



The Status of San Diego County's Children 0-5

2008

Prepared for the First 5
Commission of San Diego

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The Status of San Diego County's Children 0-5 report is based on the 2008 and 2005 Family Surveys. The development and implementation of these surveys was guided by the vision of the First 5 Commission of San Diego and benefitted from the leadership, expertise and input of numerous organizations, experts, and individuals. Without these people, this project would not have been possible.

In particular, Harder+Company Community Research would like to thank the following people:

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- The 1,203 parents and caregivers in 2005 and 1,201 in 2008 of San Diego's children ages 0 to 5 who took time out of their busy schedules to answer questions about themselves and their families.

Executive Summary

The vision of the First 5 Commission of San Diego is that “every child in San Diego County will enter school ready to learn.”¹ As part of their commitment to this vision, the First 5 Commission of San Diego has compiled the first report on “The Status of San Diego County’s Children 0 to 5.” This report is a compilation of key data from the Commission’s 2005 and 2008 Family Surveys, as well as key data from other available sources. In viewing the data as a whole, the report provides the first comprehensive overview of the well being of San Diego County’s young children ages 0 to 5.² This endeavor stems from the First 5 San Diego Family Survey, a project launched in 2005, to collect baseline data from over 1,200 local parents and caregivers of young children on key well being indicators, not collected by other sources. The intent of the Family Survey is to “fill the gaps” in available information to better assist the Commission in fulfilling its mission. The survey is intended to be administered every three years to establish trend data, and was repeated in the fall of 2008.

The results from the 2005 and 2008 Family Surveys, as well as key data from secondary sources, are discussed in the report. The overall goal is to provide valuable information to help guide planning, strategic decision-making, program enhancements and service delivery efforts of the First 5 Commission of San Diego, as well as for other entities that focus on improving the lives of young children and their families.

The Status of San Diego County’s Children 0-5 is organized around the child stages of child development as well as the important systems that support families and young children:

- Prenatal Health
- Children’s Health
- Children’s Learning & Social-Emotional Development
- Parent and Family Development and Resources
- Systems Improvement and Community Change

The 2008 and 2005 Family Surveys were designed to gather information in all five of the above areas. However, given the dearth of existing data on social-emotional development, special emphasis was given to this area in

Uses of Findings

- Informs Commission strategic planning
- Identifies community perceptions of the Commission
- Provides useful evaluation-related comparison data for county-wide contracts (i.e., 2-1-1, Kit for New Parents, media)
- Informs individual programs about the emerging trends of children and families
- Provides regional data of interest and trending of early childhood issues
- Creates a teaching tool about the status of children 0-5 for local service providers and parents/caregivers

¹ First 5 Commission of San Diego. Vision, Mission, Values document. <<http://first5sandiego.org/vision>>.

² U.S Census. American Community Survey 3-Year Estimates. The best estimate of children ages 0-4 in San Diego County is currently 218,382. Accessed 10 March 2008. www.census.gov

the 2008 Family Survey. This data represents an important contribution to the field and provides both researchers and practitioners to further explore critical questions about the social-emotional development of young children.

In an effort to capture data on social-emotional development, the 2008 Family Survey included the use of the Ages and Stages Questionnaire: Social-Emotional (ASQ:SE). The ASQ:SE is a screening tool that provides information specifically addressing the social and emotional assessment of children ranging in age from 3 to 66 months.³ Understanding and identifying social and emotional problems in young children is essential to building their social and emotional competence and reducing the likelihood of enrollment in special education, residential treatment, and later, incarceration.⁴ The response rate for the ASQ:SE was 85.4% (n=848), far surpassing expectations for this groundbreaking data collection effort.

As a whole, the Status of San Diego County’s Children 0-5 reports on the 2005 and 2008 Family Survey findings along with trend data on key health and early learning indicators from secondary sources. State and national comparison data are also provided when available. Throughout the report, data are presented by total sample characteristics as well as by San Diego County Health and Human Services (HHSA) regions.⁵

The following summary tables provide a snap shot of key indicator data on the well-being of children ages 0-5 in San Diego County. The “Improved” column denotes positive (Y) or negative (N) change in 2008, compared to 2005. The tables are separated based on source: secondary data gathered from other sources and Family Survey data gathered locally. See the full report for detailed tables on each indicator. See the First 5 San Diego website (www.First5SanDiego.org) for a technical report.

Prenatal Health

Issue Area 1: Children’s Health focuses on children’s preventative and comprehensive health care services, which includes prenatal health.

Prenatal Health – Secondary Data			
Indicator-Secondary Data	2005	2008 [^]	Improved
1.1 Alcohol Consumption During Pregnancy	17.0%	15.2%	Y
1.2 Smoking During Pregnancy	8.0%	10.8%	N
1.3 Percent of Households in which Someone Smokes	2.9%	3.5%	N

[^] The most recent data available was used for 2008; see Appendix E for source data

Y Data improved between 2005 and 2008

N Data did not improve between 2005 and 2008

³ Squires, Jane, Diane Bricker and Elizabeth Twombly. The ASQ:SE User’s Guide. Baltimore, MD: Paul H. Brookes Publishing Company, 2003.

⁴ Ibid.

⁵ In some cases, findings by San Diego County HHSA regions are excluded due to small sample size.

Children's Health

Issue Area 1: Children's Health focuses on children's preventative and comprehensive health care services.

Children's Health – Secondary Data			
Indicator-Secondary Data	2005	2008 [^]	Improved
2.1 Live Births to Mothers Receiving Late or No Prenatal Care	2.7%	3.6%	N
2.2 Live Births to Teen Girls Ages 15 to 17 (Rate per 1000 Births)	19.2	18.5	Y
2.3 Babies Born with Low Birth Weight (< 2,500 grams)	6.7%	6.9%	N
2.4 Babies Born with Very Low Birth Weight (<1,500 grams)	1.2%	1.2%	n/a
2.5 Children Breastfeeding at Hospital Discharge	**	90.0%	n/a
2.6 Children Breastfeeding at 6 Weeks	69.7%	69.4%	N
2.7 Children Breastfeeding at 6 Months	48.1%	**	n/a
2.8 Children with a Usual Source of Health Care	97.5%	98.9%	Y
2.9 Children 19-35 Months with Recommended Immunizations (4:3:1:3)	81.1%	83.5%	Y

Children's Health – Family Survey Data			
Indicator-Family Survey Data	2005	2008 [^]	Improved
2.10 Children with Health Insurance	91.3%	95.3%	Y [†]
2.11 Children who Received Well-Child Checkups by Age 2	95.6%	**	n/a
2.12 Parent/Caregiver Rating of Child Health: Child Health Excellent/Very Good	82.6%	90.1%	Y [†]
2.13 Children Ages 1-5 with a Dental Visit in the Past Year	52.7%	65.8%	Y
2.14 Children Ages 1-5 with Dental Insurance	*	78.6%	n/a
2.15 Children Who Received a Developmental Screening	65.0%	62.7%	N
2.16 Time Lapsed Since Developmental Screening	8.24	6.26	Y [†]
2.17 Children Ages 3-5 who Received a Vision Exam	69.1%	83.8%	Y [†]
2.18 Time Elapsed Since Vision Exam	7.13	6.45	Y
2.19 Child Overweight for Age	*	5.1%	n/a
2.20 Children Ages 1-5 Who Consumed 5 or More Servings of Fruits/Vegetables Yesterday	*	61.9%	n/a
2.21 Children Ages 1-5 Who Consumed Any Fast Food Yesterday	*	16.5%	n/a

- [^] The most recent data available was used for 2008; see Appendix E for source data
- * This question was added to the 2008 Family Survey
- ** Secondary data not available
- Y Data improved between 2005 and 2008
- N Data did not improve between 2005 and 2008
- n/a Comparison between years not applicable
- † Difference between 2005 and 2008 is statistically significant (p≤.05)

Children’s Learning & Social-Emotional Development

Issue Area 2: Children’s Learning and Social-Emotional Development focuses on children’s cognitive and social-emotional health and development.

Children’s Learning & Social-Emotional Development – Secondary Data				
Indicator-Secondary Data	2005	2008 [^]	Improved	
3.1 Preschool Enrollment for Children Ages 3-4	*	49.0%	n/a	
3.2 Spaces for Infants in Licensed Childcare Centers	*	5.0%	n/a	
3.3 Spaces for Children Ages 2-5 in Licensed Childcare Centers	*	73%	n/a	
Children’s Learning & Social-Emotional Development – Family Survey Data				
Indicator-Family Survey Data	2005	2008 [^]	Improved	
3.4 Children Attended Group Childcare/Preschool	57.8%	64.2%	Y [†]	
3.5 Parent/Caregiver with Access to Adequate Childcare	88.9%	**	n/a	
3.6 Child Ever Sent Home from Group Childcare/Preschool Due to Behavior	2.3%	2.6%	N	
3.7 Ages and Stages Questionnaire: Social-Emotional (ASQ:SE) Screening Results Positive (No Risk)	*	76.8%	n/a	
3.8 Percentage of Parent/Caregivers Expressing Concern in Each ASQ:SE Behavioral Area:				
3.9 Affect	Child’s ability or willingness to demonstrate his/her own feelings and empathy with others.	*	7.9%	n/a
3.10 Compliance	Child’s ability or willingness to conform to the direction of others and follow rules.	*	9.0%	n/a
3.11 Communication	Child’s ability or willingness to respond to or initiative verbal or nonverbal signals to indicate feelings, affective, or internal states.	*	9.1%	n/a
3.12 Autonomy	Child’s ability or willingness to self-initiate or respond without guidance.	*	9.1%	n/a
3.13 Adaptive Functioning	Child’s success or ability to cope with physiological needs.	*	19.1%	n/a
3.14 Interaction with People	Child’s ability or willingness to respond to or initiate social responses to parents, other adults, and peers.	*	22.0%	n/a
3.15 Self-Regulation	Child’s ability or willingness to calm or settle down or adjust to physiological or environmental conditions or stimulation.	*	26.0%	n/a

[^] The most recent data available was used for 2008; see Appendix E for source data

* This question was added to the 2008 Family Survey.

n/a Comparison between years not applicable

Children's Learning & Social-Emotional Development – Family Survey Data

Indicator-Family Survey Data	2005	2008 [^]	Improved
3.16 Daily Living Routines that Support Social-Emotional Health (Occurring Nearly Everyday):			
Eats Meals with Family	*	62.5%	n/a
Eats Breakfast at the Same Time and Place	*	74.4%	n/a
Eats Dinner at the Same Time	*	63.1%	n/a
Bedtime at the Same Time	*	69.8%	n/a
Follows Same Bedtime Routine	*	76.9%	n/a
3.17 Daily Living Routines Average Composite Score ¹	*	17.5	n/a

[^] The most recent data available was used for 2008; see Appendix E for source data

* This question was added to the 2008 Family Survey.

** Secondary data not available.

Y Data improved between 2005 and 2008

N Data did not improve between 2005 and 2008

n/a Comparison between years not applicable

† Difference between 2005 and 2008 is statistically significant ($p \leq .05$)

¹ Composite score ranges from zero (the least amount of stress) to nine (the most amount of stress)

Parent and Family Development

Issue Area 3: Parent and Family Development focus on whether families have the skills, support, and resources needed to promote their children’s optimal school readiness.

Parent and Family Development – Family Survey Data			
Indicator-Family Survey Data	2005	2008 [^]	Improved
4.1 Parent/Caregiver of Children without Health Insurance with the Knowledge of Where to Find Health Insurance	84.6%	78.6%	N
4.2 Parents/Caregiver Capability When Caring for Child, 2008	*	80.4%	n/a
4.3 Parents/Caregiver Enjoys Being a Parent, 2008	*	94.7%	n/a
4.4 Parents/Caregiver Feels Being a Parent is Harder than Expected	*	14.2%	n/a
4.5 Parent Stress Composite Score Average ²	*	1.41	n/a
4.6 Parents/Caregiver Feelings of Self as Caregiver, 2008	*	70.6%	n/a
4.7 Parent/Caregiver Positive Parenting Strategies:			
4.8 Verbal Reaction	96.2%	92.7%	N [†]
4.9 Isolation	99.5%	98.6%	N [†]
4.10 Redirection	89.9%	97.4%	Y [†]
4.11 Consequences	92.4%	93.4%	Y [†]
4.12 Incentives	59.6%	53.6%	N [†]
4.13 Observation	42.9%	27.9%	N [†]
4.14 Physical Reaction	70.0%	88.2%	Y [†]
4.15 Consistent Expectations	98.0%	100.0%	Y [†]
4.16 Modify the Environment	90.0%	100.0%	Y [†]
4.17 Modeling	100.0%	81.8%	N [†]

[^] The most recent data available was used for 2008; see Appendix E for source data

* This question was added to the 2008 Family Survey.

Y Data improved between 2005 and 2008

N Data did not improve between 2005 and 2008

n/a Comparison between years not applicable

† Difference between 2005 and 2008 is statistically significant ($p \leq .05$)

² Composite score ranges from zero (zero occurrences of any of the five items) to twenty (each of the five items occurring nearly every day)

Systems Improvement and Community Change

Issue Area 4 addresses the Commission’s commitment to impact systems of care, engage communities, provide service integration, and maximize the long-term impact on children ages 0 to 5 and their families.

Systems Improvement and Community Change – Family Survey Data			
Indicator-Family Survey	2005	2008 [^]	Improved
5.1 Parent/Caregiver Knowledge of Where to Call for Support in Raising Their Child	55.7%	51.9%	N
5.2 Parent/Caregiver Awareness of First 5 San Diego	45.0%	57.2%	Y [†]
5.3 Parent/Caregiver Who Received a Kit for New Parents	41.9%	53.8%	Y [†]
5.4 Parent/Caregiver Requested Information for Resources	58.1%	51.2%	N
5.5 Parent/Caregiver Requested Information about First 5 San Diego	34.9%	34.7%	N

[^] The most recent data available was used for 2008; see Appendix E for source data

^Y Data improved between 2005 and 2008

^N Data did not improve between 2005 and 2008

[†] Difference between 2005 and 2008 is statistically significant ($p \leq .05$)

Sample Demographics

The First 5 Commission reached over 1,200 parents/caregivers in each Family Survey. In general, the sample demographics are similar in 2005 and 2008. Only a few notable differences exist. See “Sample Demographics” on page 11 for full demographic breakdown of the 2008 and 2005 Family Surveys.

Below are the demographic categories that reflect the largest proportion of the 2008 Family Survey, compared with the 2005 Family Survey. These demographics represent a “typical” respondent parent/child/household in the 2008 Family Survey.

Overall, the 2005 and 2008 Family Survey sample demographics reflect the demographics of children 0-5 and adults over the age of 18 in San Diego County.

Sample Demographics		
Indicator	2005	2008
Child Gender: Female	52.5%	50.1%
Child Age: 3 Years	18.4%	19.9%
Parent/Caregiver Gender: Female	78.6%	76.5%
Parent/Caregiver Age: 35-44 Years	34.9%	43.0%
Parent/Caregiver Education: Some College or Associate Degree	33.5%	28.1%
Parent/Caregiver Race/Ethnicity: White/Caucasian	44.7%	40.8%
Primary Language Spoken in the Home: English	63.2%	65.0%
Average Household Size	4.51	4.62
Annual Household Income: \$100,000 and Greater	16.5%	25.6%

Introduction

The Status of San Diego County's Children 0-5 report is a synthesis of two Family Surveys completed in San Diego County by First 5 San Diego. Both the 2008 and 2005 Family Surveys are critical tools for the Commission to understand the population trends of children ages 0 to 5 and is the only report of its kind in the County. In particular, the report:

- Provides data on the Community Context Indicators outlined in the Commission's 2004-2009 Strategic Plan;
- Informs the Commission's 2010-2015 Strategic Plan;
- Fills gaps in community-level data related to child outcomes;
- Collects key information about countywide, Commission-sponsored activities (such as 2-1-1, Kit for New Parents);
- Captures the target population's understanding and perceptions of the Commission and its work; and
- Ensures that key measures of child health and well-being can be tracked and assessed over time.

While indicators of the physical health of children ages 0 to 5 exist, there is a dearth of information available on children's social-emotional development. The Status of San Diego County's Children 0-5 report continues emphasis on children's social-emotional development in 2008 with the inclusion of the Ages and Stages Questionnaire: Social Emotional (ASQ:SE). Including the ASQ:SE in a population-based survey is innovative and exploratory in the social-emotional field. With the data collected through the Family Surveys, First 5 San Diego responds to the need for current, community-based data for children ages 0 to 5 in San Diego County.

Uses of Findings

- Informs Commission strategic planning
- Identifies community perceptions of the Commission
- Provides useful comparison data for county-wide contracts (i.e., 2-1-1, Kit for New Parents, media)
- Informs individual programs about the emerging trends of children and families
- Provides regional trend data of early childhood issues
- Creates a teaching tool about the status of children 0-5 for local service providers and parents/caregivers

Survey Development

Findings from the 2005 and 2008 Family Surveys are included in the report, along with key indicator data from secondary sources. Using the 2005 Family Survey as a starting point, questions for 2008 were improved and refined to address gaps in community-level data. Together, these surveys provide a valuable opportunity to measure change and trends over the past three years.

The survey instrument was developed in collaboration with First 5 San Diego's Evaluation Leadership Team (ELT), Commission staff, the Social Science Research Laboratory (SSRL) at San Diego State University, and Harder+Company Community Research (Harder+Company). When possible, the team included questions that could be triangulated with state and national level data (see Appendix A for a copy of the Family Survey).

After assessing the available data included in the First 5 San Diego Community Context Indicators, questions were developed to address gaps in data. An inventory of available data related to children 0 to 5 in San Diego was conducted, revealing adequate data regarding physical health indicators (Issue Area 1: Children’s Health). However, there was a dearth of information related to the Commission’s Strategic Plan for Issue Area 2: Children’s Learning and Social-Emotional Development; Issue Area 3: Parent and Family Development and Resources; and Issue Area 4: Systems Improvement and Community Change. Thus, greater emphasis was given to these areas in the development of the survey questions.

The 2008 Family Survey consisted of two components. The first was a set of core questions addressing health, parent and family support and systems indicators (similar to 2005). The second component, new to the 2008 Family Survey, was the Ages and Stages Questionnaire: Social-Emotional (ASQ:SE) screening tool. The ASQ:SE is a screening tool that provides information specifically addressing the social and emotional behavior of children ranging in age from 3 to 66 months.⁶ The ASQ:SE is designed to identify children with low social and emotional competence that demonstrate necessity for further evaluation. Such further evaluations could result in appropriate referrals to early intervention services.⁷ Understanding and identifying social and emotional problems in young children is essential to building their social-emotional competence.⁸ Research also indicates that social and emotional problems are very resistant to change and tend to intensify as children grow older.⁹ Therefore, early identification and intervention of social and emotional problems in children is essential to reduce the likelihood of placement in special education programs and/or residential treatment.

Traditionally, the ASQ:SE is completed independently by parents or as a telephone or in-person interview by trained staff. Completing the ASQ:SE as an interview allows for parents with limited reading skills to participate, and allows parents to ask for clarification on questions. Each respondent that completed the core questions was invited to complete the ASQ:SE, and were offered a \$20 Target gift card as an incentive. The response rate for eligible children was 85.4% (n=848), far surpassing expectations for this groundbreaking data collection effort.¹⁰ At the time of publication, the 2008 Family Survey is the only known study using the ASQ:SE to collect community-wide data for children.

See the First 5 San Diego website (www.First5SanDiego.org) for the technical report.

⁶ Squires, Jane, Diane Bricker and Elizabeth Twombly. The ASQ:SE User’s Guide. Baltimore, MD: Paul H. Brookes Publishing Company, 2003.

⁷ Squires, Jane, Diane Bricker and Elizabeth Twombly. Op. Cit.

⁸ Ibid.

⁹ Ibid.

¹⁰ A full methods and disposition report completed by SSRL is available upon request.

Household Sampling

The Family Survey sampling plan was designed to yield an equal representation of households with children ages 0 to 5 in San Diego County and within each Health and Human Services Agency (HHSA) region.¹¹ The goal was to acquire a sample size of 1,200 with at least 175 interviews in each HHSA region. Thus, the sampling design was not a simple random sample but one in which quotas for each region had to be met in order for the study to be complete. Exhibit 1 presents the response rate estimates based on the actual population of children ages 0 to 4 in the county and the actual sample size of the Family Survey for 2008 (see Appendix B for 2005 sampling).¹²

Based on the percentage of the actual county total by region, the proposed weighted sample column illustrates that a study with 1,200 cases would result in some regions having fewer than 175 cases. In order to obtain a stable regional statistical sample, a quota of 200 interviews was set for each region. The results were not weighted for population by region.

Exhibit 1: 2008 Family Survey Distribution of Children in San Diego County and Sample Size					
Region	Children 0-4 ¹³		Proposed Weighted Sample	Children 0-5	
	Total Number	Percent of County Total		Family Survey Sample	Percent of Total Sample
North Coastal	42,820	18.2%	195	200	16.7%
North Inland	40,214	17.1%	189	200	16.7%
North Central	38,404	16.4%	243	201	16.7%
Central	39,141	16.7%	228	200	16.7%
East	31,820	13.6%	171	200	16.7%
South	42,282	18.0%	174	200	16.7%
San Diego County	234,681	100%	1200	1201	100.0%

¹¹ The respondent's self-reported zip code determined which HHSA region the interviewer was to code.

¹² Population estimates by HHSA region for young children are only currently available through San Diego Association of Governments (SANDAG); this data only available for children 0 to 4.

¹³ San Diego Association of Governments. *SANDAG January 1 Population Estimates, 2002.*

Geographic Distribution

Exhibit 2 displays the geographic boundaries of each of the six San Diego County Health and Human Services Agency (HHSA) regions. Of the 184 zip codes in San Diego County, 83 were represented in the sample, spanning all six Health and Human Services (HHSA) regions.

Exhibit 2: San Diego County HHSA Regions

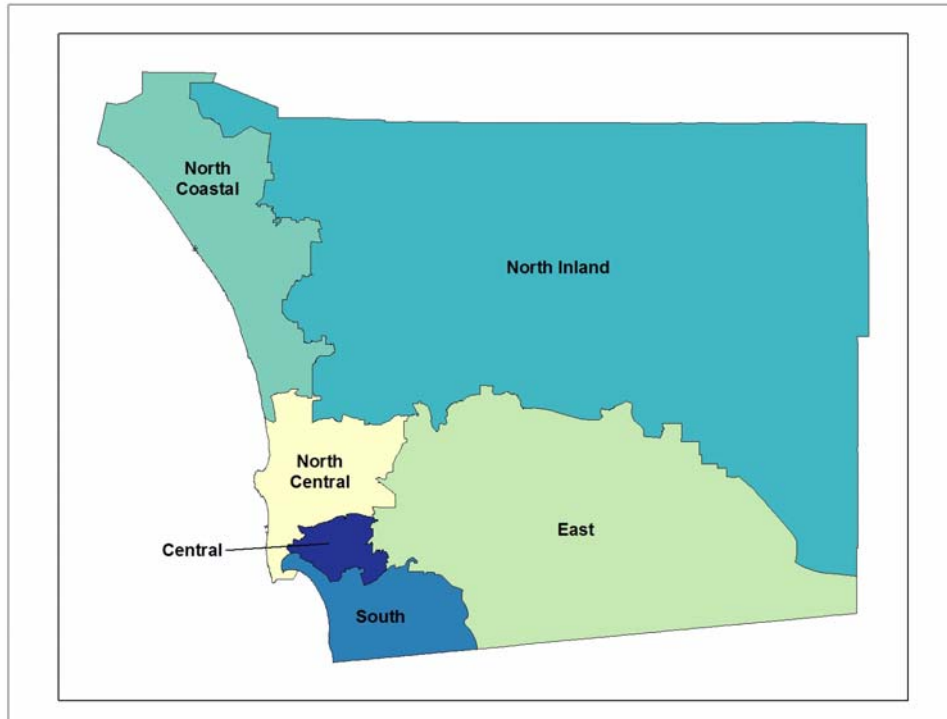


Exhibit 3 shows the towns and neighborhoods in the 2008 sample:

Exhibit 3: San Diego County Towns and Neighborhoods by HHS Region					
North Coastal (16.8%, n=202)	North Inland (16.8%, n=202)	North Central (16.3%, n=196)	Central (16.7%, n=201)	East (16.6%, n=200)	South (16.7%, n=201)
Carlsbad	Anza Borrego Springs	Coastal	Central San Diego	Alpine	Chula Vista
Oceanside	Escondido	Elliott Navajo	Mid City	El Cajon	Coronado
Pendleton	Fallbrook	Kearny Mesa	Southeast San Diego	Harbison Crest	National City
San Dieguito	Julian	Mira Mesa		Jamul	South Bay
Vista	North San Diego	Miramar		La Mesa	Sweetwater
	Palomar	Peninsula		Laguna	
	Pauma	University		Lakeside	
	Poway			Lemon Grove	
	Ramona			Mountain Empire	
	San Marcos			Pine Valley	
	Valley Center			Santee	
	Bonsall			Spring Valley	

2008 Data Collection

Using the Computer Assisted Telephone Interviewing (CATI) system, SSRL conducted a Random Digit Dial (RDD) telephone survey of 1,201 parents and caregivers in San Diego County. Respondents were selected on the basis of residing in San Diego County and having a child under the age of six living in their households. Interviewers were instructed to request to speak with an adult in the household who was a primary caregiver for any children under age six. If a respondent indicated that there were more than one child under the age of six in the household, the respondent was asked to answer questions referencing the child having the next birthday.

There was a one-week pilot study during which the survey language was adjusted to improve clarity. Data collection began in late August 2008 and concluded in mid December 2008. Telephone calls were made between 10:00 a.m. and 9:00 p.m. on weekdays (with daytime call-backs as needed), 12:00-5:00 p.m. on Saturdays, and 1:00-6:00 p.m. on Sundays. The interviews were conducted in English (76.7% n=921) and Spanish (23.3% n=280). The average length of the core interview was 17 minutes; the average length of the core interview and ASQ:SE was 28 minutes. The overall response rate was 60%;¹⁴ cooperation rate was 91%.¹⁵

For information on statistical methodology and data limitations, see Appendix C.

