

CALIFORNIA

# Report Card <sup>2005</sup>

*An Assessment of Children's Well-Being*



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*An Assessment of Children's Well-Being*

## ■ Health

Health Insurance	<b>B-</b>
Dental Insurance and Access	<b>C-</b>
Childhood Obesity	<b>D</b>
Adolescent Health	<b>C+</b>
Infant Health	<b>B+</b>

## ■ Family Economic Security

Economic and Food Security	<b>D+</b>
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## ■ Education

Early Education	<b>C</b>
K-12 Education	<b>D+</b>
After School	<b>B-</b>

# The State of Children in Our State

**P**ublic opinion polls consistently show a strong, bi-partisan consensus on the need to invest in our kids. Yet even as Americans demand a greater focus on children, public investments are shifting away from them. In California, this is leading to children who are increasingly unhealthy yet lack health insurance, failing in school or unable to enroll in preschool, and living in families that lack the most basic supports to be safe and secure. Children Now's goal is to bridge this gap between public will and public policies to ensure that children are the top public priority.



The 2005 *California Report Card* provides an assessment of the current status of California's children. In the following pages, letter grades, A through F, are assigned to each children's policy area and reflect how well the state is meeting their needs. These grades are based on the most recent data available, including the 2005 *California County Data Book*, Children Now's companion research document, and our policy expertise.

Please read on, explore the issues in greater detail and join us in moving forward the proposed agenda that will assure a healthy and rewarding future for our children and for all of us.

We encourage your contact:

**Children Now**

1212 Broadway, 5th Floor

Oakland, CA 94612

[childrennow.org](http://childrennow.org)

Phone: 510.763.2444

Email: [info@childrennow.org](mailto:info@childrennow.org)

GRADE

# B-

## Health Insurance

**A child with health insurance is a healthier child.**

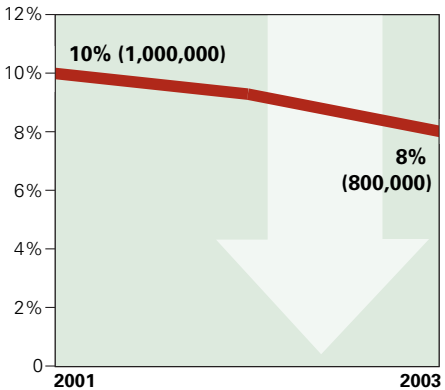
Nationally, children without health insurance are 8 times less likely to have a regular source of health care,<sup>1</sup> 4 times more likely to forgo needed surgical or dental care,<sup>2</sup> and 5 times more likely to rely on emergency rooms for services.<sup>3</sup>

In California, the percentage of children with health insurance has increased in recent years and is now over 90%. However, 800,000 children in California remain uninsured.

### KEY INDICATORS

- 8% of California children, ages 0-18, lack health insurance, down from 10% in 2001.<sup>4</sup> Insurance coverage improved for every age group and income group examined between 2001 and 2003.<sup>5</sup>
- 11% of children, ages 12-18, are uninsured compared to 5% of children under age 6.<sup>6</sup>
- 14% of children living in poverty lack health insurance, while only 2% of children in the highest-income group do.<sup>7</sup>
- 13% of Latino children, 9% of Native American children, 7% of Asian children, 6% of African American children, and 3% of white children lack health insurance.<sup>8</sup>
- The health status of children enrolled in California's Healthy Families program<sup>9</sup> for 1 year improved by 25%.<sup>10</sup>

**Children Lacking Health Insurance**



Percentage of children, ages 0-18, lacking health insurance, 2001 and 2003.

GRADE

C-

## Dental Insurance and Access

Keeping our children free of oral disease is vital to their good general

health, growth and quality of life.

Oral health problems among children contribute to low self esteem, missed school days, and difficulty eating and speaking.<sup>11</sup> Yet oral health tends to be an overlooked component of health services. Dental insurance vastly increases the likelihood that children will receive dental care.

Despite improvements in the number of children with dental insurance in recent years, children in California, across the board, are less likely to have dental insurance than health insurance.



