

Enrich. Empower. Engage



2022 Community Assessment



Serving Tehama County Since 1965



Northern California Child Development, Inc.

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Agency Overview

Northern California Child Development, Inc. is a not-for-profit 501(c)3 corporation focused on the mission of enriching children's lives, empowering families, and engaging the Tehama County community. Since 1965, Northern California Child Development, Inc. (NCCDI) has invested in the future of young children, particularly children experiencing disadvantages, in order to give them a Head Start in their education. The agency goal is to have children enrolled in the agency's programs ready for school. NCCDI strives to not only have children academically prepared, but also socially, emotionally, and physically ready.

NCCDI is unique in the ability to provide comprehensive services to children and their families. The agency's nationally accredited classrooms operate under the philosophy that all children have the right to learn in the least restrictive environment. While children spend a relatively short period of time in the program, the parents / guardians are with them for a lifetime. Therefore, it is important that the programs offered by NCCDI not only prepare children for success in life, but parents as well. NCCDI believes there are many important factors to a child's success in school, but none are more important than a parent who is involved in their child's education. NCCDI staff work with parents individually to develop goals for themselves and their families that them the best opportunity to provide their children with the best possible future.

NCCDI Programs and Services

NCCDI serves almost 400 children and their families through Head Start and other programs and initiatives. The agency offers center-based Head Start and Early Head Start programming as well as a home-based program serving infants, toddlers and pregnant mothers. The agency is committed to serving the most vulnerable children and families in Tehama County, which often do not have their needs met by other programs. Innovative programming and services that staff have taken the initiative to develop include:

NCCDI Community Counseling

NCCDI's Community Counseling Program provides a safe, important and belonging environment to individuals and families throughout the entire lifespan and helps them build on their strengths and develop tools to cope with unexpected challenges, such as family conflict, divorce, substance abuse, parenting, readjusting after war, overcoming discrimination based on sexual orientation or gender identity, or caring for an aged parent. The program offers child and adolescent counseling, couples therapy, family and adult therapy.

Head Start Inclusion

NCCDI's full inclusion classrooms provide children with disabilities or special needs with the same opportunities that typically developing children have. Children who are typically developing benefit from interactions with children who have disabilities or other special needs, as well. The agency's full inclusion programs provide high quality NAEYC accredited supportive environments that teach all children about differences and about respecting and valuing other people regardless of ability. Children want to help one another as they grow. NCCDI's early

childhood teachers have a strong knowledge of child development and inclusive strategies to teach all young children whatever their talents, interests, and abilities.

The Home Address Program

The Home Address program provides families in crisis assistance with housing searches and connects them to resources and information about local property management and landlords. It also provides financial support to families in need of application fees, deposit assistance and limited rental assistance. The program includes case management and moving assistance.

Stepping Stones Family Visitation Center

Through a contract with the Tehama County Department of Social Services, NCCDI provides supervised visitation services for children placed in foster care and their biological parent(s). The visits are mandated by the Tehama County Superior Court - Family Court Services Division in the hope that children can be reunified with their family. The Family Visitation Center supervises approximately 100 visits per week.

Stepping Stones Behavior Intervention Classrooms

The Steps to Success comprehensive behavioral intervention program supports parents, caregivers and their child using the safe, important and belonging model. The program retains a marriage family therapist who oversees the mental health component of the program along with three classroom teachers who are trained behavioral specialists. The Stepping Stones program is specifically designed for families who feel they need extra support in addressing their child's challenging behaviors. Stepping Stones interventions include; family case management, behavior modification techniques, a combination center/ home based preschool model and low child to teacher ratios to ensure family child success.

Community Assessment Methodology

The purpose of the community-wide strategic planning and needs assessment is to provide a current snapshot of the well-being of families and children in the NCCDI service area. The community-wide strategic planning and needs assessment (community assessment) assists the agency in designing a program that meets community needs and builds on the strengths and resources in the community. This document is prepared in accordance with 45 CFR 1302.11. It serves as an overall assessment of local social and economic conditions as they relate to the needs, priorities, and lives of Head Start eligible children and other low-income families in the Head Start service area. It provides information compiled from various local, regional, national, state, and authoritative sources for the service area.

Purpose of the Community Assessment
To guide and solidify the overall vision and direction of the agency.
To inform decision-making and program planning, including coordinated approaches.
To educate staff and stakeholders.
To establish the program goals and long and short-term program objectives.
To address changing priorities and policies and to respond to trends and changes.
To mobilize community resource and maximize community relationships.
To identify the service and recruitment area served by Head Start and Early Head Start.
To identify the number of Head Start and Early Head Start eligible children and families in the service area and appropriate locations for services.
To identify community partners.

Table 1. Purpose of the Community Assessment

Throughout the community assessment process, the staff, board, and policy council worked collaboratively to determine the information to collect, methods for collecting data, the participants for each data collection method, the anticipated process timelines, and the data sources for each indicator in the community assessment.

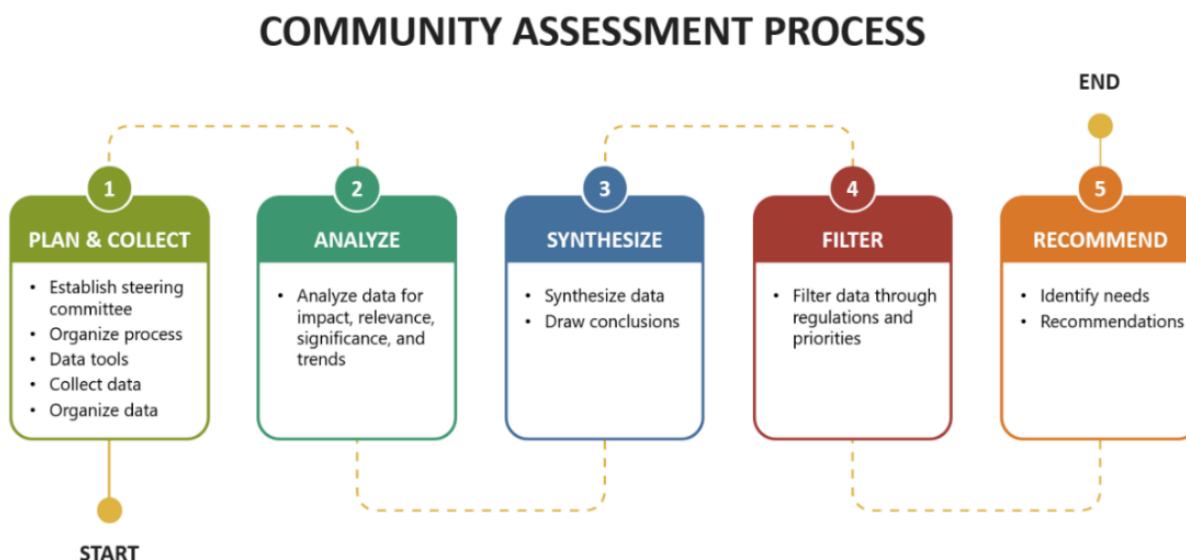


Figure 1. Community Assessment Process

The community assessment includes the following information:

- *Overview of the Head Start Service Area.* An overview of the service area including the economy and trends in the community, children, and families.
- *A Complete Analysis of the Community-Wide Conditions.* An internal and external analysis of quantitative and qualitative data in order to address verified urgent and local needs.
- *A Description and Analysis of the Needs of Low-Income Families in the Service Area.* The agency staff worked with the research team to discover the needs of low-income individuals using a variety of sources.
- *A Description of the Head Start Eligible Population.* A profile of the service area's Head Start and Early Head start eligible families based on authoritative information sources, including the number of eligible infants, toddlers, preschool age children, and expectant mothers, along with their geographic location, race, ethnicity, and spoken languages.
- *Special Populations.* An analysis of children experiencing homelessness in collaboration with, to the extent possible, McKinney-Vento Local Educational Agency Liaisons and an estimate of the number of children in foster care.
- *Early Childhood Education Programs.* A review of other child development, childcare centers, and family childcare programs that serve eligible children, including home visiting, publicly funded state and local preschools, and the approximate number of eligible children served.
- *Children with Disabilities.* A description of the number of children with disabilities, including the types of disabilities and relevant services and resources provided to these children by community agencies such as IDEA Part C and B providers.
- *Employment, Education, Housing, Health, Nutrition, Transportation, Asset Development, and Social Service Needs.* A description of the needs of low-income families and children including prevalent social or economic factors that impact their well-being.
- *Parent Needs.* Typical work, school, and training schedules of parents with eligible children.
- *Community Resources, Assets, and Strengths.* A review of community resources available to Head Start eligible families in the service area and low-income individuals.
- *Barriers to Services.* Barriers to services identified through an analysis of data and alignment to the needs of families, the community, and agency needs/resources.

The community assessment will serve as NCCDI's baseline for identifying current community needs, designing new plans, choosing community partners, developing strategic collaborations, evaluating the effectiveness and progress of prior strategies and interventions for serving low-income families and children in Tehama County, and for making decisions about the program that can accelerate outcomes for children and families. The community assessment is also used to assess and identify the program recruitment and service area, develop goals and objectives, select program options and calendar, and to establish the annual selection criteria and program priorities.

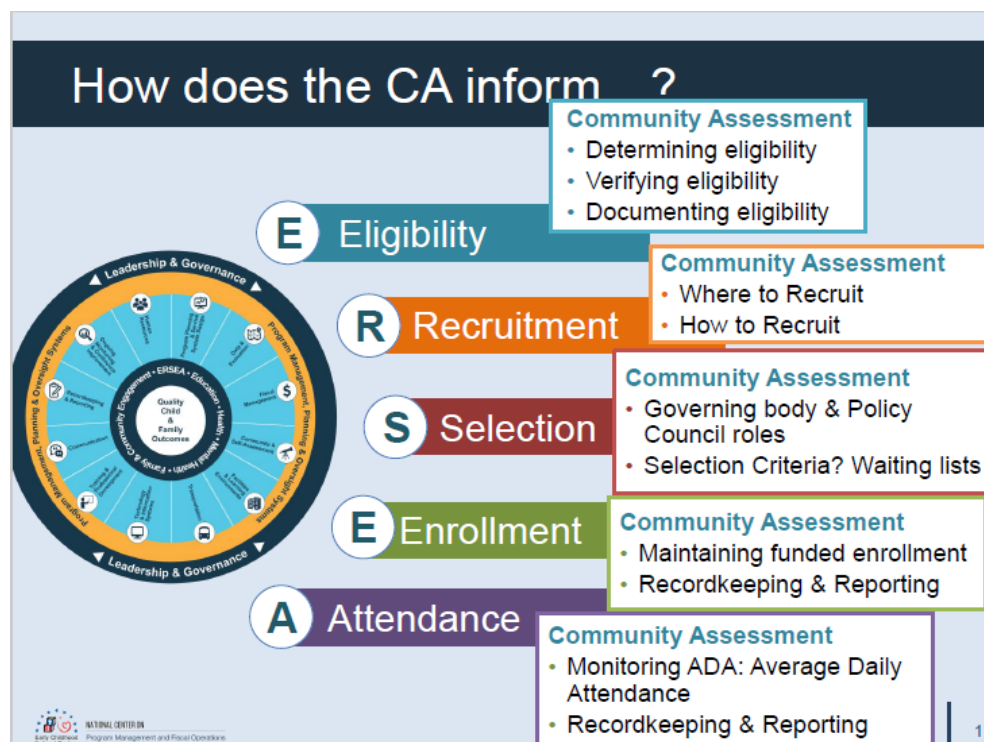


Figure 2. How does the CA inform?

Community Assessment Process	
Project activities begin.	January 2022
Needs assessment workgroup created, assessment coordinator identified, data map created, including quantitative and qualitative data and sources.	January 2022
Implement data collection plan (qualitative and quantitative data), timelines monitored, defined roles of staff, board members, agency partners, consultants.	February-April 2022
Data analysis and key findings are identified.	May 2022
1 st draft is submitted for review. Agency staff and governing body members review data and identify critical community issues, resources, and service gaps.	June 2022
Final draft is submitted for approval.	July 2022
Presentation to Board and Policy Council and approval of community needs assessment.	July 2022

Table 2. Community Assessment Process

Sources of Data and Data Collection Methods

Numerous primary and secondary data sources were used to describe the demographics of the service area and the physical, social, and economic well-being of low-income families. Sources of data included population datasets such as the U.S. Census Bureau, the California Department of Education, the Kids Count Data Center, California Department of Health and Human Services, Healthy People 2030, KidsData.org, and the County Health Ranking reports. In addition, the assessment includes information garnered from other secondary sources such as community health and needs assessments published by other data sources.

Internal data included information necessary to create a profile of children and families, services received, and services for children with disabilities. These sources included the Head Start/Early Head Start Program Information Report for NCCDI, Inc. The following tables describe how data was selected for use from the United States Census American Community Survey.

Distinguishing Features of ACS 1-year, 3-year, and 5-year Estimates		
1-year estimates	3-year estimates	5-year estimates
12 months of collected data	36 months of collected data	60 months of collected data
Data for areas with populations of 65,000+	Data for areas with populations of 20,000+	Data for all areas
Smallest sample size	Larger sample size than 1 year	Largest sample size
Less reliable than 3 years or 5 years	More reliable than 1 year; less reliable than 5 years	Most reliable
Most current data	Less current than 1-year estimates; more current than 5-year estimates	Least current
Best Used When	Best Used When	Best Used When
Currency is more important than precision	More precise than 1-year, more current than 5-years	Precision is more important than currency
Analyzing large populations	Analyzing smaller populations and geographies	Analyzing very small populations and tracts for which 1-year data is not available

Table 3. Distinguishing Features of ACS

Summary of Data Sources	
Quantitative Data	
Source	Topics
U.S. Census; American Community Survey	Demographics, Education, Income, Healthcare/Insurance, Employment, Housing, Nutrition, Maternal and Child Health, Basic Assistance, Economics
U.S Department of Labor; Bureau of Labor Statistics and California Employment Development Department	Employment, Income and Wages, Industry, Workforce
California Department of Health Services	Behavioral Risk Factors, Health, Immunizations, Oral Health, Birth Defects, Health Workforce, Nutrition
U.S. Center for Disease Control	Oral Health
Annie E. Casey Foundation. Kids Count Data Center; KidsData.org	Dual Language Learners, Maternal and Child Health, Child Abuse, WIC Enrollment
United Health Foundation	Health Rankings
Mental Health America	Mental Health
U.S. Department of Housing and Urban Development	HUD and housing information
Community Action Partnership Data Hub	Population Density, Demographics, Education, Student Achievement, English Language Proficiency, Health, Neighborhood and

Summary of Data Sources	
Quantitative Data	
Source	Topics
	Environment, Housing, Veterans, Insurance, Health Professional Shortage Areas, Immunization Data, Elderly Population Demographics, Nutrition
National Center for Education Statistics	Education, Student Achievement, Disabilities, English Language Learners, Economically Disadvantaged Students
Head Start Program Information Report	Head Start Demographics, Enrollment, and Services

Table 4. Summary of Data Sources

Methods for Data Analysis

Initial data analysis was completed by the consultant and the NCCDI management team. Conclusions and recommendations were formulated from these reviews and were considered by the NCCDI Board of Directors and the Head Start Policy Council. These conclusions and recommendations will form the basis for planning and guide the agency vision for the next several years. The consultant and agency team utilized the following process to analyze the community assessment data:

Data Analysis Strategies	
Analysis Task	Purpose
Data was organized and combined according to information about each indicator that was assessed.	Although data differs slightly, combining the data allows the assessment team to analyze the multiple dimensions of a single issue.
Closely related information was grouped together and organized into domains.	Issues were analyzed in order to connect conditions to the different statistical, programmatic, and opinion indicators that facilitate a complete understanding of issues.
The data was analyzed to identify similarities in findings across data sources.	The thematic analysis allows the assessment team to rank needs present in the service area.
Needs were ranked and categorized.	Classification of the needs assists in developing strategies to address each need.
The program staff determined how the program can address needs.	The comparison of data allows Action Pathways to assess how effectively the community is meeting the needs identified in the community assessment.

Table 5. Data Analysis Strategies

Recommendations

Recommendation 1: Low-income persons, children, and families face challenges in maintaining their health and well-being because of health disparities that are present at birth, that persist throughout life for individuals in poverty and individuals of color. During the next program year, NCCDI could further engage the Head Start health services advisory committee and other partners in gathering data on health challenges experienced by program families. This data could be used to develop initiatives and to develop policies, procedures, and operational guidelines. For example, NCCDI could create its own infographics on adverse early childhood experiences within the program and share this with other agencies.

The reduction of health disparities and need to address substance abuse issues is a complex problem that must be addressed using multi-faceted collaborative strategies. NCCDI can expand on this work by increasing awareness of available resources among families and partners. For example, program staff can compile and collect information about resources and share it with doctors, hospitals, childcare providers, and community health workers. Social media can also be used to build trust and a good reputation among underutilized providers. The service landscape has also changed since the infusion of COVID-19 funds. Exploring the types of programs that have expanded as well as the programs that will be exhausted in the near future as pandemic funding supplements fall away may limit the impact of any other shifts in access to health programs and services that occur as the focus of public funding changes.

At a systemic level, NCCDI can support an increase in access to services by promoting the acceptance of Medicaid reimbursement among providers, particularly those for children with special health care needs. Other activities that include shortening and streamline provider enrollment processes and pooling money to avoid duplication and increase coordination can also occur through health advocacy groups that are formed to magnify the efforts NCCDI is already undertaking to resolve community health challenges.

NCCDI staff are very skilled and knowledgeable in the areas of health and health access. They can also play a critical role in educating providers on how to communicate better with families and with low-income individuals. For example, the program could produce public fact sheets on how to explain the importance of lead testing for children, resources in the community to support health, or staff can work through the health services advisory committee and engage with other initiatives in the community to advocate for public policies that work to address complex health challenges.

Another area of concern that is underreported in data is substance abuse. To the extent possible, NCCDI can partner with local substance abuse coalitions to bring attention to growing rates of substance abuse, particularly in the rural areas where a small population limits the collection of data that describes the extent of the problem. Ways that NCCDI can support substance abuse prevention efforts include integrating substance abuse education into training programs and agency environments. Staff can also perform outreach to programs that are providing treatment and resources to families with substance abuse issues so that children in these families are

prioritized for enrollment in Head Start. At the same time, caregivers experiencing substance abuse issues can be referred to and enrolled in other agency and community programs as quickly as possible. Outreach efforts can further target these high-risk families. For example, the county's family dependency treatment court, drug court, and hospitals would be a good contact for program enrollment and recruitment staff.

Another strategy for improving health is to draw attention to the role that power and race play in health equity and the profound impact of health equity on Tehama County children.

There are many factors that impact the health of Tehama County children. Health equity exists when there are not unnecessary, avoidable, unjust, or unfair systemically caused differences in health status. Two additional factors also play a role in health equity these are: 1) Power – the ability to do something or act in a particular way and to influence or direct the behavior of others and 2) Racial justice - Racial justice is the systematic fair treatment of people of all races that results in equitable opportunities and outcomes for everyone. All people can achieve their full potential in life, regardless of race, ethnicity, or the community in which they live.

Data shows deep health inequities that are rooted in power and structural racism. The social determinants of health also contribute to poor health. Families are impacted by violence, poverty, hunger, and trauma that exacerbates health problems. For example, maternal child health outcomes are worse for black/African American and Hispanic/Latina mothers and educational disparities are prevalent for children of color when achievement rates are compared to the rates of achievement among all children. The direct impact of health inequities is frequently seen first in maternal child health outcomes which are a predictor of the future health of the population. Tehama County experiences alarmingly poor maternal child health outcomes.

Three strategies that can be implemented by NCCDI to impact health inequities include:

Power Building: Helping low-income families become engaged in systems changes will enhance their ability to set the public agenda and participate in government decisions in new ways. The foundation for participatory roles has been laid through the Head Start shared governance framework which will support the transition of family representatives into system leadership roles. The work of the health services advisory committee can also be leveraged in support of this recommendation. To facilitate this activity the program can:

1. Engage in broad community outreach through meetings and by facilitating one-on-one meetings between parents and leaders that have a role in public health decisions;
2. recruit families for a health awareness initiative and use stories to engage core health leaders in advocacy efforts; and NCCDI can
3. organize an effort focused on strategy, narrative, and program-based teams where all are trained speak out about health inequities that are persistent in Tehama County.

Two additional strategies include:

Engaging in the Redesign of Health Systems: There are several efforts underway in Tehama County that are seeking to address health inequities. As a direct service organization, NCCDI staff

have a lens of experience that is unique that can contribute to these efforts. If possible, integrating Head Start representatives into health equity programs and initiatives could benefit families by cultivating health equity champions and reframing issues so that they encompass family voice and their lived experience with the health care system.

Narrative Building: Spending time increasing public awareness about the ways that children and families are engaged in and impacted by health issues can be a driver of change. Through social media, blogs, public speaking, and campaigns the program can educate the public and normalize conversations about racism in public health and elevate stories that challenge the dominant narrative and emphasize the values of humanity and wellness in health.

Recommendation 2: Encourage broader workforce participation for individuals in poverty and Head Start families with less than two family members that are working and assess and address barriers to employment for those that are not working or in job training. Strategies to support this recommendation could include sharing poverty statistics by the number of workers in the family and poverty statistics by educational attainment levels. Information could be disseminated by family advocates or during parent meetings or by community action program case managers. Other helpful program strategies might be encouraging the use of the Employment Development Department in helping parents to obtain financial assistance with career training fees, involving Head Start parents with local business development organizations, and setting career development goals through the Family Partnership Agreement or other employment and training programs offered by the agency or agency partners. The development of social capital can help families bridge into new social networks that support employment mobility.

Families are in need of supplemental programs to support their basic needs due to lack of work activities, low-paying jobs, and high rates of single-parenthood, including high rates of births to single mothers, particularly births to single-mothers without a high school diploma. It would be beneficial to focus additional resources on assisting individuals and families receiving assistance in maintaining eligibility for supplemental programs when needed. To increase information about services, the program could circulate key information through the parent newsletter, inform parents about community events, and train NCCDI staff to effectively connect families with benefits and programs that provide financial relief.

For families that are working, lack of income and income volatility makes it difficult for families to predict their income in each week, which forces them to make choices about which bills to pay, what housing they can afford, how to manage debt, and how to prioritize the needs of the family. All of this impacts the ability of families to build assets that help them transcend poverty. Families face new questions such as: will my employer call me into work? If I get laid off, can I collect unemployment benefits and how much will I get? How will this impact other benefits I receive? What am I supposed to do about childcare now that my center is closed? And on and on.

Six aspects of income insecurity can be used as a lens for creating strategies to reduce family financial volatility. These include:

1. **Work hour instability and schedule unpredictability.** The nature of employment for many low-income families creates income instability because there are changes in the number of hours that low-income workers work each week. Low-income families are also impacted by “schedule unpredictability” which means they receive their work schedule with less than one week’s notice and are more likely to have jobs that place them “on call”. Nearly 60% of workers earning less than \$15,000 experience these work arrangements¹.
2. **Delays in unemployment insurance eligibility and changes in the process for obtaining unemployment benefits.** The pandemic unemployment assistance led to a need to upgrade employment insurance systems and created staffing issues that meant delays in the receipt of assistance for weeks or months. This is especially true for workers that were part of the gig economy. While California is catching up with the backlog, low-income workers with variable jobs and earnings report they are still unable to predict the income they will receive, which has together with changing benefit levels increased income volatility for workers that earn the least².
3. **Changes in Critical Benefits Sensitive to Changing Income.** The pandemic expanded benefits for many programs such as CalFresh and TANF (Temporary Aid for Needy Families). Within the county, more than 50% of families receive some type of income support. The changing scope of benefits as the pandemic supplements expire have made it more difficult for families to predict which benefits, they will qualify to receive, especially considering income fluctuations due to unstable work arrangements. Reasons that families may lose benefits include lagging or incorrect calculations in income, loss of benefits because food assistance and unemployment insurance are calculated as income, and delays in applications due to processing issues.
4. **Childcare challenges continue to persist.** Low-income families face disproportionate challenges accessing safe, affordable, reliable, high-quality childcare. With the onset of the pandemic, childcare access changed abruptly. The perfect storm of changing employment, lack of ability for low-income workers to work from home and continued staffing issues have further reduced accessibility to childcare for low-income families. There is simply, not enough open, available, affordable childcare options in Tehama County.
5. **Savings and Access to Credit.** Head Start families are less likely to have a savings account and face constraints in accessing credit, making it difficult for them to adjust to unexpected expenses or fluctuations in income.
6. **Health Issues and Trauma.** It is widely acknowledged that low-income communities of color, including communities throughout Tehama County have been disproportionately impacted by COVID-19. In addition to the tragedies families have

¹ Hunter, S. September 2018. “Unstable Work Schedules and Earnings Volatility.” Poverty Facts. University of California Davis Center for Poverty Research.

² The Century Foundation (2020). Unemployment Data Dashboard. <https://tcf.org/content/report/unemployment-insurance-data-dashboard3/>

faced in regard to lives lost and community impacts, it is also a factor in income volatility. For example, families are still hit with unexpected illness such as COVID positivity and must miss work to care for themselves or their family, when a worker gets sick, new responsibilities must be pushed to other caregivers, and families are experiencing higher levels of stress due to the trauma they experienced during the pandemic.

Recommendation 3: To address housing security, the program can develop components of their financial literacy training to help individuals and families maintain housing. For example, topics may address credit repair, saving for a deposit, and building a strong rental history. Additionally, family service staff can collect data on the vulnerabilities that families experience regarding housing. Potential solutions could also focus on increasing the use of utility assistance among Head Start families. This strategy may include enhancing the collaboration between housing authorities, cities, service agencies and other non-profit entities, such as social services and faith-based organizations to increase access to programs that can supplement the NCCDI Home Address program's efforts. Also, an increase in collaboration between organizations within the community and educational agencies to provide information around energy tips for consumers will motivate tenants of affordable housing and those receiving energy assistance to become more informed energy consumers.

Recommendation 4: The program can begin to track data on the enrollment and utilization of early childhood services in each community and use this data to monitor the need for changes to Head Start and other early childhood program options. For example, the program can identify recruitment and enrollment periods for the Universal Preschool programs operating in the area and for home visiting services. This data can be compared to program enrollment along those dates to identify if the recruitment period and strategies for Head Start or Early Head Start need to be modified. For example, recruitment may occur earlier in the year, or the program may seek to convert Head Start slots to Early Head Start slots as preschool program services expand. Another option is to become more involved in policy making so that NCCDI can be a larger part of the developing system for home visiting in California.

Recommendation 5: NCCDI can enhance programming to address the needs of children that are exposed to adverse early childhood experiences. Adverse childhood experiences (ACEs) disrupt a child's sense of safety and the nurturing they need to develop, thrive and learn. ACEs include exposure to child abuse and neglect as well as exposure to alcohol abuse, substance abuse, domestic abuse and untreated mental illness in the child's home. ACEs also include being treated differently due to race or ethnicity. Ultimately, experiencing ACEs results in lower life expectancy. Most children that have one ACE factor have at least one other ACE.

County-level data across several factors (poverty, family status, mental health, and substance abuse) indicate that there is a high prevalence of children with ACEs in Head Start, which exacerbates an already higher likelihood of experiencing multiple ACEs found among children in poverty living throughout the county. One strategy to address this finding could be to develop a system to monitor and track ACE exposure among Head Start children. For example, the program

could select indicators from the annual Program Information Report and data that will be tracked within the program and compared to the characteristics of families and children in the program, as well as triangulated with attendance data, behavioral incidents, and other needs. By collecting thorough family information (poverty, divorce/family disruption, exposure to crises etc.), staff can develop ACE scorecards for the program that can be utilized for ongoing program development. For example, at in-take children that demonstrate exposure to more than once ACE could automatically be referred to a mental health services provider.

Mental health concerns are also connected to many challenges faced by individuals and families in Tehama County. Activities that could support improvements in the mental health service system include:

- To fight stigma, facilitate an education campaign that encourages people to talk more openly about mental illness, ask for help when they need it, and understand that their illness is not shameful. This strategy could also include expanding participation in mental health awareness weeks designated by the National Alliance for Mental Illness.
- Build local capacity for public mental health research in poor countries in the service area to provide county-level data on child expulsions, suicides, mental illness, and other gaps in services related to substance abuse treatment and mental health.
- Conduct a one-day community conversation about mental health using the Mental Health in My Community resources published by the U.S. Department of Health and Human Services. (<https://www.mentalhealth.gov/talk/community-conversation/>).
- Participate in health fairs and classes aimed to improve education about mental health issues, services, and resources in the community.
- Draw in hard-to-reach parents to improve their social connections and mental health protective factors.
- Provide information about substance abuse services and resources to improve awareness of how to access substance abuse assistance.
- Provide training to staff and parents that helps them recognize the importance of preventing mental health problems at an early age using the social-emotional development domains of the state early learning guidelines.
- Provide information and training related to cultural norms and expectations for young children as it pertains to mental health.

Demographics

Population Density

Population density is important in determining the needs of the community for the following reasons:

- 1) The number of people a community has and the characteristics of its population, influences whether a business will have enough customers to survive, which impacts economic development and the tax base for providing community, family, and child services;
- 2) whether the population grows or shrinks influences decisions on school funding formulas, employment, housing, and other allocations for public funding, as well as the resource needs of the community. Whether the population is young or old also influences the needs of the community and the economy;
- 3) urban and rural problems and resources frequently underlie community trends.

Tehama County is very rural and home to a population of 64,176 residents. The largest city and county seat for services is Red Bluff, which has 14,091 residents. The area also has two incorporated cities, Corning (population 7,589) and Tehama (503). Los Molinos is a census designated place home to 1,924 residents. The Rancho Tehama Reserve is an unincorporated remote community that has a population of 1,682 Other small communities encompassed in the service area include Paskenta, Dairyville, Richfield, Paynes Creek, Mineral, and Manton.



Figure 3. Map of Tehama County Communities

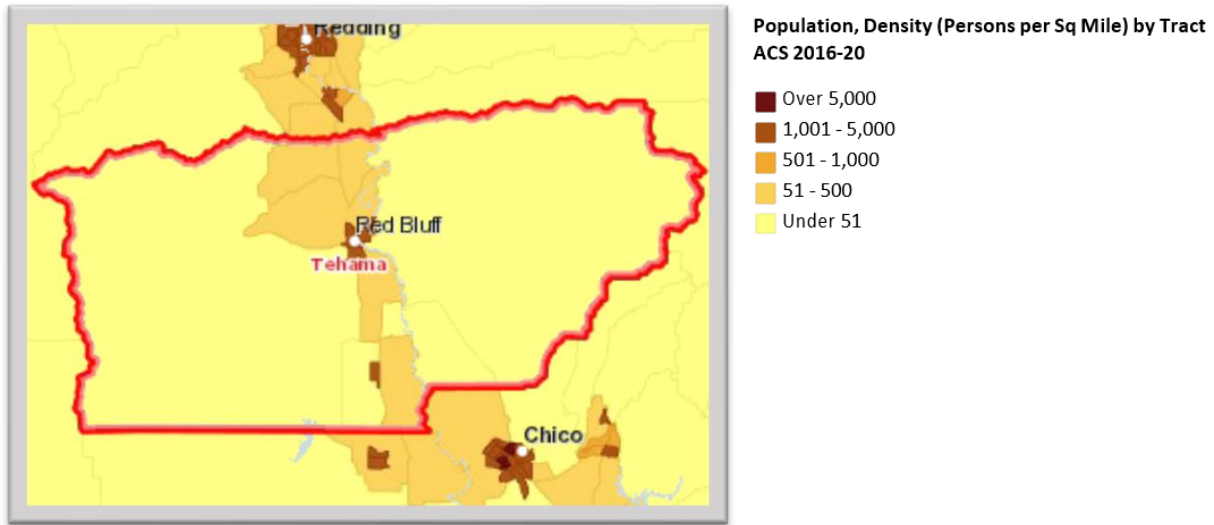


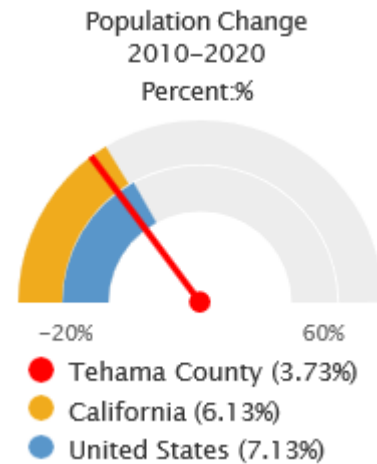
Figure 4. Population Density Map

Population Density ³			
Area	Total Population 2020	Total Land Area	Population Density (Per Square Mile)
Red Bluff	14,091	7.56	1,864
Corning	7,589	3.55	2,139
Los Molinos	1,924	354.7	918.6
Tehama	503	203.2	526.3
Tehama County	63,912	2,949.1	22

Table 6. Population Density

Population Change

Population growth is calculated by measuring the difference between the rate of birth and the rate of death in an area. Population growth can impact the population in several ways. For example, population growth can positively impact the economy and negatively impact the environment. A loss of population, which is common in rural areas is often a result of an areas' stagnant economy and occurs in response to a variety of issues such as lack of employment, a changing job structure and limited opportunities for upward mobility in a community. An increase in the population can be driven by industry growth, a migration of the population from nearby areas with a higher cost of living, and in response to changes in the economy in an area.



