

# Children of the Valley

## Framing a Regional Agenda



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# About the Central California Children's Institute

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The Central California Children's Institute (CCCI) at California State University, Fresno was established in 2001 by the College of Health and Human Services. The Institute's mission is to promote research, policies and practices that support the well-being of children and families, using a regional children's agenda as the guiding framework.

The Institute's core functions are: 1) regional planning and mobilization, 2) applied research, 3) interdisciplinary seminars and training, and 4) community education and outreach. Operational support for the Institute is provided by five colleges at the University: College of Health and Human Services, College of Social Sciences, Kremen School of Education and Human Development, Jordan College of Agricultural Sciences and Technology, and College of Science and Mathematics.

For more information about the CCCI, to learn about current projects and events, or to offer feedback on this report, visit our website at [www.centralcaliforniachildren.org](http://www.centralcaliforniachildren.org) or call (559) 228-2150.

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# Executive Summary

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This report summarizes the results of a study conducted by the Central California Children's Institute (CCCI) at California State University, Fresno between October 2008 and January 2009. The purpose of the study was to determine the most critical issues facing children in the San Joaquin Valley and the role that the Children's Institute might play in addressing those issues.

The San Joaquin Valley is home to nearly one million children. Valley children live in urban centers, rural communities, suburbs and unincorporated areas. Decisively, the children of the Valley are as diverse as the settings they live and grow up in. Yet, by and large, they are more similar across counties than different when it comes to health status, educational attainment, personal safety, and overall well-being.

Child poverty in the San Joaquin Valley is pervasive. Unemployment in the Valley is higher than in any other part of the state. Access to needed services, such as children's inpatient mental health services, is limited for the poor and non-poor alike. The trajectories that often accompany poverty --- teen pregnancy, gang involvement, high school dropout, and single-parent households --- converge to produce a region that is fraught with challenges to the health and well-being of its young.

Thus, this study sought to address three questions: 1) what do Valley residents and helping professionals believe to be the most critical issues facing children, 2) how should these issues be prioritized, and 3) what should the role of the Central California Children's Institute be in addressing the most pressing concerns?

To answer these questions, 1,201 Valley residents were interviewed across the following eight Central California counties: Fresno, Kern, Kings, Madera, Merced, San Joaquin, Stanislaus, and Tulare. Using a randomized telephone survey, respondents were asked to indicate their perception of the issues facing their own and Valley children across several domains, such as developmental assets, social behavior, community assets, and unmet needs. Subsequently, to aid in determining the research

and programmatic priorities of the CCCI, focus group interviews and roundtable discussions were conducted with regional health and human service professionals who serve Valley families and children.

## Most Important Issue

The single, most important concern identified through our eight-county, resident telephone survey was children's relationships with their parents. This was true regardless of county of residence and whether or not there was a child under the age of 18 years of age in the home. Health and human service professionals in the Valley view the quality of the parent-child relationship and the strength of the family system as the core issues that determine the paths that youth ultimately take.

Valley residents were also extremely concerned about the negative social behaviors of youth: teen pregnancy, gang violence, drug use, and dropping out of school. Valley professionals view these issues as consequences of inadequate support provided to children in need while they are young.

## Domains of Concern: Developmental Assets and Social Behavior

Responses about the concerns facing children tended to divide into two domains (subscales): Developmental Assets and Social Behavior. Developmental assets are the core supports that children and youth need in order to be successful, such as access to health care and quality education. The social behavior domain included concerns regarding personal choices, such as early sexual activity and teen pregnancy, involvement in crime and gangs, and access to alcohol and drugs. Overall, Valley families were very concerned about negative youth social behavior. However, lower income families and those with lower educational levels tended to have greater concern about developmental assets than social behaviors than did higher income families and those with

higher levels of education. Further, among those with less than an 8th grade education, there was notably less concern about children's developmental assets.

## Concern about Valley Children vs. Own Children

Overall, respondents expressed greater concern about the developmental assets and social behavior of Valley children in general than for their own children. There tended to be less discrepancy in concern among Hispanics who expressed similar concerns about Valley children and their own children.

## Community Assets for Children and Youth

At least half of residents believed their communities did not offer opportunities for youth to serve, useful roles for youth, neighbors that care, and neighbors that assume responsibility for children. On the other hand, nearly half (47%) of those surveyed were volunteering to help youth in their community. Further, of those who are not volunteering, 92% said they would do so if given the opportunity.

## Unmet Need for Youth Programs

Overall, Valley families are not getting the help they need for their children. Families expressed a high level of unmet need for various programs, such as sports and recreation, after school and preschool programs. Lower income, non-whites, non-Hispanics, and those with less than a high school education were less likely to have their needs met for both developmental assets and social behavior programs.

## Recommendations for Action

Focus groups and roundtable discussions conducted with health and human service professionals as part of this study revealed that there is a strong consensus about how the region should proceed to address some of the challenges facing children and families. "Start young," was the resounding advice, while families are most receptive to help and may be easier to reach, and while children are

in their formative years. "Help parents," was the other response. Children are nurtured and influenced by their families, and reaching parents with information, tools and encouragement is vital for promoting child well-being. And finally, "focus on policy advocacy, systems enhancements and collaboration." There are hundreds of agencies already serving children in the Valley, but what is needed is a unified voice, supportive policies and people working together to solve problems facing families.

Further, the collective responses of residents and helping professionals indicate that the Children's Institute's efforts should focus on four priority issues: 1) early psychosocial and emotional health (the foundation of the parent-child relationship); 2) youth social behaviors, 3) parent engagement and support, and 4) childhood poverty.

Over the next year, the Institute will convene a Leadership Team to produce the Valley's first regional children's agenda. The agenda will focus attention on policies and strategies for addressing the priority issues identified in this report. This work will culminate in a Regional Children's Summit in the fall of 2010, and the publication of the updated "Children in Jeopardy" report on the status of children in the San Joaquin Valley.

In addition, working collaboratively with funders and others, the Institute will work to build the region's capacity to prepare a workforce of professionals devoted to promoting healthy social and emotional development among very young children, thereby strengthening the parent-child relationship.

Finally, the Institute will provide data gathering and technical assistance to address harmful youth social behaviors (e.g. teen pregnancy, gang violence and school dropout), particularly among young men and boys of color.

The success of each of these initiatives over the next few years will depend on strong working partnerships with members of the regional community. Through these partnerships, the Central California Children's Institute can fulfill its goal of leveraging the resources of California State University, Fresno to promote a healthier future for the region's children.



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# Overview of the Study

## Background

The San Joaquin Valley is home to nearly one million children under the age of 18. Over time, the number of children in the Valley has increased at a much higher rate than in the state as a whole; yet, resources and supports available to these children and their families have neither kept pace with the need, nor with population growth<sup>1</sup>.

Perhaps the most daunting challenge facing the Valley's children is child poverty. The childhood poverty rate in the Valley is substantially higher than the state average --- 26% compared to 19% statewide.<sup>2</sup> In addition, many of the children in Valley households speak a language other than English at home and frequently act as interpreters on behalf of family members who are unable to speak the English language. These children face added life stress because of their parents' inability to optimally navigate health, education and social service delivery systems.

It is no surprise that with the combined effect of high levels of poverty and language barriers that challenge access to needed services, children in the Valley also face a number of serious challenges to their health and well-being, including higher rates of teen births, obesity, and asthma than the state as a whole. Each county of the Valley has significantly higher rates of teen births than the statewide average of 37 per 1,000 live births, with Kern, Kings and Madera counties having some of the highest rates. The high teen birth rate is cause for serious concern, as often teen parents find themselves without opportunities to attain sufficient education that could break them out of the cycle of poverty and low wage jobs. Further, early childbearing not only affects the teen parents, but also limits the opportunities available to their children.<sup>3</sup>

The rural nature and isolation which typify Valley communities, along with high poverty rates, language barriers, and high rates of teen pregnancy make the Valley fertile ground for a host of less than optimal outcomes for children and families. With so many challenges facing children, where does one begin efforts to make substantial improvements?

Child advocates have consensus on a key point --- there should be greater focus on preventing problems before they occur. This means reaching children as soon as possible with opportunities that promote healthy development and well-being, and putting systems in place to ensure that problems, when they occur, are identified early. It also means taking care of youth as they mature in ways that encourage them to delay childbearing and avoid other potentially harmful behaviors so that the cycle of intergenerational poverty and family distress can be stemmed.

The magnitude and severity of the challenges facing children and youth also calls for broad engagement in problem-solving efforts. Neither social service organizations, schools, faith-based, nor neighborhood organizations alone can retool federal, state and regional policies and practices in ways that better support children and their families; these sectors must work together to bring essential family supports to the region for the benefit of all.

The Central California Children's Institute's was established in 2001 to improve the lives of children and families in the San Joaquin Valley by leveraging the resources of California State University, Fresno and bringing community partners together to address regional challenges. With a lens of preventing problems before they occur, the Institute seeks to identify and prioritize those issues which are of deepest concern to those who care about the future of the region's children and to develop a broad-based agenda for positive change in child outcomes; hence, the present study.

<sup>1</sup>Children Now, 2007.

<sup>2</sup>Ibid.

<sup>3</sup>Ibid.

## Purpose and Study Methodology

The purpose of the study “Children of the Valley: Framing a Regional Agenda” was to determine which of the many critical issues and threats to child well-being are of deepest concern to Valley residents. Specific questions addressed included: “With so many threats present, which are believed by Valley residents to be the most critical to tackle?” “Which threats have the potential to garner the attention and resolve of everyday citizens?” Additionally, the study also set out to examine residents’ willingness to become engaged in children’s issues, and the extent to which Valley communities are perceived to provide the necessary supports for children’s healthy growth and development.

The study involved the collection of both quantitative data via a randomized telephone survey, and qualitative data collected during key informant interviews, focus groups and roundtable discussions. Between October 15, 2008 and January 15, 2009, 1,201 telephone surveys were conducted with adults (persons over the age of 18 years) residing in the eight counties of California’s central San Joaquin Valley. The Social Research Laboratory (SRL) at California State University, Fresno collected, coded, and entered the data. To identify study participants, the SRL purchased a data base list and random-digit-dialing system from a national source. Valley households with telephones were randomly sampled, including those with unlisted numbers and those new to the area. The telephone interviews were conducted in both English and Spanish. A Walmart gift card in the amount of \$20.00 was offered as an incentive for study participation.

The Search Institute’s 40 developmental assets for children and youth were used as the guiding framework in crafting the survey questions<sup>4</sup> and in conceptualizing the study findings. The 40 developmental assets represent positive experiences, relationships, opportunities, and personal qualities that young people need to grow up healthy, caring, and responsible. The Search Institute’s framework is grounded in research on child and adolescent development, risk prevention, and resiliency. The framework also supports a comprehensive, interdisciplinary,

and ecological view, acknowledging the role of the individual, the family and the community in youth development.

The survey also included questions regarding demographic characteristics of the sample (e.g. age, income, and race/ethnicity). The telephone survey instrument was pilot tested with a subsample (n=285) to test for usability and question clarity.

Qualitative data was collected using in-depth face-to-face interviews, focus groups and roundtable discussions with key stakeholders in the region who were viewed as particularly knowledgeable about issues facing children and families. Questions were structured to obtain both their perspectives on the critical issues facing children, and the institutional barriers and the systems-related challenges facing families in the region. A single questionnaire was developed for both the key informant interviews and the focus groups. A separate data collection instrument was used for the roundtable discussions (see Appendix 1 for survey instruments).

The data was weighted in two ways: for the purpose of analyses for a) making across county comparisons, and b) treating all counties as a single area. For across county comparisons, an effort was made to weight the data by three variables: age (three categories), gender, and race/ethnicity (five categories). However, there were not enough cases in all the cells for the race/ethnicity variable. Therefore, race/ethnicity was dropped and the data was weighted according to age (18 to 39 years, 40 to 64 years, and 65+ years) and gender.

To examine all eight counties of the San Joaquin Valley as a single area, county population size was added as a weighting variable. Although all counties had about the same number of completed surveys, some of the counties have a much larger population than others. Therefore, the counties were first weighted by age and gender within counties, and next, were weighted by county population size.

To test the validity of reported county of residence, comparisons were made between county of residence as indicated in the data base list and self report. Of the 1,201 surveys completed, there was a discrepancy between the two in 58 (4.8%) cases. This discrepancy was reconciled as follows: if zip code was not provided by the respondent, the zip code from the data base list was used and assigned the corresponding county of residence.

<sup>4</sup>Search Institute, 2005, 2006, 2009.

This variable was consistently used when comparing individual counties. It should be noted that this variable consistently has 11 cases missing for each county due to this correction.

Data analysis was performed using SPSS Package 16. Frequencies and Chi-square analysis were used to examine the distribution of relevant variables. Factor analytic procedures were used to support subscale creation.

# Characteristics of the Study Sample

## Telephone Survey Respondents

The telephone survey was conducted in the following eight counties in the central San Joaquin Valley (N = 1,201): Fresno (n = 149), Kern (n = 149), Kings (n = 151), Madera (n = 151), Merced (n = 143), San Joaquin (n = 149), Stanislaus (n = 157), and Tulare (n = 152). Interviews were conducted in English or Spanish, with the majority of respondents (82.4%) choosing to complete the interview in English. The demographics of the sample for which the data was analyzed are as follows: Primary language spoken at home: English (77.7%), Spanish (20.4%), and Other (2.1%). Notably, “Other,” included participants who primarily spoke Asian languages, or English and Spanish equally. Race/ethnicity included: African American (5.3%), Asian (3.6%), Hispanic (42.0%), Native American (1.1%), and white, non-Hispanic (47.3%), with less than 1% missing. The average age of the sample (females = 49.5%) was 44 years (SD = 16.11) with 47.3% between the ages 18-39 years, 39.2% between the ages 40-64 years, and 13.5% 65 years and older. Seventy-seven percent (77%) of the respondents reported being born in the U.S., and 22.5% were born outside the U.S. Three respondents refused to answer this question.