### KEY INDICATORS:

- 18% of children, ages 0-18, do not have dental insurance.<sup>12</sup>
- 58% of children, ages 2-18, without dental coverage had a past-year dentist visit, compared to 81% of children with insurance.<sup>13</sup>
- 47% of kids, ages 2-4, and 17% of kids, ages 2-11, have never been to the dentist.<sup>14</sup>
- 20% of Latino children, 20% of Asian children, 18% of white children, 17% of Native American children, and 11% of African American children lack dental insurance.<sup>15</sup>
- The percentage of children, ages 2-11, without dental insurance declined from 18% in 2001 to 16% in 2003.<sup>16</sup>

GRADE

D

## Childhood Obesity

**Childhood obesity puts children at risk for physical and emotional problems, places long-term strains on our health system, and threatens to reduce life expectancy for the first time in modern history.**



Obese and unfit children typically eat an unhealthy diet and spend a disproportionate amount of time in sedentary activities. The very high volume of advertisements for junk food and sodas targeting children encourages this behavior. Across the nation, the percentage of overweight children has tripled in the last three decades.<sup>17</sup>

Childhood obesity is increasing in California. On the whole, our children are consuming more fast food and soda than fruits and vegetables, and are not getting nearly enough regular exercise.

### KEY INDICATORS

#### Overweight/Obese Children

- 28% of 5th, 7th and 9th graders in California are overweight, an increase of 6% since 2001.<sup>18</sup>
- 36% of Pacific Islander children, 35% of Latino children, 32% of Native American children, 29% of African American children, 21% of white children, and 18% of Asian children are overweight.<sup>19</sup>

#### Nutrition

- 66% of California teens, ages 12-17, drink soda daily, 48% eat fast food daily and just 25% get the recommended 5 servings of fruits and vegetables per day.<sup>20</sup>

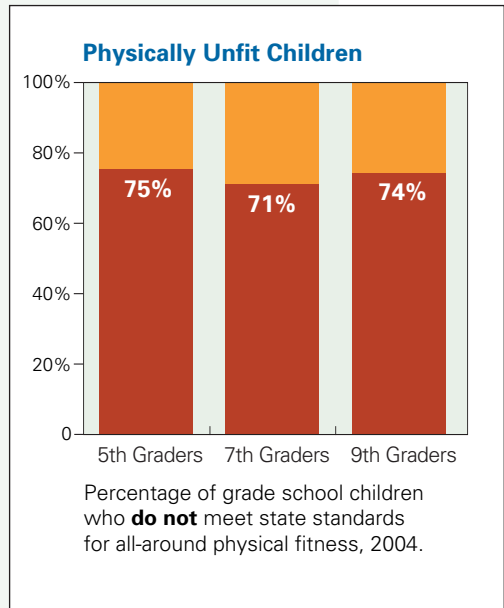
- 58% of African American teens, 57% of Latino teens and 51% of Asian teens eat fast food daily, compared to 39% of white teens.<sup>21</sup>
- Low-income teens are significantly more likely to eat fast food daily and drink more soda than the highest income teens.<sup>22</sup>

### Fitness & Physical Activity

- 75% of 5th graders, 71% of 7th graders and 74% of 9th graders do not meet state standards for all-around physical fitness.<sup>23</sup>
- Only 63% of teens engage in vigorous physical activity at least 3 days a week.<sup>24</sup>
- 43% of children ages 12-17 do not participate on any sports teams.<sup>25</sup>

### Media Consumption

- Nationally, children under the age of 6 spend nearly 2 hours a day watching TV, using computers and playing video games.<sup>26</sup> Children ages 8 and up spend nearly 6½ hours a day consuming media (including TV, videos/DVDs, video games, audio media, print media and computers).<sup>27</sup>
- Among California children ages 3 to 17, 61% watch 2 or more hours of TV a day during the week and 74% watch 2 or more hours of TV a day during the weekend.<sup>28</sup>
- The average child views 40,000 TV advertisements each year,<sup>29</sup> and 74% of advertisements targeting children promote candy, cereal and fast food.<sup>30</sup> U.S. companies currently spend \$15 billion a year on marketing to children.<sup>31</sup>



GRADE

C+

## Adolescent Health

Adolescence is a time of unique emotional, social and physical changes, which dramatically affect the health of our teens.