³ Community Action Partnership (2022). 2016-2020. Retrieved from capengagementnetwork.org.

All of the communities in the service area are experienced a nominal rate of population growth over the past decade. Corning had the highest rate of growth. This could have been driven in part by the Camp Fire which occurred in 2018. Between 2018 and 2020, the population in Corning increased by 28%.

Population Change ¹			
Area	Total Population 2010	Total Population 2020	Change
Red Bluff	14,157	14,710	+3.9%
Corning	7,737	8,244	+6.5%
Los Molinos	2,020	2,098	+3.8%
Tehama	419	435	+3.8%
Tehama County	63,463	65,829	+3.7%
California	37,253,936	39,538,223	+6.1%

Table 7. Population Change

Age

Age is the single individual-level demographic characteristic that impacts the health statistics of a community most significantly. The inverse relationship between age and health is consistent across time, population groups and disease states.

Population by Age Group ⁴			
Age Group	Tehama County	Age Group	Tehama County
Under 5 years	3,807 (5.9%)	45 to 50 years	3,477 (5.4%)
5 to 9 years	3,882 (6.0%)	50 to 54 years	4,013 (6.3%)
10 to 14 years	4,969 (7.7%)	55 to 59 years	4,105 (6.4%)
15 to 19 years	3,815 (5.9%)	60 to 64 years	4,854 (7.6%)
20 to 24 years	3,528 (5.5%)	65 to 69 years	4,213 (6.6%)
25 to 29 years	4,019 (6.3%)	70 to 74 years	3,092 (4.8%)
30 to 34 years	3,776 (5.9%)	75 to 79 years	2,825 (4.4%)
35 to 39 years	3,867 (6.0%)	80 to 84 years	1,267 (2.0%)
40 to 44 years	3,357 (5.2%)	85 years and over	1,310 (2.0%)

Table 8. Tehama County Population by Age Group

Age of Population by Community			
<i>*populations too small to be included in census data estimates are excluded.</i>			
Age	Red Bluff	Corning	Los Molinos
Under 5 years	847	764	104
5 to 17 years	3,188	1,539	543
18-24 years	1,331	610	203
25-34 years	1,896	1,310	174
34-44 years	2,105	976	222
45-54 years	1,224	745	230
55-64 years	1,579	974	133
65 years and older	1,921	671	315

Table 9. Population by Age Group by Community

⁴ United States Census Bureau. *Age and Sex 2016-2020, Table S0101*. Retrieved from <https://data.census.gov/>

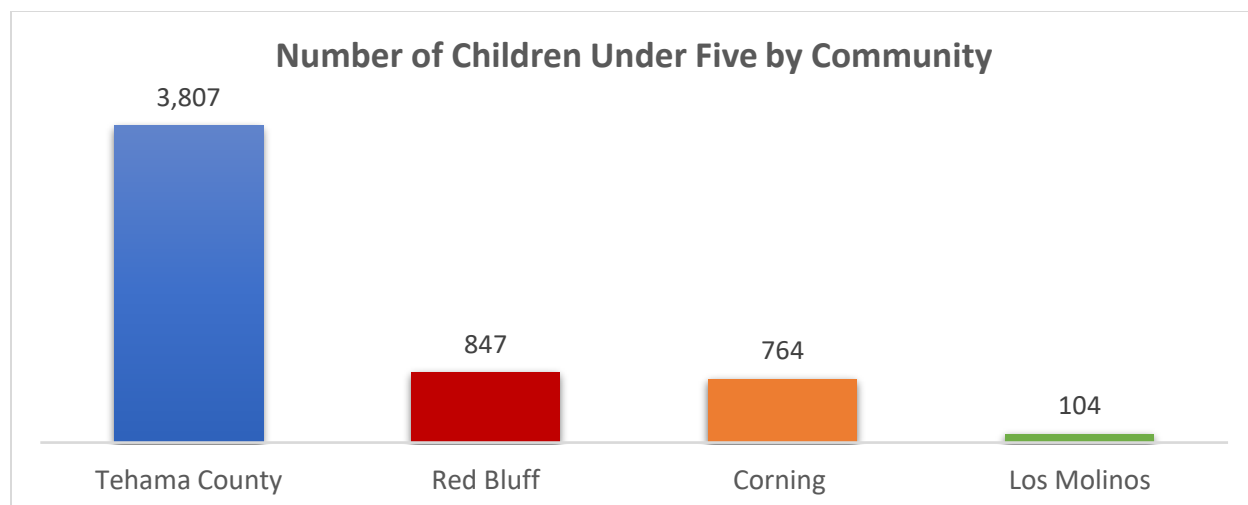


Figure 5. Number of Children Under Five Years by Community

Population Under Five Years by Age

There is a total of 3,839 children under five years in Tehama County. Of these children, 1,384 are aged birth-to-3 years and 557 are aged 3 and 4 years. The most children under five years live in Red Bluff, followed by Corning.

Population Under 5 by Age ⁵						
Indicators	Tehama County	Red Bluff	Corning	Los Molinos	Tehama	Total
Age 0-3 Yrs.	2,295	942	298	81	63	1,384
Age 3 & 4 Yrs.	1,544	225	290	26	16	557
Total	3,839	1,167	588	107	79	1,941

Table 10. Population Under Five Years by Community and Age

Population Projections

The child population is anticipated to increase over the next five years. The largest growth is among the population under age three years. There was a sharp increase in births in 2020.

Births in Tehama County ⁶					
Child Population	2016	2017	2018	2019	2020
# of Births	650	771	701	692	985
% Increase/Decrease		5%	-9%	-1.2%	42%

Table 11. Births in Tehama County

⁵ United States Census Bureau. *Population Under 18 Years by Age 2016-2020, Table B09001*. Retrieved from: <https://data.census.gov>.

⁶ United States Census Bureau. *Fertility 2016-2020, Table S1301*. Retrieved from: <https://data.census.gov>.

Population Projection Children Under Five 2022-2026 ⁷					
Child Population	2022	2023	2024	2025	2026
Under 3 years	2,363	2,406	2,458	2,482	2,530
3 and 4 years	1,539	1,591	1,605	1,639	1,677
Total	3,902	3,997	4,063	4,121	4,207

Table 12. Population Projections of Children Under Five Years 2022-2026

Race and Ethnicity

The service area population is predominantly white (67.4%), with the second highest proportion of the population being Hispanic/Latino (25.6%). The rate of representation in the population of Hispanic/Latinos is lower than for the state of California (39.1%) and higher than for the United States (18.2%).

Population by Combined Race and Ethnicity ⁸								
Area	Non-Hispanic Race							Hispanic/Latino
	White	Black/African American	Asian	Hawaiian/Pacific Islander	American Indian/Alaska Native	Multi-racial	Other Race	Hispanic/Latino
Red Bluff	71.5%	1.2%	2.9%	1.4%	0%	4.8%	1.7%	17.9%
Corning	36.2%	<1%	<1%	1.0%	<1%	0%	2.1%	59.2%
Los Molinos	55.3%	0%	<1%	<1%	<1%	1.8%	<1	41.5%
Tehama	67.4%	<1%%	1.7%%	1.0%	<1%	<1%	<1%	25.6%
California	36.5%	5.4%	14.6%	<1%	<1%	3.3%	<1%	39.0%
United States	60.9%	12.2%	5.5%	<1%	<1%	<1%	2.8%	18.8%

Table 13. Population by Race and Ethnicity

The race/ethnicity of the population by community indicates that the most Hispanic/Latinos live in Corning, followed by Los Molinos. This data is important in determining the languages that the program must provide services in.

⁷ California Dept. of Finance, Population Estimates and Projections; U.S. Census Bureau, Population and Housing Unit Estimates (Aug. 2021).

⁸ United States Census Bureau. *Demographic and Housing Estimates 2016-2020, Table DP05*. Retrieved from <https://data.census.gov/>.

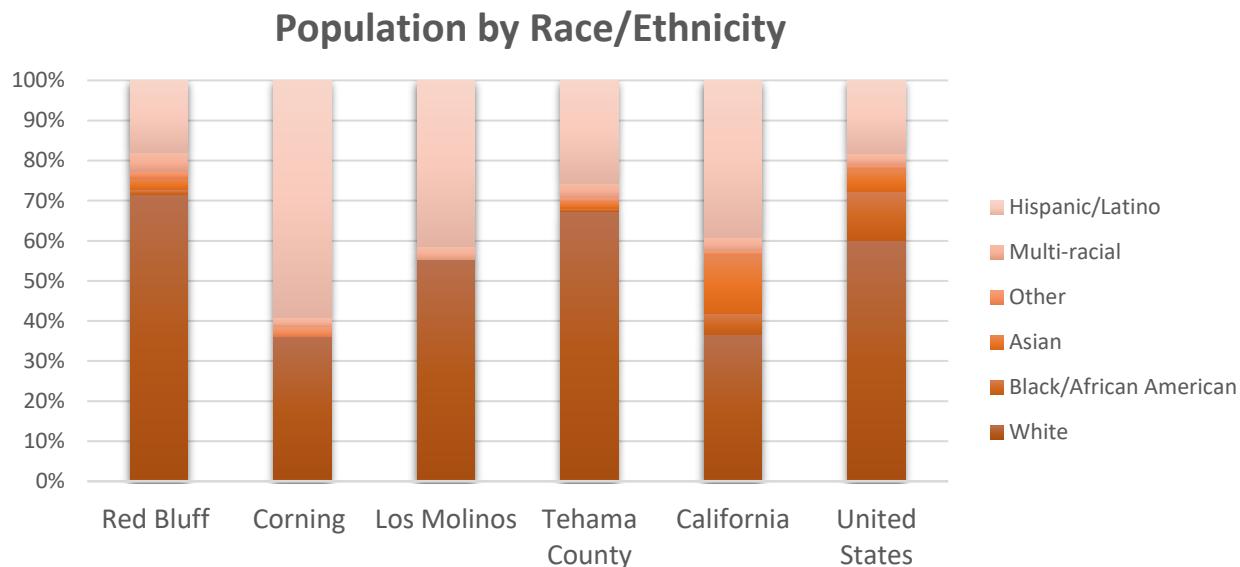


Figure 6. Tehama County Population by Race/Ethnicity

Child Race & Ethnicity

The primary race of children in Tehama County is white and Hispanic/Latino⁷. Red Bluff is the largest and most diverse city in the county.

Tehama County Child Population by Race/Ethnicity

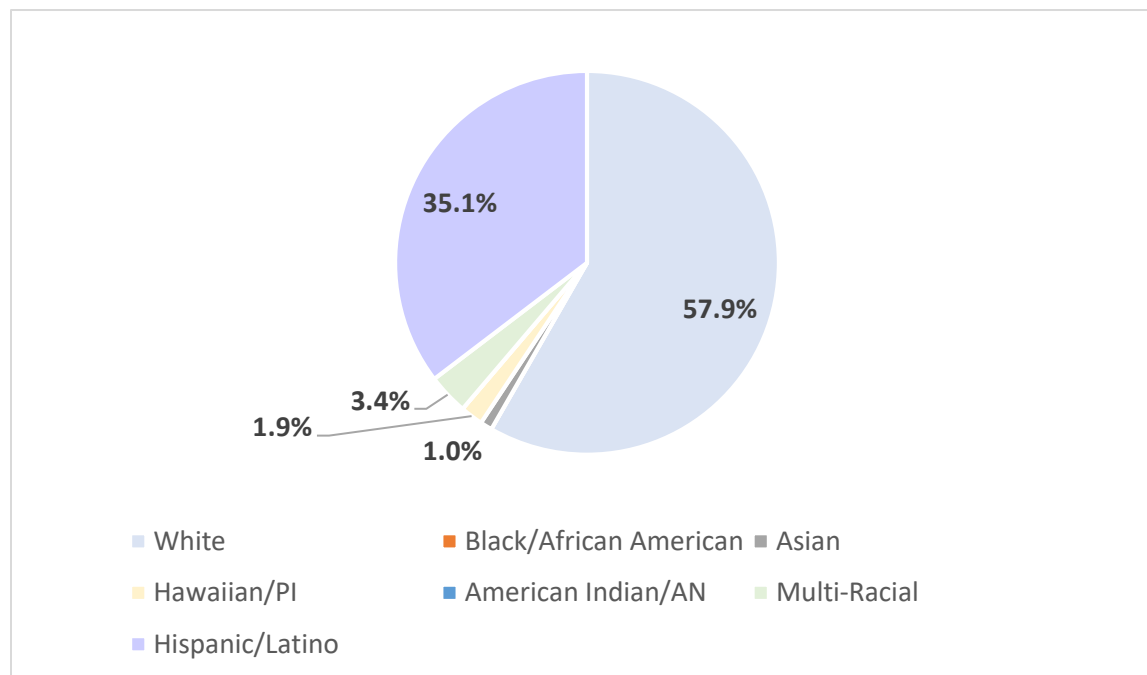


Figure 7. Tehama County Child Population by Race

The total population of children in Tehama County is 18,219. The child population in the largest communities is as follows: Red Bluff (4,035); Corning (2,303) and Los Molinos (647). The race and ethnicity is varied. The child population is more diverse than the adult population. There is a large proportion of the child population comprised of Hispanic/Latinos in every city. Red Bluff has a small population composed of black/African American and Asian children.

Child Population by Combined Race and Ethnicity ^{3 9}								
Area	Non-Hispanic Race							Hispanic/Latino
	White	Black/ African American	Asian	Hawaiian/ Pacific Islander	American Indian/ Alaska Native	Multi- racial	Other Race	Hispanic/ Latino
Red Bluff	27.8%	13.6%	4.2%	0%	12.1%	40.5%	28.3%	40.7%
Corning	28.2%	21.7%	0%	0%	0%	50.3%	35.7%	77.6%
Los Molinos	62.8%	0%	0%	0%	0%	37.2%	0%	44.7%
Tehama County Child Population by Race ¹⁰								
	White	Black/AA	Asian	H/PI	AI/AN	Multi- Race	Hispanic	
Tehama County	57.9%	<1%	1.0%	1.9%	<1%	3.4%	35.1%	

Table 14. Child Population by Combined Race & Ethnicity

*population percentages will exceed 100% due to inclusion of ethnicity in addition to racial groups.

Family Composition

The U.S. Census Bureau reports 24,661 total households in Tehama County and 16,236 family households (66.6% of all households). Tehama County has a high rate of single-parent households at 28.1%, with 17.4% being single-female householders with children under six.

Family Households ¹¹				
Area	Total Households	Family Households	Married-Couple Households%	Single-Parent Households %
Red Bluff	5,772	3,114	57%	43%
Corning	2,538	1,753	69%	31%
Los Molinos	685	469	63%	37%
Tehama	213	138	71%	29%
Tehama County	24,661	16,236	71%	29%
California	13,103,114	8,986,666	68.6%	18.9%

Table 15. Family Households

⁹ United States Census Bureau. Sex by Age 2016- 2020, Tables B0100H; B0100C; B0100G; B0100I; B0100F; B01001D; B01001B; B01001A. Retrieved from: <https://data.census.gov>. Imputed with Table B09002.

¹⁰ KidsData.org. <https://www.kidsdata.org/topic/33/child-population-race/table#fmt=144&loc=329&tf=141&ch=7,11,70,10,72,9,73&sortColumnId=0&sortType=asc>

¹¹ United States Census Bureau. *Households and Families 2016-2020, Table S1101*. Retrieved from <https://data.census.gov/>. Imputed.

Children in Single-Female Households Under Five Years

Approximately 30% of children under six years live in single female headed households. An additional 1,475 children live in grandparent-headed households. Of the children living in grandparent-headed households, 671 are living in households with an absent parent or where the grandparent has full responsibility for their grandchild¹².

Household Composition of Families with Children Under 6 Years ¹³	
Indicator	Tehama
Total Households with Children	15,176
With Children <6	31.3%
Married-couple family household with children <6	31.0%
Single male householder with children <6	35.1%
Single female householder with children <6	29.5%

Table 16. Composition of Children Under 6

Tehama County Children in Single-Female Households Under Five Years			
Child Population	Under 3 Yrs.	3 & 4 Years	Total
Single-Father Headed Household	331	167	498 (15%)
Single-Female Headed Household	495	76	571 (18%)
Married-Couple Families	1,144	927	2,071 (67%)

Table 17. Tehama County Children <5 Years in Single-Mother Headed Households

Family Status of Head Start Children

According to the Head Start Program Information Report (PIR) for the NCCDI Head Start and Early Head Start program, in the service area, 113 children live in single-parent families (42.2%) and 155 children live in two-parent families (57.8%).

¹² United States Census Bureau. *Grandchildren Characteristics* 2016-2020, Table S1001. Retrieved from <https://data.census.gov/>.

¹³ United States Census Bureau. *Children Characteristics*, 2016-2020, Table S0901. Retrieved from <https://data.census.gov/.Imputed>.

Profile of Community Survey Respondents

As part of the community assessment NCCDI asked families to respond to a community assessment family survey. Additionally, community partners were also asked to respond to a set of questions about the strengths and needs of families and children in Tehama County. The following details a profile of the survey respondents.

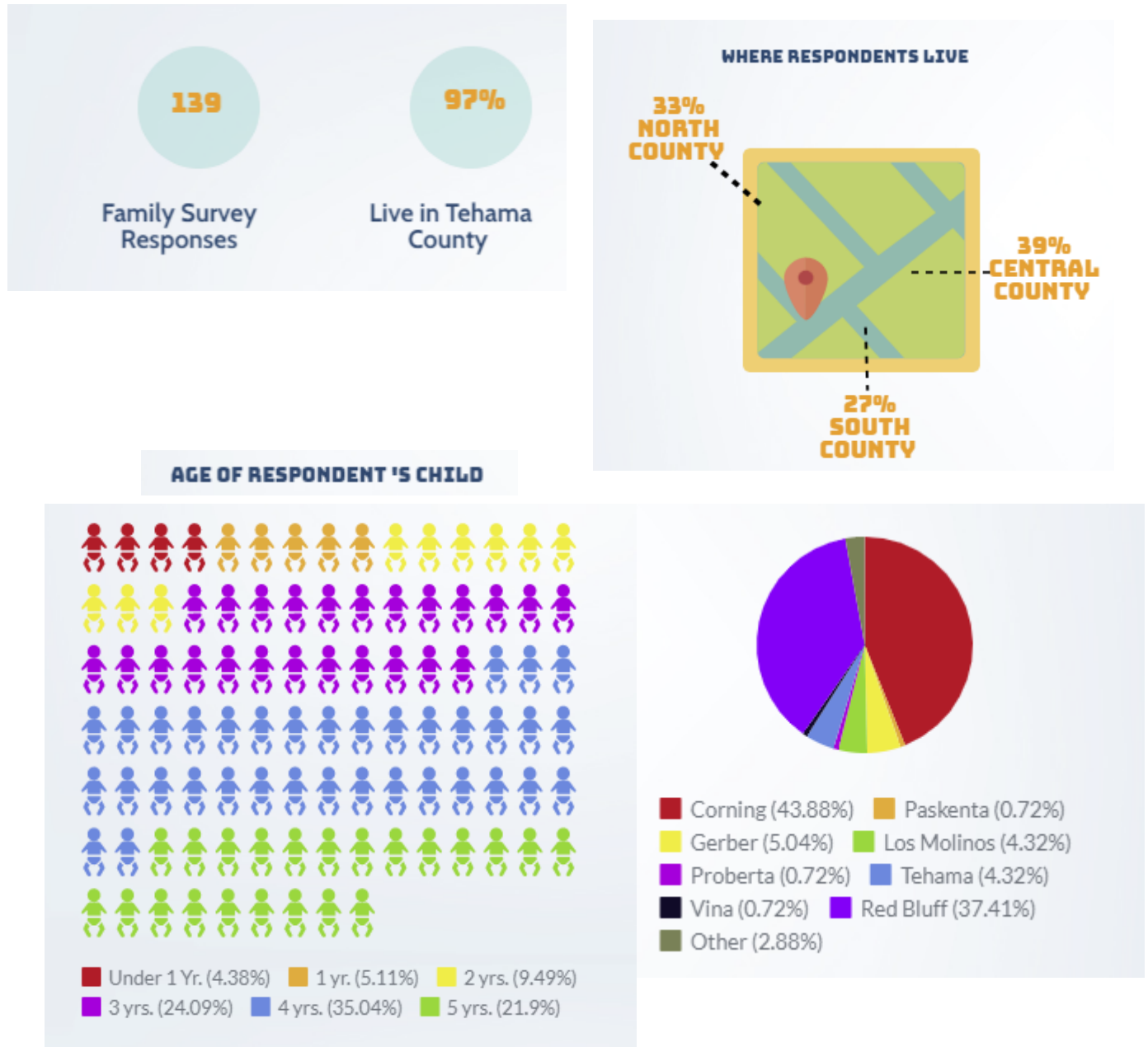


Figure 8. Profile of Family Survey Respondents

Demographic Key Findings



There are over 3,000 children under five living in Tehama County. The service area population is changing and all incorporated areas have experienced population growth in the past decade. For example, in the last decade the population in Corning grew by 6.5%, compared to around 3% in the other communities throughout the county. The race and ethnicity of the population is also changing, becoming slightly more diverse overtime, due to increased birth rates among Hispanic/Latino women.

Tehama County has a significant representation of Hispanic/Latinos in the population due to its agricultural industry. The large population of Hispanic/Latinos is also connected to high rates of poverty because their rates of educational attainment are not at parity with the rates found among the community as a whole, so the jobs available for them do not pay enough to lift families out of poverty. Another significant population trend is a decline in births that has occurred since 2010 which should be taken into consideration when planning for early childhood program slots.

Family structure is important for Head Start and other poverty fighting programs to consider. For example, family structure can play a role in the mental health, physical well-being, and longevity of children, adolescents and adults. According to Raley and Wildsmith, over time the rise in unmarried and stepfamily living has coincided with a rapid acceleration of family instability with more children transitioning to multiple living arrangements¹⁴. The community assessment data indicates that there are a significant percent of children living in single female headed households throughout the county, totaling 30% of children under six and 18% of all children under five years. Within the program, 42% of Head Start families are headed by a single parent. Additionally, more than 1,475 children live with their grandparents.

¹⁴ Brown, S. L., Manning, W. D., & Stykes, J. B. (2015). Family Structure and Child Well-Being: Integrating Family Complexity. *Journal of marriage and the family*, 77(1), 177–190. <https://doi.org/10.1111/jomf.12145>

Economic Activities

Economic activities include factors such as industry, employment opportunities and median income. Examining economics is important in making program decisions, because it has an impact on all facets of a family's life and the well-being of children and their caregivers. For example, often as income increases or decreases, so does an individual's health status. As a social determinant of health, a household's income impacts the choices about housing, education, childcare, food, and medical care. Conversely, underemployment and unemployment limit purchasing power and the inability to accumulate savings and assets puts families at risk during times of economic distress.

An economic downturn, as well as the jobs available can profoundly impact children and families. For example, job loss, home foreclosure, or loss of family savings can place a strain on caregiver relationships and families. For low-income families the shock may be even more severe with basic needs such as food security, healthcare and shelter going unmet. This contributes to increased rates of family conflict, child abuse and neglect and intimate partner violence. On a broader level, a worsening economy results in the redirection of funding that can impact funds for Head Start, public schools and community health programs which may see their budgets constrained at a time when family services are most needed. Concurrent, population growth can further exacerbate these challenges. Examining several factors of economic activity in Tehama County can provide insight into the needs of families and children.

The COVID-19 pandemic has also had a devastating impact on the economy and many small businesses in Tehama County were placed at-risk of closure with some permanently closing. Other impacts included job loss, income instability due to continued requirements for social distancing and shifts in the job market as technology is utilized more often to perform tasks once performed by people. This section of the community assessment provides an overview of the economic activities of the service area, however, in many cases the data does not yet reflect the full impact of the COVID-19 pandemic on the economy.

Tehama County and California Industries

The Tehama County labor market employs over 24,000 individuals. The most common employment sectors are Health Care & Social Assistance (3,184 people), Retail Trade (3,149 people), and Educational Services (2,272 people). The following charts show the share breakdown of the primary industries in which people work, though some of these residents may live in Tehama County and work somewhere else.¹⁵ The large number of jobs in the areas of Health Care and Social Assistance is linked to high rates of use of public assistance. There are very few jobs in science and technology (3%) jobs, which tend to pay the highest. The county also has a large percentage of the population working in Agriculture and Transportation (Trucking).

¹⁵ Datausa.io



Figure 9. Tehama County Industries

Unemployment

Over the course of the last five years, Tehama County saw a decrease in the unemployment rate, up until the COVID-19 pandemic in 2020 after which unemployment rates increased to almost double what they were in 2019. This trend is reflective of the national fluctuation in employment. Within Tehama County, the five-year unemployment rate provides a broad perspective on employment trends. The unemployment rate in the county is still higher than found for the State of California and the nation.

5-Year Unemployment Rates ¹⁶					
Area	May 2018	May 2019	May 2020	May 2021	May 2022
Tehama County	5.2%	5.2%	13.0%	7.2%	3.7%
California	3.7%	3.7%	16.0%	7.6%	3.4%
United States	3.6%	3.4%	13.0%	5.5%	3.4%

Table 18. 5-Year Unemployment Rates

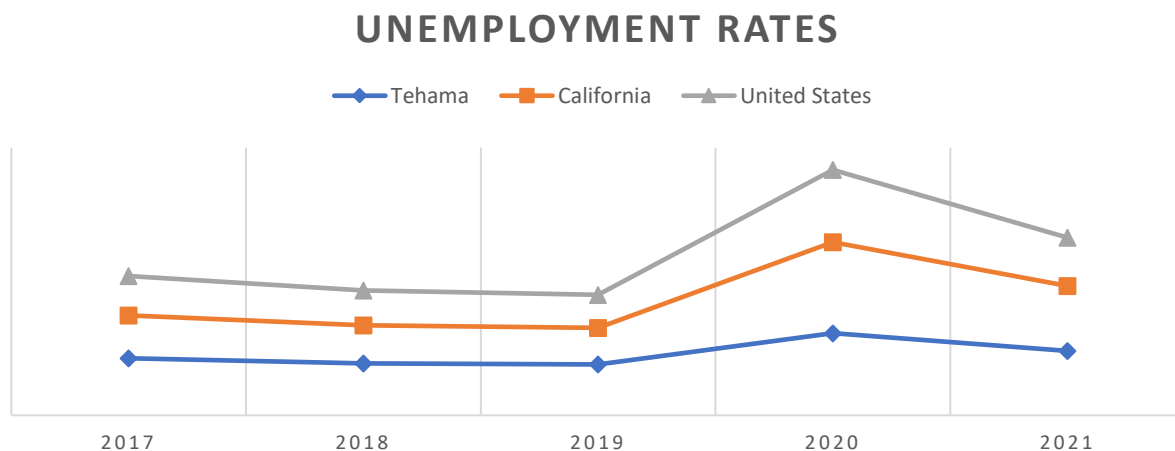


Figure 10. Unemployment Rates

¹⁶ CARES Engagement Network (2022). Employment, 2016-2020. Retrieved from <https://engagementnetwork.org>

Annual Average Unemployment By County & Community ¹⁷	
Area	Annual Average Unemployment (Annual Average March 2021-March 2022)
Tehama County	7.2%
Red Bluff	8.5%
Corning	6.6%
Los Molinos	9.4%
Tehama	1.2%

Table 19. Annual Average Unemployment for County and by Community

Head Start Family Employment

Among Head Start families, 17.9% of parents in either two-parent or single parent families are unemployed or not attending school, which is significantly higher than the service area unemployment rate by over two times. Unemployment, combined with a high rate of public assistance indicates that families can benefit from programs to support employment. In total, 82% of families in the program have at least one parent employed or in a job training program.



Survey Responses

The employment characteristics of the 139 respondents noting their employment status was:

- 39% employed full-time
- 5% employed, making minimum wage or less
- 9% employed part-time or part-time temporary employment
- 11% unemployed (9% employed more than 3 months)
- 24% a stay-at-home parent
- 4% with a disability that prevents them from working
- 10% were students
- 11% were seeking employment
- 1% participating in a work training program
- 25% of respondents working have a varied schedule of days and hours of work
- 16% of working respondents work on weekends
- 20% of those working had their work disrupted due to the pandemic

¹⁷ California Employment Development Department (2022). Average Annual Unemployment Rate. City and Sub-County Places. <https://www.labormarketinfo.edd.ca.gov/data/unemployment-and-labor-force.html>

Employment of Families with Young Children

Employment rates are typically lower for families with young children. However, the need for two incomes to support the range of family needs is exacerbated in the service area due to income disparities, income inequities, and the family status of low-income children, who are more likely to live in single-parent headed families. As shown below, the employment characteristics of families in Tehama County show that there is a significant portion of families in each community that are not working that have children. The rate of single mothers that work is highest in Corning and lowest in Los Molinos. According to PIR data, 82% of Head Start children have at least one parent employed or attending job training.

Work Characteristics of Families with Children ¹⁸				
Area	Total Families with Children Under Six ¹⁹	Families with all Caregivers Working ¹⁹	% Single-Mothers that work ¹⁸	% Families with No Workers ¹⁸
Tehama County	4,231	64.3%	51.7%	10.7%
Red Bluff	1,308	56.0%	55.9%	11.0%
Corning	715	56.0%	88.0%	16.2%
Los Molinos	120	74.2%	8.7%	18.7%
Tehama	19	78.9%	50.0%	0.0%

Table 20. Work Characteristics of Families with Children

Cost of Living

As a result of the pandemic, job loss and reductions in hours or layoffs, the Nation’s poverty rate increased about 25% from February to May 2020 with the rate for Black/African Americans and Hispanic/Latinos increasing by 27% and 29% respectively. As of January 2022, poverty rates are generally decreasing in Tehama County. However, at the same time the costs of living are increasing. Over the prior 12 months, the consumer price index increased 6.0% up from 5.5% in 2021, the highest rate since 1982. Price gains were broad and included food, shelter, and electricity. Food rose 0.9%; electricity is up 4.2% and shelter is 0.3% higher. Inflation for the prior 12 months equaled 7.5%, the largest increase in 40 years, and follows a 7.0% rise for 2021. Wage increases have risen, but not kept pace with inflation. Thus, even though the poverty rate has decreased, families may not be better off.

The Center for Women’s Welfare Self-Sufficiency Standard defines the income that low-income working families need to meet minimum, yet adequate living standards. The measure takes into consideration costs such a food, housing, health, transportation, utilities, and childcare²⁰. The

¹⁸ United States Census Bureau. *Employment Characteristics of Families 2020*, Table S2302. Retrieved from <https://data.census.gov/>.

¹⁹ United States Census Bureau. *Selected Economic Characteristics 2020*, Table DP03. Retrieved from <https://data.census.gov/>.

²⁰ Self-Sufficiency Standard at the Center for Women’s Welfare, University of Washington. <https://insightcced.org/family-needs-calculator/>

following table details the hourly, monthly and annual wage needed to earn a living by family composition.

