

APPENDIX B. ISSUES COMING FROM DATA, INTERVIEWS AND FOCUS GROUPS

General observations:

- ❑ Children ages 0-4 constitute 6.8% of the population.
- ❑ 64.5% of families with children under six have both parents working and may need child care.
- ❑ The highest rates of poverty in Chesapeake are among
 - The youngest children
 - Children in single-mother families.
- ❑ With 10.8% of children living in high poverty neighborhoods, it may be effective and efficient to focus some efforts on those particular neighborhoods.
- ❑ Given the fact that children of parents not completing high school are five times more likely to drop out of school than children of parents completing high school, Chesapeake should continue working to entice back into education/training the 15% of adults over 25 without a high school diploma.

Visible assets on which to build include, but are not limited to...

- ❑ Decreasing numbers of children needing additional intervention before school, as measured by the PALS-K;
- ❑ Increasing numbers of children receiving child care subsidies—if strategies can focus on improving the quality of care for these low-income children, such efforts will contribute to their school readiness.
- ❑ Chesapeake has demonstrated steady improvement in SOL proficiency rates, which are now higher than statewide averages.
- ❑ The rates of early prenatal care are above state averages.
- ❑ There are home visitation programs in place, though it appears that more families need such services.

Significant challenges include the following:

- ❑ There has been only a slight recent increase in the numbers of children served by VPI. Expanding both the numbers served through VPI and placing such classes in community settings can benefit both the participating children and the quality of community programs.
- ❑ In spite of early prenatal care, the rates of low birthweight babies are somewhat higher than state averages. The five year average for infant mortality was also higher than the state rate; however, recent trends indicate a steady decline from 10.6/1000 in 2002 to 7.5/1000 in 2006. Given the complexity of factors contributing to birth outcomes, the formation of an Infant Mortality Reduction Coalition could be beneficial in exploring and targeting a variety of related issues and ensuring that progress in this area continues.
- ❑ The percentage of eligible children not yet enrolled in health insurance is lower than statewide averages—this offers potential for a highly focused and beneficial effort.
- ❑ Similarly, there are lower rates of testing for lead among children under 6 than the statewide averages. Expanding such testing could be folded into larger screening and service efforts, including developmental screening, early dental screening and application of fluoride varnish, on-time immunizations, and enrollment in a medical home.

Specific comments related to gaps/issues/suggestions:

- ❑ General:
 - Transportation was repeatedly cited as a concern.
 - Participants in focus groups stressed the need for coordination in service delivery, expressing a wish for a single portal of entry for services.

- There was an additional wish for a regional measure of kindergarten readiness, with widespread publicity among parents and early childhood educators regarding this checklist.
- An observation was made that Chesapeake has several distinct neighborhoods, and that planning should include neighborhood-specific strategies and services.
- As a city plan is developed, city grants should be given in accordance with the plan.
- Availability of child care and early education:
 - The number of spaces for full-day, full year early care and education in SHR is insufficient for the demand. The most pressing need is to expand the availability of infant/toddler child care.
 - The child care capacity in Chesapeake (per 100 children, 0-12) was 26% in 2007—which should be compared to about 64% of children living in families in which all parents work.
 - Focus groups indicate a need for child care for teen parents, in order to encourage these moms to remain in school.
 - There are unfilled slots for VPI, as well as a waiting list, and the number served has remained constant across several years. There should be an exploration to explore ways both to expand the number of children receiving public pre-K and to offer such classes in child care settings, using this as a vehicle to further improve quality.
 - If there is no Early Head Start program serving the Chesapeake area, there should be an application to the Federal government to offer such services.
- Cost of child care:
 - The cost of child care in Chesapeake significantly exceeds the reimbursement rate offered by the state, and is burdensome for most private-pay parents. Perhaps one result of this fact is that only 42% of child care programs in Chesapeake accept child care subsidy in payment for their services. Therefore, it will be important to
 - First, create a local fund to supplement the subsidy reimbursement rate and entice additional providers to accept subsidy, thus increasing access to care (and hopefully, higher quality care.)
 - Advocate with the state to increase subsidy reimbursement rates and to require a higher level of quality for children receiving child care subsidies, in order to avoid having children already disadvantaged by low income be further disadvantaged by poor quality child care.
 - In 2004, there were 600 children on a waiting list for child care subsidy. A task force should explore ways to reduce the number of children/families waiting for child care subsidies, as well as to identify/address the difficulties faced by working low-income families in managing the cost of child care.
- Quality of care:
 - A minority of child care providers have Associates degrees or higher.
 - Less than half of child care providers have more than 5 years experience.
 - The annual turnover rate of child care staff in Chesapeake is 22%.
 - There are only 3 accredited early childhood education programs in Chesapeake. An effort providing technical assistance and incentives for programs to pursue either accreditation and/or to participate in a pilot Quality Improvement Rating System would be important.
 - *All of the above facts underscore the importance of designing support and incentives to increase both the educational levels and compensation rates of those providing early care and education.*

