

## **GOAL II: HEALTHY, THRIVING CHILDREN**

### **A. GENERAL COUNTY STRENGTHS AND ASSETS IN GOAL II**

- Community recreation programs
- City libraries
- Arts council
- Asset building through mentoring programs

### **B. LOCAL FACTORS AFFECTING THE DATA OR PLANNING ANALYSIS**

- Size and terrain of county makes it difficult to access services
- Sense of social isolation in remote areas of county

**Core Area 3: Healthy Growth & Development, Health Care & Practice ☺**

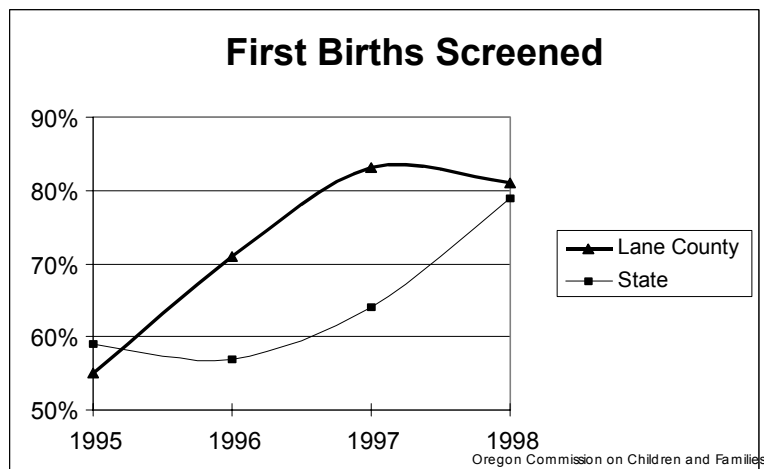
**A. INDICATORS**

Core Area 3 Indicators	Data Source	Oregon Benchmark	Chart	County Impact
<b>State Agency Data</b>				
• First Births Screened	OCCF	–	Fig. 28	☺
• Infants Whose Mothers Used Alcohol During Pregnancy	OCCF (OHD-VS)	#56a	Fig. 29	☺
• Infants Whose Mothers Used Tobacco During Pregnancy	OCCF (OHD-VS)	#56b	Fig. 30	☺
• Infants Whose Mothers used Illicit Drugs During Pregnancy	OCCF (OHD-VS)	–	Fig. 31	☺
• Percent of Babies with Adequate Prenatal Care	OCCF (OHD-VS)	#44	Fig. 32	☺
• Infant Mortality	OCCF (OHD-VS)	#45	Fig. 33	☺
• Infants with Low Birth Weight	OCCF (OHD-VS)	–	Fig. 34	☹
• Attempted Youth Suicide	OCCF (OHD-VS)	–	Fig. 35	☹

☺ = good, positive trend

☺ = neutral, unclear trend – too variable, not enough data points, or too subjective

☹ = bad, negative trend



The percent of first birth children screened by a home visitor from the Healthy Start program generally increased in Lane County as well as the state as a whole between 1995 and 1998. This indicator, more than most others, is directly related to program funding levels.

Figure 28

The self-reported use of alcohol, tobacco, and other drugs by mothers during pregnancy has been variable but generally decreasing in Lane County and the state as a whole since 1990. The county met the statewide benchmark goal of 2 percent in 1996 for pregnant women who use alcohol during pregnancy, and dropped below the goal in 1997 and 1998.