Cost of Living ²⁰			
Family Type	Hourly Wage (per adult)	Monthly Wage	Annual Wage
One adult/1 Infant	\$25.89	\$4,557	\$54,690
One adult/1 Infant and 1 preschooler	\$31.99	\$5,630	\$67,555
2 adults/1 infant	\$15.08	\$5,308	\$63,697
2 adults/1 infant and 1 preschooler	\$18.05	\$6,352	\$76,229

Table 21. Tehama County Cost of Living



Survey Responses

Survey respondents (112) noted the following concerns regarding their finances:

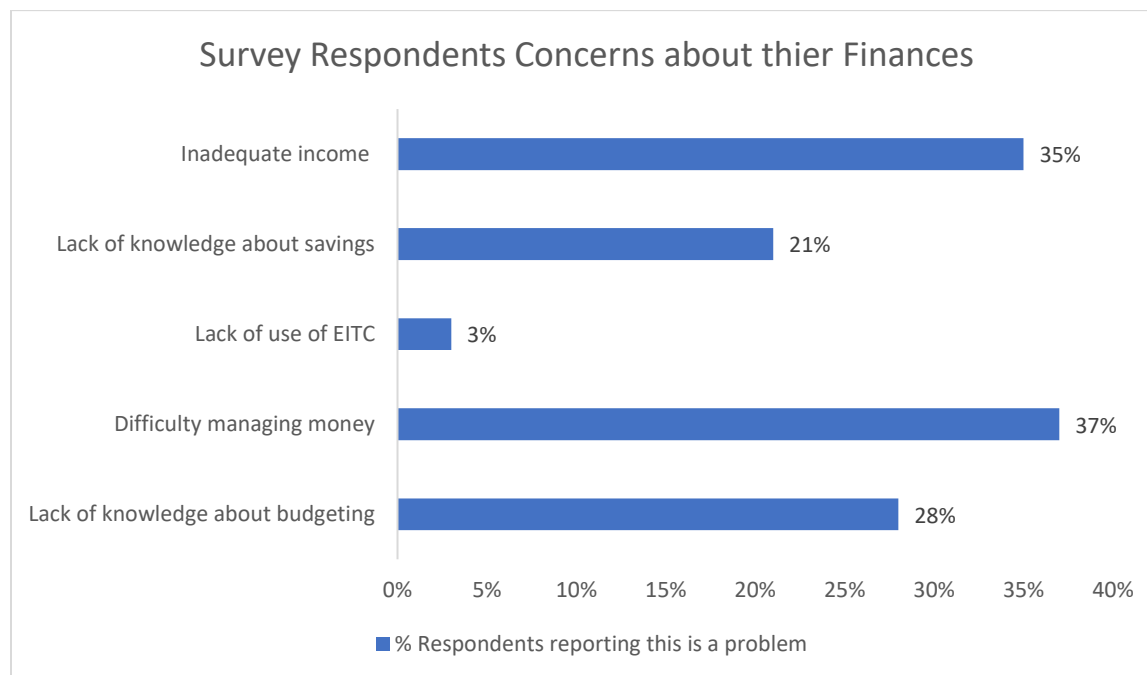


Figure 11. Family Concerns About Finances

Families are particularly vulnerable. In the past six months:

- 9% of survey respondents used a food pantry
- 18% received cash aid
- 12% utilized Medicaid
- 2% had their cash aid sanctioned
- 23% paid a bill late

Of the bills that were reported to be paid late by survey respondents, 24% were utility bills, 14% were a credit card bill, 4% were medical bills and 9% was rent.

Median Income Level by Family Type

The median household income for married-couple families in the service area is significantly higher than median household incomes for single-female householders and single-male householders. On average, single-male householders have a 42% higher median household income than single-female householders which continues to echo the gender pay gap seen throughout the United States. Men in California earn \$1.26 for every \$1.00 earned by women which is reflected in Tehama County wages.

Median Income Level For Families With Children by Family Type ²¹						
Area	Households	Families	Married Couple Families	Single Female Householder	Single Male Householder	Nonfamily households
Tehama County	\$48,895	\$63,084	\$73,777	\$29,485	\$51,250	\$26,410
Corning	\$48,038	\$51,967	\$56,701	\$19,835	-	\$26,185
Los Molinos	\$42,656	\$61,385	\$78,056	-	-	\$24,625
Red Bluff	\$37,326	\$51,019	\$56,587	\$27,759	\$51,349	\$25,227
Tehama	\$45,625	\$86,944	\$103,333	-	-	\$26,875
California	\$78,672	\$89,798	\$107,711	\$48,806	\$62,910	\$50,894
United States	\$64,994	\$80,069	\$95,485	\$40,325	\$55,166	\$39,027

Table 22. Median Income Level by Family Type

Median Income by Race/Ethnicity

Data related to income and race/ethnicity is prone to significant variation when examined in the context of small, rural populations. Issues can also arise when examining smaller racial/ethnic populations. For example, data may be missing when the population in a service area is not large enough to allow for a statistically accurate measurement. The data that is available, however, provides great insight into the relationship between race/ethnicity and income in the service area. For example, the median income for the Hispanic/Latino population is significantly lower than for the white population in Tehama County.

²¹ United States Census Bureau. *Median Income in the Past 12 Months, 2016-2020, Table S1903.* <https://data.census.gov/>.

Median Income by Race and Ethnicity ⁷								
Area	White	Black/ African American	Asian	Hawaiian/ Pacific Islander	American Indian/ Alaska Native	Multi- racial	Other Race	Hispanic/ Latinx
Tehama County	\$50,708	\$80,192	No data	No data	\$23,781	\$42,759	\$26,711	\$38,981
California	\$82,157	\$54,976	\$101,380	\$81,682	\$60,182	\$76,733	\$59,287	\$62,330
United States	\$68,943	\$43,674	\$91,775	\$65,804	\$45,877	\$61,870	\$51,900	\$54,632

Table 23. Median Income by Race/Ethnicity

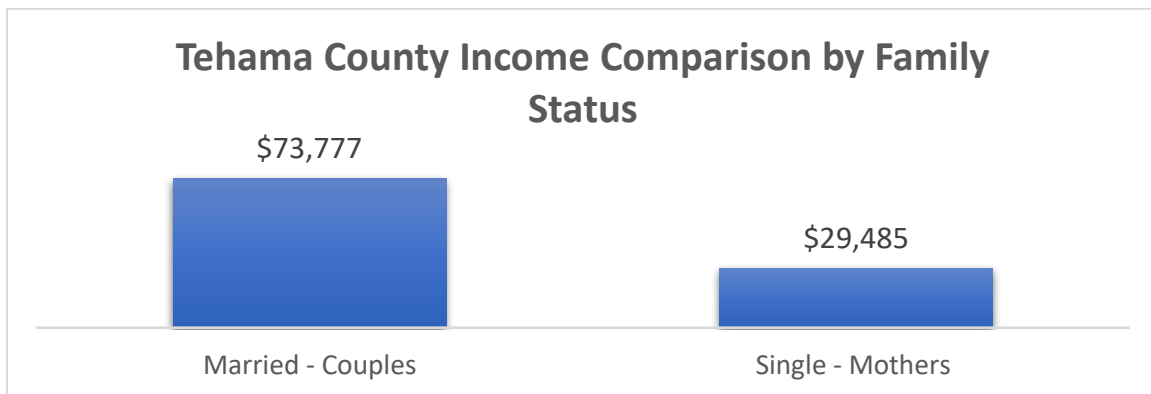


Figure 12. Median Income by Family Status

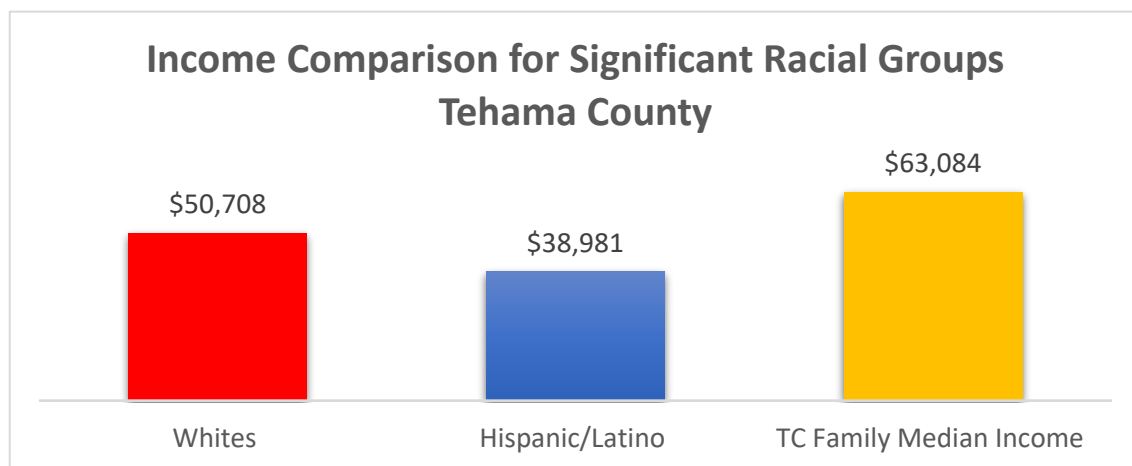


Figure 13. Income Comparison for Tehama County by Race/Ethnicity



Survey Responses

Family survey respondents were asked what they thought the underlying issues related to employment in Tehama County were. The responses included the following detailed in the chart below. Other feedback also included that obtaining a job depends on who you know and also there is some discrimination in employment.

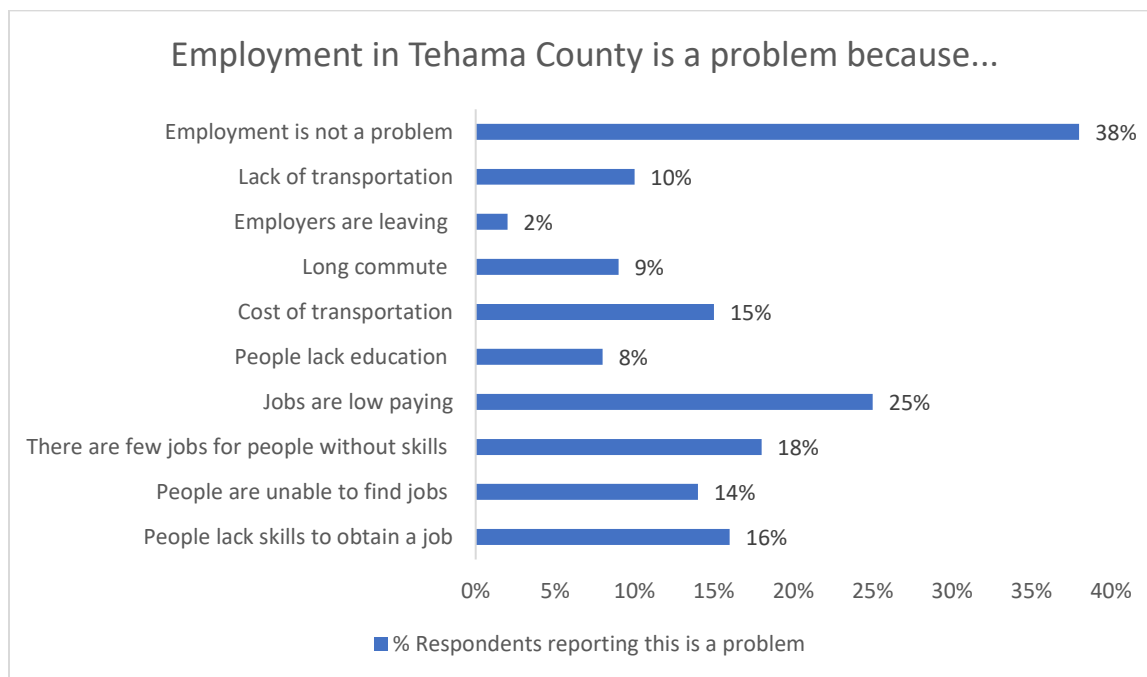


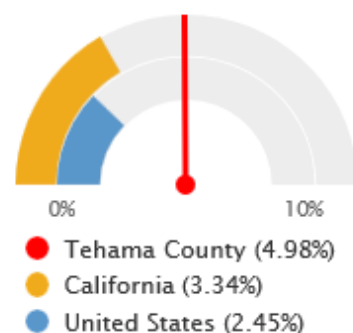
Figure 14. Employment Problems in Tehama County

The ability to gain employment is a strength held by many Head Start families. Of the total survey respondents providing information in this area (131 responses), 43% had formal training or a work certification, 63% had a positive work history, 61% had dependable transportation, 62% had skills gained from experience, 56% had some education, 35% had dependable childcare and others noted their bilingual language skills and willingness to learn as an asset. Barriers to employment that were noted included: lack of transportation (4%), health problems/disability (8%), lack of a high school diploma (9%), emotionally unable to work (5%), discrimination (3%), pregnancy (3%), and overwhelmingly the largest barriers were lack of reliable childcare which 28% of respondents reported as a problem. Other notes included: having to care for a family member or child with a disability, race, background/prior issues that impact employment eligibility, prior homelessness and drug use and exposure to unfair workforce practices. The most significant employment needs noted by families were job seeking assistance (12%), career search and support achieving goals (13%) and skills training (6%). In total, 75% of respondents reported they did not have barriers to employment.

Other Sources of Income

Supplemental Security Income (SSI) includes Social Security, TANF, and SNAP. In Tehama County there are 4,674 households that receive public assistance, totaling 5% of all households. The rates of dependence on public assistance are higher for female householders with children. Of families that receive public assistance, 56% are married-couple families and 52% are single-female householders²².

Percent Households with Public Assistance Income



Households with Public Assistance Income Percent by Tract, ACS 2016-20

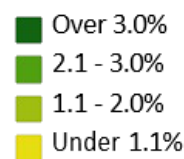


Figure 15. Households with Public Assistance Income by Census Tract

Within two of the service area communities, there is a higher rate of families that receive public assistance income than for Tehama County. In Corning, 12.5% of families receive public assistance income and in Red Bluff, 7.4% of families receive public assistance.

²² United States Census Bureau. *Receipt of Supplemental Security Income 2020*, Table B09010. Retrieved from <https://data.census.gov/>.



Economic Activity Key Findings

Unemployment rates in Tehama County are higher than the state and national rates but are continuing to improve over time. Certain areas have the highest rates, Red Bluff and Los Molinos demonstrate strikingly high average annual rates of unemployment, exceeding 8% in Red Bluff, which is the city with the largest population in the county. The unemployment rate among Head Start families is extremely high, demonstrating a significant disparity in employment between the Head Start population and the general population. Additionally, many Head Start families work part-time. There is also a racial disparity in income and a disparity in income between married-couples and families headed by a single-female householders. The cost of living in Tehama County is lower than most counties in the state, however depressed median incomes are still too low for many families to make ends meet. For example, a family with two earners that has a preschooler and an infant must earn over \$76,229 to afford the expenses associated with daily life. The median income reported for Tehama County is \$73,777, which is slightly below the self-sufficiency standard.

Poverty

Poverty in Tehama County

Poverty contributes to early death, increased rates of disease, and poor health. As income inequality increases, life expectancy differences also increase. According to a recent study, low-income Americans have higher rates of physical limitations, heart disease, diabetes, stroke, and other chronic conditions, compared to high-income Americans.²³ Wealth supports educational attainment, housing stability, and financial security.²⁴ The impacts of poverty on young children are particularly harmful. According to the National Academy of Sciences, a wide body of evidence indicates that a child growing up in a family whose income is below the poverty line experiences worse outcomes than a child from a wealthier family in virtually every dimension, from physical and mental health to educational attainment and labor market success, to risky behaviors and delinquency.²⁵

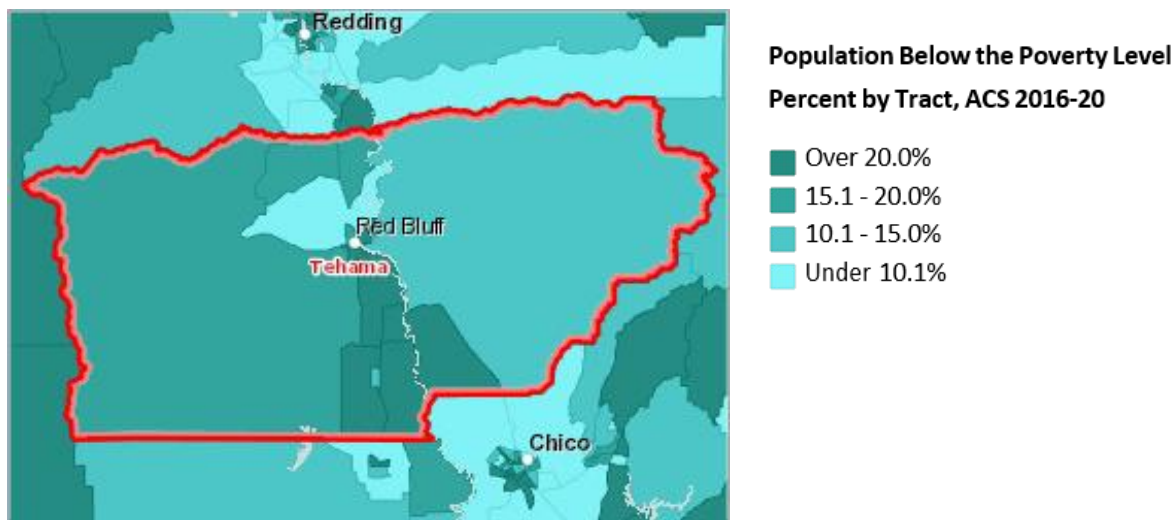


Figure 16. Population Below Poverty by Census Tract

Poverty in the NCCDI Service Area

In 2020, poverty estimates show that a total of 11,922 service area residents had an income below the federal poverty threshold, demonstrating a county poverty rate of 18%. According to the U.S. Census Bureau, there are 4,039 children living in poverty in the service area, of which 1,016 are under age five. The poverty rates of children aged 0 to 5 years for all communities in

²³ Chetty R, Stepner M, Abraham S, et al. (2016). The Association Between Income and Life Expectancy in the United States, 2001-2014. *JAMA*, 315(16):1750–1766. doi:10.1001/jama.2016.4226

²⁴ Health Affairs (2018). *Health, Income, & Poverty: Where We Area & What Could Help*. Retrieved from <https://www.healthaffairs.org/doi/10.1377/hpb20180817.901935/full/>.

²⁵ A Roadmap to Reducing Child Poverty. National Academies of Sciences, Engineering, and Medicine; Division of Behavioral and Social Sciences and Education; Committee on National Statistics; Board on Children, Youth, and Families; Committee on Building an Agenda to Reduce the Number of Children in Poverty by Half in 10 Years; Le Menestrel S, Duncan G, editors. Washington (DC): National Academies Press (US).

the county that were assessed are significantly higher than the child poverty rates for California and for the nation. The highest rates of poverty for children under five are in Red Bluff and Corning. The highest rates of poverty for children overall are in Los Molinos. This data indicates that poverty is pervasive throughout Tehama County.

Poverty Rates ²⁶				
Area	Total Population	Poverty Rate	Poverty Rate 0-17 yrs.	Poverty Rate 0-5 yrs.
Corning	7,494	20.7%	32.6%	35.6%
Los Molinos	1,924	26.4%	41.0%	29.8%
Red Bluff	13,695	25.1%	28.4%	42.7%
Tehama	503	13.7%	-	-
Tehama County	65,829	18.8%	27.0%	27.7%
California	39,538,223	12.6%	16.8%	17.0%
United States	334,735,155	12.8%	17.5%	19.1%

Table 24. Poverty Rates

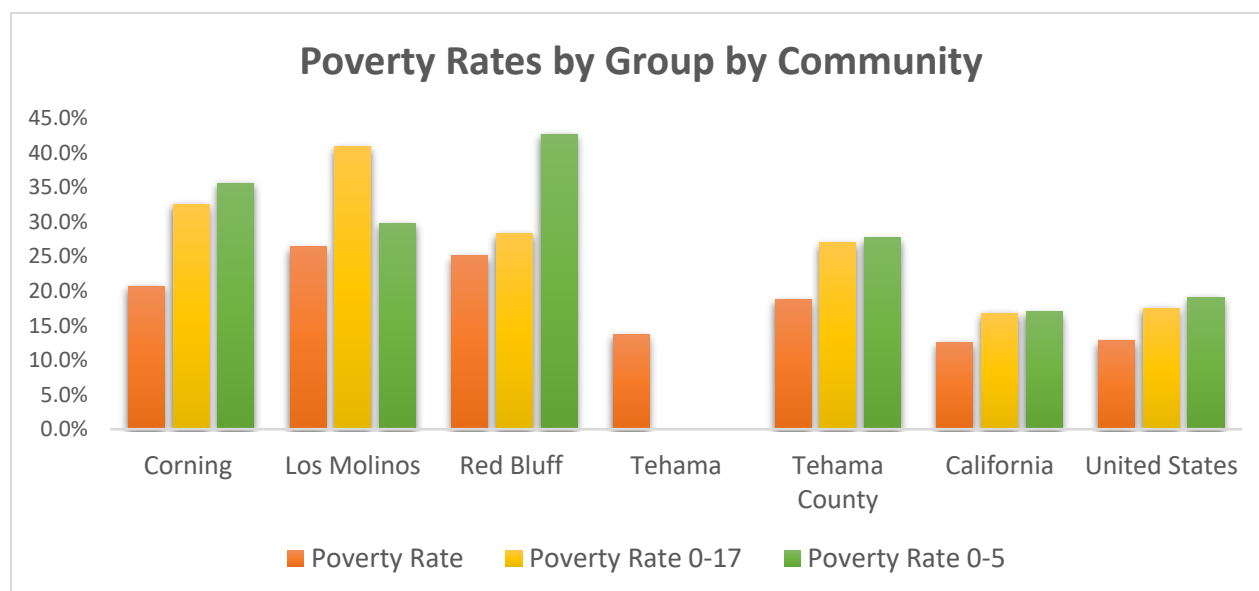


Figure 17. Poverty Rates by Community

Poverty Rate by Family Type

In the service area, children living in single female-headed households are almost eleven or even twelve times as likely to be living in poverty than their peers living in the community. The City of Red Bluff is significant as there are a large number of single-mothers and very high poverty rates. More than half of single-mothers in Corning live in poverty. This is reflective of the national trend.

²⁶ United States Census Bureau. *Poverty Status in the Past 12 Months*, Table S1701. Retrieved from <https://data.census.gov/>.

Poverty Rates by Family Type ²⁷			
Area	All Families with Children	Married-Couples	Female Householder
Corning	27.1%	23.5%	53.5%
Los Molinos	24.5%	10.0%	71.8%
Red Bluff	19.5%	8.0%	40.3%
Tehama County	20.1%	12.7%	47.5%
California	14.4%	8.0%	33.1%
United States	15.1%	6.6%	36.1%

Table 25. Poverty Rates by Family Types

Number of Families Living in Poverty

Within the NCCDI service area, there are 5,837 families living in extreme poverty (under 50% of the FPL). There are also 15,936 families living just above poverty (Under 125% FPL), meaning they are at a greater risk of falling into poverty. These families are also considered economically insecure.

Number of Families Living in Extreme Poverty ²⁶		
Area	Under 50% FPL	Under 125% FPL
Tehama County	5,837	15,936
California	320,870	1,286,987
United States	2,970,371	9,957,981

Table 26. Number of Families Living in Poverty

Poverty Rate by Race and Ethnicity

A racial disparity in the poverty rate persists in Tehama County. Of the total Hispanic/Latino population in the service area 25.6% are living in poverty, which is higher than for both California and the United States. A total of 17.6% of the white population live in poverty, which is more than double the rate for California and the nation.

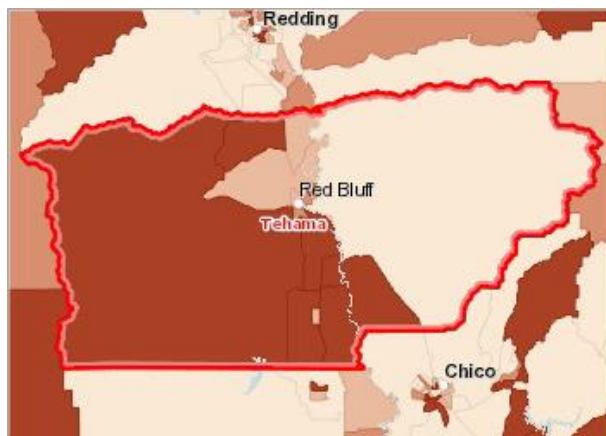
Poverty Rates by Race and Ethnicity ²⁶								
Area	White	Black/African American	Asian	Hawaiian/Pacific Islander	American Indian/Alaska Native	Multi-racial	Other Race	Hispanic/Latinx
Tehama County	17.6%	11.8%	23.2%	No data	45.1%	21.6%	27.4%	25.6%
California	7.5%	15.0%	7.0%	8.7%	14.3%	9.5%	15.1%	14.0%
United States	7.0%	18.3%	7.6%	13.0%	20.0%	12.2%	17.5%	15.9%

Table 27. Poverty Rates by Race and Ethnicity

²⁷ United States Census Bureau. Poverty Status in the Past 12 Months of Families, Table S1702. Retrieved from <https://data.census.gov/>.

Child Poverty

The map that follows shows the poverty levels by census tract for children in Tehama County.



**Population Below the Poverty Level, Children
Percent by Tract, ACS 2016-20**

- Over 30.0%
- 22.6 - 30.0%
- 15.1 - 22.5%



**Population Below 200% Poverty Level, Children (Age 0-17),
Percent by Tract, ACS 2016-20**

- Over 56.0%
- 47.1 - 56.0%
- 38.1 - 47.0%
- Under 38.1%

Figure 18. Child Poverty by Census Tracts

Child Poverty by Race and Ethnicity

Among all children in the county, 27% live in poverty. The following chart details the rates of poverty for the child population for whites and Hispanics, the two major racial/ethnic groups that comprise the population in Tehama County²⁸.

²⁸ United States Census Bureau. Poverty Status in the Past 12 Months by Ages, Table B17020A; B17020D; B17020G; B17020I; B17020F; B17020B; B17020H; B17020C; B17020E. Retrieved from <https://data.census.gov/>.

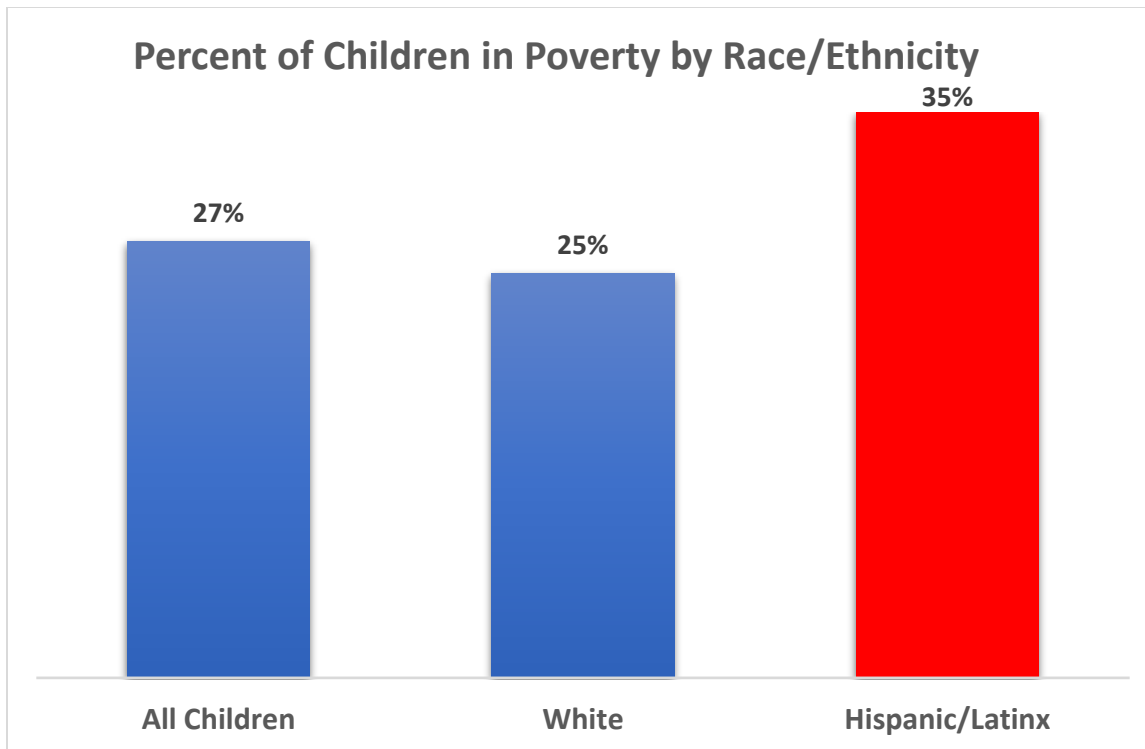


Figure 19. Percent of Children in Poverty by Race/Ethnicity

Poverty and Employment

Poverty is closely connected to employment. As shown in the chart below, individuals that work full-time are less likely to live in poverty²⁶.

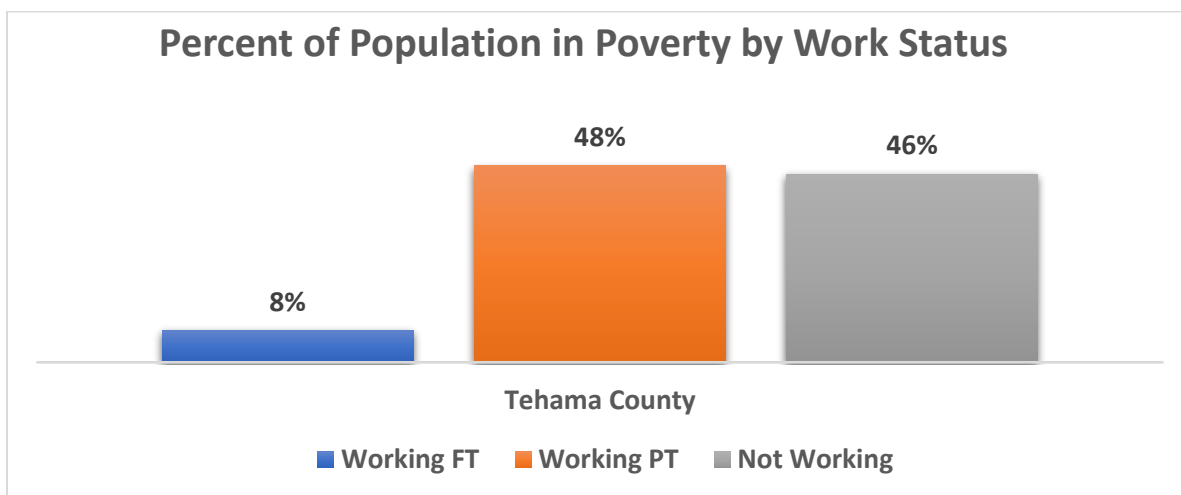


Figure 20. Percent of Population in Poverty by Work Status



Poverty Key Findings

A significant number of families and children are living in poverty in Tehama County. The highest poverty rates are in Los Molinos and Red Bluff. For children, the poverty rate for the county is 27% and Los Molinos and Corning have the highest poverty rates for children at 41% and 32%, respectively. Among children under five, Red Bluff children are most likely to live in poverty, with a rate of 43% for this cohort.

Poverty is also more prevalent among certain family types such as families headed by single-mothers and families of color. For example, the highest rates of poverty are among single-mothers where the rate of poverty is four times that of their married-couple counterparts. In Los Molinos, single-females have a poverty rate five times that of married-couples. When poverty is examined by race, data shows that the poverty rate is highest for Hispanic/Latinos. Poverty is also connected to work status and families headed by parents that are working full-time are less likely to live in poverty.

Head Start and Early Head Start Eligibles

Number of Children Eligible for Head Start and Early Head Start

In Tehama County there are 2,295 children aged 0 to 2 years and 1,544 children aged 3 to 4 years, totaling 3,839 children. The poverty rate for the child population under five indicates that there are 632 infants and toddlers eligible for Early Head Start and 423 children eligible for Head Start in Tehama County. There are also 292 pregnant women living in poverty eligible for services. When data is calculated for the population centers in the county, there are the following eligibles:

- 209 Head Start and Early Head Start eligibles in Corning
- 32 Head Star and Early Head Start eligibles in Los Molinos
- 498 Head Start and Early Head Start eligibles in Red Bluff
- 11 Head Start and Early Head Start eligibles in Tehama
- The population area was too small for the population centers to calculate women in poverty with births in the past 12 months so the program should use the county-level data for this estimate.

Children Eligible for Head Start and Early Head Start ^{5 26}						
Area	# of Children Under 3	# of Children Aged 3 & 4	Poverty Rate for Children Under 5	EHS Eligibles	HS Eligibles	Annual Births to Women in Poverty
Corning	298	290	35.6%	106	103	-
Los Molinos	81	26	29.8%	24	8	-
Red Bluff	942	225	42.7%	402	96	-
Tehama	63	16	13.7%	9	2	-
Tehama County	2,295	1,544	27.7%	632	423	292

Table 28. NCCDI Head Start and Early Head Start Eligibles

Number of Children by Age

Data on the number of children eligible for Head Start and Early Head Start can be examined using two measures, that both differ in the final count. However, examining the number of children by single -years of age is helpful for classroom planning and for expansion efforts. Since there is likely to be an expansion of Early Head Start in the near future this data has been included in the community assessment. The following table shows the number of children in the service area by age.

