



Children & Families
Commission of Orange County

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**Agenda Item No. 1
September 2, 2009 Meeting**

CLERK OF THE BOARD
ORANGE COUNTY
DATE: August 14, 2009

TO: Children and Families Commission of Orange County
FROM: Michael M. Ruane, Executive Director 
SUBJECT: Annual Funding Contribution for Orange County Health Needs Assessment (OCHNA)

SUMMARY:

The Children and Families Commission of Orange County is a co-sponsor of the Orange County Health Needs Assessment (OCHNA) Report, a collaborative effort by hospitals, public agencies and non-profit organizations to collect information concerning health needs in Orange County. Continued Commission support is recommended for the next fiscal year.

OCHNA 2009-10 Work Plan

The Orange County Health Needs Assessment was developed in 1997 to meet the legal requirements for SB 697 that requires not-for-profit hospitals in the State to engage in a needs assessment of their service areas every three years and develop a community benefits program to submit to the Office of State Health Planning and Development Service.

The data from the OCHNA report is used by the Commission to track improvements and service gaps in health, and identify new or expanded programs to meet the health needs for young children and families. The Commission's Executive Director has served on the OCHNA Needs Assessment Steering Committee, which ensures accountability for the services provided. Public Health Foundation Enterprises, Inc. is the fiscal agent for OCHNA. In addition to supporting the research and production of the report, the Commission contributed funds for specialized projects and services specifically for children within the Commission's targeted demographic. The OCHNA work program and funding plan include an over sample of families with children 0-5 years old that ensures that the Commission continues to have access to the data required to assess local health needs. The OCHNA recently completed a special report on the *Status of Orange County Children: Ages 0-5*. Excerpts from the report are included as Attachment 1, and the complete report is available on the OCHNA website at www.ochna.org.

A new contract with Public Health Foundation Enterprises, Inc. for \$75,000 is recommended to support OCHNA the initial development of the next report scheduled for 2011. The term, conditions, and compensation are the same as the previous year and will be contractually provided by Public Health Foundation Enterprises, Inc. for an additional year from July 1, 2009 through June 30, 2010. Public Health Foundation Enterprises, Inc. will act as the fiscal intermediary between the Commission and OCHNA to disburse the funds that are needed to collect information concerning the health needs of children and families in Orange County and provide an accounting of the expended funds to the Commission.

STRATEGIC PLAN & FISCAL SUMMARY:

The program has been specifically reviewed in relation to the Strategic Plan, and is consistent with the Capacity Building outcome goal. This funding request is for the amount of \$75,000 commencing July 1, 2009. Funding for this item is included in the FY2009-2010 Budget within the Performance Outcomes Measuring Systems budget category.

PRIOR COMMISSION ACTIONS:

July 2008, September 2007, May 2006 – Adopted agreement with Public Health Foundation Enterprises, Inc. for the Orange County Health Needs Assessment.

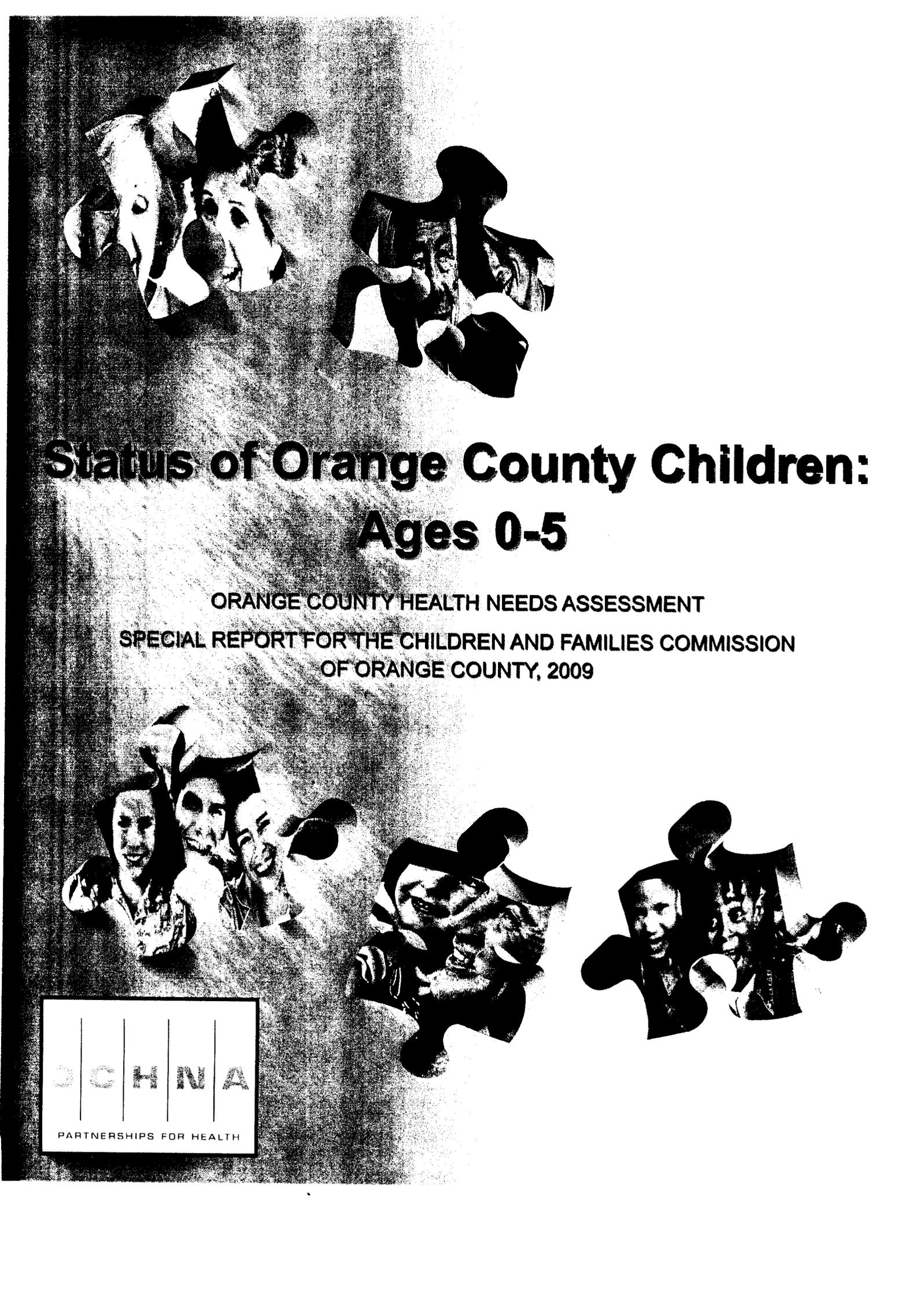
RECOMMENDED ACTION:

Adopt resolution authorizing the Executive Director or designee to prepare and negotiate Agreement PS-77 with Public Health Foundation Enterprises, Inc. for the Orange County Health Needs Assessment, in an amount not to exceed \$75,000 for the term of July 1, 2009 through June 30, 2010.

ATTACHMENTS:

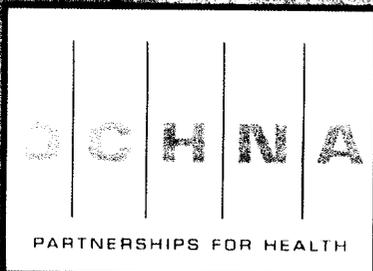
1. Excerpts from the *Status of Orange County Children: Ages 0-5*
2. Resolution authorizing agreement with Public Health Foundation Enterprises, Inc., fiscal agent for the Orange County Health Needs Assessment

Contact: Kelly Pijl



Status of Orange County Children: Ages 0-5

ORANGE COUNTY HEALTH NEEDS ASSESSMENT
SPECIAL REPORT FOR THE CHILDREN AND FAMILIES COMMISSION
OF ORANGE COUNTY, 2009



Access to Health Coverage

Access to health care is a critical step in ensuring that a child's physical and mental health needs are being addressed. With the high cost of medical care, health coverage enables families to provide essential care for their children without overstressing their budgets. Regular health care is essential during the first few years of life due to the extensive development and growth experienced by the child. Effective preventive care and health screenings such as vision, dental and BMI assessments help young children to thrive and to enjoy positive health and social outcomes later in life.