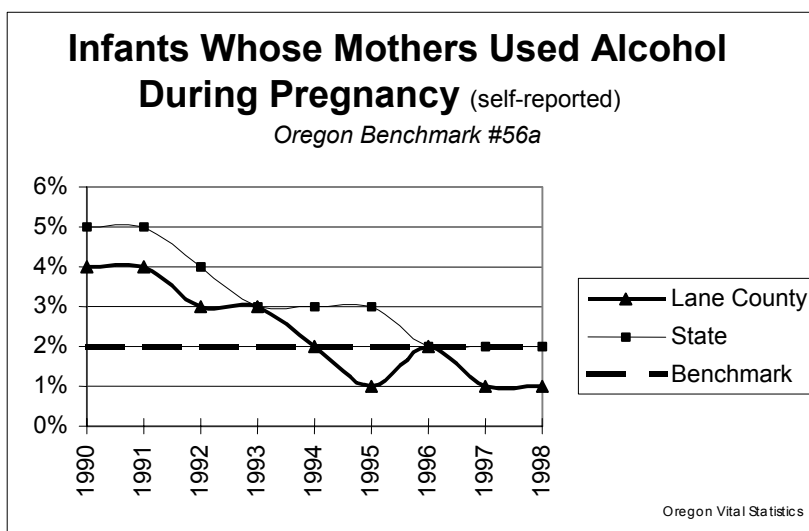


Figure 29

The statewide benchmark goal for infants born to mothers who used tobacco during pregnancy is 15 percent. The county and state have been above this goal since 1990 when 22 percent of infants had mothers who used tobacco during pregnancy through 1998 when the county dropped to 17 percent, and the state dropped to 16 percent.

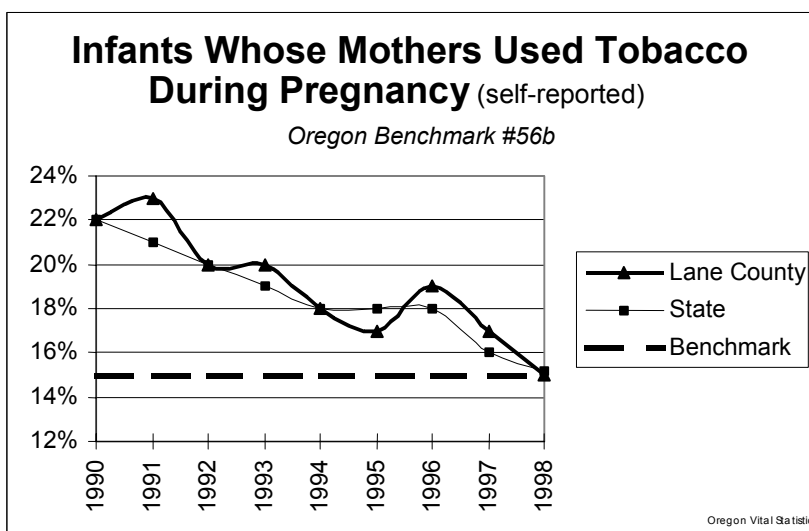


Figure 30

percent – close to meeting the benchmark goal.

The percent of babies born to mothers who reported using illicit drugs during pregnancy has been variable but generally dropping downward since 1990. In 1998, the percentage was roughly 0.25%.

