August Commission Meeting - 2024

Program Innovation and Research Division

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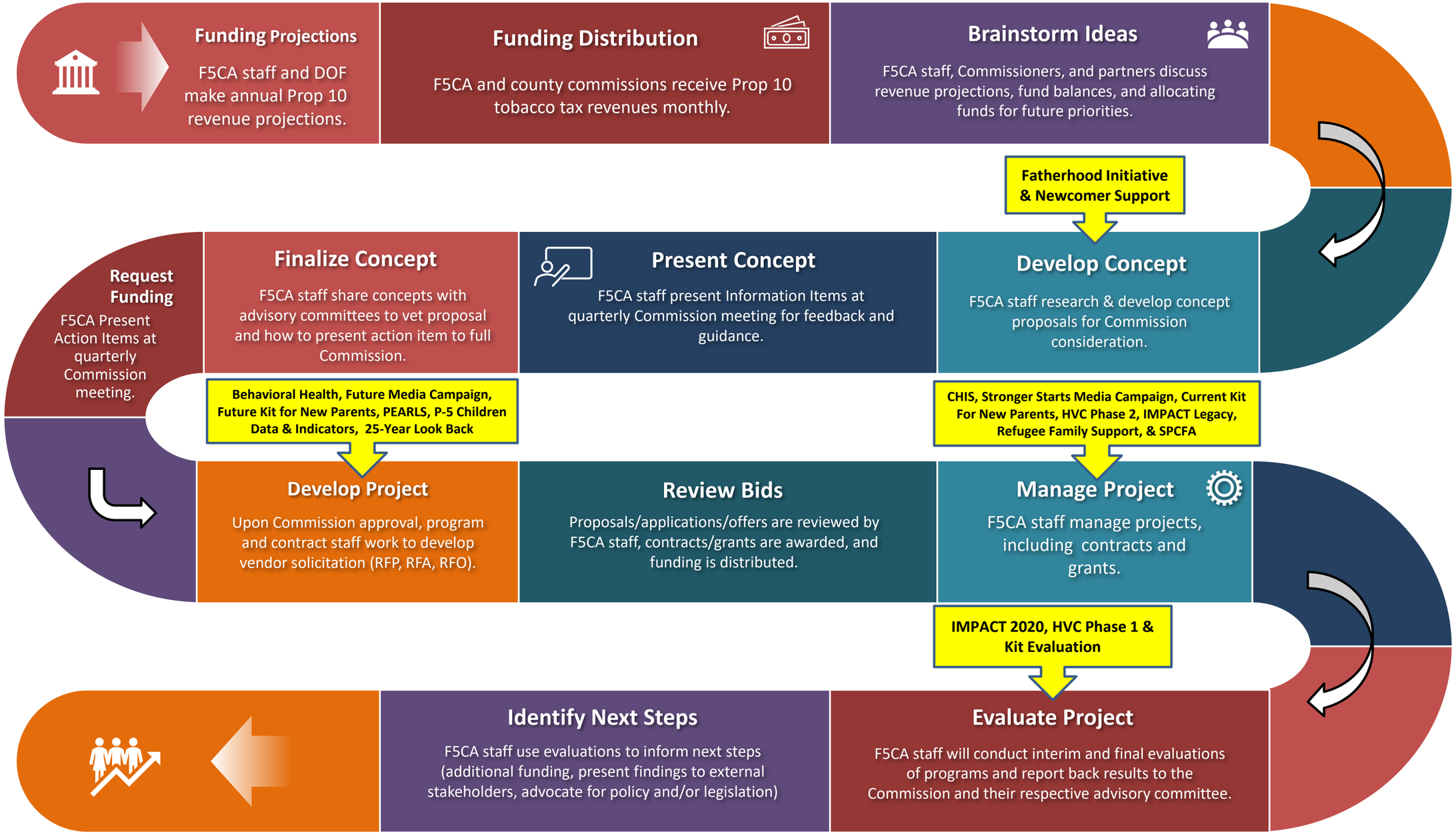
Status of Investments Flowchart, aka CANDY LAND®