Adolescent health problems can radically and irrevocably alter the lives of adolescents and our society as a whole.

California adolescents have less access to health insurance and thus to health care than younger children do. And while California's rates of teen birth, teen suicide, juvenile incarceration, and teen substance abuse are declining, a high percentage of adolescents report binge drinking, reports of child abuse have increased, and teens have unmet needs for mental health and reproductive health services.

### KEY INDICATORS

#### Access to Health Care

- 11% of children, ages 12-18, are uninsured compared to 5% of children under age 6.<sup>32</sup>

#### Alcohol, Tobacco and Drug Use

- Alcohol consumption by 11th graders declined from 44% in 2000 to 37% in 2004. For 9th graders, it declined from 29% to 25%.<sup>33</sup> Still, nearly 25% of 11th graders reported binge drinking in the past month.<sup>34</sup>
- Cigarette smoking by 11th graders declined from 21% in 2000 to 15% in 2004. For 9th graders, it decreased from 13% to 10%.<sup>35</sup>
- Drug use by 11th graders declined from 26% in 2000 to 23% in 2004. For 9th graders, it stayed steady at 14%.<sup>36</sup>



### Teen Births

- The teen birth rate in California for females, ages 15-19, has been declining for over 10 years, and in 2003 was 39 per 1,000, down from 44 in 2001,<sup>37</sup> and is better than the national average of 43.<sup>38</sup>

### Suicides & Suicide Attempts

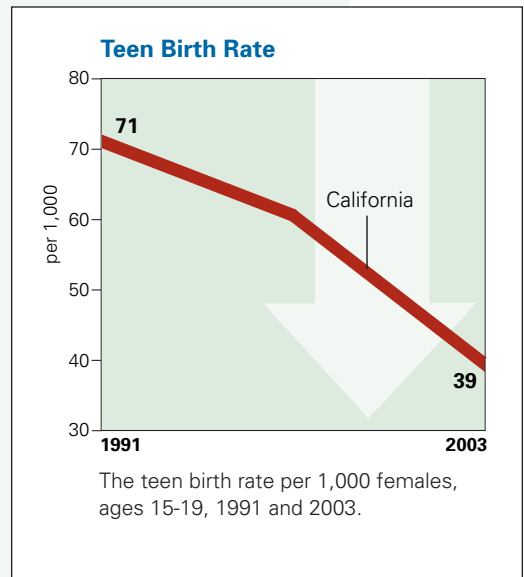
- The non-fatal suicide attempt rate in 2003 was 86.1 per 100,000 teens, ages 13-19, down from 89.8 in 2000.<sup>39</sup>
- The fatal suicide rate in 2003 was 3.8 per 100,000 teens, ages 13-19, down from 4.2 in 2000.<sup>40</sup>

### Juvenile Arrests & Incarceration

- Juvenile arrests for felony or misdemeanor offenses declined by 35% between 1994 and 2003. For violent offenses, they declined by 46% and for drug offenses, by 52%.<sup>41</sup>
- Juvenile incarceration rates declined 70% between 1994 and 2004. Between 1993 and 2002, new admissions to the California Youth Authority declined by 64%, and the standing population declined by 30%.<sup>42</sup>

### Child Abuse

- Nearly 200,000 reports of child abuse for children, ages 11-17, were filed in 2003—a rate of 47 per 1,000, compared to a rate of 45 per 1,000 in 2000.<sup>43</sup>



GRADE

**B+**

## Infant Health

**Early prenatal care decreases the likelihood of infant mortality and increases the likelihood of healthy infants born at a healthy weight.**



Low birthweight infants are at increased risk for both short- and long-term health and developmental problems, which in turn have negative long-term repercussions for health, education and social services systems.

Rates of early prenatal care have increased in California in recent years. And while the percentage of low birthweight infants in the state has increased slightly, it is lower than the national average. Additionally, the state's infant mortality rate has remained fairly steady

and is below the national average, although significant racial disparities persist.