Number of Children by Age in Tehama County ²⁹					
Child Population	<1yr.	1 yr.	2 yrs.	3 yrs.	4 yrs.
Corning	66	64	63	77	97
Los Molinos	16	10	31	64	45
Red Bluff	257	273	238	254	183
Tehama County	985	692	701	771	650

Table 29. Number of Children by Age by Community

Race and Ethnicity of Head Start and Early Head Start Children

According to the Children’s Defense Fund, black and Hispanic/Latino children continue to suffer disproportionately from poverty, with the youngest children most at-risk of being poor. Service area poverty trends reflect the increased likelihood that children in poverty are of color. As shown below, the race ethnicity of Head Start children is predominantly Hispanic/Latino and white which is reflective of poverty rates in Tehama County⁹.

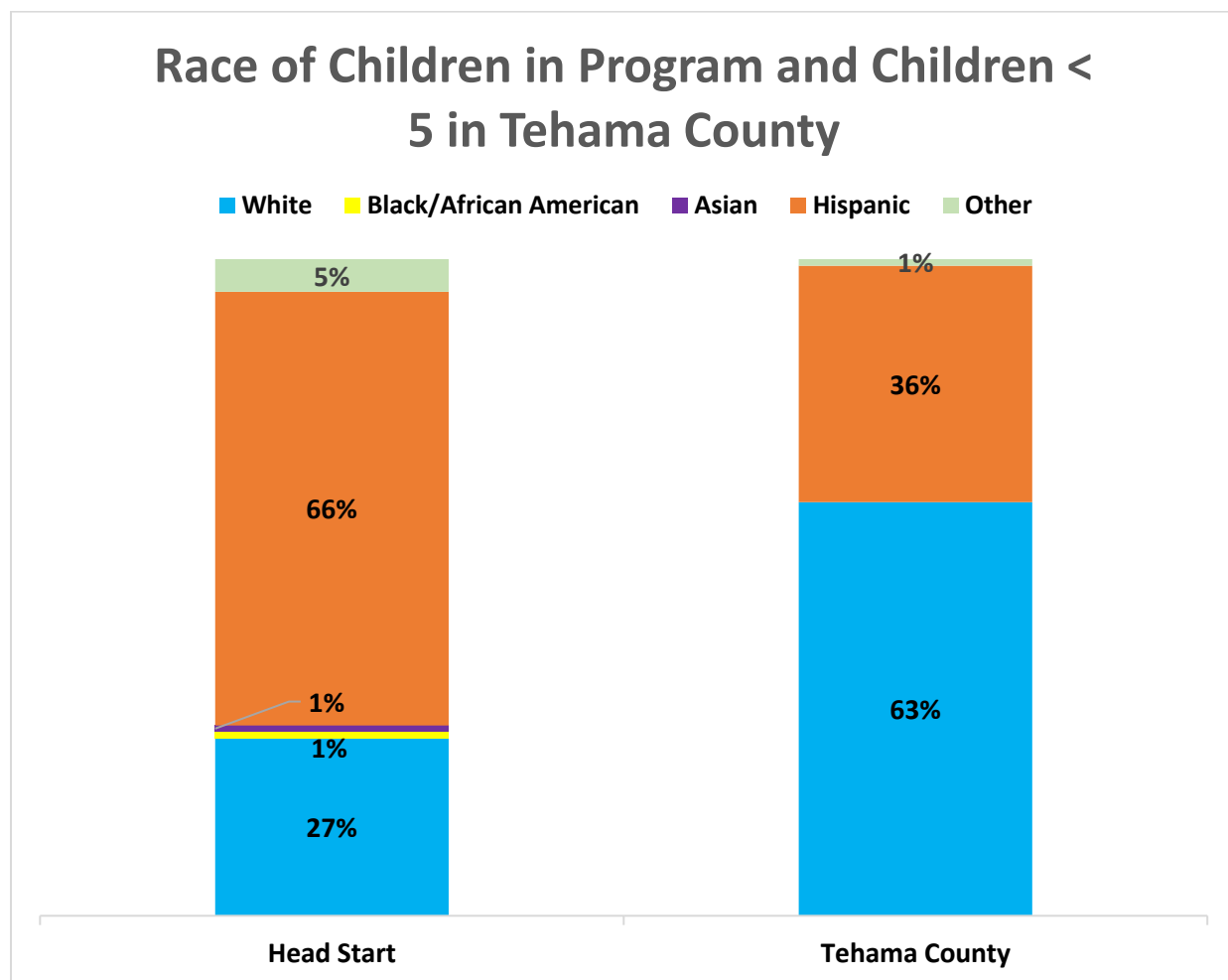


Figure 21. Race of Children in Head Start and Tehama County

²⁹ United States Census Bureau. *Fertility 2016- 2020, Table S1301*. Retrieved from: <https://data.census.gov>.

Dual Language Learners Eligible for Head Start and Early Head Start

In the NCCDI service area, 18.9% of children live in a household with a limited English proficiency. Within these households it is estimated that 35.3% are headed by a parent that speaks English “less than very well”. Thus, it is estimated that there are 433 infants and toddlers in Tehama County that are dual language learners and 291 children aged 3 – 5 years that are dual language learners age-eligible for Head Start. It should be noted that this is an underestimate of the true number of eligibles due to higher rates of poverty among Hispanic/Latino children. Within the Head Start and Early Head Start program, 10% of children were dual language learners and 39% of children spoke Spanish.

Homeless Children Eligible for Head Start and Early Head Start

Homeless children are particularly vulnerable and experience poor health, disruption in services due to mobility, lack of access to adequate nutrition, and exposure to trauma at a rate that exceeds that of children that live in families with secure housing. Difficulty in accounting for the homeless population makes it challenging to estimate the number of homeless children eligible for Head Start. The Early Childhood Homeless State Profile for California states that 1 in every 12 children are homeless. Using this methodology, the following table demonstrates the number of children that are homeless in Tehama County

Homeless Children by County		
Area	Aged 0-2 yrs.	Aged 3-5 yrs.
Tehama County Children	2,295	1,544
Estimated Number of Homeless Children	191	128

Table 30. Estimated Number of Homeless Children Eligible for Head Start

According to the NCCDI Head Start and Early Head Start Program Information Report, the program served 29 families who were experiencing homelessness during the 2020-2021 program year. In total, 60 children experiencing homelessness were enrolled in Head Start or Early Head Start because they were categorically eligible due to homelessness.

Homelessness Services – Head Start PIR		
Subject	#	%
Total number of families experiencing homelessness that were served during the enrollment year.	29	10.8%
Total number of children experiencing homelessness that were served during the enrollment year.	30	9.9%
Total number of families experiencing homelessness that acquired housing during the enrollment year.	4	13.8%

Table 31. Homelessness Services

Children in Foster Care Eligible for Head Start and Early Head Start

Children that are in foster care represent a high-risk population whose negative life circumstances necessitate their placement in out-of-home care. Some of the challenges children in alternative care may face that impact their chances for success in school include abusive homes, increased hunger and poor nutrition, high mobility, single-parent homes, exposure to adverse early childhood experiences, among many others. Children in foster care are categorically eligible for Head Start programs and qualify for priority enrollment in the program. The NCCDI Head Start and Early Head Start program served 10 children in foster care during the 2020-2021 program year. Based on data from 2018 provided by the University of California, Berkely KidsData, there are 29 children aged between 0 and 2 and 28 children aged between 3 and 4 years in the foster care system in the service area.

Foster Children Eligible for Head Start		
Area	Aged 0 to 2	Aged 3 to 4
Tehama County	29	28

Table 32. Foster Children Eligible For Head Start

Children with Disabilities Eligible for Head Start and Early Head Start

During the 2020-2021 program year, NCCDI Early Head Start served 53 infants and toddlers who had a disability through Part C Early Intervention Services. NCCDI Head Start served 32 children aged 3 to 4 who had a disability. The California Department of Education reports that in 2020, 20.3 per 1,000 California Students were enrolled in special education³⁰. CDC reports that approximately 17% of children aged 3 to 17 years have a disability.³¹ Using this estimate it is likely that 390 infants and toddlers and 262 preschoolers in Tehama County have a disability. When poverty rates are applied, it is estimated there are 108 infants and toddlers with a disability income-eligible for Early Head Start and 72 preschoolers that are income-eligible for Head Start because they live in poverty.



Head Start and Early Head Start Eligibles Key Findings

In Tehama County, there are 632 children aged 0-2 years eligible for Early Head Start and 423 children aged 3-4 years eligible for Head Start. There were 292 births to women in poverty in the past 12 months in the county. The race and ethnicity of children served in the Head Start program reflects the poverty trends in Tehama County, as it is comprised of more Hispanic/Latino children than any other group. It is estimated there are a significant number of dual language learners eligible for Head Start as the rate of families that speak a language other than English at home in the population is more than 18%. It is estimated there are 433 infants and toddlers that are living in linguistically isolated

³⁰ California Department of Education. 2022. Disabilities Enrollment by Age. 2018. <https://data1.cde.ca.gov/dataquest/>

³¹ Zablotsky B, Black LI, Maenner MJ, Schieve LA, Danielson ML, Bitsko RH, Blumberg SJ, Kogan MD, Boyle CA. Prevalence and Trends of Developmental Disabilities among Children in the US: 2009–2017. *Pediatrics*. 2019; 144(4): e20190811. Retrieved from <https://www.cdc.gov/ncbddd/developmentaldisabilities/about.html>.

households and 291 preschoolers living in linguistically isolated households throughout the county.

An important responsibility of the Head Start program is to serve children that are particularly vulnerable. To achieve this aim, the program targets children in foster care, children that are homeless, and children with disabilities. According to data provided by UC Berkely, it is estimated there are 29 infants/toddlers in foster care and 28 children aged 3-5 yrs. in foster care that would be eligible for Head Start and Early Head Start. In 2021, Head Start enrolled 10 children in the program that were eligible for Head Start or Early Head Start due to their foster care status.

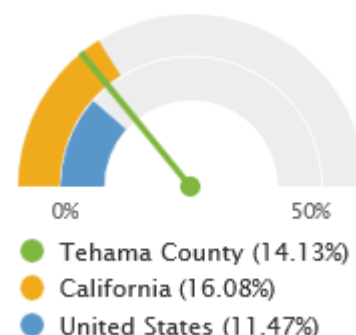
The number of homeless children is difficult to estimate, but inferences can be made using the U.S. Department of Education Early Childhood Homelessness State Profile, which indicates that 1 in every 12 children under five in California are homeless. Using this data, it is estimated there are 191 children aged 0-3 years experiencing homelessness eligible for Early Head Start and 128 children aged 3-5 experiencing homelessness eligible for Head Start in Tehama County. In total, 60 children experiencing homelessness were enrolled in NCCDI Head Start programs due to categorical eligibility of homelessness. Of these families, 4 found housing during the year.

Children with disabilities are another population targeted by Head Start. Using data from disabilities service providers in the area and the Center for Disease Control it is estimated that there are 262 children aged 3-5 with a disability in the service area and 390 infants and toddlers with a disability in the service area. If this percentage were applied to the number of children in poverty aged 0-5 years, it is estimated there are 108 infants and toddlers and 72 preschoolers with a disability eligible for Head Start.

Education

Education is a strong determinant of socioeconomic status and health outcomes. Steps taken to increase the educational level in a population can decrease poverty and improve health. Research also demonstrates that on average, those with more than 12 years of education have a higher life expectancy than those with 12 or fewer years of education. People with less education often have less income and reduced access to health insurance and other social services they may need to attain self-sufficiency and to support positive social and health outcomes. In Tehama County, 14.2% of the population lacks a high school diploma compared to 16% of the state population.

Percent Population with No High School Diploma



Educational Attainment

the U.S. Census Bureau estimates that of the Tehama County population over 25 years, 14.1% have not attained a high school diploma, which is lower than for California (16.1%), but higher than for the United States (11.5%). Additionally, 28.6% of the service area population have attained at most a high school diploma, which is higher than for the state (20.4%) and slightly higher than for the nation (26.7%). Tehama County also has a lower percentage of residents with a bachelor’s degree (12.6%) than California (21.6%) and the U.S. (20.2%).³² The City of Corning has the largest percentage of the population without a high school diploma. In all of Tehama County’s population centers and for the county as a whole, a lower percentage of the population has obtained a bachelor’s degree than found for the state of California or the U.S. The same trend is prevalent for the percent of the population that has obtained a graduate or professional degree.

Educational Attainment						
Area	No Highschool Diploma	High School Diploma	Some College	Associate degree	Bachelor's Degree	Graduate or Professional Degree
Corning	22.5%	36.6%	23.2%	7.2%	8.3%	2.2%
Los Molinos	13.1%	36.0%	27.4%	8.0%	8.6%	6.9%
Red Bluff	11.8%	26.1%	38.6%	11.4%	7.8%	4.4%
Tehama County	14.2%	28.6%	29.8%	10.1%	12.6%	4.8%
California	16.1%	20.4%	20.9%	8.0%	21.6%	13.1%
United States	11.5%	26.7%	20.3%	8.6%	20.2%	12.7%

Table 33. Educational Attainment

³² United States Census Bureau American Community Survey. 5-Year Estimates 2016-2020. *Educational Attainment, Table S1501*. Retrieved from <https://data.census.gov/>.

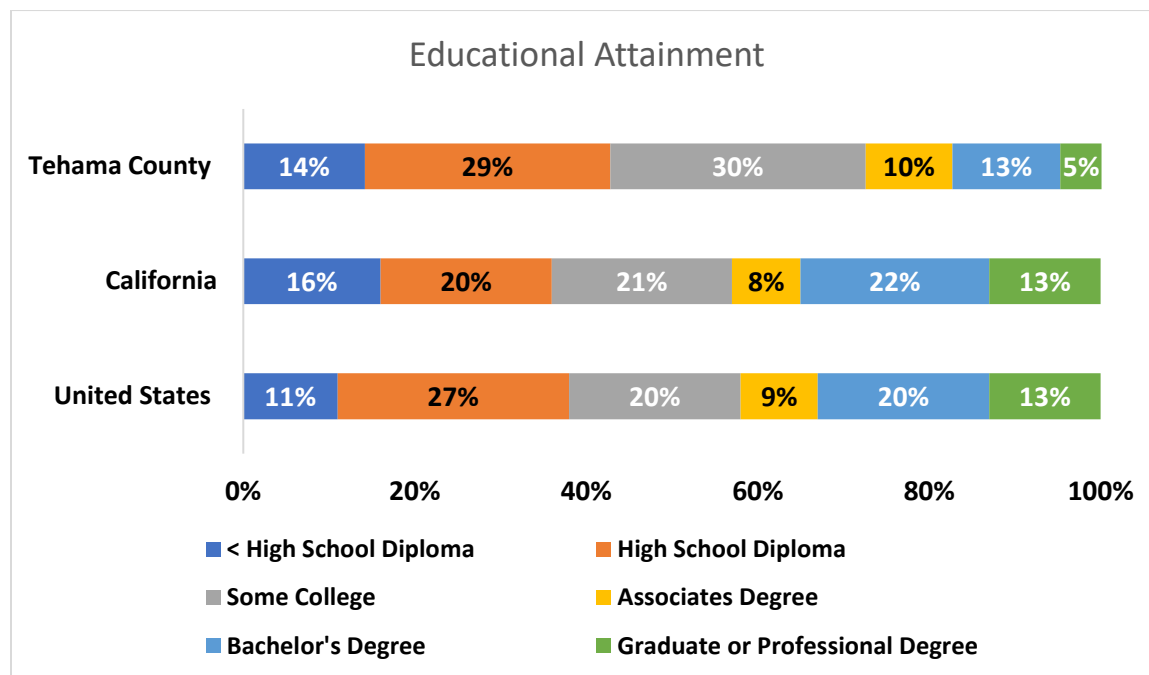


Figure 22. Educational Attainment Comparison

The map below shows the areas of Tehama County with the lowest rates of educational attainment.

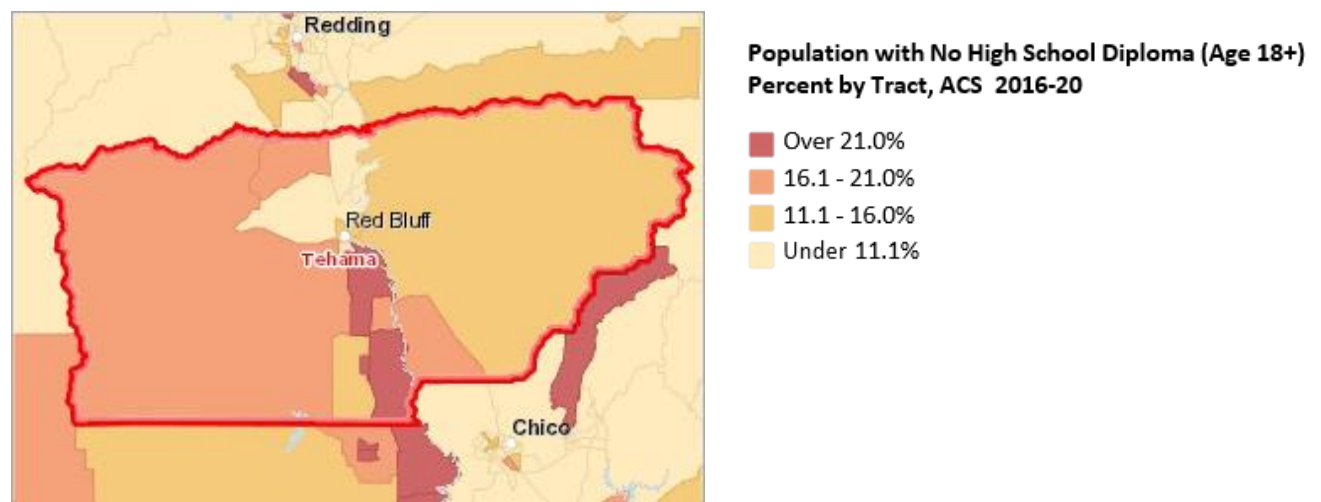


Figure 23. Population with no High School Diploma by Census Tract

Educational Attainment by Race

As detailed in the following table, Asian, residents of some other race, and Hispanic/Latinos have the lowest rates of educational attainment. The educational attainment of Hispanic/Latinos is significant because this group comprises such a large proportion of the population.

Educational Attainment by Race ³³								
Education Level	White	Black or African American	NA / AN	Asian	NH / PI	Some Other Race	Two or More Races	Hispanic /Latino
High School Graduate or Higher	91.2%	80.4%	72.6%	49.8%	100%	64.4%	87.8%	61.6%
Bachelor's Degree or Higher	17.0%	31.1%	6.6%	31.9%	100%	8.9%	12.9%	9.7%

Table 34. Educational Attainment by Race

Poverty and Educational Attainment

Individuals with a lower rate of educational attainment are more likely to live in poverty and have a lower income³³.

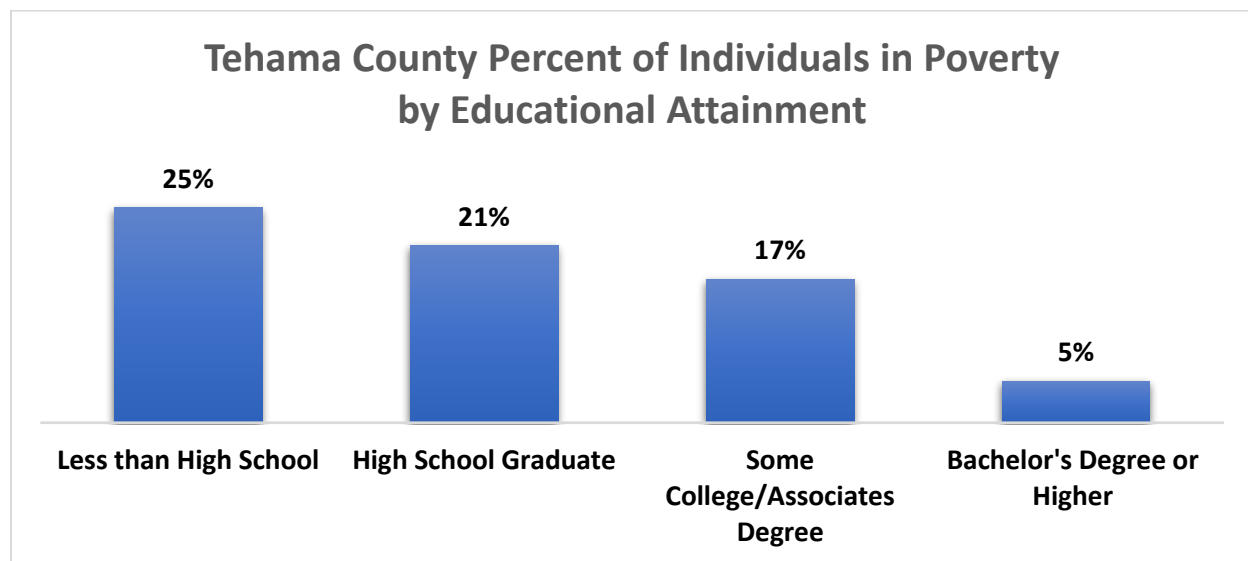


Figure 24. Individuals in Poverty by Educational Attainment

³³ United States Census Bureau. *Educational Attainment*, Table S1501. Retrieved from <https://data.census.gov/>.

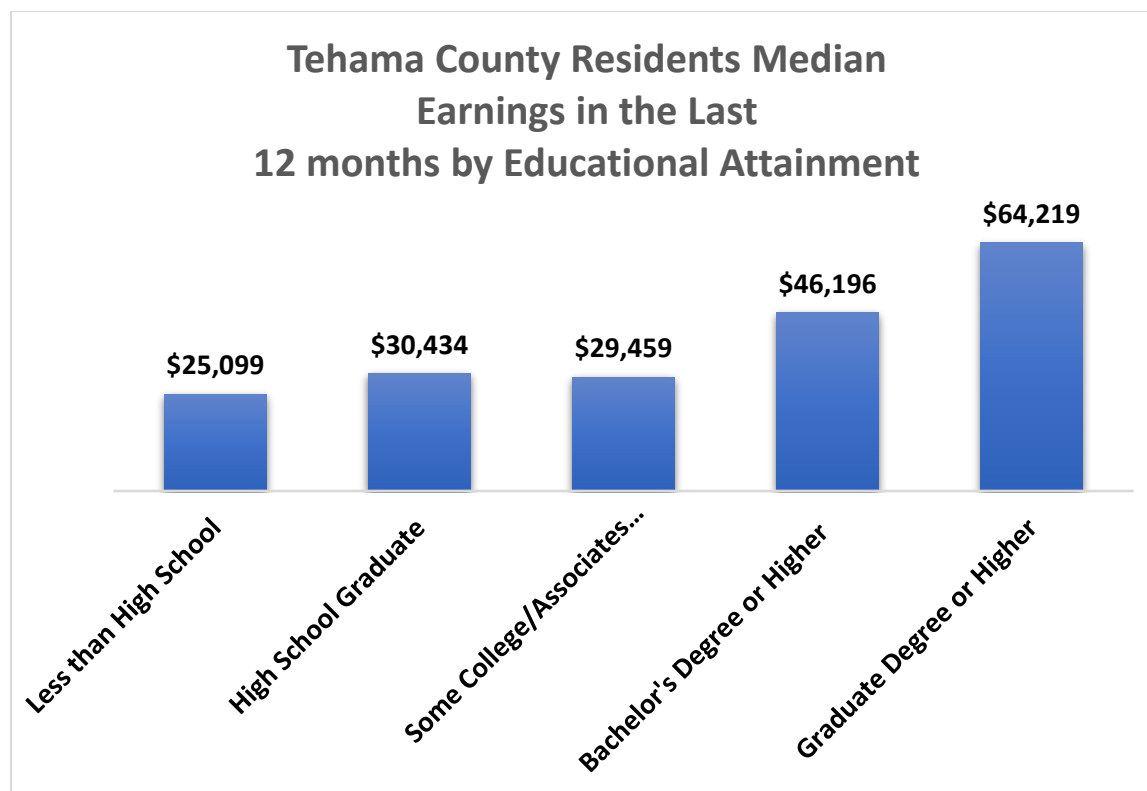


Figure 25. Median Earnings in the Last 12 Months by Educational Attainment

3rd Grade Test Scores

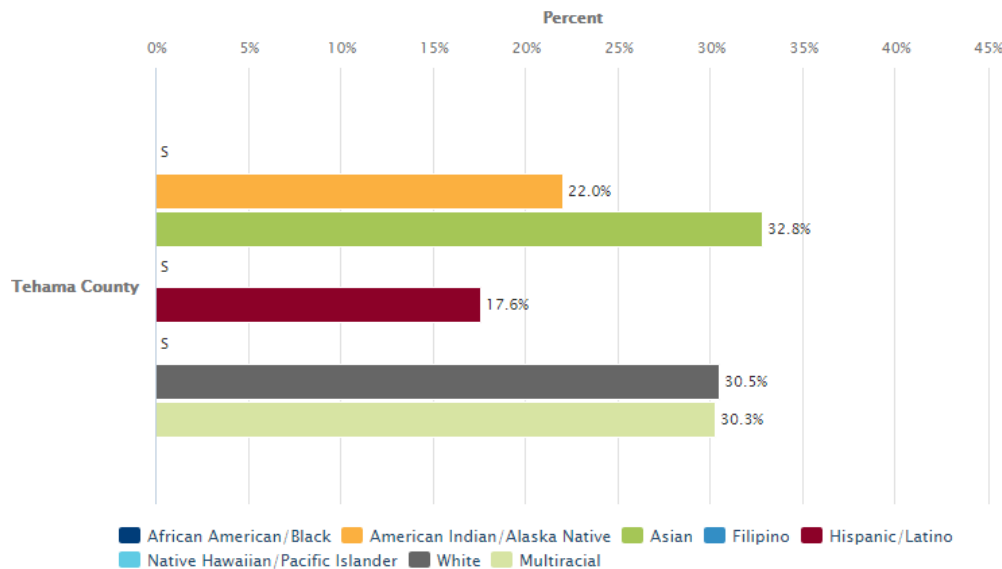
Data from the California Department of Education indicates that children in Tehama County score slightly lower than their peers statewide on 3rd grade level English Language Arts and Math standardized tests. Also, minority children have lower test scores than white children in both mathematics and English language arts.

2021 Student Math Performance ³⁴			
California	Percent	Tehama County	Percent
Grade 3	39.7%	Grade 3	27.4%
Grade 4	35.9%	Grade 4	28.0%
Grade 5	30.1%	Grade 5	26.3%
Grade 6	30.8%	Grade 6	22.2%
Grade 7	34.4%	Grade 7	26.2%
Grade 8	30.8%	Grade 8	25.3%
Grade 11	34.4%	Grade 11	16.4%
All Grades Tested	33.8%	All Grades Tested	24.7%

Table 35. Student Math Performance

³⁴ California Dept. of Education, Test Results for California's Assessments (Feb. 2022).

Students Meeting or Exceeding Grade Level Math Standards By Race



Students Meeting or Exceeding Grade Level Standard in Math By Socioeconomic Status

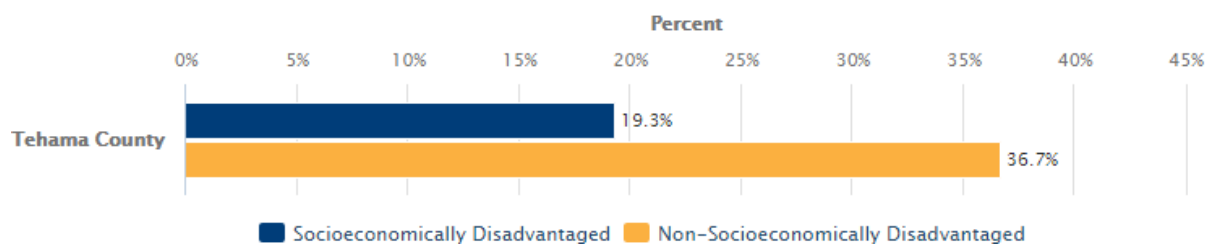


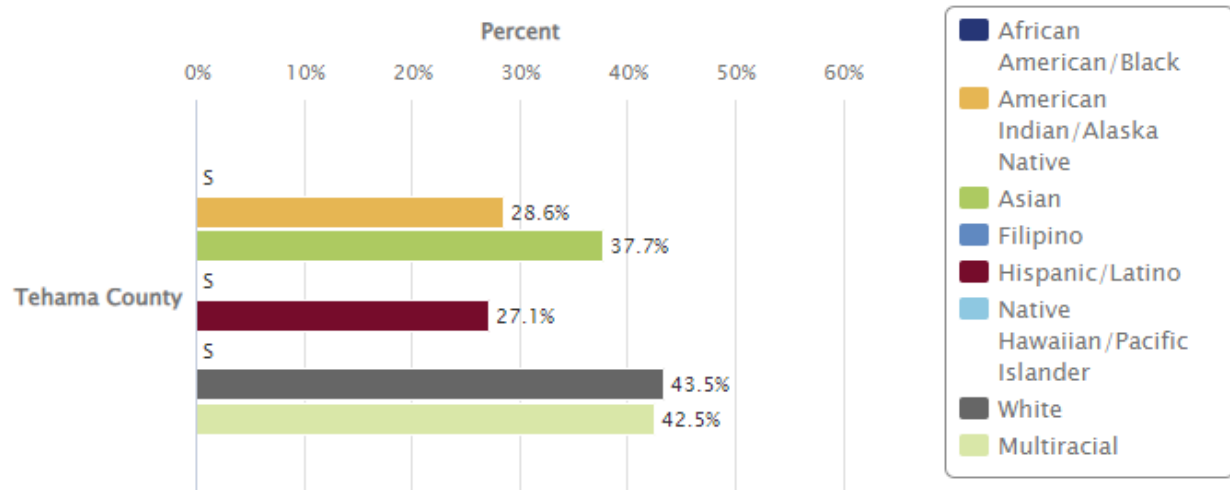
Figure 26. Student Math Performance by Race and Socioeconomic Status

2021 Student Reading/ELA Performance ³⁵			
California	Percent	Tehama County	Percent
Grade 3	39.8%	Grade 3	26.1%
Grade 4	41.5%	Grade 4	33.5%
Grade 5	46.5%	Grade 5	40.6%
Grade 6	43.6%	Grade 6	35.4%
Grade 7	50.0%	Grade 7	41.4%
Grade 8	47.4%	Grade 8	40.8%
Grade 11	59.2%	Grade 11	33.5%
All Grades Tested	49.0%	All Grades Tested	36.0%

Table 36. Students Meeting Grade Level Performance Standard in Reading/ELA

³⁵ California Dept. of Education, Test Results for California's Assessments (Feb. 2022).

Students Meeting or Exceeding Grade Level Reading Standards By Race



Students Meeting or Exceeding Grade Level Standard in Reading By Socioeconomic Status

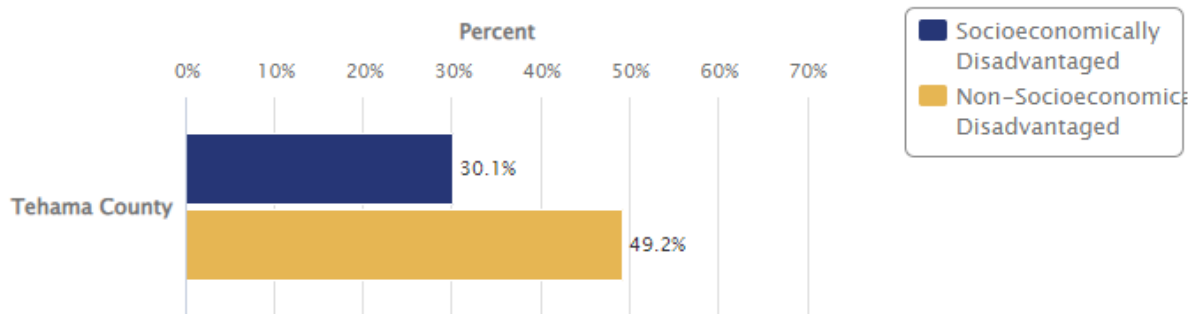


Figure 27. Students Meeting Grade Level Performance Standard in Reading by Race and Socioeconomic Status

Adult Literacy

Literacy data published by the Program for the International Assessment of Adult Competencies (PIACC) breaks adult literacy into three different "Levels". Those reported as Level 1 are at risk for being able to understand printed material. Those at the upper end of Level 1 can read and understand the text well enough to be able to perform small task, but might have difficulty understanding or drawing inferences from multiple forms of text. Those at the lower end may struggle with basic vocabulary or even be functionally illiterate. Within Tehama County, there is a larger percentage of individuals in the population that read at below a Level 1 than for the United States.