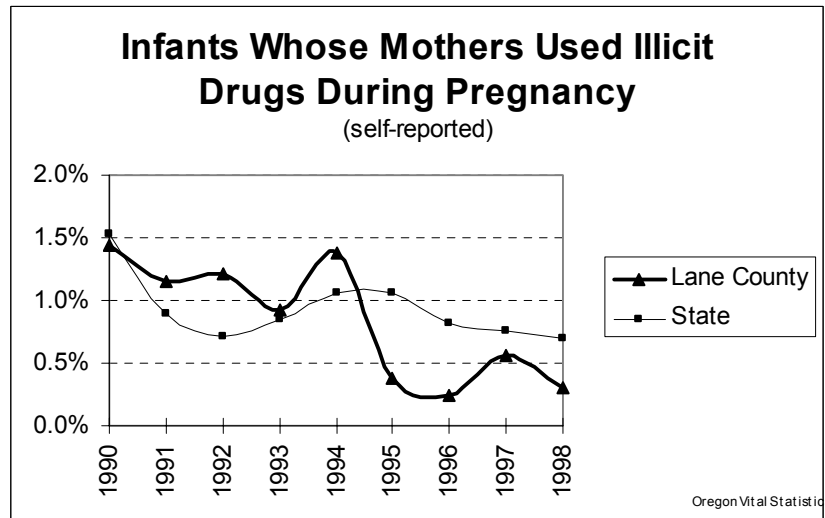
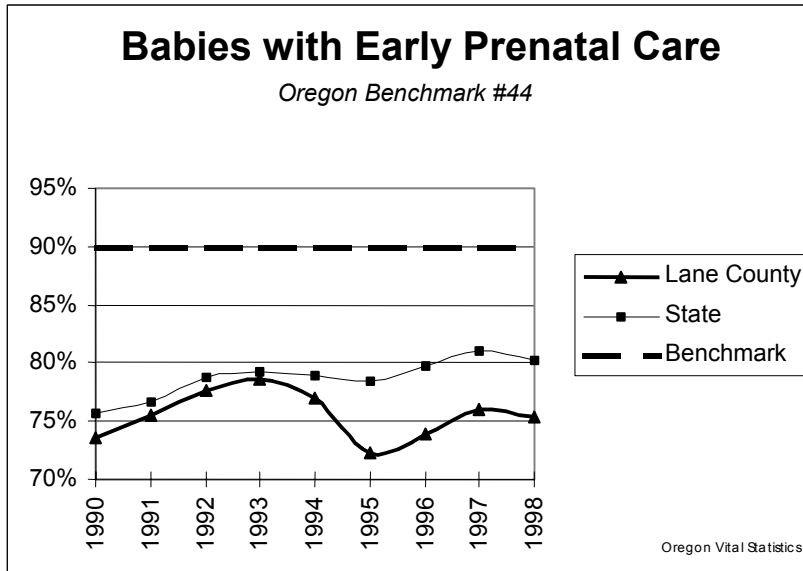
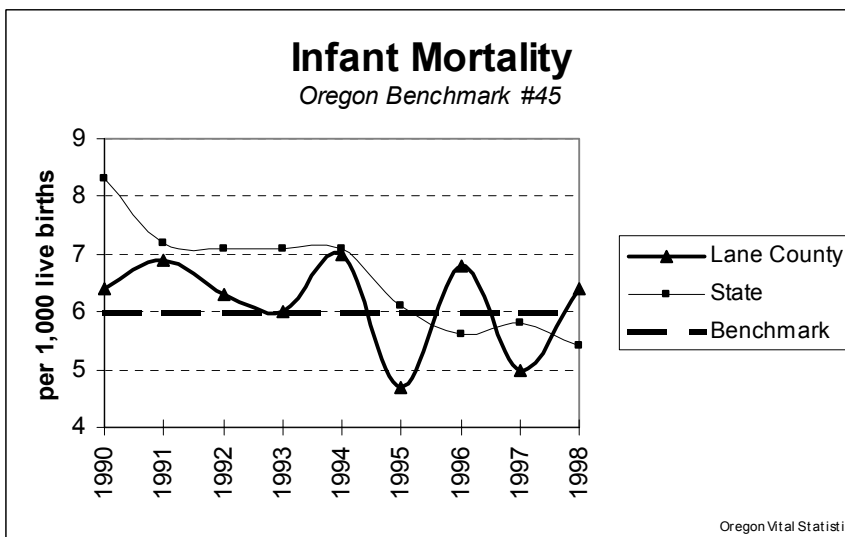


Figure 31



The statewide benchmark goal for babies whose mothers received early prenatal care is 90 percent. The state and county are well below that goal. Since 1990, the trend has been variable. In the last few years the gap has been widening. In 1998, only 75 percent of babies in Lane County received early prenatal care compared to 80 percent for the state as a whole.

Figure 32



The infant mortality rate in Lane County has been too variable to analyze a trend. The statewide benchmark goal is 6 deaths per 1,000 live births. During three years since 1990, Lane County's rate met or was lower than the benchmark goal. The

Figure 33

state's trend has been more consistently downward during the same time period.

The rate of infants with low birth weight has been variable but generally increasing since 1990. One possible factor affecting this upward trend is the increase in the teen pregnancy rate (Core Area 7 indicator) and the propensity for teens to give birth to lower weight babies.

