

First 5 El Dorado County Children and Families Commission

Community Needs Assessment

2015



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Introduction

The First 5 El Dorado County Children and Families Commission is committed to improving the lives of children birth through 5 and their families by promoting, enhancing, and developing comprehensive early childhood systems through collaborative partnerships, early care and education, health, and community services. The Commission is legally mandated to establish a strategic plan to guide its efforts. It is currently operating under a plan that expires in 2017. The goal of the 2012-17 planning process was to enhance the capacity of Initiatives to meet family needs by reviewing existing strategies, comparing them against research-based, best practices and integrating with local early childhood services. The plan was adopted in May 2012 and addresses six Initiatives.

Research on Community Hubs and data from implementation of the Initiatives within El Dorado County both indicate that Community Hubs could be a vehicle for the Commission to achieve its desired results in a more efficient, integrated manner. In addition, significant economic, demographic and environmental changes have occurred within the county since the time the last plan was adopted. In order to be responsive to changing conditions, coupled with a desire to evaluate and plan for Community Hubs, the Commission accelerated the timeline for updating its strategic plan. This databook and needs assessment was developed to support strategic planning so that implementation could begin as needed on July 1, 2016, while aligning the plan with the potential implementation of Community Hubs.

The data and needs assessment summary contained herein highlights the socio-economic and demographic makeup and projections for the county while synthesizing assets, gaps and priorities of families with children 0-5 and their communities using existing surveys, First 5 data and a number of county reports. The objective of this report is to explore and confirm the most pressing needs of El Dorado County's youngest children and their families, leveraging evaluation data, surveys, focus groups, reports and other data readily available throughout the county.

The report is comprised of three sections. The first section: Databook includes socio-economic and demographic data for the county and provides a number of data sets and indicators related to health, birth, education, child welfare, child care and other factors that indicate how children and families in the county are doing.

The second section: Evaluation Summary provides utilization and outcome data from the most recent First 5 El Dorado annual report to be submitted to the State Commission in October 2015. It includes kindergarten entry survey data and satisfaction survey results and identifies assets and barriers experienced by families receiving First 5 services.

The third section: Needs Assessment includes a meta-analysis of the assets, gaps and priorities by synthesizing information from the previous two sections with data found in other needs assessments, survey results and reports developed by community partners throughout the county. It also provides excerpts from various community needs assessments conducted in the county.

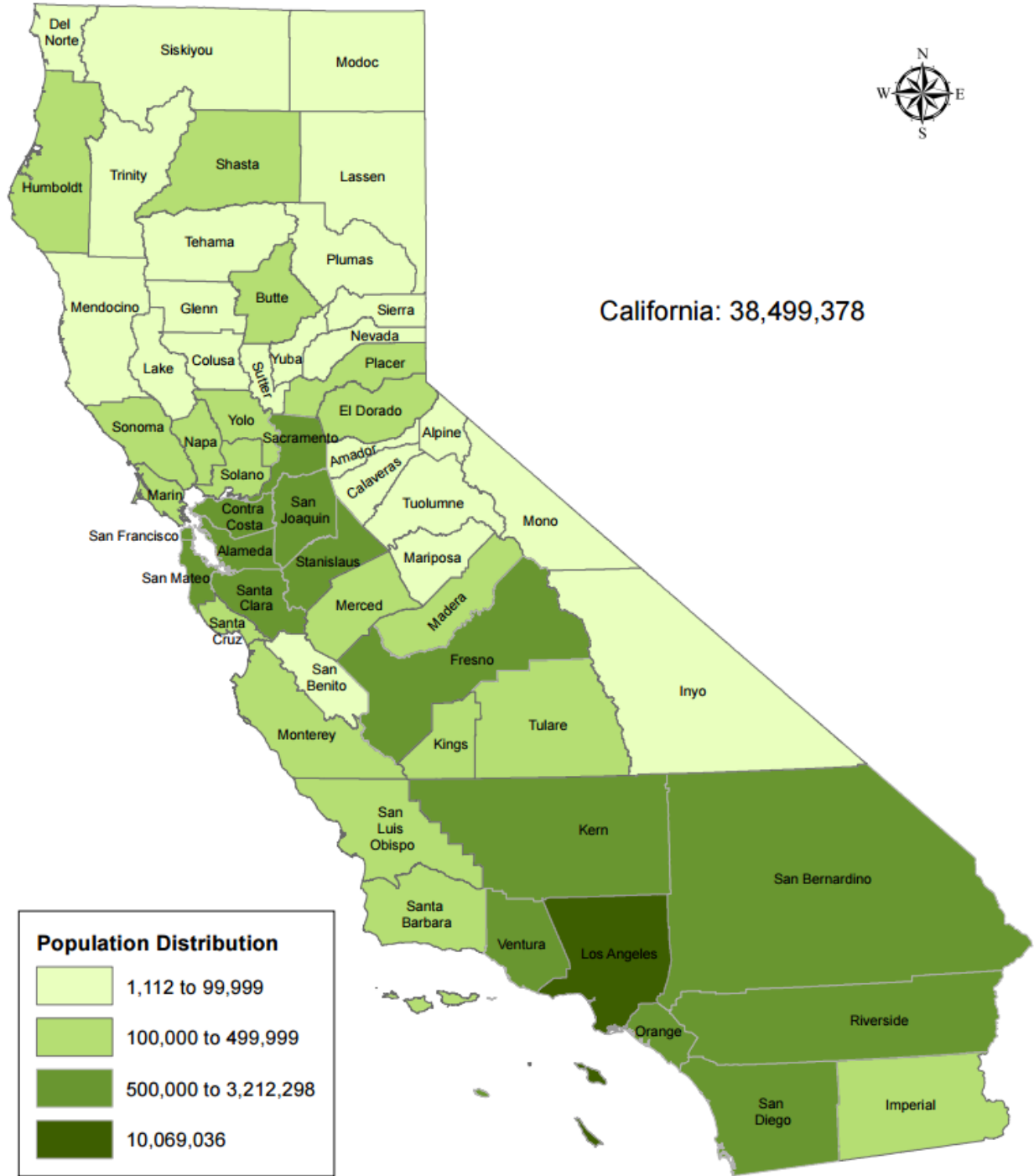
The information from all three sections will be used to assess emerging trends and priorities to consider during strategic planning.

Databook

Demographics: 2014 Estimates

Population by Counties – 2014

Statewide population: 38,499,378

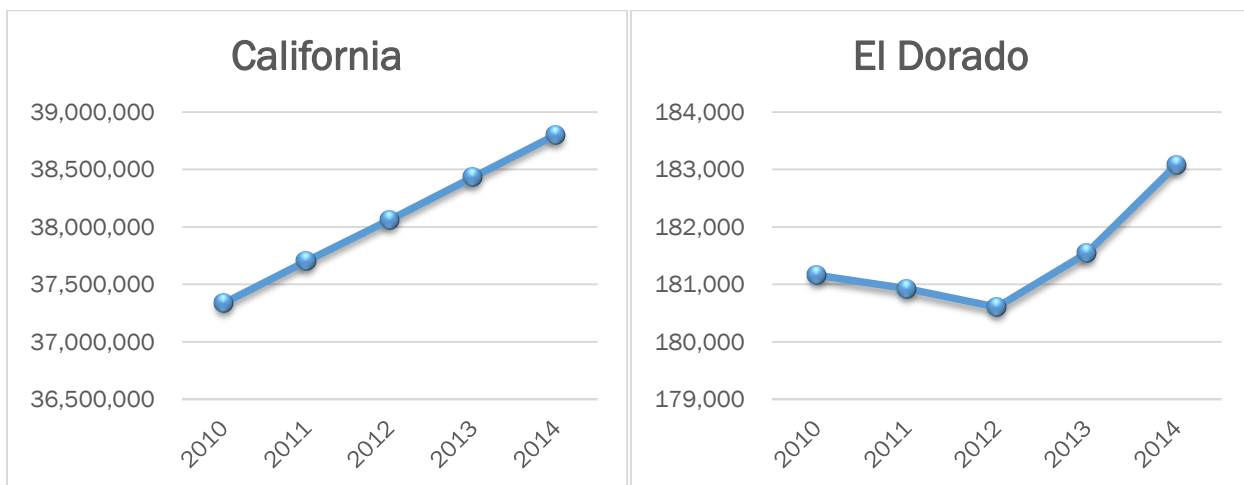


Map prepared by: California Department of Finance, Demographic Research Unit, December 2014.

Population Estimate: 2010-2014

Population by Year	California	Trend	El Dorado County	Trend
2010	37,336,011	-	181,163	-
2011	37,701,901	1.0%	180,926	-0.1%
2012	38,062,780	1.0%	180,605	-0.2%
2013	38,431,393	1.0%	181,542	0.5%
2014	38,802,500	1.0%	183,087	0.8%

Source: (U.S. Census Bureau, 2015)



Population estimates for California have been increasing since the year 2010. El Dorado County was on a population decline from 2010 to 2012 and started to increase again from 2012 to 2014. California averaged an increase in population of 1.0% each year while El Dorado County ranged from -0.1% to 0.8%.

Demographics

Population: 2013 (5-Year Estimate)

Population	California	%	El Dorado County	%
Total	37,659,181	-	180,982	-
Population 5 years and over	35,131,429	93.3%	172,000	95.0%
Population age under 5	2,527,752	6.7%	8,982	5.0%

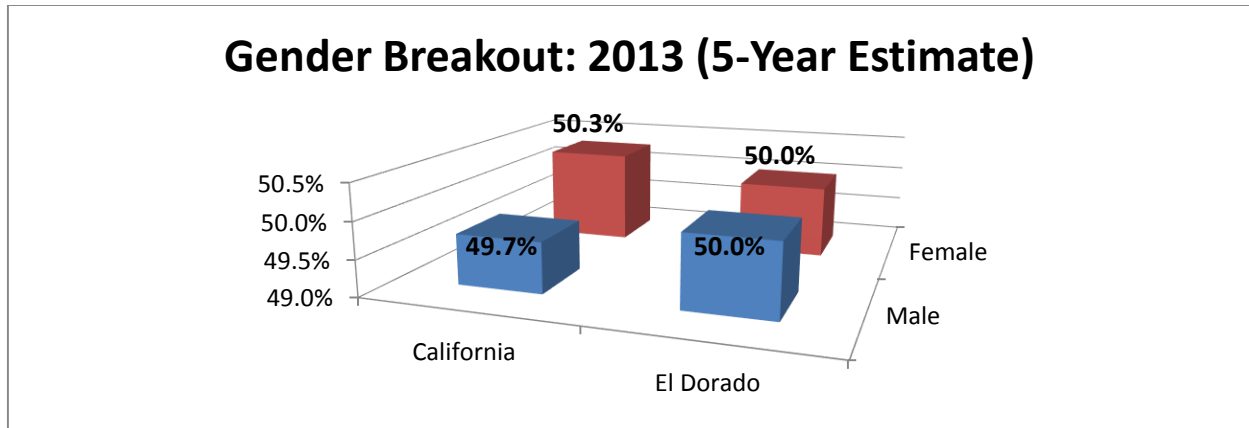
Source: (U.S. Census Bureau, 2015)

The estimated population of children under the age of 5 in El Dorado County was 8,982 or 5.0%. The Commission funds programs and services for children under the age of 6.

Gender: 2013 (5-Year Estimate)

Gender	California	%	El Dorado County	%
Male	18,726,468	49.7%	90,576	50.0%
Female	18,932,713	50.3%	90,406	50.0%

Source: (U.S. Census Bureau, 2015)

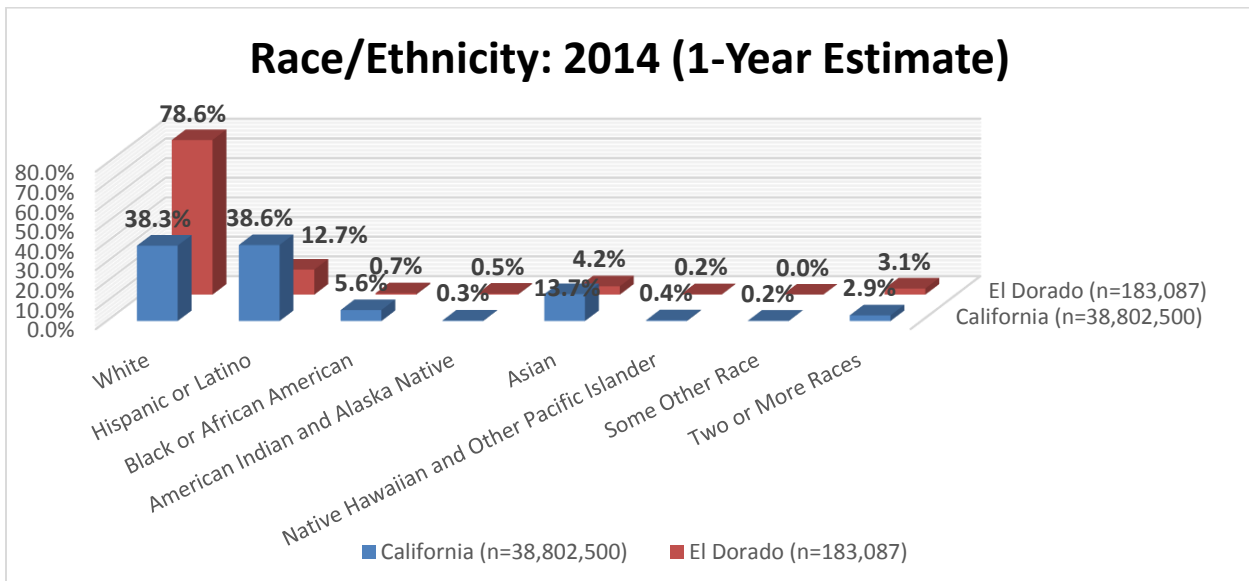


The percentage of males to females in both California and El Dorado County were almost equal.