### KEY INDICATORS

- The infant mortality rate per 1,000 was 5.2 in 2003, compared to a national rate of 6.0.<sup>44</sup>
- The infant mortality rate per 1,000 in California was 4.0 for Asians, 4.8 for whites, 5.2 for Latinos, 7.1 for Native Americans, 7.5 for Pacific Islanders, and 11.6 for African Americans.<sup>45</sup>
- 87% of California mothers received early prenatal care in 2003, up from 85% in 2001.<sup>46</sup>
- 72% of Pacific Islanders, 76% of Native Americans, 84% of African Americans, 85% of Latinos, 90% of Asians, and 91% of whites received early prenatal care in 2003.<sup>47</sup>
- 7% of infants were low birthweight in 2003 (up slightly from 6% in 2001),<sup>48</sup> compared to 8% nationally.<sup>49</sup>
- 6% of Latinos, 6% of Pacific Islanders, 6% of whites, 7% of Asians, 7% of Native Americans and 13% of African Americans had low birthweight infants in 2003.<sup>50</sup>

## Economic and Food Security

GRADE  
**D+**

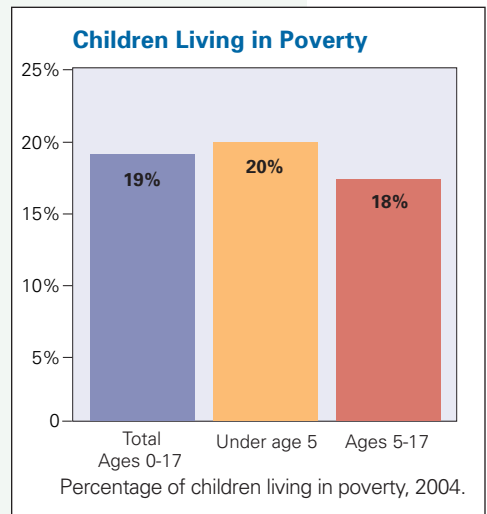
**The economic security of families affects every aspect of children’s lives.**

Poverty and hunger put children at high risk for health, developmental and behavioral problems.

Currently, 1 in 5 California children lives in poverty. The percentage of parents who are unable to afford food for their families is increasing. Over 40% of children in our state are considered low-income and over one-third live in families where no parent has full-time, year-round employment.

### KEY INDICATORS

- 19% of California children under age 18 live in poverty, compared to 18% nationally.<sup>51</sup> The poverty level for a family of 2 adults and 2 children is \$19,157 a year or less.<sup>52</sup>
- 20% of California children under age 5 and 18% of children, ages 5-17, live in poverty.<sup>53</sup>
- 42% of children in our state live in low-income families, compared to 39% nationally.<sup>54</sup> A family of 2 adults and 2 children is defined as low-income if household income is less than \$37,320.<sup>55</sup>
- California’s minimum wage is \$6.75 an hour. The combined annual income for 2 parents working full-time at minimum wage is \$28,080.<sup>56</sup>
- 35% of California children live in families where no parent has full-time, year-round employment, compared to 33% of children nationally.<sup>57</sup>
- 4% of children in the state live in families where no adult worked over the past year, compared to 5% nationally.<sup>58</sup>
- 38% of low-income parents were not able to afford food for their families in 2003, up from 35% in 2001.<sup>59</sup>
- In 2003, 15% of children, ages 0-11, lived in households receiving food stamps, compared to 10% in 2001.<sup>60</sup>



GRADE

C

## Early Education

**A high-quality early education is crucial for children’s social, emotional and cognitive development.**

Early education can positively impact later school success, helps to close the achievement gap and benefits society as a whole by generating significant savings from reduced crime, welfare and remedial education. Early education programs also provide a safe and enriching environment for children while their parents are at work.



In California, hundreds of thousands of children in need are denied access to early education programs. Demand outstrips supply, private programs are cost prohibitive and long waiting lists exist at California’s publicly-funded early education programs. Moreover, parents, providers and administrators often must navigate a complicated patchwork of services and funding streams that make up the early education system.