¹⁴ AAPOR Response Rate 3: Completed interviews divided by the sum of Eligible Respondents plus Unknown Eligible Respondents (formula: Completes / [Eligible + e (Unknown Eligibility)]). Estimate of e (Unknown Eligibility) is based on the proportion of eligible households among all numbers for which a definitive determination of status was obtained (Eligible / [Eligible + Ineligible]). Calculated using AAPOR's Outcome Rate Calculator version 2.1

¹⁵ AAPOR Cooperation Rate 3: Completed interviews divided by Eligible Respondents. Calculated using AAPOR's Outcome Rate Calculator version 2.1

How to Read This Report

The Status of San Diego County's Children 0-5 report presents findings of the most current information and data on the health and well-being of children ages 0 to 5 in San Diego County. The Family Survey data serves as the primary data source for San Diego in 2005 and 2008. When available, state and national data were gathered and provided for comparison with county level data. Several indicators are provided from secondary sources only. The indicators in this report are intended to provide a snapshot of the status of children ages 0 to 5 in the county and are not all-inclusive.

Organization of the Report

The report is divided into six sections, reflecting the expanding spectrum of resources surrounding young children:

- Sample Demographics
- Prenatal Health
- Children's Health
- Children's Learning & Social-Emotional Development
- Parent and Family Development and Resources
- Systems Improvement and Community Change

Throughout each section, each indicator includes a statement regarding its potential impact on children ages 0 to 5 and their families, followed by 2008 and 2005 Family Survey findings and/or secondary data. Graphs or tables are used to help illustrate outcomes. Full citations for statements and data presented are found in Appendix E, presented in the order in which the data appears.

Sample Demographics

The 2008 Family Survey sample consisted of 1,201 interviews of San Diego County parents and caregivers who had at least one child between ages 0 to 5 in the household. The following section provides additional details about the demographic characteristics of the households who participated in the both the 2008 and 2005 Family Surveys.

Child Demographics

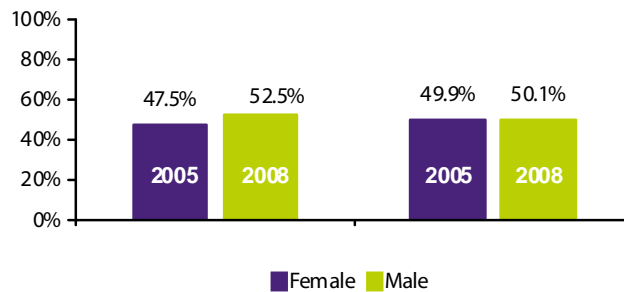
Child Gender

Overall, there was an equal distribution of female and male children referenced in the 2005 and 2008 Family Surveys.

In 2005, 44.7% and in 2008, 40.0% of referenced children were the first child raised by the parent/caregiver.

The gender distribution of the children in the Family Surveys is similar to San Diego County as a whole.

Child Gender



Data Sources:

- 2005 First 5 Family Survey. (n=1,202)
- 2008 First 5 Family Survey. (n=1,200)

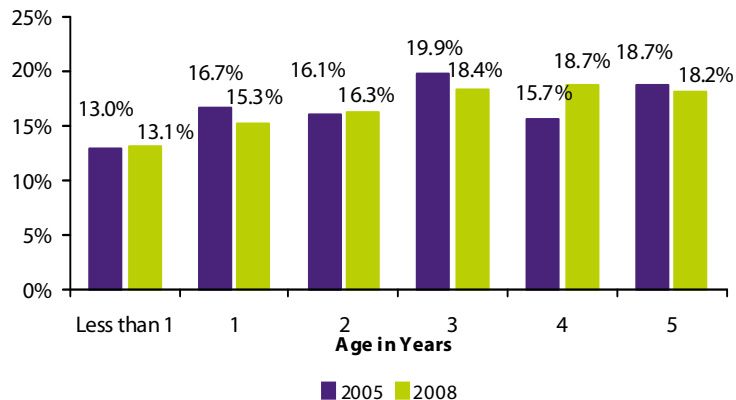
Child Age

The age distribution was slightly skewed toward older children, but remained similar in the 2005 and 2008 Family Surveys.

The average age of children in 2005 was 3.35 years and 3.23 years in 2008 (not shown in graph).

The child age distribution of the Family Surveys is similar to San Diego County as a whole, although children under 1 year are overrepresented in the Family Survey.

Child Age



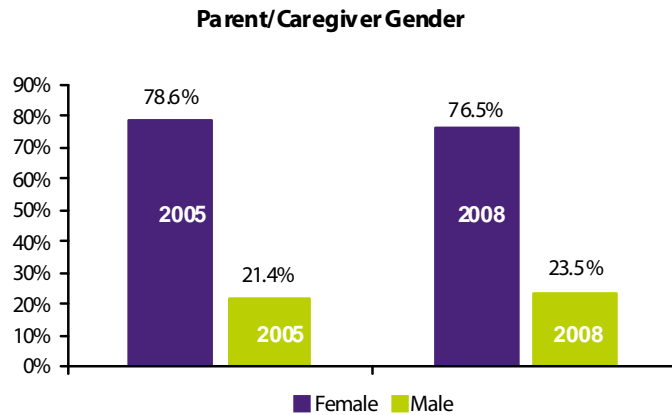
Data Sources:

- 2005 First 5 Family Survey. (n=1,152)
- 2008 First 5 Family Survey. (n=1,145)

Parent/Caregiver Gender

Similar to 2005, the parents and caregivers responding in 2008 were approximately three-fourths female. This is in contrast to the approximately equal distribution of gender among adults age 18+ and over in San Diego County.

In both 2005 and 2008, approximately three-fourths of respondents were birth mothers, and approximately 20% were birth fathers. Other respondents included step, adoptive and foster parents, grandparents, and nannies/babysitters (not shown in graph).



Data Sources:

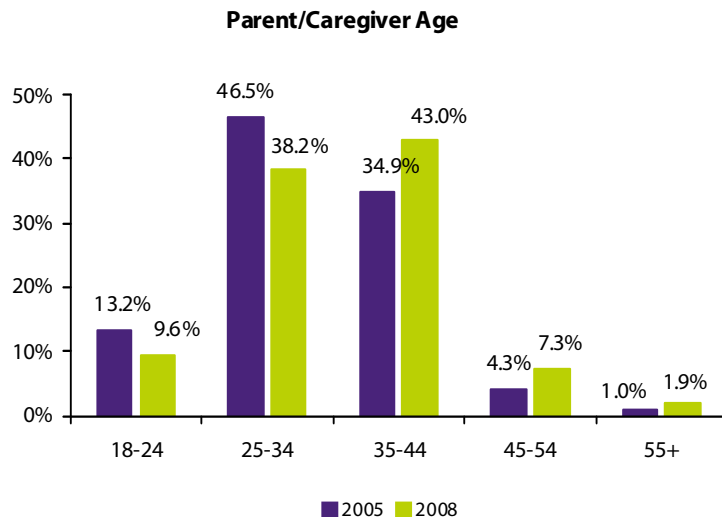
- 2005 First 5 Family Survey. (n=1,202)
- 2008 First 5 Family Survey. (n=1,201)

Parent/Caregiver Age

The majority of parents/caregivers responding were between the ages of 25 and 44.

In 2008, there were more parents/caregivers ages 35 and older.

This contrasts to San Diego County as a whole, where the age distribution of adults 18+ was similar across the age categories with 20% between 25-34 and 20% between 35-44 years.



Data Sources:

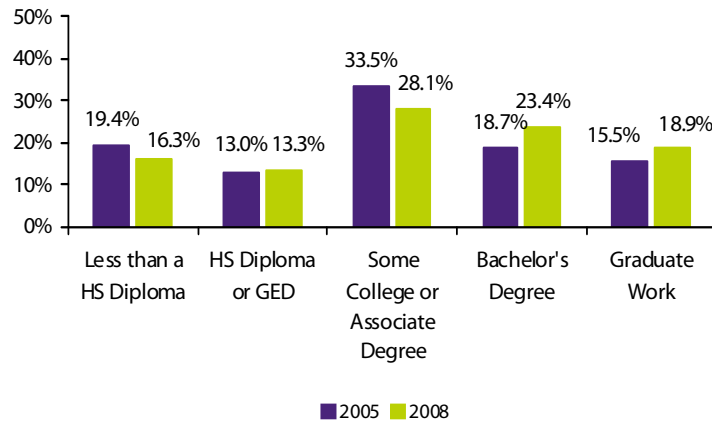
- 2005 First 5 Family Survey. (n=1,200)
- 2008 First 5 Family Survey. (n=1,199)

Parent/Caregiver Education

More than two-thirds of parents/caregivers responding to both the 2005 and 2008 Family Survey were educated beyond high school. Similarly, close to two-thirds (64%) of San Diego County residents age 25+ were educated beyond high school.

In 2008, there were more parents/caregivers with Bachelor's degrees and graduate work.

Parent/Caregiver Education



Data Sources:

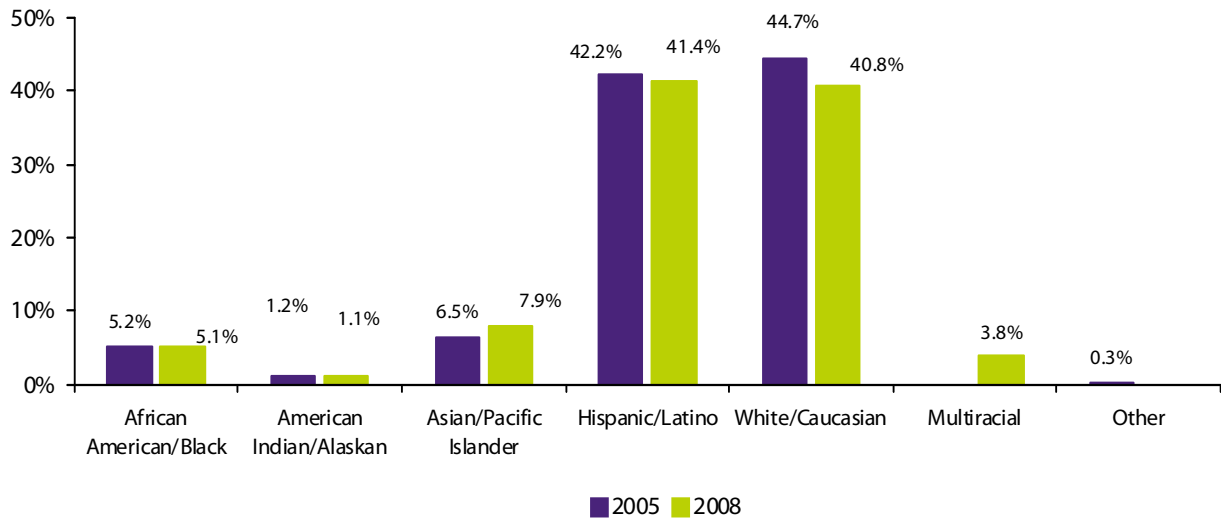
- 2005 First 5 Family Survey. (n=1,201)
- 2008 First 5 Family Survey. (n=1,199)

Parent/Caregiver Race/Ethnicity

Most Family Survey respondents in both 2005 and 2008 were Hispanic/Latino or White/Caucasian. However, recent estimates of the general San Diego County population consisted mostly of Whites/Caucasians (72%) with Hispanics/Latinos as the second largest group (21%).

Note: The "Multiracial" category was added to the 2008 Family Survey.

Parent/Caregiver Race/Ethnicity



Data Sources:

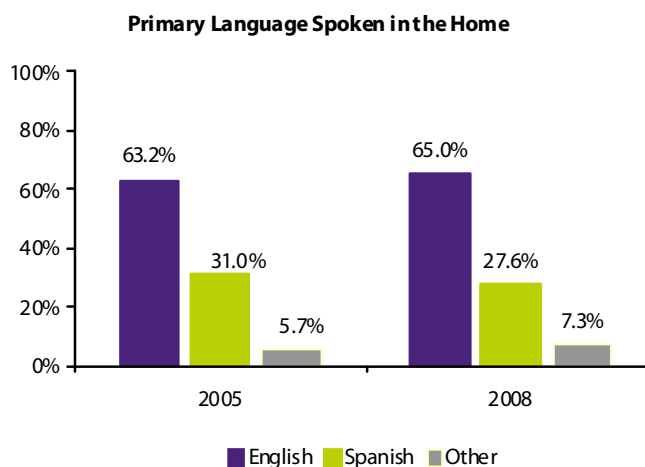
- 2005 First 5 Family Survey. (n=1,189)
- 2008 First 5 Family Survey. (n=1,185)

Household Demographics

Primary Language Spoken in the Home

In both 2005 and 2008, the primary languages spoken in the home for over 95% of respondents were English or Spanish. The households in San Diego County showed a similar pattern but a slightly smaller percentage (87%) compared to the survey respondents.

Other languages spoken included Arabic, Chinese, French, German, Italian, Mandarin, Portuguese, Somali, Tagalog, and Vietnamese (not shown in graph).



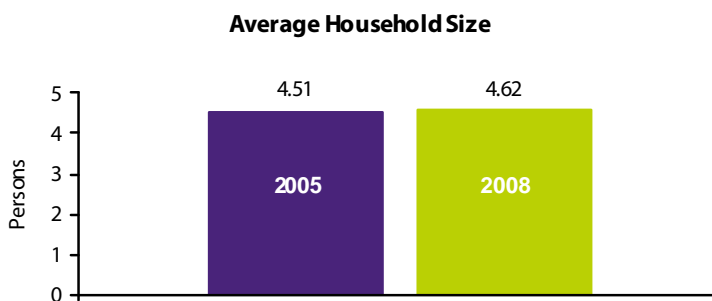
Data Sources:

- 2005 First 5 Family Survey. (n=1,201)
- 2008 First 5 Family Survey. (n=1,198)

Average Household Size

In 2008, the average household size increased slightly.

The average household size of families participating in the Family Survey is higher than in San Diego County (2.73), in California (2.93) and the United States (2.61) (not shown in graph).



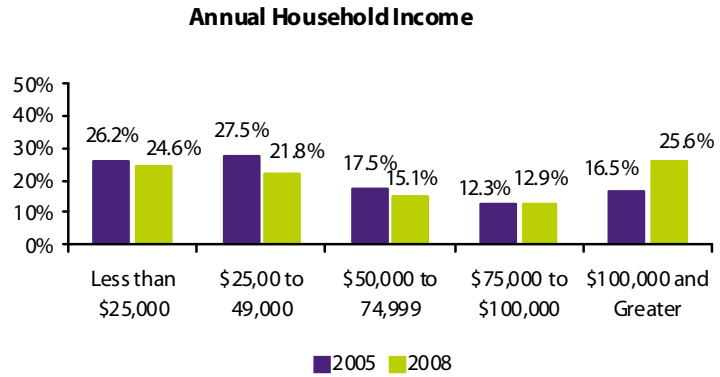
Data Sources:

- 2005 First 5 Family Survey. (n=1,200)
- 2008 First 5 Family Survey. (n=1,199)

Annual Household Income

The 2008 Family Survey had a higher proportion of households in the \$100,000 and greater income category.

Annual household income in San Diego County exhibited a similar pattern to the survey respondents. However, households earning less than \$25,000 is slightly less (19%) and those earning more than \$100,000 is slightly higher (27%) than survey respondents.



Data Sources:

- 2005 First 5 Family Survey. (n=1,123)
- 2008 First 5 Family Survey. (n=1,133)

Prenatal Health

Prenatal health establishes a strong foundation for healthy child development, school readiness and long term success for children throughout their lives. As outlined in the Commission’s 2004-09 Strategic Plan, Issue Area 1 pertains to children’s health and focuses on achieving the following:

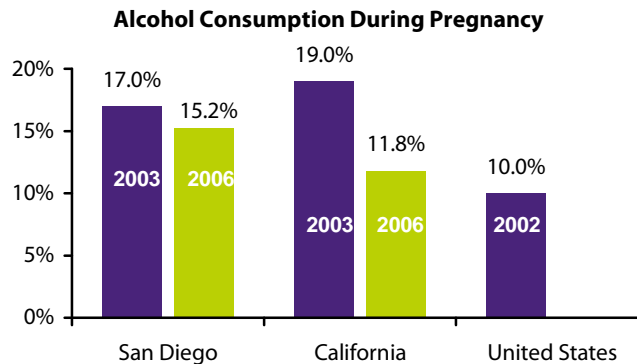
- Children are born and stay healthy.
- Children have access to preventative and comprehensive health care services.
- Families have the knowledge, skills and resources they need to promote their children’s optimal health.

In this section, data is presented on a range of prenatal health and well-being indicators. Whenever available, secondary data comparisons are also included at the state and national levels.

1.1 Alcohol Consumption During Pregnancy

Consumption of alcohol during pregnancy can increase the risk of miscarriage, low birth weight, still birth, and birth defects including mental retardation and learning disabilities.

Note: 2008 US comparison data not available. 2003 and 2006 SD and CA data only includes mothers who drank during their first trimester.



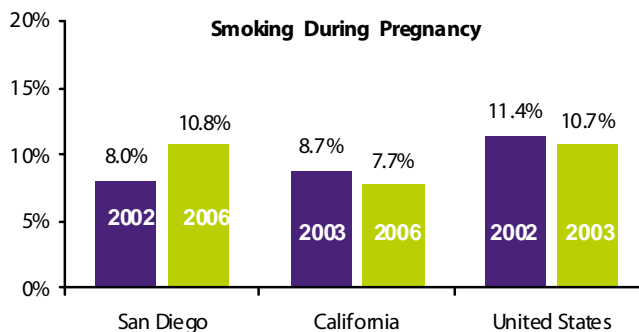
Data Sources:

- 2003 SD: California Department of Health Services, Maternal, Child and Adolescent Health Branch. [Alcohol Use During Pregnancy](#). Sacramento, CA: Author, 2003.
- 2006 SD: California Department of Public Health. Maternal and Infant Health Assessment Survey. 2006.
- 2003 CA: California Department of Health Services, Maternal, Child and Adolescent Health Branch. [Alcohol Use During Pregnancy](#). Sacramento, CA: Author, 2003.
- 2006 CA: California Department of Public Health. Maternal and Infant Health Assessment Survey. 2006.
- 2002 US: Centers for Disease Control and Prevention. "Alcohol Consumption Among Women Who are Pregnant or Who Might Become Pregnant – United States, 2002." [Morbidity and Mortality Weekly Report](#). 24 December 2004: 53(50): 1178-81.

1.2 Smoking During Pregnancy

Smoking while pregnant significantly increases the chances of placental damage. This risk can increase complications during birth and can also result in low birth weight. Children born to mothers who smoked during pregnancy were more likely to suffer from respiratory problems.

Note: 2005 SD comparison data not available. 2002 SD data only includes mothers who smoked during their first trimester.



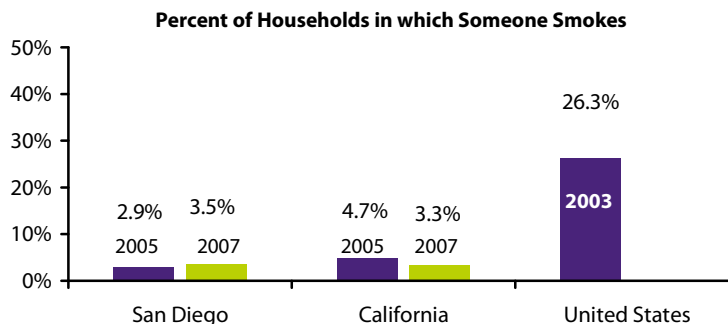
Data Sources:

- 2002 SD: County of San Diego. UCSF. Maternal & Infant Health Assessment. 2002.
- 2006 SD: California Department of Public Health. Maternal and Infant Health Assessment Survey. 2006.
- 2003 CA: California Department of Health Services: Tobacco Control Section. [Smoking During Pregnancy 1999-2003](#).
- 2006 CA: California Department of Public Health. Maternal and Infant Health Assessment Survey. 2006.
- 2002 US: Center for Disease Control. [Smoking During Pregnancy—United States, 1990—2002](#).
- 2003 US: California Department of Health Services: Tobacco Control Section. [Smoking During Pregnancy 1999-2003](#).

1.3 Percent of Households in which Someone Smokes

Children exposed to secondhand smoke have a higher risk of developing respiratory problems like asthma, bronchitis, and ear infections. Research also shows that children who witness adults smoking are more likely to smoke.

Notes: Includes households with at least one child 0-17; 2008 US comparison data not available.



Data Sources:

- 2005 SD: University of California, Los Angeles. California Health Interview Survey. 2005.
- 2007 SD: University of California, Los Angeles. California Health Interview Survey. 2007.
- 2005 CA: University of California, Los Angeles. California Health Interview Survey. 2005.
- 2007 CA: University of California, Los Angeles. California Health Interview Survey. 2007.
- 2003 US: US Department of Health and Human Services. National Survey of Children's Health. 2003.

Children's Health

Essential to the long term success of children throughout their lives is the prevention, early detection, or intervention of health issues for children 0 to 5 years of age. Child health outcomes can focus on an array of areas including well child check-ups, immunizations, health insurance, oral health, vision screenings, healthy environments and developmental issues. As outlined in the Commission's 2004-09 Strategic Plan, Issue Area 1 seeks to achieve the following:

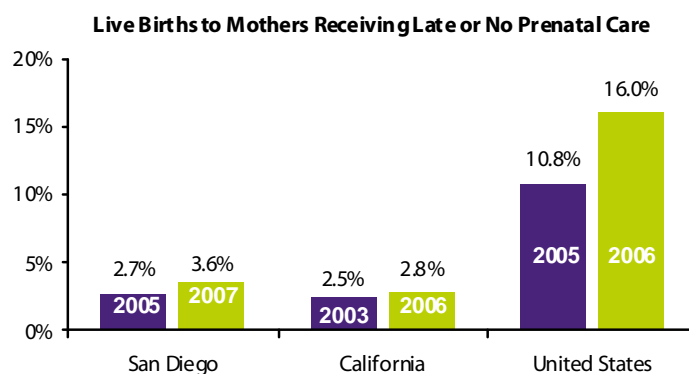
- Children are born and stay health.
- Children have access to preventative and comprehensive health care services.
- Families have the knowledge, skills and resources they need to promote their children's optimal health.

In this section, data is presented on a range of child health and well-being indicators. Whenever available, secondary data comparisons are also included at the state and national levels.

2.1 Live Births to Mothers Receiving Late or No Prenatal Care

Prenatal care during pregnancy is critical to ensure the health and wellbeing of both mother and unborn baby. Expecting mothers who do not receive prenatal care or who receive it late in their pregnancy (after their second trimester) put themselves and their unborn babies at risk for health related problems and premature birth.

The Healthy People 2010 goal hopes to guarantee that at least 90.0% of pregnant women receive prenatal care during their first trimester.

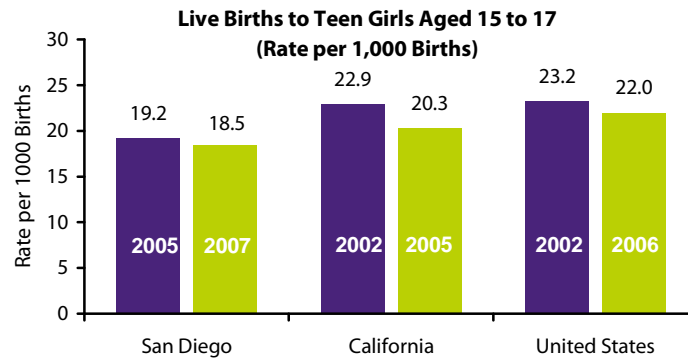


Data Sources:

- 2005 SD: San Diego County Child and Family Health and Well Being Report Card.
- 2007 SD: San Diego County Child and Family Health and Well Being Report Card.
- 2003 CA: State of California Department of Public Health. Birth Records.
- 2006 CA: State of California Department of Public Health. Birth Records.
- 2005 US: Centers for Disease Control and Prevention, National Center for Health Statistics. National Vital Statistics System. 2005.
- 2006 US: California Department of Public Health, Center for Health Statistics. [Birth and Death Statistical Master File, 2004-2006 and Birth Cohort Perinatal Outcome Files, 2003-2005.](#)

2.2 Live Births to Teen Girls Aged 15 to 17 (Rate per 1,000 Births)

Pregnant adolescents are less likely to have adequate access to health care which can result in giving birth to a low weight baby.



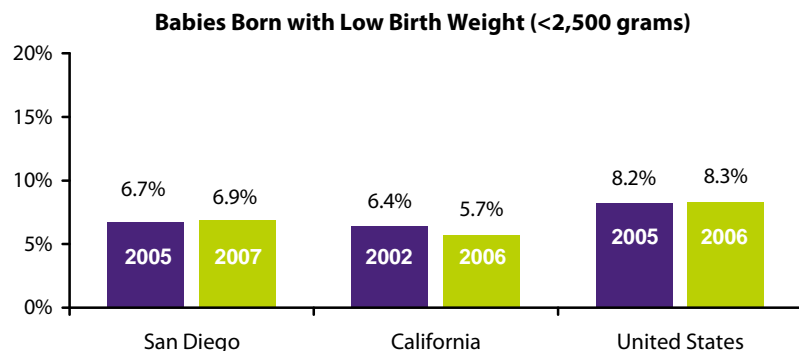
Data Sources:

- 2005 SD: San Diego County Child and Family Health and Well Being Report Card.
- 2007 SD: San Diego County Child and Family Health and Well Being Report Card.
- 2002 CA: California Department of Health Services, Center for Health Statistics. [Birth Statistical Master Files](#). 2002.
- 2005 CA: San Diego County Report Card on Children and Families.
- 2002 US: Centers for Disease Control and Prevention. [National Vital Statistics Report – Births](#).
- 2006 US: Centers for Disease Control and Prevention. [National Vital Statistics Report – Births](#).