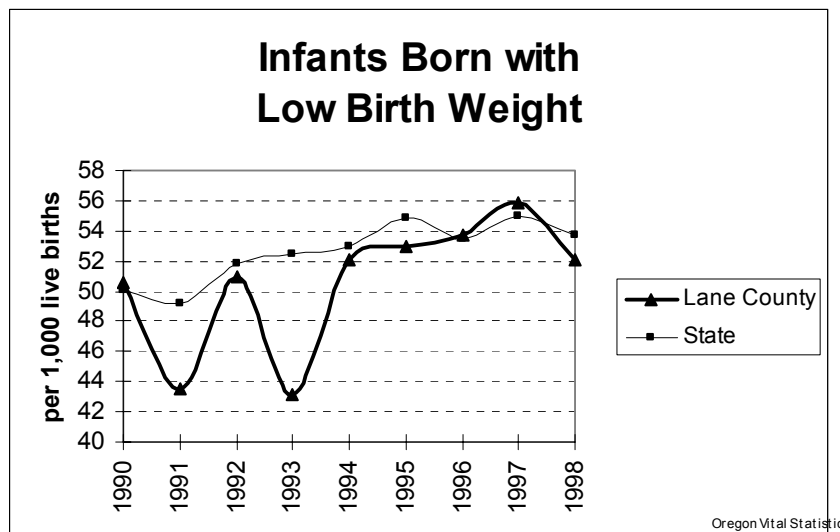
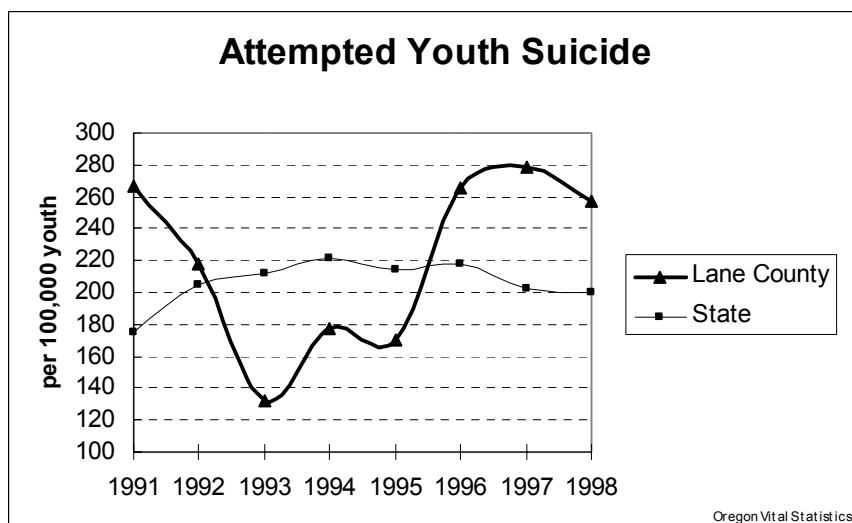


Figure 34



Attempted suicide by youth has been variable but has increased significantly since 1993. The state's rate has been more stable and the trend is relatively flat.

Figure 35

**Community Survey 2000**

- Sixty-five percent of the respondents in the *Community Survey 2000* have needed health and medical care and 55% found services for their needs in the community. Of those that used community services, 70% felt their need was met 'completely,' 29% 'partly,' and 1% 'not at all.' The biggest barriers identified by those whose need was not met were 'lack of health insurance' (27%), 'too costly,' (25%), and 'non-existent in community' (20%).
- Fourteen percent of respondents in the *Community Survey 2000* indicated a need for help with child physical, emotional, or mental disability, and 9% found community services. Of those who used services, 32% felt the services met their

needs 'completely,' 62% 'partly,' and 5% 'not at all.' The biggest barriers identified were 'non-existent in community' (28%) and 'too costly' (12%).

- Twenty percent of respondents in the *Community Survey 2000* indicated a need for a mentor, role model, or tutor for child, and 11% found services. Of those who used services, 41% felt their need was met 'completely,' 57% 'partly,' and 2% 'not at all.' The biggest barrier identified was 'lack of info/knowledge' (34%).
- Twenty-three percent of the respondents in the *Community Survey 2000* identified a need for help for child learning disorder, learning delay, and school enrichment, and 15% found services. Of those that used services, 45% felt that their needs were met 'completely,' and 55% 'partly.' The biggest barrier identified was 'non-existent in community' (36%). It appears that some respondents in the *Community Survey 2000* accessed services in another community, such as Eugene-Springfield.

## **B. COMMUNITY STRENGTHS AND ASSETS IN CORE AREA 3**

- Alcohol and drug residential care for pregnant women and women with children
- Early, comprehensive prenatal care
- Local expertise in children's behavior and mental health
- Assessment and therapy
- Well child programs
- Asset building through mentoring programs
- Low cost prenatal care clinic
- Family resource centers
- Services for Latino families
- Child advocacy center
- Breastfeeding task force
- Safety seat task force
- Arts program for kids with disabilities