Adult Literacy ³				
Report Area	Population Ages 16-74	Total At or Below Level 1	Lower Credible Interval	Upper Credible Interval
Tehama County	44,941	26.7%	22.9%	30.5%
California	28,700,840	28.4%	24.9%	31.9%
Unites States	235,567,157	21.8%	18.1%	25.6%

Table 37. Adults Lacking Literacy Skills

Educational Attainment of Head Start Families

Data from the Head Start Program Information Report for the NCCDI Head Start and Early Head Start Program, during the 2020-2021 program year indicates that most parents have attained at least a high school diploma or GED. However, the proportion of families headed by a parent without a high school diploma or GED is almost double that of Tehama County as a whole.

EDUCATIONAL ATTAINMENT OF NCCDI HEAD START FAMILIES

- Advanced degree or baccalaureate degree
- Associate degree, vocational school, or some college
- High school graduate or GED
- Less than high school graduate

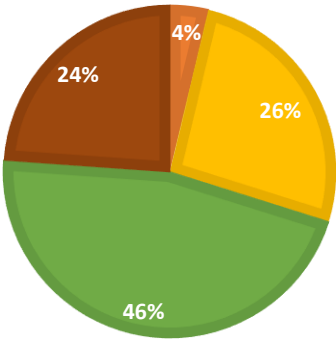


Figure 28. Educational Attainment of NCCDI Head Start Families

Head Start Families Receiving Assistance with Adult Education

The table that follows details the types and frequency with which NCCDI Head Start and Early Head Start Families engaged in adult education activities.

Head Start Families Receiving Assistance with Adult Education	
Types of Assistance	2020-2021
Completed a Job Training Program	60
English as a Second Language Training	7
Completed a grade level toward HS, an AA or BA degree	36

Table 38. Head Start Families Receiving Assistance with Adult Education



Survey Responses

134 survey respondents were asked about “problems with education” in the town they live in. The following chart shows the percentage of respondents that identified specific factors as a problem in their community:

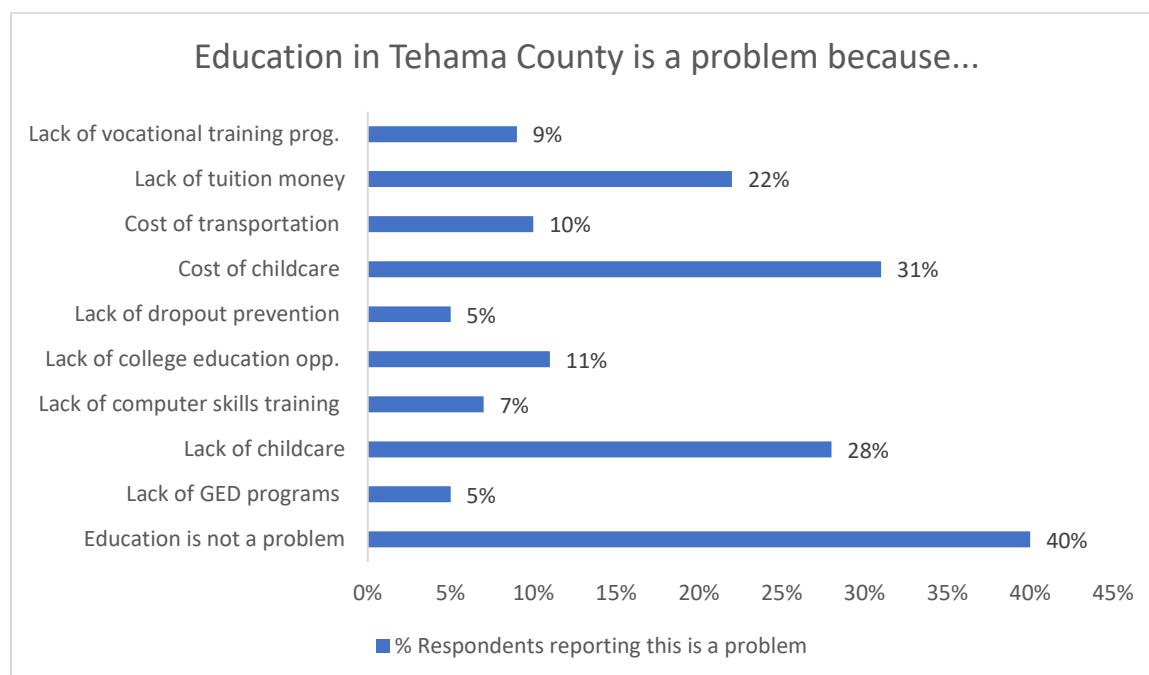


Figure 29. Reasons Education is a Problem

When asked about their educational aspirations, 53% of respondents were satisfied with their education. However, others noted the following goals:

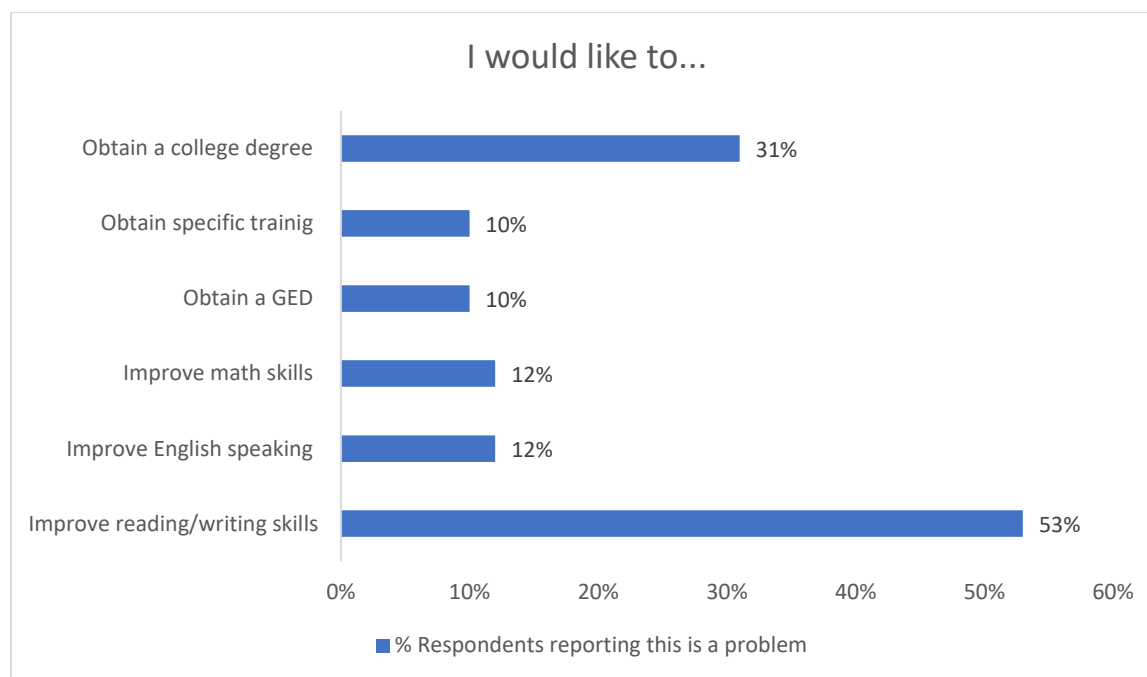


Figure 30. Survey Respondent Educational Goals

The most significant barriers to education noted by survey respondents included: lack of childcare (25% of respondents); the cost of school (19% of respondents); and lack of financial support for education (23%). Over 50% noted they did not have barriers to education. In total, 95 respondents reported they did not need educational support services. However, those that did wish to receive services indicated they needed one-on-one support with goals (5%), financial aid assistance (12%), college information (8%), ESL services (5%), adult basic education (8%), careers counseling (6%), tutoring / literacy support (2%) and specialized training (3%).



Education Key Findings

From kindergarten through adulthood, access to education prepares people for a lifetime of success, whether it is in school or for career opportunities that offer the potential for growth. For low-income families, it is easy to veer off the path towards increased educational attainment. For example, family mobility disrupts children’s learning, and the high cost of public education and workforce training can be an insurmountable barrier for adults. Additional barriers include long travel times for career training and work commutes, lack of access to affordable childcare; the need to generate income for daily expenses, which limits family’s ability to pursue training and education. Mental health issues and lack of confidence and trust in educational institutions among individuals that may have had poor experiences in elementary and high school also impact the ability to complete educational training programs. The family survey respondents noted several issues that present challenges to furthering their education, most notably childcare and finances. Rates of educational attainment in Tehama County are also lower than found nationally for

degree attainment. Also, when compared to the general population, fewer Head Start parents have attained a college degree.

Educational attainment is important in improving income and breaking cycles of poverty. In *Pursuing the American Dream: Economic Mobility Across Generations*,³⁶ the author's state:

"...having a college degree makes a person three times more likely to rise from the bottom of the family **income** ladder all the way to the top and makes a person more than four times more likely to rise from the bottom of the family **wealth** ladder to the top."

A college education also protects against downward mobility. Head Start is unique in that its two-generation service model is particularly impactful at developing and empowering families, so they are able to lift themselves out of poverty and towards self-sufficiency. Increasing participation in educational programs is critical in this endeavor, particularly among the lowest income families. Trends identified related to families in the service area include that 24% of Head Start children have a parent who has not graduated high school indicating a significant percentage of children are on a path to persistent poverty in adulthood.

A significant number of parents participating in Head Start are engaged in advancing their education. Based on the percent of parents that are participating in job training it appears that NCCDI is taking strides to help parents plan for and meet their educational goals. Despite the motivation of families to achieve their goals, data indicates that poor students and students of color start school at a disadvantage. In Tehama County, school performance data shows that students of color and students with a low income are not succeeding at-parity with their middle-income, white peers. Without intervention, the disparity does not level out in adulthood and the area will fail to experience reductions in poverty and families and individuals will be less likely to bring home earnings at parity with service area family income levels.

Solutions to educational disparities include expanding early care and education programs to begin earlier which will address the achievement gap. For example, Early Head Start could magnify the impact of state preschool and Head Start by providing more continuous and intensive education and school readiness services that begin earlier in the child's life. As a result, children can enter school at parity with their middle-income white peers. For adults, coordinating adult education programs, working collaboratively with employers to match jobs to career development programs, and promoting education can serve as a viable pathway out of poverty.

³⁶ Pew Charitable Trusts (2012). Educational attainment is important in improving income and breaking cycles of Poverty. In *Pursuing the American Dream: Economic Mobility Across Generations*.

Health and Social Services

Health starts in our homes, schools, workplaces, neighborhoods, and communities. Taking care of oneself, eating well, and staying active, not smoking, getting the recommended immunizations and screening tests, and the ability to see a doctor when sick all influences one’s health. Health is also determined in part by access to social and economic opportunities; the resources and supports available in homes, neighborhoods, and communities; the quality of schooling; the safety of the workplace; the cleanliness of water, food, and air; and the nature of our social interactions and relationships. The conditions in which we live explain in part why some Americans are healthier than others and why Americans more generally are not as healthy as they could be.

As shown in the data that follows there are significant health disparities in Tehama County. Many of the disparities are rooted in the social determinants of health. The community assessment can serve as a base for the program to explore how programs, practices, and policies affect the health of individuals, families, and communities.

Social services are also important in providing a safety net for families. Resources that link low-income families to jobs, work support, housing security, family functioning, subsidies for childcare, utilities, and health services can boost the earnings of low-income workers, incentivize the willingness to work, and enable individuals to escape poverty.

Social Determinants of Health

Research suggests that what happens in the doctor’s office is responsible for about 20 percent of a person’s health outcomes.³⁷ The rest is driven by personal behavior and the conditions and circumstances in which people live, as these affect a wide range of health risks and outcomes. These conditions are known as social determinants of health (SDOH) and include elements such as access to food, health services, education and employment, income, housing, environmental condition, and support networks, among others. By addressing upstream social determinants, health outcomes can be improved, and inequities can be reduced.

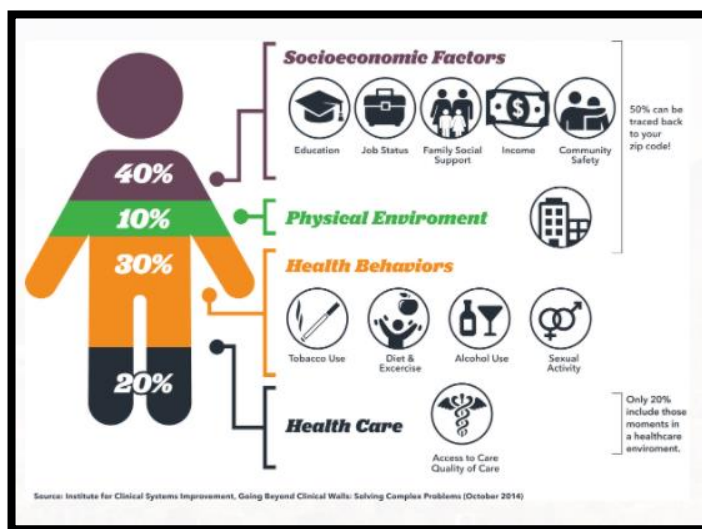


Figure 31. Social Determinants of Health

³⁷ National Academy of Medicine (2017). Social Determinants of Health 101 for Health Care: Five Plus Five. <https://nam.edu/social-determinants-of-health-101-for-health-care-five-plus-five/>.

Health and Social Services Trends

The public health and economic impacts of the COVID-19 pandemic continue to affect the well-being of people in Tehama County. Over the course of the pandemic, thousands of residents lost jobs and income or faced difficulty meeting their basic needs. These problems affected individuals' health and increased the need for social services. However, the data illustrated in most public data sources shows a decrease in the need for services due to decreased poverty rates and increased income. This trend is likely due to closures because of social distancing protocols that limited access to assistance and the infusion of temporary pandemic income supplements.

While much of the data has not caught up with the COVID-19 pandemic impacts, the U.S. Census Household Pulse Survey for California has been administered every quarter since 2020 to assess a range of ways that people's lives have been impacted. The following points relate to impacts experienced by families in California for the period of March 2020 to March 2022 ³⁸:

California Trends in Factors Related to the SDoHs and COVID-19
20% of children had a telehealth appointment in the past 4 weeks
99% of children attended school in the past year virtually or using a distance learning format.
48% of adults received a COVID-19 vaccine
41% of adults delayed their medical care
28% of adults in households participated in virtual health care appointments
10% of households reported food insecurity
30% of householders missed a mortgage or rental payment
21% of householders reported they were unable to pay their utility bill
59% reported a loss of employment income

Table 39. California SDoH Trends and COVID-19

Additionally, the CDC's Violence Against Children Survey noted the following key messages³⁹:

- Intimate partner violence was concerning during the pandemic – 1 in 5 adult respondents reported experiencing IPV, including 11% who reported experiencing physical violence. Both men and women reported IPV. Witnessing IPV is an adverse childhood experience (ACE) and can have harmful effects on mental, physical, and behavioral health across a child's lifespan.
- Families who are experiencing economic or psychological distress reported higher rates of psychological and physical IPV.
- IPV was far more common in homes where children were spanked (61% vs 13%).

5% of survey respondents reported exposure to domestic violence in the past year.

³⁸ U.S. Census Household Pulse Survey. https://www.census.gov/data-tools/demo/hhp/#/?s_state=00048&measures=CHILDTELE

³⁹ <https://www.aap.org/en/patient-care/family-snapshot-during-the-covid-19-pandemic/intimate-partner-violence-ipv-in-the-home-during-the-covid-19-pandemic/>

Poor outcomes on the social determinants of health (SdoH) can result in a reduced life expectancy. Within Tehama County, the average life expectancy is 77.1 years which is lower than found for the State of California residents (80.32 yrs.) and comparable to the life expectancy of residents nationally (78.69 yrs.)³.

Life Expectancy By Community	
Area	Life Expectancy
Corning	74.5 Yrs.
Los Molinos	78.2 Yrs.
Red Bluff	76.7 Yrs.
Tehama County	77.1 Yrs.
California	78.6 Yrs.

Table 40. Life Expectancy by Community

Adverse Early Childhood Experiences

Links have been established between child abuse, substance abuse, income, mental health, and community violence which contribute to adverse early childhood experiences. The Adverse Childhood Experiences (ACE) study is one of, if not the premier study, on early childhood trauma ever conducted. In 1995, CDC researchers discovered 10 common ACEs relating to child abuse, neglect and household dysfunction that have remarkably been proven to have costly detrimental outcomes as children become adults. Children in the service area are likely to experience at least one ACE in their childhood. These adverse childhood experiences are also considered social determinants of health and are illustrated in the following graphic:

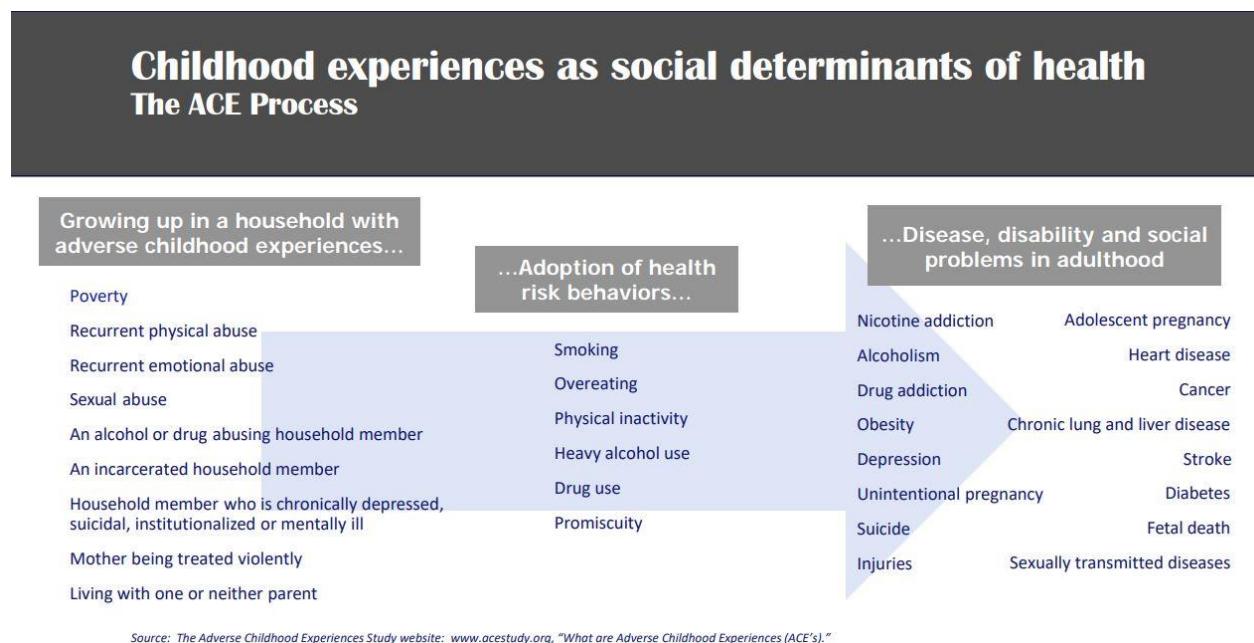


Figure 32. ACEs as Social Determinants of Health

Tehama County Adverse Early Childhood Experiences

According to Kidsdata.org, 21% of parents reported their child has been exposed to two or more adverse childhood experiences. Additionally, 31% reported their child has been exposed to at least one adverse early childhood experience. The following table shows factors that contribute to adverse early childhood experiences and their prevalence in the Head Start population.

Adverse Early Childhood Experiences of Tehama County Children ⁴⁰			
Adverse Early Childhood Experiences	Geography, Year	Statistic	
		Population Prevalence	Head Start Prevalence
Economic Hardship	Tehama County 2020	27% of children under five years live in poverty; 5,837 people live in deep poverty	54% of NCCDI HS/EHS children
Parental Divorce/Separation	Tehama County 2020	Approximately 33% of children under five years live in single-female headed households representing over 2,000 children	42% of NCCDI HS/EHS children
Incarcerated Household Member	Tehama County 2020	There are 162 inmates in Tehama County jail ⁴¹ . Of these, 47% are parents (76) and 18% have a child under five years (13) ⁴²	4 NCCDI Head Start children had incarcerated parents
Mentally Ill Household Member and Exposure to Adverse Experiences	State BRFSS 2022 KidsData.org	The rate of hospitalizations for mental health among children 5-14 is 1.3 per 1,000 children Adults report 5.0 days of poor mental health in the last month 31% of parents report	25 Head Start staff received mental health consultations and follow-up to respond to children's mental health needs

⁴⁰ KidsData.org

⁴¹ Vera Incarceration Trends. (2022).

https://trends.vera.org/state/CA?utm_source=google&utm_medium=cpc&utm_campaign=statedata&gclid=CjwKC A jw9NeXBhAMEiwAbaY4lpLh9DzuncyzE6Dii8bsFcvPlorYq5Z8-9yP1ZPPy6WeO9ZAg2KvkxoCfWcQAvD_BwE

⁴² U.S. Department of Justice. Office of Justice Programs (2021). *Parents in Prison and Their Minor Children*. Bureau of Justice Statistics.

Adverse Early Childhood Experiences of Tehama County Children ⁴⁰			
Adverse Early Childhood Experiences	Geography, Year	Statistic	
		Population Prevalence	Head Start Prevalence
		children have been exposed to 1 ACE; 21% report children have been exposed to at least 2 ACEs	56 NCCDI Head Start parents received mental health services
Substance Abusing Household Member	BRFSS 2022 PIR 2021	20% of Tehama County adults report excessive drinking	12 NCCDI Head Start children had a substance abusing family member
Family Violence	2020	514 domestic violence calls for assistance in Tehama County	9 NCCDI Head Start families received emergency crisis intervention
Child Maltreatment	Jan 2021- Dec 2021	1,216 children were impacted by child maltreatment ⁴³ ; The Tehama County rate of abuse is 78.9 (per 1,000) compared to a state rate of 43.5 (per 1,000)	11 foster children served in NCCDI Head Start

Table 41. Adverse Early Childhood Experiences for Tehama County Children

Child Abuse

Child maltreatment exerts severe effects on children’s cognitive, social-emotional, language, mental health, and behavioral development that can last well into adulthood. Adults who were neglected or abused as children are at a greater risk for substance abuse, eating disorders, mental health issues, and chronic disease.⁴⁴ In contrast, safe, stable, and nurturing relationships and environments enable healthy growth and development. In Tehama County, the rate of child abuse and neglect is far higher than found for the State of California at 78.9 per 1,000 children, compared to 43.5 (per 1,000) for the state.

Young children under the age of four are at the greatest risk for the most severe consequences of abuse and neglect. These negative outcomes include disrupted brain development, improper development of the nervous system, and serious physical injury or death. Individual, family, and community factors contribute to the risk of child abuse and neglect. According to KidsData,

⁴³ <https://ccwip.berkeley.edu/childwelfare/reports/AllegationRates/MTSG/r/rts/s>

⁴⁴ National Center for Injury Prevention and Control (2014). *Understanding Child Maltreatment: Fact Sheet*. Retrieved from: www.cdc.gov/violenceprevention

Tehama County experienced a higher rate of substantiated child abuse cases in 2020 at 10.4/1,000 compared to 6.3/1,000 for California as a whole⁴⁵. The rates of child abuse are highest for children aged 11-15, but this is likely due to their ability to report abuse. The following chart shows the reports of abuse and neglect by age group for Tehama County.

Reports of Child Abuse by Age Group for Tehama County

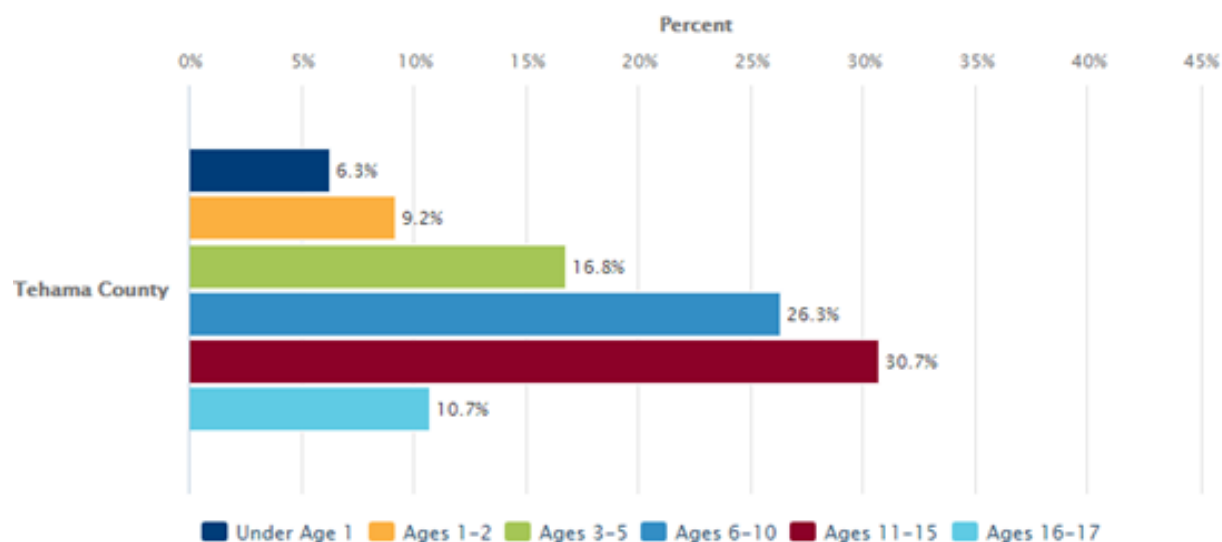


Figure 33. Reports of Child Abuse by Age Group

When abuse reports are disaggregated by race, children that are Black/African American are more likely to be maltreated. Research has demonstrated that children in families of color are often over-represented among the child welfare population, even when they have the same problems and characteristics as white children due to a reporting bias and cultural differences between families and child welfare staff⁴⁶. Additionally, children in poverty are also over-represented because poverty is frequently confused with neglect⁴⁷.

⁴⁵ <https://ccwip.berkeley.edu/Dashboard/SafetyDashboard.html>

⁴⁶ Ellis, K. (2019). Race and Poverty Bias in the Child Welfare System: Strategies for Child Welfare Practitioners. https://www.americanbar.org/groups/public_interest/child_law/resources/child_law_practiceonline/january---december-2019/race-and-poverty-bias-in-the-child-welfare-system---strategies-f/.

⁴⁷ California Child Welfare Indicators Project, CCWIP Reports. University of California at Berkeley & California Dept. of Social Services (Oct. 2021).

Reports of Child Abuse by Race/Ethnicity

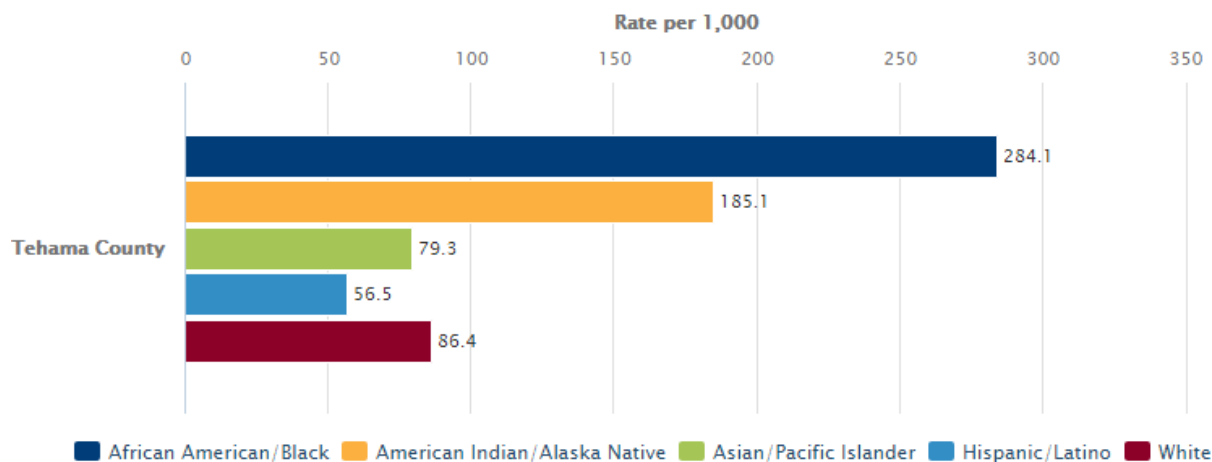


Figure 34. Reports of Abuse by Race/Ethnicity

Child Abuse Trends

Over time, the rate of child abuse per 1,000 children has decreased. However, the percent of cases that are substantiated is increasing. Among children under one to three years, 13.2% of all cases are substantiated for abuse or neglect. Among children aged 3-5 years, 21% of all cases are substantiated⁴⁰.

Substantiated Cases of Child Abuse and Neglect by Age 2015-2020

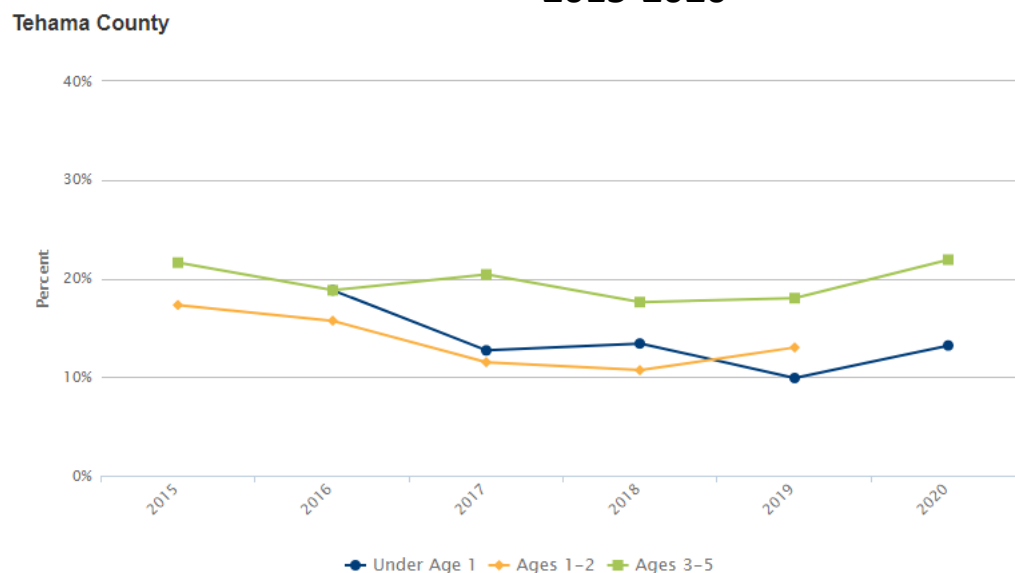


Figure 35. Tehama County Child Abuse Trends by Age

Incidence of Drug and Alcohol Abuse

The impact of drug and alcohol abuse on children is profound. Compared to their peers, children of substance abusing parents show increased rates of anxiety, depression, oppositional behavior, conduct problems, and aggressive behavior as well as lower rates of self-esteem and social competence⁴⁸. Because the younger children are, the more dependent they are on the care of their parents, drug abuse impacts them more severely.

Excessive Drinking		
Area	Percent (2019)	Percent (2021)
Tehama County	19%	20%
California	18%	18%
Alcohol Impaired Driving Deaths		
Area	Number	
Tehama County	31	

Drug Abuse

In 2020, there were two overdoses death in Tehama County, both due to opioids⁴⁹. The age-adjusted death rate for all opioid overdose for Tehama County is 3.4 (per 100,000 pop) compared to 13.5 for California. While the county appears to fare well when compared to the state, it exceeds the state in the rate of emergency department visits related to opioid overdose and in hospitalizations related to opioid overdose. There are 38,720 prescriptions for opioids, compared to a population size of just 63,912⁵⁰. Within the Head Start program, there were 11 families that received substance misuse prevention or treatment services.