Just over half of the sample (50.2%) reported having a child under the age of 18 in the household. The average number of children

in a household was two, with the age of the oldest child being 11.3 years. Almost 37% of the sample had children between 13 and 18 years of age and close to 33% had children between 6 and 12 years of age. The highest level of education completed was: eighth grade or less (10.5%), some high school (6.9%), high school diploma or GED (18.8%), some college (26.2%), two-year college degree or vocational degree (14.4%), four-year college (12.9%), graduate school or degree (10.4%). The average annual household income was approximately \$49,000 (Mdn = \$37,000). Families with income less than \$10,000 per year constituted 9.2% of the sample; those earning more than \$100,000 comprised 14.5% of the sample.

The most common employment status reported by respondents in our sample was “not employed” (44.5%), with 43.5% of the sample working full-time, and 11.5% working part-time. Over half of respondents (53.9%) reported having two adults living in the home; the second largest category was one adult in the home (22.6%), followed by three adults (14.7%). Only 8.8% of the sample reported having four or more adults living in the home. Regarding child’s birthplace, 93% of the sample said all of their children were born in the U.S., with the remaining 7% indicating having at least one child who was not U.S.- born. Across the eight counties, nearly 40% of respondents reported relying on government assistance (range = 31.2% [San Joaquin County] to 47.3% [Kings County and Kern County]).

## Key Informants

Face- to-face interviews were conducted with seven individuals in key leadership positions in the San Joaquin Valley region. These individuals were selected for their knowledge and experience in the varied service sectors they represent: K-12 education, mental health, juvenile justice, child welfare, and legal services. A list of the key informants and their organizational affiliations is included in Appendix 2.

## Focus Group Participants

Focus group interviews were held with two sets of regional leaders: The Maternal, Child and Adolescent Health (MCAH) Directors

of various local county health departments, and the Executive Directors of county-level First 5 agencies. First 5 California awards grant funding for services to children from birth to five years of age. The awarded funds accrue from Proposition 10 – The California Children and Families Act (1998).

MCAH Directors from Fresno, Kern, Kings, Merced and Stanislaus counties participated. The MCAH Director from Tulare County could not be present but submitted written responses to the focus group questions. First 5 Directors (or their representatives) from Fresno, Madera, Merced and Kern counties were in attendance for the First 5 focus group, and the Director from First 5 San Luis Obispo (outside of the eight county study target area) also participated by phone.

## Roundtable Discussions at Regional Meetings

A Regional Children’s Stakeholder Forum was convened by the CCCI in February 2009. At this forum, preliminary study findings were shared with the 125 attendees, and roundtable discussions were used to solicit specific input regarding actions the CCCI might take to address the study findings. Additional reactions to the study were obtained through three subsequent regional meetings in Madera, Atwater, and Visalia, California.

The recommendations contained in this report are drawn from the contributions of more than 200 different participants in the roundtable discussions and regional meetings.

# Study Findings

## Most Important Issue

From a list of 20 choices, respondents were asked to select the one item that they felt reflected the most important issue facing Valley children in general and, if they had a child under 18 living in the household, for their own children. This resulted in

respondents being presented with two sets of 20 items (40 items total) which asked about their concerns towards issues such as education (e.g., access to preschool), health (e.g., air quality), and social behavior (e.g., involvement in crime and gangs), among others. Table 1 shows the percentage of respondents rating each item as the most important issue facing children.

As shown, regardless of the presence of a child in the household, respondents indicated that children’s relationships with their parents is the single most important issue facing children. Specifically, 15.5% of the respondents without a child in the household indicated this as their most important concern, compared to 13.4% of those with a child in the household. Further, 17.4% of respondents indicated this was the most important issue facing their own children.

The second most important concern respondents identified was access to alcohol and drugs, with close to 13% reporting this as the most important issue for Valley children in general, but only about 6% reported this as the most important issue facing their own children.

In addition to being asked to select the most important issue, respondents were also asked to identify the issue(s) they were extremely concerned about. More than 60% of survey respondents indicated that they were extremely concerned about the following: early sexual activity and teen pregnancy (70.5%), involvement in crime and gangs (70.2%), access to alcohol and drugs (69.4%), child abuse and neglect (67.9%), and children’s relationships with their parents (63.7%).

Telephone survey respondents were also asked to rate their degree of concern regarding issues facing (a) Valley children in general (hereafter referred to as “Valley children”), and (b) their own children. Again, respondents were presented with two sets of 20 items. A response of “extremely concerned” was given a score 5.0 and “not at all concerned” a score of 1.0.

Item analyses and factor analytic procedures were then used to investigate the psychometric properties (e.g., reliability, validity) of respondents’ scale scores. The results of separate exploratory factor analyses supported the creation of two subscales to characterize respondents’ concerns facing Valley children in

general and their own children. These subscales were labeled: 1) Developmental Assets and 2) Social Behavior. The Developmental Assets subscale included 13 items addressing core developmental supports, such as education, health, and spiritual development. The Social Behavior subscale included six items addressing

issues related to personal choices, such as involvement in crime and gangs, sexual activity, and access to tobacco. One item was not included in either subscale, as it did not demonstrate a clear relationship to either factor (i.e., Developmental Assets or Social Behavior). Table 2 lists the subscales and corresponding items.

**Table 1. Most Important Issue Facing Valley Children and Own Children**

Most Important Issue	Valley Children (N=1,045)		Own Children (N=516)
	With Children (%)	Without Children (%)	(%)
Relationships with Parents	13.4	15.5	17.4
Access to Alcohol and Drugs	12.9	12.5	6.0
Quality of Schools	9.6	9.9	10.2
Spiritual and Character Development	9.1	8.1	10.2
Involvement in Crime and Gangs	8.5	11.8	6.4
Early Sexual Activity and Teen Pregnancy	8.1	3.8	6.4
School Performance	6.8	4.4	6.6
Child Abuse and Neglect	6.8	9.8	2.4
Access to Health Care	6.1	7.0	5.4
Being Able to Make Ends Meet Economically	3.4	4.6	5.8
Air Quality	2.9	1.3	5.6
Job Skills and Opportunities	1.9	2.6	2.4
Access to Quality Preschool Programs	1.8	.36	3.2
Access to Arts and Creative Activities	1.1	1.8	.35
Access to Quality Childcare	1.1	.97	1.1
Safe Places to Play and Exercise	1.1	.74	4.2
Access to Healthy Foods	.50	1.6	.55
Access to Tobacco	.48	.32	.72
Time Spent Watching TV and Playing Video Games	.38	1.5	.66

Note: N = sample size

**Table 2. Subscales and Items Used to Measure Degree of Concern about Developmental Assets and Social Behavior of Valley Children****Developmental Assets**

- How concerned about school performance for children in general?
- How concerned about job skills and opportunities for children in general?
- How concerned about having safe places to play and exercise for children in general?
- How concerned about quality of schools for children in general?
- How concerned about access to arts and creative activities for children in general?
- How concerned about access to health care for children in general?
- How concerned about children's spiritual and character development for children in general?
- How concerned about access to quality preschool programs for children in general?
- How concerned about access to quality childcare for children in general?
- How concerned about air quality for children in general?
- How concerned about access to healthy foods for children in general?
- How concerned about being able to make ends meet economically for children in general?
- How concerned about relationships with parents for children in general?

**Social Behavior**

- How concerned about early sexual activity and teen pregnancy for children in general?
- How concerned about access to alcohol and drugs for children in general?
- How concerned about involvement in crime and gangs for children in general?
- How concerned about time spend watching TV and playing video games for children in general?
- How concerned about child abuse and neglect for children in general?
- How concerned about access to tobacco for children in general?

*Note: Item wording was changed from "children in general" to "your own children" when the questions addressed respondents' own children.*

## Valley Children in General

There were no significant differences in respondents' degree of concern about issues facing Valley children in general based on county of residence, race/ethnicity, income, nor educational level. Therefore, there is strong consensus in the Valley regarding the challenges children face.

## Own Children

This section summarizes findings for respondents with a child under 18 years of age living in the household regarding their concerns about issues facing their own children. Analyses were conducted by county, income, educational level, race/ethnicity, and community involvement (or volunteer status). Only findings that represent statistically significant score differences are presented.



Table 3 reports respondents' Developmental Assets and Social Behavior scores regarding their own children according to household income. Results indicated that those with a reported income of \$20,000 - \$29,999 and \$30,000 - \$44,999 a year were more concerned about the core developmental supports (assets) of their children than those making \$100,000 or more a year. Respondents held similar levels of concern about their children's social behavior, regardless of household income.

Table 4 reports average Developmental Assets and Social Behavior scores by educational level. Those with a high school (HS) diploma or GED expressed more concern regarding their children's developmental assets than those with less than an 8th grade education, some HS, a four-year college degree, and those with a graduate degree. Respondents with some college education were more concerned about their children's developmental assets than those with some HS, those with a four-year college degree, and

<b>Table 3. Household Income and Degree of Concern about Developmental Assets and Social Behavior of Own Children</b>			
<b>Household Income</b>		<b>Developmental Assets</b>	<b>Social Behavior</b>
	N	Mean <sup>A</sup> (SD)	Mean <sup>B</sup> (SD)
<\$10K	50	3.67 (1.44)	3.15 (1.84)
\$10,000 - \$19,999	86	3.90 (1.21)	3.91 (1.33)
\$20,000 - \$29,999	88	3.75 (1.21)	3.50 (1.38)
\$30,000 - \$44,999	73	3.89 (1.03)	3.39 (1.42)
\$45,000 - \$59,999	68	3.73 (1.23)	3.54 (1.47)
\$60,000 - \$74,999	52	3.99 (1.14)	3.81 (1.31)
\$75,000 - \$99,999	53	3.79 (1.03)	3.29 (1.48)
>\$100k	58	3.51 (1.21)	3.30 (1.58)

<sup>A</sup> Means statistically significant ( $p < .05$ ). Mean for those earning > 100k less than \$20,000-\$29,999 ( $p < .05$ ) and \$30,000-\$44,999 ( $p < .01$ ).

<sup>B</sup> Means not statistically significantly different ( $p > .05$ ).

those with a graduate degree. Lastly, those with a two-year college degree also expressed heightened concern for their children’s developmental assets than those with a four-year college degree.

degree, and graduate degree. Those with some college were more concerned about their children’s social behavior than those with some HS and those with a four-year college degree.

Significant differences in respondents’ concern regarding their child’s social behavior were also found. In particular, those with HS/GED reported more concern on this issue than those with the following educational levels: some HS, four year college

**Table 4. Educational Level and Degree of Concern about Developmental Assets and Social Behavior of Own Children**

Educational Level		Developmental Assets	Social Behavior
	N	Mean <sup>A</sup> (SD)	Mean <sup>B</sup> (SD)
8th Grade or less	91	3.43 (1.15)	3.34 (1.30)
Some HS	65	3.32 (1.36)	2.93 (1.66)
HS/GED	47	3.99 (1.11)	3.80 (1.41)
Some College	33	4.00 (1.18)	3.72 (1.48)
Two-year College or Vocational Degree	120	3.91 (1.07)	3.53 (1.38)
Four-year College Degree	117	3.33 (1.39)	2.93 (1.69)
Graduate Degree	126	3.36 (1.03)	3.09 (1.41)

<sup>A</sup> Means statistically significant ( $p < .05$ ). HS/GED mean greater than 8th grade ( $p < .05$ ), Some HS ( $p < .05$ ), Four-year College Degree ( $p < .01$ ), and Graduate Degree ( $p < .05$ ); Some College mean greater than Some HS ( $p < .05$ ), Four-year College Degree ( $p < .01$ ), and Graduate Degree ( $p < .05$ ). Two-year College or Vocational Degree mean greater than Four-year College Degree ( $p < .05$ ).

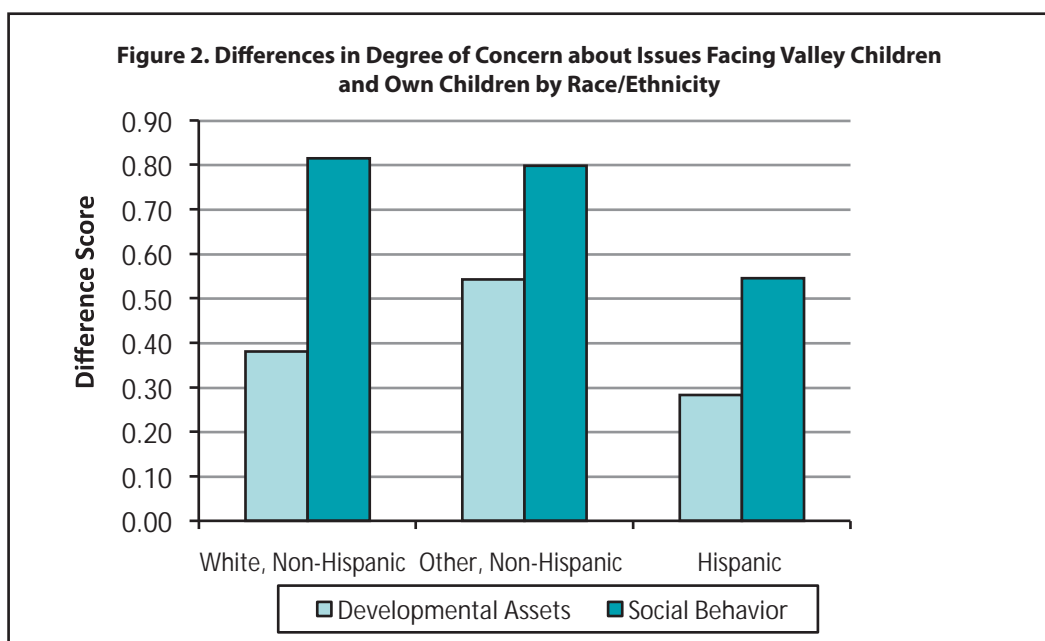
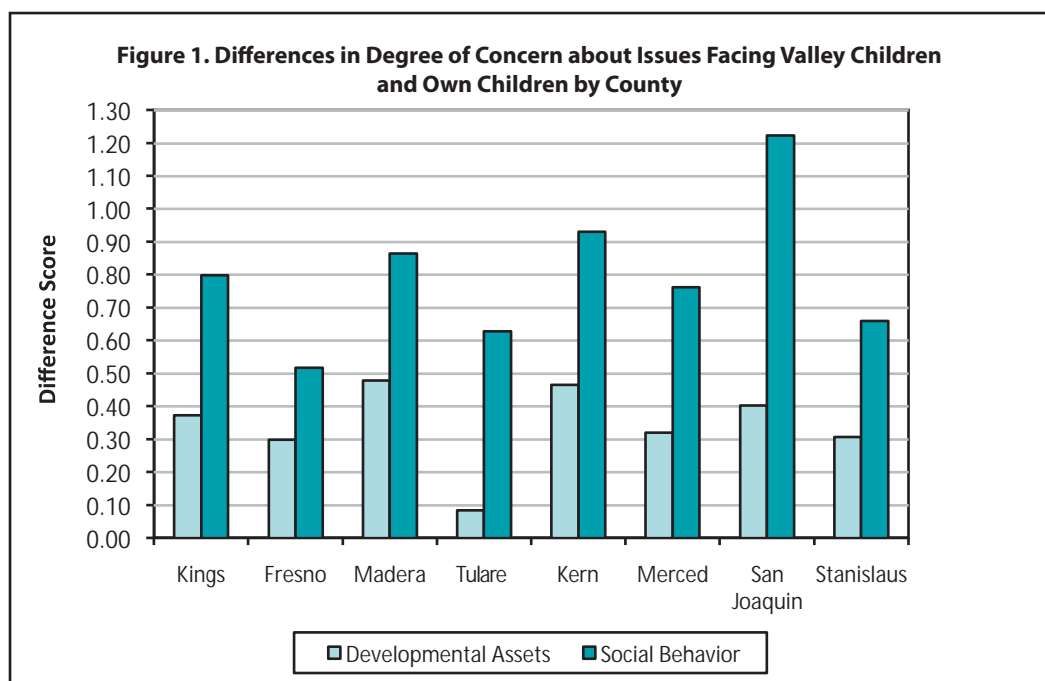
<sup>B</sup> Means statistically significant ( $p < .05$ ). HS/GED mean greater than Some HS ( $p < .01$ ), Four-year College Degree ( $p < .05$ ), and Graduate Degree ( $p < .01$ ). Some College mean greater than Some HS ( $p < .05$ ) and Four-year College Degree ( $p < .01$ ).