## **C. GAPS AND BARRIERS IN SERVICE SUPPORTS IN CORE AREA 3**

### **Children 0-8**

- Need to fund treatment for pregnant and parenting teen girls and their children
- System of universal screening of all newborns and their families, children 2-3, and entering school
- Waiting lists, hours of service
- No system of early follow up for newborns
- Early pre-school with developmental services
- System of universal screening of all newborns and their families, children 2-3, and entering school
- Affordable health care and health insurance
- Affordable children's mental health services
- Spanish language/culture therapeutic nursery
- Therapeutic nurseries for all young children of at-risk families

- Affordable recreation programs
- No system of early follow up for newborns
- Families unable to afford the minimum contribution for OHP participation
- Community norm of not needing early stimulation and interaction

### **Families**

- Universal parenting education home visiting
- Confusing health care system, restriction on available providers and medications
- Inability to afford minimal contributions for OHP participation
- Waiting lists, hours of service

### **Specific Cultural/Ethnic Groups**

- Interpreters and bilingual teachers to serve the increase in Spanish-speaking children and families
- Programmatic cultural sensitivity
- Fear of law, deportation

### **Gender-Specific Needs**

- Need to fund treatment for pregnant and parenting teen girls and their children

### **Rural**

- Location of service
- Child development specialist
- Referral, follow up with public mental health agencies
- School-based mental health prevention
- Crime prevention through environmental design (CPTED)

## **D. SUMMARY OF FINDINGS FOR CORE AREA 3**

- With the exception of low birth weights increasing, infants are doing fairly well in Lane County – there are more first births screened, and there has been a decline in use of alcohol, tobacco, and drugs by pregnant women
- Attempted youth suicides, however, has increased significantly since 1993
- Services needed by residents are often not available in their area

**Core Area 4: Child Care and Education**



**A. INDICATORS**

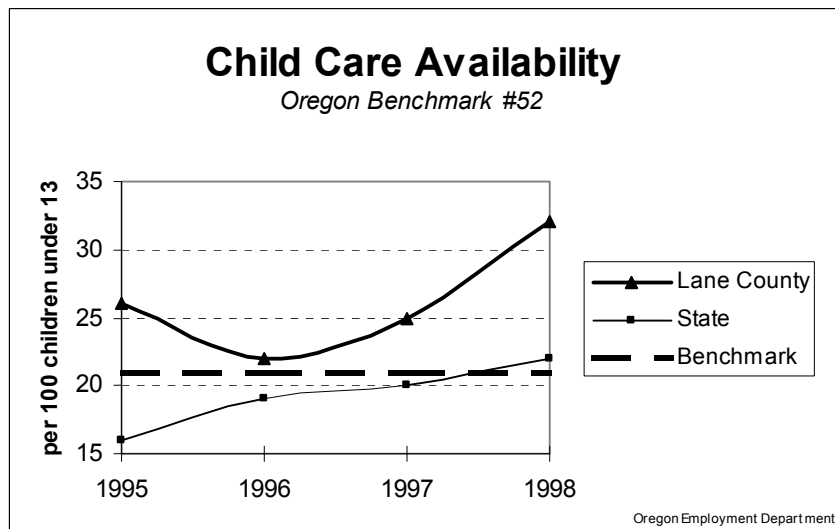
Core Area 4 Indicators	Data Source	Oregon Benchmark	Chart	County Impact
<b>State Agency Data</b>				
• Child Care Availability	OCCF (OED)	#52	Fig. 36	☺
• Average Daily Non-Attendance	LCPC (OED)	–	Fig. 37	☺
• 3rd Grade Math	OCCF (OED)	#24a	Fig. 38	☺
• 3rd Grade Reading	OCCF (OED)	#24b	Fig. 39	☺
<b>Local Data</b>				
• Child Care Slots/Availability	LCC	–	–	☺/☹

☺ = good, positive trend

☹ = neutral, unclear trend – too variable, not enough data points, or too subjective