Race and Ethnicity: 2014 (1-Year Estimate)

Race/Ethnicity	California	%	El Dorado County	%
White	14,849,129	38.3%	143,835	78.6%
Hispanic or Latino	14,988,770	38.6%	23,205	12.7%
Black or African American	2,155,733	5.6%	1,361	0.7%
American Indian and Alaska Native	135,245	0.3%	868	0.5%
Asian	5,329,431	13.7%	7,774	4.2%
Native Hawaiian and Other Pacific Islander	137,838	0.4%	283	0.2%
Some Other Race	96,073	0.2%	61	0.0%
Two or More Races	1,110,281	2.9%	5,700	3.1%

Source: (California Department of Finance, 2015)



Most of California's population was split between White (38.3%) and Hispanic or Latino (38.6%) while more than three quarters of El Dorado's population was White (78.6%). Hispanic or Latino made up 12.7% of El Dorado's population while all other race and ethnic groups were 4.2% or less of the population.

Race and Ethnicity: 2013 (5-Year Estimate)

Race/Ethnicity	California	%	El Dorado County	%
White	14,937,880	39.7%	144,293	79.7%
Hispanic or Latino	17,270,345	37.9%	22,034	12.2%
Black or African American	2,153,341	5.7%	1,480	0.8%
American Indian and Alaska Native	146,496	0.4%	1,281	0.7%
Asian	4,938,488	13.1%	6,358	3.5%
Native Hawaiian and Other Pacific Islander	136,053	0.4%	188	0.1%
Some Other Race	81,604	0.2%	78	0.1%
Two or More Races	994,974	2.6%	5,270	2.9%

Source: (U.S. Census Bureau, 2015)

Age Breakout: 2013 (5-Year Estimate)

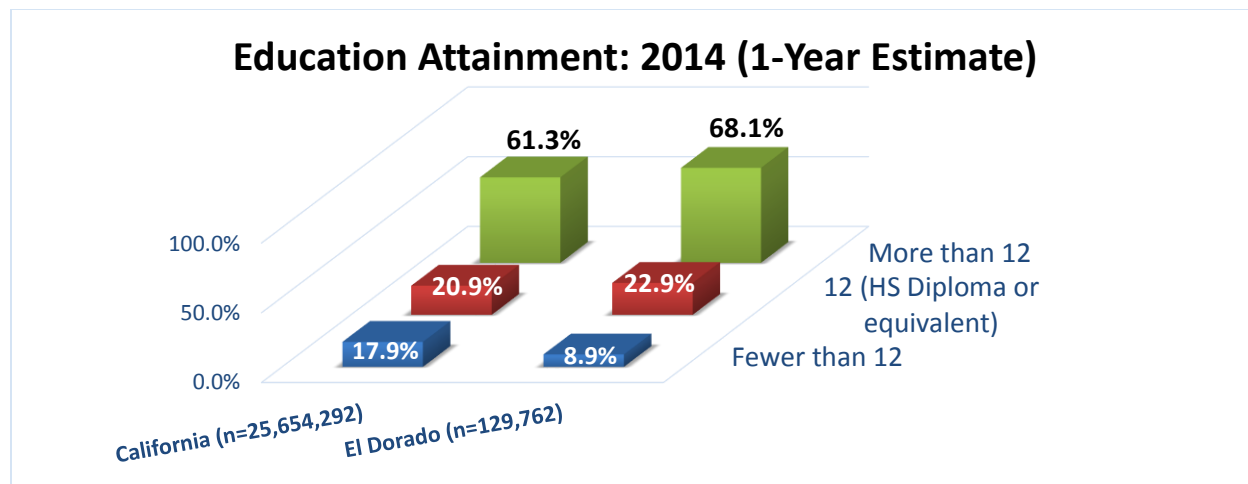
Age Breakout	California	%	El Dorado County	%
Under 5 years	2,527,752	6.7%	8,982	5.0%
5 to 9 years	2,517,928	6.7%	11,023	6.1%
10 to 14 years	2,564,734	6.8%	12,164	6.7%
15 to 19 years	2,750,118	7.3%	12,328	6.8%
20 to 24 years	2,843,639	7.6%	9,487	5.2%
25 to 34 years	5,420,158	14.4%	17,334	9.6%
35 to 44 years	5,172,373	13.7%	21,363	11.8%
45 to 54 years	5,233,774	13.9%	31,220	17.3%
55 to 59 years	2,267,776	6.0%	15,508	8.6%
60 to 64 years	1,914,064	5.1%	13,446	7.4%
65 to 74 years	2,426,218	6.4%	16,672	9.2%
75 to 84 years	1,391,398	3.7%	7,983	4.4%
85 years and over	629,249	1.7%	3,472	1.9%

Source: (U.S. Census Bureau, 2015)

Education Attainment: 2014 (1-Year Estimate)

Education (Percentages based on population 25 years and over)	California	%	El Dorado County	%
Population 25 years and over	25,654,292	-	129,762	-
Less than 9 th grade	2,565,429	10.0%	4,152	3.2%
9 th to 12 th grade, no diploma	2,026,689	7.9%	7,396	5.7%
High school graduate or equivalent	5,361,747	20.9%	29,715	22.9%
Some college, no degree	5,566,981	21.7%	35,036	27.0%
Associate's degree	2,001,035	7.8%	13,106	10.1%
Bachelor's degree	5,130,858	20.0%	25,044	19.3%
Graduate or professional degree	3,027,206	11.8%	15,182	11.7%
High school graduate or higher	21,062,174	82.1%	118,213	91.1%
Bachelor's degree or higher	8,132,411	31.7%	40,356	31.1%

Source: (California Department of Finance, 2015)



Source: (California Department of Finance, 2015)

Education attainment percentages for California and El Dorado County were based on the population age 25 year and over. El Dorado County’s population had higher education attainment compared to California as a whole. About 68.1% of El Dorado County’s population had at least some college education and 22.9% had a high school diploma or equivalent (61.3% and 20.9% for California, respectively).

Education Attainment: 2013 (5-Year Estimate)

Education (Percentages based on population 25 years and over)	California	%	El Dorado County	%
Population 25 years and over	24,455,010	-	126,998	-
Less than 9 th grade	2,494,411	10.2%	3,302	2.6%
9 th to 12 th grade, no diploma	2,078,676	8.5%	5,334	4.2%
High school graduate or equivalent	5,062,187	20.7%	27,813	21.9%
Some college, no degree	5,404,557	22.1%	36,829	29.0%
Associate’s degree	1,907,491	7.8%	13,081	10.3%
Bachelor’s degree	4,744,272	19.4%	27,432	21.6%
Graduate or professional degree	2,738,961	11.2%	13,208	10.4%
High school graduate or higher	19,857,468	81.2%	118,362	93.2%
Bachelor’s degree or higher	7,507,688	30.7%	40,639	32.0%

Source: (U.S. Census Bureau, 2015)

Veterans: 2014 (1-Year Estimate)

Veterans	California	%	El Dorado County	%
Civilian Population (18 years and over)	29,712,316	-	143,990	-
Number of civilian veterans of total population	1,693,602	5.7%	13,823	9.6%

Source: (California Department of Finance, 2015)

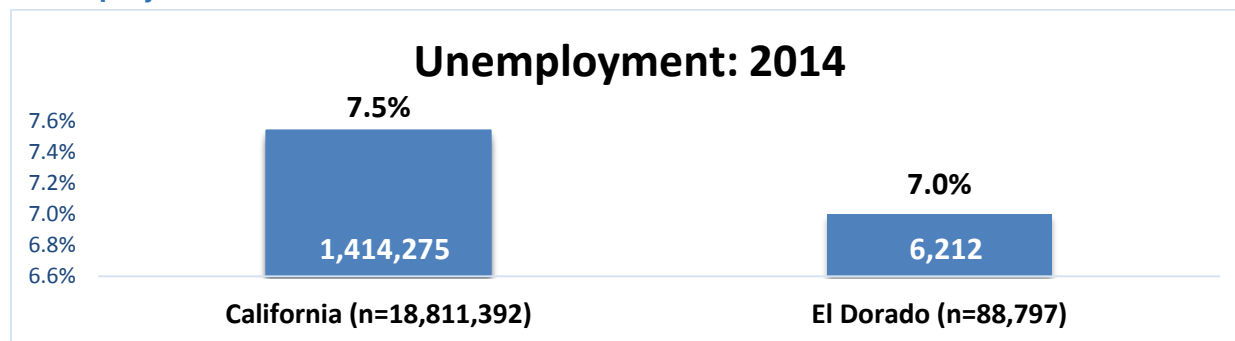
Veterans: 2013 (5-Year Estimate)

Veterans	California	%	El Dorado County	%
Civilian Population (18 years and over)	28,275,343	-	140,777	-
Number of civilian veterans of total population	1,893,539	6.7%	16,792	11.9%

Source: (U.S. Census Bureau, 2015)

Social and Economic Status

Unemployment: 2014



Source: (United States Department of Labor, 2015)

Unemployment in El Dorado County was similar to the state of California (7.0% compared to 7.5%).

Income: 2014 (1-Year Estimate)

Income	California	El Dorado County
Median household income	\$61,933	\$71,113
Mean household income	\$88,595	\$95,678
Median family income	\$71,015	\$82,446
Mean family income	\$98,670	\$108,772
Per capita income	\$30,441	\$35,680

Source: (California Department of Finance, 2015)

Mean, median, and per capita income in El Dorado County were higher than California's numbers. Median household income in California was \$61,933 while the median household income for El Dorado County was \$71,113.

Income: 2013 (5-Year Estimate)

Income	California	El Dorado County
Median household income	\$61,094	\$69,297
Mean household income	\$85,408	\$90,247
Median family income	\$69,661	\$85,253
Mean family income	\$94,926	\$104,269
Per capita income	\$29,527	\$34,884

Source: (U.S. Census Bureau, 2015)

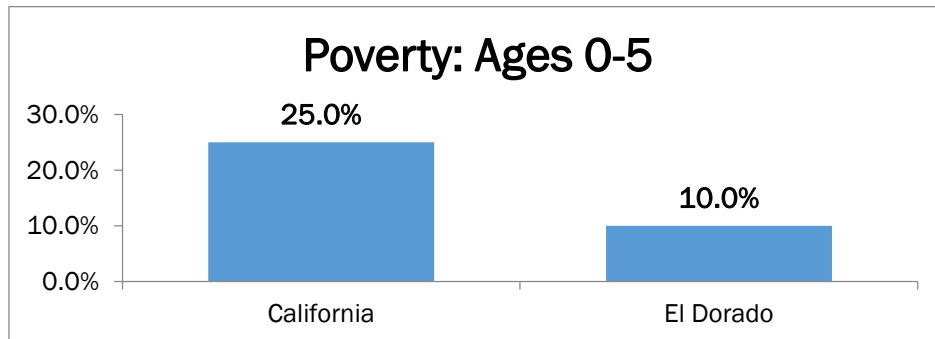
Population in Poverty: 2014 (1-Year Estimate)

Poverty	California	El Dorado County
All families	12.2%	8.5%
Married couple families	7.3%	4.5%
Families with female householder, no husband present	28.0%	30.3%
All people	16.4%	12.6%
Persons under 18 years	22.7%	15.3%
*Children 0-5	25.0%	10.0%

Source: (California Department of Finance, 2015)

*Source: (California Child Care Resource & Referral Network, 2015)

According to the poverty guidelines for 2015, a one member household was in poverty if they earned less than \$11,770 in the year. Of the families in California, 12.2% were in poverty while 8.5% of El Dorado County’s families were in poverty. El Dorado County had more families with a female householder and no husband in poverty (30.3% compared to 28.0%) while El Dorado County had less people in poverty in all other categories.



A quarter of children in California, ages 0-5, (25.0%) lived in poverty while 10.0% of children in El Dorado County live in poverty. Children who fall within these percentages may have trouble accessing daily needs, benefits, and services due to low income.

Population in Poverty: 2013 (5-Year Estimate)

Poverty	California	El Dorado County
All families	12.0%	6.0%
Married couple families	7.2%	3.9%
Families with female householder, no husband present	27.4%	24.6%
All people	15.9%	9.0%
Persons under 18 years	22.1%	10.8%
Children 0-5	33.0%	28.7%

Source: (U.S. Census Bureau, 2015)

Household Data: 2014 (1-Year Estimate)

Households	California	%	El Dorado County	%
Total households	12,758,648	-	65,804	-
Family households	8,765,191	68.7%	45,010	68.4%
Nonfamily households	3,993,457	31.3%	20,794	31.6%
Average household size	2.98	-	2.75	-
Average family size	3.56	-	3.26	-
Number of grandparents living with own grandchildren under 18 years	1,161,135	-	NA	-
Grandparents responsible for grandchildren under 18 years	284,478	24.5%	NA	NA

Source: (California Department of Finance, 2015)

Household and family sizes in El Dorado County (2.75 and 3.56 respectively) were both lower compared to the state of California (2.98 and 3.56 respectively).