## Differences in Degree of Concern about Valley Children and Own Children

Significant differences were noted in the degree of concern that respondents had about their own children as compared with Valley children in general. Figure 1 reports the average Developmental Assets and Social Behavior score differences between Valley children in general and own children. The positive values indicate that respondents expressed greater concern about the developmental assets and social behavior of Valley children in general than their own children. With the exception of Tulare, all Developmental Assets and Social Behavior score discrepancies were statistically significant ( $ps < .01$ ). Tulare County residents reported the smallest discrepancy in Developmental Assets scores, meaning that they viewed concerns about their own children similarly to their concerns about Valley children in general. The largest difference was in Social Behavior scores, which was found in San Joaquin County. Here, residents expressed substantially more concern about the social behaviors of Valley children in general than their own children.

Figure 2 reports differences in respondents' Developmental Assets and Social Behavior scores for Valley children in general as compared to their own children by race/ethnicity. All Developmental Assets and Social Behavior score differences were statistically significant ( $ps < .01$ ). As shown, white non-Hispanics and non-

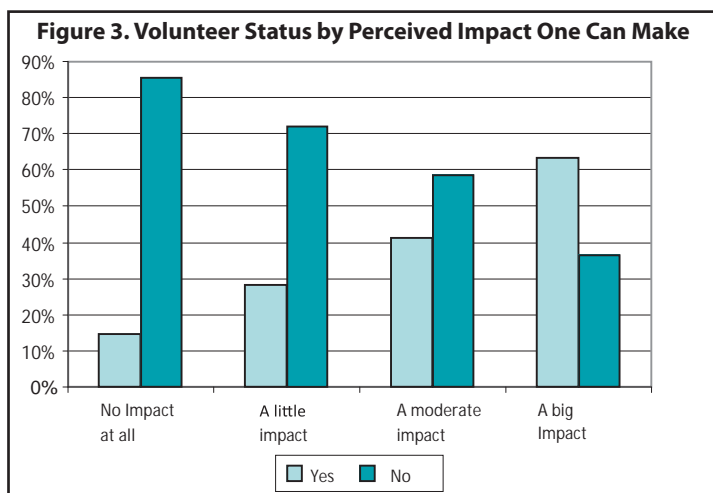
white, non-Hispanics had large positive Social Behavior score differences for Valley children in general and their own children, thus indicating a lower level of concern about these issues for their own children. Hispanics had the lowest Developmental Assets and Social Behavior score differences for Valley children in general compared to their own children, reflecting a similar degree of concern across groups.



## Volunteer Status and Perceived Impact One Can Make

Respondents were asked how much impact they thought they could have in improving their community for children. In general, people feel they can have a moderate (41%) to a large (40%) impact (see Figure 3). About 47% of the respondents reported they were currently volunteering.

Further, respondents who perceived they could have a high level of impact in improving communities for children were more likely to be currently volunteering. Specifically, there was a significant and positive relationship between perceived level of impact and volunteer status. Further, respondents who had a child under 18 years old in the home, college graduates, those who were U.S. born, and those who speak English as the primary language at home were more likely to be currently volunteering to help children in the community than those who did not have a child under 18, had less than a college degree, were not U.S. born, and did not speak English as their primary language. It is worth noting that of the participants that reported that they are not currently volunteering to help children in community, 92% said that they are likely to volunteer if given the opportunity.



## Hopefulness about the Future of Valley Children

Survey respondents were asked to indicate, on a scale of one to five (1= not at all hopeful and 5 = extremely hopeful), their hopefulness about the future of children in general. Almost one-third of respondents (31.3%) reported either feeling not at all hopeful or not very hopeful about the future of children in the region, as compared to 22.3% who reported feeling extremely hopeful. Respondent's race/ethnicity was significantly associated with their level of hopefulness ( $p < .05$ ). Non-Hispanic whites have the highest level of hopefulness with an average of 3.23, followed by non-Hispanic, non-whites at 3.21, and Hispanics at 3.0.

Education was also significantly related to hopes for the future of children in the region ( $p < .0001$ ). On average, those with the highest hopes were people with some high school and some college ( $m = 3.3$ ). This was followed by those with at least two-year degrees (two-year, four-year, and grad school averages were very similar), and those with a high school diploma. By far, the lowest hopes for the future of children were among those who had eight years or less of formal education ( $m = 2.5$ ).



**Table 5. Degree of Hopefulness about the Future of Valley Children**

	N	Mean (SD)
<b>Race/Ethnicity</b>		
White, non-Hispanic	567	3.23 (1.14)
Hispanic	502	3.01 (1.50)
Other, non-Hispanic	120	3.21 (1.53)
<b>Educational Level</b>		
8th Grade or Less	125	2.53 (1.62)
Some High School	83	3.30 (1.47)
High School or GED	225	3.08 (1.49)
Some College	312	3.28 (1.27)
Two-year College or Vocational Degree	173	3.19 (1.19)
Four-year College Degree	155	3.20 (1.20)
Graduate School or Degree	124	3.19 (1.07)
<b>Volunteer Status</b>		
Currently Volunteering	620	3.24 (1.35)
Not Currently Volunteering	578	3.03 (1.34)

( $p < .001$ )

Hopefulness about the future of Valley children was also significantly related to volunteering ( $p < .01$ ). As shown in Table 5, respondents who were currently volunteering were more hopeful, with a mean score of 3.24, while those who were not volunteering had an average score of 3.0.

### Perceptions about Valley Children’s Futures

Respondents were asked whether they perceived that the future for Valley children would be worse than the past, about the same, or better than the past. Overall, respondents perceived that the future of children would be worse than the past.

Just over 41% of respondents believe that the future of children will be worse than the past, and only 27% believe the future of children will be better than the past. Income, race/ethnicity, and educational level were significantly associated with expectations about the future of children, with those with the highest income, whites, and those who are more highly educated expecting the future of children to be worse than in the past.

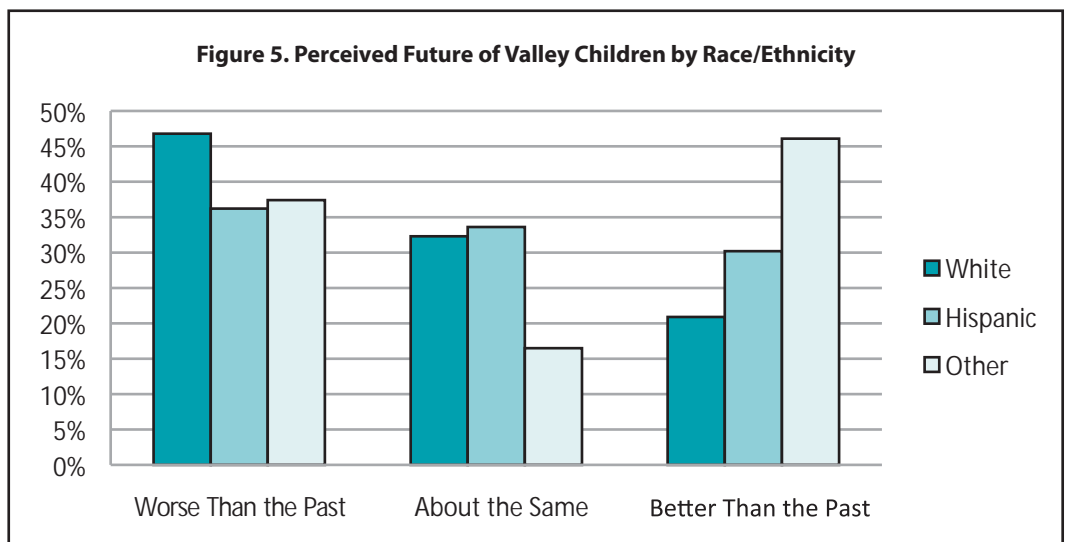
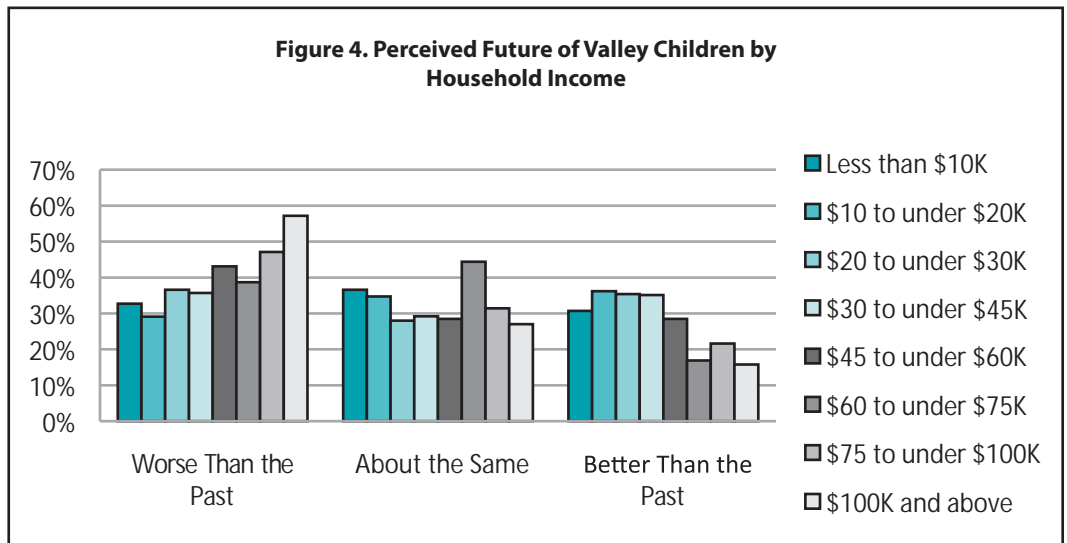
Figure 4 shows that those with higher incomes were most likely to perceive Valley children’s future as being worse than the past, while lower income respondents expect the future of Valley children to improve ( $p \leq .01$ ).

As Figure 5 indicates, whites were more likely to perceive children’s future as being worse than the past, while non-white, non-Hispanics perceived a better future for their children. Perceptions of Hispanics were largely consistent across the three responses ( $p \leq .01$ ).

As shown in Figure 6, respondents with the highest levels of education (grad school or post-graduate degree) were least likely to expect children’s future to be better than the past, while those with a high school degree or some college saw the future of Valley children as being better than the past ( $p \leq .01$ ).

Regarding their own children, 61% of respondents believe their children will be healthier than their own generation, and just under half believe their children will be wealthier than their own generation. Almost 75% believe their children will be better educated than their own generation. Finally, 55% believe their children will be happier overall than their own generation.

Household income was significantly related to whether people believe their own children will be wealthier ( $p \leq .01$ ), better



educated ( $p < .02$ ), or happier overall ( $p < .02$ ) than the previous generation. Specifically, more than half the respondents in the \$20,000 - \$60,000 income range believed their children would be wealthier than their own generation. Respondents with incomes below and above this range were less likely to believe their children would be wealthier than their own generation.

Race/ethnicity was significantly related to believing children will be healthier than the previous generation ( $p \leq .01$ ). Nearly 72% of whites believed their children would be healthier than the previous generation, as compared with only 55% of Hispanics and other non-white respondents.