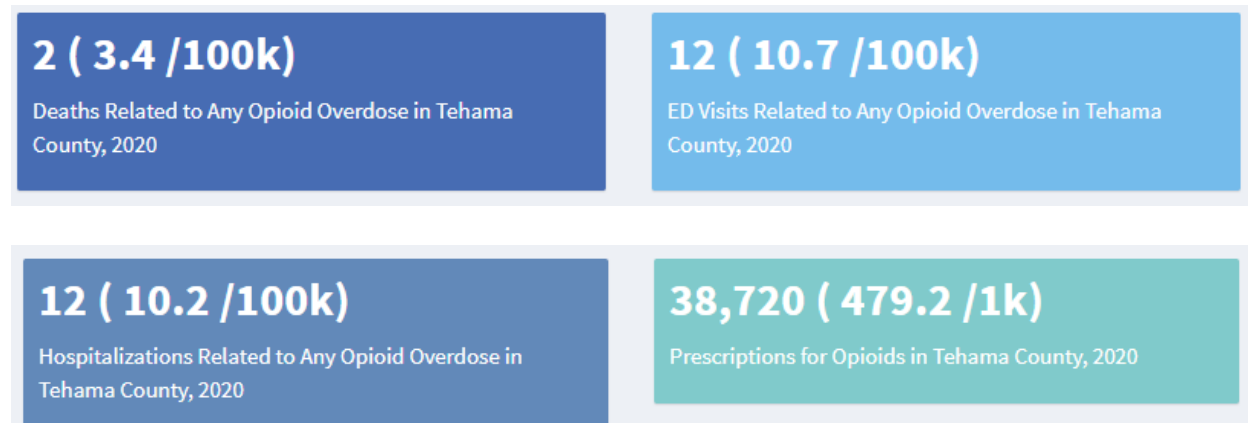


Table 42. Drug Abuse Statistics

⁴⁸ Solis, J. M., Shadur, J. M., Burns, A. R., & Hussong, A. M. (2012). Understanding the diverse needs of children whose parents abuse substances. *Current drug abuse reviews*, 5(2), 135–147.

<https://doi.org/10.2174/1874473711205020135>

⁴⁹ California Health Foundation. (2022). Substance Use in California. <https://www.chcf.org/publication/2022-edition-substance-use-california/>

⁵⁰ California Overdose Surveillance Dashboard. (2022). <https://skylab.cdph.ca.gov/ODdash/?tab=CTY>

Mental Health

Infant and early childhood mental health is the foundation of all future development. According to Zero to Three, social and emotional development or infant and early childhood mental health (IECMH) is the developing capacity of a child from birth-to-5 years old to: form close and secure adult and peer relationships, experience, manage and express a full range of emotions, and explore the environment and learn⁵¹. The story of children’s mental health in Tehama County is not well supported with data. In Head Start mental health trends show that 25 staff received assistance from a mental health professional during the 2021 school year to help them address children’s challenging behaviors or other mental health concerns (49%). Other mental health trends show that mental health continues to be of concern as children grow older and resources are limited. According to the data:

35% of survey respondents reported someone in their household experienced depression or mental illness in the last year.

- The rate of hospitalizations for children aged 5-14 years in Tehama County was 1.3 (per 1,000 children) compared to 2.5 for California⁴⁰.
- The age-adjusted death rate due to suicide in Tehama County (calculation includes Colusa and Glenn County) is 17.2 (per 100,000) which is higher than the state rate of 13.9 (per 100,000)⁵².
- The county rate of “deaths of despair” involving, drugs alcohol and suicide is 43.52 (per 100,000 pop) compared to a rate of 35.38 for California⁵³.

Prevalent Health Problems

In 2021, the United Health Foundation ranked California 28th in social and economic factors, 49th in physical environment, 29th in clinical care, 15th in health behaviors and 13th in health outcomes.⁵⁴ As shown in this assessment, individuals in poverty are impacted by the social determinants of health. The health and wellbeing of the population also varies based on income and race.

Strengths that California experienced during 2021 include:

- Low premature death rate.
- Low prevalence of multiple chronic conditions.
- Low prevalence of cigarette smoking.

Challenges that California experienced during 2021 include:

- Low prevalence of colorectal cancer screening.
- Low supply of primary care providers.
- High levels of air pollution.

⁵¹ Zero to Three. (2019). <https://www.zerotothree.org/resources/2674-how-to-talk-about-infant-and-early-childhood-mental-health>

⁵² <https://www.cdph.ca.gov/Programs/CCDPPP/DCDIC/SACB/Pages/Data-on-Suicide-and-Self-Harm.aspx>

⁵³ Well Being In the Nation Network (2018). National Survey of Children’s Health.

<https://www.winmeasures.org/statistics/winmeasures/california/health>

⁵⁴ <https://assets.americashealthrankings.org/app/uploads/2021-annual-report-%E2%80%93-state-summaries.pdf>

Tehama County fared worse than the state in all indicators examined for this assessment except for income inequality and the percent of the population that experiences severe housing problems. Several concerning issues were revealed through the data analysis that point to systemic failures that undermine family and child health. This includes a very high ratio of primary care, dentists and mental health providers to the population. Another factor that exacerbates this trend is the large proportion of the population that utilizes Medicaid or Covered California insurance, as many doctors will not accept public insurance programs as payment for services due to low reimbursement rates. The rate of violent crime also is much higher in Tehama County than for California.

Quality of Life ²⁰			
Area	Poor or fair health	Poor physical health days	Poor mental health days
Tehama	23%	4.8	5.0
California	18%	3.7	3.9

Table 43. Quality of Life

Health Factors ²⁰							
Area	Adult smoking	Adult obesity	Food environment index	Uninsured adult	Primary care physician ratio	Dentist ratio	Mental health providers
Tehama	17%	35%	6.7	9%	2,030:1	1,650:1	570:1
California	10%	26%	8.9	9%	1,240:1	1,130:1	240:1

Table 44. Health Factors

Socio-Economic Factors ²⁰					
Area	Income inequality	Social associations	Violent crime	Severe housing problems	Drinking water violations
Tehama	4.9	5.4	540	23%	Yes
California	5.1	6.0	421	26%	-

Table 45. Socioeconomic Factors

Child Physical Health Status and Health Challenges

Children’s lifelong success is strongly linked to their physical health status beginning during the prenatal period and throughout life. Factors such as lack of preventive care, access to health services and chronic illness can lead to poor performance across physical, social, and psychological domains of development. The following tables present data on risk factors that can impact children’s health and wellness outcomes. As shown in the tables, Tehama County has a lower rate of children that are uninsured than the rate among California children aged 0-5, but a higher rate of children that are insured by public coverage such as Medicaid. For example, 56.4% of Tehama County children are enrolled in public insurance coverage, compared to 42.3% of California children. Because fewer doctors accept Medicaid this trend contributes to lack of access to health services for those with a low-income⁵⁵.

⁵⁵ United States Census Bureau. *Public Health Insurance Coverage*, 2020 Table S2704. Retrieved from <https://data.census.gov/>.

There is also a racial disparity in access to insurance. The greatest number of insured residents in the county are Hispanic/Latino, while the greatest rates of uninsurance are for American Indian/Alaska Natives. Whites have the lowest rates of uninsurance.

Insurance Status of Tehama County Children					
Indicator					
Age Group	Insured		Uninsured		
	TC	CA	TC	CA	
Ages 0-5	98.1%	97.8%	1.9%	2.2%	
Ages 6-18	94.3%	96.5%	5.7%	3.5%	
Total for Ages 0-18	95.4%	96.9%	4.6%	3.1%	

Table 46. Insurance Status of Tehama County Children

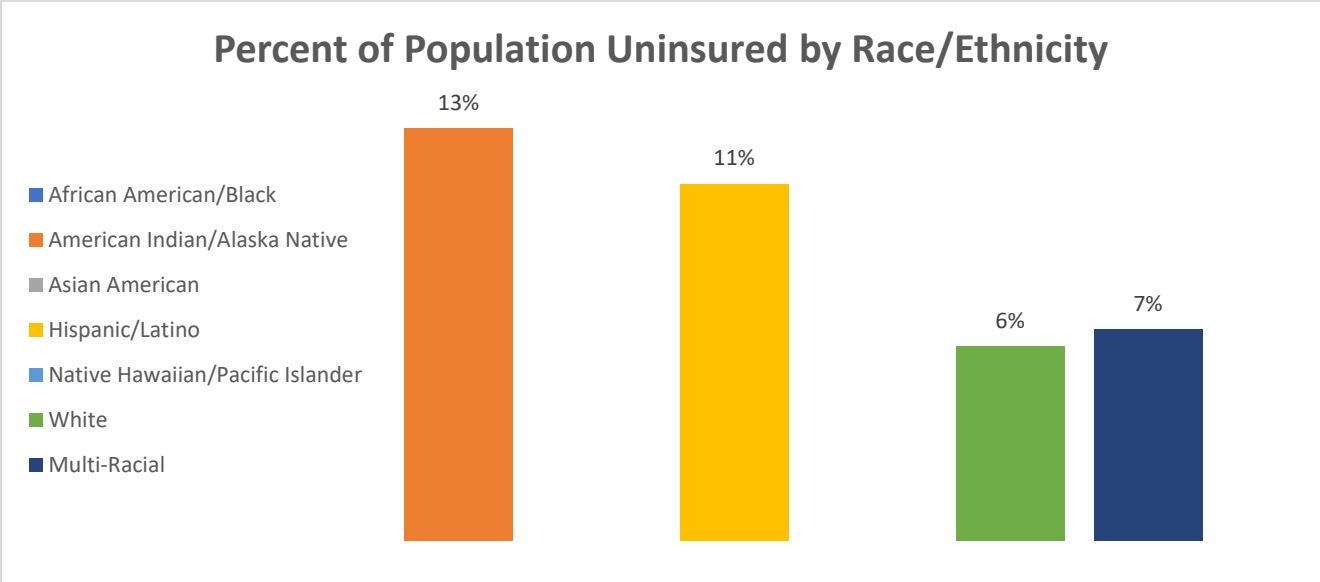


Table 47. Tehama County - Percent of Population Uninsured by Race

Immunizations

Tehama County residents are also less likely to receive care in a medical home. According to the data, 41% of Tehama County residents have a medical home compared to 43% of California residents⁴⁰, as a result, they are less likely to remain in compliance with recommended treatment schedules and have poorer health. Despite these challenges, Head Start children and in general, children in Tehama County maintain a high rate of immunization at 93.9% of all kindergarteners. However, this is just slightly below the state rate of kindergarteners that enter school with all their recommended immunizations which is 94.8%⁴⁰.

Immunization Status of Children	
Status	Percent
Head Start children up-to-date on all immunizations at program end	98%
Tehama County Kindergarteners with all Required Immunizations	94%

Table 48. Immunization Status of Children

Head Start Children and Chronic Health Conditions

A total of 31 Head Start children had a chronic health condition in 2021.

Chronic Health Conditions Among Head Start Children	
Chronic Condition	Number of children
Seizures	3
Asthma	9
Life-threatening Allergies	12
Vision Problems	4
Total	31

Table 49. Chronic Health Conditions Among Head Start Children

Dental Health

Dental care is difficult to access due to a high ratio of low-income residents to dental care providers in Tehama County. Limited access is further exacerbated by dentists that are unwilling to accept public health insurance programs as payment for dental services. According to information from the 2021 Program Information Report for NCCDI Head Start, 77 children needed dental care. Of these children, 37 did not receive it due to parents lack of attendance at dental appointments, lack of dental care in the area, and other issues. According to the Head Start Program Information Report, NCCDI achieved the following outcomes for children’s dental health:

Dental Health Services for Head Start Children	
Indicator	Number of children
Number of children who received preventive care during the program year	145 (76%)
Of the number of children that received a dental exam, the number of children that needed dental treatment	70 (51%)
Number of all children, including those enrolled in Medicaid or CHIP, who completed a professional dental examination during the program year	152 (80%)
Number of children with a dental home	209 (69%)

Table 50. Head Start Dental Services

Children with Disabilities

There is a significant number of children with disabilities and special health care needs among the early childhood population. According to data for Tehama County, the rate of disabilities in the population (per 1,000) for the following disabilities among students in Tehama County schools is as follows:

Disabilities Prevalence Among Students ⁴⁰	
Tehama County	Rate per 1,000
Autism	17.8
Deaf-Blindness	S
Emotional Disturbance	4.6
Established Medical Disability	N/A
Hard of Hearing / Deaf	2.9

Disabilities Prevalence Among Students ⁴⁰	
Tehama County	Rate per 1,000
Intellectual Disability	12.2
Learning Disability	56.8
Orthopedic Impairment	S
Speech or Language Impairment	26.9
Traumatic Brain Injury	S
Visual Impairment	S
Multiple Disability	S
Other Health Impairment	18.1
Total	143.1

Table 51. Disabilities Prevalence Among Students

NCCDI Head Start Children by Disability Type - PIR	
Primary Disability	Number
Speech and language impairments	18
Intellectual disabilities	5
Orthopedic impairment	1
Specific learning disability	3
Autism	3

Table 52. Children in Head Start with Disabilities

Maternal and Child Health

The well-being and health of mothers, infants, and children is an important indicator of the health of the next generation. It can also predict future health challenges and inform the design of early childhood programs by providing a window into the health of children that will be entering Head Start. Maternal and child health factors in Tehama County demonstrate that pregnant and new mothers and children fare similarly or worse than the indicators for the State of California and the nation. There are also persistent racial disparities that undermine maternal and child health.

Births in Tehama County ⁵⁶					
Child Population	2016	2017	2018	2019	2020
# of Births	650	771	701	692	985
% Increase/Decrease		5%	-9%	-1.2%	42%

Table 53. Tehama County Births

Birth Characteristics ⁶					
Area	Births	Teen Births	Rate of Teen Birth (per 1,000)	% Births to Mothers with a low-income (<200% pov.)	% Births to Mothers with No HS Diploma
Tehama County	985	52	28	56.3%	3.8%
California			8	36.0%	12.4%

⁵⁶ United States Census Bureau. *Fertility 2016-2020, Table S1301*. Retrieved from: <https://data.census.gov>.

Table 54. Birth Characteristics

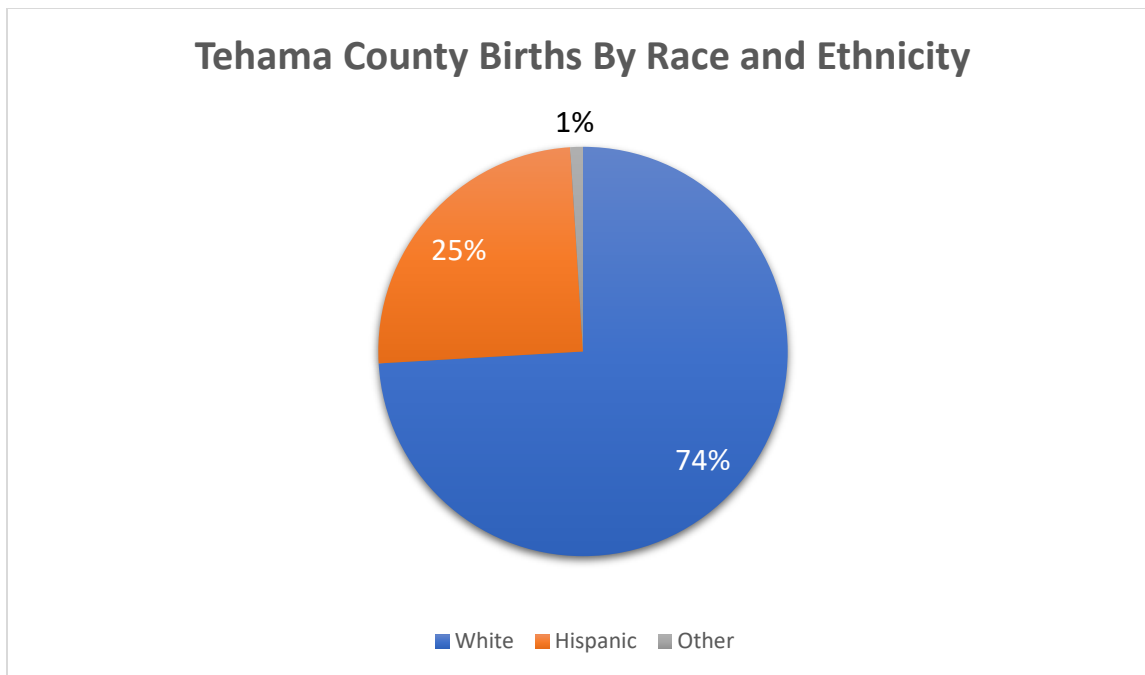
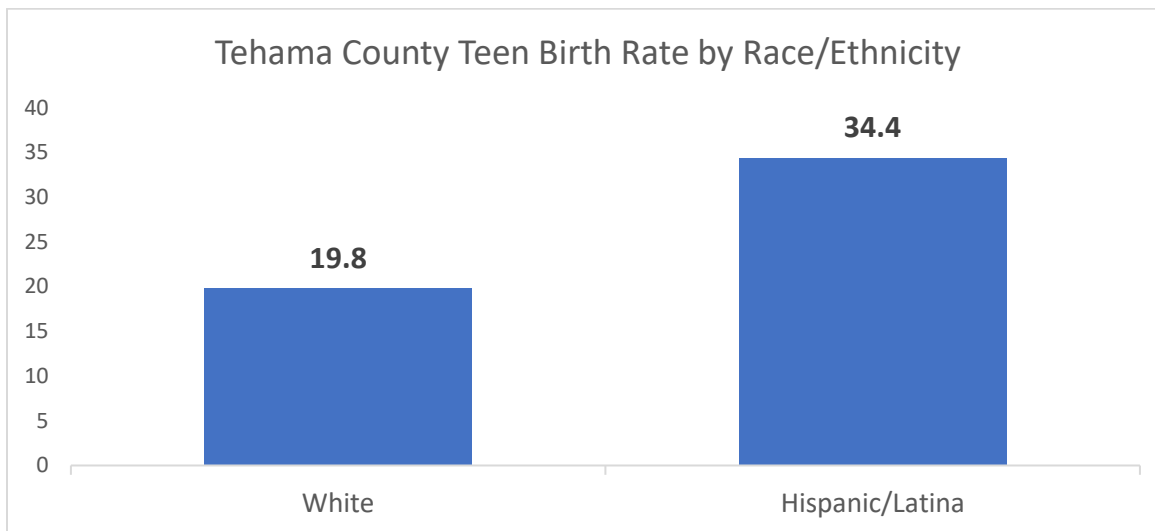


Table 55. Tehama County Births by Race/Ethnicity



Infant and Child Mortality

The infant mortality rate is the number of infant deaths for every 1,000 live births. The CDC states that “in addition to giving us key information about maternal and infant health, the infant mortality rate is an important marker of overall health in a society.” The five leading causes of infant deaths include birth defects, preterm birth, injuries, sudden infant death syndrome and maternal pregnancy complications.

The infant mortality rate in Tehama County is higher than the state rate at 28 total infant deaths in the seven year period from 2014-2020, resulting a rate of 5.0 (per 1,000) births compared to 4.1 (per 1,000) for California. The child mortality rate is the number of deaths of children under age 18 per 100,000 people. The child mortality rate in Tehama County is low with 32 child deaths in 2019³.

Low Birthweight Infants

Low birthweight is the most significant factor impacting the health of newborn babies and a significant determinant of post-neonatal mortality. Low birthweight is used to describe babies who are born weighing less than 2,500 grams (5 lbs. 8 oz.). Low birthweight increases the likelihood that infants will develop health issues such as respiratory disorders, neurodevelopmental disabilities, and issues related to future school achievement. In Tehama County, the percentage of babies born with a low birthweight is 6%, which is lower than the value for California (7%)**Error! Bookmark not defined.** Racial disparities in birthweight also impact the likelihood a child will thrive and contribute to a higher rate of infant death for children of color. However, as in Tehama County, the prominence of low birthweight infants is the same for both the white and Hispanic/Latino population.

Prenatal Care

Prenatal care is the first step to keeping women and their newborns healthy. Babies of mothers who do not get prenatal care are three times more likely to have a low birthweight and five times more likely to die than those born to mothers who do get care. Early diagnosis of many health problems that occur during pregnancy can lead to successful treatment. Doctors can also educate mothers on what they can do to ensure a healthy start in life for their infant. Exposure to maternal stress and toxic substances such as tobacco, drugs, and alcohol can also affect development before a child is born, impacting a child’s academic, social, and physical outcomes throughout their life.⁵⁷ Free and low-cost clinics play a critical role in addressing the needs of pregnant women. Within Tehama County the rate at which women access prenatal care is lower than for the state. Additionally there is a slight racial disparity in access to prenatal care between whites and Hispanic/Latina mothers.

Early Prenatal Care ⁴⁰				
Area	Total	White	Latino	Other
Tehama County	65%	68%	63%	52%
California	84%	88%	82%	84%

Table 56. Early Prenatal Care

⁵⁷ Barnett, W., & Lamy, C. (2013). Achievement Gaps Start Early: Preschool Can Help. In P. Carter, & K. Welner, Closing the Opportunity Gap: What America Must Do to Give Every Child an Even Chance (pp. 98-110). New York: Oxford University Press.

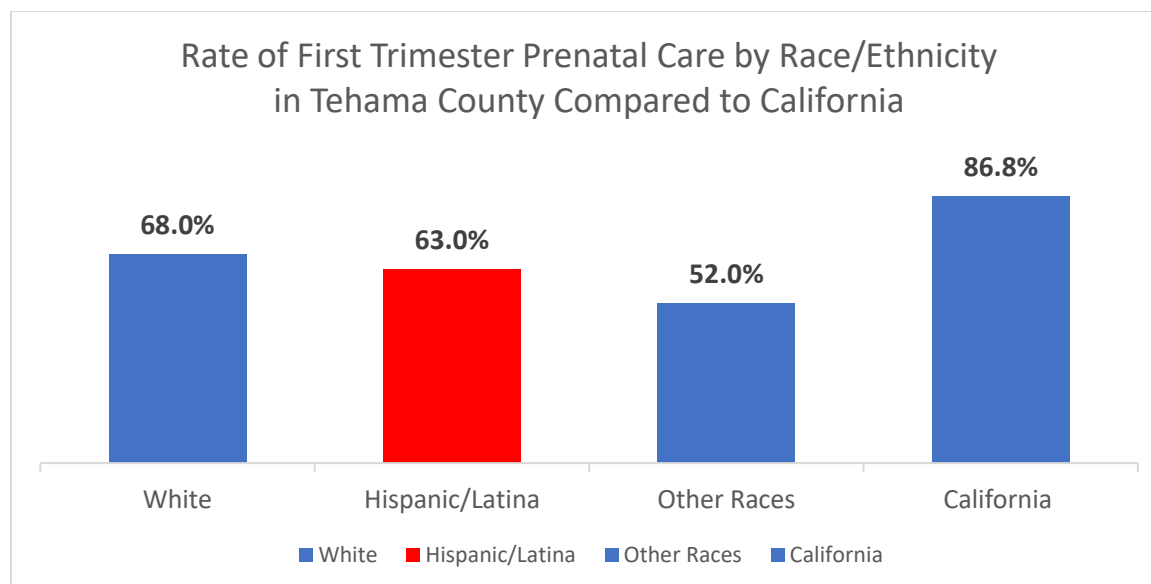


Figure 36. Rate of First Trimester Prenatal Care by Race/Ethnicity

Births to Unmarried Women

According to the U.S. Census Bureau, the percent of births to unmarried women in the NCCDI service area was 48.6%, which is higher than the state of California (31.9%).

Births to Unmarried Women ⁵⁸	
Area	Percent (2020)
Tehama County	47.4%
California	30.4%

Table 57. Births to Unmarried Women

Pregnant Women in Early Head Start

NCCDI served 11 pregnant women in Early Head Start in 2021. Of pregnant women served by the program, 91% enrolled during the 2nd or 3rd trimester of pregnancy. Among pregnant women served, 100% had health insurance (94% received Medicaid) and 100% had an ongoing source of health care.

Services Received by Pregnant Women Enrolled in EHS	
Prenatal health care	100%
Postpartum health care	55%
A professional oral health assessment/examination/treatment	45%
Education on fetal development, breastfeeding, nutrition, infant care and safe sleep	91%

Table 58. Pregnant Women Enrolled in Early Head Start

⁵⁸ United States Census Bureau. *Women 15 to 50 who had a birth in the last 12 months by marital status and age*, Table B13002. Retrieved from <https://data.census.gov/>.

Social Services Used by Head Start Families

The program information report for the NCCDI Head Start program indicates that families are in need of social services at a high rate. In total, during the past year, 268 families, which is 100% of enrollment, received social services through the Head Start program.

Social Services Used by Head Start Families		
Services	Number of Families	Percent of Enrollment
Emergency Assistance/Crisis Intervention	9	3.4%
Housing assistance	6	2.2%
Asset building services	19	7.1%
Mental health services	56	20.9%
Substance misuse prevention	11	4.1%
Substance misuse treatment	1	0.4%
English as a second language	7	2.6%
Assistance enrolling into an education or job training program	44	16.4%
Research-based parenting curriculum	168	62.7%
Involvement discussing their child's screening, assessment, and progress	268	100%
Supporting transitions between programs	83	31.0%
Education on preventative medical and oral health	136	50.8%
Education on health and developmental consequences of tobacco product use	10	3.7%
Education on nutrition	244	91.0%
Education on postpartum care	11	4.1%
Education on relationships/marriage	47	17.5%
Assistance to families of incarcerated individuals	4	1.5%

Table 59. Social Services Used by Head Start Families



Survey Responses

131 survey respondents answered questions related to health services. When asked about why healthcare is a problem in Tehama County, they responded as follows:

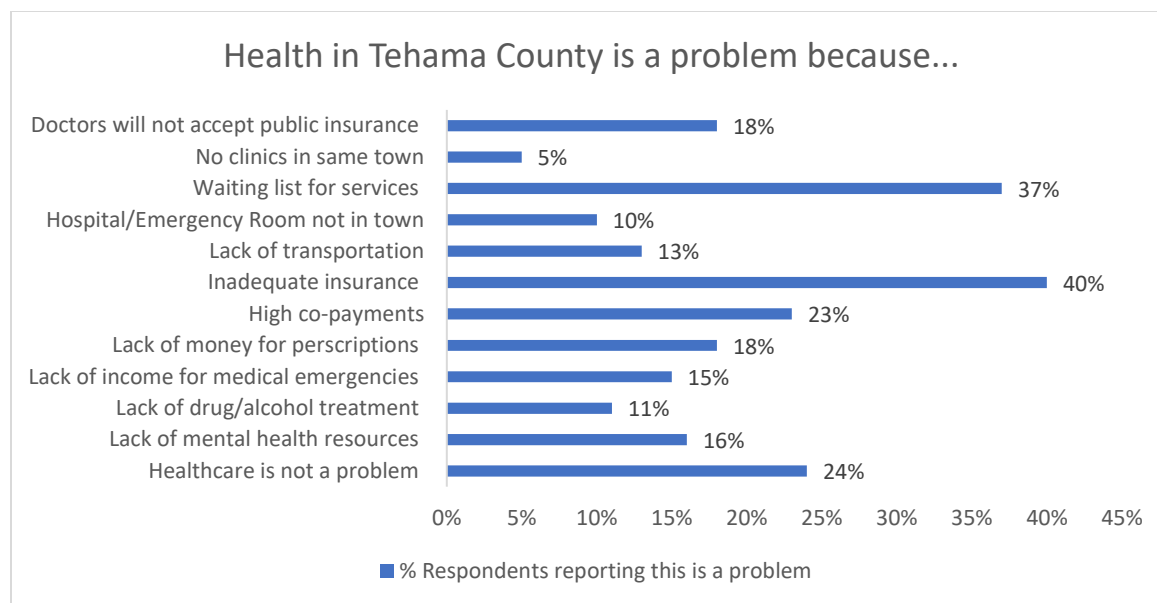


Figure 37. Reasons Health is a Problem in Tehama County



Health and Social Services Key Findings

Tehama County ranks poorly on health outcomes such as the percent of adults with poor or fair health and adults report an increased number of poor mental health days when compared to the state, and inadequate access to physical, oral, and mental health services. These conditions are important predictors of children’s health because children are completely dependent on the adults in their lives and when adult health suffers so does family resources. One of the most concerning child health issues in Tehama County is the rate of child abuse which far exceeds the rate of the state at 8.9 per 1,000 children, compared to 43.5 (per 1,000) for the state.

A significant number of children have been exposed to adverse early childhood experiences. For children, poor health that undermines all aspects of their development exacerbates challenges to their wellbeing and inhibits the development of protective factors. These issues are further impacted by gaps and inequities in the health care system. Within Tehama County, there is a high rate of use of Medicaid which limits access to those doctors that will accept public insurance as payment. Additionally, family data indicates that a significant number of children in the Head Start program did not receive health services due to lack of parent follow-up on health appointments and lack of accessible health services. The lack of follow-up could be due to transportation, lack of communication skills, lack of understanding of the role that health plays in child development or competing responsibilities that impact their ability to attend appointments.

The lack of access to health, oral health, and mental health care is further illustrated by data showing the county has higher ratios of members of the population to health care providers than found for the State of California. Systemic barriers in accessing health services include:

difficulty navigating formal systems of health care, lack of bilingual/bicultural providers, lack of trained clinicians for young children, and limited English proficiency that impacts parents' knowledge of available resources. The data from parents and public health surveillance systems for Tehama County is further illustrated by program statistics. For example, 70 Head Start children needed dental treatment due to caries or other issues. There is also a significant number of children that have a chronic disease or illness.

Maternal and child health is also concerning. Tehama County has poorer health outcomes than the state in regard to babies born with a low birthweight, teen births, births to unmarried mothers, births to mothers with a low-income, and access to prenatal care. There is also a racial disparity and Hispanic/Latina mothers have higher rates of teen birth and lower access to prenatal care.

Nutrition Needs of Eligible Families

Children in food-insecure households and households that struggle to afford food for their families are at an increased risk for numerous health problems and added emotional stress, impacting school readiness and ongoing school success. For a household that has difficulty making ends meet, the food budget is often the first area that is scaled back when unexpected expenses occur. Resources that support nutrition in the service area include CalFresh (formerly SNAP/Food Stamps) and the Women Infants and Children (WIC) program. Schools and many childcare programs also provide free and reduced-priced lunch to eligible children. Women with incomes at or below 185% of the federal poverty line are eligible for WIC.

Food Insecurity

The rate of food insecurity in Tehama County is 14% compared to a rate of 11% for California and 13% for the nation. Feeding America reports the national average meal costs \$3.13. Due to the cost of living and the price of food the average meal cost is \$3.39 per meal in Tehama County. It is estimated that more than 9,310 individuals are food insecure in Tehama County and an additional 23% of children are food insecure, totaling 3,160 children⁵⁹.

Food Insecurity			
Area	Total Population	Food Insecure Population, Total	Food Insecurity Rate All Persons
Tehama County	63,912	9,310	14%
California	39,585,455	4,354,400	11%
United States	325,717,422	41,133,950	13%

Table 60. Food Insecurity

Although food-insecurity is linked to poverty, measuring the need for food from poverty rates alone is insufficient. Many food-insecure children live in households with incomes above the poverty level and are above eligibility for federal nutrition programs such as CalFresh and the Free and Reduced-Priced Lunch program. In order to improve the estimate of food-insecure children, Feeding America has published a model that utilizes additional indicators to calculate insecurity at the county, congressional district, and state levels. This includes examining unemployment rates, child poverty, median income levels, homeownership rates, and the presence of African-American and Hispanic children. Using this model, it is estimated that 77% of the population that is food insecure in Tehama County is above the eligibility threshold for nutrition assistance programs⁵⁹.