Those without any coverage or with very limited coverage have substantial challenges accessing health care. There are several health coverage packages that are designed specifically to meet the needs of children, such as Kaiser Permanente Child Health Plan and California Kids, a privately sponsored program aimed at providing coverage for low-income children that do not meet all the eligibility requirements for government subsidized programs and have no source of private coverage. Public sector government subsidized health care programs which provide coverage to children include Access for Infants and Mothers (AIM) and Healthy Families.

The table below presents the different types of coverage and the percentages of children ages 0 to 5 who lack them.

Disparities in Coverage for O.C. Children Age 0-5		
Type of Coverage	Percentage Without Coverage	Population Estimate
Primary	4.3%	11,085
Prescription	8.3%	21,468
Dental	22.4%	57,322
Vision	26.9%	64,796
Mental Health	29.7%	59,566

Healthy People 2010 Objective
 Increase the proportions of persons with health care coverage to 100%

Health Care Coverage

Since 2004, the number of children ages 0 to 5 without primary health care coverage has almost doubled. Unfortunately, the downturn in the economy is expected to further impact access to health care coverage for young children due to significant cutbacks in the job market, leading to losses of employer-based coverage, as well as in government spending. As a result, it is predicted that more "middle-income" children will find themselves without

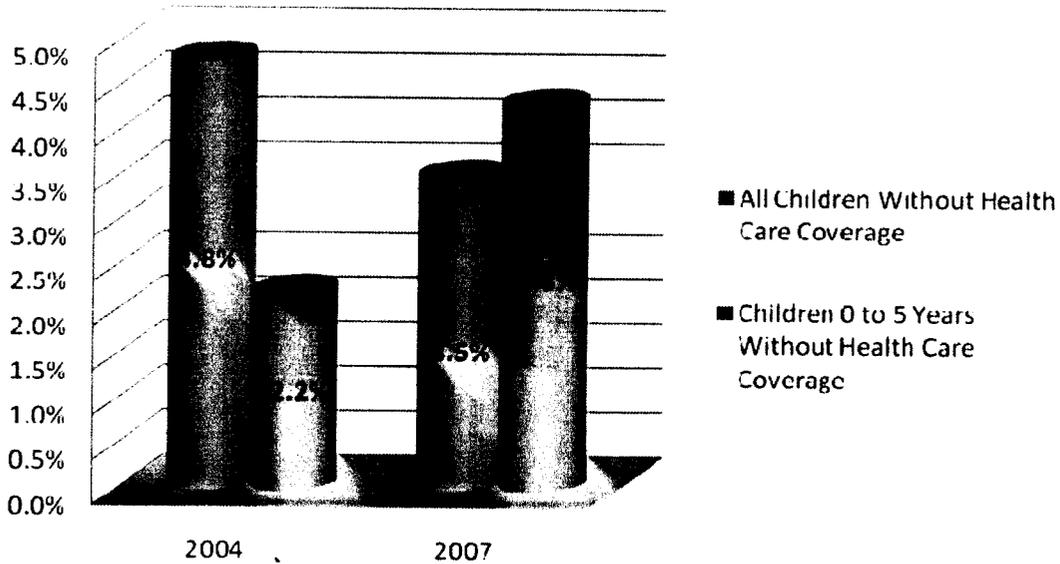
health care coverage, with many of them experiencing these harsh realities for the first time in their lives. However, government based programs may not be able to provide relief to these families due to the financial strains on its end, as demonstrated by the Healthy Families freeze and other cost cutting measures.

O.C. Child Ages 0 to 5 Years Health Care Coverage		
Coverage Status	Percentage	Population Estimate
Yes	95.7%	249,711
No	4.3%	11,085
Total	100%	260,796

Describing the 0 to 5 Year Olds Without Health Care Coverage

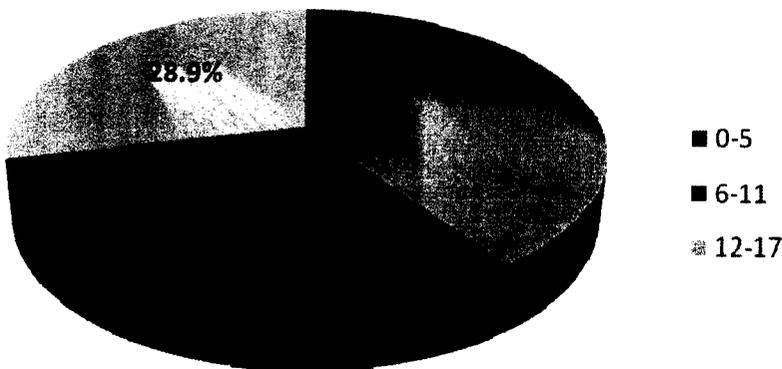
Due to the small sample size of children 0 to 5 years without health care coverage, consisting of 21 responses, and the resulting statistical unreliability that would arise from analyses of such small numbers, data from the OCHNA Child (0 to 17 years) Access and Utilization Report has been presented to provide some description of the children 0 to 5 population that lacks health care coverage. In 2007, 3.5% of all children (0 to 17) went without health care coverage.

Proportion of O.C. Children Without Health Care Coverage, 2004 and 2007



- In 2007, the proportion of all children (0 to 17 years old) without health care coverage decreased compared to the 2004 rate. However, the proportion of children ages 0 to 5 years without coverage increased in 2007.

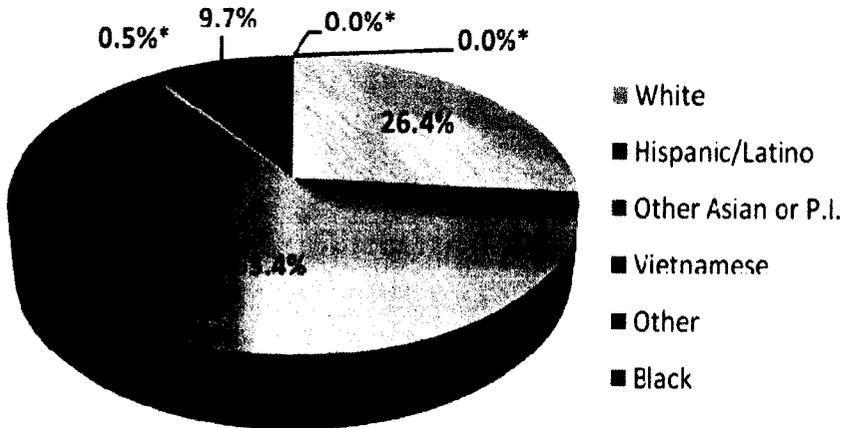
Age of the 3.5% O.C. Children Without Health Care Coverage, 2007



- Over 40% of the 3.5% of all children (0 to 17 years) without health care coverage belonged to the 0 to 5 category in 2007. Back in 2004, only 15.1% of children without health care coverage belonged to the 0 to 5 category.

The pie chart below depicts the race and ethnicity of the 3.5% of all children (0 to 17 years) who did not have health care coverage in 2007.

Race/Ethnicity of the 3.5% O.C. Children Without Health Care Coverage, 2007



- The majority of children 0 to 17 years who lacked health care coverage belonged to the Hispanic/Latino population.
- *Within race/ethnicity, the Hispanic/Latino and Vietnamese groups had the highest likelihood of lacking health care coverage in 2007, corresponding to 5.8% of all Vietnamese children and 4.2% of all Hispanic/Latino children.*

*categories lack statistical reliability due to small number of respondents.