2.3 Babies Born with Low Birth Weight (<2,500 grams)

Babies born weighing less than 2,500 grams or 5.5 pounds can suffer from long term disabilities. Low birth weight is associated with various developmental and health related complications like cerebral palsy, autism, mental retardation, vision and hearing impairments.

The Healthy People 2010 target for babies born with low birth weight is 5.0% of live births.



Data Sources:

- 2005 SD: San Diego County Child and Family Health and Well Being Report Card.
- 2007 SD: San Diego County Child and Family Health and Well Being Report Card.
- 2002 CA: California Department of Health Services, Center for Health Statistics. [Birth Statistical Master Files](#). 2002.
- 2006 CA: California Department of Public Health. Maternal and Infant Health Assessment Survey. 2006 (n=3,878).
- 2005 US: Centers for Disease Control and Prevention, National Center for Health Statistics. National Vital Statistics System via ChildStats.gov. "America's Children in Brief: Key National Indicators of Wellbeing." 2008.
- 2006 US: Centers for Disease Control and Prevention, National Center for Health Statistics. National Vital Statistics System via ChildStats.gov. "America's Children in Brief: Key National Indicators of Wellbeing, 2008." (n=98,649).

2.4 Babies Born with Very Low Birth Weight (< 1,500 grams)

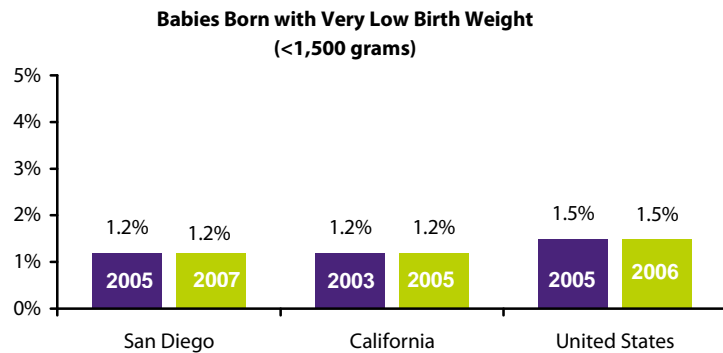
Newborns weighing less than 1,500 grams (3.3 pounds) are considered very low birth weight. Very low birth weight infants can suffer from long term illness and complications like cerebral palsy, learning disabilities, and even intraventricular hemorrhage.

An added impediment for very low birth weight babies is survivability, as there is a direct correlation between survivability and birth weight.

Note: 2008 SD and CA comparison data not available.

Data Sources:

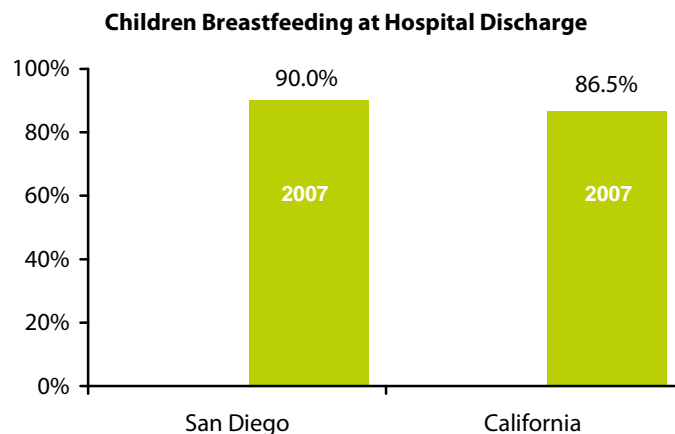
- 2005 SD: San Diego County Child and Family Health and Well Being Report Card.
- 2007 SD: San Diego County Child and Family Health and Well Being Report Card.
- 2003 CA: Center for Disease Control and Prevention. [National Center for Health Statistics](#).
- 2005 CA: Center for Disease Control and Prevention. [National Center for Health Statistics](#).
- 2005 US: Centers for Disease Control and Prevention, National Center for Health Statistics. National Vital Statistics System via ChildStats.gov. "America's Children in Brief: Key National Indicators of Wellbeing, 2008."
- 2006 US: Centers for Disease Control and Prevention, National Center for Health Statistics. National Vital Statistics System via ChildStats.gov. "America's Children in Brief: Key National Indicators of Wellbeing, 2008."



2.5 Children Breastfeeding at Hospital Discharge

Research indicates that children who are breastfed are healthier and may also experience cognitive and developmental benefits. Studies have also shown that breast milk has nutritional, immunological, and developmental benefits. Consequently, breastfeeding rates ultimately are an important indicator of child health and overall well being.

Notes: 2005 and 2008 US comparison data not available. SD and CA data is the percent of women who initiated breastfeeding of their newborn in the hospital.



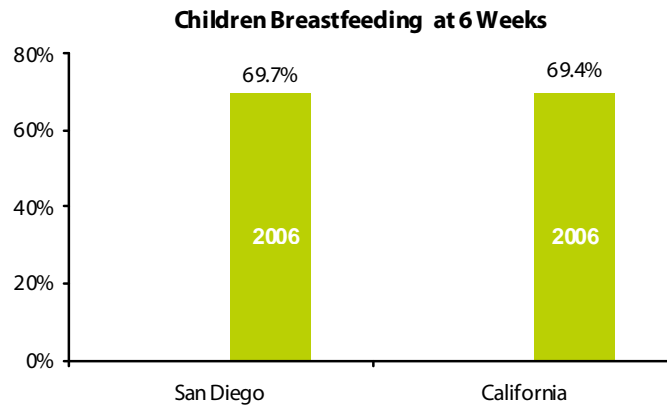
Data Sources:

- 2007 SD: San Diego County Child and Family Health and Well Being Report Card.
- 2007 CA: San Diego County Child and Family Health and Well Being Report Card.

2.6 Children Breastfeeding at 6 Weeks

Breastfeeding allows mother and child to bond which research shows has a positive correlation to the psychological wellbeing of the child. Breastfeeding also has life long implications, stretching into adolescence. Studies have been able to prove a strong relationship between prolonged breastfeeding and improved school performance into adolescent years.

Notes: 2006 SD and CA comparison data includes any breastfeeding at 2 months of age. 2006 US comparison data not available.



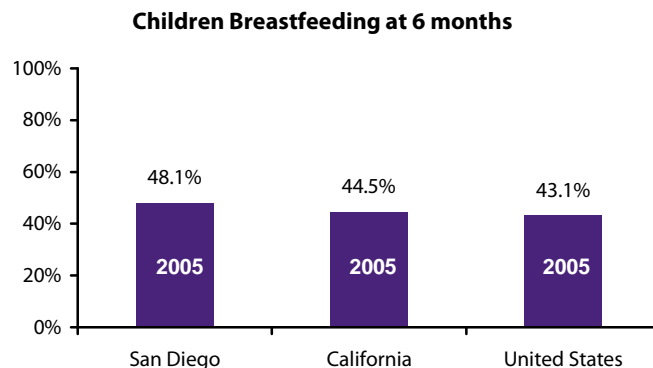
Data Sources:

- 2006 SD: California Department of Public Health. Maternal and Infant Health Assessment Survey. 2006.
- 2006 CA: California Department of Public Health. Maternal and Infant Health Assessment Survey. 2006.

2.7 Children Breastfeeding at 6 Months

Providing breast milk as the exclusive form of nutrition to a newborn for the first six months of life provides the most complete form of nourishment, supports optimal growth and development, and reduces the incidence of infant illnesses.

Note: 2008 SD, CA and US comparison data not available.



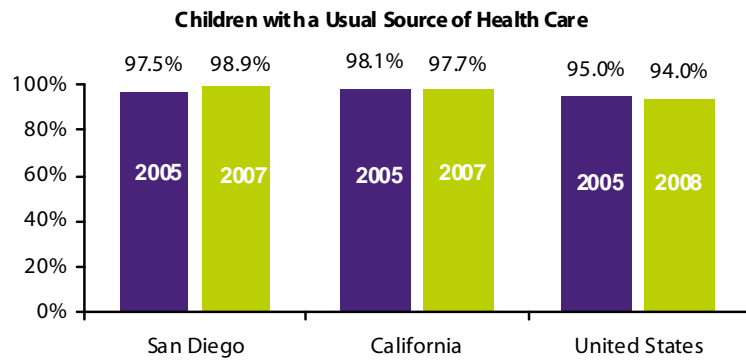
Data Sources:

- 2005 SD: University of California, Los Angeles. California Health Interview Survey. 2005.
- 2005 CA: University of California, Los Angeles. California Health Interview Survey. 2005.
- 2005 US: Center for Disease Control and Prevention. Breastfeeding Report Card, United States: Outcome Indicators.

2.8 Children with a Usual Source of Health Care

Families who cannot provide a usual source of health care for themselves or their children are less likely to receive the services they need in a timely manner, which can result in missed diagnoses, untreated conditions, and negative health outcomes.

Note: 2005 and 2008 comparison data for US includes children ages 0-17.



Data Sources:

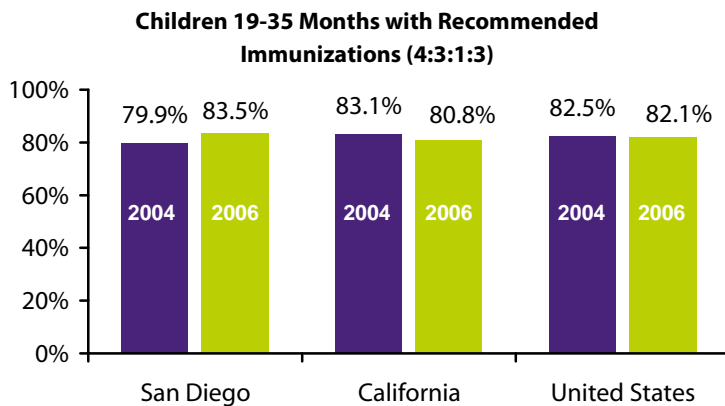
- 2005 SD: University of California, Los Angeles. California Health Interview Survey. 2005.
- 2007 SD: University of California, Los Angeles. California Health Interview Survey. 2007.
- 2005 CA: University of California, Los Angeles. California Health Interview Survey. 2005.
- 2007 CA: University of California, Los Angeles. California Health Interview Survey. 2007.
- 2005 US: Child and Adolescent Health Measurement Initiative. National Survey of Children with Special Health Care Needs, Data Resource Center via Kidsdata.org.
- 2008 US: Centers for Disease Control and Prevention, National Center for Health Statistics. National Vital Statistics System via ChildStats.gov. "America's Children in Brief: Key National Indicators of Wellbeing, 2008."

2.9 Children 19-35 Months with Recommended Immunizations (4:3:1:3)

Immunizations protect children from preventable, yet deadly, diseases like diphtheria and measles.

Recommended immunizations can also curb the spread of said diseases to other children who are not immunized due to medical or religious beliefs.

The Healthy People 2010 vaccination target for children ages 19 to 35 months is 90.0%.



Data Sources:

- 2004 SD: Center for Disease Control and Prevention. National Center for Health Statistics. National Immunization Survey. 2003.
- 2006 SD: Center for Disease Control and Prevention. National Center for Health Statistics. National Immunization Survey. 2006.
- 2004 CA: Center for Disease Control and Prevention. National Center for Health Statistics. National Immunization Survey. 2003.
- 2006 CA: Center for Disease Control and Prevention. National Center for Health Statistics. National Immunization Survey. 2006.
- 2004 US: Center for Disease Control and Prevention. National Center for Health Statistics. National Immunization Survey. 2003.
- 2006 US: Center for Disease Control and Prevention. National Center for Health Statistics. National Immunization Survey. 2006.

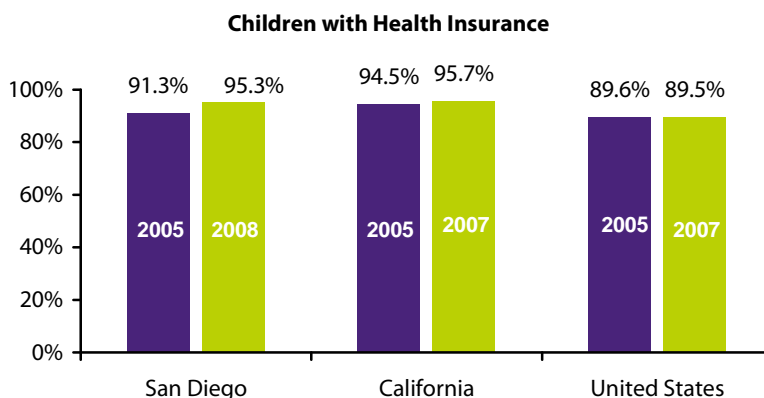
2.10 Children with Health Insurance

Health insurance is an important indicator of access and utilization of healthcare. Families without health insurance are more likely to delay care or visit more costly locations like hospital emergency rooms.

2008 HHS Regional Data:*

- Central: 94.5%
- East: 96.5%
- N. Central: 97.0%
- N. Coastal: 94.9%
- N. Inland: 94.5%
- South: 94.4%

* Regional differences are not statistically significant. Differences between 2005 and 2008 San Diego are statistically significant ($p \leq .05$).



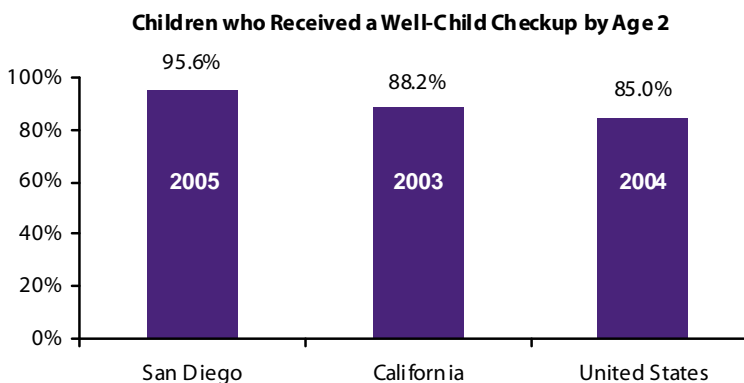
Data Sources:

- 2005 SD: First 5 Family Survey. (n=1,199)
- 2008SD: First 5 Family Survey. (n=1,196)
- 2005 CA: University of California, Los Angeles. California Health Interview Survey. 2005.
- 2007 CA: University of California, Los Angeles. California Health Interview Survey. 2007.
- 2005 US: U.S Census. Current Population Survey. 2005.
- 2007 US: U.S Census. Current Population Survey. 2007.

2.11 Children who Received a Well-Child Checkup by Age 2

Monitoring of a child's health by way of regular well-child checkups is crucial in helping to circumvent costly health care treatments.

Notes: 2004 US comparison data includes children ages 0-3; 2008 SD, CA and US comparison data not available.



Data Sources:

- 2005 SD: First 5 San Diego Family Survey. 2005. (n=517)
- 2003 CA: US Department of Health and Human Services. National Survey of Children's Health. 2003.
- 2004 US: Child Trends Databank. National Health Interview Survey data of 2000-2004.

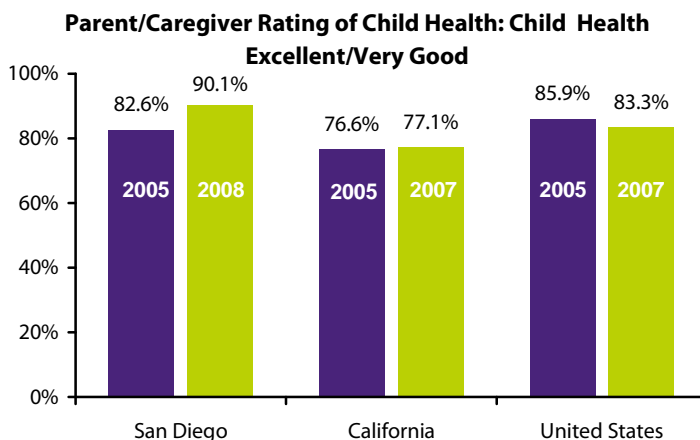
2.12 Parent/Caregiver Rating of Child Health: Child Health Excellent/Very Good

Children whose parents report them to be in fair or poor health are likely to have health problems that can require a significant amount of medical attention.

2008 HHSA Regional Data:*

- Central: 90.0%
- East: 91.0%
- N. Central: 93.0%
- N. Coastal: 88.0%
- N. Inland: 92.0%
- South: 87.0%

* Regional differences are not statistically significant. Differences between 2005 and 2008 San Diego are statistically significant ($p \leq .05$).



Data Sources:

- 2005 SD: First 5 Family Survey. (n=1,198)
- 2008SD: First 5 Family Survey. (n=1,201)
- 2005 CA: University of California, Los Angeles. California Health Interview Survey. 2005.
- 2007 CA: University of California, Los Angeles. California Health Interview Survey. 2007.
- 2005 US: U.S Census. Current Population Survey. 2005.
- 2007 US: U.S Census. Current Population Survey. 2007.

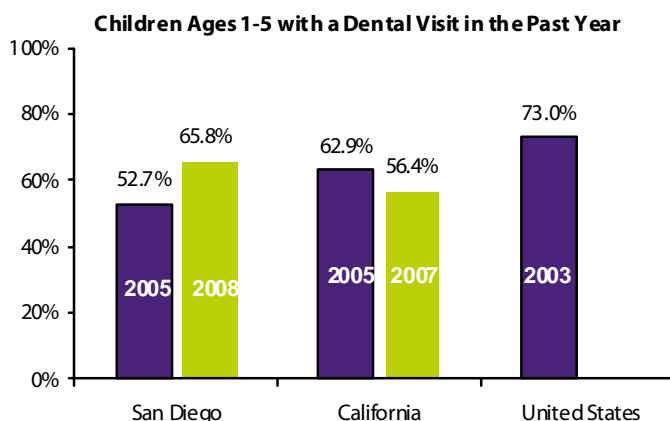
2.13 Children Ages 1-5 with a Dental Visit in the Past Year

Annual dental exams provide children with preventive care and facilitate early diagnosis and treatment of oral problems.

2008 HHSA Regional Data:*

- Central: 64.4%
- East: 63.3%
- N. Central: 68.3%
- N. Coastal: 62.9%
- N. Inland: 62.1%
- South: 74.4%

* Regional differences are not statistically significant. Differences between 2005 and 2008 San Diego not statistically significant.



Note: 2008 US comparison data not available.

Data Sources:

- 2005 SD: First 5 Family Survey. (n=1,018)
- 2008 SD: First 5 Family Survey. (n=1,042)
- 2005 CA: University of California, Los Angeles. California Health Interview Survey. 2005.
- 2007 CA: University of California, Los Angeles. California Health Interview Survey. 2007.
- 2003 US: Official Journal of the American Academy of Pediatrics. Preventive Dental Care for Children in the U.S: A National Perspective

2.14 Children Ages 1-5 with Dental Insurance

Children without dental insurance are more likely to have unmet dental needs than children with insurance (public or private).

2008 HHS Regional Data:*

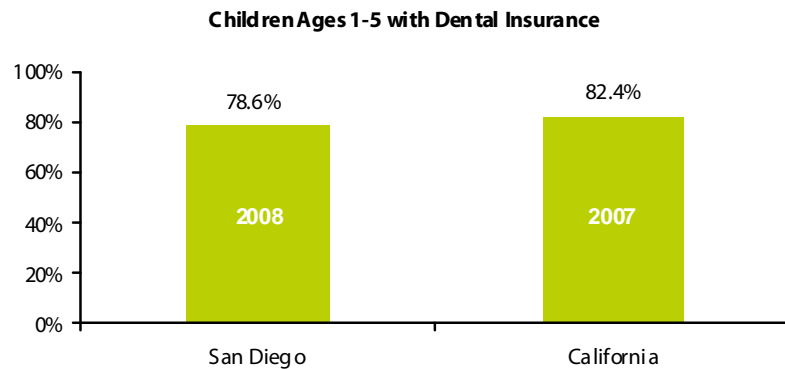
- Central: 76.9%
- East: 79.1%
- N. Central: 82.7%
- N. Coastal: 77.5%
- N. Inland: 77.5%
- South: 79.7%

* Regional differences are not statistically significant.

Notes: This question was added to the 2008 Family Survey; 2008 US comparison data not available.

Data Sources:

- 2008 SD: First 5 Family Survey. (n=1,037)
- 2007 CA: University of California, Los Angeles. California Health Interview Survey. 2007.



2.15 Children Who Received a Developmental Screening

In order for children to thrive, early identification and intervention for children with special needs is of utmost importance to their healthy development.

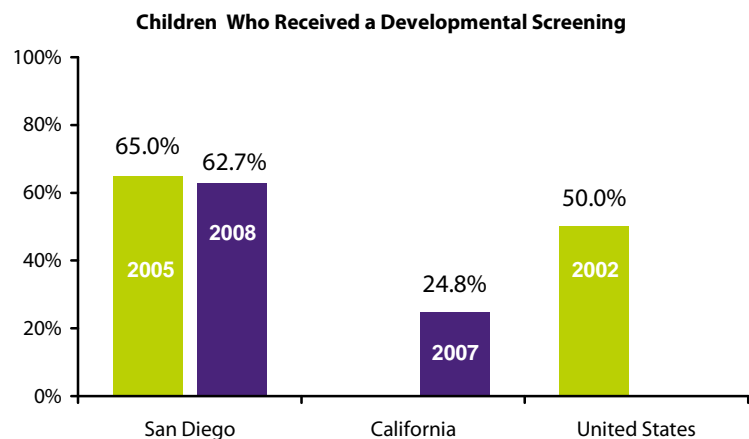
2008 HHS Regional Data:*

- Central: 56.1%
- East: 65.9%
- N. Central: 64.4%
- N. Coastal: 64.3%
- N. Inland: 64.1%
- South: 61.8%

* Regional differences are not statistically significant. Differences between 2005 and 2008 San Diego are not statistically significant.

Notes: 2008 CA and US comparison data not available; 2002 US data only includes children 0-3.

The 2005 and 2008 Family Survey question regarding developmental screenings described a formal process that would be administered by a health professional. It does not reflect parent directed or other paper screening processes. As such, the results likely do not fully capture developmental screenings performed through all First 5 San Diego programs.



Data Sources:

- 2005 SD: First 5 Family Survey. (n=989)
- 2008 SD: First 5 Family Survey. (n=1,006)
- 2007 CA: University of California, Los Angeles. California Health Interview Survey. 2007.
- 2002 US: American Academy of Pediatrics. Periodic Survey of Fellows (Children 0-3). 2002.

2.16 Time Lapsed since Developmental Screening

Parents/caregivers that report their child had a developmental screening also reported the time lapsed since the last screening.

2008 HHS Regional Data:*

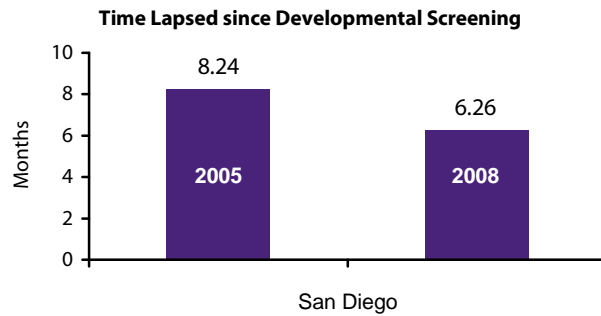
- Central: 5.97
- East: 5.59
- N. Central: 6.47
- N. Coastal: 6.31
- N. Inland: 8.34
- South: 4.83

* The difference in length of time since last developmental screening in N. Inland and East and South is statistically significant ($p \leq .05$); all other regional differences are not statistically significant. Differences between 2005 and 2008 San Diego are statistically significant ($p \leq .05$).

Note: 2005 and 2008 CA and US comparison data not available.

Data Sources:

- 2005 SD: First 5 Family Survey. (n=630)
- 2008 SD: First 5 Family Survey. (n=621)



2.17 Children Ages 3-5 Who Received a Vision Exam

Early recognition of a vision-related disease results in more effective treatment that can be sight- and even life-saving.

2008 HHS Regional Data:*

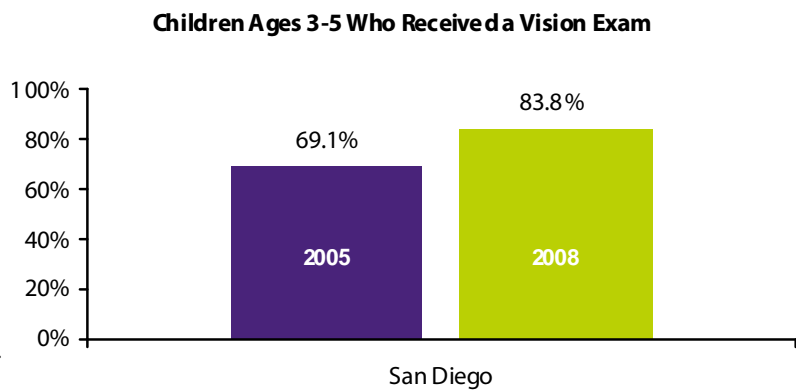
- Central: 85.9%
- East: 80.2%
- N. Central: 86.3%
- N. Coastal: 85.2%
- N. Inland: 81.4%
- South: 84.2%

* Regional differences are not statistically significant. Differences between 2005 and 2008 San Diego are statistically significant ($p \leq .05$).

Note: 2005 and 2008 CA and US comparison data not available.

Data Sources:

- 2005 SD: First 5 Family Survey. (n=618)
- 2008 SD: First 5 Family Survey. (n=649)



2.18 Time Lapsed Since Vision Exam

Parents/caregivers that report their child had a vision exam also reported the time lapsed since the last exam.