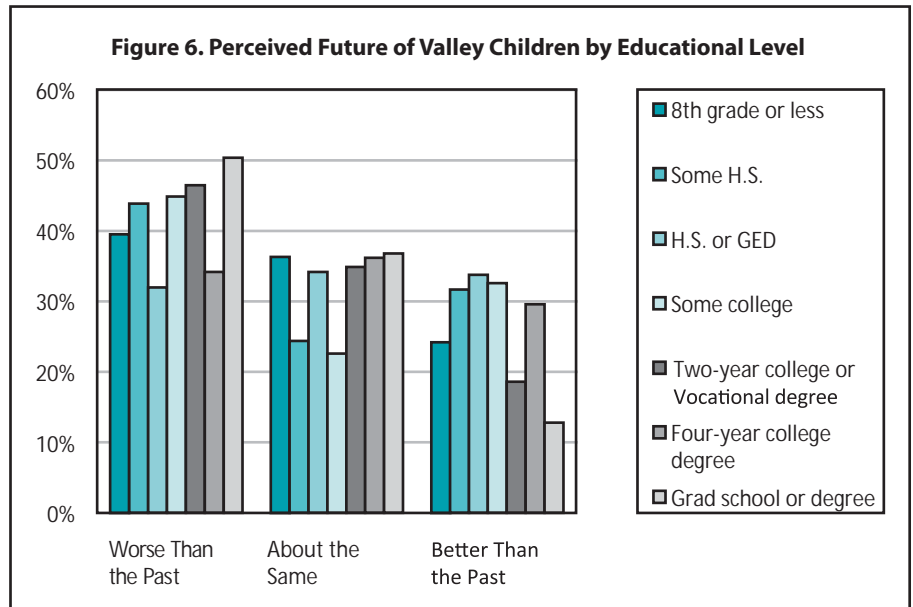
## Community Assets

### Perceptions of the Availability of Essential Community Assets

According to the Search Institute, there are a number of critical external assets (community supports) to which children should have access to ensure healthy and positive outcomes. While these supports change somewhat over the course of a child's development to adulthood, they fundamentally fall into four categories: emotional support, empowerment, boundaries and expectations, and constructive use of time .

The present survey sought to explore Valley residents' perceptions of the extent to which essential supports were likely to be available in their communities. Table 6 shows the list of community assets included in the study, in four categories: 1) value placed on youth, 2) positive role models, 3) supportive neighbors, and 4) personal safety.

At least half of respondents indicated that their communities were not likely to have the following community assets: opportunities to serve; useful roles for youth; music, theater and arts programs; neighbors that care; and neighbors that assume responsibility for children. Just above 60% of respondents



reported their communities had sports activities and clubs, parents as positive role models, and schools that are caring.

Factor analysis on the community asset items supported the presence of a single factor accounting for the relationship among the 14 asset items. Thus, an overall mean score (referred to as the community assets score) was used to characterize respondents' responses across the item set.

Table 7 reports community asset scores based on race/ethnicity. Race/ethnicity differences were found between white non-Hispanics ( $m = 3.46$ ), non-white, non-Hispanics ( $m = 3.73$ ), and Hispanics ( $m = 3.55$ ). In particular, non-white, non-Hispanics reported statistically higher scores compared to white non-Hispanics, indicating a perception that more community assets are available.

Significant differences were found in community assets scores by educational level (see Table 8), with those with a high school diploma or GED ( $m = 3.70$ ), and those with some college reporting higher mean scores ( $m = 3.63$ ) than those with some high school ( $m = 3.30$ ) or a two-year college degree or vocational degree ( $m = 3.37$ ).

Based on volunteer status, those who volunteered reported a significantly higher ( $p < .01$ ) community assets score ( $m = 3.58$ ) than non-volunteers ( $m = 3.46$ ).

<b>Table 6. Perceived Likelihood of the Availability of Essential Community Assets</b>		
<b>Community Assets</b>	<b>Likely (%)</b>	<b>Not Likely (%)</b>
<b>Value Placed on Youth</b>		
Opportunities to serve and volunteer	50.0	50.0
Community places high value on youth	52.0	48.0
Youth have useful roles in community	41.9	58.1
<b>Availability of Youth Activities</b>		
Church and religious activities	53.5	46.5
Sports and clubs	61.5	38.5
Music, theater and arts	35.9	64.1
<b>Availability of Positive Role Models</b>		
Parents and other adults as role models	60.3	39.7
Adults other than parents as models	50.5	49.5
Peers as role models	53.6	46.4
<b>Supportive Neighbors</b>		
Neighbors that care	49.2	50.8
Neighbors assume responsibility	42.4	57.8
<b>School Supports</b>		
Parents help children succeed in school	57.4	42.6
Schools that are caring	60.9	39.1
<b>Personal Safety</b>		
Safe homes, schools and neighborhoods	54.8	45.2

<b>Table 7. Community Assets Score by Race/Ethnicity and Presence of Child in the Home</b>		
<b>Race/ Ethnicity</b>	<b>N</b>	<b>Mean<sup>A</sup> (SD)</b>
White, Non-Hispanic	614	3.46 (0.77)
Non-White, Non-Hispanic	94	3.73 (0.99)
Hispanic	482	3.55

<sup>A</sup> Means statistically significant ( $p < .01$ ). Mean for non-White, non-Hispanics higher than White, non-Hispanics ( $p < .01$ ).



<b>Table 8. Community Assets Score by Educational Level and Presence of Child in the Home</b>		
<b>Educational Level</b>		
	<b>N</b>	<b>Mean<sup>A</sup> (SD)</b>
8th grade or less	153	3.51 (0.89)
Some HS	78	3.30 (1.05)
HS Diploma/ GED	232	3.70 (0.89)
Some College	273	3.63 (0.85)
Two-year College Degree or Vocational Degree	181	3.37 (0.83)
Four-year College Degree	140	3.42 (0.91)
Graduate school or degree	103	3.42 (0.85)

HS = High School. GED = General Educational Diploma.  
 A Main effect for educational level statistically significant ( $p < .01$ ).

Some HS and Two-year College Degree or Vocational Degree means less than HS Diploma/GED ( $ps < .05$ ) and Some College ( $ps < .05$ ).

### Perceived Unmet Need for Youth Programs

The study also sought to determine the extent of unmet need that families had for various youth development programs. Respondents with at least one child in the home were read a list of 10 programs and asked which they felt that their family needed in the past. After they responded, they were read the list again and asked whether their children had ever participated in those programs. The 10 programs included those aimed at improving core developmental assets (science and math programs; reading and literacy programs; sports and other organized recreation programs; after school programs; and quality preschool and early childhood educational programs), programs aimed at reducing risky social behaviors (violence prevention programs; pregnancy prevention and sex education) and special needs programs

(programs for children with physical disabilities and programs for children with mental health concerns).

For each program, responses regarding need and participation were combined to determine whether the respondent's family had a need, but had not participated (unmet need), had participated (participated in program), or had no expressed need for the program (no need). In a very small number of cases, respondents had not expressed a need, but had actually participated in that program. In this case, and in those where there was both an expressed need and participation, responses were combined as one "participated in program" category.

In Figure 7, the full length of the bar shows the percentage of those who participated in that type of program, and the dark section of

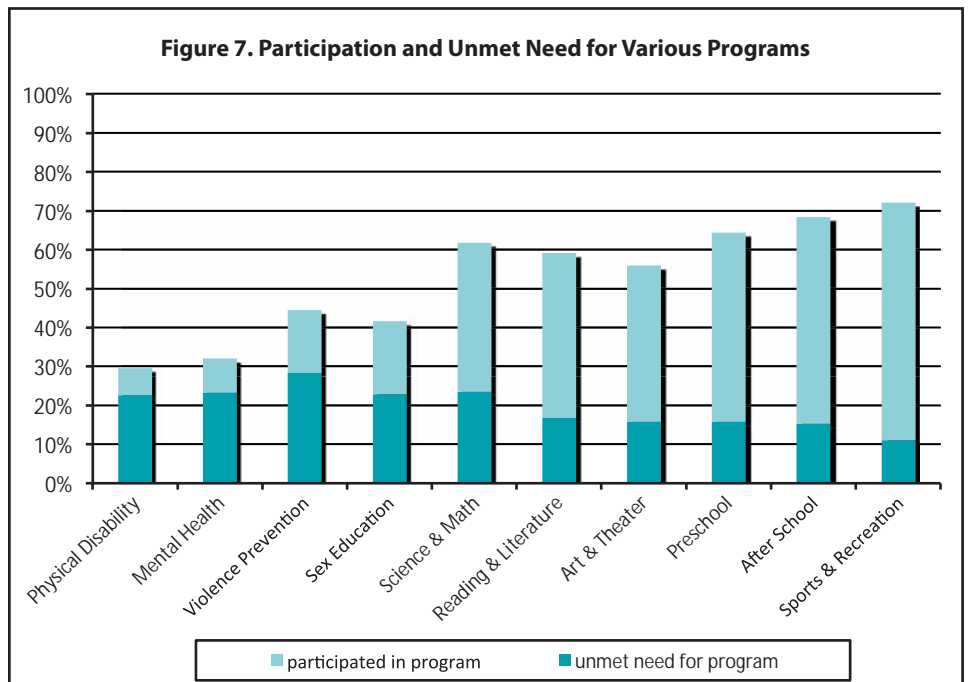
the bar shows those whose needs were unmet. For example, for physical disability programs, roughly 30% needed the program, 23% had an unmet need for that program, and the remaining 7% (light shading) participated. The fewest families perceived a need for physical disabilities and mental health programs, but their needs were rarely met. On the other end of the spectrum, the majority of families expressed a need for sports and organized recreational programs, and most of the families expressing this need had participated in this type of program. Only about 10% of all the respondents felt that their family needed this type of program, but had not participated.

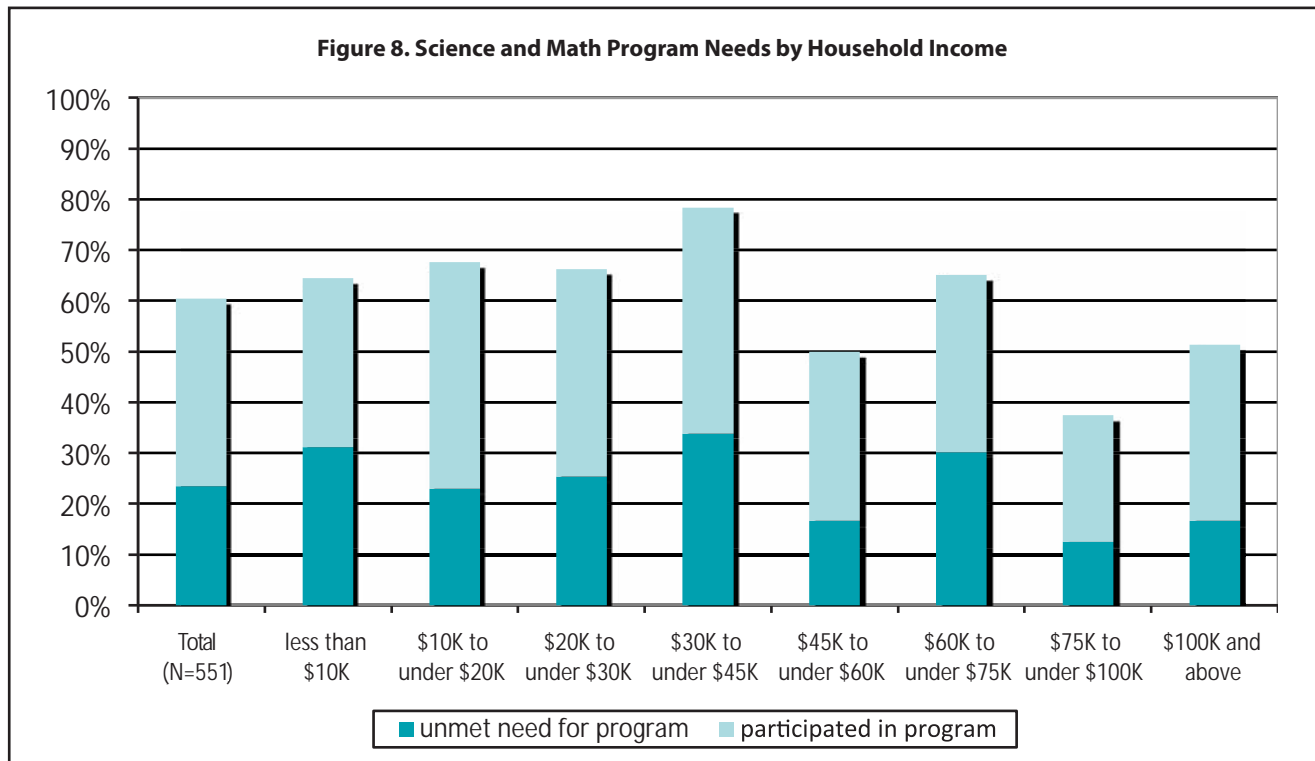
Chi-square tests were conducted for each program type to examine differences related to household income, educational level, and race/ethnicity. Each test compared the difference in the number of respondents who had 1) no expressed need for a program, 2) need for a program that was unmet, or 3) participation in a needed program. A separate analysis was conducted for each of the program types.

## Developmental Assets Programs

The high concern about the developmental assets of Valley children and respondents' own children is reflected in the high level of need that families expressed for these types of programs. These are also the types of programs that many families participated in (see Figure 7 for percentage of families who participated in science and math, reading and literacy, arts and theater, preschool, after school, and sports and recreation programs). There were some differences in the level of need and whether that need was met by income, educational level, and race/ethnicity for these types of programs,

especially for science and math and after school care. Yet, families did not differ in their needs and participation in preschool and sports and recreation programs. Table 9 provides a summary of these differences.





### Science and Math Programs

As shown in Figure 8, the number of families who had an unmet need, participated, or had no expressed need for science and mathematics programs differed by family household income ( $p < .001$ ).