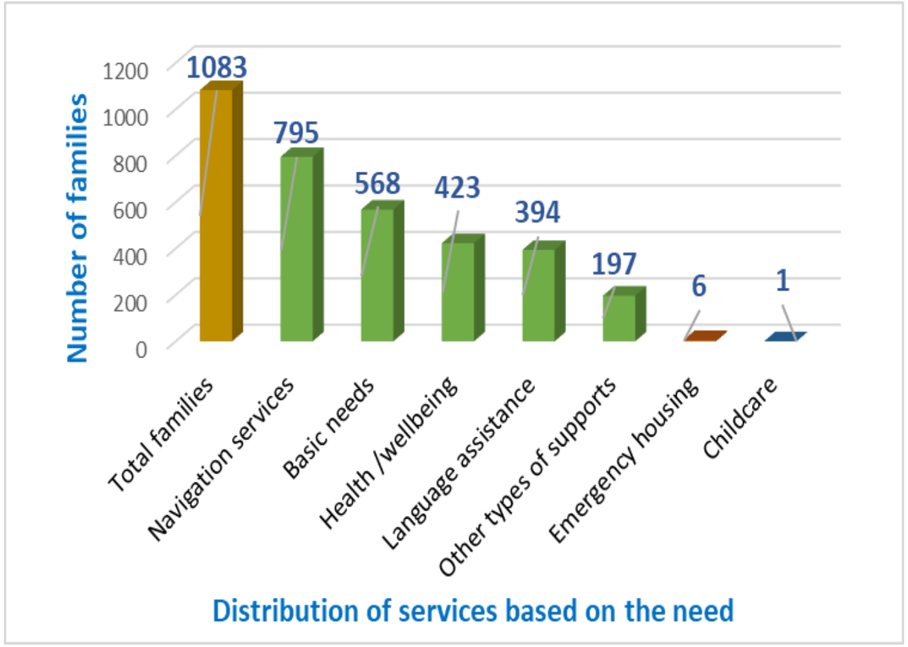


FIRST 5 CALIFORNIA

Program Innovation

Refugee Family Support

Objective: Assist refugee families with children ages 0-5 years resettling in California, access linguistically and culturally responsive health and social services, and enroll their children in quality early learning and care programs.
Overall Funding Amount: $3 Million
Timeframe: September 1, 2022 to June 30, 2024



Key Results:

1. **Promoted and streamlined resource coordination**, integrating families into local services and community programs.
2. **Increased focus on trauma-informed** approaches, creating safe spaces and supportive environments to build resilience in refugee families.
3. **Increased focus on cultural response approaches** - tools and training to provide culturally and linguistically sensitive and appropriate services to families

Refugee Family Support

Key Takeaways:

- **Trusted messengers** are key to do warm referrals and systems connection.
- The RFS grants helped in **building/strengthening social ties**.
- The RFS grants helped **leverage resources and coordinate systems** that supported identifying and serving refugee children and families.
- Utilizing staff with **lived experiences** and culturally and linguistically appropriate strategies for families who are Dual Language Learners/Multi-Lingual Learners.

Key Lessons Learned:

- Implementing socio-cultural adjustment and system navigation involves **language proficiency, cultural sensitivity, and familiarity with trauma-informed care**.
- Providing trauma-informed mental health services requires an understanding of **cultural beliefs and norms**.
- Need for **outreach efforts** that support social inclusion, cross-cultural understanding, and community engagement.

Shared Services Alliance Pilot

Objective: Through a collaborative governance structure, **build early learning and care provider business capacity for sustainability** and participation in continuous quality improvement.

Overall Funding Amount: $1.7 Million across 7 competitively bid contracts (Ventura, Sonoma, Solano, Merced, San Luis Obispo, San Diego, Yolo)

Timeframe: March 1, 2022, to June 30, 2024

1028
Training and TA Events

Training/professional development for ELC provider sites on business systems, practices, operations, and resources.

208
Business Service Events

Business services and resources for ELC provider sites from community partners, agencies, and organizations.

59
Agency/Staff Training Events

Training for relevant agency staff on business practices, operations, and systems.

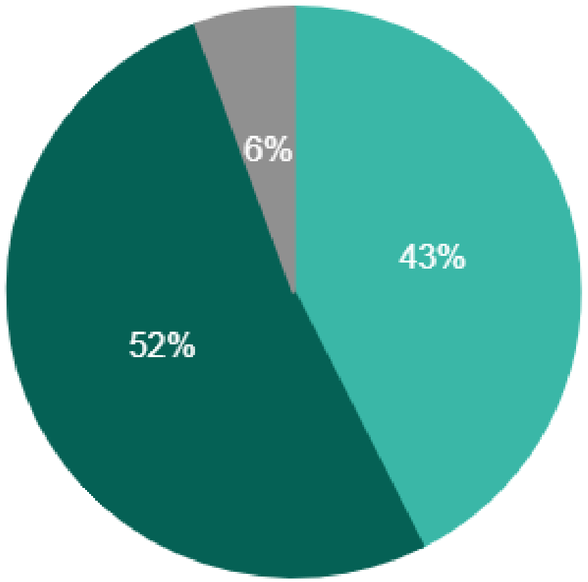
448
Stipends Issued

Financial assistance for technology or business needs.