Considering household income levels, children (0 to 17 years) who belonged to households earning lower annual incomes had higher likelihoods of lacking health care coverage. 27.6% of children in households that earned less than \$10,000 and 17.7% of children in households with annual earnings of \$10,000 to \$24,999 were estimated to lack health care coverage. In contrast, only 1.6% of children in households earning more than \$100,000 annually were estimated to lack coverage.

Reasons for Lacking Coverage

Trends reveal that the proportion of children who have no health care coverage has decreased over the decade, yet there still remained a population of children without coverage. Barriers to coverage may include rising costs of health care premiums, cut-backs in the job market, and/or limited financial resources in a household.

- 43% (10,605) of parents/guardians reported their child (0 to 17 years) was without health care coverage because they could not afford to pay the premiums.
 - 39.6% (4,148) had a household income between \$25,000 and \$50,000.
 - 32.2% (3,369) had a household income of \$75,000 or more.
 - 59.7% (5,228) were Hispanic/Latino.
 - 36.1% (3,160) were White.
 - 37.7% (4,001) parents reported an educational level of less than college.



Immunizations

Young children are immunized against many harmful diseases, including whooping cough, diphtheria, measles and polio. Immunity to a disease develops when the body encounters a pathogen and creates a long-lasting immunological memory to identify and eliminate any present and future threats. With vaccinations, a weakened or inactivated form of the pathogen is introduced into the body. The immune system is then activated just like it would be with an actual pathogen, producing antibodies that recognize the germ if it ever enters the body. Vaccinations have been highly effective in preventing, and even eradicating, once widespread diseases that permanently impaired or even killed children in the past. The most current immunization schedule can be reached by clicking [here](#). It is vitally important that a child receives all recommended vaccinations before entering school to prevent the spread of diseases.

Up-to-Date at 2nd Birthday

3 Doses of Polio
4 Doses of Diphtheria,
Tetanus and Pertussis (DTaP)
1 Dose of Measles, Mumps
and Rubella (MMR)

Up-to-Date at Kindergarten (proof required for entry)

4 doses of Polio
4 doses of DTaP
3 doses of Hepatitis B
2 doses of MMR
1 dose of Varicella

Experiences with Immunization Services

In the 2007 OCHNA survey, parents/guardians of children between 0 and 5 years were asked questions relating to their experiences with immunization materials and services in the community as well as their beliefs on immunizations.

Immunization Reminders

15.7% (40,443) of parents/guardians stated they did not receive immunization reminders for their child, while **84.3% (217,638)** did receive reminders.

- Of the 15.7% who reported they had not been reminded of immunizations for their child, **32.3% (11,177)** reported having an annual household income between \$25,000 and \$50,000.

Immunization Schedules

Parents/guardians were asked if they found immunization schedules easy to understand. **8.2% (21,017)** responded they did not find schedules easy to understand, while the remainder did (**91.8% or 234,535**).

- A sizable majority of the 8.2% of parents/guardians who responded that immunization schedules were not easy to understand were Hispanic/Latino (**68.2% or 14,341**).
- **96.0% (20,194)** of the 8.2% were between the ages of 25 and 44.

Utilizing Immunization Services

Parents/guardians were asked if they needed assistance utilizing immunization services in the community. **11.2% (28,560)** stated they did require assistance, while the remainder did not (**88.8% or 226,115**).

- **56.3% (15,936)** of the 11.2% who needed help using immunization services were Hispanic/Latino, followed by **27.6% (7,827)** who were Vietnamese.
- **76.3% (20,610)** of the 11.2% were between the ages of 25 and 44.

Beliefs that Immunizations Cause Harm

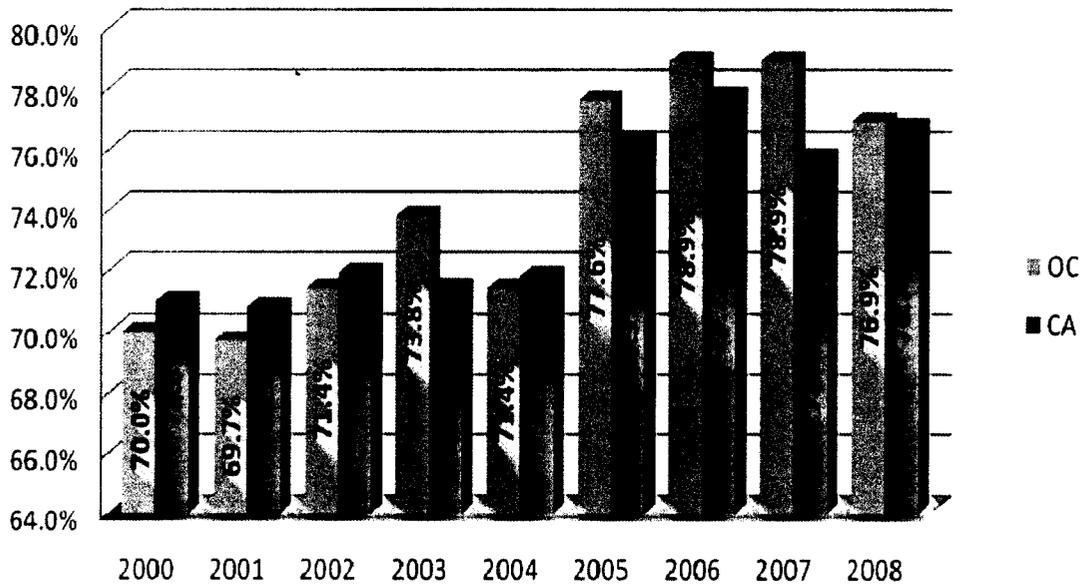
Parents/guardians were asked if they believed immunizations could be harmful to a child's health. **26.7% (63,562)** believed that immunizations could be harmful, while the remainder, **73.3% (174,385)**, did not believe so.

- **56.3% (35,535)** of the 26.7% of parents who believed immunizations could be harmful to a child's health were Hispanic/Latino, followed by **29.9% (18,732)** who were White.
- **82.2% (52,216)** of the 26.7% were between the ages of 25 and 44.

Immunization Coverage Rates

The Kindergarten Assessment and Retrospective Surveys help to determine the rates of immunization coverage in young Orange County children.

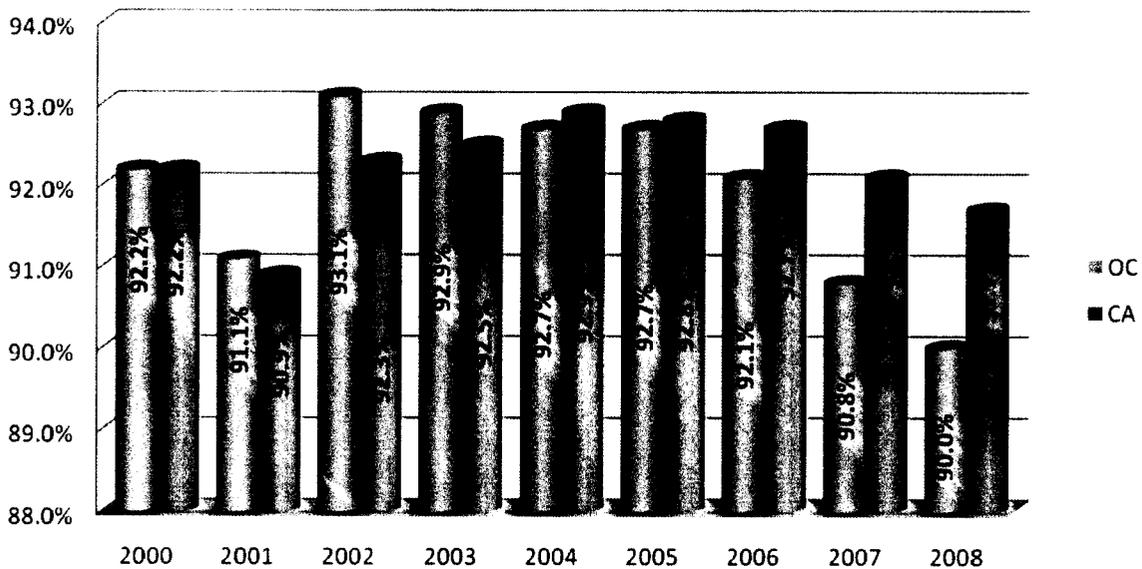
Percent of Up-to-Date Immunizations at 2nd Birthday, Retrospective Assessment Years 2000-2008¹



- The highest up-to-date immunization coverage level among kindergarteners at their 2nd birthday was documented in the 2007 assessment, with a rate of almost **79%** in the county; however, there was a **2%** point drop in the 2008 assessment. The Kindergarten Retrospective Survey data is based on randomly selected kindergarten immunization records for Orange County and California.