2008 HHS Regional Data:*

- Central: 5.31
- East: 6.31
- N. Central: 5.95
- N. Coastal: 6.53
- N. Inland: 8.09
- South: 6.35

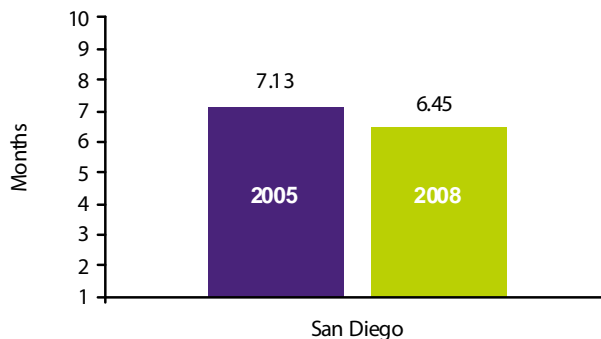
* The difference in length of time since last vision exam in N. Inland and N. Central is statistically significant ($p \leq .05$); all other regional differences are not statistically significant. Differences between 2005 and 2008 San Diego are not statistically significant.

Note: 2005 and 2008 CA and US comparison data not available.

Data Sources:

- 2005 SD: First 5 Family Survey. (n=417)
- 2008 SD: First 5 Family Survey. (n=528)

Time Lapsed Since Vision Exam

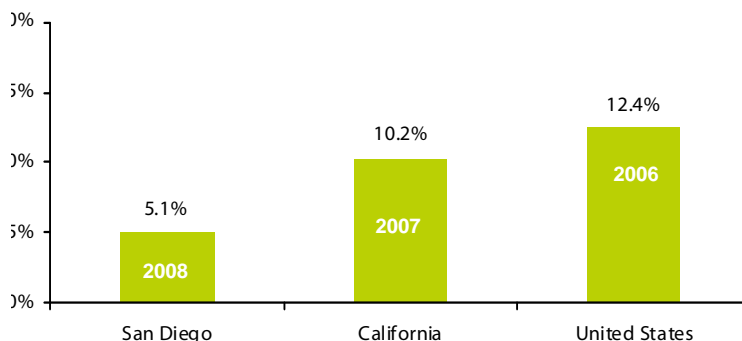


2.19 Child Overweight for Age

In the 2008 Family Survey, parents/caregivers were asked if a professional ever told them their child was overweight for their age. While this is not a professionally-assessed body mass index (BMI) calculation, it provides insight to the prevalence of children overweight for their age in San Diego County.

The prevalence of overweight children is increasing nationwide, nearly tripling among children ages 2-5 since 1980. Overweight children are at an increased risk of developing asthma, diabetes, heart disease, hypertension, cancer and stroke if weight problems persist into adulthood.

Child Overweight for Age



2008 HHS Regional Data: N/A

Regional data is not available due to small sample size.

Notes: This question is new to the 2008 Family Survey; 2007 CA comparison data is based on a computation of child gender, age and weight; 2006 US comparison data is based on Body Mass Index (BMI) and only includes children 2-5.

Data Sources:

- 2008 SD: First 5 Family Survey. (n=1,200)
- 2007 CA: University of California, Los Angeles. California Health Interview Survey. 2007.
- 2006 US: Center for Disease Control, 2003-06 National Health and Nutrition Examination Survey (Children 2-5).

2.20 Children Ages 1-5 Who Consumed 5 or More Servings of Fruits/Vegetables Yesterday

Compared to people who consume a diet with only small portions of fruits and vegetables, those who eat more generous amounts as part of a healthful diet are more likely to have reduced risk of chronic diseases.

2008 HHS Regional Data:*

- Central: 34.4%
- East: 39.1%
- N. Central: 44.9%
- N. Coastal: 36.5%
- N. Inland: 36.6%
- South: 37.0%

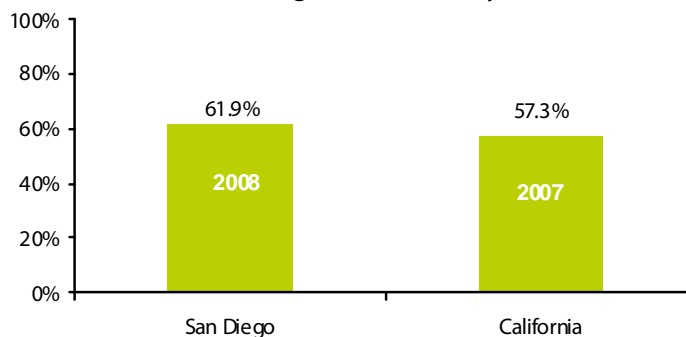
* Regional differences are not statistically significant.

Notes: This question was added to the 2008 Family Survey; 2008 US comparison data not available; the average number of fruits/vegetables consumed was 4.09.

Data Sources:

- 2008 SD: First 5 Family Survey. (n=985)
- 2007 CA: University of California, Los Angeles. California Health Interview Survey. 2007.

Children Ages 1-5 Who Consumed 5 or More Servings of Fruits/Vegetables Yesterday



2.21 Children Ages 1-5 Who Consumed Any Fast Food Yesterday

Consuming fast food is one of several health behaviors, such as decreased physical activity, that have contributed to the overweight status of children and adolescents.

2008 HHS Regional Data:*

- Central: 16.2%
- East: 17.9%
- N. Central: 15.6%
- N. Coastal: 15.0%
- N. Inland: 14.2%
- South: 20.0%

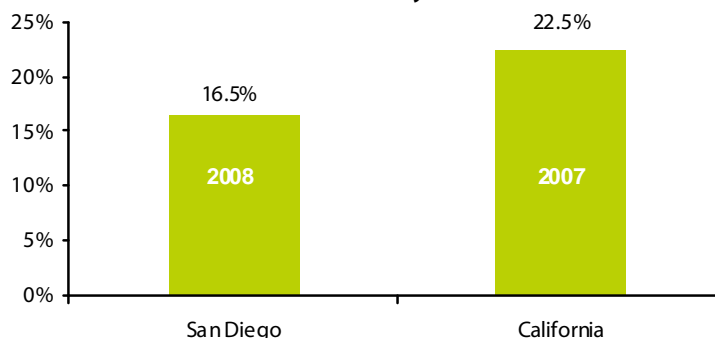
* Regional differences are not statistically significant.

Notes: This question is new to the 2008 Family Survey; 2008 US comparison data not available.

Data Sources:

- 2008 SD: First 5 Family Survey. (n=1,038)
- 2007 CA: University of California, Los Angeles. California Health Interview Survey. 2007.

Children Ages 1-5 Who Consumed Any Fast Food Yesterday



Children's Learning & Social-Emotional Development

In the first five years of a child's life, parents establish the foundation for their child's potential and directly impact the course of their social-emotional health and cognitive development. Children's cognitive and social-emotional development plays a key role in school readiness. Issue Area 2 of the First 5 San Diego strategic plan articulates the Commission's goals, objectives and strategies for supporting children's social-emotional health and development. The key indicators for this Issue Area include:

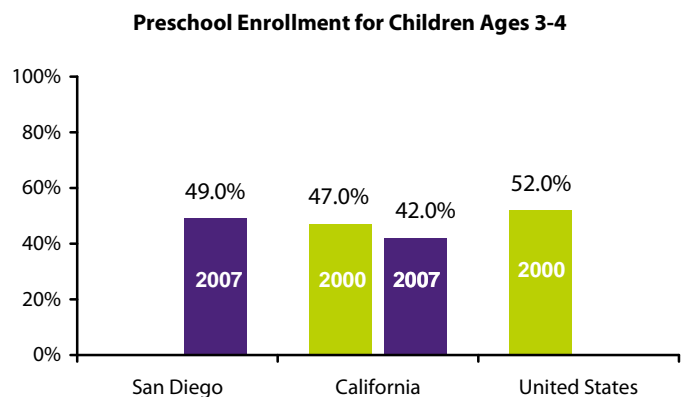
- Children have access to quality services that promote their early learning.
- Children are socially and emotionally healthy.
- Children are cognitively developing appropriately.
- Families have the knowledge and skills they need to support their children's learning and social-emotional health.

This section of the report summarizes a variety of learning, parent involvement and social-emotional indicators gathered through the 2008 Family Survey. Whenever available, secondary data comparisons are also included at the state and national levels.

3.1 Preschool Enrollment for Children Ages 3-4

Participating in a high-quality pre-kindergarten program can increase a child's chances of academic, social, and professional success, regardless of socioeconomic background.

Notes: 2000 CA and US data includes children ages 3-5. 2005 SD comparison data not available. 2008 US comparison data not available.

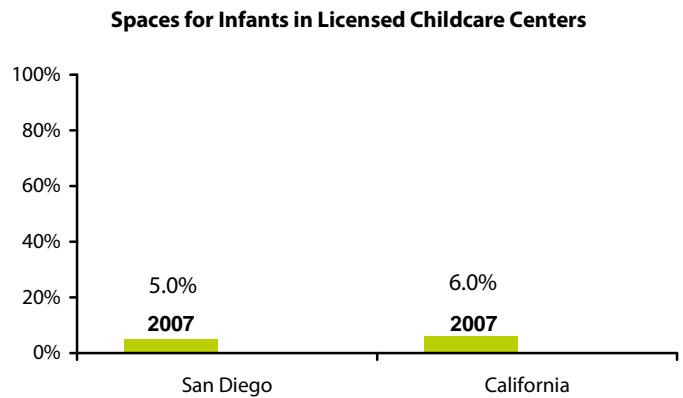


Data Sources:

- 2007 SD: Children NOW 2007 California County Data Book
- 2000 CA: California Research Bureau, California State Library
- 2007 CA: Children NOW 2007 California County Data Book
- 2000 US: California Research Bureau, California State Library

3.2 Spaces for Infants in Licensed Childcare Centers

Along with the need for quality preschool programs, parents must also find care for their children too young for preschool. While a majority of spaces in licensed childcare centers are reserved for children 2-5, it is critical for parents of infants throughout the county to find centers that can accommodate very young children.

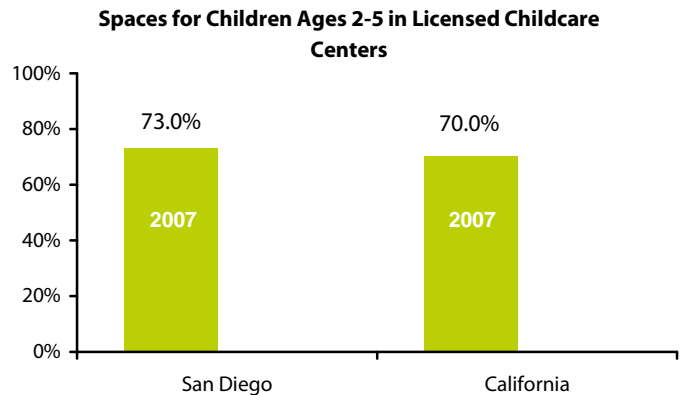


Data Sources:

- 2007 SD: Children NOW 2007 California County Data Book
- 2007 CA: Children NOW 2007 California County Data Book

3.3 Spaces for Children Ages 2-5 in Licensed Childcare Centers

Research has found that children who participate in pre-kindergarten programs are less likely to repeat a grade, require fewer special education services, and are more likely to graduate from high school and attend college.



Data Sources:

- 2007 SD: Children NOW 2007 California County Data Book
- 2007 CA: Children NOW 2007 California County Data Book

3.4 Children Attend Group Childcare/Preschool

Pre-kindergarten programs play a vital role in children's social-emotional and cognitive development.

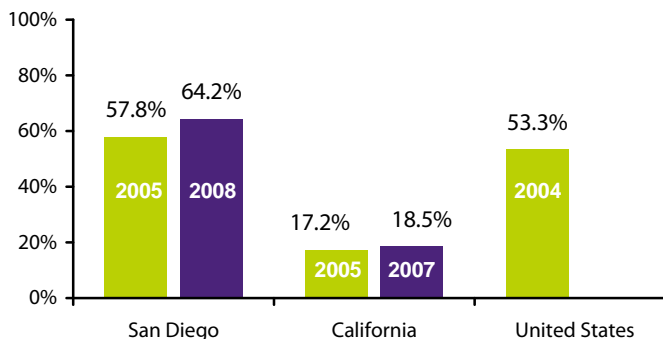
2008 HHSA Regional Data:*

- Central: 56.0%
- East: 67.5%
- N. Central: 72.1%
- N. Coastal: 61.5%
- N. Inland: 66.0%
- South: 62.0%

* Regional differences are statistically significant ($p \leq .05$). Differences between 2005 and 2008 San Diego are statistically significant ($p \leq .05$).

Notes: 2005 and 2008 CA data includes children 0-6 attending 10+ hours per week; 2004 US data includes children 0-4; 2008 US comparison data not available.

Children Attend Group Childcare/Preschool



Data Sources:

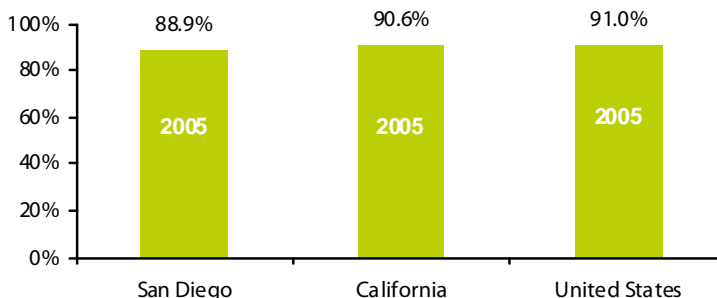
- 2005 SD: First 5 Family Survey. (n=1,200)
- 2008 SD: First 5 Family Survey. (n=1,201)
- 2005 CA: University of California, Los Angeles. California Health Interview Survey. 2005.
- 2007 CA: University of California, Los Angeles. California Health Interview Survey. 2007.
- 2004 US: U.S. Census. Survey of Income and Program Participation (Children 0-4). 2004.

3.5 Parent/Caregiver with Access to Adequate Childcare

Access to adequate childcare allows parents/caregivers to comfortably leave their children in an environment that fosters socialization and cognitive stimulation.

Note: 2008 SD, CA and US comparison data not available.

Parents/Caregivers with Access to Adequate Childcare



Data Sources:

- 2005 SD: University of California, Los Angeles. California Health Interview Survey. 2005.
- 2005 CA: University of California, Los Angeles. California Health Interview Survey. 2005.
- 2005 US: US Census Bureau. Fertility and Family Statistics Branch. 2005.

3.6 Child Ever Sent Home from Group Childcare/Preschool Due To Behavior

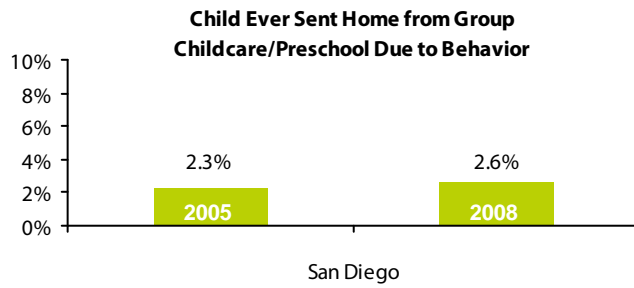
Preschoolers are three times more likely to be expelled from public preschools than their peers in grades K-12 and are at risk of several poor outcomes, such as developing serious behavioral and/or mental health concerns, substance abuse, and school dropout.

Parents/caregivers that report their child attended group childcare/preschool also reported if their child was ever sent home.

2008 HHS Regional Data: N/A

Regional data is not available due to small sample size. Differences between 2005 and 2008 San Diego are not statistically significant.

Note: 2005 and 2008 CA and US comparison data not available.



Data Sources:

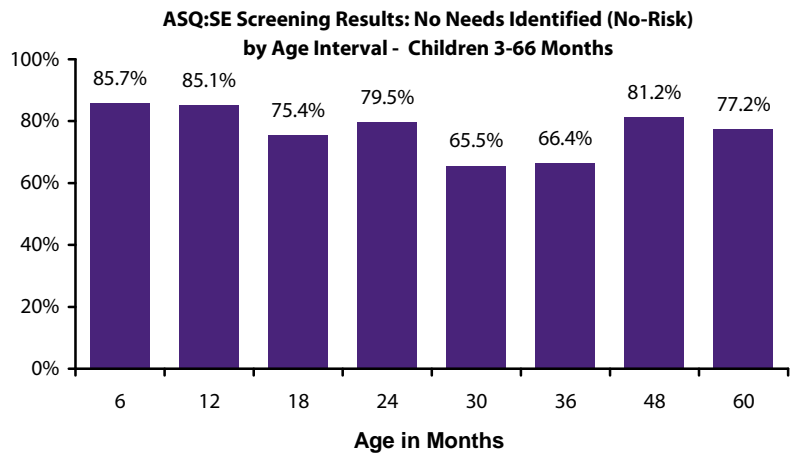
- 2005 SD: First 5 Family Survey. (n=1,197)
- 2008 SD: First 5 Family Survey. (n=769)

3.7 ASQ:SE Screening Results : No Needs Identified (No-Risk) by Age Interval-Children 3-66 Months

A growing body of evidence suggests that habituated and ingrained social and emotional problems are highly resistant to change and are likely to intensify over time. Consequently, the early identification of social and emotional problems in infants, toddlers, and young children is essential if we are to assist them in building their emotional and social competence and reduce the likelihood of placement in special education programs, residential treatment, or later, incarceration.

The ASQ:SE was designed as a low-cost screening instrument that can easily be completed by parents. It is a norm - reference assessment and the normative group is similar to the 2000 United States Census in income, education level, and ethnicity. Implementing the ASQ:SE through a population-based survey is innovative and exploratory.

Overall, 76.9% of all children screened were found to have no risk (and no need for further assessment).



2008 HHSA Regional Data:*

- Central: 70.5%
- East: 81.2%
- N. Central: 88.0%
- N. Coastal: 75.2%
- N. Inland: 80.9%
- South: 67.8%

* Regional differences are statistically significant ($p \leq .05$).

Notes: This question was added to the 2008 Family Survey; 2005 and 2008 CA and US comparative data not available. See Appendix C for more information.

An analysis of ASQ:SE respondent demographics found that, overall, the demographics of parents/caregivers responding to the ASQ:SE are similar to the 2008 Family Survey sample as a whole. However, several statistically significant differences exist; the following are overrepresented in the ASQ:SE:

- Female parent/caregivers;
- Parent/caregivers with highest educational attainment of a High School Diploma/GED or less;
- Primary language in the home other than English;
- Households with incomes below \$25,000 or between \$50,000 - \$74,999

Data Source:

- 2008 First 5 Family Survey. (n=848)

3.8 Ages & States Questionnaire: Social-Emotional (ASQ:SE) Parent Concerns in Each Behavioral Area

Each ASQ:SE questionnaire is organized into seven behavioral areas: affect, compliance, communication, autonomy, adaptive functioning, interaction with people and self regulation. These behavioral areas provide the topic of individual questions.

For each question, parents are asked if the presence or absence of each behavior is a concern. When parents identify a concern, additional points are added to the ASQ:SE score. As more points are accumulated in the questionnaire, the more likely a child will score above the “cutoff score” and merit an “at-risk” result.

For this analysis, the percentage of parents citing at least one concern in each behavioral area is included.

The following data are presented by behavioral area. The data shows the percent of parents identifying a concern for all children participating in the ASQ:SE, and separated by children scored “at-risk” or “no-risk”. Brief descriptions and example questions are also included. In addition, analysis by developmental stage is included. There are three developmental stages included: preschool-aged (3-5 years), toddlers (18-35 months) and infants (0-17 months). It is important to include this analysis to understand concerns in each behavioral area in the context of developmental stage.

3.9 ASQ:SE: Parent Concerns in Each Behavioral Area-Affect

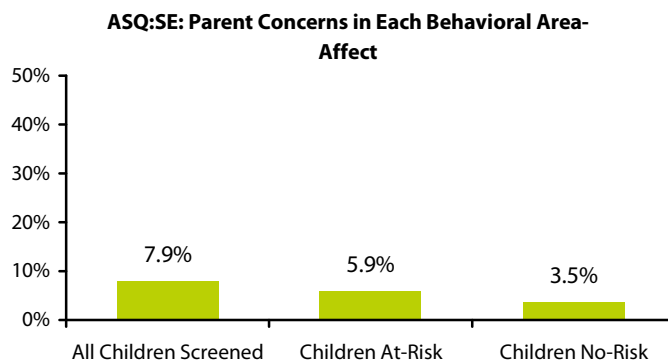
The child’s ability or willingness to demonstrate his/her own feelings and empathy with others.

EX: “Does your child like to be hugged or cuddled?”

Preschool aged children (3-5 years) comprised 58.5% (n=47) of concerns in this behavioral area; toddlers (18-35 months) comprised 22.5% (n=18); infants comprised 18.8% (n=15).

Data Sources:

- 2008 First 5 Family Survey. (n=848)



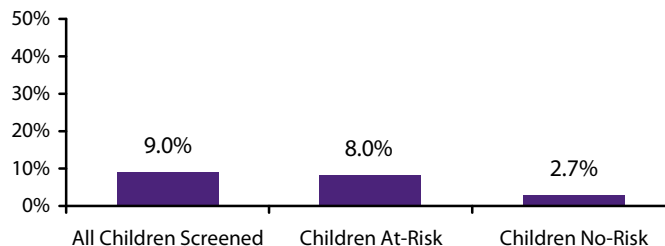
3.10 ASQ:SE: Parent Concerns in Each Behavioral Area-Compliance

The child's ability or willingness to conform to the direction of others and follow rules (only includes children 15 months and older).

EX: "Does your child do what you ask her to do?"

Preschool aged children (3-5 years) comprised 76.9% (n=70) of concerns in this behavioral area; toddlers (18-35 months) comprised 23.1% (n=21); infants (15-17 months) comprised 0% (n=0).

ASQ:SE: Parent Concerns in Each Behavioral Area-Compliance



Data Sources:

- 2008 First 5 Family Survey. (n=848)

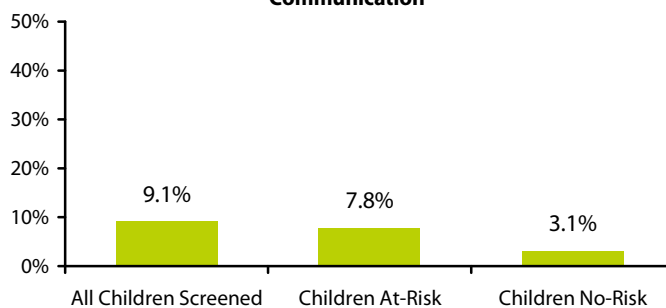
3.11 ASQ:SE: Parent Concerns in Each Behavioral Area-Communication

The child's ability or willingness to respond to or initiate verbal or nonverbal signals to indicate feelings, affective, or internal states.

EX: "Does your child use words to tell you what he wants or needs?"

Preschool aged children (3-5 years) comprised 62.0% (n=57) of concerns in this behavioral area; toddlers (18-35 months) comprised 25.0% (n=23); infants comprised 13.0% (n=12).

ASQ:SE: Parent Concerns in Each Behavioral Area-Communication



Data Sources:

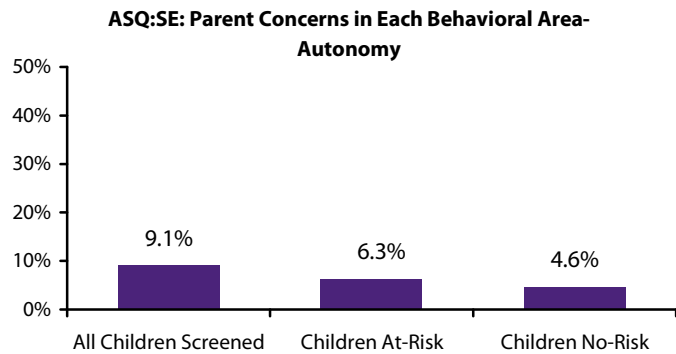
- 2008 First 5 Family Survey. (n=848)

3.12 ASQ:SE: Parent Concerns in Each Behavioral Area-Autonomy

The child's ability or willingness to self-initiate or respond without guidance (only includes children 15 months and older).

EX: "Does your child cling to you more than you expect?"

Preschool aged children (3-5 years) comprised 59.8% (n=55) of concerns in this behavioral area; toddlers (18-35 months) comprised 35.9% (n=33); infants (15-17 months) comprised 4.3% (n=4).



Data Sources:

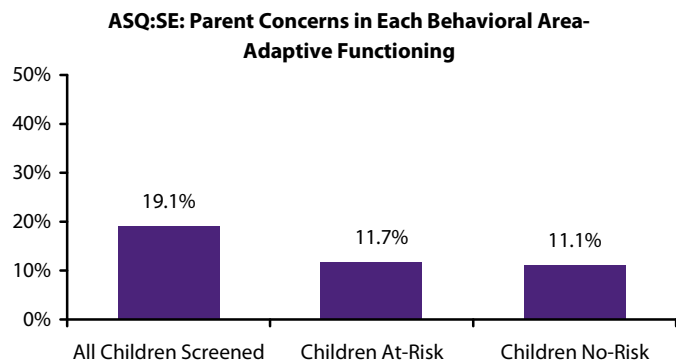
- 2008 First 5 Family Survey. (n=848)

3.13 ASQ:SE: Parent Concerns in Each Behavioral Area-Adaptive Functioning

The child's success or ability to cope with physiological needs.

EX: "Does your child sleep at least 8 hours in a 24-hour period?"

Preschool aged children (3-5 years) comprised 46.6% (n=90) of concerns in this behavioral area; toddlers (18-35 months) comprised 32.6% (n=63); infants comprised 20.7% (n=40).



Data Sources:

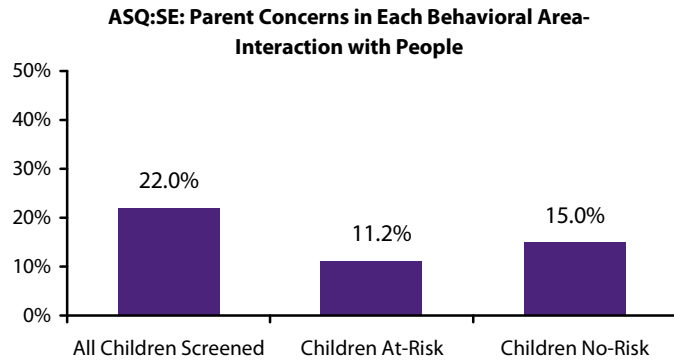
- 2008 First 5 Family Survey. (n=848)

3.14 ASQ:SE: Parent Concerns in Each Behavioral Area-Interaction with People

The child's ability or willingness to respond to or initiate social responses to parents, other adults, and peers.