Shared Services Alliance Pilot

Key Learnings

- **Strengthened trusted relationships** and increased awareness of the **business needs** of the childcare community, especially for family childcare providers.
- **Prioritized enhancing providers' business and technology skills**. Technology was a key avenue through which providers improved their business management skills.
- **Promoted equity** in childcare provider training and service.
- **Made strides** toward sustainability by leveraging existing relationships and securing or aligning with additional grant funding or through fee-for-service



162
Provider Sites Served

131
Provider Sites with Complete Information

233
Teachers Served

1609
Children Served

Key Takeaway

- Home-based ELC provider needs include technology and sustainable business operation practice supports as a foundation for quality improvement efforts.

Home Visiting Technical Assistance (TA)

Objective: This contract was meant to facilitate technical assistance to Region leads and support the development and implementation of their action plans from the HV-RTA grants.
Overall Funding Amount $250,000.00 with ChildrenNow
Timeframe: Fiscal Year 2023–2024

Key Results:

- **Trusting Relationships –** grantees entered the initiative with skepticism, but then gained trust allowing grantees to be more receptive to resources and participation.
- **Effective Communication –** Convenings & 1:1 were low effort but high impact
- **Collaborative Partnering –** Strong collaboration and sustainability require long-term partnerships and a shared strategic plan

F5CA Parent Kit - Order Process

Current Process

- Beginning June 21, 2024, order requests and questions can be submitted to First 5 California at parentkit@fist5.ca.gov
- Partner with Office State Publishing (OSP) for continued distribution of current kits in stock.
- **Online Parent Kit Materials available** at: Kit for New Parents | First 5 California

Next Steps

- **Streamline** the bulk-ordering system to make it more user-friendly, enhance functionality, and generate data.
- **Increase outreach to broaden access and distribution** to underserved areas and populations
- Provide additional guidance and information to County First 5s and local organizations to ensure they understand the ordering options (bulk ordering and having *Kits* sent directly to families) and the languages in which the *Kit* is available.
- **Provide technical assistance** on kit content importance and use – how to get the most out of the materials
- Develop Solicitation for the next phase of Parent Kit – parent education

Research

Audacious Goal

In a generation, all children 0–5 will have the safe, stable, nurturing relationships and environments necessary to achieve healthy development.

FIRST 5 CALIFORNIA

Research: Memos – Child Care

Objective: To discuss the current issues and policies that aim to address issues affecting childcare in California.
Partnership Contract: UCLA – CHIS
Final Research Memo: October 2024

The report links California's ranking in child well-being to the childcare crisis -- or the inability of many families to access affordable, high- quality childcare.

Key Takeaways:

- **3 in 5 (or 1.5 million) California young children**, ages 0-5, do not have regular childcare[1].
- **1 in 5 households** with young children could not find childcare when they needed it for a week or longer in 2022, almost twice the proportion of households in 2019. Unaffordability and lack of availability and quality providers are the top two reasons that parents couldn't find childcare.
- **3 in 5 households with young children with regular access to childcare spent $200 or more per week ($9,600 or more per year) on childcare in 2022**, a significant increase in the proportion of families in this spending category compared to during and before the COVID-19 pandemic.
- **Childcare has various benefits** for children and their families, most notably allowing parents to work and remain employed and supporting a child's cognitive, socio-emotional, and behavioral development towards academic readiness and success

Data Source. California Health Survey (CHIS), 2019-2022.

Research: Memos – Child Care

Table 4. Sources of Childcare by Demographic Characteristics Among Households with Young Children Who Have Regular Childcare, California, 2022