⁵⁹ Feeding America. Map the Meal Gap 2020

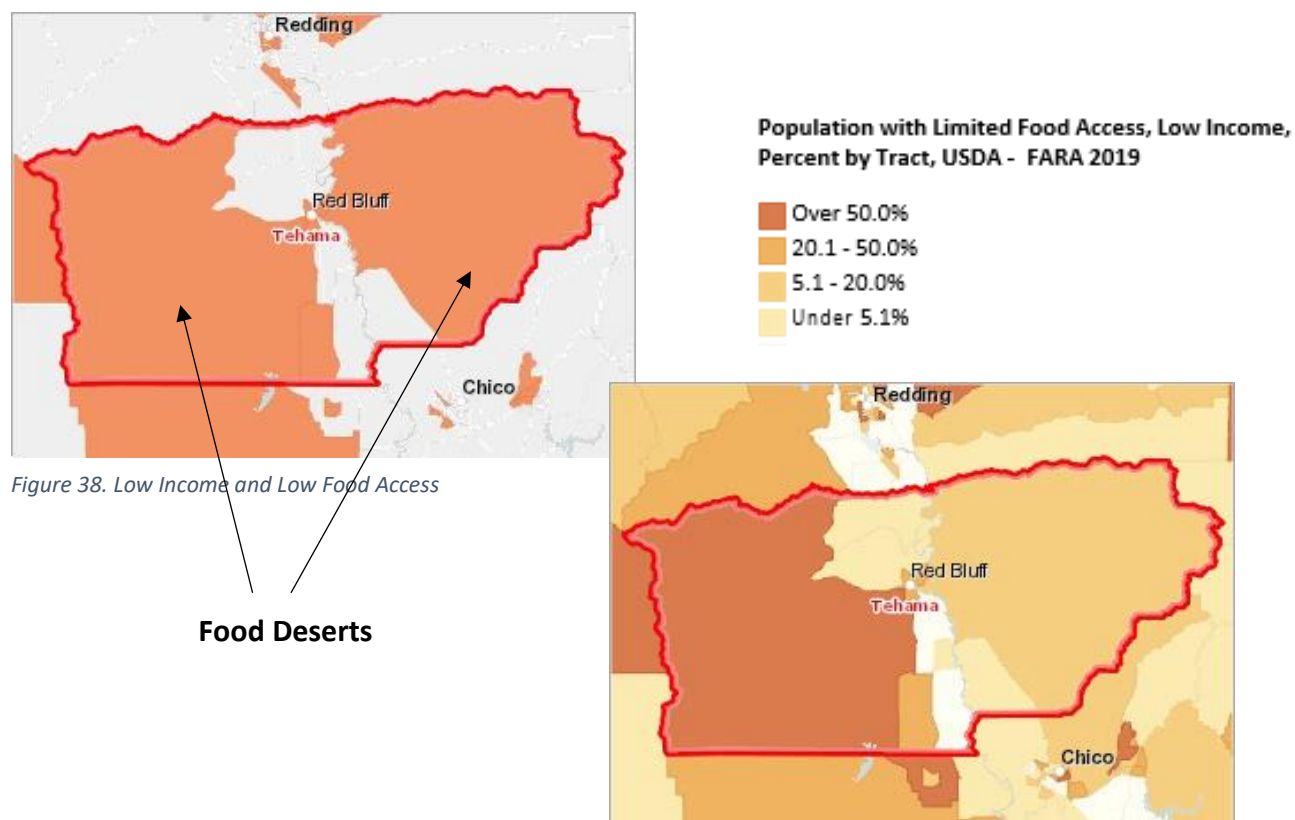


Survey Responses

According to the family survey responses, 80% of families noted that their food supply was adequate. However, 19% of survey respondents noted they used a food pantry in the last 90-days.

Low-Income and Low-Food Access

Families and individuals with a low-income and low food access are those that live more than ½ mile from the nearest supermarket or grocery store. Data from the 2020 Food Access Research Atlas notes that 22% of Tehama County’s low-income population falls into this category, totaling 6,327 individuals. This rate is double the state rate of 10.3% of all residents . The number of SNAP authorized food stores totals 10.8 per 10,000 residents which is above the rates for the state and nation which are 6.1 (per 10,000) for California and 7.4 (per 10,000) for the nation.



Children Eligible for Free/Reduced Price Lunch

According to the National Center for Educational Statistics (NCES), 68.6% of students in Tehama County are eligible for free/reduced price lunches, which is extremely high compared to California and the nation. This indicator is relevant as it assesses vulnerable populations more likely to have multiple health access, health status, and social support needs. Additionally, when combined with poverty data, food service assistance providers can use this measure to identify gaps in eligibility and enrollment.

Students Eligible for Free and Reduced Price-Lunch ³	
Area	Percent
Tehama County	68.6%
California	59.2%
United States	42.2%

Table 61. Students Eligible for FRP Lunch

Population Receiving CalFresh/Nutrition Assistance Benefits

The rate of enrollment in CalFresh in Tehama County is 15.5%, which is significantly higher than for either California (10.6%) or the United States (11.7%). Among Head Start families, the participation rate is even higher at 39.6%.

Characteristics of Families Participating in CalFresh by Community ⁶⁰				
Area	% of Households (HH) receiving CalFresh	% and # of HH with Children Using Cal Fresh		% in HH Using CalFresh with income < poverty
Corning	24.7%	292	58.4%	42.2%
Los Molinos	17.1%	52	42.3%	59.3%
Red Bluff	19.5%	102	51.2%	48.3%
Tehama County	13.6%	1,799	54.6%	48.3%

Figure 39. Characteristics of Families Participating in CalFresh by Community

Women, Infants and Children (WIC)

WIC safeguards the health of low-income pregnant, post-partum, and breastfeeding women, infants, and children up to age 5 who are at nutritional risk. WIC provides nutritious food to supplement diets, information on healthy eating, including referrals to health care and breastfeeding promotion/support. To be eligible for WIC, an applicant’s gross income must fall at or below 185% of the U.S. Poverty Guidelines. Among Head Start families, the WIC participation rate is 64.6%. In Tehama County, 906 women and children participate in WIC⁴⁰.

⁶⁰ United States Census Bureau. *Food Stamps/SNAP*. Table S2201. Retrieved from <https://data.census.gov/>.

Use of Supplemental Nutrition Programs by Head Start Families		
Subject	Number of families at enrollment	Number of families at end of enrollment
Total number of families receiving services under the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	93 (35%)	173 (65%)
Total number of families receiving benefits under the Supplemental Nutrition Assistance Program (SNAP)	30 (11%)	106 (39%)

Table 62. Use of Supplemental Nutrition Programs by Head Start Families

Obesity and Weight Status of Head Start Children

The table below details the weight status of Head Start Children in the service area for the 2021 program year. Among children enrolled in the program, 68.7% were of a healthy weight at enrollment and 27% of Head Start children were overweight or obese at the time of enrollment, while 3% were underweight. The number of children that are overweight in the program totals 51. In the community survey, 26% of families reported they eat fast food at least once weekly.

Weight Status of Head Start Enrolled Children	
Weight Status (at Enrollment according to 2000 CDC BMI-for-age growth chart)	% of HS Children
Underweight	3.1%
Healthy Weight	68.7%
Overweight	12.1%
Obese	14.8%

Table 63. Weight Status of Head Start Children



Nutrition Key Findings

Nutritional issues can impact health and child development. Since the 1960s, changes in living standards and relative prices have reduced the average share of income spent on food from 30% to around 10%. At the same time, expenditures on housing, utilities, medical care, transportation, and childcare have been growing. Basic needs other than food are taking up larger shares of household budgets. Low-income households faced with allocating 30% of their income to the purchase of healthy diets would have to forgo many of the items on which other households currently spend almost 90% of their income⁶¹. Additionally, for many households, achieving a healthy diet will require moving to more nutrient-dense foods, such as fruit and vegetables. The time it takes to prepare foods are also an issue for families and individuals with income constraints.

Nutrition is also influenced by job security. For example, one study with low-wage employed parents described sacrifices and food choice coping strategies that were made in the

⁶¹ USDA. Economic Research Service. 2008. Can Low-Income Americans Afford a Healthy Diet? <https://www.ers.usda.gov/amber-waves/2008/november/can-low-income-americans-afford-a-healthy-diet/>

household. Parents describe behaviors to manage stress such as offering “quick meals” and using food as a treat to deal with stress. Additionally, employment and diet among the poor extends beyond the ability to purchase food because lower wages, work organization, and stress influenced adult eating patterns. A review of 21 studies regarding dietary intake among shift workers suggests that though overall total energy intake over 24 hours does not vary between day and shift workers, eating frequency, quality of the dietary intake, and energy distribution over the day is very different⁶².

Within Tehama County, there is a high rate of food security that impacts 14% of all individuals and 23% of children. There is also an uneven distribution of food resources and although the area is rich in agricultural resources there are several food deserts. Within the program, families have a higher rate of using supplemental food programs. For example, 65% of families were enrolled in WIC at the end of enrollment and 39% of families utilized CalFresh. Additionally, 244 (91%) families received education on nutrition.

The weight status of Head Start children is concerning as 27% of children in the program are overweight or obese. Ways that NCCDI may want to continue to support improvements in child and family nutrition and increased food security include creating a culture of wellness that provides experiential ways for families and children to learn about nutrition and examples of how they can incorporate healthy habits into their daily lives. Additionally, the program can lead a policy, system and environment change process that includes conducting a strength and needs assessment of healthy eating, physical activity and related best practices that are implemented in the program Based on the assessment, agencies can then prioritize changes, develop an action plan, and develop and apply a wellness policy.



⁶² Biobehavioral Factors That Shape Nutrition in Low-Income Populations: A Narrative Review. <https://www.sciencedirect.com/science/article/pii/S0749379716303099>

Housing and Homelessness

A child’s healthy growth and development is dependent on many factors, including the immediate environment in which they live. Adults are also impacted by housing and the community in which they reside. Research has demonstrated that children’s life chances (the factors that affect their current and future well-being) are affected by the standard of their housing. This “housing effect” is especially pronounced in relation to health. Children and individuals living in poor or overcrowded conditions are more likely to have respiratory problems, to be at risk of infections, and have mental health problems.

Housing that is in poor condition or overcrowded also threatens safety. For children, the impact on development is both immediate and long term; for example, growing up in poor or overcrowded housing has been found to have a lasting impact on a child’s health and well-being throughout their life. Furthermore, neighborhood conditions have a major impact on health, birth outcomes, and exposure to risk factors such as injury, violence, and hazards. The town we live in can also limit the choices and resources available. For example, the health of adults and children’s physical and motor development can be constrained by living in an urban area without access to safe places to play, such as public parks. Growing up in poor housing conditions has a long-term impact on children’s life chances because of the effect it has on a child’s learning and education. Homeless children are among the most disadvantaged because of disruption to their schooling caused by homelessness. Furthermore, the roots of later problems – such as behavior problems in adulthood – may be traceable to behavioral problems that emerge when children are growing up in substandard housing and poor neighborhood conditions.

Social Vulnerability

Low-income families are more vulnerable to exposure to adverse experiences, family crisis, and lack of security. The social vulnerability index, created by the Center for Disease Control is a measure of the degree of social vulnerability in counties and neighborhoods across the United States, where a higher score indicates higher vulnerability. Tehama County has a social vulnerability index score of 0.96, which is which is greater than the state average of 0.65. The following map shows the social vulnerability score by census tract.

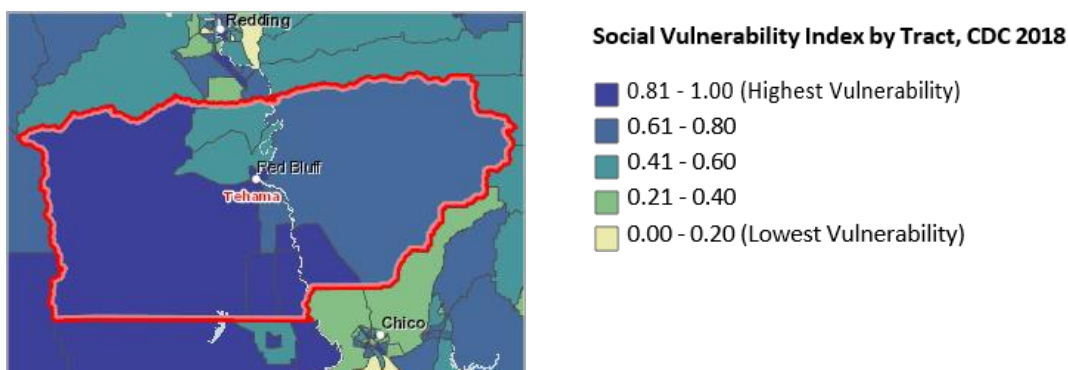


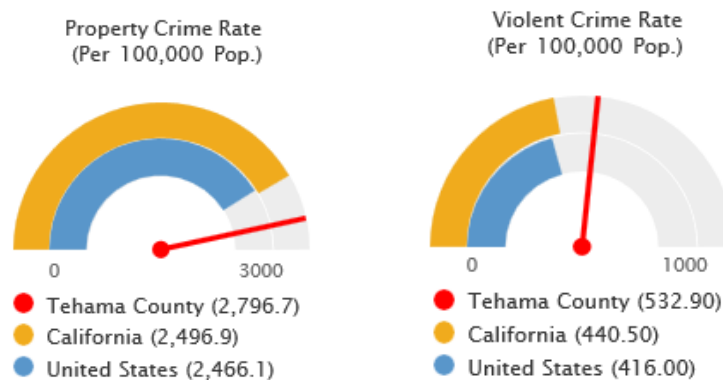
Figure 40. Social Vulnerability by Census Tract

Tehama County Social Vulnerability Index Ratings ⁶³					
Area	Socio-economic Theme Score	Household Composition Theme Score	Minority Status Theme Score	Housing & Transportation Theme Score	Social Vulnerability Index Score
Tehama County	0.85	0.98	0.85	0.82	0.96
California	0.52	0.21	0.96	0.78	0.65
U.S	0.30	0.32	0.76	0.62	0.40

Table 64. Social Vulnerability Index Ratings

Crime, Neighborhood & Community Violence

Tehama County has a violent crime rate that exceeds most California Counties. The rate of crimes per population is 532.90 (per 100,000) compared to a rate of 473 (per 100,000) for the state. The violent crime rate is also increasing. The law enforcement agencies include the Tehama County Sherriff, Red Bluff Police Department, Corning Police



Department the California Highway Patrol and Tehama County Probation. Crime data indicates that the incidence of violent crime is increasing in all parts of the county⁶⁴.

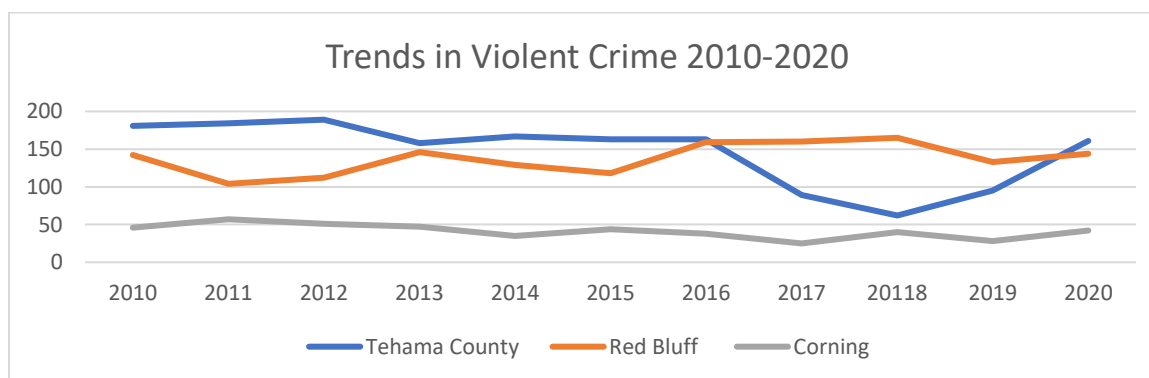


Figure 41. Trends in Violent Crime

⁶³ Centers for Disease Control and Prevention and the National Center for Health Statistics, CDC - GRASP. 2018. Source geography: Tract

⁶⁴ Federal Bureau of Investigation. Uniform Crime Reports. 2010-2020. <https://crime-data-explorer.app.cloud.gov/pages/explorer/crime/crime-trend>

Housing Units

The age of housing unit indicator shows the median year in which all housing units (vacant and occupied) were first constructed. When used in combination with data from previous years this data helps identify new housing construction and measures the disappearance of old housing from the inventory. Housing data also serves to aid in the development of formulas to determine substandard housing and provides assistance in forecasting future services, such as energy consumption and fire protection. According to the data, there are 27,429 housing units in Tehama County. More than half of all housing units were built before 1980 which indicates there is a large number of substandard homes.

Selected conditions provide information that can be used to assess the quality of the housing inventory and its occupants. This data is used to identify homes where the quality of living and housing can be considered substandard. The factors include:

- 1) The percent of homes lacking complete plumbing facilities
- 2) The percent of homes lacking complete kitchen facilities,
- 3) The percent of homes with 1.01 or more occupants per room,
- 4) The cost of living in which gross rent as a percentage of household income is greater than 30%.

Vacant Housing Units

There are many reasons for a high rate of vacant housing units, some of which are not problem and many of which are needed to sustain the housing market. However, vacant housing units have economic and social costs such as undermining the quality of life in neighborhoods, diminishing the value of nearby properties, and providing a place for criminal activity to take place. Vacant properties also signal other problems, such as concentrated areas of poverty and economic decline. When vacancy rates approach 20% or more, “hyper-vacancy,” they indicate that market conditions have deteriorated. The vacancy rate within the service area (5.4%) is significantly higher than the rate for California (1.2%) or the United States (2.4%), at double and triple the rate, but is still below the rate of concern. Conversely, lack of vacant housing contributes to a high cost burden as families become displaced by development or cannot afford the cost of housing as rental market rates increase.

Vacant Housing Units ³			
Area	Total Housing Units	Vacant Units (#)	Vacant Units (%)
Tehama County	29,084	1,571	5.4%
California	15,472,161	178,028	1.2%
United States	152,217,762	3,617,537	2.4%

Table 65. Vacant Housing Units

Housing Costs

The median rental cost for housing in Tehama County is \$1,445 for homeowners with a mortgage and \$972 per month for renters⁶⁵. The highest rental costs are in Red Bluff, which is the most populated area in the county.

Median Housing Costs ⁶⁵		
Location	Median Monthly Costs for Homeowners	Median Monthly Rental Costs
Corning	\$1,302	\$801
Los Molinos	\$1,179	\$1,199
Red Bluff	\$1,188	\$951
Tehama County	\$1,445	\$972

Table 66. Median Monthly Housing Costs

Housing Cost Burden

In Tehama County, 66% of housing is owner-occupied and 34% is rental housing. Home ownership rates are lowest in Red Bluff, followed by Corning, Los Molinos. While homeowners may experience a cost burden, renters are at greater risk of insecure housing. Housing typically comprises the largest share of monthly household expenses. A housing burden creates financial insecurity. Individuals and families experiencing a housing burden often have trouble meeting basic consumption needs, may need to rely on public assistance and have limited savings/emergency funds. Financial resources which would otherwise be used for food, clothing, medical costs etc. must be allocated to housing costs. The housing burden can be examined by identifying the percent of the population that is spending more than 30% of their income on housing. A severe housing burden exists when more than 50% of income is spent on housing. Within the service area, the greatest share of the population has a housing cost burden in Red Bluff, where almost 20% of renters pay more than 50% of their income towards housing costs. In Corning, the largest percentage of the population has a rental cost that exceeds 30% of their monthly income.

Cost Burdened Households (Owners) ³				
Area	Owners Cost Burdened Households %	Total Rented Households	Rent exceeds 30% of income	Rent exceeds 50% of income
Corning	19.5%	1,157	36.6%	15.5%
Los Molinos	17.1%	274	28.8%	19.2%
Red Bluff	25.8%	3,384	42.5%	19.6%
Tehama County	36.3%	8,379	51.1%	17.7%
California	37.9%	5,861,796	51.5%	18.9%
United States	27.3%	43,552,843	45.7%	13.7%

Table 67. Cost Burdened Housing

⁶⁵ United States Census Bureau. *Selected Housing Characteristics*. 2020 Table S2201. Retrieved from <https://data.census.gov/>.

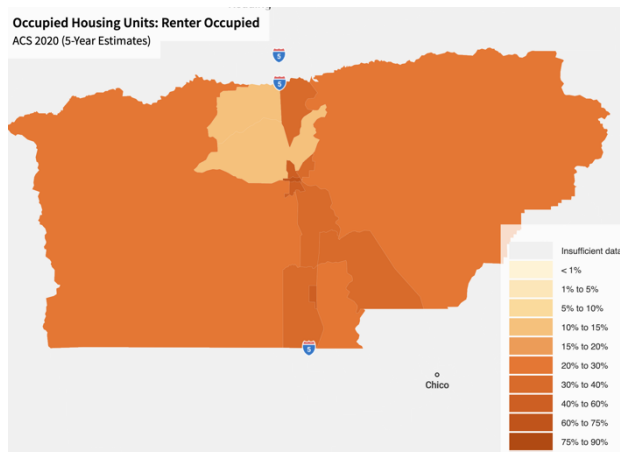


Figure 42. Renter Occupied Housing by Census Tract

COST BURDENED HOUSEHOLDS (RENTERS)

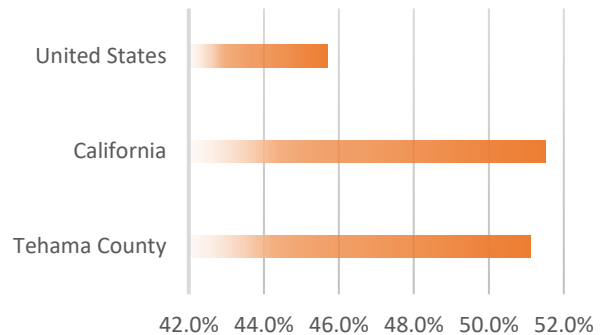


Figure 43. Cost Burdened Households (Renters)



Survey Responses

According to the family survey, a large portion of Head Start families live in a house they own (39%) and a significant portion of families live in a house they rent or an apartment (50% of all families). An additional 12% live with relatives or in other arrangements. Of survey respondents answering housing questions (139), 18% had trouble paying their rent due to the pandemic. When asked why housing could be a problem in their community, the survey respondents noted the following issues:

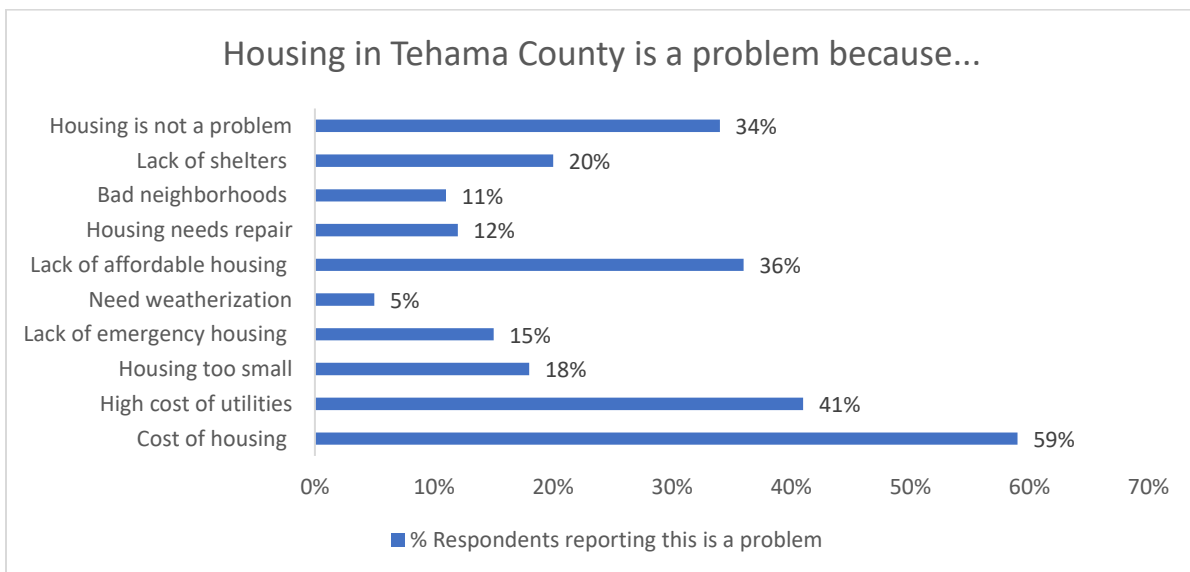


Figure 44. Reasons Housing is a problem in Tehama County

Affordable and Assisted Housing Units

Housing, and the lack there-of, can make communities more segregated by race and class, and encourages sprawl. Lack of housing also impacts the economy as employers have trouble recruiting new employees due to the cost and availability of housing. Elevated housing costs can also result in a generational wealth transfer in which younger people must pay huge sums of money to the older generation for homes their elders bought at a much lower cost. Based on the rate of families that experience a cost burden, data indicates that the supply of affordable housing does not meet the need for affordable housing in the service area.

According to the data, there are 667 HUD assisted housing units in the county, a rate of 270.5 per 10,000 residents. This is far below the rate for the state and the nation. This indicates that many Head Start families may be waitlisted for housing vouchers. Housing resources in the area include NCCDI’s Home Address program and the Tehama County Community Action Agency which helps families access safe, permanent housing.

Assisted Housing Units ³⁵			
Area	Total Housing Units	Total HUD-Assisted Housing Units	HUD-Assisted Units, Rate per 10,000
Tehama County	24,661	667	270.5
California	12,103,114	493,534	376.7
United States	123,559,968	5,024,504	406.6

Table 68. Assisted Housing Units

Evictions

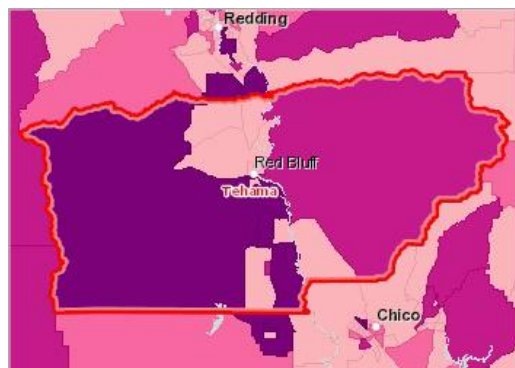
At 2.4%, Tehama County has a rate of eviction that exceeds the state rate of .83 and the national rate of 2.3%. For the year 2016, Tehama County had 251 eviction filings, of which 219 ended in eviction³.

Substandard Housing

Substandard housing is a house that is lacking complete plumbing or kitchen facilities. The following table details the percent of homes in the service area where the quality of living and housing can be considered substandard.

Substandard Housing ³		
Area	Total Occupied Households	Occupied Housing Units with One or More Substandard Conditions
Corning	2,538	31.6%
Los Molinos	904	22.1%
Red Bluff	5,772	40.6%
Tehama County	24,661	38.1%
California	13,103,114	43.5%
United States	122,354,219	31.5%

Table 69. Substandard Housing



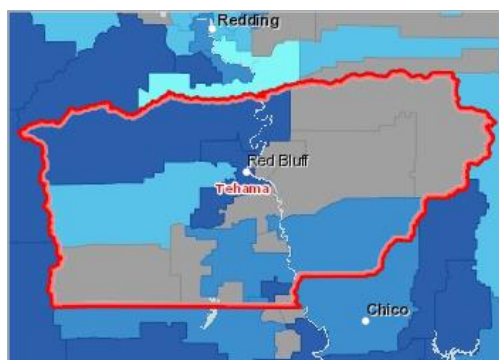
Substandard Housing Units
Percent of Total by Tract, ACS 2016-20

- Over 34.0%
- 28.1 - 34.0%
- 22.1 - 28.0%
- Under 22.1%

Table 70. Substandard Housing Units by Census Tract

Homeless Students

According to the U.S. Department of Education there are 449 homeless students attending Tehama County Schools, indicating that 6% of all students are homeless³.



Homeless Students,
Percent by School District (Elementary), ED Facts 2019-20

- Over 6.05
- 3.1 - 6.0%
- 1.1 - 3.0%
- 0.1 - 1.0%
- No Data or Data Suppressed
- Tehama County, CA

Figure 45. Homeless Students by District

Homeless Count (PIT)

The U.S. Department for Housing and Urban Development (HUD) defines homelessness according to two different classifications: 1) an individual who resides in a place not meant for human habitation, such as a car, park, sidewalk, abandoned building, or on the street; or 2) an individual who resides in an emergency shelter or transitional housing for homeless persons who originally came from the streets or emergency shelters. According to the 2020 PIT the following data for Tehama County was compiled. In total, there are 300 homeless individuals, of which 124 are chronically homeless.



Survey Responses

Of family survey respondents, 70% reported they would have difficulty finding shelter if they needed it. Additionally, 30% of survey respondents reported they had been homeless or lived doubled-up with others at one time.

Tehama County Homeless Populations and Subpopulations				
Household Type	Emergency Shelter	Transitional Housing	Unsheltered	Total
Households without children	42	10	133	185
Households with at least one adult and one child	3	8	8	19
Households with only children	0	0	0	0
Total	45	18	141	204

Table 71. Tehama County Homeless Populations and Subpopulations

Characteristics of the Homeless Population

Characteristics of the Homeless Population	
Characteristic	Number of Homeless Individuals
Severely mentally ill	64
Chronic substance abuse	39
Veterans	16
HIV/Aids	2
Victims of domestic violence	65
Unaccompanied youth	0
Parenting youth aged 18-24	2
Children of parenting youth	4

Table 72. Characteristics of the Homeless Population

Housing and Homelessness Key Findings



There is no one single issue that is a root cause of homelessness, but simple economic factors are the most frequent issues that contribute to homelessness. These problems include lack of affordable housing, poverty, lack of employment and low wages, all factors that impact individuals and families in Tehama County.

Far too many people are living so close to the edge of economic disaster that one financial setback, such as job loss, car troubles, illness, divorce, abandonment, or any unexpected expense can lead to the loss of their home. The COVID-19 pandemic instituted many housing protections that are now falling way. This includes an expiration of the moratorium on evictions. Because of the high rate of families and individuals with a housing cost burden in the county, there is increasing vulnerability of homelessness and housing insecurity.

Housing issues such as rising home prices, rental costs and lack of affordable housing are increasingly problematic for low-income families in the service area. According to the 2022 Point-in-Time Housing Count, there were over 300 homeless persons in Tehama County and 449 homeless students.

Housing is also unaffordable for a significant percent of the population in all communities in the service area. In Tehama County, just over 50% of the population that rents their home spends more than 30% of their income on housing costs. Neighborhood conditions are also concerning. There is a high rate of homes that have at least one substandard condition at 38% of all homes in the county and crime rates that are already higher than averages for the state are on the rise in all parts of the county. The social vulnerability of residents is particularly concerning, and the county has a social vulnerability score of .96 out of 1.0.

Early Care and Education

Inequality starts at birth and the impacts last for a lifetime due to the links between poverty, poor health and exposure to adverse early childhood experiences that negatively influence child development. Because a child's brain develops faster during time spanning birth to age 5, investments in the first five years of a child's life can result in a dramatic impact for example: Children who experience quality early care and education programs are:^{66 67 68}



The climate for early care and education is changing in many ways. The COVID-19 pandemic, job loss, educational inequality, and social distancing that has limited access to childcare for families has led to increased interest in the role that high quality early care and education programs play in the economy. Conversely, Head Start has struggled in the pandemic environment to maintain enrollment and to meet the more intense needs of children and families. It should be noted that many of these issues have been persistent challenges for Head Start and Early Head Start programs even before the pandemic. Other programmatic challenges include: changing eligibility in which families need services but earn too much to qualify for Head Start due to poverty guidelines that are out-of-step with rising wages and the cost of living, enrollment issues resulting from the increased investment in state preschool programs that draw children from the same eligibility pool as Head Start, lack of childcare partners and providers in rural areas which limits the ability to integrate childcare options into Early Head Start programs, and a need for increased staff compensation that allows the program to attract and retain highly qualified staff.

This section of the community assessment examines the landscape of early care and education programs for low-income families in Tehama County and offers suggestions for how Head Start can be leveraged to fill gaps and support child development and health for vulnerable children.

⁶⁶ The Lifecycle Benefits of an Influential Early Childhood Program. <https://heckmanequation.org/resource/faq-lifecycle-benefits-influential-early-childhood-program/>

⁶⁷ The Abecedarian Project. Frank Porter Graham Child Development Institute Snapshot

⁶⁸ Perry Preschool Project. <https://highscope.org/perry-preschool-project/>

Capacity of Early Childhood Education Programs

Tehama County has several types of pf programs that serve children aged birth-to-five. There are publicly subsidized preschool programs that include Head Start and the California State Preschool Program (CSPP) for three and four-year olds. State and federal programs for infants and toddlers include Early Head Start and home visiting services that are delivered through TCHSA Healthy Families Tehama, CalWORKS, Healthy Families Tehama, Early Head Start Home Base, Corning Promise Home Base, School Readiness, and the California Tribal TANF Partnership program which typically serve 102 children aged 0-2 years and 93 children aged 3-5 years.

There is a shift occurring in the early childhood landscape in Tehama County. The CSPP program is in the midst of a transition from a targeted program to a Transitional Universal Kindergarten (TK) which is expanding access to preschool for three-year olds. Data on the number of children served in TK is still difficult to obtain, but we can estimate the challenges based on enrollment trends in the Head Start program. The early care and education system also has a several supplemental programs such as teen parent childcare (Cal-Safe) and migrant Head Start which also serve the area.