Household Data: 2013 (5-Year Estimate)

Households	California	%	El Dorado County	%
Total households	12,542,460	-	67,885	-
Family households	8,603,822	68.6%	48,981	72.2%
Nonfamily households	3,938,638	31.4%	18,904	27.8%
Average household size	2.94	-	2.64	-
Average family size	3.53	-	3.10	-
Number of grandparents living with own grandchildren under 18 years	1,104,161	-	3,123	-
Grandparents responsible for grandchildren under 18 years	301,746	27.3%	767	24.6%
*Children in single-parent households	-	32%	-	22%

Source: (U.S. Census Bureau, 2015)

*Source: (County Health Rankings, 2015)

Language Spoken at Home: 2014 (1-Year Estimate)

Language (percentages based on population age 5 and over)	California	%	El Dorado County	%
Population 5 years and over	36,290,808	-	175,128	-
Speak a language other than English at home	15,931,665	43.9%	24,518	14.0%
Speak English less than "very well"	6,713,799	18.5%	8,056	4.6%

Source: (California Department of Finance, 2015)

Language Spoken at Home: 2013 (5-Year Estimate)

Language (percentages based on population age 5 and over)	California	%	El Dorado County	%
Population 5 years and over	35,131,429	-	172,000	-
Speak a language other than English at home	15,348,831	43.7%	21,553	12.5%
Speak English less than "very well"	6,799,270	19.4%	7,293	4.2%

Source: (U.S. Census Bureau, 2015)

Use of Benefits

SNAP/CalFresh

SNAP/CalFresh Eligibility	California – 2012	El Dorado County – 2013
Income – Eligible individuals	7,017,486	20,078
Income – Eligible non-participants	2,596,470	8,334
Participating individuals	4,421,016	13,265

Source: (California Food Policy Advocates (CFPA), 2015)

2012 data for the food stamp program was available for California and 2013 data was available for El Dorado County. Compared to the eligible individuals, 63.0% were participating in California while 66.1% were participating in El Dorado County.

Child and Adult Care Food Program (CACFP): 2011-12

Participation	California	%	El Dorado County	%
Child population under 18 (2013)	9,029,269	-	38,754	-
Children Participating in CACFP	342,132	3.8%	910	2.4%

Source: (California Food Policy Advocates (CFPA), 2015)

According to the California Food Policy Advocates, 342,132 children were participating in the CACFP in California and 910 children were participating from El Dorado County (3.8% and 2.4% respectively).

National School Lunch and Breakfast Programs: 2013-2014

Disabled	California	%	El Dorado County	%
Students eligible for free or reduced-price school meals	3,382,839	-	7,848	-
Low-income students reached by school breakfast	1,191,400	35%	2,784	35%
Low-income students reached by school lunch	2,273,209	67%	5,096	65%

Source: (California Food Policy Advocates (CFPA), 2015)

Both California and El Dorado County had similar percentages. A range of 65% to 67% of eligible students used the national school lunch program while 35% of eligible students used the breakfast program.

Summer Meal Programs: 2014

Disabled	California	%	El Dorado County	%
Summer Meal Program participation among low-income children	462,164	20%	169	3%

Source: (California Food Policy Advocates (CFPA), 2015)

The California Food Policy Advocates did not indicate the source of the number (n) value for the summer meal programs. Twenty percent of low-income children in California used the summer meal program while 3% of El Dorado County's low-income children used the program.

Health

Disabled: 2014 (1-Year estimate)

Disabled	California	%	El Dorado County	%
Civilian non-institutionalized population	38,297,457	-	181,798	-
Disabled population	4,059,530	10.6%	24,543	13.5%

Source: (California Department of Finance, 2015)

A higher percentage of El Dorado County's population was disabled when compared to the state (13.5% and 10.6% respectively).

Disabled: 2013 (5-Year estimate)

Disabled	California	%	El Dorado County	%
Civilian non-institutionalized population	36,913,404	-	179,742	-
Disabled population	3,749,535	10.2%	20,741	11.5%

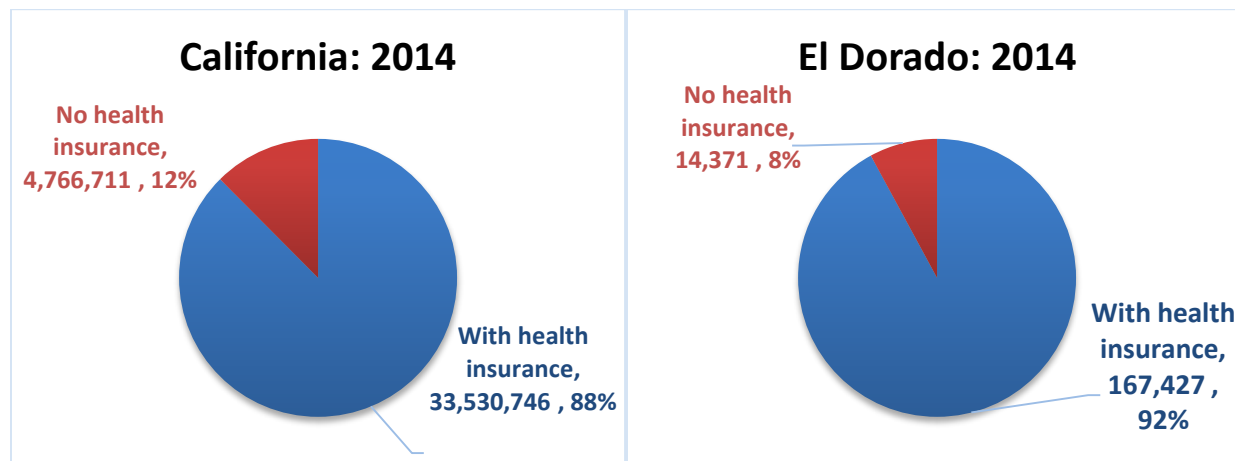
Source: (U.S. Census Bureau, 2015)

Health Insurance Coverage: 2014 (1-Year estimate)

Health Insurance	California	%	El Dorado County	%
Civilian non-institutionalized population	38,297,457	-	181,798	-
With health insurance coverage	33,530,746	87.6%	167,427	92.1%
With private health insurance coverage – (alone or with public coverage)	23,664,783	64.8%	133,322	73.3%

Health Insurance	California	%	El Dorado County	%
With public health insurance coverage – (alone or with private coverage)	13,123,200	34.3%	62,722	34.5%
No health insurance	4,766,711	12.4%	14,371	7.9%

Source: (California Department of Finance, 2015)



Over 90% of El Dorado County’s population had health insurance (92.1%) while 87.6% of California’s residents had health insurance coverage.

Health Insurance Coverage: 2013 (5-Year estimate)

Health Insurance	California	%	El Dorado County	%
Civilian non-institutionalized population	37,130,876	-	179,976	-
With health insurance coverage	30,529,357	82.2%	161,594	89.8%
With private health insurance coverage – (alone or with public coverage)	22,662,338	61.0%	137,085	76.2%
With public health insurance coverage – (alone or with private coverage)	10,964,848	29.5%	50,234	27.9%
No health insurance	6,601,519	17.8%	18,382	10.2%

Source: (U.S. Census Bureau, 2015)

Health Behaviors

Behaviors	California	%	El Dorado County	%
(2011) Adult obesity (age 20 and older)	-	23%	-	21%
(2012) Food environment index (rated, scale of 0-10)	7.5	-	7.9	-
(2011) Physical inactivity (age 20 and older)	-	17%	-	14%
(2013) Access to exercise opportunities	-	93%	-	94%
(2012) Sexually transmitted infections (rate of chlamydia incidence per 100,000 population)	441	-	159	-
(2012) Violent crime (rate per 100,000 population)	425	-	241	-
(2012) Adult smoking	-	13%	-	14%
(2012) Excessive drinking	-	17%	-	21%
(2013) Alcohol-impaired driving deaths	-	31%	-	44%

Source: (County Health Rankings, 2015)

The food environment index scale ranged from 0 to 10, 0 being the worst and 10 the best, and was a combined measurement of two indicators of the food environment. The first indicator estimated the proportion of the population who were low income and did not live close to a grocery store. For rural areas, living close to a grocery store meant living less than ten miles away while non-rural areas meant living less than one mile from a grocery store. The second indicator estimated the percentage of the population who were not able to access a reliable source of food.

Data from the latest health behavior indicators showed El Dorado County with a higher rate of adult smoking (14%), excessive drinking (21%), and alcohol-impaired driving deaths (44%) compared to California (13%, 17%, and 31% respectively). El Dorado County also had more access to exercise opportunities (94% compared to 93%) and less physical inactivity (14% compared to 17%).

Health Behaviors: California Trend

Behaviors	2008	2009	2010	2011	2012	2013
Adult obesity (age 20 and older)	23%	24%	23%	23%	-	-
Food environment index (rated, scale of 0-10)	-	-	-	7.6	7.5	-
Physical inactivity (age 20 and older)	-	18%	18%	17%	-	-
Access to exercise opportunities	-	-	-	-	91%	93%
Sexually transmitted infections (rate of chlamydia incidence per 100,000 population)	407	399	404	443	441	-
Violent crime (rate per 100,000 population)	520	500	472	441	425	-
Adult smoking	15%	15%	14%	14%	13%	-
Excessive drinking	-	17%	17%	17%	17%	-
Alcohol-impaired driving deaths	-	-	-	-	32%	31%

Source: (County Health Rankings, 2015)

A number of indicators for California's health behavior have stayed the same since 2008: adult obesity (range of 23% - 24%), food environment index (range of 7.5 - 7.6), access to exercise opportunities (range of 91% - 93%), excessive drinking (17%), and alcohol-impaired driving (range of 31% - 32%). Sexually transmitted infections increased since 2008 (407 to 441), but violent crime and adult smoking both decreased (520 to 425 and 15% to 13% respectively).

Health Behaviors: El Dorado County Trend

Behaviors	2008	2009	2010	2011	2012	2013
Adult obesity (age 20 and older)	20%	21%	20%	21%	-	-
Food environment index (rated, scale of 0-10)	-	-	-	8.1	7.9	-
Physical inactivity (age 20 and older)	-	15%	15%	14%	-	-
Access to exercise opportunities	-	-	-	-	77%	94%

Behaviors	2008	2009	2010	2011	2012	2013
Sexually transmitted infections <i>(rate of chlamydia incidence per 100,000 population)</i>	131	136	134	131	159	-
Violent crime <i>(rate per 100,000 population)</i>	291	270	272	257	241	-
Adult smoking	14%	15%	14%	13%	14%	-
Excessive drinking	-	19%	19%	19%	21%	-
Alcohol-impaired driving deaths	-	-	-	-	38%	44%

Source: (County Health Rankings, 2015)

El Dorado County improved on some of their health behavior indicators: access to exercise opportunities (77% to 94%) and violent crime (291 to 241). Many indicators remained the same since 2008: adult obesity (range of 20% - 21%), food environment index (range of 7.9 - 8.1), adult smoking (range of 13% - 15%), and physical inactivity (range of 14% - 15%). A couple indicators worsened: excessive drinking (19% to 21%) and alcohol-impaired driving deaths (38% to 44%).

Clinical Care

Clinical Care	California	%	El Dorado County	%
(2012) Uninsured <i>(population under age 65)</i>	-	20%	-	13%
(2012) Primary care physicians	1,294:1	-	1,444:1	-
(2013) Dentists	1,291:1	-	1,262:1	-
(2014) Mental health providers	376:1	-	414:1	-
*Children who have visited a dentist in the last year	-	88%	-	91%

Source: (County Health Rankings, 2015)

*Source: (Children Now, 2015)

El Dorado County had a lower ratio of primary care physicians and mental health providers compared to California. The ratio of population to provider in El Dorado County was 1,444:1 for primary care physicians, 1,262:1 for dentists, and 414:1 for mental health providers. California's ratio of population to provider was 1,294:1 for primary care physicians and dentists and 376:1 for mental health providers.

Physical Environment

Physical Environment	California	%	El Dorado County	%
(2011) Air pollution <i>(daily measure of particulate matter, lower is better)</i>	9.3	-	9.5	-
(2014) Population exposed to water exceeding a violation limit	-	3%	-	0%
(2011) Households with at least 1-4 housing problems	-	29%	-	21%
(2013) Driving alone to work	-	73%	-	77%
(2013) Long commute – 30 minutes or more <i>(driving alone)</i>	-	37%	-	41%

Source: (County Health Rankings, 2015)

Physical Environment indicators were similar between El Dorado County and California as a whole. El Dorado County was not exposed to water exceeding violation limits, had less households with housing problems (21% compared to 29% in California), but more people drove alone to work (77%

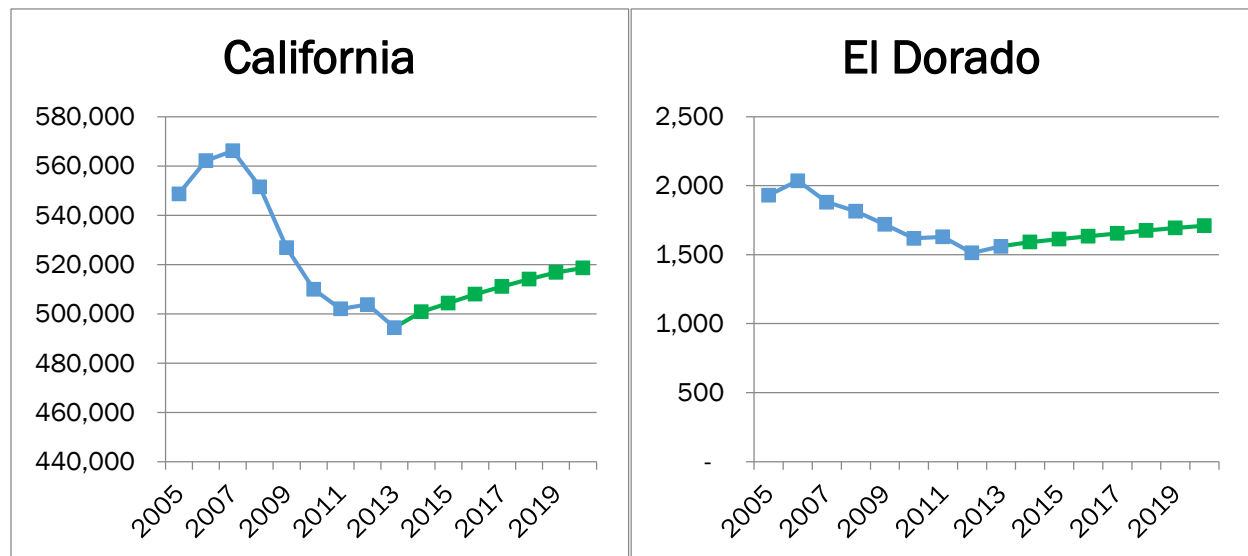
compared to 73% in California), and had a 30 minute commute or longer (41% compared to 37% in California).