	Sources of Childcare					
	Private Source (Family or Non-Family Member)		Public Source (Head Start, Preschool or Nursery, Childcare Center)		More than 1 or Other Sources	
	Percentage	95% Confidence Intervals	Percentage	95% Confidence Intervals	Percentage	95% Confidence Intervals
Total (Weighted = 1,027,000)	27.2%	24.0 – 30.1	22.0%	19.6 – 24.4	48.6%	47.6 – 53.8
Race and Ethnicity (2021 and 2022 Pooled CHIS)						
Latino/a/x	42.7%	38.3 – 47.0	15.4%	12.4 – 18.4	42.0%	37.5 – 46.4
White, NL	22.3%	18.9 – 25.8	20.4%	17.6 – 23.2	57.3%	53.6 – 61.0
African American or Black, NL	16.1%	8.3 – 23.9	32.4%	21.0 – 43.7	51.5%	39.2 – 63.8
Asian or Native Hawaiian or Pacific Islander, NL	20.2%	15.7 – 24.6	22.9%	18.1 – 27.6	57.0%	50.9 – 63.0
American Indian or Alaska Native or Two or More Races, NL	25.1%	18.0 – 32.1	30.9%	23.5 – 38.2	44.1%	36.8 – 44.1
Income (2021 and 2022 Pooled CHIS)						
0 to 99% FPL	34.8%	21.6 – 48.0	22.5%	12.7 – 32.3	42.6%	29.4 – 55.9
100 to 199% FPL	36.1%	27.7 – 45.5	5.2%	2.6 – 7.7	58.7%	49.2 – 68.3
200 to 299% FPL	38.7%	29.6 – 47.8	10.2%	5.9 – 14.5	51.1%	41.5 – 60.7
300% FPL and above	26.8%	24.4 – 29.2	22.6%	20.6 – 24.6	50.6%	47.7 – 53.5

Key Takeaways:

- Close to **one-third (27.2%) of young children** were taken care of informally or through a **private source such as their grandparents, other family members, or non-family members**.
- **1 in 5 (22.0%) young children** received childcare from a **public source such as a state program or Head Start, preschool, nursery school, or childcare center**.
- **Young children from Latino households (42.7%) were more likely to be taken care of by a family member or a non-family member compared to children from other racial or ethnic household groups**.
- **Close to 3 in 5 children from White households (57.3%) receive childcare from multiple sources, a rate that is higher than the general population (48.6%).**
- *Sources of childcare by income groups were similar*, except for households between **100 to 299% FPL.**
  - These households were less likely to report relying only **on public sources of childcare.**
  - Rather than unaffordability, this difference may be largely attributed to program requirements of places like Head Start, which prioritizes households who earn less than the federal poverty level. Sources of childcare by urbanicity were also similar.

Data Source. California Health Survey (CHIS), 2019-2022.

Research: Memos – Child Mental Health

Objective: To discuss the importance of addressing the mental health needs of young children describe the most common mental health conditions and describe social and environmental risk factors.
Partnership Contract: UCLA – CHIS
Final Research Memo: October 2024

Key Takeaways:

- **16.4% of 4 and 5-year-olds in California exhibited behavioral difficulties**, one-third of which were serious.
- **Living in poverty, food insecurity and poor parental mental health can negatively influence a young child's mental health and development**.
  - 40% of households with children, aged 0-5, lived below 200% of the federal poverty level, of which 45% were food insecure.
  - **20% of parents of young children (aged 0-5) reported they had experienced 4 or more adverse childhood experiences (ACEs).**
  - 19.8% of parents of young children (aged 0-5) with one or more ACEs experienced serious psychological distress in the past 12 months, compared to 5.9% of parents who had no ACEs.
- **Subpopulation-level inequities in developmental screening remain**.
  - Children ages 1-5 years without health insurance, with public insurance or living in poverty were less likely to be screened for possible developmental delays.

Risk factors. Mental health in young children is understood to be influenced by their **social environment and relationships**. Individual and household-level risk factors include **socioeconomic status, single-parent households, and parental mental health** as well as structural risk factors such as racism. (Berry, Londoño, & Njoroge, 2021; Kirkbride, et al., 2024)

Data Source. California Health Survey (CHIS), 2018-2022.

Research: Memos – Child Mental Health

Objective: To discuss the importance of addressing the mental health needs of young children describe the most common mental health conditions and describe social and environmental risk factors.
Partnership Contract: UCLA – CHIS
Final Research Memo: October 2024

Key Takeaways:

- The overall picture of families with young children in California is **one of two-parent families** who attended college and have strong perceived neighborhood safety and cohesion, and a low prevalence of interpersonal violence or illicit drug use.

- **Four in ten families** with children aged 0-5 live below 200% of the federal poverty level and more than four in ten are food insecure.