¹ State of California, Department of Public Health, Immunization Branch: Kindergarten Retrospective Survey 2008: 14th Annual Report on the Conditions of Children in Orange County 2008: Good Health-Immunization of Children

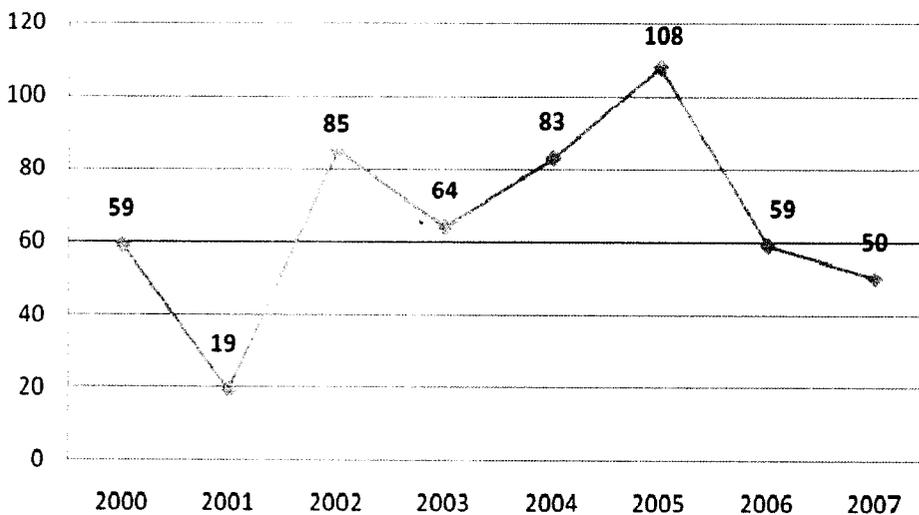
Percent of Up-to-Date Immunization Among Students Entering Kindergarten, Assessment Years 2000-2008¹



- After reaching a peak of 92.7% and 92.9% in 2004 for the county and state respectively, up-to-date immunization rates among children entering kindergarten have been on a decline, reaching the lowest rate of 90.0% for Orange County in 2008.

The fact that vaccine-preventable diseases still persist, with a total of 50 cases in 2007 among Orange County children under 6 years of age, highlights the importance of maintaining high to complete immunization coverage.

Vaccine-Preventable Diseases Among O.C. Children Under 6 Years, 2000-2007²



- 12 of the 50 cases in 2007 occurred in children under 1 year of age.
- Pneumococcal disease was the most common with 28 cases, followed by whooping cough with 11 cases.
- In 2007, there were no reported cases of hepatitis A, diphtheria, tetanus, polio, measles, mumps, or rubella.

¹ State of California, Department of Public Health, Immunization Branch: Kindergarten Assessment Survey 2008; 14th Annual Report on the Conditions of Children in Orange County 2008: Good Health-Immunization of Children

² Orange County 2009 Community Indicators and County of Orange Health Care Agency

The table below depicts the ranges of immunization coverage in select Orange County school districts. In particular, the table shows the extent of up-to-date immunization coverage in 2008 for kindergarteners across individual schools in each school district.

Ranges of Up-to-Date Immunization Coverage Among Kindergarteners in Select O.C. School Districts, 2008 ¹	
School District	Range for Schools in District
Garden Grove	86% to 100%
Newport Mesa	79% to 97%
Irvine	74% to 99%
Fountain Valley Elementary	72% to 100%
Laguna Beach	61% to 87%
Anaheim City	51% to 100%
Santa Ana	51% to 100%
Capistrano	49% to 100%

- In 2008, elementary schools in the Santa Ana and Anaheim City unified school districts had an up-to-date immunization coverage range among kindergarten students that went as low as **51%** and as high as **100%**.
- Within this grouping, Capistrano Unified School District had elementary schools with the lowest level of up-to-date immunization coverage among kindergarteners (**49%**) in 2008.
- In Laguna Beach Unified School District, the range of up-to-date immunization coverage for kindergarteners for its individual schools went as low as **61%** and as high as **87%** in 2008.

Healthy People 2010 Objective
 Reduce or eliminate indigenous cases of vaccine preventable diseases:

Diphtheria: 0
 Haemophilus influenza type b: 0
 Measles: 0
 Mumps: 0
 Polio: 0
 Rubella: 0

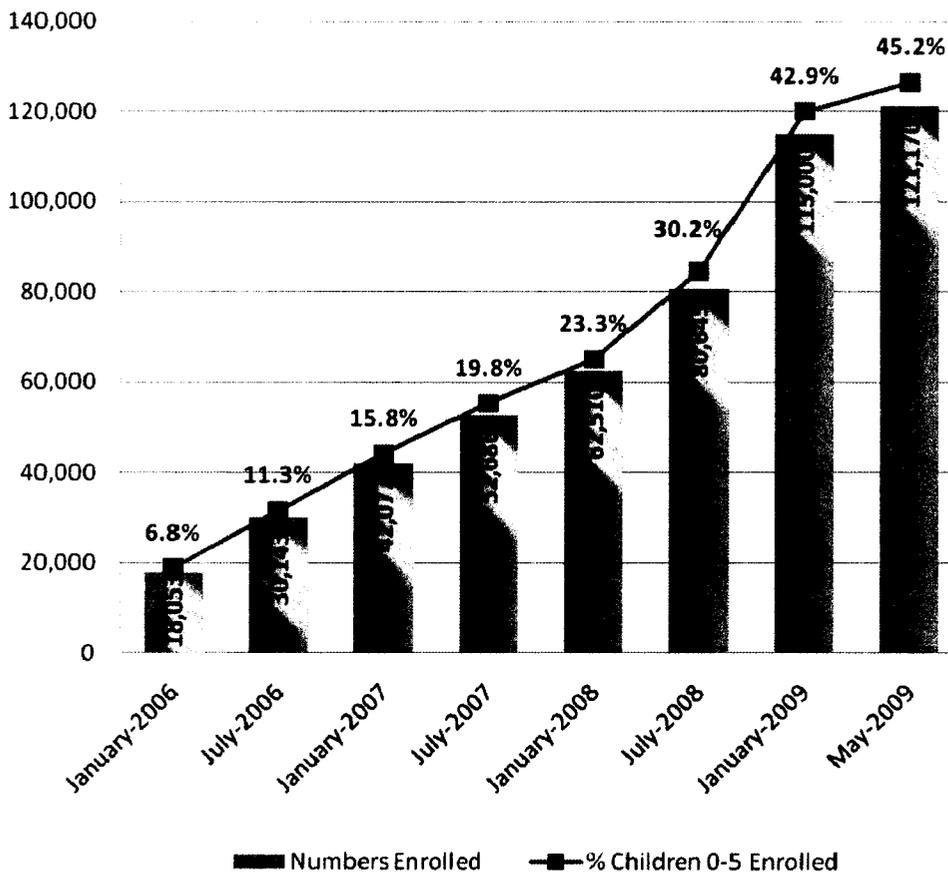


¹ State of California, Department of Public Health, Immunization Branch: [Immunization Status of Kindergarten Students in California, 2008](#)