Tehama County Early Childhood Landscape	
Type of Program	Capacity
Head Start	180
Home Visiting 3-5 yrs.	93
Migrant Head Start	32
State Preschool	288
Infant /Toddler Home Visiting	102
Early Head Start	121
Cal-Safe	8
Center – Based Childcare	475
Family Child Care	622
Total Slots	2,121

Table 73. Tehama County Early Childhood Landscape

Early Care and Education Needs

Within Tehama County there are 2,295 children aged birth-to-three and 1,544 children aged 3-5 years. Of these children, 632 infants and toddlers have an income below the federal poverty threshold and 423 preschool-aged children live in poverty. The center-based early care and education system for preschoolers (excluding childcare) can reach 484 unduplicated children through Head Start and CSPP programs. When a universal system is implemented it is assumed that 85% of all children in the age-cohort will be interested in seeking center-based early care and education services. Based on this estimate, Tehama County will need a total of 1,312 preschool slots to achieve universal access.

The following chart details the rate of current access in public programs versus the need for preschool services. As shown in the chart, Tehama County as sufficient slots to serve all

children aged 3-5 years in poverty, but not enough slots to reach universal access to preschool. Head Start slots alone can currently serve 42% of all low-income preschoolers.

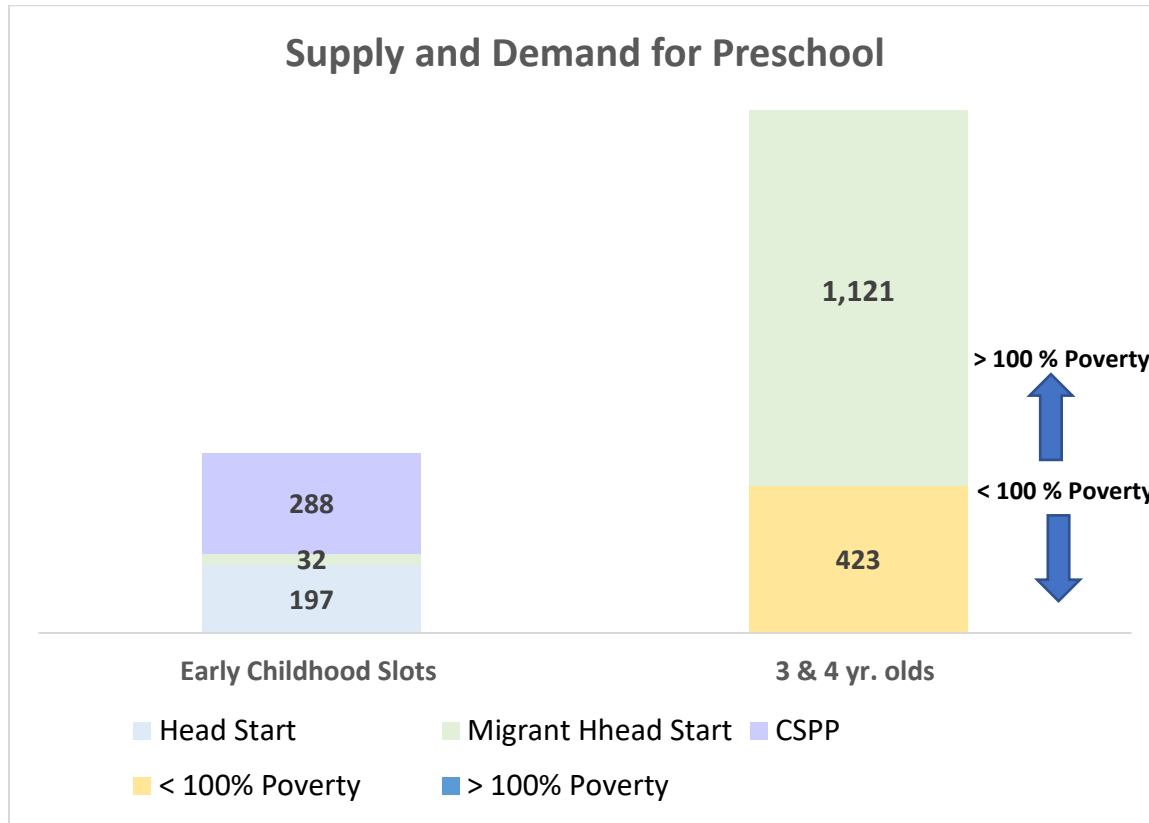
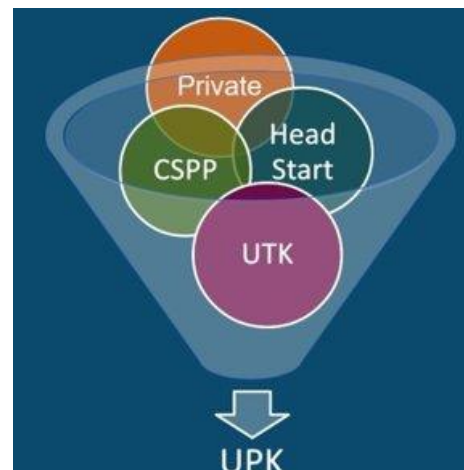


Figure 46. Supply and Demand for Preschool

Transitional Universal Preschool (TK)

According to the California School Board Association, enrollment in Transitional Universal Preschool (TK) totaled 12% of all kindergarten students attending Tehama County schools in 2021. This means that county programs served an additional 108 children in 2021 (based on a



kindergarten enrollment of 908⁶⁹). At full implementation of the TK program in 2025-2026, it is anticipated that 85% of all eligible children aged 3 & 4 years will be served in state-funded preschool programs. There are several concerns that may warrant a change in scope for the Head Start program. This includes the following considerations:

- There is a need to further create and coordinate TK plans with local school districts. This includes timelines for expansion, facilities, and staffing. NCCDI is well suited to expand their blended model with state preschool programs to support the expansion because a significant portion of Head Start slots are already blended with state funding, including childcare (CCTR) and CSPP.
- Based on the formula funding and the anticipated number of TK slots, there will be a need for additional preschool teachers. How will the county produce newly credentialed TK teachers in the midst of current staffing challenges?
- Do the school districts have the infrastructure necessary to expand TK? How can NCCDI help leverage the existing childcare and Head Start systems to assist in the endeavor?
- How will TK impact current Head Start enrollment? Where are opportunities to collaborate?
- Many TK programs will run for ½ day which will not meet the needs of working families.
- How do you change the narrative so families are better able to recognize the value of the comprehensive services model?

The enrollment challenges that arise with the expansion of TK are rooted in family choices. For example, families may prefer to enroll their child in TK or state preschool rather than Head Start due to the convenience of having all the children in the family attend school at one site. Also, there is an assumption that starting school “early” will lead to increased success. There is also a trend in which families enroll their children in Head Start and then opt out when a state preschool program slot becomes available.

Number of Public Preschool Slots by Community ⁷⁰ <i>(due to blending some slots are duplicated)</i>		
Location	Slots	Community Served
Bidwell State Preschool	24	Red Bluff
Evergreen State Preschool	48	Evergreen/Red Bluff
Gerber State Preschool	48	Gerber/Los Molinos
Jackson Heights State Preschool	48	Red Bluff
Lincoln Street State Preschool	48	Red Bluff
Metteer State Preschool	48	Red Bluff
Olive View State Preschool	24	Corning
Red Bluff Center Head Start	17	Red Bluff
Red Bluff Stepping Stones Head Start	16	Red Bluff
Happy Trails Head Start	37	Red Bluff
Tehama Center Head Start	34	Tehama/Los Molinos
Maywood Center Head Start/CSPP	25	Corning

⁶⁹ Ed Data. Tehama County Summary. <https://www.ed-data.org/county/tehamas/>

⁷⁰ California Department of Social Services Childcare Licensing Database/Head Start program data

Number of Public Preschool Slots by Community ⁷⁰ (due to blending some slots are duplicated)		
Location	Slots	Community Served
West Street Center Head Start/CSPP	20	Corning
Corning Center/CSPP	31	Corning
Columbia CSPP	48	Corning

Table 74. Number of Public Preschool Slots by Community

Infant and Toddler Programs

The infant and toddler early care and education landscape is strikingly different than the preschool landscape due to several factors that include: lack of investment in birth-to-three programs at the state and federal levels due to an emphasis on preschool expansion, an increased number of infants and toddlers when compared to the number preschool-aged children living in the area, and a limited number of infant and toddler care slots in center-based programs due to the high cost of caring for infants and toddlers. Additionally, more infants and toddlers than preschoolers are served in home visiting programs.

The total number of slots serving infants and toddlers is 314. The publicly funded infant and toddler system is comprised of Early Head Start, home visiting slots and Cal-Safe slots. Since there are a total of 632 infants and toddlers with a low-income in Tehama County, infant and toddler programs can serve 65% of all Early Head Start eligibles. When home visiting services and Cal-Safe slots are removed Early Head Start is the only remaining publicly funded program and it can serve 48% of all infants and toddlers in poverty.

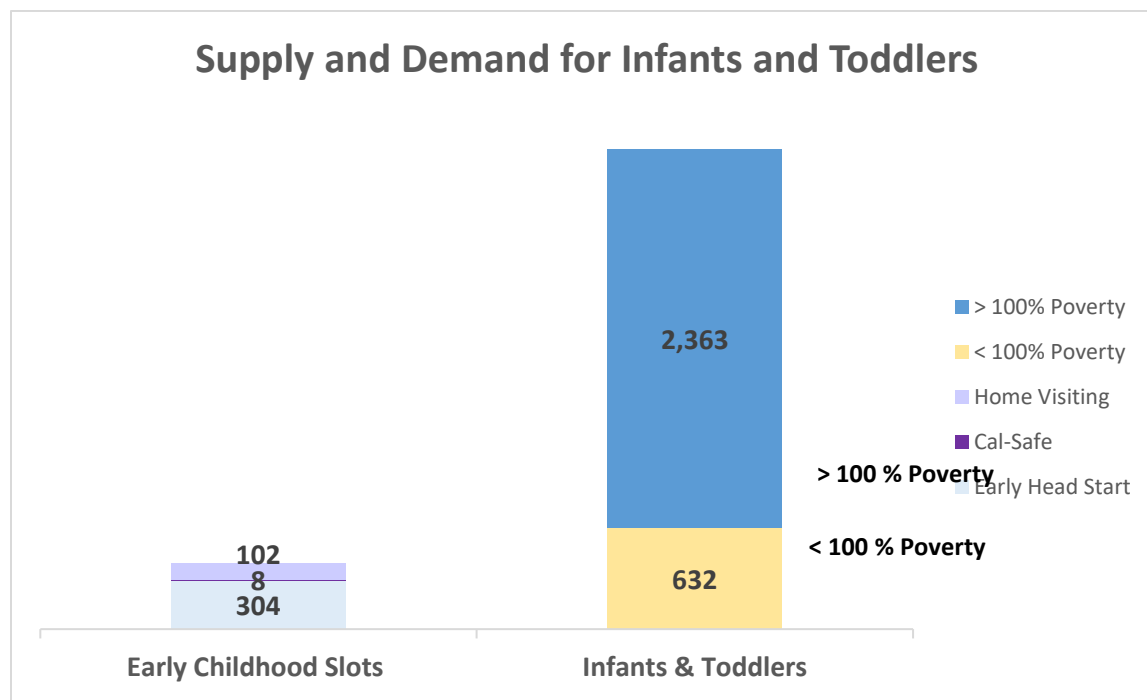


Figure 47. Supply and Demand for Infants and Toddlers

Licensed Childcare Slots

The availability of licensed childcare slots in family childcare homes and centers varies by community. Within the county, there are estimated to be 79 licensed childcare programs, including center-based care and family childcare homes. The majority of childcare slots are available in the population centers such as Red Bluff or Corning, while the rural areas are underserved or served only by family childcare homes. In total, there are 1,097 licensed childcare slots (including HS and CSPP). Most of the slots operate using a full/day, full/year model. The slot distribution (as reported by the licensing database) is as follows:

Number of Public Preschool Slots by Community (data differs due to multiple data sources)		
Location	Slots	Community Served
Kotasik Daycare	34	Red Bluff
Building Blocks Preschool	30	Red Bluff
Busy Bees	54	Corning
First Church of God	40	Red Bluff
Lacey’s Little Learners	39	Red Bluff
Little Friends of Capay	24	Capay
Little Scholars Preschool	30	Red Bluff
Sacred Heart	47	Red Bluff
Sunshine School House	44	Corning
Woodson Bridge Preschool	30	Corning
Family Childcare Homes	622	All Areas
Total Full-Day/Full Year Slots	994	Tehama County

Table 75. Licensed Childcare Slots

Childcare Needs

Based on the work characteristics of families in Tehama County, 79% of all children under six have all caregivers working. This results in a need for 3,028 childcare slots. Based on the data for the current capacity, the system can serve just 36% of all families in need of care. When blended with public preschool programs, the system can serve 1,478 children. However, it should be noted that some of the public slots do not operate for the full-year or for a full-day. Using the total number of current slots for childcare, (994), there is a need for an additional 2,034 childcare slots to serve children with working families. It is estimated that no more than 20% of total slots are for infants and toddlers. Based on this assumption, there are 182 slots for infants and toddlers and a need for care for 1,813 infants and toddlers with working parents. The most recent data from the Tehama County ChildCare Portfolio confirms this estimate.

Requests for Care	
County	Percent
Infant	15%
Preschooler	43%
School-Age	42%

Childcare Affordability

The cost of childcare is out of reach for many low-income families and subsidies do not adequately support the costs of care. The cost of care for an infant and preschooler would consume 25% of wages for a married-couple who earns the median income for Tehama County and 66% of the median income for a single-mother in Tehama County.

The National Center for Children in Poverty estimates that in California, 51% of children with all parents working live in a family with a low-income. This data indicates that of children with working families, 1,514 need a childcare subsidy. According to the most recent data from the Tehama County Childcare Portfolio, 796 children received a childcare subsidy which demonstrates a significant gap in affordable childcare.

Cost of Childcare		
Type of Care	Cost of Infant Care	Cost of Preschooler Care
Childcare Center	\$11,095	\$8,233
% of County Median Income Married-Couple	15%	11%
% of County Median Income Single-Mother	37%	28%

Table 76. Cost of Childcare

Data from the Tehama County Resource, Referral and Education Agency indicate that a total of 280 children aged birth-to-five years received a childcare subsidy. The following provides an overview of the number of children receiving a subsidy by community. There is also 243 children on the waiting list for a childcare subsidy. Based on the number of children with all parents working, the total childcare slot gap for subsidized care is 1,234.

Cost of Childcare					
Age	Red Bluff	Corning	Los Molinos	Gerber/Proberta	Cottonwood
0-2 yrs.	44	51	2	2	8
3-5 yrs.	96	54	7	7	9
Total	140	105	9	9	17



Survey Responses

Family Early Care and Education Needs

When asked, “if your child attends a local early learning and care program, what would you like them to get out of it?”, 137 family survey respondents identified multiple factors as shown in the chart that follows. Of the respondents, 85% indicated school readiness, 21% noted parent education, 41% indicated childcare, 74% of respondents said they would like socialization for their child and 26% of respondents indicated they wanted to obtain family support in times of crisis.

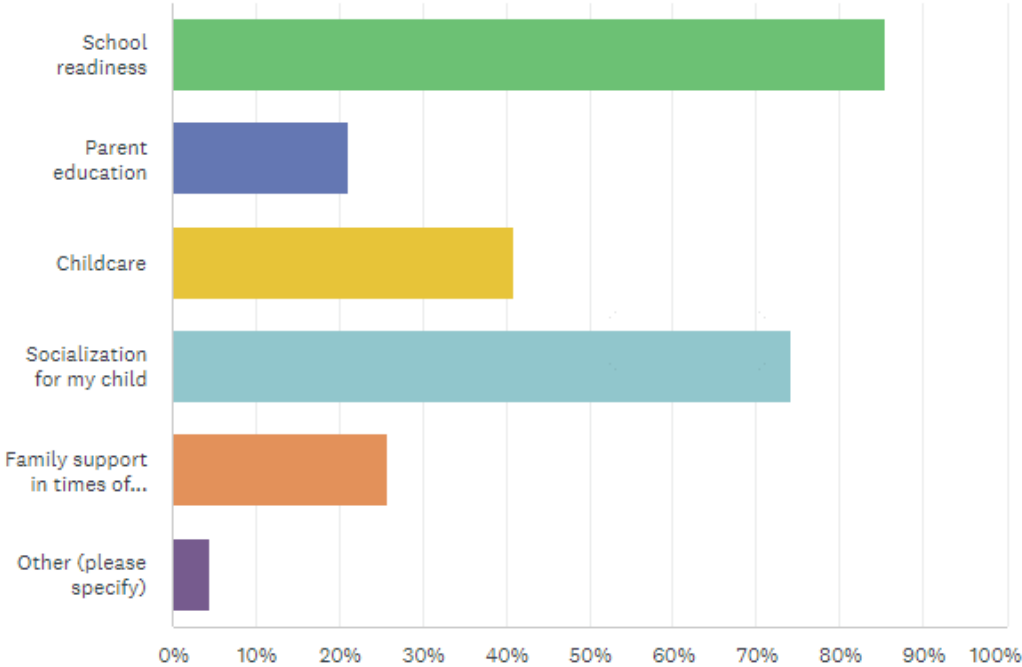


Figure 48. What Families Want out of ECE Programs



Early Care and Education Key Findings

Access to early care and education programs in Tehama County is more limited for families with a low-income and for families with infants and toddlers. The total capacity of the public preschool programs operating in the area can reach 100% of all children aged 3-5 years (484 unduplicated slots) and 48% of children aged 0-3 years (121 Early Head Start slots). In total, it is estimated early care and education programs offer 2,121 slots to serve 3,839 children aged birth-to-five.

When at least 85% of all children are served it is typically assumed that a prek system has reached universal access. In order to achieve universal access targeting three and four-year olds the county needs a total of 1,312 public preschool slots. When public programs are analyzed, it is estimated that 39% of all children aged 3 & 4 years can be served by the current slot allocation. The data from this assessment estimates that the county will need at least 795 slots to reach 85% of children aged 3-5 years with universal preschool.

The push for universal access should also be viewed in the context of trends that include: a decreasing number of center-based childcare programs that serve children from 8-12 hours daily, lack of a qualified workforce, lack of high-quality programs, and disparate access to high-quality programs for Hispanic children, which comprise the largest racial-ethnic group in Tehama County and many of its communities. The gap in care for Hispanic children is exacerbated due to

differences in income and a shortage of childcare subsidies that prevent Hispanic families from accessing care and lack of programs with bilingual staff.

While universal access programs do result in benefits for many children, there are unintended consequences that could result from such large evolution of the early care and education system such as loss of access to comprehensive services as families transition into programs that are less intensive than Head Start, uneven per-child funding between federal, state, and community-based early care and education programs, and diminished quality as the most highly skilled teachers leave Head Start and community-based programs for jobs in elementary-based prek programs that offer a higher salary. The closures from COVID-19 and capacity limitations will also squeeze revenue from childcare providers and result in additional quality issues.

In Tehama County, 79% of families with children under six have all parents in the workforce. When cross-referenced with employment data, female single householder families report an employment rate of 52% which warrants a robust and affordable early care and education system that operates for the full duration of the program-year as children living in homes headed by single-mothers are often more at-risk than their counterparts living in families headed by two-working parents. Currently, the cost of childcare for an infant is anticipated to consume 37% of a single-mother's income and the cost of care for a preschooler will consume 28% of the income for a single-mother earning the median income for her family type.

It is estimated that there are 796 children receiving a childcare subsidy that are living in poverty, making them age and income eligible for Head Start, but attending other early care and education programs. It is also estimated that many Head Start eligible children are attending state prek programs (this does not account for the children co-enrolled in Head Start and the state preschool program). According to program data, 82% of Head Start children have at least one employed parent.

Head Start programs can undertake several activities to determine the need to adjust services to match emerging community needs and to leverage the resources of the program, in the context of expanding universal prek access. For example:

- The program can gather data about how families make decisions about the types of early care and education programs they utilize. For example, first identify the factors that families consider when they decide the type of program (Head Start, community-based prek, state preschool) that they will utilize and, second, what process do they go through to make their early care and education and childcare decisions, i.e. what are the most important factors in selecting an early care and education provider?
- Promote NCCDI's participation in the state Quality Rating Improvement System (QRIS) which will open up opportunities for Head Start to expand services to include full-day, full-year childcare and to participate in any developing early care and education systems that are universal that require high QRIS ratings.
- Advocate for the TK system to include a goal to increase workforce participation and mandates to contract out a certain percentage of slots into community-based locations.

For example, NY-UPK requires that 10% of slots are allocated to providers other than a local school system. Also, a focus on workforce participation for families and non-punitive programs that alleviate the costs of childcare for families by creating models for blending universal state prek funds, Head Start, and child care subsidies will allocate additional funds to support the massive quality lift that is needed to truly address the disparities in early learning for children in poverty.

- Continue to expand access to programs serving infants and toddlers in poverty to alleviate the slot gap and the childcare cost, quality, and affordability crisis.

Transportation and Communication

The ability to travel offers the means to reach essential opportunities such as jobs, education, shops, and friends, which impact the quality of life. Providing transportation services or reducing financial (and other) barriers to travel is one solution for addressing poverty, through for example, widening the range of opportunities for employment and education that can be reached. Tehama County has a transportation network that offers limited services throughout the county. Barriers in accessing transportation include: the cost of bus fare, long wait times for bus services, routes that do not meet the scheduling needs of families, and lack of access in the rural parts of the county.

Commuter Travel Patterns

The rate at which service area residents drive alone to work (81.5) is higher than the rate for California (72.1%) and higher than for the United States (74.9%). Due to the COVID-19 pandemic, it can also be assumed that the rate of service area residents who work from home will have increased in the last two years.

Commuter Travel Patterns ⁷¹						
Area	Drive Alone	Carpool	Public Transportation	Bicycle or Walk	Taxi or Other	Work From Home
Tehama County	81.5%	9.8%	0.4%	1.9%	0.9%	5.5%
California	72.1%	10.0%	4.6%	3.4%	1.6%	8.4%
United States	74.9%	8.9%	4.6%	3.1%	1.3%	7.3%

Table 77. Commuter Travel Patterns

Travel Time to Work

According to the data provided in the table below, within Tehama County, workers have an average travel time to work substantially lower than those in California or in the United States as a whole. Transportation is limited for over 1,794 households (7%) that do not have a motor vehicle.

Travel Time to Work					
Area	Workers	<10	10-30	30-60	60+
Tehama County	22,833	23.4%	44.9%	24.2%	7.6%
California	16,710,195	9.2%	46.9%	31.2%	12.7%
United States	142,512,559	12.3%	49.3%	29.2%	9.3%

Table 78. Travel Time to Work

⁷¹ Community Action Partnership, 2020. *Commuter Travel Patterns*. Retrieved from <https://cap.engagementnetwork.org/>.

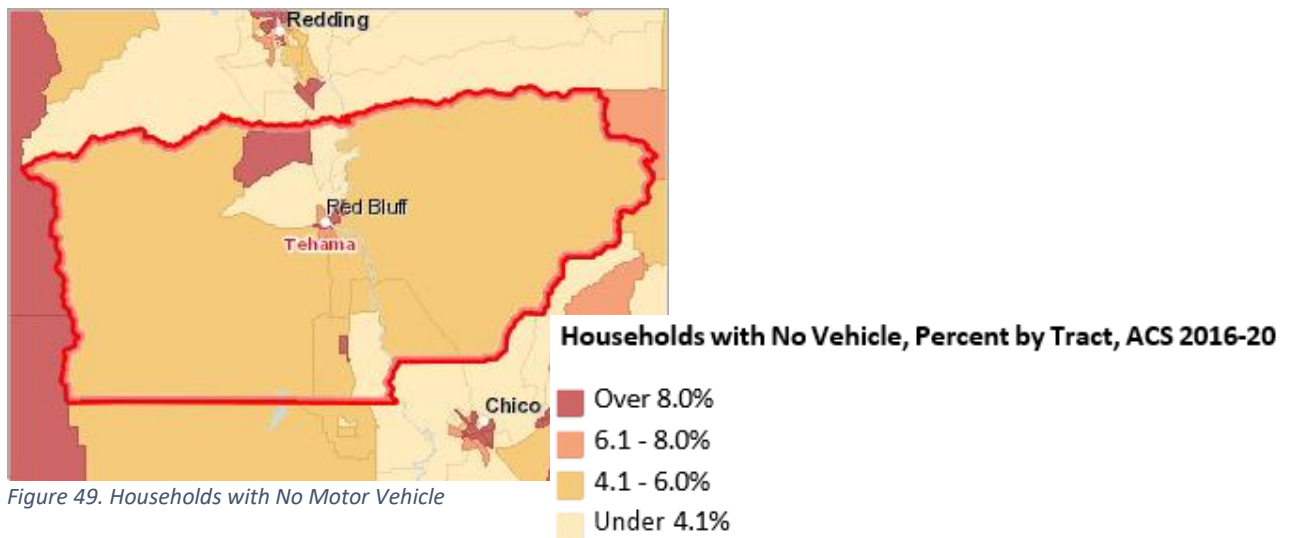


Figure 49. Households with No Motor Vehicle

Digital Connectivity and Internet Access

The COVID-19 pandemic highlighted the need for increased digital connectivity. Common barriers experienced by low-income individuals and families that increase the need to focus on digital connectivity include lack of a reliable internet connection, lack of sufficient devices for connecting to the internet within homes, lack of appropriate devices such as a tablet when students need to work on their coursework, and the cost of broadband internet. Within Tehama County, there has been an expansion of access to digital connectivity due to the focus on linking families to services that emerged during the COVID-19 pandemic.

Computer and Internet Access ⁷²		
Area	Households with No Computer	% Population with a Broadband Subscription
Tehama County	10.7%	83%
California	5.6%	91%
United States	8.1%	88%

Table 79. Computer and Internet Access

Broadband Access ⁷³		
Area	Total Population	Access to DL Speeds > 25 MBPS
Tehama County	64,4994	98.3%
California	39,368,046	98.9%
United States	332,650,128	97.5%

Table 80. Broadband Access

⁷² Community Action Partnership. *Computer and Internet Access*. Retrieved from <https://cap.engagementnetwork.org/>.

⁷³ National Broadband Map. Dec. 2020.



Survey Responses

Transportation emerged as a need for families due to the rural nature of the service area. It was noted as a barrier regarding accessing health care (12% of question respondents), in accessing education (10% of question respondents) and in obtaining/maintaining employment (3% of question respondents). When asked why transportation is a problem in Tehama County the respondents noted the following issues:

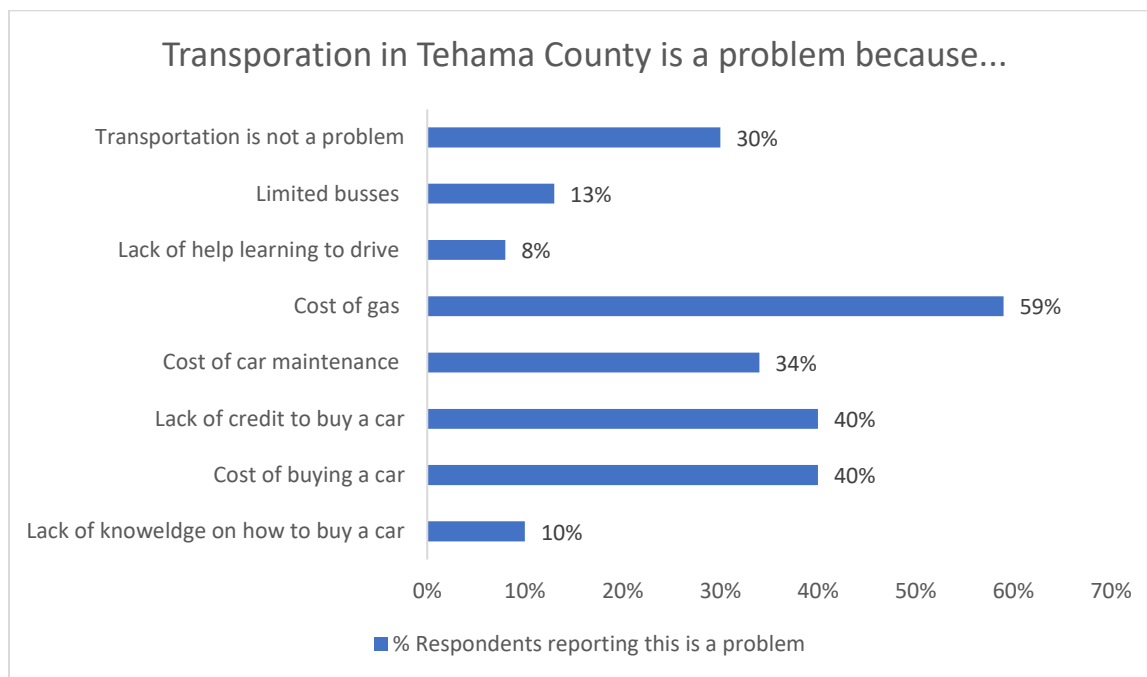


Figure 50. Reasons Transportation is a Problem in Tehama County



Transportation and Communication Key Findings

Tehama County has a transportation system, but still has a larger portion of residents opting out of public transportation, bicycling, or walking to work than the state and the country. Additionally, transportation can be a major obstacle due to the cost of maintaining a car and to limited bus services in the more rural parts of the county. It was noted that bus schedules do not always meet the scheduling needs of families. Tehama County has a comparable percentage of households without at least one vehicle to the state and the nation. However, fewer Tehama County households have computing devices and internet subscriptions than for the nation, but computer access is comparable to rates for the nation.

Head Start Children and Families

NCCDI Head Start Enrollment by Age		
Age	# of Children	% of Enrollment
Under 1 year	27	8.9%
1 year old	33	10.9%
2 years old	58	19.2%
3 years old	82	27.2%
4 years old	102	22.8%
5 years old	0	0.0%

NCCDI Head Start Enrollment by Eligibility Type	
Eligibility Type	# (%)
Below FPL	143 (45.7%)
Public Assistance	41 (13.1%)
Foster Child	10 (3.2%)
Homeless	60 (19.2%)
Other need	32 (10.2%)
100-130% FPL	27 (8.6%)

Table 81. NCCDI Head Start Enrollment by Age and Eligibility Type

NCCDI Head Start Family Type	
Single Parent	Two Parent
113 (42.2%)	155 (57.8%)

Table 82. NCCDI Head Start Family Type

Race and Ethnicity of Head Start Children

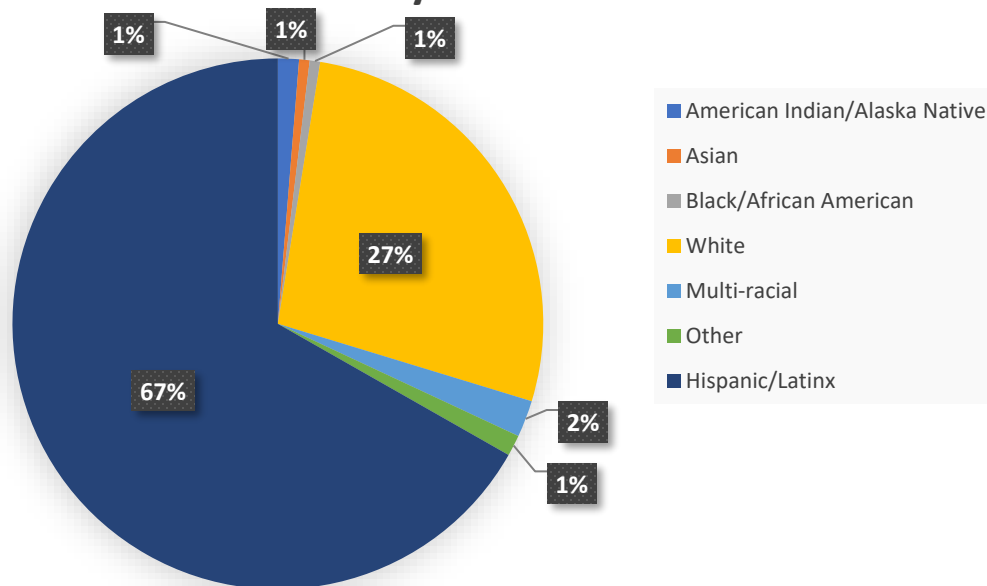


Figure 51. Race and Ethnicity of Head Start Children

Fatherhood Involvement	
Indicator	#
Fathers who engaged in family assessment	169
Fathers who engaged in family goal setting	171
Fathers who engaged in a child's HS experience	14
Fathers who engaged in program governance	5
Fathers who received parenting education	16

Table 83. Fatherhood Involvement