

# Data Development Agenda

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## Why It Is Important

In the process of selecting four new indicators for this report, five important areas of concern were identified and discussed. For these five areas of concern, however, it was determined that there was a lack of valid, reliable or current data. These concerns, therefore, are presented as part of a “data development agenda,” with the intention of prioritizing data development activities in these areas for future reports on children’s health and well-being.

## Outcome 1: Children are Healthy and Ready for School

### **Prenatal drug exposure**

Drug exposure in utero frequently causes developmental delays in infancy and early childhood, can affect a child’s readiness for school, and may result in health concerns for the balance of a child’s life. The California Alcohol and Drug Affected Mothers and Infants Act of 1990 (Health and Safety Code 11757.50) states, “There has been a rapid and alarming increase in the number of infants born in California who are affected by alcohol or other drugs during their mother’s pregnancy. While state law mandates prenatal drug screening,<sup>7</sup> the practice is not consistently applied equitably with all pregnant women nor is it easily enforced or evaluated. It is important to be able to identify a process by which to measure the numbers of drug-exposed newborns in Contra Costa County, and to provide for the equitable administration of drug screening prior to and at birth. Training for medical professionals, comprehensive prevention and treatment services for both mothers and infants, and a coordinated countywide approach to this issue are needed in the context of a multidisciplinary, multispecialist, and multiagency solution.”

### **Number of children in informal child care**

State child care licensing laws exempt those who care for the children of only one family, besides their own, from child care licensing requirements. There is no data available on these “exempt providers,” nor is there data available on the number of young children cared for in their own homes by a relative or nanny. Given the enormous gap between the number of young children with working parents and the number of spaces in licensed centers, family day care homes and preschools, it is important to be able to gauge the extent to which informal child care arrangements are used. This data would help policy makers and program planners better understand the need for licensed spaces.

### **Affordable, quality child care for young children**

There is no central data available on the quality of child care settings for young children ages 0 to 5. Quality can be measured by teacher credentials, or by accreditation information. Head Start and state-subsidized preschools for low-income children are required to meet very high quality standards. Other programs have sought and received National Association for the Education of Young Children (NAEYC) accreditation, which includes a review of activities, parent education and involvement, staff development, and other factors. Affordability of child care includes a review of costs of unsubsidized child care, and the availability of child care subsidies for low-income parents.

<sup>7</sup> SB 2669 added sections 10900-10902 to the Health and Safety Code mandating that counties establish protocols among health and welfare departments and all public and private hospitals in the county to assess the need of all pregnant and birthing women and /or infants for services related to substance-exposure and/or substance abuse problems. No funds were provided for the activities required by SB 2669. In 1992, 34 of 49 counties surveyed had completed the development of protocols, however, the majority of counties responded that the implementation of protocol use was inconsistent, due primarily to lack of funds, liability concerns, and resistance among some private physicians.

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### **Measuring quality of before and after school programs for elementary children**

School-aged children with working parents need access to safe, enriching programs during non-school hours. These programs may be on the school site or in the community. They may include tutoring, recreation, or other activities. Some programs are exempt from licensing requirements, and there is no central inventory for these programs. Additionally, the quality of programs varies. Licensing examines health and safety issues, though not program quality. Quality can be measured through a survey of the professional credentials of staff, or more broadly through the number and percentage of accredited programs such as those who have sought accreditation from the National Association for the Education of Young Children.

## **Outcome 2: Youth are Healthy and Preparing for Adulthood**

### **Rate of childhood obesity**

Pediatric obesity is increasing, and is linked to a number of health problems in childhood and later life, including an alarming rise in the incidence of Type II diabetes. However, there are no standard measures of obesity except within the Child Health and Disability Prevention (CHDP) Program, which provides screening for low-income children. It is important to develop a way of tracking the population as a whole, in addition to low income children.

## **Outcome 3: Families are Economically Self-Sufficient**

### **Services for homeless children and families**

With a fragile economy and the high cost of living, the proportion of homeless families is increasing. Homeless children often have special difficulties keeping up with schoolwork, due to the unstable nature of their living conditions, inaccessibility to computers and books at home, and loss of continuity because of their movement from school to school. Homeless parents often need education, training, employment resources, and support in finding affordable housing. It is important to develop an inventory of services available for these families and their children. Some of these data can be made available through the Contra Costa County Homeless Program, which provides program-based, case-management shelter and supportive services for homeless families, runaway youth, and foster-care emancipated youth.

## **Outcome 4: Families and Communities are Safe**

### **Rate of teen suicide**

Suicide is the third leading cause of death for 15-to-24-year-olds, and the sixth leading cause of death for 5-to-14-year-olds (American Society of Child and Adolescent Psychiatry). More information is needed to understand the causes and conditions that lead to youth suicide and suicide attempts. Teen suicide is an indicator of stress that may reflect underlying feelings of isolation, physical abuse, or mental illness. Teens who are depressed, have previously attempted suicide, have experienced a trauma, or perceive themselves to have failed in some way are at greater risk for suicide. Recent research compiled by Herdt and Boxer (1993) indicated that 29% of 147 gay males and 55 lesbian females aged 14 to 21 self-reported at least one suicide attempt. The profound consequences of adolescent suicide underscore the critical need to address and seek to understand the emotional, social and mental health issues that confront teens in their transition to a healthy adulthood (American Academy of Pediatrics).