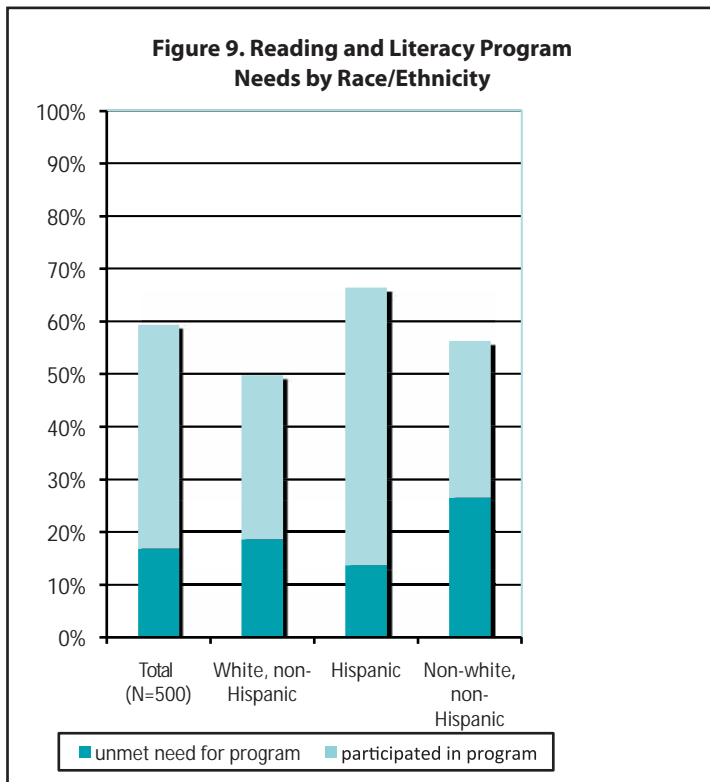
- » Families with household incomes of \$30,000 to under \$45,000 were more likely to express a need for science and mathematics programs and more likely to have this need unmet than the average of all families.
- » Families with household incomes of \$45,000 to under \$60,000 were less likely to express a need for science and mathematics programs than the average of all families.
- » Families with household incomes of \$75,000 to under \$100,000 were less likely to express a need for science and mathematics programs, have an unmet need for science and mathematics programs, and to have participated in a science and mathematics program.

The number of families who had an unmet need, participated, or had no expressed need for science and mathematics programs also differed by race/ethnicity ( $p < .001$ ).

- » Participants who indicated they were white, non-Hispanic were less likely to express a need for science and mathematics programs and were also less likely to have participated in science and mathematics programs than the average of all families.
- » Participants who indicated that they were of Hispanic ethnicity were more likely to express a need for science and mathematics programs and were more likely to have participated in a science and mathematics program than the average of all families.
- » Participants who indicated they were non-Hispanic and non-white were more likely to express a need for science and mathematics programs and more likely to have an unmet need for science and mathematics programs than the average of all families.

Finally, the number of families who had an unmet need, participated, or had no expressed need for science and mathematics differed by respondent's educational level ( $p < .001$ ).

- » Participants who had only attended some high school were less likely to have a child who participated in a science and mathematics program and more likely to have an unmet need than the average of all families.



- » Participants who had a four-year college degree were less likely to express a need for a science and mathematics program and less likely to have an unmet need for this type of program than the average of all families.

### Reading and Literacy Programs

The percentage of families who needed and participated in programs for reading and literacy differed by race/ethnicity ( $p < .001$ ). Figure 9 shows that:

- » Participants who indicated they were white non-Hispanic were less likely to express a need for programs on reading and literacy and less likely to have participated in a reading and literacy program than the average of all families.
- » Participants who indicated that they were of Hispanic ethnicity were more likely to express a need for reading and literacy programs, they were more likely to have participated in a reading and literacy program, and they were less likely to have an unmet need for a reading and literacy program than the average of all families.

- » Participants who indicated they were of non-Hispanic and non-white were less likely to have participated in a reading and literacy program and were more likely to have an unmet need for a reading and literacy program than the average of all families.

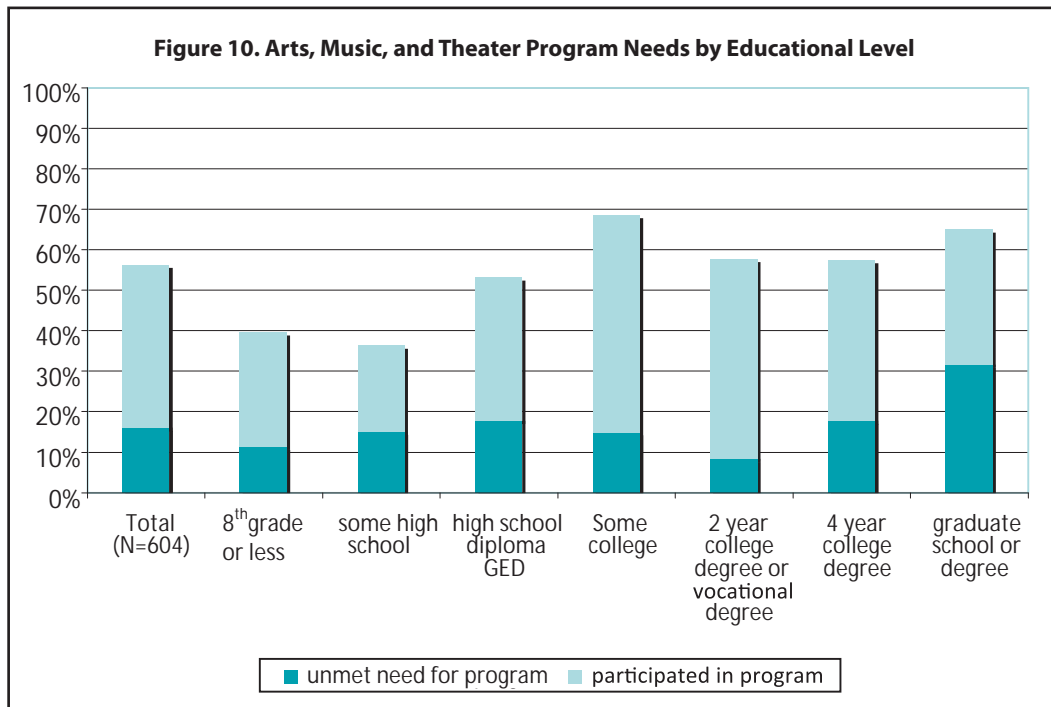
The percentage of families who needed and participated in programs for reading and literacy also differed by respondent's educational level ( $p < .001$ ).

- » Participants who had completed 8th grade or less of school were more likely to express that their family needed reading and literacy programs and correspondingly more likely to have their child participate in a reading and literacy program than the average of all families.
- » Participants who had attended some high school were more likely to have an unmet need for reading and literacy programs than the average of all families.
- » Participants who had a four-year college degree were less likely to have an unmet need for a reading and literacy program than the average of all families.

### Arts, Music and Theater Programs

As shown in Figure 10, the number of families who had an unmet need, participated, or no need for arts, music, and theater programs differed by respondent's educational level ( $p < .001$ ).

- » Participants who had completed some high school or less schooling were less likely to express a need for an arts, music and theater program and correspondingly less likely to have a child who participated in this type of program than the average of all families.
- » Participants who had completed some college were more likely to express a need for and have participated in arts, music and theater programs than the average of all families.
- » Participants who had a two-year college degree were less likely to have an unmet need for an arts, music and theater program than the average of all families.



- » Participants who had completed graduate school were more likely to have an unmet need for an arts, music, and theater program than the average of all families.

### After School Programs

The number of families who had an unmet need, participated, or had no expressed need for after school programs also differed by educational level ( $p < .001$ ).

- » Participants who indicated they were white, non-Hispanic were less likely to express a need for after school programs and less likely to have participated in them than the average of all families.
- » Hispanics were more likely to express a need for after school programs and were more likely to have participated in them than the average of all families.

The number of families who had an unmet need, participated, or had no expressed need for after school programs also differed by respondent's educational level ( $p < .001$ ) (Figure 11).

- » Participants who had completed some high school were less likely to have their child participate in an after school program, but were more likely have an unmet need for an after school program than the average of all families.



- » Participants who had completed some college were more likely to have participated in an after school program than the average of all families.
- » Participants who had a four-year college degree were less likely to have a need or an unmet need for an after school program than the average of all families.
- » Participants who had a graduate school degree were less likely to have a need for an after school program and were less likely to participate in this type of program than the average of all families.

### Social Behavior Programs

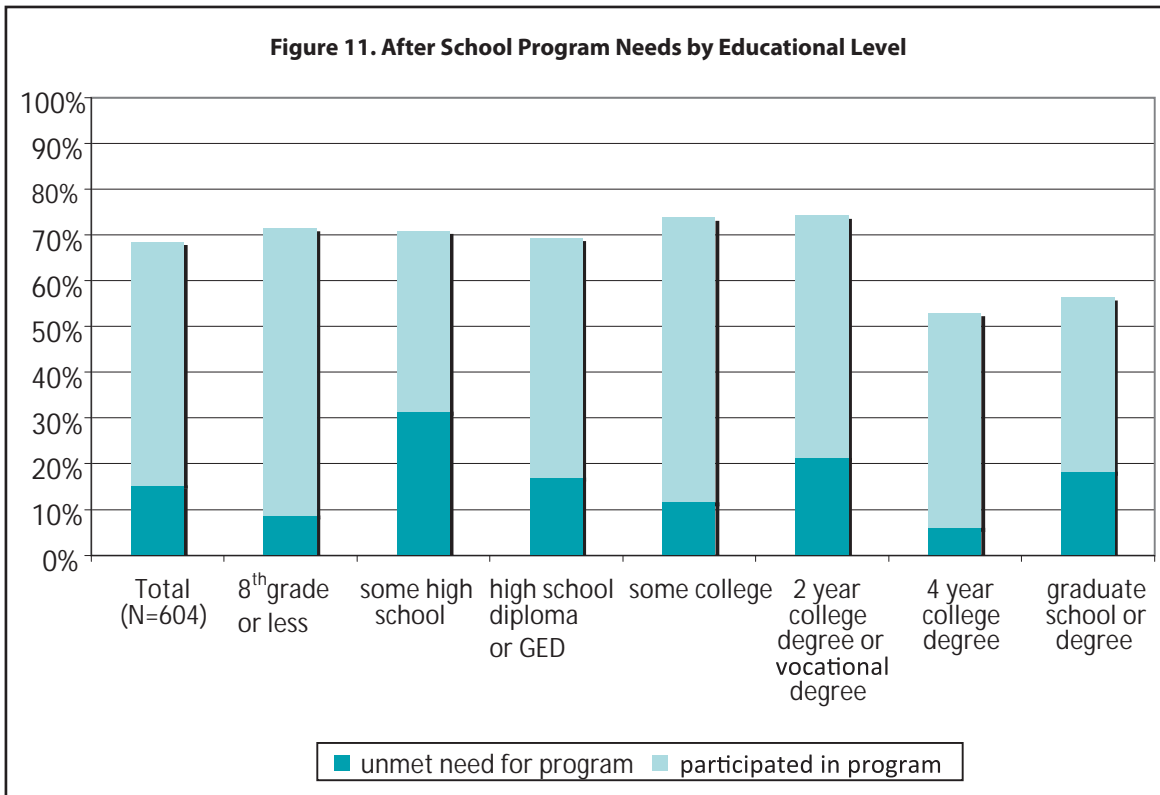
The high degree of concern about the social behavior of Valley’s children is reflected in families’ need for this type of program and whether these needs were met. Overall, 45% of survey respondents said that their family needed violence prevention programming, but only 16% said their children had participated. Similarly, 42% said their family needed sex education and pregnancy prevention programs, but only 19% had participated in these types of programs. There were several differences in the level of need and whether that need was met or not by income and race/ethnicity

for violence prevention programs and by educational level for pregnancy prevention programs. See Table 10 for a summary of these differences.

### Violence Prevention Programs

The number of families who had an unmet need, participated, or had no expressed need for programs to prevent violence differed by family household income ( $p < .001$ ) (see Figure 12).

- » Families with household incomes of less than \$10,000 were more likely to need violence prevention programs and were more likely to have this need be unmet than the average of all the families.
- » Families with household incomes \$45,000 to under \$60,000 were more likely to have participated in a violence prevention program than the average of all families.
- » Families with household incomes of \$75,000 to under \$100,000 were less likely to have participated in a violence prevention program than the average of all families.



**Table 9. Differences in Level of Need, Unmet Need and Participation for Developmental Assets Programs**

Science and Math Programs		Need	Unmet Need	Participation
<i>Income</i>	\$30k-<\$45k	higher	higher	
	\$45k-<60k	lower		
	\$75k-<\$100k	lower	lower	lower
<i>Race/Ethnicity</i>	White, non-Hispanic	lower		lower
	Hispanic	higher		higher
	Other, non-Hispanic	higher	higher	
<i>Educational Level</i>	Some HS		higher	lower
	Four-year degree	lower	lower	
Reading and Literacy Programs				
<i>Income</i>	ns			
<i>Race/Ethnicity</i>	White, non-Hispanic	lower		lower
	Hispanic	higher	lower	higher
	Other non-Hispanic		higher	lower
<i>Educational Level</i>	8th grade or less	higher		none
	Some HS		higher	
	Four-year degree		lower	
Arts, Music, and Theater Programs				
<i>Income</i>	ns			
<i>Race/Ethnicity</i>	ns			
<i>Educational Level</i>	8th grade or less	lower		lower
	Some HS	lower		lower
	Some college	higher		higher
	Two-year degree		lower	
	Grad school		higher	
After School Programs				
<i>Income</i>	ns			
<i>Race/Ethnicity</i>	White, non-Hispanic	lower	none	lower
	Hispanic	higher		higher
<i>Educational Level</i>	Some HS		higher	lower
	Some college			higher
	Four-year degree	lower	lower	
	Grad school	lower		lower
Preschool Programs				
<i>Income</i>	ns			
Sports and Recreation Programs				
<i>Income</i>	ns			

Not significantly different (ns) with  $p > .003$  to control for multiple tests. Only statistically significant categories are presented.