☹ = bad, negative trend

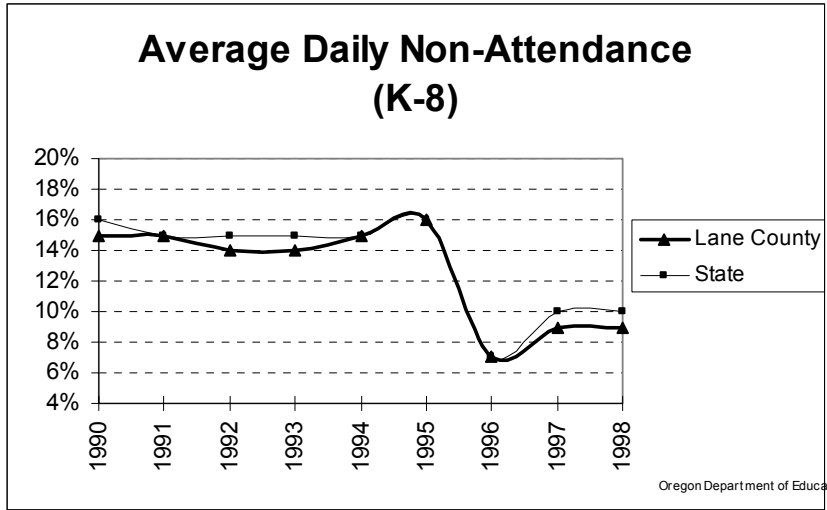
Child care availability has generally increased since 1995 in Lane County and statewide. Lane County has been above the statewide benchmark goal for the time period that the trend data were collected. The benchmark goal is 21 child care slots per 100 children under age 13 – Lane County had 32 in 1998.



**Figure 36**

*Lane Family Connections* at Lane Community College maintains a database of local childcare providers. The database includes over 800 childcare programs in Lane County. The estimated capacity in Lane County is about 11,000 childcare slots in June 2000 – of those slots approximately 2,700 were available on June 30<sup>th</sup>.

Based on the LCCF *Community Survey 2000*, there is a perception in the community that there is not enough child care available, yet 24 percent of the slots were vacant (over 2,700) at the time the survey was done according to the LCC *Lane Family Connections* child care provider database (see Appendix G).



Attendance in kindergarten through 8<sup>th</sup> grade has generally improved since 1990. The state and county trends for the last decade have been virtually identical. In 1990 the average daily non-attendance in Lane County was 15 percent. In 1998 it lowered significantly to 9 percent.

Figure 37

The number of 3<sup>rd</sup> graders who achieved established skills in reading and math improved between 1997 and 1999. During this three-year time period, the county trends were consistently above the trends for the state as a whole. Data from earlier years can not

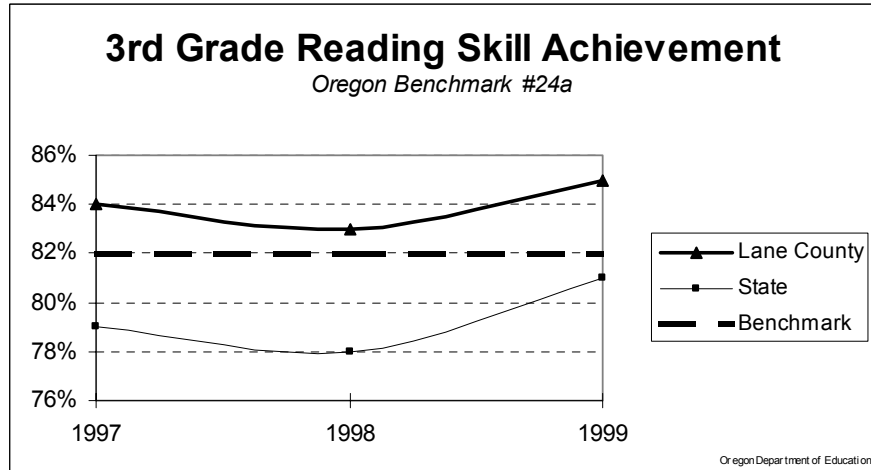


Figure 38

be used because they are not comparable with performance standards adopted in 1996. Lane County students exceeded the statewide benchmark goal in reading skill achievement for each of the three years. In math skill achievement Lane County exceeded the benchmark goal in 1999.