Infant and Child and Birth Data

Birthrates

Births by Year	California	El Dorado County
2005	548,700	1,930
2006	562,157	2,036
2007	566,137	1,881
2008	551,567	1,814
2009	526,774	1,719
2010	509,979	1,618
2011	502,023	1,629
2012	503,788	1,513
2013	494,390	1,561
2014 (Projected)	500,748	1,591
2015 (Projected)	504,304	1,612
2016 (Projected)	507,917	1,634
2017 (Projected)	511,110	1,655
2018 (Projected)	514,014	1,674
2019 (Projected)	516,814	1,694
2020 (Projected)	518,566	1,710

Source: (State of California, Department of Finance, Demographic Research Unit, 2015)



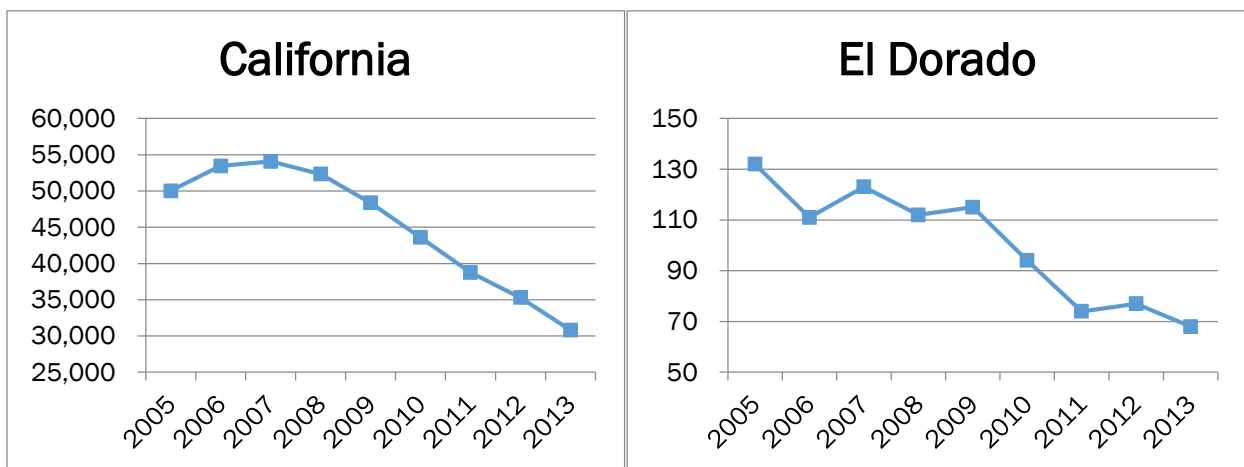
Birthrates in both California and El Dorado County have been on a decline since the year 2006, but projections from 2014 and onward show a steady increase in birthrates.

Teen Birthrate

Births to teen mothers aged 0-19	California	El Dorado County
2005	50,777	132
2006	53,455	111
2007	54,060	123
2008	52,332	112

Births to teen mothers aged 0-19	California	El Dorado County
2009	48,362	115
2010	43,584	94
2011	38,754	74
2012	35,281	77
2013	30,814	68
2014 (Projected)	30,029	-
2015 (Projected)	29,704	-
2016 (Projected)	29,472	-
2017 (Projected)	29,261	-
2018 (Projected)	29,127	-
2019 (Projected)	29,097	-
2020 (Projected)	29,103	-

Source: (State of California, Department of Public Health, Birth Records, 2015)



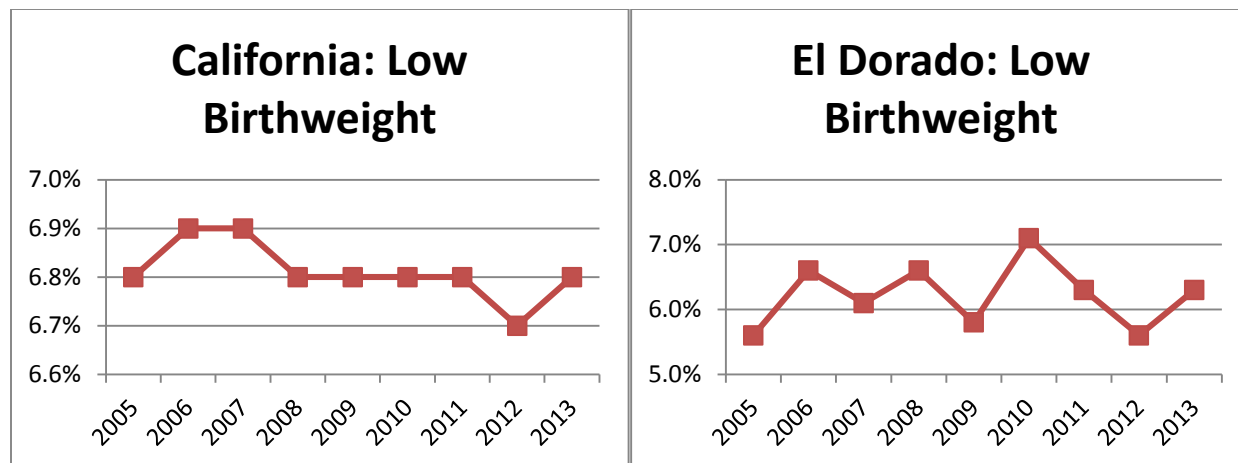
Teen birthrates have been on a decline since 2005. California decreased from 50,777 in 2005 to 30,814 in 2013 while El Dorado County decreased from 132 in 2005 to 68 in 2013. California’s projected teen birthrates continue to decline. El Dorado County did not have data on projected teen birthrates.

Birth Trends

Low Birth Weight Trend

Low Birth Weight	California	%	El Dorado County	%
2005	37,653	6.8%	107	5.6%
2006	38,517	6.9%	134	6.6%
2007	38,923	6.9%	114	6.1%
2008	37,663	6.8%	119	6.6%
2009	35,835	6.8%	99	5.8%
2010	34,692	6.8%	115	7.1%
2011	34,017	6.8%	102	6.3%
2012	33,723	6.7%	84	5.6%
2013	33,798	6.8%	97	6.3%

Source: (State of California, Department of Public Health, Birth Records, 2015)



There was little change in low birthweight data for both California and El Dorado County. Low birthweights in California ranged from 6.8% to 6.9% while El Dorado County ranged from 5.6% to 7.1%. El Dorado County’s low birth weight was 6.3% in 2013, a difference of 0.7% from 2005.

First Trimester Prenatal Care Trend

First Trimester Prenatal Care	California	%	El Dorado County	%
2005	470,955	85.8%	1,669	86.5%
2006	478,973	85.2%	1,736	85.3%
2007	459,188	81.1%	1,527	81.2%
2008	445,108	80.7%	1,394	76.8%
2009	428,449	81.3%	1,352	78.7%
2010	416,759	81.7%	1,246	77.0%
2011	410,213	81.7%	1,288	79.1%
2012	412,679	81.9%	1,184	78.3%
2013	406,035	82.1%	1,218	79.5%

Source: (State of California, Department of Public Health, Birth Records, 2015)

Late Prenatal Care Trend (Third Trimester)

Late Prenatal Care	California	%	El Dorado County	%
2005	11,187	2.0%	41	2.1%
2006	12,140	2.2%	31	1.5%
2007	14,627	2.6%	47	2.5%
2008	14,612	2.6%	49	2.7%
2009	13,945	2.6%	34	2.0%
2010	13,489	2.6%	45	2.8%
2011	13,479	2.7%	31	1.9%
2012	13,549	2.7%	44	2.9%
2013	14,257	2.9%	39	2.5%

Source: (State of California, Department of Public Health, Birth Records, 2015)

No Prenatal Care Trend

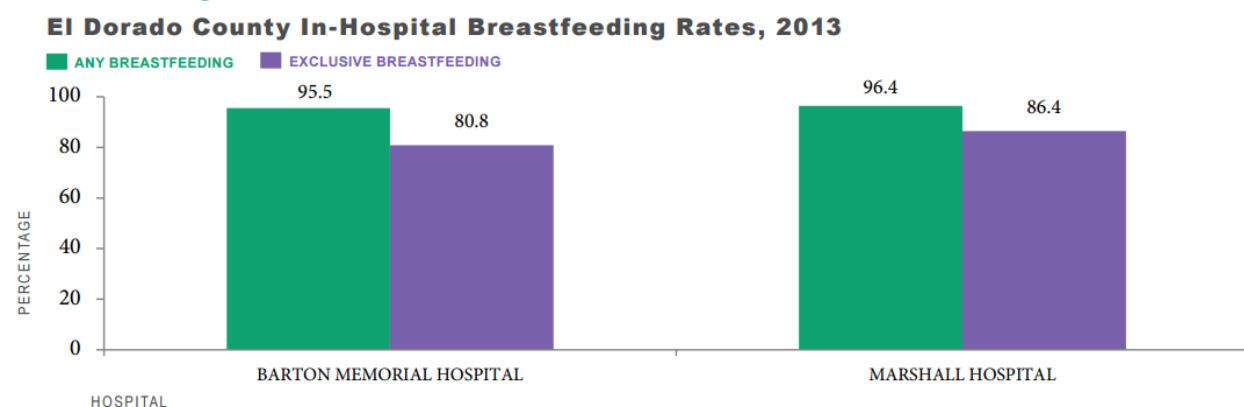
No Prenatal Care	California	%	El Dorado County	%
2005	3,448	0.6%	8	0.4%
2006	3,518	0.6%	12	0.6%
2007	3,220	0.6%	3	0.2%
2008	2,776	0.5%	3	0.2%

No Prenatal Care	California	%	El Dorado County	%
2009	2,589	0.5%	5	0.3%
2010	2,506	0.5%	5	0.3%
2011	2,404	0.5%	2	0.1%
2012	2,583	0.5%	5	0.3%
2013	2,884	0.6%	11	0.7%

Source: (State of California, Department of Public Health, Birth Records, 2015)

In 2005, both California and El Dorado County had about 86% of mothers who received prenatal care in the first trimester. In 2013, the percentage dropped to 82.1% in California and 79.5% in El Dorado County. While the percentage for no prenatal care remained the same in California, the percentage for Eldorado County increased from 0.4% in 2005 to 0.7% in 2013 (a difference of 0.3%).

Breastfeeding: Births in 2013



Source: (California WIC Association, 2015)

Exclusive breastfeeding were infants fed only human milk whereas any breastfeeding includes infants fed with human milk or formula.

- Hospitals that have instituted Baby-Friendly policies have high rates of breastfeeding.
 - As more California hospitals have adopted these evidence-based reforms, in-hospital exclusive breastfeeding has increased since 2010 from 56.6% to 64.6%.
- Nearly 93% of California mothers start breastfeeding.
 - 30% of infants receive formula supplementation during the hospital stay.
- Baby-Friendly hospitals in California continues to increase, from 12 in 2006 to 62 in July 2014.

● County average breastfeeding rates:
 Any – 96.1% Exclusive – 84.3%

● Ranked 12th in the state for exclusive breastfeeding

Source: (California WIC Association, 2015)

Immunization Status of Children Entering Kindergarten

Number and Percent of Students entering Kindergarten with up-to-date immunizations	California	%	El Dorado County	%
2005 – 2006	475,911	92.8%	1,804	87.0%
2006 – 2007	466,363	92.7%	1,825	85.0%
2007 – 2008	459,920	92.1%	1,975	89.2%
2008 – 2009	459,261	91.7%	1,948	88.1%
2009 – 2010	461,976	91.1%	1,973	89.3%
2010 – 2011	462,235	91.0%	2,167	84.9%
2011 – 2012	481,533	91.0%	2,261	87.2%
2012 – 2013	478,743	90.3%	2,159	87.1%
2013 – 2014	481,158	90.2%	1,810	81.7%
2014 – 2015	483,877	90.4%	1,982	90.3%

Source: (State of California, California Department of Public Health, 2015)

Of the children entering Kindergarten in El Dorado County and California, about 90% of them were up-to-date with their immunizations. El Dorado County improved from 87.0% in 2005 to 90.3% in 2015 while California’s percentages decreased from 92.8% in 2005 to 90.4% in 2015.