Promoting Immunization Coverage in Orange County

Immunization registries are computerized databases that allow doctors to follow and maintain a patient's immunization record. Because the system is always updated, doctors can also see the immunizations that a patient may need and send a reminder notice. Locally, the Orange County Immunization Coalition has worked to expand immunization coverage and to lessen over-immunization in the community by engaging health care providers, community leaders, parents and families. Partnering with Los Angeles County in the Los Angeles-Orange Immunization Network (LINK), the Coalition has succeeded in enrolling **45.2% (112,170)** of Orange County 0 to 5 year olds into the California Automated Immunization Registry as of May 2009 (using the State of California, Department of Finance population estimates found [here](#)). The Coalition measures its progress with the Healthy People 2010 Objective, which aims to increase the proportion of children under 6 years old participating in a fully-operational immunization registry to **95%**.

O.C. LINK Cases Enrolled and Rates for Children < 6 Years



- In August of 2005, **3.9% (10,231)** of 0 to 5 year olds were enrolled in the Orange County LINK registry. As of May of 2009, **45.2%** of all children between 0 and 5 years in Orange County were enrolled in the registry.

¹ Orange County Immunization Coalition: LINK Summary July 2005 to May 2009

Dental Health Behaviors

The American Dental Association recommends that a child should first be taken to a dentist as soon as he or she turns 1 or as soon as the first tooth appears. At the first dental visit, the dentist will explain proper dental techniques, provide dental education and conduct a dental exam. When the primary teeth emerge, parents can start to brush the child's teeth. Once all primary teeth have grown through, usually at about 2 or 3 years of age, the dentist may apply topical fluoride to minimize cavity formation. At this age, children can begin to develop their own dental health practices and learn good nutritional habits so they avoid tooth decay.



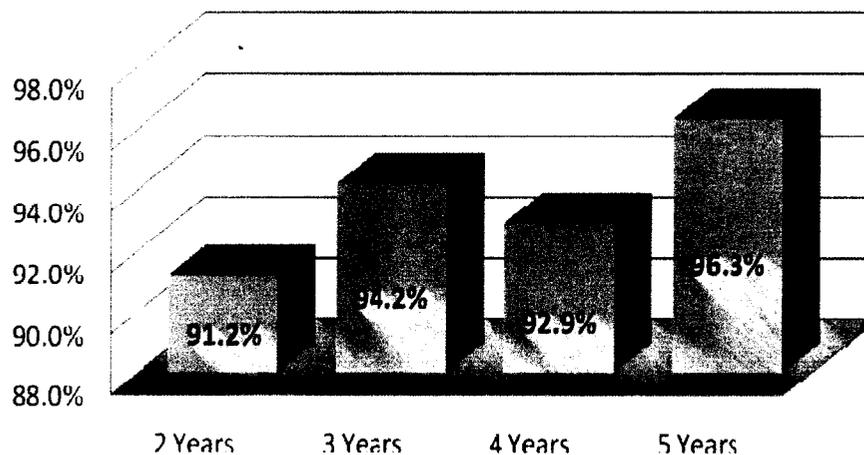
Brushing Habits

The 2007 survey asked parents/guardians whether their child brushed their teeth daily. An analysis of children between 2 and 5 years of age could be obtained from the database:

- An estimated **93.8% (196,490)** of children between 2 and 5 years of age brushed their teeth daily. The remaining **6.2% (12,878)** did not brush their teeth daily.

The chart below displays the proportions of children who brush their teeth daily *within age*.

Whether O.C. Child 2 to 5 Years Brushes Teeth Daily *Within Age* Groups, 2007



- Over **90%** of children in all categories were reported to brush their teeth daily. However, children 2 years of age were the least likely to brush their teeth daily.

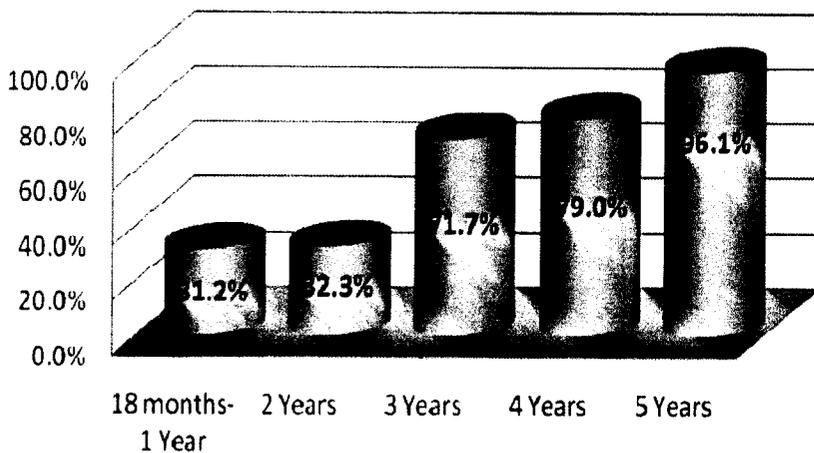
Although the survey did not provide data on the proportion of infants who had their teeth brushed daily (since many young infants have not begun teething), the American Academy of Pediatric Dentistry recommends that a parent should clean out a young child's mouth twice daily with a soft toothbrush or gauze. This is important because young children may fall asleep with milk bottles in their mouths, providing an ideal breeding ground for bacteria to decay and damage emerging teeth.

Dental Visits

Young children are susceptible to tooth decay as soon as the first tooth appears, which is usually at about 6 months of age, according to the American Dental Association. Thus, dental visits are important even in early childhood. The following analysis looks at children between 18 months and 5 years old to determine how many children in the age group have been taken to a dentist.

- Of children between 18 months and 5 years, an estimated **71.6% (155,924)** have been taken to a dentist. An estimated **28.4% (61,876)** have not been taken to a dentist.

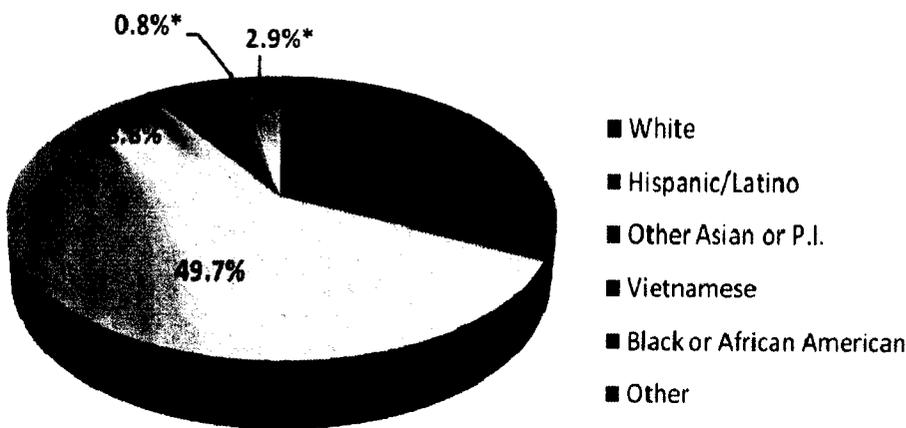
Whether O.C. Child 18 Months to 5 Years Has Been Taken to Dentist *Within* Age Groups, 2007



- A child is more likely to be taken to a dentist the older he or she gets. Over **96%** of children 5 years of age have been taken to a dentist.
- **93.5% (144,963)** of children between 18 months and 5 years were taken to a dentist in the previous 12 months.
- Although not included on this graph, **16.0%** of children 0 to 17 months of age were taken to a dentist.