EX: "Does your child like to play with other children?"

Preschool aged children (3-5 years) comprised 64.0% (n=142) of concerns in this behavioral area; toddlers (18-35 months) comprised 25.2% (n=56); infants comprised 10.8% (n=24).



Data Sources:

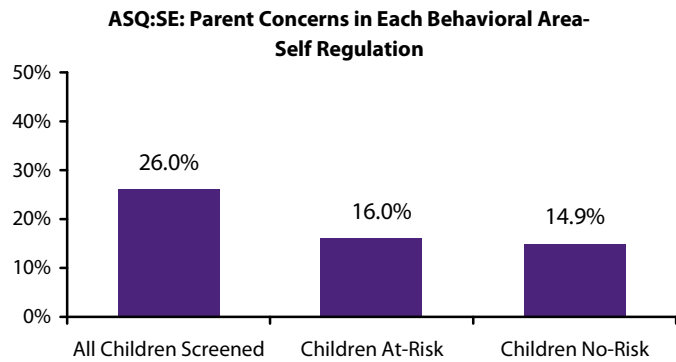
- 2008 First 5 Family Survey. (n=848)

3.15 ASQ:SE: Parent Concerns in Each Behavioral Area-Self Regulation

The child's ability or willingness to calm or settle down or adjust to physiological or environmental conditions or stimulation.

EX: "When upset, can your child calm down within 15 minutes?"

Preschool aged children (3-5 years) comprised 52.7% (n=138) of concerns in this behavioral area; toddlers (18-35 months) comprised 30.2% (n=79); infants comprised 17.2% (n=45).



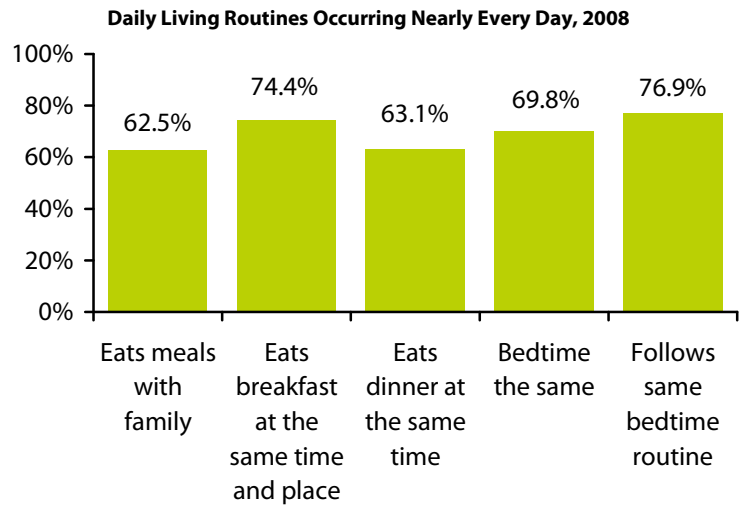
Data Sources:

- 2008 First 5 Family Survey. (n=848)

3.16 Daily Living Routines Occurring Nearly Every Day, 2008

The parenting literature emphasizes the importance of providing structure and routines for children through adolescence. Routines are reported to be critical to creating a child's sense of security and predictability.

Daily routines are also linked to social-emotional development. Routines are believed to assist in smooth transitions for toddlers. In preschool and school-age children, routines moderate impulsivity and over-activity, while aiding the development of self-control. For parents, routines increase parent-child interaction and allow for more calm, relaxed parenting and home environments.



Notes: This question was added to the 2008 Family Survey; 2005 and 2008 CA and US comparison data not available.

Data Sources:

- 2008 First 5 Family Survey. (n=1,193)

3.17 Daily Living Routines Composite Score

The five Daily Living Routines questions were combined to create a Daily Living Routines Composite Score, ranging from zero (zero occurrences of any of the five items) to twenty (each of the five items occurring nearly every day) (see Appendix C for methodology). The countywide average Daily Living Routines Composite Score was 17.5, indicating each of the five routines occurs often or nearly always.

HHSA regional data:*

■ Central:	17.14
■ East:	17.53
■ N. Central:	17.86
■ N. Coastal:	17.68
■ N. Inland:	17.81
■ South:	17.02

*The South region is statistically significantly different than both N. Central and N. Coastal ($p \leq .05$); the Central region is statistically significantly different than both N. Central and N. Inland ($p \leq .05$); all other differences between regions are not statistically significant.

Analysis was also conducted by developmental stage: preschool-aged (3-5 years), toddlers (18-35 months), and infants (0-17 months). It is important to include this analysis to understand Daily Living Routines in the context of developmental stage. Below are average Daily Living Routines Composite Scores for each developmental stage:*

■ Preschool	17.91
■ Toddler:	17.61
■ Infant:	16.11

*The Infant score is statistically significantly different than both Toddlers and Preschoolers ($p \leq .05$); differences between Toddlers and Preschoolers are not statistically significant.

Note: 2005 and 2008 CA and US comparison data not available.

Parent and Family Development

First 5 San Diego seeks to support parent and family development in a variety of ways. Specifically, the desired result for Issue Area 3 is that families have the skills, comprehensive support and resources they need to promote their children's optimal development and school readiness. Early identification and intervention of stressful parent-child dynamics have the potential to reduce the intensity and frequency of social and emotional disturbances among children. Parenting stress in the first three years of a child's life is critically important to the child's social-emotional development, and the development of the parent-child relationship.

To measure this outcome, four questions were asked in the 2008 Family Survey about how parents and caregivers feel about themselves, their parenting skills and their interactions with their children. A limitation of parents who self report on their attitudes and behaviors is that they may provide answers that they perceive to be more socially desirable or acceptable.

4.1 Parent/Caregiver of Children without Health Insurance with the Knowledge of Where to Find Health Insurance

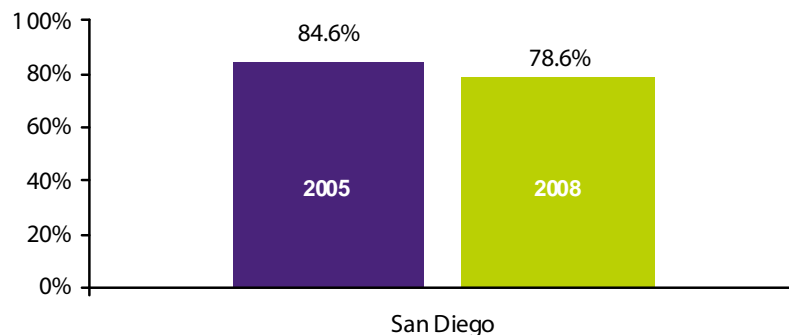
Providing children with health insurance is a critical step in ensuring their health.

Of the parents/caregivers reporting their child did not have health insurance (8.7% in 2005 and 4.7% in 2008), over three-fourths knew where to find health insurance (84.6% and 78.6%, respectively).

2008 HHS Regional Data: N/A
Regional data is not available due to small sample size. Differences between 2005 and 2008 San Diego are not statistically significant.

Note: 2005 and 2008 CA and US comparison data not available.

Parent/Caregiver of Children without Health Insurance with the Knowledge of Where to Find Health Insurance



Data Sources:

- 2005 SD: First 5 Family Survey. (n=104)
- 2008 SD: First 5 Family Survey. (n=56)

4.2 Parent/Caregiver Capability When Caring for Child, 2008

Parent beliefs of self contribute to their young children’s social-emotional well-being.

2008 HHS Regional Data:*

- Central: 74.9%
- East: 84.0%
- N. Central: 86.1%
- N. Coastal: 79.5%
- N. Inland: 76.9%
- South: 81.0%

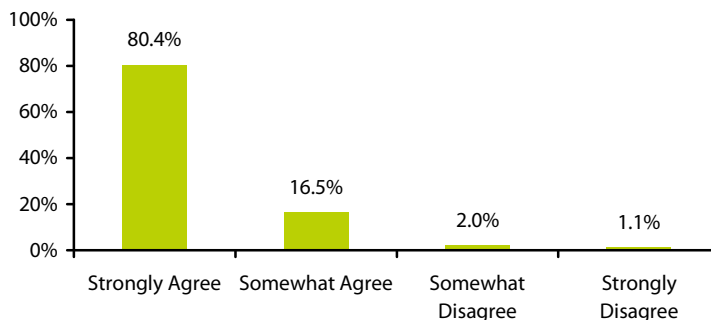
* Includes parents selecting “Strongly Agree”; Regional differences are not statistically significant.

Notes: This question was added to the 2008 Family Survey; 2005 and 2008 CA and US comparison data not available.

Data Sources:

- 2008 First 5 Family Survey. (n=1,199)

I feel capable and on top of things when I am caring for my child, 2008



4.3 Parent/Caregiver Enjoys Being a Parent, 2008

Lack of parent enjoyment is one factor of depression, which can lead to difficulty mobilizing the mental and physical energy needed to fulfill parenting responsibilities.

2008 HHS Regional Data:*

- Central: 95.0%
- East: 95.5%
- N. Central: 94.0%
- N. Coastal: 93.5%
- N. Inland: 97.0%
- South: 93.4%

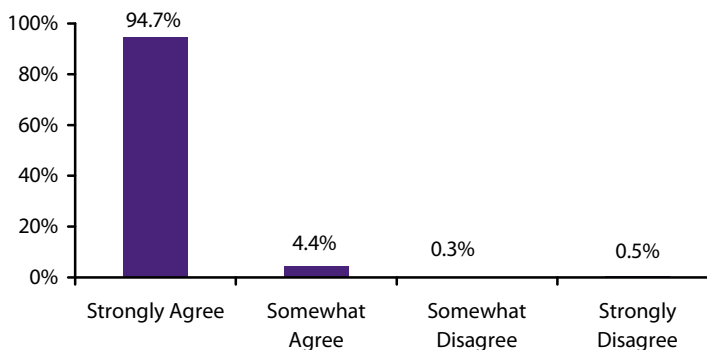
* Includes parents selecting “Strongly Agree”; Regional differences are not statistically significant.

Notes: This question was added to the 2008 Family Survey; 2005 and 2008 CA and US comparison data not available.

Data Sources:

- 2008 First 5 Family Survey. (n=1,198)

Parent/Caregiver Enjoys Being a Parent, 2008



4.4 Parent/Caregiver Feels Being a Parent is Harder than Expected, 2008

Adjustment to parenthood can be difficult for some, and can contribute to increased psychological distress.

2008 HHSA Regional Data:*

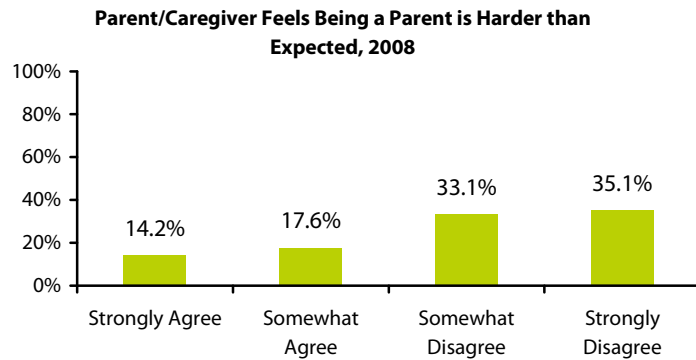
- Central: 17.0%
- East: 15.6%
- N. Central: 12.6%
- N. Coastal: 11.1%
- N. Inland: 19.1%
- South: 20.5%

* Includes parents selecting “Strongly Agree”; Regional differences are not statistically significant.

Notes: This question was added to the 2008 Family Survey; 2005 and 2008 CA and US comparison data not available.

Data Sources:

- 2008 First 5 Family Survey. (n=1,196)



4.5 Parent Stress Composite Score

The previous three questions were combined to create a Parent Stress Composite Score, ranging from zero (the least amount of stress) to nine (the most amount of stress) (see Appendix C for methodology). The countywide average Parent Stress Composite Score was 1.41, indicating an overall low level of parent stress.

HHSA regional data:*

- Central: 1.56
- East: 1.36
- N. Central: 1.35
- N. Coastal: 1.31
- N. Inland: 1.43
- South: 1.46

*Regional differences are not statistically significant.

Note: 2005 and 2008 CA and US comparison data not available.

4.6 Parent/Caregiver Feelings of Self as Caregiver, 2008

It has been shown that a mother's confidence in her parenting ability, along with her child development knowledge, is related to how she interacts with her child.

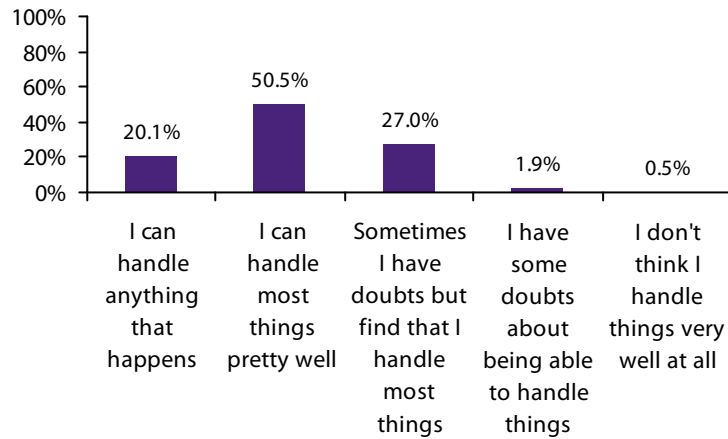
2008 HHS Regional Data:*

- Central: 18.5%
- East: 26.0%
- N. Central: 21.9%
- N. Coastal: 19.5%
- N. Inland: 19.5%
- South: 19.5%

* Includes parents selecting "I can handle anything that happens"; Regional differences are not statistically significant.

Notes: This question was added to the 2008 Family Survey; 2005 and 2008 CA and US comparison data not available.

Parent/Caregiver Feelings of Self as Caregiver, 2008



Data Sources:

- 2008 First 5 Family Survey. (n=1,201)

4.7 Positive Parent/Caregiver Parenting Strategies

Parenting is rarely viewed as a series of isolated incidents but rather a collection of approaches that strive to control and socialize children. Individual parents may adjust their discipline techniques based on different situations.

Child Welfare League of America asserts that positive discipline techniques:

- Are proactive
- Promote positive behavior and self-control
- Encourage self-responsibility
- Respond to unacceptable behavior and a lack of self-control
- Protect and strengthen the child's self-esteem
- Strengthen the parent-child relationship
- Advance child development

In 2005, coding of parent open-ended responses to this question revealed ten themes. These themes were used again in 2008 to provide comparison data. See Appendix C for methodology information. See Appendix D for response examples of each parenting strategy.

4.8 Parent/Caregiver Parenting Strategies-Verbal Reaction

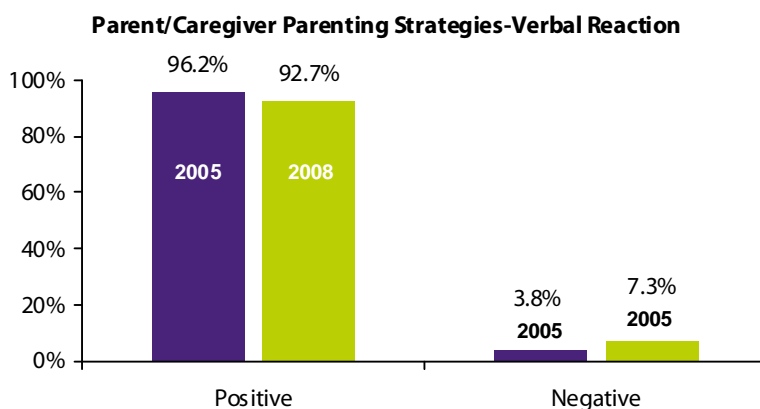
In 2005, 39.8% (n=398) of respondents selected Verbal Reaction as a discipline technique, compared to 33.1% (n=341) in 2008. Verbal Reaction is defined as providing child with choices or explanations.

A positive example of Verbal Reaction is, "I sit down and talk to him with a calm voice using words to make him do something or stop crying." A negative example is, "If she gets angry I tell her she will become ugly."

In 2005, 64.8% (n=258) of parents citing a Verbal Reaction had preschool age children (3-5 years); 28.4% (n=113) had toddlers (18-35 months) and 6.8% (n=27) had infants (0-17 months).

In 2008, 65.0% (n=204) of parents citing a Verbal Reaction had preschool age children (3-5 years); 27.7% (n=87) had toddlers (18-35 months) and 7.3% (n=23) had infants (0-17 months).

* Differences between 2005 and 2008 San Diego are statistically significant ($p \leq .05$). Confidence interval for 2005 is ± 1.88 ; for 2008 is ± 2.76 .



Data Sources:

- 2005 First 5 Family Survey. (n=398)
- 2008 First 5 Family Survey. (n=341)

4.9 Parent/Caregiver Parenting Strategies-Isolation

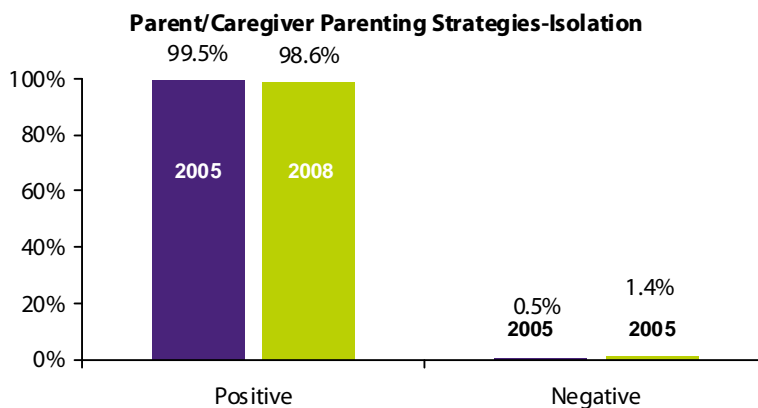
In 2005, 20.2% (n=202) of respondents selected Isolation as a discipline technique, compared to 28.0% (n=288) in 2008. Isolation is defined as giving children time to calm down and collect themselves.

A positive example of Isolation is, "I give him time out or explanation: time out last for about 3 minutes, I use a normal tone voice during this period, after that he goes back and plays." A negative example is "threaten to put him to sleep."

In 2005, 67.8% (n=137) of parents citing Isolation had preschool age children (3-5 years); 28.2% (n=57) had toddlers (18-35 months) and 4.0% (n=8) had infants (0-17 months).

In 2008, 75.5% (n=210) of parents citing Isolation had preschool age children (3-5 years); 22.3% (n=62) had toddlers (18-35 months) and 2.2% (n=6) had infants (0-17 months).

* Differences between 2005 and 2008 San Diego are statistically significant ($p \leq .05$). Confidence interval for 2005 is n/a; for 2008 is ± 1.36 .



Data Sources:

- 2005 First 5 Family Survey. (n=202)
- 2008 First 5 Family Survey. (n=288)

4.10 Parent/Caregiver Parenting Strategies-Redirection

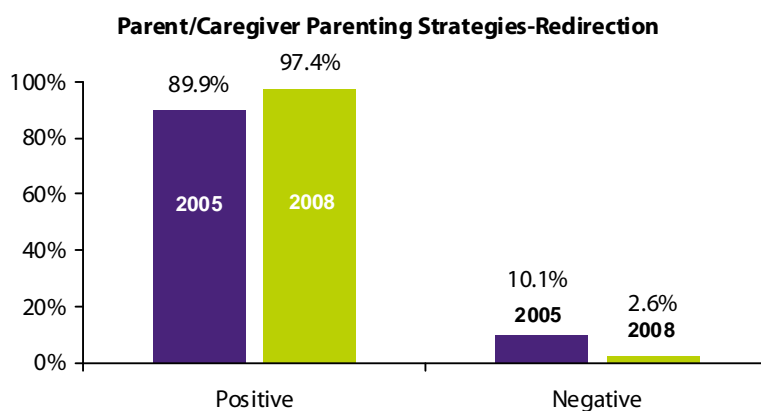
In 2005, 7.9% (n=79) of respondents selected Redirection as a discipline technique, compared to 11.1% (n=114) in 2008. Redirection is defined as guiding the child to another activity.

A positive example of Redirection is, "redirect her: offer different things and then let her self-soothe." A negative example is "I give her choices when she is crying: time out or TV."

In 2005, 43.0% (n=34) of parents citing Redirection had preschool age children (3-5 years); 34.2% (n=27) had toddlers (18-35 months) and 22.8% (n=18) had infants (0-17 months).

In 2008, 34.9% (n=37) of parents citing Redirection had preschool age children (3-5 years); 40.6% (n=43) had toddlers (18-35 months) and 24.5% (n=26) had infants (0-17 months).

* Differences between 2005 and 2008 San Diego are statistically significant ($p \leq .05$). Confidence interval for 2005 is ± 6.64 ; for 2008 is ± 2.92 .



Data Sources:

- 2005 First 5 Family Survey. (n=79)
- 2008 First 5 Family Survey. (n=114)

4.11 Parent/Caregiver Parenting Strategies-Consequences

In 2005, 10.5% (n=105) of respondents selected Consequences as a discipline technique, compared to 8.8% (n=91) in 2008. Consequences are defined as events that happen with or without adult intervention (e.g. a toy is taken or unintentionally broken by the child).

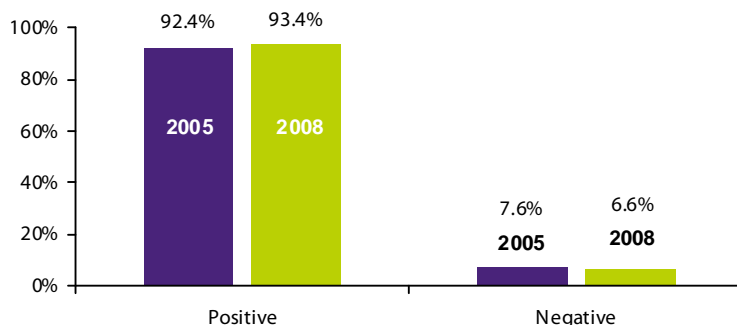
A positive example of Consequences are, "Taking toys away until she understands what is going on, usually around 10 minutes." A negative example is, "I punish her by telling her I won't buy her what she wants if she doesn't behave."

In 2005, 81.9% (n=86) of parents citing Consequences had preschool age children (3-5 years); 15.2% (n=16) had toddlers (18-35 months) and 2.9% (n=3) had infants (0-17 months).

In 2008, 87.4% (n=76) of parents citing Consequences had preschool age children (3-5 years); 12.6% (n=11) had toddlers (18-35 months) and 0% (n=0) had infants (0-17 months).

* Differences between 2005 and 2008 San Diego are statistically significant ($p \leq .05$). Confidence interval for 2005 is ± 5.07 ; for 2008 is ± 5.01 .

Parent/Caregiver Parenting Strategies-Consequences



Data Sources:

- 2005 First 5 Family Survey. (n=105)
- 2008 First 5 Family Survey. (n=91)

4.12 Parent/Caregiver Parenting Strategies-Incentives

In 2005, 5.7% (n=57) of respondents selected Incentives as a discipline technique, compared to 5.4% (n=56) in 2008. Incentives are defined as providing rewards to establish good behavior patterns.

A positive example of an Incentive is, "Reward system: if he behaves well he gets to do projects that he really loves to do." A negative example is "Give her a cheeseburger or bag of chips if she's frustrated or upset."

In 2005, 66.7% (n=38) of parents citing Incentives had preschool age children (3-5 years); 28.1% (n=16) had toddlers (18-35 months) and 5.3% (n=3) had infants (0-17 months).

In 2008, 67.3% (n=37) of parents citing Incentives had preschool age children (3-5 years); 25.5% (n=14) had toddlers (18-35 months) and 7.3% (n=4) had infants (0-17 months).

* Differences between 2005 and 2008 San Diego are statistically significant ($p \leq .05$). Confidence interval for 2005 is ± 12.74 ; for 2008 is ± 13.06 .

Parent/Caregiver Parenting Strategies-Incentives



Data Sources:

- 2005 First 5 Family Survey. (n=57)
- 2008 First 5 Family Survey. (n=56)

4.13 Parent/Caregiver Parenting Strategies-Observation

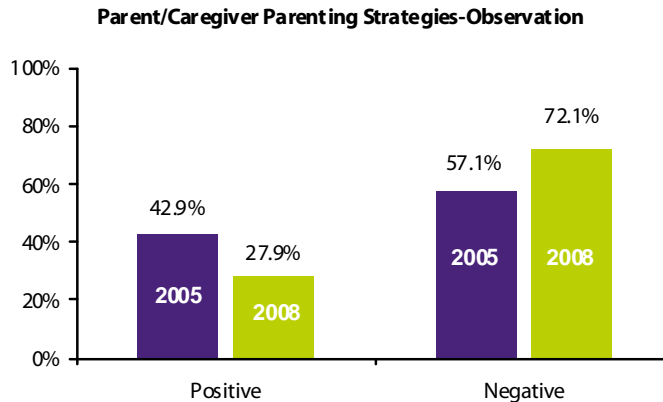
In 2005, 2.1% (n=21) of respondents selected Observation as a discipline technique, compared to 4.2% (n=43) in 2008. Observation is defined as allowing the child to continue without adult intervention.

A positive example of Observation is, "I pay attention: sit and play with her for awhile and she calms down." a negative example is "We laugh at him when he's throwing a tantrum and give him no attention."

In 2005, 57.1% (n=7) of parents citing an Observation had preschool age children (3-5 years); 14.3% (n=3) had toddlers (18-35 months) and 28.6% (n=6) had infants (0-17 months).

In 2008, 36.6% (n=15) of parents citing an Observation had preschool age children (3-5 years); 51.2% (n=21) had toddlers (18-35 months) and 12.2% (n=5) had infants (0-17 months).

* Differences between 2005 and 2008 San Diego are statistically significant ($p \leq .05$). Confidence interval for 2005 is ± 21.17 ; for 2008 is ± 13.41 .