Table 4. Difficulties with Behavior, Emotions or Interacting with Others, Children Aged 4–5, California, 2018-2022

	Percent	95% Confidence Interval	Population Estimate
TOTAL	16.4%	14.2—18.7	161,000
Federal Poverty Level (FPL)			
0–99% FPL	21.5%	14.4—28.7	34,000
100–199% FPL	15.8%	9.2—22.4	23,000
200–299% FPL	15.3%	8.5—22.0	15,000
300% FPL and Above	15.4%	12.7—18.1	89,000
Race and Ethnicity†			
Latinx	18.6%	14.7—22.6	78,000
White (non-Latinx)	14.1%	11.1—17.2	49,000
Black or African American (non-Latinx)	18.0%*	5.9—30.2	10,000
Asian (non-Latinx)	17.0%	8.4—25.5	19,000
Two or More Races (non-Latinx)	10.8%	4.7—17.0	4,000

Estimates are weighted to represent the California population and adjusted for survey design effects
* Estimate is statistically unstable.
CI = Confidence Interval
FPL = federal poverty level
NL = non-Latinx

†Note: Native Hawaiian or Pacific Islander and American Indian or Alaska Native values are not displayed due to small sample sizes.
Source: Pooled 2018-2022 California Health Interview Survey data

Data Source. California Health Survey (CHIS), 2018-2022.

Hope, Resilience & Community Vitality

A study of new measures of caretakers' readiness to support children from birth to five years old

In partnership with SocialQuest

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Introduction

- Purpose of the study
- Metrics
  - Hope
  - Resilience
  - Community Vitality
  - Supports & Barriers

Purpose of the study

Measures of **Hope, Resiliency, and Community Vitality show promise for monitoring parents' and caretakers' readiness to support children from birth to five years old**. The purpose of this study is to introduce these measures into First5 California's portfolio of assessments for parents and caretakers of children 0-5 years old -- **creating complements to existing measures of adverse childhood experiences, trauma resilience, and toxic stress.**

Also introduced in the study are **limited measures of perceived food environment and sense of social support.**

We hypothesize these measures could be predictive of caretakers' ability to promote safe, stable, and nurturing environments for children in their care and ensure their healthy development.

The current study also provides First5 California the opportunity to observe differences among its subpopulations and transfer this knowledge into programs, as well as **establish baseline measures for these subpopulations**.

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Hope

Snyder Adult Hope Scale

Hope is defined as the perceived capability to derive pathways to desired goals and motivate oneself via agency thinking to use those pathways. Higher hope consistently is related to better outcomes in academics, athletics, physical health, psychological adjustment, and psychotherapy.

The scale uses 12 statements and results in a score ranging from 8 – 64. **Below 40 is interpreted as a person having low hope**, 40 - 48 as hopeful, 48 - 56 as moderately hopeful, and 56 and above reflects high hope.

- I can think of many ways to get out of a jam
- I energetically pursue my goals
- I feel tired most of the time
- There are lots of ways around any problem
- I am easily downed in an argument
- I can think of many ways to get the things in life that are important to me
- I worry about my health
- Even when others get discouraged, I know I can find a way to solve the problem
- My past experiences have prepared me well for my future
- I've been pretty successful in life
- I usually find myself worrying about something
- I meet the goals that I set for myself

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Source:
Snyder, C. R., Hope theory: Rainbows in the mind. Psychological Inquiry, 2002.

Resilience

Brief Resilience Scale for Adults

Resilience measures the presence of protective resources that promote an individual's capacity to cope with and recover from stress, adversity, and trauma.

People who show resilience, in combination with coping capabilities and emotional intelligence, are more likely to have better overall well-being and life satisfaction than those with lower resilience.

The scale uses 6 statements and results in a score ranging from 1 - 5. A score of 1.0 – 2.9 is interpreted as low resilience, 3.0 – 4.3 as normal resilience, and 4.4 – 5.0 as high resilience.

- I tend to bounce back quickly after hard times
- I have a hard time making it through stressful events
- It does not take me long to recover from a stressful event
- It is hard for me to snapback when something bad happens
- I usually come through difficult times with little trouble
- I tend to take a long time to get over setbacks in my life

Sources:
Smith, B.W., Dalen, J., Wiggins, K., Tooley, E., Christopher, P., and Bernard, J. The Brief Resilience Scale: Assessing the Ability to Bounce Back. International Journal of Behavioral Medicine, 2008.
Lacomba-Trejo, Linda, Mateu-Mollá, Joaquín, Bellegarde-Nunes, Monica D., Delhom, Iraida. Are Coping Strategies, Emotional Abilities, and Resilience Predictors of Well-Being? International Journal of Environmental Res. Public Health, 2022.

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Community Vitality

INSPQ Community Vitality Measuring Tool

Community Vitality refers to the social and economic aspects of a community, such as the ability to buy a home, the involvement of citizens in community life, the desire to live there, and social life. Citizens' perceptions of the vitality of their community before and after the implementation of public programs can serve as an indicator of the success of these programs.