**Table 10. Differences in Level of Need, Unmet Need and Participation for Social Behavior Programs**

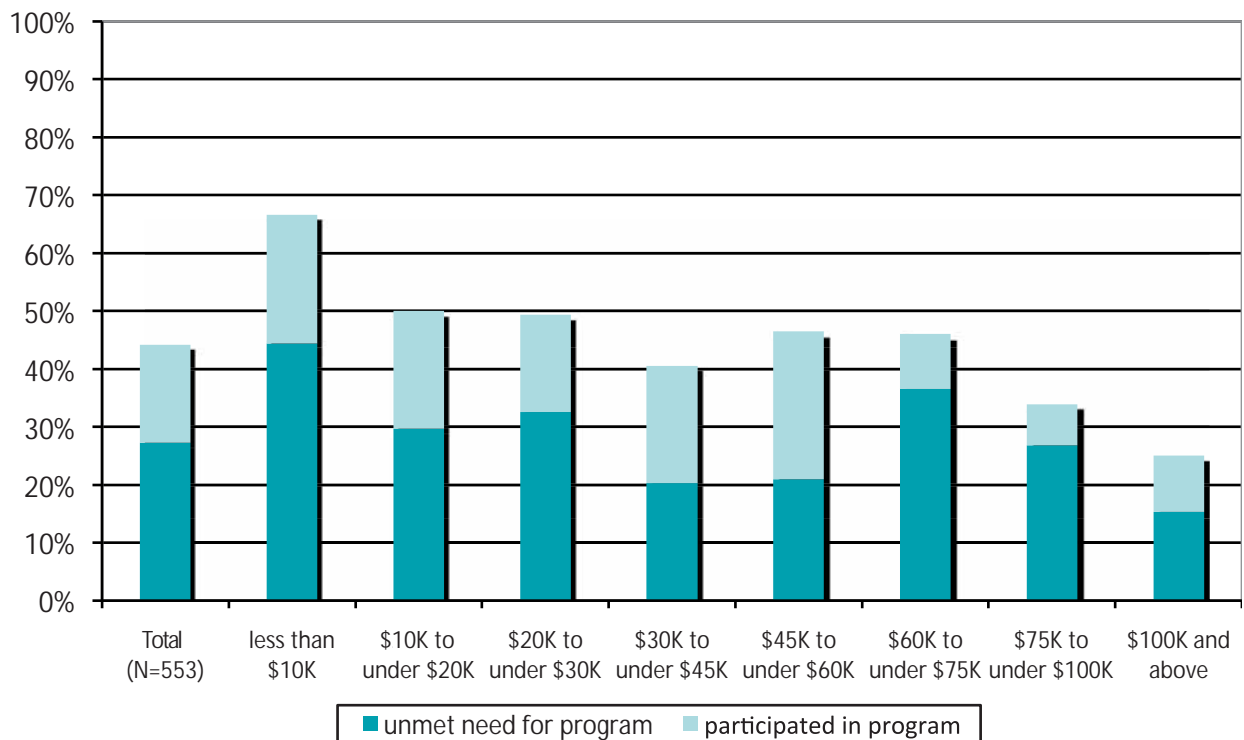
Violence Prevention Programs		Need	Unmet Need	Participation
<i>Income</i>	<\$10k	higher	higher	
	\$45k-<\$60k			higher
	\$75k-\$100k			lower
	\$100k+	lower	lower	
<i>Race/Ethnicity</i>	White, non-Hispanic	lower	lower	
	Other, non-Hispanic	higher	higher	higher
<i>Educational Level</i>	ns			
Sex Ed/Pregnancy Prevention Programs				
<i>Income</i>	ns			
<i>Race/Ethnicity</i>	ns			
<i>Educational Level</i>	8th grade or less			higher
	Some HS Four-year degree	higher lower	higher	lower

Not significantly different (ns) with  $p > .003$  to control for multiple tests. Only statistically significant categories are presented.





**Figure 12. Violence Prevention Program Needs by Household**



- » Families with household incomes of \$100,000 or more were less likely to need violence prevention programs and also less likely to have an unmet need for these programs.

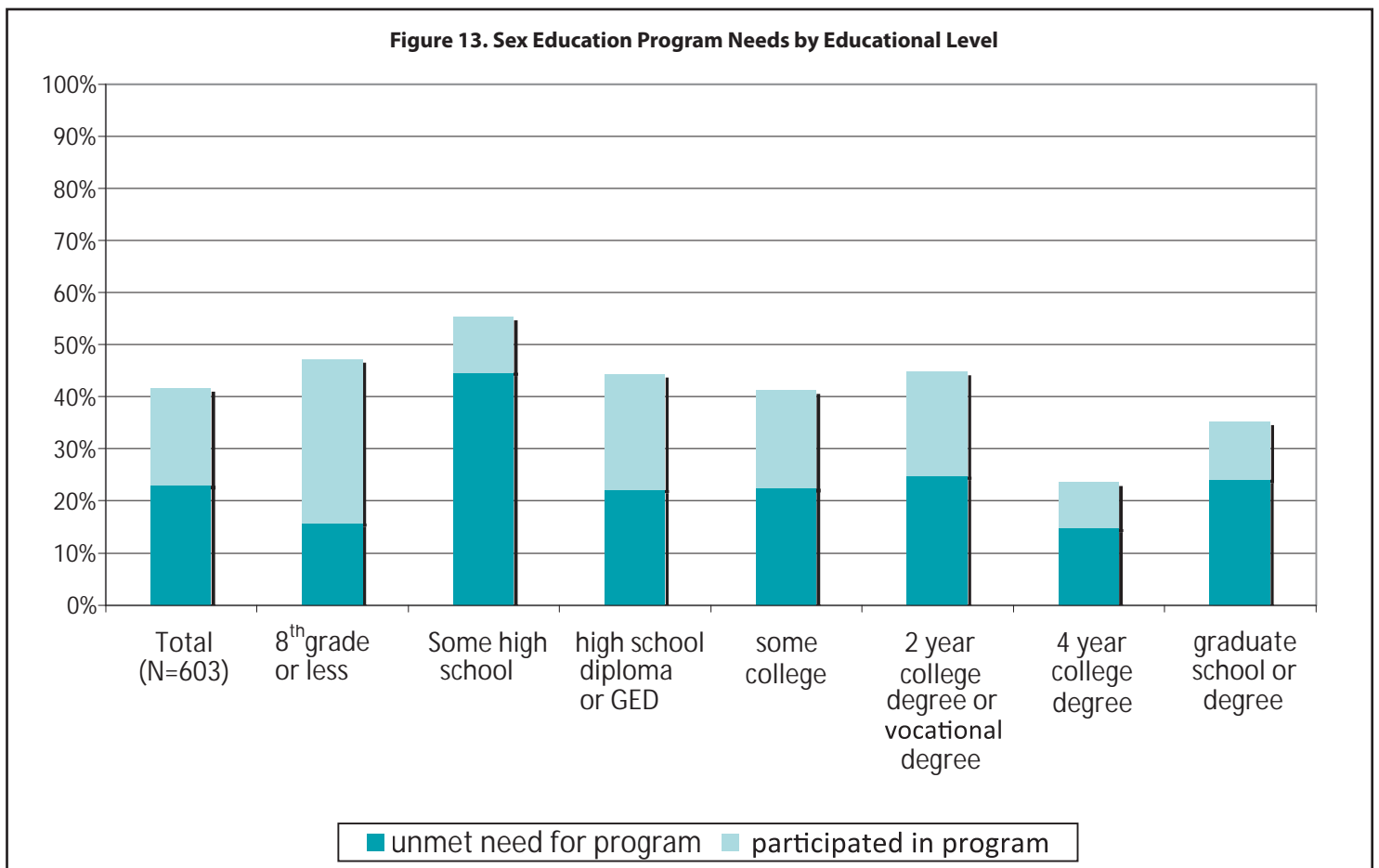
The number of families who had an unmet need, participated, or no expressed need for violence prevention programs differed by race/ethnicity ( $p < .001$ ).

- » Participants who indicated they were of white, non-Hispanic ethnicity were less likely to express a need for violence prevention programs and had less unmet need for violence prevention programs than the average of all families.
- » Participants who indicated they were of non-Hispanic and non-white ethnicity were more likely to express a need for violence prevention programs, more likely to have an unmet need for violence prevention programs, and more likely to have participated in a violence prevention program than the average of all families.

### Pregnancy Prevention and Sex Education Programs

The number of families who had an unmet need, participated, or had no expressed need for pregnancy prevention and sex education programs differed by respondent’s educational level ( $p < .001$ ) (see Figure 13).

- » Participants who completed 8th grade or less of school were more likely to have participated in a sex education program than the average of all families.
- » Participants who had completed some high school were more likely to express a need for a sex education program and more likely to have an unmet need than the average of all families.
- » Participants who had a four-year college degree were less likely to express a need for a sex education program and less likely to have participated in this type of program than the average of all families.



**Table 11. Differences in Level of Need, Unmet Need and Participation for Special Needs Programs**

Physical Disability Programs		Need	Unmet Need	Participation
<i>Income</i>	\$20k-<\$30k	higher		
	\$30k-<\$45k		lower	higher
	\$60-\$75k		higher	
	\$75k+	lower	lower	
<i>Education</i>	HS diploma/GED	higher	higher	
	Four-year degree	lower	lower	lower
<i>Race/Ethnicity</i>	ns			
Mental Health Programs				
<i>Income</i>	\$20k-<\$30k	higher	higher	
	\$45k-\$60k		higher	
	\$75k-<\$100		lower	higher
	\$100k+	lower		lower
<i>Educational Level</i>	8th grade or less	lower	lower	
	Some college	higher		higher
	Two-year degree	higher		higher
	Four-year degree	lower	lower	
<i>Race/Ethnicity</i>	Hispanic	lower	none	lower
	Other, non-Hispanic	higher		higher

Not significantly different (ns) with  $p > .003$  to control for multiple tests. Only statistically significant categories are presented.

### Special Needs Programs

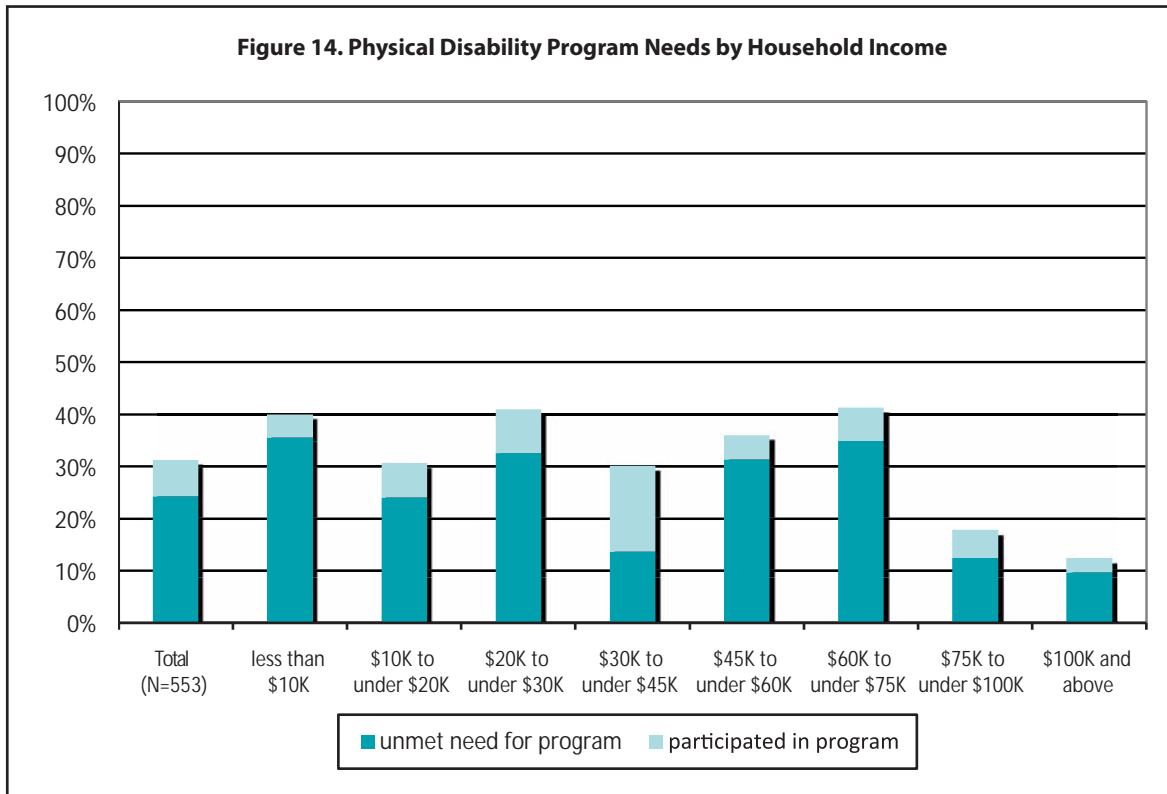
Overall, the percentage of families who needed physical disability or mental health programs was relatively smaller (about 30% of families) when compared to need level for other types of programs (40%-70% of families). However, only 3 out of 10 families in need had participated in these special needs programs.

This overall pattern for special needs programs (low expressed need, yet high levels of unmet need) was similar for all types of families, with middle-income families having even higher levels of unmet need than lower and upper income families. Table 11 summarizes differences found by household income, educational level and race/ethnicity for special needs programs.

### Physical Disability Programs

As shown in Figure 14, the number of families who had an unmet need, participated, or had no expressed need for physical disabilities programs differed by family household income ( $p < .001$ ).

- » Families with household incomes between \$20,000 to under \$30,000 were more likely to express a need for physical disabilities programs than the average of all families.
- » Families with household incomes between \$30,000 to under \$45,000 were more likely to have participated in programs when they had a need (met need) than average of all families and less likely to have an unmet need for physical disability programs.



- » Families with household incomes between \$60,000 to under \$75,000 were more likely to have an unmet need for physical disability programs than the average of all families.
- » Families with household incomes from \$75,000 and above expressed less need for physical disability programs and were less likely to have an unmet need than the average of all families.

The number of families who had an unmet need, participated, or had no expressed need for physical disabilities programs also differed by respondent’s educational level ( $p < .01$ ).