Child Abuse Allegations

Child Abuse Allegations (Incidence per 1,000 Children)	California (Age 0-17)	California (Age 0-5)	El Dorado County (Age 0-17)	El Dorado County (Age 0-5)
2005	50.3	52.4	56.7	65.1
2006	50.5	52.7	55.2	63.8
2007	51.5	54.2	58.1	66.6
2008	51.0	54.2	58.9	69.4
2009	50.6	54.5	55.2	68.1
2010	51.6	56.3	64.6	74.9
2011	51.6	56.3	62.0	79.1
2012	53.2	57.4	56.9	72.1
2013	53.0	56.8	64.3	78.1
2014	54.7	57.4	71.2	85.0

Source: (Webster, et al., 2015)

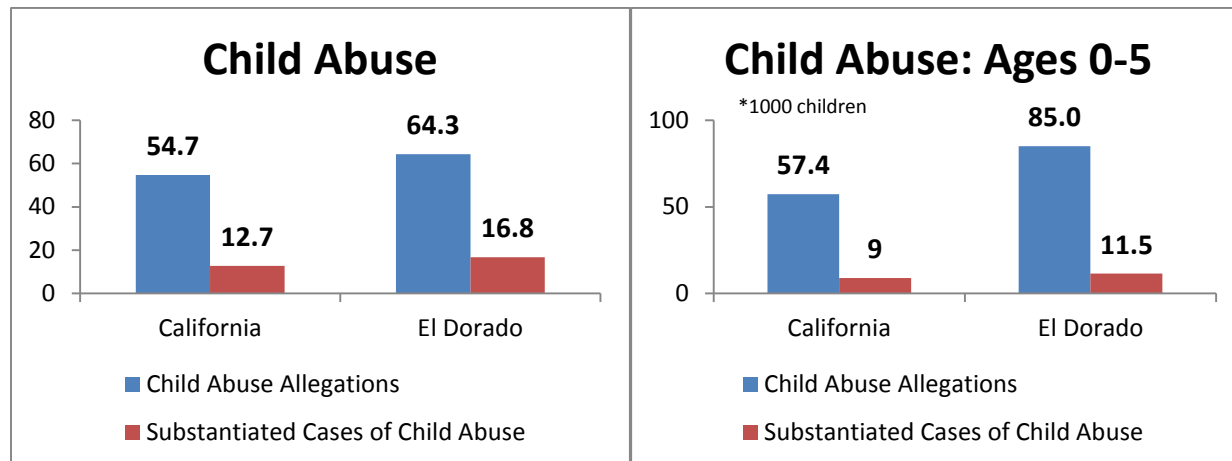
The rate of child abuse allegations was higher in El Dorado County in all age groups, for every year, compared to California. Child abuse allegations in California ranged from 50.3 incidences per 1,000 children to 54.7 while El Dorado County ranged from 55.2 to 71.2. Allegations in El Dorado County increased for ages 0-5, allegations ranged from 63.8 to 85.0 incidences per 1,000 children.

Substantiated Cases of Child Abuse

Child Abuse Allegations (Incidence per 1,000 Children)	California (Age 0-17)	California (Age 0-5)	El Dorado County (Age 0-17)	El Dorado County (Age 0-5)
2005	14.7	11.5	17.5	12.0
2006	14.5	11.3	16.5	11.1
2007	14.6	11.2	18.3	13.8
2008	13.5	10.2	20.3	16.0
2009	13.3	9.9	20.0	13.2

2010	13.1	9.6	17.3	11.4
2011	13.0	9.5	18.8	12.7
2012	12.9	9.3	19.1	11.1
2013	9.2	13.0	9.8	16.6
2014	12.7	9.0	16.8	11.5

Source: (Webster, et al., 2015)



Although child abuse allegations increased in El Dorado County, substantiated cases of child abuse did not follow the same trend. Substantiated cases in El Dorado County ranged from 9.8 to 20.3 incidences per 1,000 children. Substantiated cases peaked in 2008 and 2009 (20.3 and 20.0 respectively). In 2013, there were 9.8 substantiated cases per 1,000 children and all other years ranged from 16.5 to 20.3 substantiated cases per 1,000 children.

Infant Mortality

Infant Mortality by Race	California <i>infant deaths</i>	deaths per 1,000 live births	El Dorado County <i>infant deaths</i>	deaths per 1,000 live births
2005	2,913	5.3	5	2.6
2006	2,829	5.0	7	3.4
2007	2,941	5.2	8	4.3
2008	2,806	5.1	8	4.4
2009	2,593	4.9	10	5.8
2010	2,419	4.7	7	4.3
2011	2,397	4.8	2	1.2
2012	2,247	4.5	6	4.0
2013	2,348	4.7	4	2.6

Source: (State of California, Department of Public Health, Birth Records, 2015)

Infant mortality per 1,000 live births slightly decreased in California (5.3 in 2005 to 4.7 in 2013). Rates in El Dorado County fluctuated between 1.2 and 5.8, the fewest deaths per 1,000 live births were in 2011 with 1.2 deaths per 1,000 live births and the highest in 2009 with 5.8.

2014-15 Scorecard

The table that follows contains the indicators of the 2014-15 California Scorecard for El Dorado County. Indicators in red indicate El Dorado County's performance as the bottom third of Californian counties. Indicators in green indicate El Dorado County's performance as the top third of the California counties.

Top Performing Indicators

Item	Indicator	Percent
E.3	3 rd graders who read at grade level	56%
E.4	7 th graders who meet or exceed state standards in math	63%
E.6	High school science classes that are taught by a highly qualified teacher	99%
E.7	Students who feel connected to their school	56%
E.9	Expulsions that are limited to serious offenses, not willful defiance	100%
E.10	Students who are ready or conditionally ready for college-level math courses	74%
E.11	12 th graders who graduate on time	89%
H.2	Newborns who are exclusively breastfed while in the hospital	83%
H.3	Children who have health insurance for the entire year	94%
H.5	Children who have visited a dentist in the last year	91%
H.7	Children who are in a healthy weight zone	66%
H.11	Adolescents who are not at risk for depression	74%
W.1	Young children, ages 0-3, who do not experience recurring neglect or abuse	100%
W.5	Children in the child welfare system who exit to permanency within three years	91%
W.6	Children who are not living in communities of concentrated poverty	100%
W.7	Youth who attend school or are employed	94%

Source: (Children Now, 2015)

El Dorado County ranked in the top third (better) of all counties in California in 16 indicators. Seven of the indicators were from education, five were from health, and four from child welfare and economic well-being.

Bottom Performing Indicators

Item	Indicator	Percent
E.5	Students who are low income and have access to a state-funded afterschool program	3%
E.8	Suspensions that are limited to serious offenses, not willful defiance	50%
H.9	Students who are low income and eat free or reduced price meals during the summer	51%
W.2	Children in the child welfare system who have stability in their placement	79%

Source: (Children Now, 2015)

Four of the indicators for El Dorado County ranked in the bottom third (poorer) of all counties in California. Two were from education, one from health, and one from child welfare and economic well-being.

Education

Item	Indicator	Percent	Trend
E.1	Young children, ages 0-5, who are read to every day	-	-
E.2	3- and 4-year-olds who attend preschool	-	-
E.3	3 rd graders who read at grade level	56%	↔
E.4	7 th graders who meet or exceed state standards in math	63%	↑
E.5	Students who are low income and have access to a state-funded afterschool program	3%	↓
E.6	High school science classes that are taught by a highly qualified teacher	99%	↔
E.7	Students who feel connected to their school	59%	↑
E.8	Suspensions that are limited to serious offenses, not willful defiance	50%	↓

First 5 El Dorado County: Community Needs Assessment 2015

Item	Indicator	Percent	Trend
E.9	Expulsions that are limited to serious offenses, not willful defiance	100%	↑
E.10	Students who are ready or conditionally ready for college-level math courses	74%	↓
E.11	12 th graders who graduate on time	89%	↑

Source: (Children Now, 2015)

Health

Item	Indicator	Percent	Trend
H.1	Women who receive early prenatal care	79%	↑
H.2	Newborns who are exclusively breastfed while in the hospital	83%	↑
H.3	Children who have health insurance for the entire year	94%	-
H.4	Children with a usual source of health care	92%	↔
H.5	Children who have visited a dentist in the last year	91%	↔
H.6	Asthmatic children who have been given an asthma management plan	35%	↔
H.7	Children who are in a healthy weight zone	66%	-
H.8	Students who are low income and eat free or reduced price breakfasts during the school year	35%	↑
H.9	Students who are low income and eat free or reduced price meals during the summer	3%	↔
H.10	Schools that have a health center	0%	↔
H.11	Adolescents who are not at risk for depression	74%	↑

Source: (Children Now, 2015)

Child Welfare & Economic Well-Being

Item	Indicator	Percent	Trend
W.1	Young children, ages 0-3, who do not experience recurring neglect or abuse	100%	↑
W.2	Children in the child welfare system who have stability in their placement	79%	↑
W.3	Adolescents in the child welfare system who are placed in family-like settings	79%	↓
W.4	Children in the child welfare system who have had a medical exam in the last year	92%	↑
W.5	Children in the child welfare system who exit to permanency within three years	91%	↑
W.6	Children who are not living in communities of concentrated poverty	100%	-
W.7	Youth who attend school or are employed	94%	↓

Source: (Children Now, 2015)

Child Care

Child Care: 2012

Child Care Data	California	%	El Dorado County	%
Children ages 0-12	6,532,111	-	26,399	-
Children 0-12 with parents in labor force	4,164,276	64%	19,803	75%
Total number of child care slots	716,610	-	3,137	-
Child care slots for children ages 0-5	574,608	-	3,016	-

Child Care Data	California	%	El Dorado County	%
Children 0-12 with parents in the labor force for whom a licensed child care slot is available	-	25%	-	22%

Source: (California Child Care Resource & Referral Network, 2015)

Seventy-five percent of children, ages 0-12, had parents in the labor force; however, slots were available at a licensed child care for only 22% of those children in El Dorado County.

Child Care Supply

Child Care Data – El Dorado County	Licensed Child Care Centers			Licensed Family Child Care Homes		
	2010	2012	% Change	2010	2012	% Change
Total number of slots	3,296	3,137	-5%	1,548	1,302	-16%
Infant slots (<i>under 2 years old</i>)	386	471	22%	-	-	-
Preschool slots (<i>2-5 years old</i>)	2,677	2,545	-5%	-	-	-
School-age slots (<i>6 years and older</i>)	233	121	-48%	-	-	-
Total number of sites	73	65	-11%	155	125	-19%

Source: (California Child Care Resource & Referral Network, 2015)

The number of licensed family child care homes and slots decreased in El Dorado County from 2010 and 2012. The number of slots decreased by 16% and the number of sites decreased by 19%.

Child Care Schedule and Cost – El Dorado County Only: 2012

Child Care Supply	Licensed Child Care Centers	Licensed Family Child Care Homes
Full-time and part-time slots	58%	77%
Only full-time slots	7%	7%
Only part-time slots	29%	15%
Sites offering evening, weekend or overnight care	6%	26%
Full-time infant care	\$13,322	\$8,499
Full-time preschool care	\$9,516	\$7,930

Source: (California Child Care Resource & Referral Network, 2015)

Evaluation Summary

All data in the Evaluation Summary is from:

Social Entrepreneurs, Inc. (2015). First 5 El Dorado: Annual Report
Compilation 2014-15. Placerville: First 5 El Dorado.

Investments and Outcomes

The Commission made a number of investments in FY 2014-15 to achieve its mission. Investments are summarized below with the goal, targets and 2014-15 reported by Initiative.

Ready to Read@Your Library

Goal: <i>Children 0-5 are read to on a daily basis.</i>				
Expenditure	Children	Older Children /Adults	Providers	Target by 2017
\$208,007	2,304	1,740	See RTT	85% of children 0-5 are read to on a daily basis
2012-17 Primary Indicator				2014-15 Results
				Number
				Percent
Parents report that they or another family member reads with the child every day				313
				63%*

High 5 for Quality

Goal: <i>Licensed ECE providers know how to provide high quality ECE services.</i>			
Expenditure	Children	Providers	Target by 2017
\$285,000 (H5Q)* \$23,973 (Library RTT)*	3,420	89**	85% of licensed early care and education providers caring for children 0-5 know how to provide high quality ECE services.

*An additional \$216,297 is leveraged through federal RTT funding to reach these goals.

**Number represents licensed sites; the number of individual providers may be considerably higher.

2012-17 Primary Indicator			2014-15 Results
			Number
			Percent
ECE providers report using Screenings, Assessments, and Site Improvement Plans to provide high quality early care and education services			53
			78%
Parents report the early childhood education program where my child attends regularly shares information about quality (such as child and program assessments, curriculum, staff education and training)			75
			37%
Licensed early care and education programs are tier 3 and above on the quality rating matrix			40
			45%

Children's Health Initiative

Goal: <i>Children 0-5 have timely well-child visits.</i>				
Expenditure	Children	Adults	Providers	Target by 2017
\$170,000	1,033*	1,135*	418	97% of children 0-5 have timely well-child visits. 85% of children ages 0-5 will have semiannual dental visits.

*Data was recorded without names, and this may include duplications.

2012-17 Primary Indicator	2014-15 Results
# of children reported to receive timely well-child visits (past 12 months)	449
% of children reported receive timely well-child visits (past 12 months)	95%
2012-17 Primary Indicator	2014-15 Results
# of program parents reported taking their child (ages 1 through 5) to the dentist every six months	184
% of program parents reported taking their child (ages 1 through 5) to the dentist every six months	39%*

*When children receiving a visit between six months and one year are included, the rate increase to 54%, comparable to the data summarized in previous years. This change marks a difference in the indicator language as opposed to a dramatic decrease.