The tool uses a variable number of statements and results in a score ranging from 1 - 5. Higher scores equate to greater community vitality.

- Adults aged 25 to 34 consider it a desirable place to live
- Considers environmental sustainability in its planning
- Has civilized debate, a good flow of information, and inclusiveness
- Has meaningful opportunities to get involved and make a difference
- I can influence decisions affecting my community
- People are likely to volunteer for a local cause
- Residents are proud of my community and promote it to outsiders
- See many active, healthy-looking, seniors
- The people have an impact when they work together
- There is a vibrant center in my community
- Those with skills and education can find well-paid jobs
- When my community faces a challenge, our spirit is strengthened
- Would take a long time to get back to normal if something went wrong

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Source:
National Institute of Public Health of Quebec, Measuring the Effects of the Implementation of a Cooperative on Food and Health (EffICAS study), 2023.

Supports & Barriers

Food Environment

Food Environment refers to the quantity, variety, quality, geographical accessibility, and price of food available close to one's living environment. We included one statement from the INSPQ Perceived Food Environment Tool**: I have easy access to a market having a good variety of foods near my home.**

Sense of Social Support

Social support refers to the availability of other people in one's life and has been shown to be correlated to health. We included one statement from Peeters' *et al* Social Support Scale: **There are people in my life who I can talk to about how to handle things.**

Barriers to Accessing Community Resources

The barriers question did not draw from a specific scale or tool; its purpose was to **identify broad issues** that may impact Hope, Resilience, and Community Vitality scores.

Sources:
Glanz, K., Measuring food environments: a historical perspective. American Journal of Preventive Medicine, 2009.
Peeters, M.C., Buunk, B.P., Schaufeli, W.B. Social interactions, stressful events and negative affect at work: A micro-analytic approach, European Journal Social Psychology, 1995.

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Detailed Findings

- Summary of Findings
- Findings by Population
  - Ethnic Identity
  - Living Environment
  - Parental Status
  - Age
  - Gender
  - Household Income

Caretakers measuring significantly higher on Hope, Resilience and Community Vitality relative to their counterparts are:

- Spanish-dominant
- Biological parents
- Males
- Earning household incomes above $25,000

Spanish-dominant and biological parents also show significantly **higher measures of social support and food environment and fewer report experiencing barriers to social services.**

Caretakers living in densely populated counties or urban environments report higher measures of Hope and Community Vitality compared to those in less populated environments.

Caretakers with the lowest measures of Hope, Resilience, Community Vitality, social support, and/or food environment are:

- Earning household incomes below $25,000
- Ages 18-29
- Pregnant or in the adoption process

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Ethnic Identity

Spanish-dominant caretakers display the most positive outlook among the populations studied.

Spanish-dominant caretakers measure significantly higher on Hope, Resilience, and Community Vitality, as well as access to social supports and local nutrition sources. They are least likely (43%) to encounter the barriers to services asked about.

Significantly more caretakers from the other four populations report barriers in the form of 1) long wait times for appointments and 2) needed services being unavailable.

Core measures	**Asian & Pacific Islander**	**Black / African American**	**English / bilingual Latino**	**Spanish-dominant**	**White / GenPop**
Hope (8 – 64)	48.0	48.0	46.1	**53.8**	46.6
Resilience (1 – 5)	3.3	3.4	3.2	**3.7**	3.3
Community Vitality (1 – 5)	3.6	3.5	3.4	**3.8**	3.5
% who mostly agree with statements about social support and food environment					
Are people in my life I can talk to about how to handle things	77%	70%	70%	**89%**	70%
Have easy access to a market near home with variety of foods	81%	76%	75%	**91%**	78%
% encountering barrier when accessing health, education and social services					
Long wait time for appointment	**42%**	**47%**	**48%**	24%	**48%**
Can't afford cost	34%	28%	31%	18%	27%
Not close to my house	25%	26%	20%	19%	25%
Don't know what services are available	28%	23%	24%	11%	27%
Don't know who to contact	28%	21%	24%	14%	25%
Services I need aren't available	**22%**	**24%**	**19%**	6%	**26%**
Language or cultural barriers	14%	13%	16%	20%	11%
None of these	16%	17%	15%	**43%**	15%

Green font: Significantly higher than all groups in black font at 90% confidence level
Red font: Significantly lower than all groups in black font at 90% confidence level
Bases: Asian=300, Black=300, Latino=300, Spanish-dominant=300, White=300

Living Environment

County population & City size

Caretakers from densely populated counties display a significantly more positive outlook and fewer barriers to services than those from sparsely populated counties.