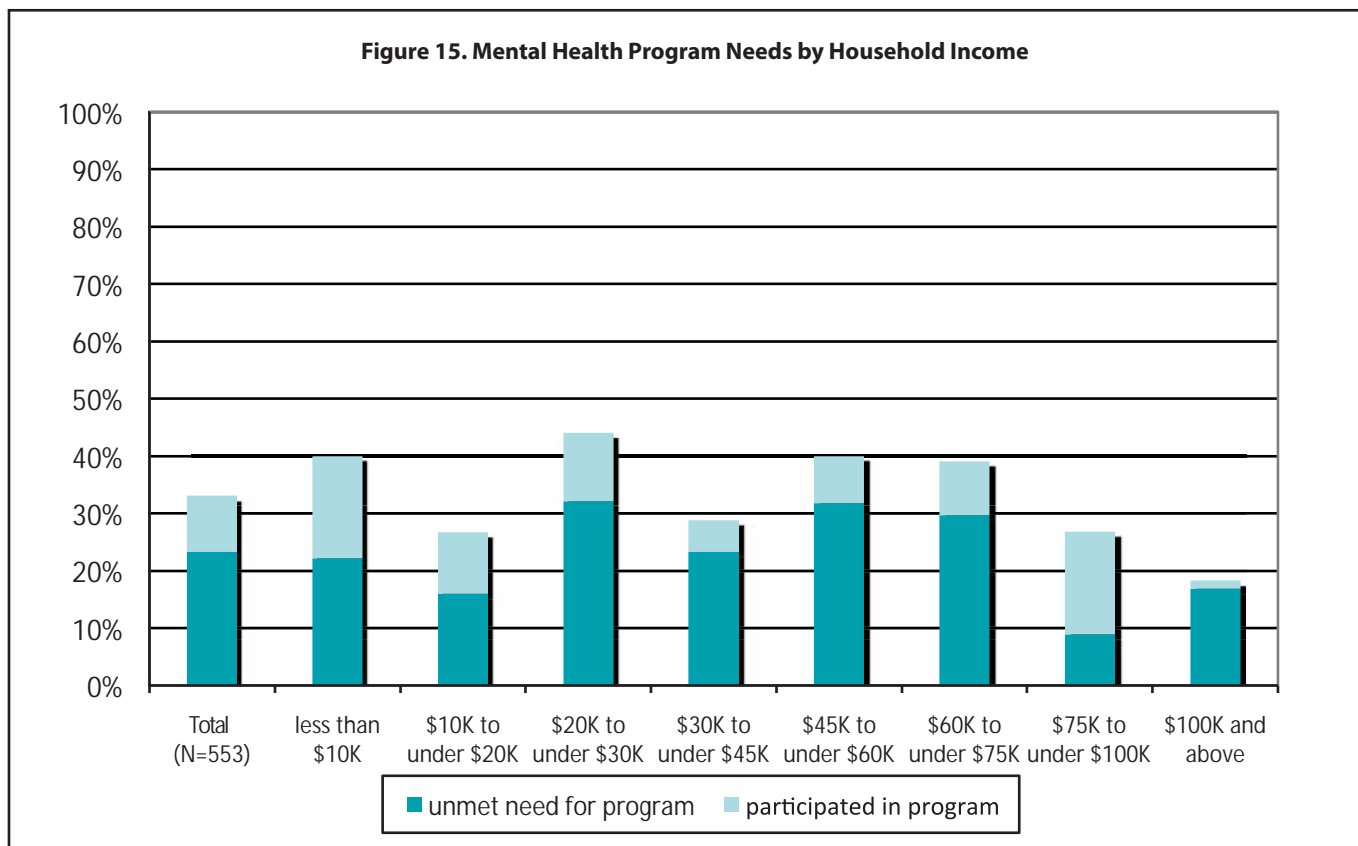
- » Participants who had graduated high school or received a GED were more likely to express a need for physical disability programs and more likely to have an unmet need for this type of program than the average of all families.
- » Participants who had a four-year college degree were less likely to express a need for physical disability programs, less likely to have an unmet need, and less likely to have participated in this type of program than the average of all families.

### Mental Health Programs

For mental health programs, the number of families who had an unmet need, a fulfilled need, or no need differed by household income ( $p < .01$ ), as shown in Figure 15.

- » Families with household incomes of \$20,000 to under \$30,000 and those with \$45,000 to \$60,000 were more likely to have unmet needs for mental health programs than the average of all families. In addition, families with household incomes of \$20,000 to under \$30,000 were more likely to need mental health programs than the average of other families.
- » Families with household incomes of \$75,000 to under \$100,000 were more likely to participate in a mental health program and also less likely to have an unmet need for mental health programs.
- » Families with household incomes of \$100,000 and above were less likely to express a need for mental health programs and were less likely to have participated in a mental health program.

**Figure 15. Mental Health Program Needs by Household Income**



The number of families who had an unmet need, a fulfilled need, or no need for mental health programs also differed by race/ethnicity ( $p < .0001$ ).

- » Participants who indicated they were of Hispanic ethnicity were less likely to express a need for mental health programs and were also less likely to have a family member participate in a mental health program than the average of all families.
- » Participants who indicated they were non-Hispanic and non-white were more likely to express a need for mental health programs and more likely to have participated in a mental health program than the average of all families.

The number of families who had an unmet need, a fulfilled need, or no need for mental health concerns differed by respondent's educational level ( $p < .001$ ).

- » Participants who had completed 8th grade or less of school and who graduated from a four-year college were less likely to express a need for mental health programs and were

less likely to have an unmet need than the average of all families.

- » Participants who had attended some college or who had a two-year college or vocational degree were more likely to express a need for mental health programs and more likely to have participated in this type of program than the average of all families.

## Recommendations for Action

The findings of this study were presented to more than 100 participants attending a Regional Children's Stakeholder Forum held in Fresno in February 2009. Additionally, the study findings were presented at the following regional meetings:

- 1) Regional Meeting II: March 16, 2009, Children’s Hospital, Madera, CA
- 2) Regional Meeting III: May 5, 2009, Family Health Centers, Atwater, CA
- 3) Regional Meeting IV: June 10, 2009, Tulare County Office of Education, Visalia, CA

At each of these gatherings, recommendations for action were solicited. Aside from roundtable discussions held at the regional meetings, focus group and, key informant interviews were used to gain input on the programmatic direction and research priorities of the CCCI.

## Priority Issues of the CCCI

Stakeholders recommended that the Institute’s work encompass the following strategic priorities:

- 1) Children’s early psychosocial and emotional development
  - a. Find ways to help primary caregivers learn to develop and support healthy relationships with children
  - b. Early identification, support and intervention, especially for 0-5 population
  - c. Quality/quantity mental health promotion and treatment services for children
  - d. Psychosocial services; child abuse prevention
- 2) Youth social behaviors, including:
  - a. Early sexual activity and teen pregnancy prevention
  - b. Substance use
  - c. Gang prevention
  - d. Positive places for children to develop/ learn life skills
- 3) Parent support, engagement, and skill-building
  - a. Improve parental capacity to provide nurturing, safe, and developmentally appropriate care
  - b. Promote positive adult relationships for children
  - c. Parenting/family involvement, support
  - d. In home services such as parent education; child assessment; focus on entire family
  - e. Educate parents to be able to be better parents; community education programs and outreach for parents to build skills and empower them as effective parents and advocate for their child
  - f. Family advocacy
  - g. Family strengthening; economics, family relations, spiritual, educational improvement
  - h. Community education outreach; skills; empowerment as child advocates
  - i. Community and family engagement
  - j. Build on neighborhood strengths – not weaknesses
  - k. Neighborhood based family support services
  - l. Improve access to resources to meeting the needs of children and families
  - m. Promote safety; neighborhoods, homes, schools; comprehensive view, indicators, intervention and prevention efforts to strengthen kid and families – not police intervention
  - n. Create more One Stop Shops: school or community centers that connect all resources available for families and children

Further, stakeholders indicated that untangling the effects of racial/ethnic, gender and income disparities should be a lens or focal point for each of the above issues, given that 26% of all children

in the Valley live in poverty and poverty disproportionately affects children of color. Poverty is also known to be a critical risk factor for a myriad of adverse health, education, and social outcomes for children.

## Key Roles and Functions of the CCCI

The following list of possible CCCI functions were presented to participants at the Children's Stakeholder Forum in Fresno. Participants were asked to select the top three roles and functions for the CCCI. The number in parentheses following each item represents the number of participants selecting that item as one of their top three choices.

1. Regional planning, coordination and mobilization to promote specific policies, actions and strategies on behalf of children (n=46)
2. Community education programs and outreach for parents to build their skills and empower them as both effective parents and as child advocates (n=40)
3. Networking and convening opportunities to facilitate collaboration on a common children's agenda (n=18)
4. Interdisciplinary courses and curriculum offerings for Fresno State students on children's issues to prepare future professionals for addressing children's issues (n=17)
5. Media, broad-based communication and messaging strategies to raise awareness of issues facing children (n=14)
6. Research and data gathering to better describe and explain the problems facing children in the region (n=13)
7. Policy analysis to encourage more child and family-friendly practices and policies (n=12)
8. Program evaluation to assess what is working and what isn't in the education, social service and other sectors (n=11)
9. Demonstration projects to test new ideas and approaches to solving the problems facing children (n=11)

10. Professional education opportunities to strengthen the knowledge base and promote leading edge approaches in service delivery (n=8)

## CCCI Organizational Structure and Activities

Recommendations regarding how the CCCI would structure itself and conduct its work plan were discussed at the regional meeting in Madera. The following recommendations emerged at that gathering:

- » Become a hub for the issues of prevention and early intervention for early childhood and families in meeting mental health needs; the issue needs a home, and was characterized as the most diffused issue with the least attention
- » Develop an emphasis on integrating services and programs across the age span of children
- » Identify a way to all link together to share information and cluster information into topics within a diverse continuum; be more of a network, which is cross-informed and helpful to prevent replication of services
- » Evolve into an advisory body where we can take our stories, issues and values
- » Stay engaged with the community, keeping non-profit agencies at the forefront; engage in and benefit from mutual learning
- » Help parents! All parents need help; Use the research base for the education of youth and families; be a change agent
- » Start at the local level; there is a good model at the Fresno Business Council which is well networked; have a proven model which works well, such as the Regional Jobs Initiative, which developed a Community Values Statement which many in the community adopted. Begin with basics; adopt shared values; develop priorities

- » Encompass common principles; identify decision-makers and engage them in policy shift; avoid and eliminate competing goals and initiatives
- » Help to get resources connected to clients; to those who need them and for whom they are intended
- » When sharing information, make it relevant and valuable for all the involved stakeholders
- » Educate local leaders on who we are, what we can do, and what is needed so they can effectively advocate for us and our issues
- » Find a way to make coordination work regionally; areas beyond Fresno County are often left out
- » There are other regional efforts; see how they can be brought together, such as the San Joaquin Valley Partnership. There are other models: Central California Regional Obesity Prevention Program (CCROPP) is eight-county and is working; lessons have been learned on how to think about organizing this; presents opportunity to raise presence of University resources and assets
- » Two organizations are working on cultural competence; it is helpful to work among ourselves on what that means.... connecting in new ways on this topic
- » Have youth at the table and involved!
- » The Montgomery County Collaboration's Council is a good model for the children's agenda, a good starting point.

## Developing a Regional Children's Agenda

At the Atwater and Visalia meetings, the following recommendations were proposed for the structure and process for developing a regional children's agenda:

## Core Leadership

It is recommended that Regional Children's Agenda Steering Committee include representatives from local school districts, local public health, religious leaders and interdenominational groups, child welfare, criminal justice, child care, media, foster care/transitional youth, school teachers, parents, business leaders, agricultural sector, non-profit organizations, key opinion leaders and policy makers. In addition, there should be representation from the Great Valley Center, California Partnership for the San Joaquin Valley, the Central California Regional Obesity Prevention Program and the Central Valley Health Policy Institute. There should also be cross sectional representation and vertical and horizontal integration of our efforts in order to avoid working in silos.

## Organizing Work Groups

Several organizing approaches were considered: age categories, disciplines (health, mental health, etc.), priority issue (universal preschool, child poverty, substance abuse, etc.), and change strategy (systems building, research, advocacy, etc.). However, it was recommended that work groups be structured according to the selected focus areas or desired outcomes of the Agenda. Work groups could be organized at the local level.

Recommendations for involving youth, elected officials and parents included convening a youth summit, using web technology and media to reach out to these special groups, reaching parents through child care and health care providers, and elected officials through local governmental commissions.

At the Visalia meeting (Tulare County), there was discussion about whether to limit the number of issues addressed by the Regional Children's Agenda (as had been proposed in Atwater) or keep the Agenda broad in terms of the number of youth outcomes it addresses. The Tulare group expressed that the Regional Children's Agenda should remain broad, although action plans could be narrowly focused from year to year, i.e. only two or three issues might be addressed at a time.



It was also considered that because poverty touches every issue of concern, this issue should not be considered on its own; rather, it should be woven into every focus area of the Children's Agenda. It was felt that there should be some examination of the impact of the agricultural sector on the well-being of children, and how systems barriers influence the reasons why some families' access the services they need and others don't.

## Conclusions and Next Steps

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Several important conclusions may be drawn from this study. First, the similarities in findings across the eight counties of the central San Joaquin Valley support the appropriateness of a regional approach in addressing the well-being needs of children. Second, the identification of household income as the predominant predictor of adults' views of the issues facing children, and the perception of community assets available to support youth underscore the need to address the socioeconomic disparities that underlie youth outcomes. Third, the positive effects of volunteerism on adults' perceptions of youth, and the willingness of residents to become engaged in supporting youth in the region suggests that volunteerism is an important regional asset that must be harnessed.

Finally, the prevention of adverse youth social behaviors is not only of extreme concern to Valley residents; families' need for programs to prevent risky social behavior, such as violence prevention and teen pregnancy prevention programs, tend to go unmet. The extreme concern of study participants about children's relationships with their parents could indicate that parents need help in providing the guidance that youth need to avoid negative social behaviors that place them at risk. However, this is only one possible explanation, and additional research is needed to accurately elucidate the implications and deeper meaning of these findings.

From a more practical perspective, the findings of this study will undergird the work of the Central California Children's Institute. Again, these findings substantiate the need for strategic responses, executed across the region. It is of great concern that communities are not viewed, by and large, as having the resources and assets that young people need to grow up healthy and happy, and low-income and poor families express significant unmet need for programs and services that are known to foster optimal youth development.