The chart below presents the race/ethnic distribution of children who have been taken to a dentist.

Whether O.C. Child 18 Months to 5 Years Has Been Taken to a Dentist by Race/Ethnicity, 2007



- Half of all children ages 18 months to 5 years who were taken to a dentist were Hispanic/Latino.
- However, looking *within* race/ethnicity, Hispanic/Latino children were the least likely to be taken to a dentist: **69.7%** of Hispanic/Latino between 18 months to 5 years were taken to a dentist, compared to **73.5%** of White children, **76.9%** of Other Asian or Pacific Islander, and **73.9%** of Vietnamese children of the same ages.

*Categories lack statistical reliability due to small number of respondents.

Although OCHNA analysis did not uncover a relationship between a household's income level and whether a child has had a dental visit, it is clear that socioeconomic status influences accessibility to dental health care. In a recent survey of low-income dental clinics in Orange County, it was determined that 54% of 0 to 5 year olds at the community dental clinics had never been to a dentist before, and the average age of the first dental visit was 4 years old. Most parents stated the reason why they did not take their child to a dentist earlier was because they did not know the recommended age for the first check-up.¹

Reasons for Dental Visits

The table below presents the reasons why a child between 18 months and 5 years was taken to a dentist (of the 71.5% of children reported to visit a dentist).

- The majority of children 18 months to 5 years were taken to a dentist for routine check-up and cleaning (88.4%).

Top Reasons for Dental Visits in the Past Year by 71.6% of O.C. Children 18 Months to 5 Years, 2007	
Reason for Visit	Percentage
Routine Check-Up and Cleaning	88.4%
Had a Dental Problem (Cavities, Pain)	7.3%
Both Cleaning and Dental Problem	4.3%

The table presents the age distribution of all Orange County children (0 to 17 years), with respect to the age of their first dental visit.

Age of All O.C. Children (0 to 17 Years) at First Dental Visit, 2007	
Child's Age	Percentage
Less than 1 Year	2.3%
1 to Less than 2 Years	8.0%
2 Years	18.7%
3 Years	26.7%
4 Years	19.7%
5 Years	17.2%
6+ Years	7.5%

- Of all children (0 to 17 years), 92.6% (602,008) first visited the dentist between 0 and 5 years.



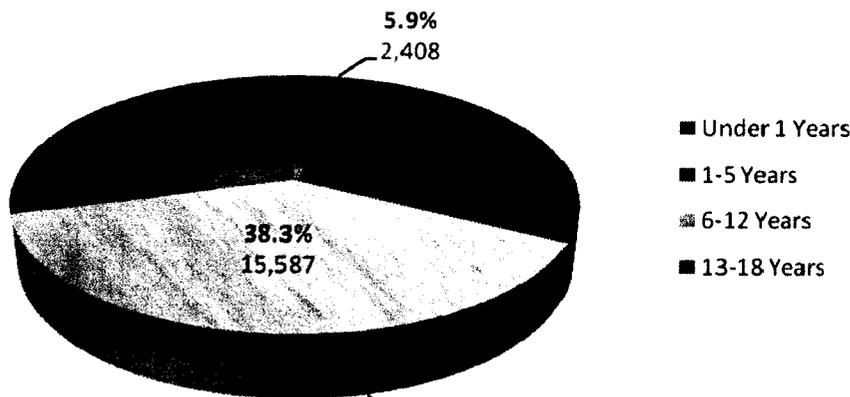
It is best to visit a dentist early in childhood in order to assure the best dental health outcomes; the ideal place to seek dental care is from the pediatric dentist. After completing normal dental education, pediatric dentists receive additional training so that they can deal with the unique needs of infants. By taking a child to the dentist at such an early age, a parent ensures the child will have a familiar and comfortable dental home, will receive preventive dental care, and will feel confident in seeking dental care regularly. Unfortunately, a 2006 OCHNA reports states that there were only 65 pediatric dentists in Orange County during that time. This means that for every pediatric dentist, there are about 4,000 children under 6 years of age.²

¹ 12th Annual Report on the Conditions of Children in Orange County and Orange County Health Needs Assessment: [Special Section-Children's Oral Health](#)
² Ibid

Abused or Neglected Children

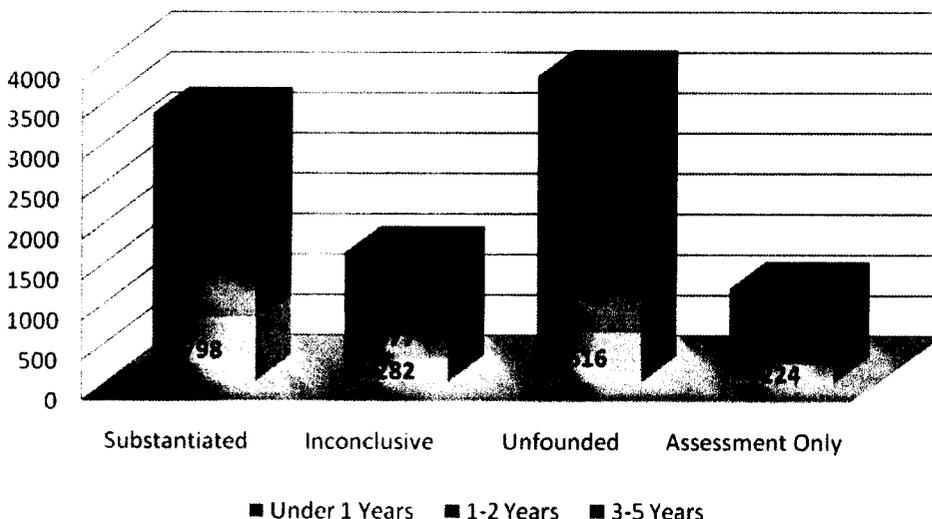
Child abuse is upsetting to think about, but it is a serious problem that can damage a child physically and emotionally. It includes physical, sexual and emotional abuse, caregiver incapacity, neglect, abandonment and exploitation of children. Far too many children experience child abuse; the Victimization of Children and Youth Survey estimates that 14% of U.S. children 2 to 17 years experienced some form of child maltreatment in 2005. Child maltreatment includes not only harm caused to children by parents or primary caregivers, but also harm that a caregiver *allows* to happen (or does not *prevent* from happening) to a child. An abused child is made vulnerable to many negative outcomes, including: emotional and behavioral problems, substance abuse, violent and abusive or self-destructive behavior, and withdrawal from the outside world. Unfortunately, children who are mistreated are often afraid to speak out because they fear that they will be blamed or no one will believe them, or because their abuser is a loved one. Most families first become involved with the child welfare system through a report of suspected child abuse or neglect. In Orange County, the Child Abuse Registry has been established by the Social Services Agency to centralize the reporting of child abuse in our area.

Age Distribution of Reported Victims of Child Abuse in O.C., 2008¹



- In 2008, there were **13,245** reported cases of abuse among children ages 0 to 5.
- **32.5%** of the reported victims of child abuse or neglect are between 0 to 5 years: **5.9%** are under 1 year of age and **26.6%** are between 1 and 5 years of age.