Together We Grow

Goal: Parents of newborn children are confident in caring for their child.				
Expenditure	Children	Older Children / Adults	Providers	Target by 2017
\$170,000	912	1,187	58	85% of parents of children 0-5 have knowledge of their child's development

*These data may include some duplication, as families that experienced a learning session may have also completed an ASQ for the child. An unduplicated 705 children received developmental screens according to program data.

2012-17 Primary Indicator	2014-15 Results
# of parents that monitor child's development (within past 12 months)	225
% of parents that monitor child's development (within past 12 months)	48%
# of parents report using positive strategies to guide and teach their child	435
% of parents report using positive strategies to guide and teach their child	87%
# of parents report knowing normal behavior for my child's age level	437
% of parents report knowing normal behavior for my child's age level	88%

Best Beginnings

Goal: <i>Parents of newborn children are confident in caring for their child.</i>				
Expenditure	Children	Older Children/ Adults	Providers	Target by 2017
\$85,960 (Marshall) \$47,629 (Barton)	960*	1,227	--	85% of parents with a newborn will be confident in caring for their child.

*May include siblings of the newborn child.

2012-17 Primary Indicator	2014-15 Results
# of program parents reporting improvements in confidence in caring for their child	19*
% of program parents reporting improvements in confidence in caring for their child	95%*
# of program parents reporting having access to resources they need	39*
% of program parents reporting having to access resources they need	93%

*Low number of surveys results in a large confidence interval.

Community Strengthening Groups

Goal: <i>Community partners have knowledge of parenting and child development, an understanding of early childhood community resources and understand the referral process.</i>		
Expenditure	Providers	Target by 2017
\$20,611	250	85% of community partners will have knowledge of parenting and child development.
		85% of community partners will have knowledge of early childhood community resources.
		85% of community partners will have knowledge of the community referral process.

2012-17 Primary Indicator	2014-15 Results
# of community partners that rate themselves high or very high in their ability to help families with parenting	36
% of community partners that rate themselves high or very high in their ability to help families with parenting	95%

2012-17 Primary Indicator	2014-15 Results
# of community partners that rate themselves as high or very high in helping families learn early literacy skills such as reading, storytelling, and singing	33
% of community partners that rate themselves as high or very high in helping families learn early literacy skills such as reading, storytelling, and singing	87%
# of community partners that rate themselves high or very high in their knowledge of child development	20
% of community partners that rate themselves high or very high in their knowledge of parenting	95%
# of community partners that rate themselves high or very high in their knowledge of early childhood services available for expectant parents and families with children ages 0-5 in the county	67
% of community partners that rate themselves high or very high in their knowledge of early childhood services available for expectant parents and families with children ages 0-5 in the county	82%
# of parents that could access community services for their family and child if they needed to	418
% of parents that could access community services for their family and child if they needed to	92%
# of community partners that reported high satisfaction with participation (4 or 5 on 5 point scale)	79
% of community partners that reported high satisfaction with participation (4 or 5 on 5 point scale)	90%

Utilization

In addition to the results listed previously, additional information regarding utilization was included in the annual report:

Ready to Read@Your Library

- The El Dorado County Library completed 750 programs with 2,304 children and 1,740 parents registered for Ready to Read @ Your Library for the 2014-2015 year. This represents the highest registration numbers since the program started. Approximately 27% of the population of children 0-5 in El Dorado County were reached through the library programs.
- Currently, the El Dorado County Library has enrolled 36 of Title 22 Licensed Early Childhood Education providers and delivered 221 visits.
- Total children's attendance at 2,069 for El Dorado County Library's education providers.

High 5 for Quality/Race to the Top Library

- A large number and percentage of the county's early care and education providers are engaged in High 5 for Quality, and quality is improving in these sites. Of 89 participating sites, 45% are Tier 3 or above, and 35% are rated as Tier 4 or 5. A total of 58% of licensed providers are participating in the High 5 for Quality program.
- The High 5 for Quality program trained eight (8) new providers during FY 2014-15.

RTT Library

- Currently the El Dorado County Library has enrolled 36 of Title 22 Licensed Early Childhood Education providers reaching 100% of the contract goal. From October 2014 through June 2015 a total of 221 visits were made with the total children's attendance at 2,069. At this time staff is in the process of finishing the last of five curriculum modules to be shared over twelve visits using the California State Preschool Foundations and Frameworks for Language and Literacy as a teaching tool. The early modules have been well received with caregivers becoming more and more involved with the recommended activities.

Children's Health Initiative

- In 2014-15, a total of 47 outreach events were held. A total of 1,600 Health and Dental toolkits for Parents were distributed to 10 providers during outreach efforts. A total of 421 community referrals were initiated during the year with the majority to the libraries (11), Social Services (83), Medical (66) and Dental (60).
- In 2014-15, 95% of families surveyed reported that their child received a well-child exam (also referred to as a "well-check") within the past 12 months. Rates of well-checks have remained relatively steady since the first implementation of the First 5 El Dorado surveys in 2007-08.
- In 2014-15, more than half (54%) of eligible families reported that their child had a dental exam within the past 6 months. Data on annual oral health exams has ranged between 54% and 71% in First 5 El Dorado surveys (2007-2015).

Together We Grow

- The Brookes ASQ data showed screenings (ASQ, ASQ-SE, or both) of 705 unduplicated children from 648 unduplicated parents in FY 2014-15.
- Together We Grow served 705 children with developmental screenings (ASQ, ASQ-SE, or both).
- Together We Grow events and learning sessions reached 539 parents and families, 207 children 0-5, and 58 providers.

Best Beginnings

- Home visits were provided to 1,227 adults with newborns. Nearly all surveyed (95%) reported improvements in confidence in caring for the child as a result of the visit.
- During FY 2014-15, Barton Memorial Hospital conducted 224 unduplicated home visits, and 346 deliveries were reported. Thirty-eight participants were referred to services at Barton Memorial Hospital in FY 2014-15. Through referrals, participants were sent to El Dorado Public Health Nursing.
- During FY 2014-15, there were 215 appointments booked at Marshall Medical Hospital on the western slope, out of which 135 were completed (121 home visits completed in English and 14 completed in Spanish). A total of 80 appointments (37% of the appointments booked) were cancelled at Marshall Medical Hospital during FY 2014-15 (four due to staff illness).
- During FY 2014-15 Marshall Medical Hospital reported a total of 162 referrals. Most of them (123 or 76%) were made to an Early Childhood Specialist (ECS), six to a Primary Care Provider (PCP), eight to a Lactation Consultant, 17 to WIC, four to Infant-Parent Center (I-P C), and four to Early Head Start (EHS). A total of 38 single mothers received referrals at Marshall

Medical Hospital, and nine parents scored 10 or higher on the Edinburgh Postnatal Depression Screening (EDPS). At Marshall Medical Hospital, PHN referrals were 37% of births over the year.

Community Strengthening Groups

- Three Community Strengthening Groups met and convened with partners throughout the county.
- During FY 2014-15, 30 Community Strengthening Meetings were held with an attendance of 250 unique individuals, and 112 agencies were represented. In FY 2014-15, 242 unique individuals received email news and correspondence on the ListServ.

Outcomes

To measure impact, the evaluation for 14-15 not only reports on utilization by describing the numbers reached, but seeks to articulate the impact of interventions. In accordance with results-based accountability, satisfaction is seen as a proxy for determining the quality of the services provided. Outcomes in the evaluation included:

- Most participants (85%) were very satisfied or extremely satisfied with the services they received.
- Most (92%) of families surveyed indicated that they could access community services for their family and child if they needed to.
- Most, but not all (87%) of families answering the survey about a referral reported getting the information they need.
- Among the 1,012 children in traditional kindergartens screened using the Kindergarten Student Entrance Profile, 81% were found to be ready, having received scores of 33 or above. More than one-third of students screened (42%) were in the highest range, with scores of 40 or higher.
- Among individual Kindergarten Student Entrance Profile items, most children were observed as having almost or fully mastered the skills of: Engages in Cooperative Play with Peers, Recognizes Own Name, and Curious about School!
- The High 5 for Quality (H5Q) program successfully supported all participating High 5 for Quality providers during FY 2014-15. Two Family Child Care programs went from a rating of “2” to a rating of “5” and all programs made progress on the CA-QRIS rating matrix.
- In 2013-14, 33 sites had been rated, and only 27% were rated as Tier 4 or 5. In 2014-15, 89 were rated and 35% were rated as Tier 4 or Tier 5.
- Parent learning was also facilitated by Together We Grow. Staff met with families to help increase awareness of the importance of regular developmental screens for children and other parenting issues. These events and learning sessions reached 539 parents and families, 207 children 0-5, and 58 providers.
- Of 470 parents, 88% reported knowing normal behavior for their child’s age level.
- The proportion of screens (ASQ, ASQ-SE, or both) outside of development norms at two, four, and six months have decreased, as have referrals.
- Of 705 children, 68 had ASQ screening results outside of the norms and 34 children with ASQ Social Emotional results outside of the norm.
- Analysis of child profiles indicate that during FY 2014-15, the ECS team made 42 referrals to specialized services and community agencies during this reporting period.

- The percentage of families reporting their child had a screening within the past 12 months decreased from 54% during FY 2013-14 to 48% in 2014-15.
- Barton Memorial Hospital Home Visits averaged a 70% acceptance rate, which was just under the goal of 75% at midyear.
- Marshall Medical Hospital reached a 41% acceptance rate of eligible families.
- Nearly all parents surveyed (Barton and Marshall combined) noted confidence caring for their child as a result of the visits, and 93% of parents surveyed through this program reported having access to the resources they need.
- More than half of providers (54%) surveyed indicated that they were better able to assist families with parenting as a result of their participation. More than two-thirds (68%) of community partners reported improvements in knowledge of early childhood community resources.
- Nearly all (95%) of those providers answering the question about helping families with parenting rated their knowledge as high or very high; 59% rated their knowledge about child development as high or very high; 86% rated themselves as high or very high in helping early literacy skills such as reading, storytelling, and singing.

Assets

There are a number of family, provider and system assets that were identified in the evaluation. They include:

- Providers are more connected to outside resources and are able to refer children to timely interventions with El Dorado agencies and organizations.
- In FY 2014-15, a total of 470 parents responded to the question about monitoring child's development in the client satisfaction survey, out of which 48% reported that they had monitored their child using a screening in the past 12 months.
- The development of "Infant Play Areas" was implemented at larger libraries, in order to include and welcome the youngest patrons to the library.
- Spanish versions of the "Read to Your Child Every Day" bookmarks, banners, and magnets were created to include and welcome Spanish speaking families to the library and out in the community.
- After listening to requests made by the families to offer materials to check out, Toddler Bins were created to meet their needs. Each bin contains developmentally appropriate materials such as board books, puzzles and manipulatives.
- The El Dorado Library, in collaboration with Together We Grow, is currently creating Ages & Stages Questionnaire Kits for parents to check out from the library. Each kit contains materials to help with the assessment of a child's developmental stage, ages 0-60 months.
- More than half (58% or 89 of 153) of the county's licensed early care and education providers are engaged in High 5 for Quality. This includes providers from small and large family child care homes, child care centers, and programs that are both privately and publically funded.
- Most (78%) licensed early care and education providers surveyed reported using screenings, assessments, and site improvement plans to provide high quality early care and education.
- The number and proportion of high quality licensed early care sites is increasing. At year end, 40 (45%) of participating sites were rated as Tier 3 or above.
- Five community-based sites completed the four-module California Social-Emotional Foundations of Early Learning program along with the High 5 for Quality coaching team. Each

site also received on-site coaching support from West Ed and participated in the four leadership team meetings where implementation strategies and site action plans were reviewed.

- In 2014-15, *Love to Play* events had consistent parent participation in Cameron Park (the Cimmarron neighborhood), Diamond Springs (All Start Gymnastics), Placerville (Cottonwood Park Apartments) and Georgetown (Georgetown School).
- During 2014-15, Together We Grow staff provided group parent education at three school sites in South Lake Tahoe (SLT) through the Cafecitos program in partnership with the South Lake Tahoe Family Resource Center. This series of events helped parents learn more about their child's development, about parenting strategies to increase school readiness and where to go for additional supports. This effort targeted an existing parent group in partnership with a trusted community partner and was provided in Spanish.
- First 5 El Dorado has made significant improvements to quality early care and education. Building on more than a decade of successful quality investments, First 5 El Dorado has implemented a quality rating system, "High 5 for Quality" based upon the Race To the Top Early Learning Challenge Grant (RTT-ELC) Matrix. All licensed and legally licensed exempt early care and education providers serving children ages 0-5 years of age in the county are eligible to apply for the program.
- The ECS team developed a Provider Developmental Screening Guide with state resources, a database quick start guide, and referral resources.

Needs

Community Strengthening convenings and parent and provider surveys identified the following needs:

- Less than half (39%) of parents with a child between the ages of 1 and 5 years indicated that their child had dental exam within the past six months.
- Many families also noted that they did not have a dentist (21) for their child.
- Many people said they were not sure who to call for help (33).
- Providers were also asked to identify family access barriers; while lack of service was identified by a few (19), knowledge about available services was identified much more often (56). Fear or uncertainty was also an important barrier (43) followed by cost (42). Transportation (4), language barriers (34), and family time (19) were also noted.
- Families reported needing more books in the home (20).
- Among the 1,012 children in traditional kindergartens screened using the Kindergarten Student Entrance Profile, 19% were in the lower ranges, corresponding to opportunities for further assessment, assistance, and monitoring.
- Among Kindergarten Student Entrance Profile items, lowest scoring items countywide (items where skills were not yet in place or emerging among a larger proportion of kindergartners) included Seeks Help, Attention to Tasks, and Impulse Control.
- One of the most frequently cited barriers provided by families, related to child care, was that they did not know what high quality child care is (35).
- First 5 El Dorado recommended continued use of the Kindergarten Student Entrance Profile in El Dorado classrooms; however, the district did not formally continue this work in fall 2015.