### KEY INDICATORS

#### Availability & Need

- 46% of California’s 4-year-olds are not enrolled in preschool.<sup>61</sup>
- 53% of low-income 4-year-olds, 51% of middle-income 4-year-olds, and 34% of higher-income 4-year-olds are not enrolled in preschool.<sup>62</sup>
- Statewide, 76% of publicly-funded preschools have waiting lists.<sup>63</sup>
- Over 220,000 eligible California children are on waiting lists for subsidized child care programs.<sup>64</sup>
- Licensed child care is available for only about one-fourth of California children with parents in the labor force.<sup>65</sup>

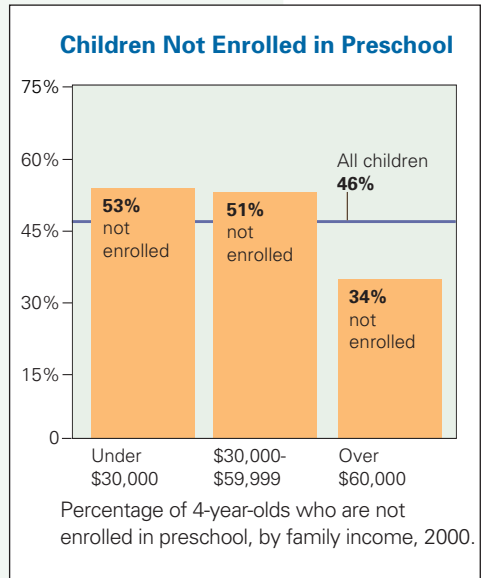
- Infant care is scarce. Just 6% of all spaces in licensed child care centers are for infants, compared to 70% for children, ages 2-5, and 24% for children, ages 6 and older.<sup>66</sup>
- About 40% of preschool-age children (ages 3-5) are likely English language learners.<sup>67</sup>

### Program Staffing

- California is one of only 12 states that does not require a B.A. for teachers in its state-funded preschools.<sup>68</sup>
- The proportion of California early education teachers and administrators with 4-year college degrees declined from 26% in the late 1980s to 16% in 2000-2004.<sup>69</sup>
- The decline in educational attainment among teachers and administrators is linked to low median wages in California (approximately \$9 per hour or \$19,000 full-time annually) and the absence of health insurance and pension benefits.<sup>70</sup>
- Of the institutes of higher education that offer early education programs in California, 1% are University of California campuses, 13% are California State University campuses and 71% are two-year community colleges.<sup>71</sup>

### Affordability

- The annual cost of child care in a licensed center in California averages \$10,765 for infants, under age 2, and \$7,485 for children, ages 2-5. The annual cost of care in a licensed family child care home averages \$7,633 for infants and \$7,067 for children, ages 2-5.<sup>72</sup>
- Families earning less than \$30,000 a year spend an average of 25% of their income on licensed child care, and families earning the state median wage (\$58,327) spend an average of 13% of their income on licensed child care.<sup>73</sup>
- Annual fees for private, part-day preschool can cost more than annual tuition to the California State University System.<sup>74</sup>



GRADE

**D+**

## K-12 Education

**A high-quality education lays the foundation for our children's future success and greater prosperity for our society.**



Better education builds a stronger, more capable workforce that contributes to a stronger economy.

California's public schools have an exceptionally diverse K-12 student body, numbering over 6 million students. Per pupil expenditures for K-12 education in the state are well below the national average and class sizes are the third highest in the nation. California students perform poorly on achievement tests and graduate from high school at low rates;

those who do graduate often do not meet requirements for entering the state's public universities.