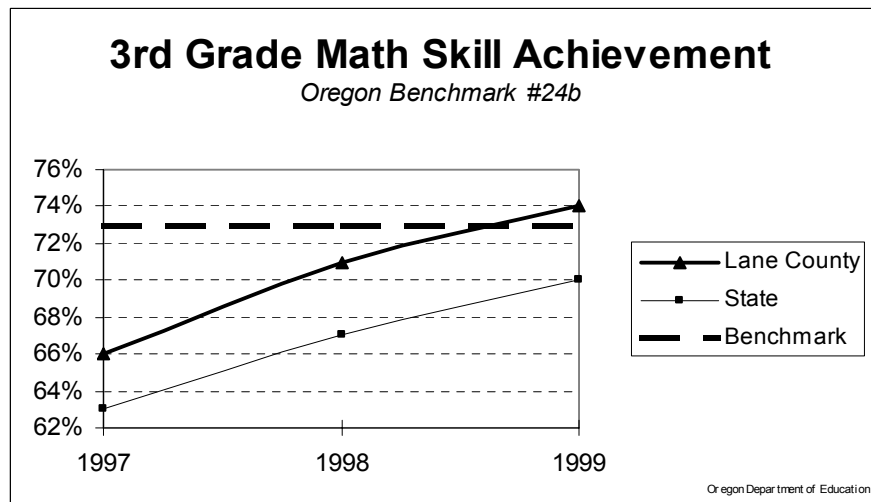


Figure 39

### **Community Survey 2000**

- Thirty-two percent of the respondents in the **Community Survey 2000** indicated a need for childcare, and 23% found childcare services. Of those that used the services, 66% felt they met their need 'completely,' and 34% 'partly.' The biggest barriers identified were 'too costly' (31%), 'non-existent in community' (21%), and 'other agency barriers' (12%) such as wait lists, red tape, elder care, didn't get help after trying. Given that there are numerous childcare slots available in Lane County, further investigation needs to be done into the location, type and quality of service to pinpoint the specific needs.

### **B. COMMUNITY STRENGTHS AND ASSETS IN CORE AREA 4**

- Daycare resource and referral service
- Safe Schools mental health system
- Alternatives to disciplinary actions
- Links between schools and community coalitions
- School-based programs outside school hours
- Respite care – in home and after school
- Therapeutic nurseries
- Child development centers in high schools
- Childhood education expertise at local university/college
- Educational liaison for children with disabilities
- Migrant education
- School district's special education program
- Family resource and referral services
- School-based violence prevention programs
- Regional programs for students with hearing, visual, or orthopedic disabilities
- Local expertise in educational research

### **C. GAPS AND BARRIERS IN SERVICE SUPPORTS IN CORE AREA 4**

#### **Children 0-8**

- Data from *LCC Lane Family Connections* indicates that Springfield, River Road, Bethel have good coverage for infant, toddler and older kids, but all other areas including Eugene have very limited infant and toddler care.
- Affordable, accessible preschools
- Quality childcare
- Childcare for children with illnesses
- Infant/toddler childcare
- Accessible childcare throughout the county
- Affordable after school care
- Employer-supported childcare
- Childcare provider training
- Early reading/mentoring programs in all schools
- School personnel knowledgeable in community resources

- School-based screening and assessment
- School-based mental health prevention
- Consideration of working parents in school scheduling and after school programs, i.e., coordinated school-based after school programs

### **Children 9-12**

- School-based screening and assessment
- School-based mental health prevention
- Quality childcare
- Childcare for children with illnesses
- School personnel knowledgeable in community resources
- Accessible childcare throughout the county
- Affordable after school care

### **Families**

- The main areas of difficulty in finding service are infant/toddler; non-traditional hours; quality of service; “sick” childcare. Staff at LCC *Lane Family Connections* said that a significant portion of the vacant slots are in low quality care sites.
- Community norm that undervalues and underpays childcare providers – makes it difficult to attract competent, trained childcare workers

### **Specific Cultural/Ethnic Groups**

- Spanish language/culture early intervention services
- Limited non-English services
- Programmatic cultural insensitivity

### **Special Needs Children and Youth**

- Child care for children with special needs

### **Rural**

- School partnership with law enforcement
- Data from LCC *Lane Family Connections* indicates that Springfield, River Road, and Bethel have good coverage for infant, toddler and older kids, but all other areas including Eugene have very limited infant and toddler care. In addition, there is no available childcare in Mapleton, Triangle Lake, Swiss Home, Fall Creek, Lowell, and Dexter, and limited availability in Marcola, Oakridge, Walterville, McKenzie Bridge, Vida, and Florence.

## **D. SUMMARY OF FINDINGS FOR CORE AREA 4**

- Lane County appears to be doing well in the area of childcare and education – all indicators are improving
- While the number of childcare slots appears to be sufficient on the surface, more analysis of the childcare situation is needed to determine if the type, location, and quality of childcare matches the specific needs county residents

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