In sparsely populated counties, lack of affordability, lack of knowledge about what services are available, and not knowing how to access services may contribute to their less positive outlook.

Caretakers in urban living environments measure highest on Hope and encounter the fewest barriers to services. Suburban and urban caretakers have more positive perceptions of Community Vitality and access to nutrition. Rural caretakers have the least positive outlook among all.

	County Population		City Size		
Core measures	**Sparsely Populated**	**Densely Populated**	**Rural**	**Suburban**	**Urban**
Hope (8 – 64)	46.8	**48.9**	47.0	48.0	**49.2**
Resilience (1 – 5)	3.1	3.2	3.3	3.4	3.4
Community Vitality (1 – 5)	3.5	**3.6**	3.4	**3.6**	**3.6**
% who mostly agree with statements about social support and food environment					
Are people in my life I can talk to about how to handle things	72%	76%	77%	73%	77%
Have easy access to a market near home with variety of foods	76%	**81%**	65%	**82%**	**83%**
% encountering barrier when accessing health, education and social services					
Long wait time for appointment	44%	41%	43%	41%	42%
Can't afford cost	**32%**	27%	27%	30%	26%
Not close to my house	22%	23%	32%	24%	20%
Don't know what services are available	**27%**	21%	20%	24%	22%
Don't know who to contact	**27%**	21%	18%	24%	22%
Services I need aren't available	22%	19%	26%	18%	19%
Language or cultural barriers	15%	15%	13%	16%	14%
None of these	17%	**22%**	15%	19%	**24%**

Green font: Significantly higher than all groups in black font at 90% confidence level
Red font: Significantly lower than all groups in black font at 90% confidence level
Bases: Sparse=300, Dense=300, Rural=300, Suburban=300, Urban=300

Biological parents have a significantly more positive outlook than other types of caretakers (e.g. foster parents, relatives), measuring higher in all areas. Their only struggle appears to be unavailability of needed services.

Pregnant women and persons in the adoption process feel a significantly lower level of Hope and a lack of social support compared to caretakers who already have children.

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Caretaker Status

Type of caretaker & Type of children

	Caretaker		Children (columns mutually exclusive)			
Core measures	**Biological Parent**	**Other Caretaker**	**Pregnant or adopting**	**0-3 years old**	**0-4 years old**	**0-3 & 4-5 years old**
Hope (8 – 64)	**49.1**	46.1	45.5	**48.0**	**50.1**	**48.5**
Resilience (1 – 5)	**3.4**	3.3	3.3	3.3	3.4	3.4
Community Vitality (1 – 5)	**3.6**	3.5	3.5	3.6	3.7	3.6
% who mostly agree with statements about social support and food environment						
Are people in my life I can talk to about how to handle things	**78%**	64%	**65%**	75%	78%	76%
Have easy access to a market near home with variety of foods	**83%**	69%	72%	80%	84%	78%
% encountering barrier when accessing health, education and social services						
Long wait time for appointment	43%	38%	39%	44%	40%	41%
Can't afford cost	27%	29%	26%	31%	26%	24%
Not close to my house	23%	25%	17%	24%	25%	21%
Don't know what services are available	22%	23%	25%	24%	21%	20%
Don't know who to contact	22%	24%	18%	26%	20%	20%
Services I need aren't available	**21%**	14%	19%	21%	17%	20%
Language or cultural barriers	14%	18%	18%	15%	13%	16%
None of these	**22%**	16%	17%	18%	27%	22%

Green font: Significantly higher than all groups in black font at 90% confidence level
Red font: Significantly lower than all groups in black font at 90% confidence level
Bases: Biological=1213, Other=287, Pregnant or adopting=141, 0-3 years old=616, 4-5 years old=468, 0-3 & 4-5 years old=275

Caretaker Gender & Age

Male caretakers demonstrate significantly higher Hope, Resilience and Community Vitality compared to female caretakers, but are otherwise similar.

Significantly less caretakers ages 18-29 feel like they have social support, and ages 18-24 are least likely to have easy access to nutrition.

Older caretakers (age 30+) measure significantly higher on Resilience and Community Vitality. They also are least likely to have encountered any of the barriers to social services asked in the study.