### KEY INDICATORS

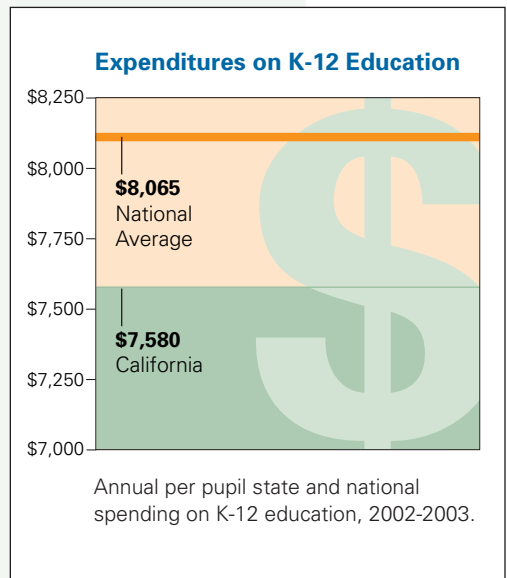
#### Student Achievement

- Fewer than 55% of all 3rd and 7th graders scored at or above grade level on math and reading achievement tests in 2005.<sup>75</sup>
- Between 2004 and 2005, 3rd and 7th graders improved their scores on reading achievement tests by 1 percentage point; 3rd graders improved their math scores by 1 percentage point; and 7th graders improved their math scores by 2 percentage points.<sup>76</sup>
- Only 30% of economically disadvantaged 7th graders scored at or above grade level in reading, compared to 46% of all students and 62% of non-economically disadvantaged students.<sup>77</sup>
- Just 71% of all California students graduate high school. Graduation rates vary widely by race and ethnicity: 84% of Asian students, 78% of white students, 60% of Latino students, 57% of African American students and 52% of Native American students graduate.<sup>78</sup>

- Only 34% of California’s high school graduates in 2004 met entrance requirements for the University of California or California State University systems.<sup>79</sup>
- While 65% of all students passed the reading portion of high school exit exams in 2005, just 33% of English language learners and 51% of economically disadvantaged students did. While 63% of all students passed the math portion of high school exit exams, just 40% of English language learners and 50% of economically disadvantaged students did.<sup>80</sup>

### Resources

- California spent \$7,580 per pupil on K-12 education in 2002-2003, almost \$500 less than the U.S. average of \$8,065.<sup>81</sup>
- California ranks 26th among all states in school spending.<sup>82</sup> When adjusted for regional cost differences, the state ranks 44th.<sup>83</sup> When compared to the 10 most populous states, California ranks third from last.<sup>84</sup>
- To equal New York’s annual per-pupil expenditures on education, California would have to spend an additional \$25 billion a year.<sup>85</sup>



### School Staffing

- California’s national ranking is third to last for class size: the state has 20.6 students per teacher, compared to the national average of 15.8.<sup>86</sup>
- Over 20% of California’s poorest students have a teacher without a full credential compared to about 6% for the highest-income students.<sup>87</sup>
- English language learner students, who make up 25% of all California students,<sup>88</sup> are more likely to be served by less qualified teachers.<sup>89</sup>
- California ranks last nationally in its ratios of librarians to students and guidance counselors to students and second to last for its ratio of principals to students.<sup>90</sup>

GRADE

**B-**

## After School

**After school programs benefit children, families, schools and communities.**

High-quality after school programs improve academic achievement, provide children with training in rewarding skills and talents and safety during after-school hours, and support families by providing enriching places for children to be.

Currently, fewer than half of California's school-aged children participate in after school programs, despite high levels of interest.

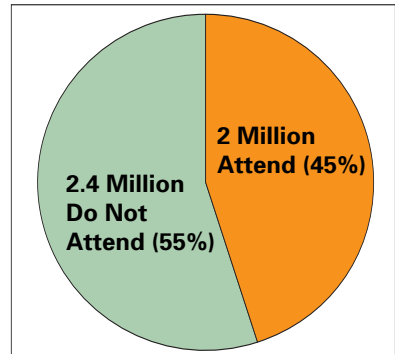




## KEY INDICATORS

- 22% of California children in working families are unsupervised in the hours after school.<sup>91</sup>
- 38% of K-12 students who are unsupervised after school would likely participate in an after school program if one were available in their community.<sup>92</sup>
- Only 2 million of California's 4.4 million elementary and middle school-aged children attend after school enrichment or after school care programs.<sup>93</sup>
- Evaluations of the state's after school program have consistently found positive results on student achievement, attendance and behavior, and have found a 53% decrease in grade retention among attending primary grade students.<sup>94</sup>
- 94% of parents whose children participate in after school programs are extremely satisfied with the programs.<sup>95</sup>

### Children Attending After School Programs



Number and percentage of elementary and middle-school aged children attending after school programs.