Data Sources:

- 2005 First 5 Family Survey. (n=21)
- 2008 First 5 Family Survey. (n=43)

4.14 Parent/Caregiver Parenting Strategies-Physical Reaction

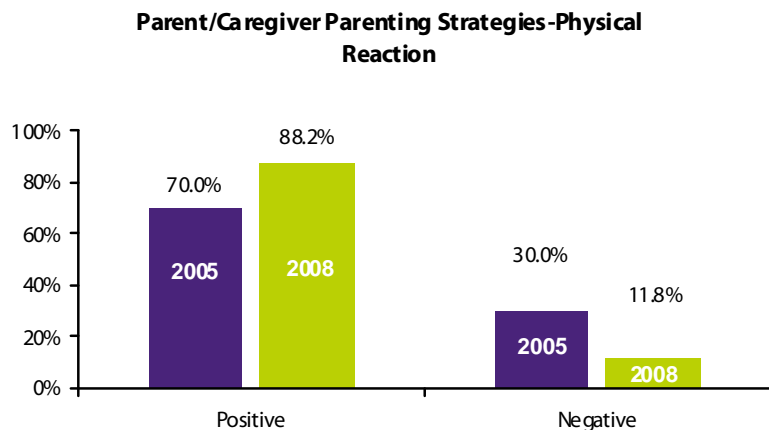
In 2005, 5.0% (n=50) of respondents selected Physical Reaction as a discipline technique, compared to 3.3% (n=34) in 2008. Physical Reaction is defined as a range of actions that physically react to the child (e.g. hugging, spanking)..

A positive example of Physical Reaction is, "We are a family of hugs, no time out, just hugs to calm her down, it helps to relieve stress." A negative example is "I spank him."

In 2005, 38.0% (n=19) of parents citing a Physical Reaction had preschool age children (3-5 years); 32.0% (n=16) had toddlers (18-35 months) and 30.0% (n=15) had infants (0-17 months).

In 2008, 51.5% (n=17) of parents citing a Physical Reaction had preschool age children (3-5 years); 33.3% (n=11) had toddlers (18-35 months) and 15.2% (n=5) had infants (0-17 months).

* Differences between 2005 and 2008 San Diego are statistically significant ($p \leq .05$). Confidence interval for 2005 is ± 12.7 ; for 2008 is ± 10.84 .



Data Sources:

- 2005 First 5 Family Survey. (n=50)
- 2008 First 5 Family Survey. (n=34)

4.15 Parent/Caregiver Parenting Strategies-Consistent Expectations

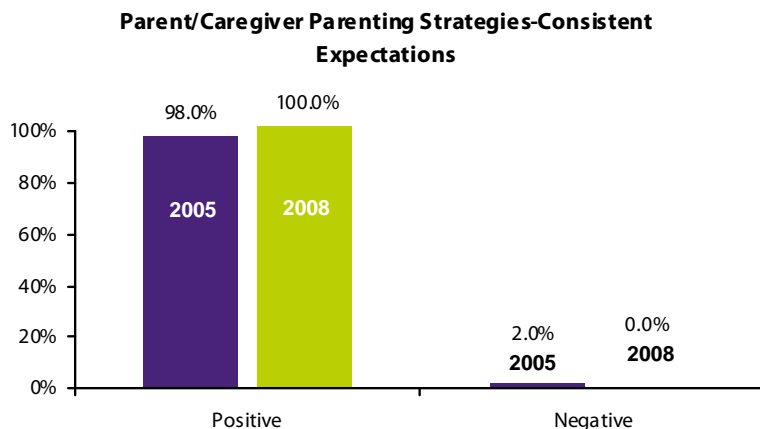
In 2005, 5.1% (n=51) of respondents selected Consistent Expectations as a discipline technique, compared to 2.8% (n=29) in 2008. Consistent Expectations are defined as providing predictable, consistent and stable rules for children.

A positive example of a Consistent Expectation is, "Set boundaries and follow through with consequences on what we say." A negative example is, "Count: if he doesn't do it by the time I get to 3, he knows he's in big, huge trouble (2005)".

In 2005, 76.5% (n=39) of parents citing Consistent Expectations had preschool age children (3-5 years); 19.6% (n=10) had toddlers (18-35 months) and 3.9% (n=2) had infants (0-17 months).

In 2008, 66.7% (n=18) of parents citing Consistent Expectations had preschool age children (3-5 years); 33.3% (n=9) had toddlers (18-35 months) and 0% (n=0) had infants (0-17 months).

* Differences between 2005 and 2008 San Diego are statistically significant ($p \leq .05$). Confidence interval for 2005 is ± 3.84 ; for 2008 is n/a.



Data Sources:

- 2005 First 5 Family Survey. (n=51)
- 2008 First 5 Family Survey. (n=29)

4.16 Parent/Caregiver Parenting Strategies-Modify the Environment

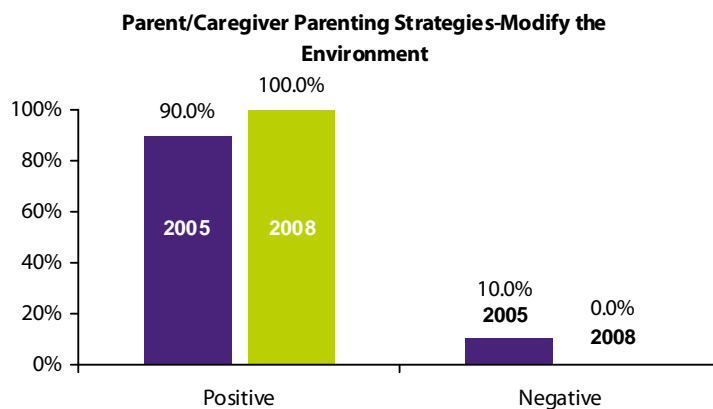
In 2005, 3.0% (n=30) of respondents selected Modify the Environment as a discipline technique, compared to 2.2% (n=23) in 2008. Modify the Environment is defined as an adult changing or structuring the child's environment to ensure safety and successful tasks.

A positive example of Modify the Environment is, "Distract her and move onto something." A negative example is, "Turn on really loud music and take him for a car ride. (2005)".

In 2005, 26.7% (n=8) of parents citing Modify the Environment had preschool age children (3-5 years); 40.0% (n=12) had toddlers (18-35 months) and 33.3% (n=10) had infants (0-17 months).

In 2008, 43.5% (n=186) of parents citing Modify the Environment had preschool age children (3-5 years); 28.5% (n=83) had toddlers (18-35 months) and 7.6% (n=22) had infants (0-17 months).

* Differences between 2005 and 2008 San Diego are statistically significant ($p \leq .05$). Confidence interval for 2005 is ± 10.74 ; for 2008 is n/a.



Data Sources:

- 2005 First 5 Family Survey. (n=30)
- 2008 First 5 Family Survey. (n=23)

4.17 Parent/Caregiver Parenting Strategies-Modeling

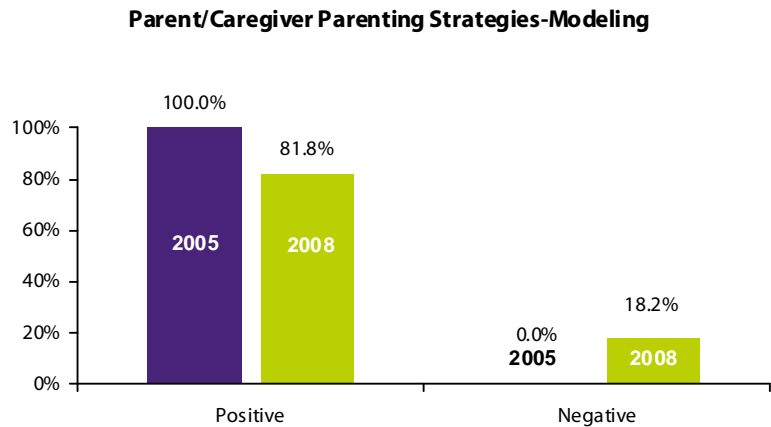
In 2005, 0.7% (n=7) of respondents selected Modeling as a discipline technique, compared to 1.1% (n=11) in 2008. Modeling is defined as children learning behavior by watching adults.

A positive example of Modeling is, "To get her to do something I teach her what to do." A negative example is " imitate him along with his brothers and he feels he's making a fool out of himself and he stops what he's doing and starts laughing."

In 2005, 57.1% (n=4) of parents citing Modeling had preschool age children (3-5 years); 28.6% (n=2) had toddlers (18-35 months) and 14.3% (n=1) had infants (0-17 months).

In 2008, 27.3% (n=3) of parents citing Modeling had preschool age children (3-5 years); 72.7% (n=8) had toddlers (18-35 months) and 0% (n=0) had infants (0-17 months).

* Differences between 2005 and 2008 San Diego are statistically significant (p< .05).



Data Sources:

- 2005 First 5 Family Survey. (n=7)
- 2008 First 5 Family Survey. (n=11)

Systems Improvement and Community Change

Issue Area 4 of the Commission’s strategic plan addresses First 5 San Diego’s commitment to impact systems of care, engage communities, provide integration of services, and maximize the potential for long-term impact on children ages 0 to 5 and their families.

The 2005 and 2008 Family Surveys included a number of questions designed to examine perceptions as well as awareness and access to services and community resources. These questions addressed the following desired results:

- Communities have adequate service capacity that is effective, coordinated, integrated, and sustainable.
- Families have access to culturally and linguistically responsive services.

5.1 Parent/Caregiver Knowledge of Where to Call for Support

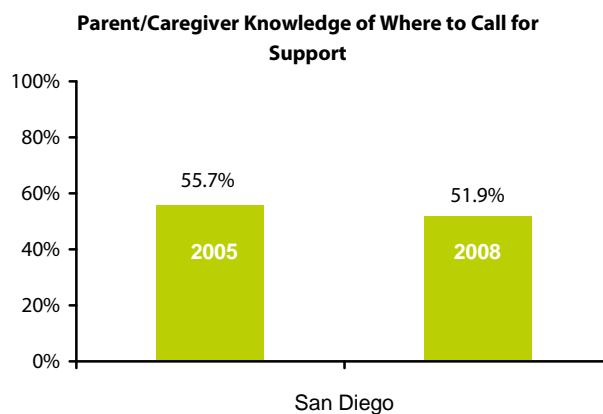
Children raised in stressful environments are more likely to be less engaged in school and exhibit poor behavior. Connecting parents and caregivers to resources that may assist in reducing stress related to child rearing can help ensure that children and families are safe.

2008 HHS Regional Data:*

- Central: 45.2%
- East: 57.1%
- N. Central: 62.6%
- N. Coastal: 45.5%
- N. Inland: 53.8%
- South: 47.5%

* Regional differences are statistically significant ($p \leq .05$). Differences between 2005 and 2008 San Diego is not statistically significant.

Note: 2005 and 2008 CA and US comparison data not available.



Data Sources:

- 2005 SD: First 5 Family Survey. (n=1,191)
- 2008 SD: First 5 Family Survey. (n=1,186)

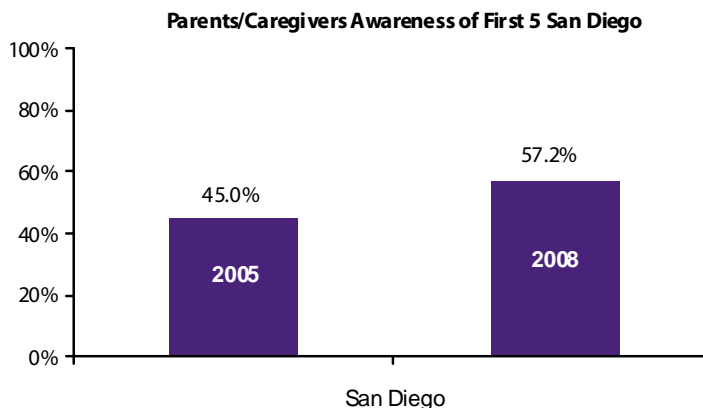
5.2 Parent/Caregiver Awareness of First 5 San Diego

First 5 San Diego strives to raise community awareness about the importance of every child’s physical and social emotional health. The Family Survey helps First 5 San Diego gauge the extent to which their social marketing messages are reaching parents and caregivers in San Diego County.

Participants of the 2005 and 2008 Family Survey were questioned about their awareness of a fictional organization. This question was included to provide a check for “false-positive” recognition of First 5 San Diego. In 2005, 10.4% of respondents identified both First 5 San Diego and the fictional organization; in 2008, that proportion increased to 14.0%.

In 2008, an additional question was added to check for “false-positive” recognition of First 5 San Diego. Taken together, in 2008, 43.5% (n=435) truly recognize First 5 San Diego.

In August of 2008, First 5 San Diego launched a public education campaign. Pre-campaign, total awareness of First 5 San Diego among households with a child age five and under was 54%, and had risen to 68% post campaign. The Family Survey (with a recognition rate of 57.2%) was taken in the midst of the campaign.



Data Sources:

- 2005 SD: First 5 Family Survey. (n=1,190)
- 2008 SD: First 5 Family Survey. (n=1,175)

2008 HHS Regional Data:*

- Central: 50.3%
- East: 61.7%
- N. Central: 60.0%
- N. Coastal: 51.3%
- N. Inland: 54.6%
- South: 65.5%

* Regional differences are statistically significant ($p \leq .05$). Differences between 2005 and 2008 San Diego are statistically significant ($p \leq .05$).

5.3 Parents/Caregivers Who Received a Kit for New Parents

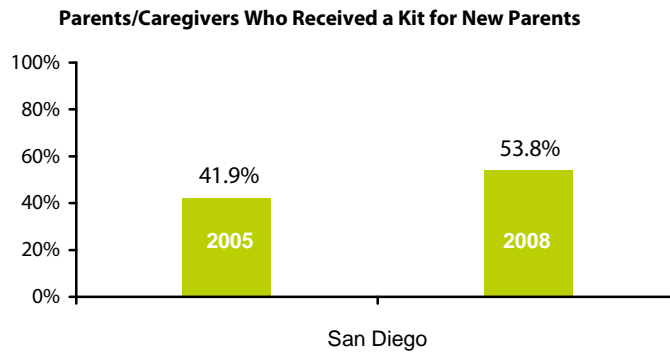
First 5 California offers a Kit for New Parents to all new parents to provide first time parents with information and resources that will help them during the first five years of their child's life. Since its launch in 2001, approximately 2.5 million kits have been distributed at no charge throughout California, with over 272,811 distributed in San Diego County alone.

First 5 San Diego receives 44,000 Kits for New Parents each year from First 5 California to distribute to parents with a child age 5 or younger. First 5 San Diego distributes Kits through over 800 community agencies, with the goal of providing parents with resources to support the optimal development of their child.

2008 HHS Regional Data:*

- Central: 62.9%
- East: 53.4%
- N. Central: 47.4%
- N. Coastal: 49.0%
- N. Inland: 56.0%
- South: 54.1%

* Regional differences are statistically significant ($p \leq .05$). Differences between 2005 and 2008 San Diego are statistically significant ($p \leq .05$).



Data Sources:

- 2005 SD: First 5 Family Survey. (n=1,180)
- 2008 SD: First 5 Family Survey. (n=1,161)

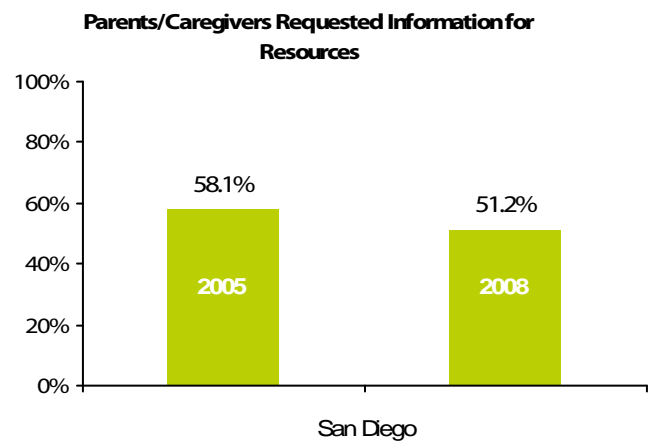
Parent/Caregiver Requested Information for Resources

Family Survey participants were offered additional information upon request. In 2005, available information included: 2-1-1, parenting information, immunization services, healthcare insurance, and child care services. In 2008, the question was reworded to provide the First 5 San Diego warm line: 1-888-5-First5

2008 HHS Regional Data:*

- Central: 65.2%
- East: 47.5%
- N. Central: 36.7%
- N. Coastal: 52.0%
- N. Inland: 46.0%
- South: 59.9%

* Regional differences are statistically significant ($p \leq .05$). Differences between 2005 and 2008 San Diego are not statistically significant.



Data Sources:

- 2005 SD: First 5 Family Survey. (n=1,195)
- 2008 SD: First 5 Family Survey. (n=1,192)

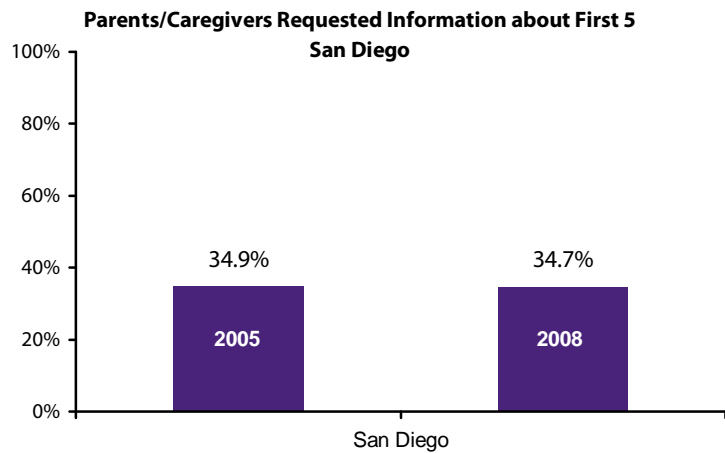
Parent/Caregiver Requested Information about First 5 San Diego

Participants in the Family Survey were given the option to receive information about First 5 San Diego. Making this a part of the Family Survey ensures that parents/caregivers previously unaware of First 5 could now access the services.

2008 HHS Regional Data:*

- Central: 35.7%
- East: 40.0%
- N. Central: 29.1%
- N. Coastal: 31.3%
- N. Inland: 32.5%
- South: 39.6%

*Regional differences are not statistically significant. Differences between 2005 and 2008 San Diego are not statistically significant.



Data Sources:

- 2005 SD: First 5 Family Survey. (n=1,196)
- 2008 SD: First 5 Family Survey. (n=1,190)

Appendices

Appendix A: Family Survey Questionnaire (English)

Appendix B: 2005 Family Survey Sample

Appendix C: Statistical Methodology

Appendix D: Parenting Strategy Response Examples

Appendix E: References

Appendix A:

2008 Family Survey Questionnaire (English)

-----INTRODUCTION SCRIPTS AND QUALIFIER QUESTIONS BELOW-----

INT. Hello, my name is _____. I'm calling from the **Social Science Research Lab at San Diego State University**. We're conducting a brief survey for the First 5 Commission of San Diego County. The survey will help the County improve services for young children and their families. This telephone number was generated randomly and your responses are important to us. Is there a child under the age of six living there? **[THANK AND CODE "NQR-NO5" IF NONE; THANK AND CODE "REF" IF THERE IS A CHILD UNDER SIX BUT NO ONE IN HOUSEHOLD IS WILLING TO PARTICIPATE; SCHEDULE CB IF NEEDED; IF ASKED:]** The First 5 Commission of San Diego County is a county agency that supports health and education programs to help children enter kindergarten ready to learn.

VER. **[VERSION OF INTERVIEW:]** 1 - VERSION A 2 - VERSION B*
* = RESPONSE OPTIONS REVERSED ON VERSION B FOR ALL QUESTIONS INDICATED

CAR. I would like to speak with an adult in this household who is a primary caregiver for any children under age six; that is, a person who is responsible for these children and makes sure they have what they need. Would that be you or someone else? **[CONTINUE WITH PRIMARY CAREGIVER OR REINTRODUCE YOURSELF AFTER PRIMARY CAREGIVER IS LOCATED; ASK FOR FIRST NAME AND SCHEDULE CB IF NEEDED; THANK AND CODE "REF" IF NOT WILLING TO PARTICIPATE]**

ZIP. We're calling people in different areas. Could you please tell me your zip code? **[CATI WILL CODE AS "NQR-ZIP" IF ZIPCODE NOT ON LIST]**

99997 - DK
99999 - REF

ZIPa. **[IF DK/REF:]** CATI TO IMPORT ZIP CODE FROM SAMPLE RECORD

AREA. HHSa AREA **[ASSIGNED BY CATI]**

1 - NORTH COASTAL
2 - NORTH INLAND
3 - NORTH CENTRAL
4 - CENTRAL
5 - EAST
6 - SOUTH

SEX. **[RECORD GENDER OF RESPONDENT, PROBE IF NEEDED:]**

1 - MALE
2 - FEMALE

----- QUALIFIED RESPONDENT: QUOTAS CHECKED; DATA SAVED -----

INTERVIEWER: TO STOP INTERVIEW FROM THIS POINT FORWARD FOR ANY REASON, [CTRL] [END] AND OBTAIN NAME/INITIALS / QUOTA INFO--DO NOT BACK UP!

LP. **[IF INDICATED BY AN ACCENT:]** Would you like to continue in English or Spanish?

1 - ENGLISH
2 - SPANISH ----> **SWITCH TO SPANISH VERSION OR SCHEDULE SPAN CB**

IC. Let me assure you this phone number was generated randomly, so no names or addresses are associated with the telephone numbers, and all responses are completely confidential. You can refuse to answer any questions at any time. Your answers will be combined with those of other families, and only these combined results will be reported. To ensure that my work is done honestly and correctly, this call may be monitored by my supervisor. **[ONLY IF ASKED ABOUT MONITORING:]** My supervisor randomly listens to interviews to make sure we're reading the questions exactly as written and not influencing answers in any way.

(Is this a good time to answer some questions?)

CH_NUM. We'll start off with some questions about the health and development of a child under age six. Is there more than one child in the household under the age of six?

- 1 - YES
- 2 - NO
- 9 - DK/REF

CH_SEX. **[INSERT THE NEXT PHRASE ONLY IF MORE THAN ONE CHILD UNDER SIX:]**

{For the following questions, please answer for only one of these children who are under the age of six, the one who is going to have their birthday next.} Is that child a boy or a girl?

- 1 - BOY
- 2 - GIRL
- 9 - DK/REF

Q1. Can you tell me {his/her} birth date? Let's start with...

the month? _____ (1-12)
99-DK/REF

the day? _____ (1-31)
99-DK/REF

the year? _____ (2002-2008)
9999-DK/REF

[IF OVER 5 YEARS OLD, PROBE FOR OTHER CHILD IN HH UNDER AGE 6; IF NO CHILD UNDER 6, [Esc] BACK TO INTRO AND CODE "NQR-NO5"]

Q2. Is {he/she} the first child that you have raised?

- 1 - YES
- 2 - NO
- 9 - DK/REF

Q3. Does {he/she} currently have any kind of health insurance, such as Medi-Cal, Healthy Families, insurance through an HMO, a private insurance company, or something else?

- 1 - YES ----- > **GO TO Q4**
- 2 - NO
- 9 - DK/REF ----- > **GO TO Q4**

Q3a. **[IF NO:]** Do you know where to find information about health insurance for this child?

- 1 - YES
- 2 - NO
- 9 - DK/REF

Q4. Overall, would you say {his/her} health is...

- 1 - very good,
- 2 - good,
- 3 - normal,
- 4 - bad, or
- 5 - poor?
- 9 - DK/REF

Q5. **[IF AT LEAST 1 YEAR OLD:]** About how long has it been since {he/she} last visited a dentist or a dental clinic? Include dental hygienists and all types of dental specialists.

- 1 - HAS NEVER VISITED
- 2 - LESS THAN 6 MONTHS AGO
- 3 - 6 MONTHS UP TO 1 YEAR AGO
- 4 - 1 YEAR UP TO 2 YEARS AGO
- 5 - 2 YEARS UP TO 5 YEARS AGO
- 6 - MORE THAN 5 YEARS AGO
- 9 - DK/REF

Q 5a. Does {he/she} currently have any kind of dental insurance, such as Denti-Cal, Healthy Families Dental, insurance through an HMO, a private insurance company, or something else?

- 1 - YES
- 2 - NO
- 9 - DK/REF

Q6. **[IF AT LEAST 3 YEARS OLD:]** Has a pediatrician, eye doctor, or other professional ever checked {his/her} vision?

- 1 - YES
- 2 - NO ----- > **GO TO Q7**
- 9 - DK/REF ----- > **GO TO Q7**

Q6a. **[IF YES:]** About how many months ago did {he/she} last receive a vision check or exam? **[CONVERT YEARS INTO MONTHS]**

_____ MONTHS AGO
99 - DK/REF

Q7. **[IF AT LEAST 1 YEAR OLD:]** Has a doctor or another professional, such as a teacher or therapist, ever had {him/her} pick up small objects, stack blocks, throw a ball, or recognize different colors?

[IF NEEDED, SAY: Has a doctor or another professional ever asked you questions about the way the child walks, plays, or learns?]

- 1 - YES
- 2 - NO ----- > **GO TO Q8**
- 9 - DK/REF ----- > **GO TO Q8**

Q7a. **[IF YES:]** About how many months ago was that? **[CONVERT YEARS INTO MONTHS]**

_____ MONTHS AGO
99 - DK/REF

Q8. Has a doctor, nurse, or other healthcare provider ever told you that your child is overweight for his/her age?

- 1 - YES
- 2 - NO
- 9 - DK/REF

Q9. Has this child ever spent time in a group child care setting or gone to preschool? This would include any kind of program where the child is learning with other children of {his/her} age.

This could be private, licensed family day care, faith-based, public, state, Head Start, or another kind of child care setting.

1 - YES

2 - NO ----- > **GO TO Q10**

9 - DK/REF ----- > **GO TO Q10**

Q9a. Has this child ever been sent home from a child care setting or preschool because of {his/her} behavior or have you ever lost a provider because of {his/her} behavior?