Health and human services personnel interviewed for this study have endorsed the idea of developing a regional children's agenda that will promote policies, practices, and applied research that serve the interests of children and families. They believe that the next step is bringing child-serving agencies and professionals together to learn from one another, unite around common goals, and work together towards solutions.

Leadership by the Central California Children's Institute will require ongoing contact with stakeholders in the region in order to devise, adopt, and execute an agenda for children. An agenda is an agreed upon set of priorities requiring focus and attention, resources, collaboration, action, evaluation, and review and revision. Without an agenda, each area of the region pursues its own priorities without the collective heft of university-based leadership toward common goals. A regional agenda respects the unique history, momentum, leadership, and asset base in each of its constituent communities, as it helps to shape common goals and actions toward agreed-upon priority issues.

Further, the Central California Children's Institute will collaborate with other regional efforts by carefully directing its work toward issues not already being addressed and, when feasible, by supplementing and enriching other regional collaboratives' work to assure that the impact of their work on children is known and accommodated.

The Central California Children's Institute will be guided by a lens of the underlying social and economic factors which affect our children, such as disparities in well-being according to race, ethnicity, and gender, and high rates of child poverty. It will be

important to forge partnerships with others and to leverage the resources of the university to ensure that significant attention is given to these social and demographic factors.

The question, “Toward what end are we doing this?” must be asked and answered every day as the work proceeds. There is no hard end-point at which all the problems facing children will have been solved. However, there are many opportunities to make measurable progress in alleviating the suffering of children, and thereby their families and their communities. By working together and consistently monitoring the impact of our actions, including policies, practices, and programs on children and families, we can and will enhance the well-being of children in the Valley.

## References

Children Now, *2007 California County Data Book*.

Search Institute, *40 Developmental Assets for Early Childhood (ages 3 to 5)*, 2005.

Search Institute, *40 Developmental Assets for Children K – 3 (ages 5-9)*, 2009.

Search Institute, *40 Developmental Assets for Middle Childhood (ages 8 – 12)*, 2006.

Search Institute, *40 Developmental Assets for Adolescents (ages 12-18)*, 2006.

## Appendix 1

### Telephone Survey of Children's Issues and Community Assets

Good \_\_\_\_\_. My name is \_\_\_\_\_ and I'm calling from the Social Research Lab at California State University, Fresno. We're doing a survey on issues facing children in the San Joaquin Valley. If you complete this survey we will give you a \$20 Visa gift card as our way of saying thanks.

I'd like you to know that your participation is voluntary and everything you tell us will be kept confidential. We need to speak with an adult member of this household. Is that you?

Is it ok to continue?

We need to ask you a couple questions to make sure that you qualify for the survey.

What county do you live in?

And could you tell me what your zip code is?

Do you have any children under the age of 18 living with you now?

I'd like to start with some questions about the importance of various issues facing children in your community today. If you have children, keep in mind that we're not talking about just your children, but children in general.

I'm going to read you a list of issues. For each one, please tell me how concerned you are about these issues on a scale of 1 to 5 where 1 is not all concerned and 5 is extremely concerned.

- » school performance
- » job skills and opportunities
- » early sexual activity and teen pregnancy
- » access to alcohol and drugs
- » involvement in crime and gangs

- » having safe places to play and exercise
- » quality of schools
- » time spent watching television and playing video games
- » access to the arts and creative activities
- » access to health care
- » children's spiritual and character development
- » access to quality preschool programs
- » access to quality childcare
- » child abuse and neglect
- » air quality
- » access to healthy foods
- » being able to make ends meet economically
- » relationships with parents
- » lack of interest in the future
- » access to tobacco

Which of the following issues that you gave high ratings to would you say is the most important?

Now we would like you to think about your own children or grandchildren. I'm going to read you this list again.

For each one, please tell me how concerned you are about these issues on a scale of 1 to 5 where 1 is not all concerned and 5 is extremely concerned. But this time, we want you to answer them thinking about your own children.

- » school performance
- » job skills and opportunities
- » early sexual activity and teen pregnancy
- » access to alcohol and drugs
- » involvement in crime and gangs
- » having safe places to play and exercise
- » quality of schools
- » time spent watching television and playing video games
- » access to the arts and creative activities

- » access to health care
- » children's spiritual and character development
- » access to quality preschool programs
- » access to quality childcare
- » child abuse and neglect
- » air quality
- » access to healthy foods
- » being able to make ends meet economically
- » relationships with parents
- » lack of interest in the future
- » access to tobacco

Which of the following issues that you gave high ratings to would you say is the most important?

Now I would like to ask you some questions about how your community supports the healthy development of children. On a scale of 1 to 5 where 1 is not likely at all and 5 is extremely likely, please tell us how likely a child is to receive or be involved in the following in your community.

- » support from adults other than their parents
- » neighbors that care about them
- » schools that are caring and encouraging
- » parents who are actively involved in helping young people succeed in school
- » a community that places high value on youth
- » useful roles for youth
- » opportunities to serve and volunteer
- » safe homes, schools, and neighborhoods
- » neighbors who take responsibility for monitoring young people's behavior
- » parents and other adults who are good role models
- » friends who are good role models
- » weekly participation in music, theater, and the arts
- » regular participation in sports and clubs
- » regular attendance at church or religious activities

Now I would like to ask you a few questions about different types of programs for children in your community. Which of the following programs have you felt that you and your family needed in the past?

1. art, music and theater programs
2. reading and literacy programs
3. programs for children with physical disabilities
4. programs for children with mental health concerns
5. after school programs
6. sports and other organized recreational programs
7. violence prevention programs
8. pregnancy prevention and sex education programs
9. quality preschool and early childhood education programs
10. science and math programs

Have your children ever participated in the following programs.

1. art, music and theater programs
2. reading and literacy programs
3. programs for children with physical disabilities
4. programs for children with mental health concerns
5. after school programs
6. sports and other organized recreational programs
7. violence prevention programs
8. pregnancy prevention and sex education programs
9. quality preschool and early childhood education programs
10. science and math programs

I would like to ask you a few questions about the children in your home.

Do you have a child in your home who has an emotional or mental disability?

Have you sought help for this child's condition?

Was the child diagnosed?

What was the child's diagnosis?

How old was this child when his or her condition was first diagnosed?

Is the child currently being treated for this condition?

Now I would like to ask you a few questions about government programs.

Have you ever made use of government assistance programs such as WIC, Head Start or food stamps?

How helpful did you find these government programs? On a scale from 1 to 5 where 1 is not at all helpful and 5 is extremely helpful, how helpful were they?

Do you believe that how you were treated was because of your race or ethnicity?

Do you believe that how you were treated was because of your immigration status?

Now I would like to ask you a few questions about your hopes and dreams for our children's future.

How do you feel about the future of children in your region?

On a scale of 1 to 5 where 1 is extremely hopeful and 5 is not at all hopeful, how hopeful are you?

Do you think that the future of children of today will:

1. be better than in the past,
2. worse than in the past, or
3. about the same.

Do you think that your own children will be:

1. healthier than your generation
2. wealthier than your generation
3. better educated than your generation
4. happier overall than your generation

We're just about done. I would like to ask you a few questions about your community.

Overall, how much impact can people like you can have in improving your community for children? Do you think people like you would have:

1. no impact at all
2. a little impact
3. a moderate impact
4. a big impact

Are you currently volunteering to help children in your community?

Given the opportunity, how likely are you to volunteer to help children in your community? On a scale of 1 to 5 where 1 is not at all likely and 5 is extremely likely, how likely are you?

This is the last set of questions. Now I need to know a little about you. The information you give us will be used for statistical purposes only and are strictly confidential.

How many people over the age of 18 live in your home?

How old were you on your last birthday?

5. a relative's child

6. other children

Which of the following categories best describe the highest grade of school or year of college that you have completed?

1. 8 grades or less
2. Some high school
3. High school diploma or GED
4. Some college
5. 2 year college degree/vocational degree
6. 4 year college degree
7. Graduate school or degree

How old was your child on their last birthday?

Have you had health insurance during the past year?

Are you covered by any of the following health insurance programs?

1. Medi-cal
2. Medi-cal managed care plan
3. Medicare original
4. Medicare HMO or PPO
5. private insurance
6. some other insurance program

What is your marital status?

Are you employed?

1. full time
2. part time or
3. not currently employed

Where do you usually go when your children need medical care?

1. a community health center
2. a hospital emergency room
3. a private physician
4. don't go anywhere
5. some other place

Were you born in the U.S.?

How many years have you lived in the U.S.?

Earlier you said that you have children in your household.

How many children do you have in your household?

Were all of your children born in the U.S.?

Are any of the children in your home:

1. your biological child
2. your grandchild
3. your foster child
4. your adoptive child

How long has it been since your children's last visit or dental care?  
Is it:

1. within the last 12 months
2. 1 year to less than 3 years
3. 3 years to less than 5 years
4. 5 years of more or
5. has your child never received dental care

What was the main reason for your children's last visit for dental care?

What is the usual language spoken in your home?

What race do you consider yourself to be?

Would you describe yourself as being Hispanic or Latino?

Finally, this is our last question. To get some idea of people's financial situation, we need to know the general range of incomes of all the families and individuals we talk to. Think of the income before taxes of all members of your family living with you in 2007.

Please stop me when I reach the category that best describes your total annual household income before taxes?

1. less than \$10,000
2. 10 to under \$20,000
3. 20 to under \$30,000
4. 30 to under \$45,000
5. 45 to under \$60,000
6. 60 to under \$75,000
7. 75 to under \$100,000
8. \$100,000 and above

And finally, do you have any further comments that you would like to make about any of the topics we've covered?

Before I let you go I need to get some information so we can send you your \$20 gift card?

Please tell me your first and last name.

And what is your address?

Let me read that back to you.

Is that correct?

Those are all the questions I have for you.

That concludes our interview. Once again, thank you for your time.

Good-bye.

## Focus Group and Key Informant Interview Questions

### Major Issues

\_\_\_\_ 1. From your perspective, what are the major issues or challenges facing children in your community?

\_\_\_\_ 2. What is the most compelling need that you have encountered but were unable to address?

### Barriers/Limitations

\_\_\_\_ 3. What barriers/challenges has your organization encountered in terms of providing services to children in your community?

\_\_\_\_ 4. What strategies do you think can be used to address these barriers/challenges?

### Collaboration

\_\_\_\_ 5. What region-wide efforts are you aware of that address issues of children in the Valley? Are you involved in those efforts? Why or why not?

\_\_\_\_ 6. Is there anything else you would like to share with us?

## ROUNDTABLE DISCUSSION TOPIC

**Regional Children’s Stakeholder Forum,  
February 13, 2009**

DISCUSSION QUESTION: What is the most helpful and important role for the Central California Children’s Institute in improving the lives of children in the San Joaquin Valley?

INSTRUCTIONS: Each table is asked to rate each item below on a scale of 1 to 5 (with 5 being most helpful or needed and 1 being the least helpful). PLEASE READ THROUGH ALL OF THE ITEMS FIRST BEFORE RATING. Please submit ONE COMPLETED FORM for each table to the Roundtable Facilitator.

- \_\_\_1. Community education programs and outreach for parents to build their skills and empower them as both effective parents and as child advocates
  
- \_\_\_2. Demonstration projects to test new ideas and approaches to solving the problems facing children
  
- \_\_\_3. Interdisciplinary courses and curriculum offerings for Fresno State students on children’s issues to prepare future professionals for addressing children’s issues
  
- \_\_\_4. Media, broad-based communication and messaging strategies to raise awareness of issues facing children
  
- \_\_\_5. Networking and convening opportunities to facilitate collaboration on a common children’s agenda
  
- \_\_\_6. Policy analysis to encourage more child and family-friendly practices and policies
  
- \_\_\_7. Professional education opportunities to strengthen the knowledgebase and promote leading edge approaches in service delivery

- \_\_\_8. Program evaluation to assess what is working and what isn’t in the education, social service and other sectors
  
- \_\_\_9. Regional planning, coordination and mobilization to promote specific policies, actions and strategies on behalf of children
  
- \_\_\_10. Research and data gathering to better describe and explain the problems facing children in the region
  
- \_\_\_11. Other \_\_\_\_\_  
\_\_\_\_\_



## Appendix 2

### Key Informants and Focus Group Participants

Key Informants	Position/Title	Organizational Affiliation
Amy Arambula	Education Liaison, City Manager's Office	City of Fresno
Steve Gonzalez	Coordinator, Comprehensive and Positive Behavioral Supports	Fresno County Office of Education
Luisa Medina	Development Director	Central California Legal Services, Inc.
Ollie Dimery-Ratliff	Division Director, Juvenile Justice Campus	Fresno County Probation Department
Nancy M. Richardson	Independent Consultant	
Jacqueline Smith Garcia, PhD	Executive Director	Comprehensive Youth Services, Inc.
Peter J. Summers	Executive Director, Prevention and Intervention	Fresno Unified School District
Focus Group I	Position/Title	Organizational Affiliation
Karen Bailey, RN, PHN	MCAH Coordinator/FIMR Coordinator	Fresno County Dept. of Community Health
Leanne Brown, PHN, MBA	MCAH Director	Kings County Dept. of Public Health
Portia Choi, MD, MPH	MCAH Director	Kern County Dept. of Public Health
Michelle Curioso, PHN	MCAH Coordinator	Kern County Dept. of Public Health
Jennifer Mockus, PHN	MCAH Director	Merced County Dept. of Public Health
Cleopathia Moore, PHN, MPA	MCAH Director/Assoc. Director of Health Services	Stanislaus County HSA/Public Health Division
Focus Group I I	Position/Title	Organizational Affiliation
Chinayera Black-Hardaman, MPA	Executive Director	First 5 Madera
Steven Gordon	Executive Director	First 5 Fresno
Judith Harniman	Chief Program Officer	First 5 Kern
Susan Hughes	Executive Director	First 5 San Luis Obispo
Myisha Reed	Program Specialist	First 5 Merced
Larry J. Rhoades	Interim Executive Director	First 5 Kern
Lisa Watson	Executive Director	First 5 Kings