	Caretaker Gender		Caretaker Age				
Core measures	**Female**	**Male**	**18-24**	**25-29**	**30-34**	**35-39**	**40+**
Hope (8 – 64)	47.8	**49.6**	46.6	47.4	49.6	48.6	49.2
Resilience (1 – 5)	3.3	**3.4**	3.2	3.3	**3.4**	**3.5**	**3.4**
Community Vitality (1 – 5)	3.5	**3.7**	3.5	3.5	**3.7**	**3.7**	**3.6**
% who mostly agree with statements about social support and food environment							
Are people in my life I can talk to about how to handle things	73%	78%	**66%**	**68%**	**81%**	**80%**	75%
Have easy access to a market near home with variety of foods	80%	81%	**67%**	77%	86%	83%	82%
% encountering barrier when accessing health, education and social services							
Long wait time for appointment	43%	39%	46%	47%	40%	41%	38%
Can't afford cost	27%	29%	35%	31%	26%	26%	24%
Not close to my house	23%	23%	25%	24%	20%	17%	30%
Don't know what services are available	24%	20%	27%	22%	22%	25%	18%
Don't know who to contact	24%	21%	28%	22%	23%	23%	19%
Services I need aren't available	19%	20%	22%	24%	16%	21%	16%
Language or cultural barriers	14%	17%	20%	16%	14%	13%	14%
None of these	22%	20%	13%	16%	**26%**	**22%**	**24%**

Green font: Significantly higher than all groups in black font at 90% confidence level
Red font: Significantly lower than all groups in black font at 90% confidence level
Bases: Female=924, Male=563, 18-24=217, 25-29=238, 30-34=338, 35-39=350, 40+=357

Household Income

Higher household income translates into higher measures of Hope, Resilience and Community Vitality.

Caretakers with the lowest incomes are most likely to feel they lack social supports and access to nutrition.

Experience with barriers to services does not appear to differ by income level.

Core measures	**<$25,000**	**$25,000 - $49,999**	**$50,000 – $74,999**	**$75,000 – $99,999**	**$100,000+**
Hope (8 – 64)	46.1	**48.2**	**48.0**	**49.4**	**50.2**
Resilience (1 – 5)	3.2	**3.4**	**3.4**	**3.4**	**3.4**
Community Vitality (1 – 5)	3.4	**3.6**	**3.6**	**3.6**	**3.7**

% who mostly agree with statements about social support and food environment					
Are people in my life I can talk to about how to handle things	**64%**	75%	73%	78%	84%
Have easy access to a market near home with variety of foods	**72%**	83%	78%	83%	85%

% encountering barrier when accessing health, education and social services					
Long wait time for appointment	38%	42%	44%	44%	44%
Can't afford cost	29%	32%	30%	29%	21%
Not close to my house	25%	24%	20%	21%	28%
Don't know what services are available	27%	25%	22%	21%	20%
Don't know who to contact	25%	26%	23%	21%	19%
Services I need aren't available	23%	18%	16%	22%	21%
Language or cultural barriers	13%	19%	14%	14%	14%
None of these	21%	19%	19%	21%	19%

Green font: Significantly higher than all groups in black font at 90% confidence level
Red font: Significantly lower than all groups in black font at 90% confidence level
Bases: <$25K=256, $25K-$49K=345, $50K-$74K=299, $75K=$99K=218, $100K+=323

FIRST 5 CALIFORNIA℠

Characteristics of Respondents

Total respondents -- unweighted

Gender identity	
Female	62%
Male	38%
Non-binary/Other identity	<1%

Ethnic identity	
Asian / Pacific Islander	20%
Black / African American	20%
English/bilingual Latino	20%
Spanish-dominant	20%
White / General population	20%

Annual household income	
<$25,000	18%
$25,000 - $49,999	24%
$50,000 - $74,999	21%
$75,000 - $99,999	15%
$100,000+	22%

Age	
18-24	14%
25-29	16%
30-34	23%
35-39	23%
40+	24%

County population	
Sparse	21%
Dense	79%

City size	
Rural	13%
Suburban	38%
Urban	49%

Children status	
Pregnant or adopting only	9%
0-3 year olds only	41%
4-5 year-olds only	31%
Both 0-3 and 4-5 year-olds	18%

Caretaker	
Parent	81%
Pregnant or adopting	9%
Guardian or caretaker	8%
Grandparent	6%
Sibling	4%
Adoptive parent	3%
Foster parent	1%
Other	1%

FIRST 5 CALIFORNIA℠

North Star

- **Trauma-informed**, **healing-centered**, and **culturally responsive systems** promote the safe, stable, nurturing relationships and environments necessary to eliminate inequities and ensure healthy development **for all children**.

Thank you/Gracias

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