1 - YES

2 - NO

9 - DK/REF

Q10. **[IF AT LEAST 1 YEAR OLD:]** Now I'm going to ask you about the foods your child ate yesterday, including meals and snacks. Yesterday, how many servings of fruit, such as an apple or a banana, did {he/she} eat?

[IF NEEDED, SAY: "Servings" are self-defined. A serving is the child's regular portion of this food. Do not include juices.]

_____ SERVINGS

99 - DK/REF

Q11. **[IF AT LEAST 1 YEAR OLD:]** Yesterday, how many servings of vegetables like corn, green beans, green salad, or other vegetables did {he/she} have? Do not include potatoes.

_____ SERVINGS

99 - DK/REF

Q12. **[IF AT LEAST 1 YEAR OLD:]** Yesterday, how many times did {he/she} eat fast food? Include fast food meals eaten at school or at home, or at fast food restaurants, carryout or drive thru.

[IF NEEDED, SAY: "Such as food you get at McDonald's, Panda Express or Taco Bell."]

[IF STRONGLY NEEDED, SAY: "Foods from American-style fast food restaurants."]

_____ TIMES

99 - DK/REF

Q13. Now I'd like to ask you a little about your child's daily schedule. For each of the following, please tell me if it happens never, rarely, sometimes, often, or nearly always.
[REPEAT ANSWER CHOICES IF NEEDED]

	<u>Never</u>	<u>Rarely</u>	<u>Some- Times</u>	<u>Often</u>	<u>Nearly Always</u>	<u>DK/R</u>
1) My child eats meals with family at the table each day.	0	1	2	3	4	9
2) My child does the same things each night before bed (for example, brush teeth, read story, kiss parent goodnight).	0	1	2	3	4	9
3) My child eats dinner at about the same time each day.	0	1	2	3	4	9
4) My child goes to bed at about the same time on week nights.	0	1	2	3	4	9
5) My child eats breakfast at about the same time and place (for example, at kitchen table or at school) each morning.	0	1	2	3	4	9

Q14. **[IF AT LEAST 1 YEAR OLD:]** Now, as I'm sure you know, every child has moments when he or she gets frustrated or upset. These moments can be just as frustrating and upsetting for those raising the child. Everyone deals with a child's behavior differently. What have you found to be the most effective way to get this child to behave well?

[IF NEEDED: What do you do if you really need {him/her} to do something, or to stop doing something?] [PROBE, CLARIFY AND CODE CAREFULLY]

99 - DK/REF

Q15. Please tell me how much you agree or disagree with the following two statements. The first one is... Would you say you strongly agree, somewhat agree, somewhat disagree, or strongly disagree?*

	<u>SA</u>	<u>Smt Ag</u>	<u>Smt Dis</u>	<u>SD</u>	<u>DK/REF</u>
1) I feel capable and on top of things when I am caring for my child.....	1	2	3	4	9
2) Being a parent is harder than I thought it would be.....	1	2	3	4	9
3) I enjoy being a parent.....	1	2	3	4	9

Q16. Of the following statements, please tell me the one that best describes how you feel about yourself as a parent. As a parent... **[REVERSE CODE ON VERSION B]**

- 1 – I can handle anything that happens,
- 2 – I can handle most things pretty well,
- 3 – Sometimes I have doubts, but find that I handle most things without any problems,
- 4 – I have some doubts about being able to handle things, or
- 5 – I don't think I handle things very well at all
- 9 – DK/REF

Q17. Besides family or friends, do you know anywhere else to call to get help with the stresses of taking care of a child, if needed?

- 1 - YES
- 2 - NO
- 9 - DK/REF

Q18. I am going to ask you about a few community organizations. **[RANDOMIZE ORDER]**

1) Before this interview, had you heard of "First 5 San Diego"?

- 1 - YES
- 2 - NO
- 7 - Not Sure
- 9 - REF

2) Have you ever heard of "The San Diego Early Childhood Collaborative"?

- 1 - YES
- 2 - NO
- 7 - Not Sure
- 9 - REF

3) Have you ever heard of "Rady Children's Hospital"?

- 1 - YES
- 2 - NO
- 7 - Not Sure
- 9 - REF

Q19. Have you ever received a "Kit for New Parents," a brightly colored box that contains videos and other information about child development? These kits are provided by doctors' offices, hospitals, clinics, and other programs in the county.

- 1 - YES
- 2 - NO
- 9 - DK/REF

Q20. In closing, the following questions are for comparison purposes only. What is the highest grade or year of school that you have completed and received credit for... This can be in the United States or another country.

- 1 less than a high school degree,
- 2 - a high school degree or G.E.D.;
- 3 - at least one year of college, trade or vocational school;
- 4 - graduated college with a bachelor's degree; or
- 5 - at least one year of graduate work beyond a bachelor's?
- 7 - DK
- 9 - REF

Q21. Which of the following ethnic groups do you **most** closely identify with...

- 1 - American Indian or Alaskan Native
- 2 - Asian, (Cambodian, Chinese, Hmong, Indian, Japanese, Korean, Filipino, Thai, Vietnamese, other Asian)
- 3 - Black, African, or African American
- 4 - Hispanic or Latino, (Central or South American, Mexican, Puerto Rican, other Hispanic/Latino)
- 5 - Pacific Islander, (Guamanian, Native Hawaiian, Samoan, other Pacific Islander)
- 6 - White, Caucasian, or Middle Eastern
- 7 - Multiracial
- 8 - another ethnic group? [SPECIFY:] _____

[INCLUDE COMBINATIONS ABOVE IF EQUAL]

97 - DK
99 - REF

Q22. Which one language do you and your family speak the most at home?
[IF COMBINATION, PROBE FOR ONE SPOKEN MOST AT HOME]

- 1 - ENGLISH
- 2 - SPANISH
- 3 - OTHER, SPECIFY: _____

97 - DK
99 - REF

Q23. How many adults age 18 or older, including yourself, live in your household?

_____ ADULTS

97 - DK
99 - REF

Q24. How many children under age 6 live in your household?

_____ CHILDREN UNDER 6

97 - DK
99 - REF

Q25. How many children between the ages of 6 and 17 live in your household?

_____ CHILDREN 6 TO 17

97 - DK
99 - REF

Q26. Please tell me when I mention the category that contains your age...

- 1 - 18 to 24,
- 2 - 25 to 34,
- 3 - 35 to 44,
- 4 - 45 to 54,
- 5 - 55 to 64, or
- 6 - 65 or over?
- 7 - DK
- 9 - REF

Q27. Now, we don't want to know your exact income, but just roughly, could you tell me if your annual household income before taxes is...

- 1 - under \$25,000,
- 2 - \$25,000 up to but not including \$50,000,
- 3 - \$50,000 up to (but not including) \$75,000,
- 4 - \$75,000 up to (but not including) \$100,000, or
- 5 - \$100,000 or more?
- 7 - DK
- 9 - REF

Q28. What is your relationship to the child we have been talking about today?

[CLARIFY PER CATEGORIES BELOW BEFORE CODING; IF "MOTHER" OR "FATHER," PROBE:] And would that be the birth {mother/father}, step-{mother/father}, adoptive {mother/father}, or foster {mother/father}?

- 1 - BIRTH MOTHER
- 2 - BIRTH FATHER
- 3 - STEPMOTHER
- 4 - STEPFATHER
- 5 - ADOPTIVE MOTHER
- 6 - ADOPTIVE FATHER
- 7 - FOSTER MOTHER
- 8 - FOSTER FATHER
- 9 - FEMALE PARTNER OF MOTHER
- 10 - MALE PARTNER OF MOTHER
- 11 - FEMALE PARTNER OF FATHER
- 12 - MALE PARTNER OF FATHER
- 13 - GRANDMOTHER
- 14 - GRANDFATHER
- 15 - OTHER FEMALE RELATIVE
- 16 - OTHER MALE RELATIVE
- 17 - UNRELATED LEGAL GUARDIAN
- 18 - OTHER, SPECIFY: _____
- 97 - DK
- 99 - REF

Q29. Would you like a resource that provides information regarding: parenting information, immunization services, healthcare insurance, dental insurance, childcare services, or other community services in your area? **[IF NO/DK/REF, CODE AND GO TO NEXT QUESTION; IF YES, READ INFORMATION AS INDICATED]**

- 1 - YES
- 2 - NO
- 9 - DK/REF

[IF YES, READ BELOW BEFORE CODING:]

Call 211 San Diego: (bilingual Spanish)

Greater San Diego: 800-5-First5 or 2-1-1
TTY: 858-300-1311

Online: www.211sandiego.org

Q30. Would you like other information about First 5 or the survey itself?

- 1 - YES
- 2 - NO
- 9 - DK/REF

[IF YES, READ BELOW BEFORE CODING:]

For questions about "First 5 Commission of San Diego County": 866-726-8831

www.first5sandiego.org

For questions about the survey itself: Jonelle Myers (English) or Marianna Corona (Spanish) at Harder+Company Community Research, 619-398-1980

Q31. I'd like to thank you for speaking with me today. Your responses will help shape future services for young children and their families in San Diego County. Would you like to add anything else?

99 - NO/DK/REF

-----ENDING SCRIPT AND QUESTIONS BELOW-----

LAN. **[LANGUAGE OF INTERVIEW:]** 1 - ENGLISH 2 - SPANISH

NAM. Those are all the questions I have. In case my supervisor should need to verify this interview, may I please have just your first name or initials? Your name and phone number will be separated from your responses to these questions and destroyed after the data has been processed.

[VERIFY AND INSERT RESPONDENT'S NAME:] _____

[THANK RESPONDENT; RECORD REMAINING INFORMATION BELOW]

TIN. **[INTERVIEWER NUMBER:]** _____

LEN. **[LENGTH OF INTERVIEW IN MINUTES:]** _____

DAT. **[DATE OF INTERVIEW:]** _____

REC. **[CATI RECORD NUMBER:]** _____

We've just completed the core portion of the survey and at this point I'd like to offer you a choice. We can finish up with a few final questions, or if you would be willing, I have \$20 Target gift cards available for people who are willing to answer another 10-15 minutes of questions about your child's social and emotional activities. Would you be interested in continuing and receiving the gift card?

- 1- YES
- 2 - NO → SKIP TO INFO1

These questions ask about your child's social-emotional behaviors. Some of the questions are not very specific, but you should answer based on your feelings or opinions about your child's behavior.

Just like the previous section, your answers to these questions are completely confidential. Each caregiver's answers will be pooled into one large data file, and no individual answers will be divulged.

For all of the remaining questions, your response options will be:

- Most of the time: meaning your child is doing the behavior most of the time, too much, or too often
- Sometimes: meaning your child is doing the behavior occasionally but not consistently
- Rarely or Never: meaning your child rarely performs the behavior or has never performed the behavior

[IF ASKED ABOUT CATEGORIES: Please provide your "best answer".]

ADDR. In order to send you the \$20 Target gift certificate, I'll need just your first name only and your mailing address. Just so you know, I'm not entering this into the computer with your survey responses. I'm actually filling out the envelope right now with the information that you give me, and there will be no other record of it at all. Where shall we mail this certificate to? **[RECORD FIRST NAME (AND/OR INITIALS) AND MAILING ADDRESS DIRECTLY ON FRONT OF SSRL ENVELOPE AND CONFIRM WITH RESPONDENT; "C" TO CONTINUE]**

Appendix B: 2005 Family Survey Sampling Frame

Exhibit 1: 2005 Family Survey Distribution of Children in San Diego County and Sample Size					
Region	Children 0-4 ¹⁶		Proposed Weighted Sample	Children 0-5 ¹⁷	
	Total Number	Percent of County Total		Family Survey Sample	Percent of Total Sample
North Coastal	32,752	16.3%	195	202	16.8%
North Inland	31,718	15.7%	189	202	16.8%
North Central	40,907	20.3%	243	196	16.3%
Central	38,249	19.0%	228	201	16.7%
East	28,639	14.2%	171	200	16.6%
South	29,228	14.5%	174	201	16.7%
San Diego County	201,493	100.0%	1200	1202	100.0%

¹⁶ San Diego Association of Governments. *SANDAG January 1 Population Estimates, 2002*.

¹⁷ First 5 San Diego. [2005 San Diego Family Survey](#).

Appendix C: Statistical Methodology

The countywide frequencies for each indicator are presented. When sample size permitted, there were two primary analyses conducted using the Family Survey data: chi-square cross tabulations and independent sample t-tests, both of which compare two or more groups to determine whether or not a relationship exists. Statistical significance is reported in relation to differences between HHSA regions. The following should be considered when interpreting analyses, graphs and tables:

- Missing data (i.e., when a respondent did not answer a question) was not included in the analysis. Although missing data can sometimes itself be a meaningful statistic, readers are often confused by actual percent (which includes missing data) and valid percent (which leaves missing data out). This report only presents valid percents, or the number of people who gave a given answer divided by the total number of people who answered the question.
- Findings noted as statistically significant are reported using p-values. This means that the difference between the groups being compared did not occur by chance alone. Significance values of less than or equal to .05 are generally considered to represent an acceptable level of potential error (5%). For findings presented in values (e.g. Time Lapsed Since Vision Exam or Daily Living Routines Composite Score), statistically significant differences may exist between specific HHSA regions only, as independent sample t-tests were conducted between each region individually.
- Certain data required special transformations. For example, the number of fruits and vegetables consumed were asked as separate questions, but were aggregated to allow for comparison. Methodology notes on specific data are found later in this appendix.

Harder+Company used the most rigorous statistical tests the data would allow.¹⁸ When selecting the test, the research team accounted for the quality of the data, as well as the readability of the findings for a larger audience.

Limitations

The purpose of the Family Survey was to explore early childhood issues at the county and regional level. Thus, the sample size was designed for a descriptive study at those levels and not designed to yield a number of responses large enough to run more extensive comparison analyses. In other words, it may have been possible to compare responses by region, but it may not have always been possible to compare responses from English and Spanish-speaking respondents within a region.

Similarly, since children develop in stages, not every survey question was appropriate for all children under the age of six. For example, questions on the number of fruits, vegetables and fast food were asked for children who were at least one year old. For age-sensitive topics, the number of responses yielded a sample size adequate to generate county-level statistics; however, regional statements were weaker or not possible to analyze.

It is also important to note that some households may have been excluded from the sample, such as those

¹⁸ For example, in some cases a chi-square statistic found significance with the entire sample, but it could not be used to examine regionally because the actual number of respondents in the regions was too small. In these cases, regional analysis was omitted.

without telephone landlines or individuals who only had a cell phone. In generating a random list of telephone sample numbers, some inevitably corresponded to cell phones. However, the Social Science Research Laboratory (SSRL) at San Diego State University (SDSU) operates under the Federal Telephone Consumer Protection Act of 1991, which prohibits calling cell phones if the call is machine-dialed or the person called incurs a charge for receiving the call. Therefore, telephone numbers identified as cell phones were deleted prior to the sample being loaded into the Computer Aided Telephone Interviewing (CATI) system. The methods for including cell phones in surveys are changing, however, there has not been an industry standard set, and cell phones were omitted from the 2005 and 2008 Family Surveys.

Further, individuals who do not speak English or Spanish were excluded from the sample. Resources limited the administration of the Family Survey to the English and Spanish languages. According to data from the U.S. Census 2000, 89.0% of San Diego County residents speak English or Spanish at home. Therefore, monolingual speakers of other languages and Text Telephone users were not able to participate.

Finally, a limitation of this report is that many indicators were measured through the Family Survey, a parent self-report instrument. Inherent to self-report instruments is social desirability bias, which has been defined as “the tendency of individuals to deny socially undesirable actions and behaviors and to admit to socially desirable ones.”¹⁹ Put in the context of responses to the Family Survey, social desirability bias may have affected responses so that respondents reported higher frequencies of actions that are considered positive by societal standards (e.g., inflated ratings of their children’s behaviors) and reported lower frequencies of actions that are considered negative. Therefore, readers of this report should be cautious when drawing conclusions or generalizations.

Data Transformations: Parent/Caregiver Rating of Child Health

In the 2008 Family Survey, the response categories for this question were changed to be more culturally-based for the San Diego population (approximately 24.0% of the San Diego population over the age of five speaks Spanish or Spanish-Creole only).²⁰ A bilingual/bicultural Spanish-speaking researcher conducted extensive research on this particular survey question. The search yielded more balanced category choices, which also contain more meaning in the Spanish-speaking community. See the Health and Migration Survey, conducted by Rice University and El Colegio de San Luis, A.C. for more information.²¹

Below is a table of each data source reported and the response category for each:

Exhibit 4: “Parent/Caregiver Rating of Child Health” Categories Used for Each Data Source			
Family Survey	Family Survey	CHIS	NHIS
2008	2005	2005 + 2007	2004 + 2007
Very Good	Excellent	Excellent	Excellent
Good	Very Good	Very Good	Very Good
Normal	Good	Good	Good
Bad	Fair	Fair	Fair
Very Bad	Poor	Poor	Poor

¹⁹ Chung, J. and G. S. Monroe. “Exploring Social Desirability Bias.” *Journal of Business Ethics* 44 (2003): 291-302.

²⁰ United States. U.S Census Bureau. 2005-2007 American Community Survey 3-Year Estimates

²¹ MexMaH, Rice University and El Colegio de San Luis, A.C., <<http://www.mexmah.com/>>.

However, in order to compare with California and United States secondary data, the first two response categories were collapsed for analysis for all data (primary and secondary).

Data Transformations: Children 1-5 Who Consumed 5 or More Servings of Fruits/Vegetables Yesterday

The number of fruits and vegetables consumed yesterday were added together to create the number of fruits/vegetables consumed in order to compare with available secondary data.

Data Transformations: Daily Living Routines Composite Score

The results of each of the five questions in the Daily Living Routines were added together to create the Daily Living Routines Composite, creating a composite score on the scale, ranging from zero (no occurrences of any of the five items) to twenty (each of the five items almost always occurring). This composite score was created to provide a more general understanding of daily living routines occurring in San Diego households.

Spearman correlation coefficients (r_s) between each of the five questions were statistically significant, yet weak in their strength (ranging from .236 to .452). Therefore, these weak statistically significant correlations between the questions indicate that a response on one question does not accurately predict the score on another question.

However, these Daily Living Routines items are just five of 112 items in the full CRI instrument. Therefore this five item scale is not nearly as sensitive nor robust as the full instrument, and is not intended to infer a diagnosis. A similar, yet much more complex method of creating composite scales on the Child Routines Inventory can be found in the comprehensive validation study conducted by Sytsma, Kelley and Wymer (2001).²²

Data Transformations: Ages and Stages Questionnaire: Social Emotional (ASQ:SE)

The results of the ASQ:SE were computed for each case in each age interval. The analysis used is in line with the intended use of the ASQ:SE as a screener for social-emotional concerns at various ages. Therefore, the analysis utilized the scientifically set boundaries, or “cut-off” scores for the ASQ:SE’s age-specific instrument, preserving the design of the tool while comparing children’s status as “okay” (below the cut-off score) or “at-risk” (above the cut-off score) for the age-specified boundary score. In order to understand the results across ages, a variable was created combining all age groups. Since the cutoff score for each age interval is specific, this method maintains precision while allowing for generalizations.

Psychometric Properties of ASQ:SE

The ASQ:SE was designed as a low-cost screening instrument that can easily be completed by parents. It is a norm - reference assessment and the normative group is similar to the 2000 United States Census in income, education level, and ethnicity. Normative studies included 3,014 preschool-age children and their parents. Research with ASQ:SE has shown that it has high reliability and validity. Internal consistency, measured by Chronbach’s coefficient alpha, ranged from .67 to .91, indicating a strong relationship between the

²² Sytsma, S.E., Mary L. Kelley and Joy H. Wymer. “Development and Initial Validation of the Child Routines Inventory.” *Journal of Psychological and Behavioral Assessment* 23 (2001).

questionnaires total scores and individual items. Test-retest reliability was 94% suggesting that the scores were stable across time intervals. Concurrent validity ranged from 81% to 95% with an overall agreement of 93%.

Data Transformations: Parent Stress Composite Score

The results of each of the three questions in the Parent Stress Index (PSI)²³ were added together to create the Parent Stress Composite Score, creating a composite score on the scale, ranging from zero (each of the two positively stated items “I feel capable and on top of things when I am caring for my child” and “I enjoy being a parent” rated as “Strongly Disagree” and the negatively stated item “Being a parent is harder than I thought it would be” rated as “Strongly Agree”) to nine (each of the two positively stated items “I feel capable and on top of things when I am caring for my child” and “I enjoy being a parent” rated as “Strongly Agree” and the negatively stated item “Being a parent is harder than I thought it would be” rated as “Strongly Disagree”).

This composite score was created to provide a more general understanding of parent stress in San Diego households.

Spearman correlation coefficients (r_s) between “I feel capable and on top of things when I am caring for my child” and “Being a parent is harder than I thought it would be” was statistically significant, yet weak in strength (-0.116). Spearman correlation coefficients (r_s) between “I feel capable and on top of things when I am caring for my child” and “I enjoy being a parent” was statistically significant, yet weak in strength (0.247). Spearman correlation coefficients (r_s) between “Being a parent is harder than I thought it would be” and “I enjoy being a parent” was not statistically significant. Therefore, when there was a statistically significant correlation between the questions, they were very weak, indicating that a response on one question does not accurately predict the score on another question.

However, these Parent Stress Composite Score items are just three of 101 items in the full PSI instrument. Therefore this three item scale has not been validated, and is not nearly as sensitive nor robust as the full instrument, and is not intended to infer a diagnosis. A comprehensive method of creating composite scales on the PSI can be found in the PSI Handbook by Richard R. Abidin (2001).²⁴

Data Transformations: Discipline Open-ended Coding

Each of the open-ended responses was coded by two researchers. Inter-rater reliability was conducted to ensure consistency and validity of coding processes. In 2005, there was a 74.5% agreement in coding parenting strategies, and 71.5% agreement in coding assessment (directionality) of parenting strategies. In 2008, there was a 83.7% agreement in coding parenting strategies, and a 90.0% agreement in coding assessment (directionality) of parenting strategies. The parenting strategy categories were researched for the 2005 Family Survey and were used in 2008 for consistency and comparisons. See Appendix D for examples of parent responses.

²³ Abidin, Richard. Psychological Assessment Resources, Inc. *Parenting Stress Index*. 3rd ed. Florida: 1995.

²⁴ Abidin, Richard. Psychological Assessment Resources, Inc. *Parenting Stress Index*. 3rd ed. Florida: 1995.

Appendix D:

Parenting Strategy Response Examples

Examples of Reported Positive Discipline Techniques and Actions		
Discipline Technique		Examples of Reported Positive Action (Verbatim)
Verbal Reaction/Discussion	Positive	I sit down and talk to him with a calm voice using words to make him do something or stop crying.
	Negative	If she gets angry I tell her she will become ugly.
Isolation	Positive	I give him time out or explanation: time out last for about 3 minutes, I use a normal tone voice during this period, after that he goes back and plays.
	Negative	Threaten to put him to sleep.
Consequences	Positive	Taking toys away until she understands what is going on, usually around 10 minutes.
	Negative	I punish her by telling her I won't buy her what she wants if she doesn't behave.
Redirection	Positive	Redirect her: offer different things and then let her self-soothe.
	Negative	I give her choices when she is crying: time out or TV.
Incentives	Positive	Reward system: if he behaves well he gets to do projects with arts and crafts which is something that he really loves to do.
	Negative	Give her a cheeseburger or bag of chips if she's frustrated or upset.
Consistent Expectations	Positive	Set boundaries and follow through with consequences on what we say.
	Negative	Count: if he doesn't do it by the time I get to 3, he knows he's in big, huge trouble (2005)
Observation	Positive	I pay attention: sit and play with her for awhile and she calms down.
	Negative	We laugh at him when he's throwing a tantrum and give him no attention.
Physical Reaction	Positive	We are a family of hugs, no time out, just hugs to calm her down, it helps to relieve stress.
	Negative	I spank him.
Modify the Environment	Positive	Distract her and move onto something.
	Negative	Turn on really loud music and take him for a car ride. (2005)
Modeling	Positive	To get her to do something I teach her what to do.
	Negative	I imitate him along with his brothers and he feels he's making a fool out of himself and he stops what he's doing and starts laughing.

Appendix E: References

Appendix E includes all reference citations used for chapter and data introduction, as well as secondary comparison data. This section only includes listings for items that have an introduction and/or data reference. It is organized by item as they appear in the report. Reference citations for the Introduction and Appendix D are listed as footnotes in their respective sections.

Child Gender

Data Source

- 2005 First 5 Family Survey. (n=1,202)
- 2008 First 5 Family Survey. (n=1,200)

Child Age

Data Source

- 2005 First 5 Family Survey. (n=1,152)
- 2008 First 5 Family Survey. (n=1,145)

Parent/Caregiver Gender

Indicator Background

- Comparison data for San Diego County are from the 2005-2007 American Community Survey 3-Year Estimates.
<http://factfinder.census.gov/servlet/DatasetMainPageServlet?_program=ACS&_submenuId=datasets_2&_lang=en&_ts=>

Data Source

- 2005 First 5 Family Survey. (n=1,202)
- 2008 First 5 Family Survey. (n=1,201)

Parent/Caregiver Age

Data Source

- 2005 First 5 Family Survey. (n=1,200)
- 2008 First 5 Family Survey. (n=1,199)

Parent/Caregiver Education

Data Source

- 2005 First 5 Family Survey. (n=1,201)
- 2008 First 5 Family Survey. (n=1,199)

Parent/Caregiver Race/Ethnicity

Data Source

- 2005 First 5 Family Survey. (n=1,189)
- 2008 First 5 Family Survey. (n=1,185)

Primary Language Spoken in the Home

Data Source

- 2005 First 5 Family Survey. (n=1,201)
- 2008 First 5 Family Survey. (n=1,198)

Average Household Size

Data Source

- 2005 First 5 Family Survey. (n=1,200)
- 2008 First 5 Family Survey. (n=1,199)
- 2008 US: United States Census. American Community Survey 1-Year Estimates. 2007.