Counts of Children with One or More Referrals in O.C., 2008²



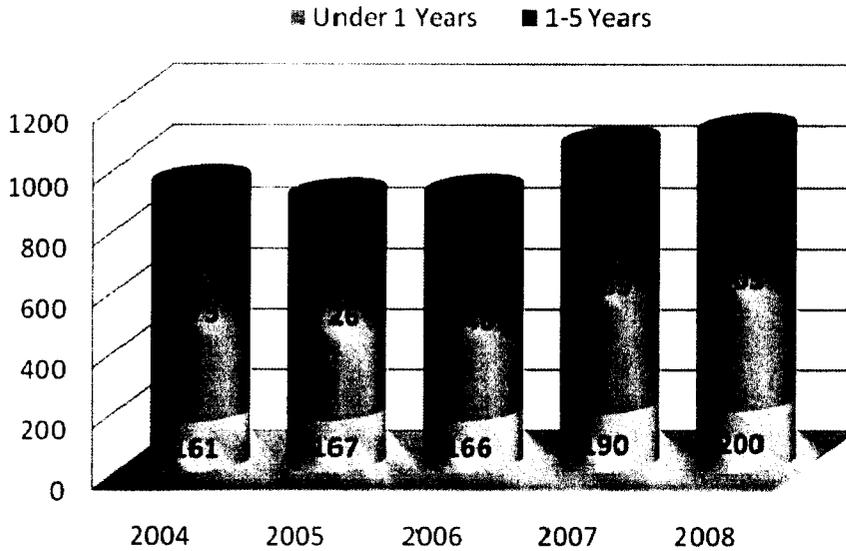
- Of all referrals of child abuse and neglect of children 0 to 5 years in 2008, **33.6%** were substantiated.
- In 2008, **5,410** referrals (of 0 to 5 year olds) related to *general neglect*, **2,286** referrals related to a child being *at-risk for abuse* (due to a sibling being abused, for example), **943** referrals related to *physical abuse*, and **697** referrals related to *sexual abuse*.

¹ County of Orange Social Services Agency: Child Abuse Registry Statistics Application

² State of California, Department of Social Services; University of California Berkeley: Child Welfare Dynamic Report System

The chart below shows the monthly average of reported cases of child abuse for children 0 to 5 years.

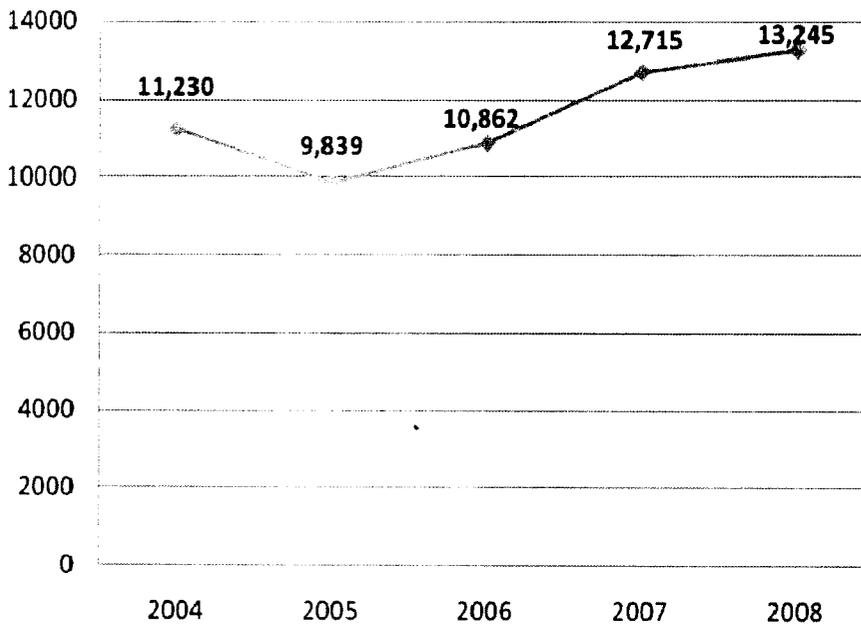
Monthly Average of Reported Cases of Child Abuse in O.C., 2004-2008¹



- After a drop in 2005, the monthly average of reported cases of child abuse of 0 to 5 year olds has been increasing.
- Over 2004 to 2008, the monthly average of reported cases of child abuse of young children increased by 17.8%, from 936 to 1,103.
- For the population under 1 year of age, the monthly average increased by over 24% from 2004 to 2008.

- The chart shows the total number of child abuse cases reported for the year and the percentage the number represents as compared to the total 0 to 5 year old population.

Cases of Reported Child Abuse in O.C. Children 0 to 5 Years, 2004-2008²



- About 5.0% of the entire 0 to 5 population was referred to social services for abuse or neglect in 2008.
- In 2005, 3.7% of 0 to 5 year olds were referred to social services.

¹ County of Orange Social Services Agency: Child Abuse Registry Statistics Application
² Ibid

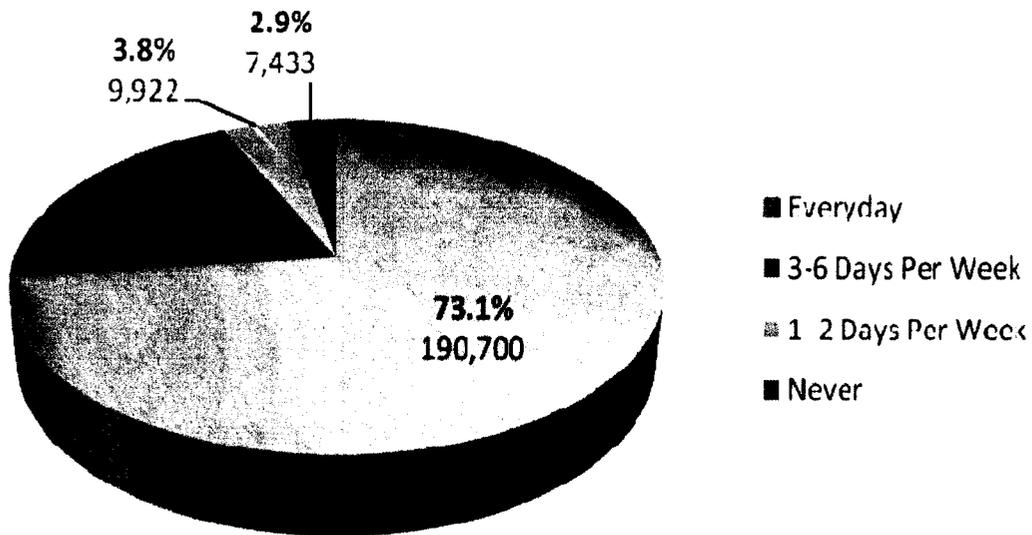
Shared Reading

Shared reading time builds and strengthens a child's literacy skills and presents families with a prime bonding opportunity. The National Children's Reading Foundation recommends parents to begin reading to their child at birth for 20 minutes each day. Even if parents are not fluent readers, the Foundation suggests that they can just as easily share stories from their lives or make up stories from picture books. The importance of reading is also stressed by the American Academy of Pediatrics, which advises doctors to dispense information on reading activities to parents during well-child check-ups.



Research has shown that the number of synaptic connections in a child's brain doubles in the first three years of life to about three-trillion, which is far more than in the adult brain.¹ Over the next decade, these connections are then selectively pruned based on experiences and activities that stimulate various regions of the brain. Reading to a child helps to refine these important connections, benefitting the child intellectually, emotionally and socially.

