed the California High School
Math Exit Exam by Race/Ethnicity**

	Fresno County	Kings County	Kern County	San Joaquin County	Stanislaus County	Tulare County	Merced County	Madera County
African American	52%	54%	58%	53%	67%	55%	58%	55%
Asian	78%	77%	88%	76%	85%	77%	81%	70%
Latino	63%	63%	62%	62%	70%	65%	66%	69%
White	85%	81%	81%	84%	84%	82%	81%	83%
Other	65%	58%	63%	61%	69%	58%	52%	70%

Source: Children Now, 2007

Social and Access Indicators

A number of other indicators of child well-being, such as substantiated cases of child abuse and neglect, domestic violence, and child homicides, further reflect the serious risks of mortality and morbidity for children in the Valley. According to *Children in Jeopardy: A Sourcebook for Community Action* (Central California Children's Institute, 2004), harmful lifestyle behaviors and limited access to services are active threats to child well-being throughout the region. The report concludes that services for children and families need to be expanded, utilization of existing services should be more widely encouraged, and there should be greater focus on preventing problems before they occur. Further, new models for linking families and children to services they need should be developed. The rural nature and isolation which typify Valley communities, along with the many languages spoken, the seasonality of employment, and the diverse cultural norms that influence help-seeking behavior, must be considered.

The Role of the Central California Children's Institute

Today, California State University, Fresno remains committed to making change for children in the region. Reflecting this deep commitment, five colleges at the university (Health and Human Services, Education and Human Development, Social

Sciences, Agricultural Sciences and Technology, and Science and Mathematics) have provided funding and faculty resources to the Children's Institute's efforts. Utilizing its broad base of faculty experts, the CCCI is uniquely positioned to engage in regionally-focused, multidisciplinary research, analysis and advocacy regarding the pressing problems facing children; problems that, more often than not, cut across academic disciplines, organizational structures, and county lines.

Consistent with its holistic, multidisciplinary view of the child, the CCCI proposes to consider in its work the physical, emotional, psychological, social, and environmental factors that influence child development. This broad, ecological perspective of the child shall permit greater precision in identifying the complex array of factors associated with child outcomes. The CCCI will also be proactive in promoting responsive and effective strategies for problem resolution at the individual, family, neighborhood and regional levels.

As a non-service delivery entity, the Institute will call attention to the importance of primary prevention. Through primary prevention, one aims to prevent the onset or development of disease or developmental difficulties by addressing risk factors. Considering the vast array of problems that face children in the Valley, a prevention-oriented approach is needed. The CCCI can play a critical role in establishing connections and networks within the Valley to encourage primary preventative measures such as broad-based community education programs for parents, particularly in the early years of a child's life. The Institute will also support the work of other regional initiatives, and connect those initiatives through networking and educational opportunities.

In the previous studies conducted by the CCCI, at-risk populations of children were identified. Identifying groups most at risk has been shown to be an important strategy for targeting resources where the impact is likely to be greatest. With the growth and expansion of the CCCI, additional research will be conducted and applied to identify risk factors, promote child-friendly policies and to create collaborative, inclusive networks throughout the region.

Going forward, the CCCI's objectives are to:

- 1) develop, implement and monitor a regional children's agenda
- 2) foster collaboration and networking among community and regional partners
- 3) connect university faculty who share interest in children's issues with the broader community to conduct multidisciplinary, community-oriented participatory research
- 4) promote effective, evidence-based programs and child-friendly policies
- 5) prepare future leaders to address children's issues
- 6) be a voice for the well-being of children and families.

Creating a Regional Children's Agenda

Finally, it is essential that the CCCI develop and maintain a community-driven agenda. Listening and responding to the voices of people in the region will ensure that the Institute is positioned to not only prioritize the issues that children in the region face, but also actively promote broad civic engagement in this work. Building on the findings of a 2008 random telephone survey of 1,200 Valley residents and focus groups and face-to-face interviews with key stakeholders, a comprehensive regional children's agenda will be developed, disseminated and monitored. This agenda will guide the work of the Institute, and become its framework for engaging community and regional partners, setting a research agenda, and identifying policy levers.

Investing in children and families is an investment in the region's future. There is no other broad-based, regional infrastructure that advocates specifically on behalf of children and families in the Valley. The CCCI has already shown itself to be a valuable asset through its relevant and timely research, and bringing stakeholders together. The CCCI, by leveraging the resources of the university, will continue this important work. We invite you to join us in creating a better region for our children and their families.

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