□ School readiness:

- In 2003, 16.2% of students entering kindergarten in Chesapeake were assessed as needing additional intervention. By 2006, that percentage had dropped to 13.7%. If there are not already focused efforts to continue reducing that number (by identifying/serving children at ages 3 and 4 most likely to fall in that group) and to provide remediation to any arriving at school poorly prepared, a task group should bring recommendations for such approaches.
- Chesapeake is to be commended on the fact that SOL proficiency rates are higher than state averages; however, 15% of students were less than proficient in English/Reading at 3rd grade.
- While dropout rates for 9th-12th grade have declined significantly since 2003 and the graduation rates are higher than state averages, it is still important to note that the graduation rate is still at 83.5%, leaving a number of students without a diploma.

□ Family support:

- Given the correlation between a mother's education and a child's educational success, the fact that 324 babies in 2004 were born to women with less than high school should be a focus of efforts. Note: the percentage of babies born to mothers with less than a 12th grade education remained constant at 11% between 2003 and 2005. Could these women be targeted at the time of birth and offered a route to return to school?
- Teen pregnancy was cited as a strong concern in Chesapeake, with 30% of teen mothers having repeat pregnancies within two years.
- It is also important to note that the rate of non-marital births in Chesapeake remains significant (34%), especially given the economic vulnerability of children living in single-mother families.
- What services are needed to support the 2,184 grandparents responsible for their grandchildren?
- Housing costs are high in Chesapeake (\$1,423/month per unit with mortgage and \$786 gross rent—with 8,632 renters expending \geq 30% of their household income on rent.) About 25% of the population rents their home. These facts may also contribute to the fact that almost 50% of the population moved between 1995 and 2000. Does Chesapeake have a strong IDA program or something similar to support increased home ownership?
- About 856 children receive home visiting services currently; obviously, many more families could benefit from such services. It would be advisable for a task force to explore ways to provide effective and on-going information and support to parents, as a way of ensuring both effective parenting skills, knowledge of child development, and understanding of available services in the community.

□ Health:

- Chesapeake is to be commended on its high rates of early prenatal care (89.1% in 2006), which have been consistently higher than the state averages. How might this rate continue to be increased?
- Likewise, the rate of births to teens has generally been lower in Chesapeake than across the state. However, there are still significant numbers of births to adolescents, which provides two challenges:
 - How might that birth rate be decreased?
 - How can high quality care be provided to these infants, simultaneously allowing these teens to remain in school and offering a nurturing start in life to their infants? (In other words, what is a comprehensive approach to serving this population?)

- The low birth weight of babies in Chesapeake is slightly higher than the rate in the state. Factors contributing to this should be explored and addressed.
- The testing rate exploring children that might have elevated lead levels is almost half of that state rate of testing, although the rate has increased. Continuing to increase testing rates would be a valuable piece of work.
- Only about 1% of children under 3 were served with early intervention, while in the 5-15 age group, 7.5% of children had one or more disabilities. These facts would support efforts to expand the availability of such services.
- 1,315 children eligible for either Medicaid or FAMIS in 2004 were not yet enrolled in either (and there were still 11% of children not enrolled in 2006)—and health providers note that children without insurance do not receive the services they need.
- It appears that less than those eligible receive food stamps.