In FY 2014-15, agencies identified the following barriers that families in their community encountered when accessing early childhood services:

- Social isolation
- Not knowing what services exist
- No rapport with a person at an agency
- Language/cultural services at each agency
- Ability and transportation issues to access services off the Divide
- Lack of education / too hard to reach families regarding services continue to be barriers
- Some outside agencies also have stated difficulty of traveling to the Divide to product services. They have also had outside agencies reflect on the difficulty of connecting with Georgetown School to set up classes, Love to Play, or other services.
- Unstable family structures along with loss of employment
- Drug addiction challenges

Community Strengthening Groups effectively engaged numerous organizations working with children and families and coordinated on issues related to economic security, family support, substance abuse, health insurance, transportation, basic needs, education, and much more. Participating partners included public agencies, nonprofit organizations, faith community, educators, and other community members. Some of the needs identified included:

- Weekend and evening child care
- Medical dental providers
- Childcare/preschool
- Access to counseling for families and parenting classes
- Mental health services
- Family strengthening supports
- Health care access
- Drug treatment facilities
- Free educational opportunities

Program parents reporting having Barriers by Zip Code

Families accessing First 5 services were asked about barriers they encounter. Barriers were organized by zip code. The majority of barriers were noted in 95630, 95667, 95762, and 96150. Barriers related to knowing who to call or how to access a dentist were the highest barriers reported. In addition, not knowing what high quality care was also rated high as a barrier.

Row Labels	95619	95623	95630	95633	95634	95639	95667	95682	95713	95726	95762	96150	96159	96726	All
TWG I'm not sure who to call	1		6	1			1	2			4	5	1		21
TWG I'm not sure when to call			6				1				1	2			10
TWG Other Challenge		1	1				4	1			2	2		1	12
RR YL Storytimes are not at convenient times			2			1				2	1	1		1	8
RR YL Other Challenge		1					6	1				1			9
RR YL I don't have time to read to my child											1				1
RR YL My child isn't interested			2								2				4
H5Q I don't know what high quality care is	1		2		1		4	2			1	8			19
H5Q Other Challenge		1	1				3	2				3		1	11
H5Q I can't afford high quality care							1					1			2
CHI I don't have transportation											1				1
BBM I don't have transportation							1		1						2
BBM I'm not sure when to call			6				2				1				9
BBM Other Challenge		1	1				4	1			2	2		1	12
CHI I don't have a dentist			6				2	2		1		4			15
BBM I'm not sure who to call			7	1	1		1				2	7			19
Total	3	5	52	4	2	1	42	16	3	3	24	42	2	5	204

Needs Assessment

Meta-analysis of Needs, Gaps and Assets

Result Areas	NEEDS AND GAPS	ASSETS
Child Health	<ul style="list-style-type: none"> • Access to oral health care providers • Prenatal care • Healthy food and nutrition • Immunizations/personal beliefs • Health professional shortage areas • Family violence • Perinatal mood disorders • Lack of awareness of resources for screening and referrals • Lack of specialty providers for areas of concern 	<ul style="list-style-type: none"> • Health Insurance • Bilingual community health workers • MHSA focus on early mental health • Children’s Health Initiative • Best Beginnings • Family Engagement Specialists • Playgroups • ASQs • Together We Grow
Child Development	<ul style="list-style-type: none"> • Lack of affordable child care including evening and weekend care • Lack of understanding of what high quality child care is • Lack of sufficient child care options including for special populations 	<ul style="list-style-type: none"> • QRIS • Increased number of providers participating in QRIS • More Tier 4-5 Providers • Head Start and Early Head Start/State Preschool • High 5 for Quality
Family Functioning	<ul style="list-style-type: none"> • Lack of books at home • Availability of services (times and location) • Not knowing where services exist or who to call • Social isolation experienced by families 	<ul style="list-style-type: none"> • Storytimes • Libraries • Books • Mobile child development center • Ready to Read@Your Library • Access to mainstream resources (TANF, SNAP/Cal Fresh)
Systems of Care	<ul style="list-style-type: none"> • Cultural/language barriers • Lack of awareness about resources • Mental and behavioral health workforce shortage • Poverty/lack of resources for basic needs • Behavioral health concerns including substance use • Transportation 	<ul style="list-style-type: none"> • Community collaboration • Community Strengthening Groups Place-based community services • Enhanced provider capacity • Mobile outreach teams • Implementation of Strengthening Families framework with a focus on social connections

A number of needs assessments, reports and surveys conducted in El Dorado County report on factors affecting young children and their families. The preceding table highlights the major needs, gaps and assets identified repeatedly in evaluation data, surveys and needs assessments in El Dorado County. In addition to sorting the most frequently cited needs and gaps by Initiative, there are a number of cross-cutting issues identified. The following is a brief summary of the specific results from various reports that informed the meta-analysis.

Needs Assessment and Report Summaries

Excerpts of relevant needs assessment data that informed the meta-analysis are summarized below:

Needs Assessment Executive Report

In July of 2013, the Board of the Rotary Club of Cameron Park approved the conducting of a comprehensive community needs assessment project. Based on community surveys and input, the following priorities were identified:

- **Priority Need #1:** Reliable, accessible transportation connecting people to existing resources.
- **Priority Need #2:** A shelter for the homeless combined with centralized resource center to facilitate access to available services.
- **Priority Need #3:** Increased number of employment opportunities in the County.
 - One of the reasons given for many people not seeking to be employed was the lack of affordable child care in our area.
- **Priority Need #4:** Stronger and more plentiful mental health services.
- **Priority Need #5:** Addressing of a variety of social needs
 - Needs of all community members – General unmet needs and reduced services noted included the loss of library hours/locations, few low cost entertainment options, lack of affordable child care and cutbacks of County social services. Meeting basic human needs is a struggle for many. In addition to shelter, nutritious food, basic clothing, usable furniture and responsive emergency services, were cited as unavailable or inaccessible for some residents of our County.
- **Priority Need #6:** The lack of a sense of community in El Dorado County.

Source: (Board of the Rotary Club of Cameron Park, 2015)

2014 Maternal, Child and Adolescent Health Needs Assessment

Certain communities within the county have higher concentrations of low-income individuals, those with no high-school diplomas, and a higher rate of female-headed families living in poverty. These particular communities also have higher rates of Emergency Department visits and hospitalization rates due to mental health issues, self-inflicted injuries, and substance abuse issues. El Dorado County as a whole has a higher benchmark for substance abuse than the state, at almost twice the state rate. Methamphetamines, marijuana, heroin, and prescription drugs continue to be a problem in the county, including the pregnant population. The rural nature of the county and lack of sufficient mass-transit infrastructure contributes to access problems for health services, human services, and healthy foods. There are considerable challenges associated with accessing care, especially Medi-Cal providers, specialty medical and follow-up care, mental health treatment, and dental services. The county has a significant Latino population but is lacking in culturally-appropriate care for these individuals.

An area of improvement for the county is the rate of uninsured children and adolescents. This can be attributed to a robust collaborative effort by First 5 El Dorado and Public health. Finally, teen birth

rates have decreased since the last MCAH Needs Assessment, especially in the 15-17 year-olds; the county’s current rate meets the Healthy People 2020 objective.

Source: (UCSF Family Health Outcomes Project, 2015)

Needs by Indicator from Community Health Status Report

Indicator	HP 2020 Objective	Period	Rate	Trend
Prenatal care in the first trimester per 100 females delivering a live birth	77.9	2009-2011	78.7	↓
Births within 24 months of a previous pregnancy per 100 females age 15 to 44 delivering a live birth	NA	2009-2011	31.8	↔
Gestational diabetes per 100 females delivering an infant in-hospital	NA	2009-2011	6.5	↑
Substance use hospitalizations per 1000 pregnant females	NA	2009-2011	41.5	↑
Mood disorder hospitalizations per 100,000 female population age 15 to 44	NA	2009-2011	1,531.5	↑
Domestic Violence calls per 100,000 population	NA	2009-2011	731.9	↑
Any smoking during the 1 st or 3 rd trimester per 100 females with live births	NA	2011	10.1+	-
Mental health hospitalizations per 100,000 population age 15 to 24	NA	2009-2011	1,445.8	↑
Substance abuse hospitalizations per 100,000 population age 15 to 24	NA	2009-2011	680.7	↑

Source: (UCSF Family Health Outcomes Project, 2015)

Problem Statements, Goals, and Strategies

Problem Category	Goal	Problem Statement	Strategy
Access to Health Care	Low rate of early prenatal care entry in females delivering a live birth due to substance use and mental health issue	Low rate of early prenatal care entry in females delivering a live birth due to substance use and mental health issues.	<ul style="list-style-type: none"> Educate young women on the importance of early prenatal care, signs and symptoms of pregnancy. Assist with access to care for pregnant women, helping to reduce any system barriers as appropriate. Educate middle and high school populations on dangers of substance use, positive coping strategies, and conflict resolution skills. Work with families in socially-isolated communities to provide early identification of mental health issues, substance use, and domestic violence problems. Provide resource connections for these families.
Adolescent Health	Improve Adolescent Health	High rate of mood disorder hospitalizations in 15 to 24 year olds due to lack of early identification of mental health issues,	<ul style="list-style-type: none"> N/A. Reason: Other community groups are addressing the problem.

Problem Category	Goal	Problem Statement	Strategy
		provider screening, and resource identification.	
Partner/Family Violence	Improve Maternal and Women's Health	High rate of domestic violence calls in the county due to lack of education, early identification of problem behaviors, and resource identification	<ul style="list-style-type: none"> • Educate middle and high school populations on dangers of substance use, positive coping strategies, and conflict resolution skills. • Work with families in socially-isolated communities to provide early identification of mental health issues, substance use, and domestic violence problems. Provide resource connections for these families.
Perinatal Mood/Anxiety Disorders	Improve Maternal and Women's Health	High rate of mood disorder hospitalizations in pregnant women due to lack of early identification of mental health issues, provider screening, and resource identification.	<ul style="list-style-type: none"> • Education middle and high school populations on dangers of substance use, positive coping strategies, and conflict resolution skills. • Work with families in socially-isolated communities to provide early identification of mental health issues, substance use, and domestic violence problems. Provide resource connections for these families. • Work with providers caring for pregnant and postpartum women to promote routine screening and referral process.
SIDS/SUID	Improve Infant health	High rate of substance use hospitalizations in pregnant women due to mental health issues, social isolation, inadequate problem solving skills, poor self-esteem, and limited knowledge on the effects of substance use during pregnancy.	<ul style="list-style-type: none"> • Education middle and high school populations on dangers of substance use, positive coping strategies, and conflict resolution skills. • Work with families in socially-isolated communities to provide early identification of mental health issues, substance use, and domestic violence problems. Provide resource connections for these families. • Work with partners to develop a community resource directory for treatment and promote its use. • Work with area medical providers on routine screening for substance use during pregnancy in addition to appropriate education and referrals for identified individuals.
Other	Improve Child Health	High Immunization Personal Belief Exemption rate in Kindergartens due to parental immunization safety concerns and lack of knowledge related to emerging Vaccine-Preventable Diseases.	<ul style="list-style-type: none"> • Work with schools to train staff on immunization importance and how to comply with State immunization requirements. • Work with partners (community-based organizations, schools, County programs, media) to educate parents and providers about vaccine importance and safety. • Work with area providers to increase their knowledge on effective counseling regarding immunizations for parents and to help ensure safe and effective immunization policies and practices.

Problem Category	Goal	Problem Statement	Strategy
	Improve Adolescent Health	High rate of substance use hospitalizations in 15 to 24 year olds due to mental health issues, social isolation, inadequate problem solving skills, poor self-esteem, and limited knowledge on the effects of substance abuse.	<ul style="list-style-type: none"> N/A. Reason: Insufficient capacity.

Source: (UCSF Family Health Outcomes Project, 2015)

Needs

- Difficulty in recruiting, training and retaining a Public health Nurse in South Lake Tahoe.
- Most of the population lives in a “Health Professional Shortage Area”

Barton Hospital 2015 Community Health Needs Assessment

This assessment incorporated data from both quantitative and qualitative sources. Quantitative data input included primary research (the PRC Community Health Survey) and secondary research (vital statistics and other existing health-related data). Qualitative data input included primary research gathered through an Online Key Informant Survey. The survey instrument used was based largely on the Centers for Disease Control and Prevention (CDC) Behavioral Risk Factor Surveillance System (BRFSS), as well as various other public health surveys and customized questions addressing gaps in indicator data relative to health promotion and disease prevention objectives and other recognized health issues.