Annual Household Income

Data Source

- 2005 First 5 Family Survey. (n=1,123)
- 2008 First 5 Family Survey. (n=1,133)

Alcohol Consumption During Pregnancy

Indicator Background

- March of Dimes. [Drinking Alcohol During Pregnancy](http://www.marchofdimes.com). 2005. Accessed 7 November 2005. <www.marchofdimes.com>.

Data Source

- 2003 SD: California Department of Health Services, Maternal, Child and Adolescent Health Branch. [Alcohol Use During Pregnancy](#). Sacramento, CA: Author, 2003.
- 2006 SD: California Department of Public Health. Maternal and Infant Health Assessment Survey. 2006
- 2003 CA: California Department of Health Services, Maternal, Child and Adolescent Health Branch. [Alcohol Use During Pregnancy](#). Sacramento, CA: Author, 2003.
- 2006 CA: California Department of Public Health. Maternal and Infant Health Assessment Survey. 2006
- 2002 US: Centers for Disease Control and Prevention. "Alcohol Consumption Among Women Who are Pregnant or Who Might Become Pregnant – United States, 2002." [Morbidity and Mortality Weekly Report](#). 24 December 2004; 53(50): 1178-81.

Smoking During Pregnancy

Indicator Background

- March of Dimes. [Smoking Alcohol During Pregnancy](http://www.marchofdimes.com). 2005. Accessed 7 November 2005. <www.marchofdimes.com>.

Data Source

- 2002 SD: UCSF. Maternal & Infant Health Assessment.2002.
- 2006 SD: California Department of Public Health. Maternal and Infant Health Assessment Survey. 2006

- 2003 CA: California Department of Health Services. Tobacco Control Section. Smoking During Pregnancy 1999-2003.
- 2006 CA: California Department of Public Health. Maternal and Infant Health Assessment Survey. 2006
- 2002 US: Center for Disease Control. Smoking During Pregnancy—United States 1990-2002.
- 2003 US: California Department of Health Services. Tobacco Control Section. Smoking During Pregnancy 1999-2003.

Percent of Households in which Someone Smokes

Indicator Background

- Centers for Disease Control and Prevention. “State-specific Prevalence of Cigarette Smoking Among Adults, Children, and Adolescents Exposure to Environmental Tobacco Smoke.” Morbidity and Mortality Weekly Report. 7 November 1997; 46(44): 1038-42

Data Source

- 2005 SD: University of California, Los Angeles. California Health Interview Survey. 2005.
- 2007 SD: University of California, Los Angeles. California Health Interview Survey. 2007.
- 2005 CA: University of California, Los Angeles. California Health Interview Survey. 2005.
- 2007 CA: University of California, Los Angeles. California Health Interview Survey. 2007.
- 2003 US: US Department of Health and Human Services. National Survey of Children’s Health. 2003.

Children’s Health Chapter Introduction

Indicator Background

- Karnes, M. B. and R. C. Less. Early Childhood. Reston, VA: The Council for Exceptional Children, 1978.

Live Births to Mothers Receiving Late or No Prenatal Care

Data Source

- 2005 SD: San Diego County Child and Family Health and Well Being Report Card via California Department of Public Health, Center for Health Statistics. Birth and Death Statistical Master File, 2004-2006 and Birth Cohort Perinatal Outcome Files, 2003-2005.
- 2007 SD: San Diego County Child and Family Health and Well Being Report Card via California Department of Public Health, Center for Health Statistics. Birth and Death Statistical Master File, 2004-2006 and Birth Cohort Perinatal Outcome Files, 2003-2005.
- 2003 CA: State of California Department of Public Health. Birth Records.
- 2006 CA: 2003 CA: State of California Department of Public Health. Birth Records.
- 2005 US: Centers for Disease Control and Prevention, National Center for Health Statistics. National Vital Statistics System. 2005.
- 2006 US: California Department of Public Health, Center for Health Statistics. Birth and Death Statistical Master File, 2004-2006 and Birth Cohort Perinatal Outcome Files, 2003-2005.

Live Births to Teen Girls Aged 15 to 17

Data Source

- 2005 SD: San Diego County Child and Family Health and Well Being Report Card via California Department of Public Health, Center for Health Statistics. [Birth and Death Statistical Master File, 2004-2006 and Birth Cohort Perinatal Outcome Files, 2003-2005.](#)
- 2007 SD: San Diego County Child and Family Health and Well Being Report Card via California Department of Public Health, Center for Health Statistics. [Birth and Death Statistical Master File, 2004-2006 and Birth Cohort Perinatal Outcome Files, 2003-2005.](#)
- 2002 CA: California Department of Health Services, Center for Health Statistics. [Birth Statistical Master Files.](#) 2002.
- 2005 CA: San Diego County Report Card on Children and Families.
- 2002 US: Centers for Disease Control and Prevention. [National Vital Statistics Report – Births.](#) 2002.
- 2006 US: US: Centers for Disease Control and Prevention. [National Vital Statistics Report – Births.](#) 2002.

Babies Born with Low Birth Weight (Less than 2,500 grams)

Indicator Background

- California Department of Health Services, Center for Health Statistics. [Birth Statistical Master Files.](#) 2002.

Data Source

- 2005 SD: San Diego County Child and Family Health and Well Being Report Card via California Department of Public Health, Center for Health Statistics. [Birth and Death Statistical Master File, 2004-2006 and Birth Cohort Perinatal Outcome Files, 2003-2005.](#)
- 2007 SD: San Diego County Child and Family Health and Well Being Report Card via California Department of Public Health, Center for Health Statistics. [Birth and Death Statistical Master File, 2004-2006 and Birth Cohort Perinatal Outcome Files, 2003-2005.](#)
- 2002 CA: California Department of Health Services, Center for Health Statistics. [Birth Statistical Master Files.](#) 2002.
- 2006 CA: California Department of Public Health. Maternal and Infant Health Assessment Survey. 2006 (n=3,878).
- 2005 US: Centers for Disease Control and Prevention, National Center for Health Statistics. National Vital Statistics System via ChildStats.gov. “America’s Children in Brief: Key National Indicators of Wellbeing.” 2008.
- 2006 US: Centers for Disease Control and Prevention, National Center for Health Statistics. National Vital Statistics System via ChildStats.gov. “America’s Children in Brief: Key National Indicators of Wellbeing, 2008.” (n=98,649).

Babies Born with Very Low Birth Weight (Less than 1,500 grams)

Data Source

- 2005 SD: San Diego County Child and Family Health and Well Being Report Card via California Department of Public Health, Center for Health Statistics. [Birth and Death Statistical Master File, 2004-2006 and Birth Cohort Perinatal Outcome Files, 2003-2005.](#)
- 2007 SD: San Diego County Child and Family Health and Well Being Report Card via California Department of Public Health, Center for Health Statistics. [Birth and Death Statistical Master File, 2004-2006 and Birth Cohort Perinatal Outcome Files, 2003-2005.](#)
- 2000 CA: Martin, J. et al. Center for Disease Control and Prevention. [National Center for Health Statistics.](#)
- 2003 CA: Martin, J. et al. Center for Disease Control and Prevention. [National Center for Health Statistics.](#)
- 2005 US: Centers for Disease Control and Prevention, National Center for Health Statistics. National Vital Statistics System via ChildStats.gov. “America’s Children in Brief: Key National Indicators of Wellbeing, 2008.”
- 2006 US: Centers for Disease Control and Prevention, National Center for Health Statistics. National Vital Statistics System via ChildStats.gov. “America’s Children in Brief: Key National Indicators of Wellbeing, 2008.”

Breastfeeding at Hospital Discharge

Indicator Background

- Bright Futures Children’s Health Charter. “Nutrition Issues and Concerns.” [Bright Futures in Practice: Nutrition.](#) Washington, DC: Georgetown University, 2002.
- American Academy of Pediatrics Work Group on Breastfeeding. “Breastfeeding and the Use of Human Milk.” [Pediatrics](#) 100 (1997): 1035-39.

Data Source

- 2007 SD: San Diego County Child and Family Health and Well Being Report Card via California Department of Public Health, Center for Health Statistics. [Birth and Death Statistical Master File, 2004-2006 and Birth Cohort Perinatal Outcome Files, 2003-2005.](#)
- 2007 CA: San Diego County Child and Family Health and Well Being Report Card via California Department of Public Health, Center for Health Statistics. [Birth and Death Statistical Master File, 2004-2006 and Birth Cohort Perinatal Outcome Files, 2003-2005.](#)
- 2006 US: Center for Disease Control and Prevention, National Center for Health Statistics.

Breastfeeding at 6 weeks

Indicator Background

- Mortensen, E.L., K.F. Michaelsen, S.A. Sanders, and J.M. Reinisch. “The Association Between Duration of Breastfeeding and Adult Intelligence.” [Journal of the American Medical Association](#) 297 (2002): 2365-71.

Data Source

- 2006 SD: California Department of Public Health. Maternal and Infant Health Assessment Survey. 2006

- 2006 CA: California Department of Public Health. Maternal and Infant Health Assessment Survey. 2006

Breastfeeding at 6 months

Data Source

- 2005 SD: University of California, Los Angeles. California Health Interview Survey. 2005.
- 2005 CA: University of California, Los Angeles. California Health Interview Survey. 2005.
- 2005 US: Center for Disease Control and Prevention. Breastfeeding Report Card, United States: Outcome Indicators.

Children with Usual Source of Health Care

Indicator Background

- Brennan, N.J., and Shruti Rajan. “Health: Children and Nonelderly Adults with No Usual Source of Health Care.” The Urban Institute. 1999.

Data Source

- 2005 SD: University of California, Los Angeles. California Health Interview Survey. 2005.
- 2007 SD: University of California, Los Angeles. California Health Interview Survey. 2007.
- 2005 CA: University of California, Los Angeles. California Health Interview Survey. 2005.
- 2007 CA: University of California, Los Angeles. California Health Interview Survey. 2007.
- 2005 US: Child and Adolescent Health Measurement Initiative. National Survey of Children with Special Health Care Needs, Data Resource Center via Kidsdata.org.
- 2008 US: Centers for Disease Control and Prevention, National Center for Health Statistics. National Vital Statistics System via ChildStats.gov. “America’s Children in Brief: Key National Indicators of Wellbeing, 2008.”

Children 19-35 Months with Recommended Immunizations (4:3:1:3)

Data Source

- 2004 SD: Center for Disease Control and Prevention. National Center for Health Statistics. National Immunization Survey. 2004.
- 2006 SD: Center for Disease Control and Prevention. National Center for Health Statistics. National Immunization Survey. 2006.
- 2004 CA: Center for Disease Control and Prevention. National Center for Health Statistics. National Immunization Survey. 2004.
- 2006 CA: Center for Disease Control and Prevention. National Center for Health Statistics. National Immunization Survey. 2006.
- 2004 US: Center for Disease Control and Prevention. National Center for Health Statistics. National Immunization Survey. 2004.
- 2006 US: Center for Disease Control and Prevention. National Center for Health Statistics. National Immunization Survey. 2006.

Children with Health Insurance

Indicator Background

- Hadley, J. “Insurance, Medical Care Use, and Birth, Child and Maternal Health Outcomes.” Sicker and Poorer: The Consequences of Being Uninsured. Menlo Park, CA: Kaiser Commission on Medicaid and the Uninsured, 2002.

Data Sources

- 2005 First 5 Family Survey. (n=1,199)
- 2008 First 5 Family Survey. (n=1,196)
- 2005 CA: University of California, Los Angeles. California Health Interview Survey. 2005.
- 2007 CA: University of California, Los Angeles. California Health Interview Survey. 2007.
- 2005 US: U.S Census. Current Population Survey. 2005
- 2007 US: U.S Census. Current Population Survey. 2007

Children who Received a Well-Child Checkup by Age 2

Data Source

- 2005 SD: First 5 San Diego Family Survey. 2005. (n=517)
- 2005 CA: US Department of Health and Human Services. National Survey of Children’s Health. 2003.
- 2005 US: Child Trends Databank. National Health Interview Survey data of 2000-2004.

Parent/Caregiver Rating of Child Health: Child Health Excellent/Very Good

Indicator Background

- Krause, N. M., and G. M. Jay. “What Do Global Self-rated Health Items Measure?” Medical Care 32.9 (1994): 930-42.
- Montgomery, L. E., J. L. Kiely and G. Pappas. “The Effects of Poverty, Race, and Family Structure on U.S. Children’s Health: Data from the NHIS, 1978 through 1980 and 1989 through 1991.” American Journal of Public Health 86.10 (1996): 1401-05.
- Zill, M. Child Health and School Readiness: Background Paper on a National Education Goal. Washington, DC: Child Trends, 1990.

Data Sources

- 2005 First 5 Family Survey. (n=1,198)
- 2008 First 5 Family Survey. (n=1,201)
- 2005 CA: University of California, Los Angeles. California Health Interview Survey. 2005.
- 2007 CA: University of California, Los Angeles. California Health Interview Survey. 2007.
- 2005 US: U.S Census. Current Population Survey. 2005
- 2007 US: U.S Census. Current Population Survey. 2005

Children Ages 1-5 Dental Visit in the Past Year

Indicator Background

- Eberhardt, M. et al. Urban and Rural Health Chartbook: Health, United States, 2001. Hyattsville, MD: National Center for Health Statistics, 2001.

Data Sources

- 2005 First 5 Family Survey. (n=1,018)
- 2008 First 5 Family Survey. (n=1,042)
- 2005 CA: University of California, Los Angeles. California Health Interview Survey. 2005.
- 2007 CA: University of California, Los Angeles. California Health Interview Survey. 2007.
- 2003 US: Official Journal of the American Academy of Pediatrics. Preventative Dental Care for Children in the US: A National Perspective.

Children Ages 1-5 with Dental Insurance

Indicator Background

- Hatcher, J. and J. Scarpa. "Background for Community-Level Work on Physical Health and Safety in Adolescents: Reviewing Literature on Contributing Factors." Child Trends. Prepared for the John S. and James L. Knights Foundation. December 2001.

Data Sources

- 2008 First 5 Family Survey. (n=1,037)
- 2007 CA: University of California, Los Angeles. California Health Interview Survey. 2007.

Children Who Received a Developmental Screening

Indicator Background

- Karnes, M. B. and R. C. Less. Early Childhood. Reston, VA: The Council for Exceptional Children, 1978.

Data Sources

- 2005 First 5 Family Survey. (n=989)
- 2008 First 5 Family Survey. (n=1,006)
- 2007 CA: University of California, Los Angeles. California Health Interview Survey. 2007.
- 2002 US: American Academy of Pediatrics. Periodic Survey of Fellows (Children 0-3). 2002

Time Lapse Since Developmental Screening

Data Sources

- 2005 First 5 Family Survey. (n=630)
- 2008 First 5 Family Survey. (n=621)

Children Ages 3-5 Who Received a Vision Exam

Indicator Background

- Healthy Vision 2010. Examinations and Prevention: Objective 28-2 Vision Screenings for Children (Age 5 and Under). 2005. Accessed 13 December 2005. <www.healthyvision2010.org>

Data Sources

- 2005 First 5 Family Survey. (n=618)
- 2008 First 5 Family Survey. (n=649)

Time Lapsed Since Vision Exam

Data Sources

- 2005 First 5 Family Survey. (n=417)
- 2008 First 5 Family Survey. (n=528)

Child Overweight for Age

Indicator Background

- Centers for Disease Control and Prevention. (2007). Overweight and Obesity. Retrieved April 11, 2008 <<http://www.cdc.gov/nccdphp/dnpa/obesity/childhood/prevalence.htm>>
- Grant D and Kurosky S. Trends in the Health of Young Children in California. Los Angeles, CA: UCLA Center for Health Policy Research, 2008
- Most studies use the Body Mass Index (BMI) as the measure of childhood overweight; therefore, it is not directly comparable to rates in this report. BMI is a useful measure for determining overweight among young children because it takes into account both weight and height/length. It is problematic, however, when data is collected from parental reports rather than a direct physical measurement. Therefore, CHIS uses “overweight for age” to determine childhood overweight.
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Data Sources

- 2008 First 5 Family Survey. (n=1,200)
- 2007 CA: University of California, Los Angeles. California Health Interview Survey. 2007.
- 2006 US: Center for Disease Control, 2003-06 National Health and Nutrition Examination Survey (Children 2-5).

Children 1-5 Who Consumed 5 or More Servings of Fruits/Vegetables Yesterday

Indicator Background

- Fruits and Vegetables Benefits. Fruits and Veggies Matter. Accessed January 14, 2009 <<http://www.fruitsandveggiesmatter.gov/benefits/index.html>>

Data Sources

- 2008 First 5 Family Survey. (n=985)
- 2007 CA: University of California, Los Angeles. California Health Interview Survey. 2007.

Children Ages 1-5 Who Consumed Any Fast Food Yesterday

Indicator Background

- Placeholder Martin, L., Sc.D., M.P.H. and Alyssa Milot, B.A. “Assessing the Diet, Exercise, Body Image, and Weight of Adolescents: A Guide for Out of School Time Program Practitioners.” Research-to-Results Brief. (2007). Child Trends.

Data Sources

- 2008 First 5 Family Survey. (n=1,038)
- 2007 CA: University of California, Los Angeles. California Health Interview Survey. 2007.

Preschool Enrollment for Children Ages 3-4

Data Sources

- 2007 SD: California Report Card 2008; The State of the State's Children. Children Now. 2008.
- 2000 CA: California Research Bureau, California State Library.
- 2007 CA: California Report Card 2008; The State of the State's Children. Children Now. 2008.
- 2000 US: California Research Bureau, California State Library.

Spaces for Infants in Licensed Childcare Centers

Data Sources

- 2007 SD: California Report Card 2008; The State of the State's Children. Children Now. 2008.
- 2007 CA: California Report Card 2008; The State of the State's Children. Children Now. 2008.

Spaces for Children Ages 2-5 in Licensed Childcare Centers

Indicator Background

- Lynch, Robert. UEnriching Children, Enriching the Nation: Public Investment in High-Quality Prekindergarten. UEconomic Policy Institute, 2007. Accessed 31 August 2007 <http://www.epi.org/content.cfm/book_enriching>.

Data Sources

- 2007 SD: California Report Card 2008; The State of the State's Children. Children Now. 2008.
- 2007 CA: California Report Card 2008; The State of the State's Children. Children Now. 2008.

Children Attend Group Childcare/Preschool

Indicator Background

- California Report Card 2008; The State of the State's Children." Children Now. 2008. 18 Aug. 2008 <http://publications.childrennow.org/publications/invest/reportcard_2008.cfm>.

Data Sources

- 2005 First 5 Family Survey. (n=1,200)
- 2008 First 5 Family Survey. (n=1,201)
- 2005 CA: University of California, Los Angeles. California Health Interview Survey. 2005.
- 2008 CA: University of California, Los Angeles. California Health Interview Survey. 2007.
- 2005 US: U.S. Census. Survey of Income and Program Participation (Children 0-4). 2004

Parent/Caregivers with Access to Adequate Childcare

Data Source

- 2005 SD: University of California, Los Angeles. California Health Interview Survey. 2005.
- 2005 CA: University of California, Los Angeles. California Health Interview Survey. 2005.
- 2005 US: US Census Bureau. Fertility and Family Statistics Branch. 2005.

Child Ever Sent Home from Group Childcare/Preschool Due to Behavior

Indicator Background

- McLaren, E.M., C. Michael Nelson. “Using Functional Behavior Assessments to Develop Behavior Interventions for Students in Head Start.” Journal of Positive Behavior Interventions 11; 3 (2009).

Data Sources

- 2005 First 5 Family Survey. (n=1,197)
- 2008 First 5 Family Survey. (n=769)

ASQ:SE Screening Results-No Needs Identified (No Risk) by Age Interval-Children 3-66 Months

Indicator Background

- Squires, Jane, Diane Bricker and Elizabeth Twombly. The ASQ:SE User’s Guide. Baltimore, MD: Paul H. Brookes Publishing Company, 2003.

Data Sources

- 2008 First 5 Family Survey. (n=884)

Parent/Caregiver Concern in Each ASQ:SE Behavioral Area

Indicator Background

- Squires, Jane, Diane Bricker and Elizabeth Twombly. The ASQ:SE User’s Guide. Baltimore, MD: Paul H. Brookes Publishing Company, 2003.

Data Sources

- 2008 First 5 Family Survey. (n=884)

Daily Living Routines Occurring Nearly Every

Indicator Background

- Sytsma, S.E., Mary L. Kelley and Joy H. Wymer. “Development and Initial Validation of the Child Routines Inventory.” Journal of Psychological and Behavioral Assessment 23 (2001).

Data Sources

- 2008 First 5 Family Survey. (n=1,193)

Parent and Family Development Chapter Introduction

Indicator Background

- Abidin, Richard. Psychological Assessment Resources, Inc. *Parenting Stress Index*. 3rd ed. Florida: 1995.

Parent/Caregiver of Children without Health Insurance with the Knowledge of Where to Find Health Insurance

Indicator Background

- First 5 San Diego. First 5 San Diego Annual Evaluation Report 2007-08. 2008

Data Source

- 2005 First 5 Family Survey. (n=104)
- 2008 First 5 Family Survey. (n=56)

Parent/Caregiver Capability When Caring for Child, 2008

Indicator Background

- Conrad B., D. Gross, L. Fogg and P. Ruchala. “Maternal Confidence, Knowledge, and Quality of Mother-Toddler Interactions: A Preliminary Study.” Infant Mental Health Journal 13.4 (1992): 353–62

Data Sources

- 2008 First 5 Family Survey. (n=1,199)

Parent/Caregiver Enjoys Being a Parent, 2008

Indicator Background

- Abidin, Richard. Psychological Assessment Resources, Inc. *Parenting Stress Index*. 3rd ed. Florida: 1995, 11

Data Sources

- 2008 First 5 Family Survey. (n=1,198)

Parent/Caregiver Feels Being a Parent is Harder than Expected, 2008

Indicator Background

- Abidin, Richard. Psychological Assessment Resources, Inc. *Parenting Stress Index*. 3rd ed. Florida: 1995, 30-40

Data Sources

- 2008 First 5 Family Survey. (n=1,196)

Parent/Caregiver Feelings of Self as Caregiver, 2008

Indicator Background

- Conrad B., D. Gross, L. Fogg and P. Ruchala. “Maternal Confidence, Knowledge, and Quality of Mother-Toddler Interactions: A Preliminary Study.” Infant Mental Health Journal 13.4 (1992): 353–62

Data Sources

- 2008 First 5 Family Survey. (n=1,201)

Positive Parent/Caregiver Parenting Strategies

Indicator Background

- Baumrind, D. “The Influence of Parenting Style on Adolescent Competence and Substance Use.” Journal of Early Adolescence 11.1 (1991): 56-95.
- Child Welfare League of America website. “Discipline Techniques.” <<http://www.cwla.org/positiveparenting/tipsdiscipline.htm>>.

Data Sources

- 2005 First 5 Family Survey. (n=1,000)
- 2008 First 5 Family Survey. (n=1,030)

Parent/Caregiver Parenting Strategies-Verbal Reaction

Data Sources

- 2005 First 5 Family Survey. (n=398)
- 2008 First 5 Family Survey. (n=341)

Parent/Caregiver Parenting Strategies-Isolation

Data Sources

- 2005 First 5 Family Survey. (n=202)
- 2008 First 5 Family Survey. (n=288)

Parent/Caregiver Parenting Strategies-Redirection

Data Sources

- 2005 First 5 Family Survey. (n=79)
- 2008 First 5 Family Survey. (n=114)

Parent/Caregiver Parenting Strategies-Consequences

Data Sources

- 2005 First 5 Family Survey. (n=105)
- 2008 First 5 Family Survey. (n=91)

Parent/Caregiver Parenting Strategies-Incentives

Data Sources

- 2005 First 5 Family Survey. (n=57)
- 2008 First 5 Family Survey. (n=56)

Parent/Caregiver Parenting Strategies-Observation

Data Sources

- 2005 First 5 Family Survey. (n=21)
- 2008 First 5 Family Survey. (n=43)

Parent/Caregiver Parenting Strategies-Physical Reaction

Data Sources

- 2005 First 5 Family Survey. (n=50)
- 2008 First 5 Family Survey. (n=34)

Parent/Caregiver Parenting Strategies-Consistent Expectations

Data Sources

- 2005 First 5 Family Survey. (n=51)
- 2008 First 5 Family Survey. (n=29)

Parent/Caregiver Parenting Strategies-Modify the Environment

Data Sources

- 2005 First 5 Family Survey. (n=30)
- 2008 First 5 Family Survey. (n=23)

Parent/Caregiver Parenting Strategies-Modeling

Data Sources

- 2005 First 5 Family Survey. (n=7)

- 2008 First 5 Family Survey. (n=11)

Parent/Caregiver Knowledge of Where to Call for Support

Data Sources

- 2005 First 5 Family Survey. (n=1,191)
- 2008 First 5 Family Survey. (n=1,186)

Parent/Caregiver Awareness of First 5 San Diego

Data Sources

- 2005 First 5 Family Survey. (n=1,190)
- 2008 First 5 Family Survey. (n=1,175)

Parents/Caregivers Who Received Kit for New Parents

Indicator Background

- First 5 California: Kit for New Parents Q & A. <<http://www.cfcf.ca.gov/docs/QA.pdf>>.
- Linda Neuhauser, et al. "Promoting Prenatal and Early Childhood Health: Evaluation of a Statewide Materials Based Intervention for Parents." American Journal of Public Health. (Oct. 2007).

Data Sources

- 2005 First 5 Family Survey. (n=1,180)
- 2008 First 5 Family Survey. (n=1,161)

Parent/Caregiver Requested Information for Resources

Data Sources

- 2005 First 5 Family Survey. (n=1,195)
- 2008 First 5 Family Survey. (n=1,192)

Parent/Caregiver Requested Information about First 5 San Diego

Data Sources

- 2005 First 5 Family Survey. (n=1,196)
- 2008 First 5 Family Survey. (n=1,190)