# Policy Goals and Recommendations

The following policy goals and recommendations address the areas of need outlined in the 2005 *California Report Card* and correspond to Children Now's current policy agenda.

## ■ Health and Dental Insurance and Access

### Goal

*Ensure health and dental insurance and access for every child in California.*

### Recommendations

- Ensure that every child in California under age 19 has access to affordable health and dental insurance; enact policies to make it easier for families to enroll their children in health and dental insurance and to keep them covered.
- Support county efforts to provide health insurance to all children in their area.
- Examine ways to expand the pool of pediatric dental providers, including loan forgiveness, expanded practice and other strategies.
- Increase children's access to dental screenings in non-traditional settings, such as schools, with referrals to appropriate follow-up care.



## ■ Obesity

### Goal

*Reduce childhood obesity rates by addressing the multiple contributing factors, including nutrition, physical activity, and media messages.*

### Recommendations

- Develop state and local policies on children's health care, oral health care, after school and early education programs to support children eating better and exercising more.

- Increase access to nutritious foods in early education and after school programs.
- Reinstate physical education as a daily activity in K-12 schools.
- Fund research efforts to determine media consumption behaviors specific to California's diverse child population and the specific effects of marketing to children in the state.
- Given that the majority of advertisements aimed at children are for junk food and soda, update existing federal regulations to protect children from unfair, deceptive and invasive advertising practices, including ensuring a clear separation of program and commercial content, and prohibiting interactive advertising in children's programming.

## ■ Early Education

### Goal

*Increase accessibility, affordability and quality of preschool and child care programs for all children and families in California.*

### Recommendations

- Create a free, voluntary, publicly-funded quality preschool program for all California 4-year-olds that requires B.A.-level teachers who receive salary parity with teachers in the K-12 system.
- Reform the state's early education system to create a unified structure that provides seamless, equitable, high-quality services and enhances outcomes for children, ages 0-5, including English language learners and children with special needs.



## Recommendations

- Identify specific policy strategies and targeted investments for infants and toddlers as a piece of reform of the early education system.
- Build on existing efforts to improve linkages and articulation between the early education and K-16 systems for providers, administrators, teachers and parents.
- Invest sufficient state funds to eliminate waiting lists for subsidized child care for eligible families with children younger than age 4.
- Expand efforts to recruit, retain and reward early education providers who increase the quality of early education programs.

### ■ K-12 Education

#### Goal

*Ensure that every child in California's K-12 public schools receives a high-quality education.*



#### Recommendations

- Invest sufficient funding and resources to ensure that every child learns in a safe, well-supported classroom and school, and receives a high-quality education.
  - Determine the most efficient and effective means of distributing resources and funds to provide high-quality education to all students.
  - Enact policies to recruit and retain qualified teachers for every California classroom.
  - Maintain rigorous statewide standards for student achievement and progress, providing ample flexibility to local schools and districts in determining how they will meet those standards.
- Establish policies that ensure a higher percentage of high school graduates meet the entrance requirements for the University of California or California State University systems.

- Use the K-12 system as an entryway for comprehensive, integrated services for all children, including health, nutrition, dental and mental health services.

## ■ After School

### Goal

*Ensure equitable access to the state's after school programs for all California children, and increase the quality of those programs.*

### Recommendations

- Reform California's existing publicly-funded after school financing system and program structure to ensure that funds are equitably accessible to all communities in California.
- Conduct outreach and provide technical assistance to after school stakeholders so they are prepared to access Proposition 49<sup>96</sup> funds when they become available.
- Strengthen the state's after school infrastructure, including accountability measures and supports for after school program staff.



## Endnotes

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1212 Broadway, 5th Floor  
Oakland, CA 94612  
[childrennow.org](http://childrennow.org)  
Phone: 510.763.2444  
Email: [info@childrennow.org](mailto:info@childrennow.org)