Frequency that Parent/Guardian Reads to Child 0 to 5 Year in O.C., 2007

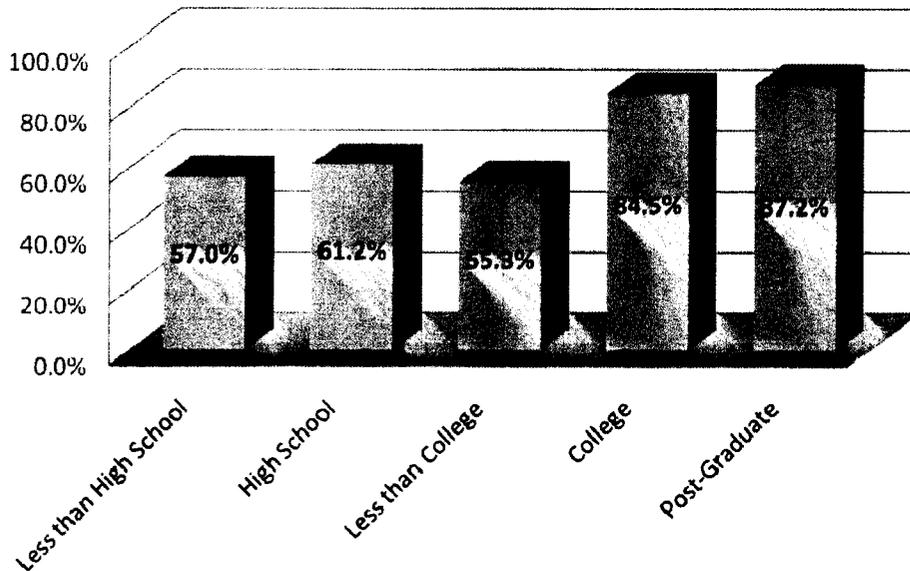


- Vietnamese parents/guardians were the least likely to read to their child everyday (56.9% or 8,210) followed by Other Asian or Pacific Islander parents/guardians at 65.4% (13,768).
- Of the 73.1% of parents who read to their child everyday, 66.4% (126,542) had either a college or post-graduate education.
- The majority of children read to everyday by parents/guardians (87.5%) are between 2 and 5 years.

¹ UCLA Center for Healthier Children, Families and Communities: [Brain Development in Early Childhood](#)

The chart below examines the education levels of parents/guardians who read to their child daily.

Parents/Guardians Who Read to O.C. Child 0 to 5 Years Everyday *Within* Education Level, 2007



- Parents/guardians with college or post-graduate education levels had the highest likelihood of reading daily with their child.

- Considering annual household income levels, parents/guardians belonging to the income interval of \$75,000 or greater were **5 times** more likely to read to their child daily than parents/guardians in the \$25,000 to \$49,999 category (**54.9% vs. 11.3%**), and more than **17 times** more likely to read to their child daily than parents in the less than \$25,000 income interval (**3.2%**).

CHILDREN AND FAMILIES COMMISSION OF ORANGE COUNTY

RESOLUTION NO. ___-09-C&FC

September 2, 2009

A RESOLUTION OF THE CHILDREN AND FAMILIES COMMISSION OF ORANGE COUNTY DIRECTING THE EXECUTIVE DIRECTOR TO PREPARE AND NEGOTIATE AGREEMENT NO. PS-77 WITH PUBLIC HEALTH FOUNDATION ENTERPRISES, INC.; AND MAKING CERTAIN FINDINGS IN CONNECTION THEREWITH

WHEREAS, in order to facilitate the creation and implementation of an integrated, comprehensive, and collaborative system of information and services to enhance optimal early childhood development, the legislature adopted legislation set forth in the California Children and Families Act of 1998, Health and Safety Code Section 130100, *et seq.* (as amended, the “Act”) implementing the Children and Families First Initiative passed by the California electorate in November, 1998 and establishing the California Children and Families Commission and County Children and Families Commissions, including this Children and Families Commission of Orange County (“Commission”); and

WHEREAS, Commission adopted its Strategic Plan to define how funds authorized under the Act and allocated to the Commission should best be used to meet the critical needs of Orange County’s children prenatal to five years of age as codified in the Act; and

WHEREAS, the Executive Director and Commission Counsel have prepared a standard Master Agreement for Consultant/Professional Services (“Master Agreement”), which was approved by the Commission; and

WHEREAS, the Commission desires to authorize the Executive Director or designee to prepare and negotiate Agreement No. PS-77 with Public Health Foundation Enterprises, Inc. in an amount not to exceed \$75,000 for the term July 1, 2009 through June 30, 2010 to act as fiscal agent for the Orange County Health Needs Assessment services as specified in the September 2, 2009 staff report for this Agenda Item; and

WHEREAS, Commission has reviewed the staff report relating to the Scope of Services to be provided and hereby finds and determines that the proposed Agreement is in furtherance of and consistent with the Commission’s Strategic Plan; and

NOW, THEREFORE BE IT RESOLVED BY THE COMMISSIONERS OF THE CHILDREN AND FAMILIES COMMISSION OF ORANGE COUNTY AS FOLLOWS:

Section 1 Commission finds and determines the foregoing Recitals are true and correct and are a substantive part of this Resolution.

Section 2 Commission hereby authorizes the Executive Director, or designee, to prepare and negotiate the terms, conditions and final form of Agreement PS-77 with Public Health Foundation Enterprises, Inc., in an amount not to exceed \$75,000 for the term July 1, 2009 through

June 30, 2010 to act as fiscal agent for the Orange County Health Needs Assessment services consistent with the September 2, 2009 staff report and scope of services referenced therein; and

Section 3 The form of Agreement PS-77 with Public Health Foundation Enterprises, Inc. shall be substantially similar to the form of the standard Master Agreement, subject to minor, non-substantive revisions as reviewed and approved by the Executive Director or designee. The approval by the Executive Director of the Agreement PS-77 shall be conclusively evidenced by the execution and delivery of the Amendment by the Commission Chair to the Commission Clerk.

Section 4 Commission hereby approves the Agreement No. PS-77 with Public Health Foundation Enterprises, Inc. to act as fiscal agent for the Orange County Health Needs Assessment services as specified in the September 2, 2009 staff report for this Agenda Item.

Section 5 The Commission Chair and the Clerk of the Commission are hereby authorized to execute and attest, respectively, Agreement PS-77 on behalf of the Commission.

Section 6 A copy of the final Agreement PS-77 with Public Health Foundation Enterprises, Inc., when executed by the Commission Chair, or Executive Director, and attested by the Clerk of the Commission shall be appended hereto as a part of Exhibit A to this Resolution. Exhibit A is hereby fully incorporated as a part of this Resolution by this reference and made a part hereof. The final executed Amendment shall be placed on file in the office of the Clerk of the Commission.

Section 7 In addition to the authorization of Section 2 above, the Executive Director (or his designee) is hereby authorized, on behalf of the Commission, (i) to sign all documents necessary and appropriate to carry out and implement the Service Agreement, (ii) to cause the issuance of warrants, (iii) to administer the Commission's obligations, responsibilities, and duties to be performed under such agreement, and (iv) during the term thereof to provide waivers, administrative interpretations, and minor modifications of the provisions of such agreement in the furtherance thereof.

Section 8 The Clerk of the Commission shall certify to the adoption of this Resolution.

The foregoing resolution was passed and adopted by the following vote of the Children and Families Commission of Orange County on September 2, 2009 to wit:

AYES: Commissioners: _____

NOES: Commissioner(s): _____

EXCUSED: Commissioner(s): _____

ABSTAINED: Commissioner(s) _____

CHAIR

STATE OF CALIFORNIA)
)
COUNTY OF ORANGE)

I, DARLENE J. BLOOM, Clerk of the Commission of Orange County, California, hereby certify that a copy of this document has been delivered to the Chair of the Commission and that the above and foregoing Resolution was duly and regularly adopted by the Children and Families Commission of Orange County.

IN WITNESS WHEREOF, I have hereto set my hand and seal.

DARLENE J. BLOOM
Clerk of the Commission, Children and Families Commission of
Orange County, County of Orange, State of California

Resolution No: ___-09-C&FC

Agenda Date: September 2, 2009

Item No. ____



I certify that the foregoing is a true and correct copy of the Resolution adopted by the

DARLENE J. BLOOM, Clerk of the Commission

By: _____
Deputy

EXHIBIT A TO RESOLUTION OF COMMISSION

(Attach copy of final executed Agreement No. PS-77 with Public Health Foundation Enterprises,
Inc.)