The study area for the survey effort (referred to as the “Primary Service Area” in this report) is defined as each of the residential ZIP Codes comprising the service area, including 95721, 95735, 96142, 96150, 96151, 96155, 96156, 96158, 89413, 89448, and 89449. The following “areas of opportunity” represent the significant health needs of the community, based on the information gathered through this Community Health Needs Assessment and the guidelines set forth in Healthy People 2020. From these data, opportunities for health improvement were identified as follows:

Areas of Opportunity Identified Through This Assessment	
Access to Healthcare Services	<ul style="list-style-type: none"> • Specific Source for Healthcare • Barriers to Access <ul style="list-style-type: none"> ○ Appointment Availability ○ Finding a Physician • Primary Care Physician Ratio • Health Professional Shortage Area Designation
Cancer	<ul style="list-style-type: none"> • <i>Cancer is the #1 Leading Cause of Death in the Area</i> • Cancer Incidence <ul style="list-style-type: none"> ○ Including Lung Cancer, Prostate Cancer, Female Breast Cancer • Skin Cancer Prevalence
Infant Health	<ul style="list-style-type: none"> • Prenatal Care
Injury & Violence	<ul style="list-style-type: none"> • Unintentional Injury Deaths <ul style="list-style-type: none"> ○ Including Motor Vehicle Crash Deaths • Firearm-Related Deaths

Mental Health	<ul style="list-style-type: none"> • Suicide Deaths • Seeking Help for Mental Health • <i>Mental Health ranked #2 as a “major problem” in the Online Key Informant Survey</i>
Nutrition, Physical Activity & Weight	<ul style="list-style-type: none"> • Fruit/Vegetable Consumption • Low Food Access • Obesity • Medical Advice on Weight
Oral Health	<ul style="list-style-type: none"> • <i>Oral Health ranked #3 as a “major problem” in the Online Key Informant Survey</i>
Substance Abuse	<ul style="list-style-type: none"> • Cirrhosis/Liver Disease Deaths • Overall Alcohol Use • Excessive Drinking • Drinking & Driving • Drug-Induced Deaths • <i>Substance Abuse ranked #1 as a “major problem” in the Online Key Informant Survey</i>
Tobacco Use	<ul style="list-style-type: none"> • Chronic Lower Respiratory Disease (CLRD) Deaths • Use of Cigars • Use of Smokeless Tobacco

Source:

(Professional Research Consultants, Inc., 2015)

A Community Health Needs Assessment of the Marshall Medical Center Hospital Service Area

A needs assessment of the hospital service area was conducted in 2013. Primary data collection included input from more than 50 members of the HSA, expert interviews with 15 key informants, and focus group interviews with 43 community members. In addition, an assessment collected data on more than 70 health assets in the greater El Dorado County area. Secondary data used included health outcome data, socio-demographic data, and behavioral and environmental data at the ZIP code or census tract level. Health outcome data included Emergency Department (ED) visit, hospitalization, and mortality rates related to heart disease, diabetes, stroke, hypertension, chronic obstructive pulmonary disease, asthma, safety, and mental health conditions. Socio-demographic data included data on race and ethnicity, poverty (female-headed households and families with children), educational attainment, health insurance status, and housing arrangement (own or rent). Behavioral and environmental data helped describe general living conditions of the HSA such as crime rates, access to parks, availability of healthy food, and leading causes of death.

Analysis of both primary and secondary data revealed five specific “Communities of Concern” in the Marshall Medical Center HSA that were living with a high burden of disease. These five communities had consistently high rates of negative health outcomes that frequently exceeded county, state, and Healthy People 2020 benchmarks. They were confirmed by experts as areas prone to experiencing poorer health outcomes relative to other communities in the HSA.

Communities of Concern			
<i>ZIP Code</i>	<i>Community/Area</i>	<i>County</i>	<i>Population</i>
95619	Diamond Springs	El Dorado	4842
95623	El Dorado	El Dorado	3806
95634	Georgetown	El Dorado	3232
95667	Placerville	El Dorado	36726
95726	Pollock Pines	El Dorado	8842
Total Communities of Concern Population			57,448

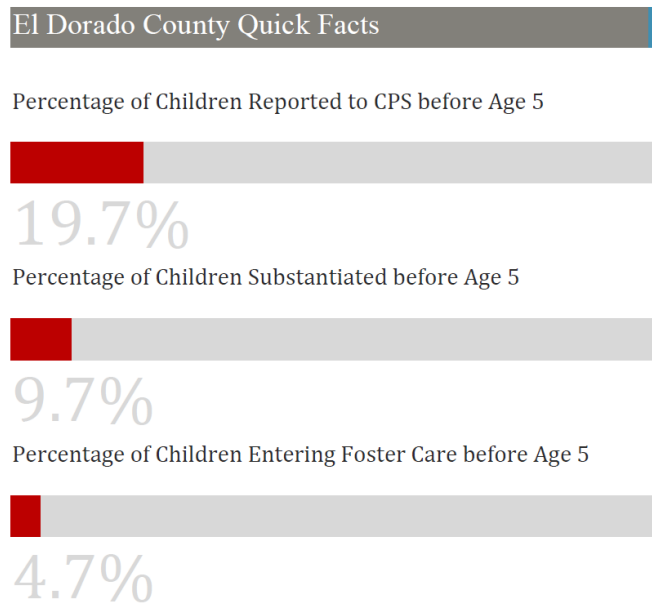
The needs assessment identified the priority health needs for the Marshall Medical Center HAS, which is also relevant for the Communities of Concern. Priorities include:

1. Access to primary and preventative services
2. Limited mental health services; lack of access to mental health services
3. Lack of access to specialty and follow up care
4. Lack of access to inpatient and outpatient substance abuse treatment
5. Limited transportation options
6. Lack of access to dental care
7. Lack of coordination of care among providers; no case management services
8. Limited or no nutrition literacy/access to healthy and nutritious foods, food security
9. Lack of safe and/or affordable places to exercise
10. Perceptions of limited cultural competence in health care and related systems

Source (Valley Vision, Inc., March 2013)

Birth Cohort Study of Involvement with CPS Before Age 5

- Between 2006 and 2007, 2,403 children were born.
- Although prenatal care began during the first trimester for a majority of children, 530 children (22.1%) were born to mother who received prenatal care that started late or not at all.
- A plurality of children (65.8%) were born to mothers of White race/ethnicity.
- 1,265 births were paid for by public health insurance, 52.6% of all children born.
- Paternity was missing for 9.5% of children overall, but 15.6% among births covered by public health insurance compared with 2.7% of births covered by nonpublic insurance.



Source: (Children's Data Network, 2015)

Teen Mothers

- A total of 9.2% of children were born to teen mothers.
- Teen mothers were more than 2.5 times as likely to be reported to CPS as were those born to mothers 30 and older.

Source: (Children's Data Network, 2015)

Substantiated Child Abuse

- 233 children were substantiated as victims of abuse or neglect before age 5, 9.7% of all children born.
- Notable differences emerged in the likelihood of being substantiated as a victim of maltreatment. Among children whose births were covered by public insurance, 15.8% were substantiated as victims of maltreatment before age 5, compared to 2.9% among children with non-public insurance. Before adjusting for other factors, public insurance was associated with a more than 5 times greater risk of substantiation.

Source: (Children's Data Network, 2015)

Foster Care

- 112 children spent time in foster care before age 5. This represents 4.7% of all children born.
- Characteristics differences emerged in the likelihood of being placed in foster care. Maternal education was strongly correlated with the likelihood of foster care placement before age 5.
- Among children whom paternity was not established, 18.4% entered foster care at some point before age 5. The comparable share of children entering foster care was 3.2% among those with established paternity. Overall, missing paternity was associated with 5.7 times greater risk of foster care placement.

Source: (Children's Data Network, 2015)

Child Welfare Services (CWS)

Profile of CWS in El Dorado County

	2012	2013	2014
Children in Care	442	426	417
Children in Care 0-5	167 or 38%	157 or 37%	130 or 31%
New CWS Cases	268	253	211
New CWS Cases 0-5	137 or 51%	121 or 48%	85 or 40%
CWS Investigations	2,488	2,692	2,446

Source: (El Dorado County, 2015)

The number of children in care of Child Welfare Services and new CWS cases decreased from 2012 to 2015. The number of children in care decreased from 442 to 417 while the number of new CWS cases decreased from 268 to 211.

CWS Division Systemic Factors

	2013	2014
Social Worker Turnover Rate	55%*	15%*
Social Worker Caseloads	Low 30s	Low 20s
Social Worker Vacancy Rate	30.3%	12.3%

*Rates are approximate

Source: (El Dorado County, 2015)

Early Care and Education in El Dorado County

Capacity and Need

Category	Number
Cost of full-time Preschool Care	\$9,576
Cost of full-time infant care	\$13,322
Number of children age 0-5 eligible for child care subsidy but on waiting list	239

Source: (California Child Care Coordinators Association, 2015)

Top Three Issues

1. Quality of Early Learning and Care Programs
2. Workforce Development
3. Increasing State and federal financial support for low income families, both working and non-working, to allow increased access to high quality early learning and care programs

Source: (California Child Care Coordinators Association, 2015)

El Dorado County Office of Education 2014-15 Community Needs Assessment

Data from Choices for Children, the local resource and referral program, indicated in 2014-15, there were 61 center based programs (a 7% drop from the year before), 101 family child care providers (a 20% drop), and an undetermined amount of exempt care (non-licensed) providers throughout the County. The assessment noted that in recent years, the overall number of providers has fallen by 30% largely due to the reduced number of subsidized slots and inability for families to afford full cost childcare. Since the 2008 -2009 school year, EDCOE has seen a reduction of \$3.3 million (24%) in State and Federal subsidies.

Choices for Children maintains the County-wide wait-list for children birth through 12 years old. There were 165 children birth to 3 years and 284 children 3 to 5 years waiting for subsidized services.

Licensed center based and family child care providers in El Dorado County do have vacancies and will accept full fee children as families request care. Internally at EDCOE, as of October 1, 2013, there were 82 children on the wait-list for EHS services, 18 children on the wait-list for HS services, and 32 children on the wait-list for California State Preschool services. Unmet need was noted for sub-populations. They included the need for child care for children with special needs, homeless children and bi-lingual children. Other challenges noted included lack of educational attainment of parents and the lack of transportation. Families surveyed in the needs assessment indicated interest in resources for financial literacy, employment and job training and parenting.

Source: (EDCOE, 2014-15)

Works Cited

- Board of the Rotary Club of Cameron Park. (2015). *Cameron Park Needs Assessment Executive Report*. Board of the Rotary Club of Cameron Park.
- California Child Care Coordinators Association. (2015). *Early Care and Education in El Dorado County*. El Dorado County early Care and Education Planning Council.
- California Child Care Resource & Referral Network. (2015). *2013 California Child Care Portfolio*. California Child Care Resource & Referral Network.
- California Department of Finance. (2015, October 1). *California State Data Center*. Retrieved from California Department of Finance: http://www.dof.ca.gov/research/demographic/state_census_data_center/american_community_survey/#ACS2014x1
- California Food Policy Advocates (CFPA). (2015, October 2). *Nutrition & Food Insecurity Profile*. Retrieved from California Food Policy Advocates: <http://cfpa.net/county-profiles>
- California WIC Association. (2015, October 8). *2014 Hospital Breastfeeding Rates Fact Sheets*. Retrieved from California WIC Association: <http://www.calwic.org/focus-areas/breastfeeding/hospital-rates-a-reports/296>
- Children Now. (2015, October 8). *California County Scorecard*. Retrieved from Children Now: <http://www.childrennow.org/reports-research/california-county-scorecard/>
- Children's Data Network. (2015). *A Birth Cohort Study of Involvement with Child Protective Services before Age 5*. El Dorado County.
- County Health Rankings. (2015, October 5). *Rankings: A Robert Wood Johnson Foundation program*. Retrieved from County Health Rankings & Roadmaps: <http://www.countyhealthrankings.org/>
- El Dorado County Office of Education. (2014-15). *Community Needs Assessment*. EDCOE.
- El Dorado County. (2015). *Child Welfare Services (CWS): Profile of CWS in El Dorado County*. County of El Dorado.
- Professional Research Consultants, Inc. (2015). *2015 Community Health Needs Assessment*. Barton Health.
- Social Entrepreneurs, Inc. (2015). *First 5 El Dorado: Annual Report Compilation 2014-15*. Placerville: First 5 El Dorado.
- State of California, California Department of Public Health. (2015, October 6). *Immunization Levels*. Retrieved from California Department of Public Health: <https://www.cdph.ca.gov/programs/immunize/Pages/ImmunizationLevels.aspx>
- State of California, Department of Finance, Demographic Research Unit. (2015, October 5). *Historical and Projected State and County Births*. Retrieved from California Department of Finance: <http://www.dof.ca.gov/research/demographic/reports/projections/births/>
- State of California, Department of Public Health, Birth Records. (2015, October 5). *Center for Health Statistics and Informatics*. Retrieved from California Department of Public Health: <http://www.apps.cdph.ca.gov/vsq/Default.asp>

First 5 El Dorado County: Community Needs Assessment 2015

U.S. Census Bureau, P. D. (2015, October 1). *American FactFinder*. Retrieved from United States Census Bureau: factfinder.census.gov

UCSF Family Health Outcomes Project. (2015). *2014 MCAH Needs Assessment: Community Health Status Report*. El Dorado County: Health and Human Services Agency: Public Health Division.

United States Department of Labor. (2015, October 8). *Local Area Unemployment Statistics*. Retrieved from Bureau of Labor Statistics: <http://www.bls.gov/lau/#cntyaa>

Valley Vision, Inc. (March 2013). *A Community Health Needs Assessment of the Marshall Medical Center Hospital Service Area*. Placerville, CA: Marshall Medical Center.

Webster, D., Armijo, M., Lee, S., Dawson, W., Magruder, J., Exel, M., . . . Hoerl, C. (2015, October 6). *CCWIP reports*. Retrieved from University of California Child Welfare Indicators Project website: http://cssr.berkeley.edu/ucb_childwelfare