



California
Report Card



Focus on
Children in
Immigrant
Families

2004

**CHILDREN
NOW**
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Children Now is a research and action organization dedicated to assuring that children grow up in economically secure families, where parents can go to work confident that their children are supported by quality health coverage, a positive media environment, a good early education, and safe, enriching activities to do after school. Recognized for its expertise in media as a tool for change, Children Now designs its strategies to improve children's lives while at the same time helping America build a sustained commitment to putting children first. Children Now is an independent, nonpartisan organization.

Introduction

Nowhere in the country does the phrase “we are a nation of immigrants” have greater relevance than in California. Nearly half of all children (48 percent) in the state have at least one parent born outside the United States.¹ Like U.S.-born parents, immigrant parents face challenges in ensuring their children have access to health care, child care and education, and are economically secure. Yet immigrant parents often encounter additional barriers because of limited English proficiency, citizenship status, and the challenge of transferring their education and work experiences to California’s economy. Although four-fifths (82 percent) of children living in immigrant families are U.S.-born citizens,² their childhoods are shaped by their parents’ experiences as immigrants.



The *California Report Card 2004* focuses on children in immigrant families to help Californians better understand the lives of almost half of California’s children and families, about whom stereotypes often prevail. The report’s data—obtained from sources such as the 2000 Census, the 2001 California Health Interview Survey and the 1999 and 2002 National Survey of America’s Families—show that:

■ **One in two California children live in immigrant families.**

- Most immigrant families in California have full-time workers: 84 percent of all children in immigrant families have at least one parent who works full-time.³
- Among California children in low-income families, those in immigrant families are much more likely to have a parent working full-time (74 percent) than those in native families (44 percent).⁴
- Children in immigrant families are more likely to be poor and live in crowded housing.
- Poor children in immigrant families are less likely to receive food stamps than poor children in native families.

■ 84 percent of California children in immigrant families have at least one parent who works full-time.



Table 1: Top 15 Countries of Origin for Immigrants Entering California, 1992 and 2002 (by number of persons)

1992	2002
Mexico	Mexico
Vietnam	Philippines
Philippines	China
El Salvador	India
China	El Salvador
Taiwan	Vietnam
India	Guatemala
Iran	Iran
Armenia	Korea
Korea	Taiwan
Hong Kong	Nicaragua
Laos	Ukraine
Japan	United Kingdom
United Kingdom	Russia
Guatemala	Canada

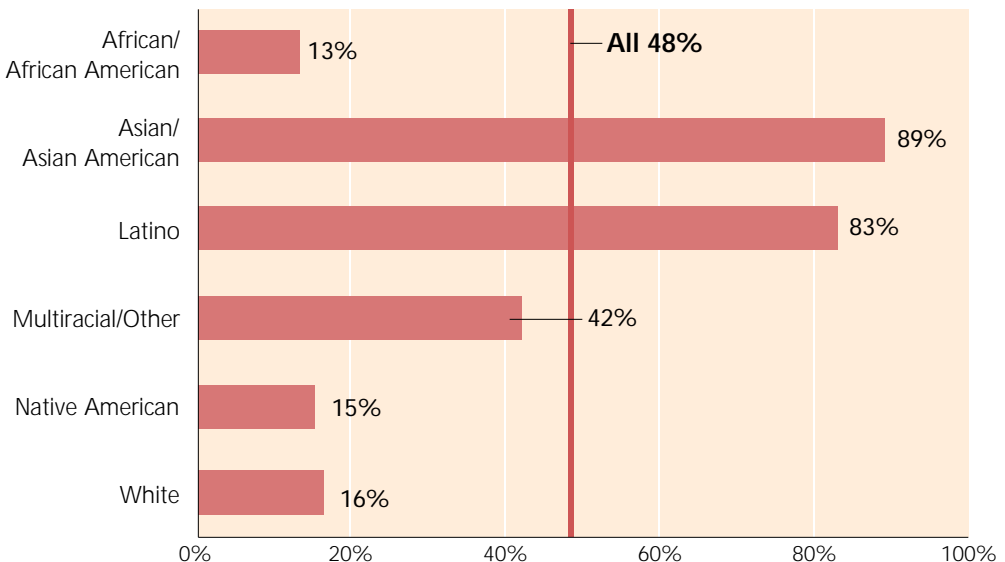
Source: State of California, Department of Finance analysis of INS data.⁵

- Children in immigrant families are less likely to have health insurance coverage from their parents' employers and, though public programs help, they are more likely to be uninsured than children of non-immigrants.
 - Children in immigrant families are less likely than children in native families to attend preschool and less likely to participate in after school enrichment activities once in school.
- **Four in five California children living in immigrant families are U.S.-born citizens.**

California's diverse child population enriches the state as children share their cultures, languages and experiences with others around them. Creating opportunities for all children to thrive not only improves California's economic and social future, but also provides a model for the country and the world of how best to respond to a changing community.

The *California Report Card 2004* synthesizes new data on California's children in immigrant families, spotlights innovative programs and policies, and makes recommendations for improving children's well-being across our state.

Figure 1: Percentage of Children Living in Immigrant Families, by Race/Ethnicity, California, 2001



Source: Children Now analysis of data from the UCLA Center for Health Policy Research, 2001 California Health Interview Survey.

Family Economic Security



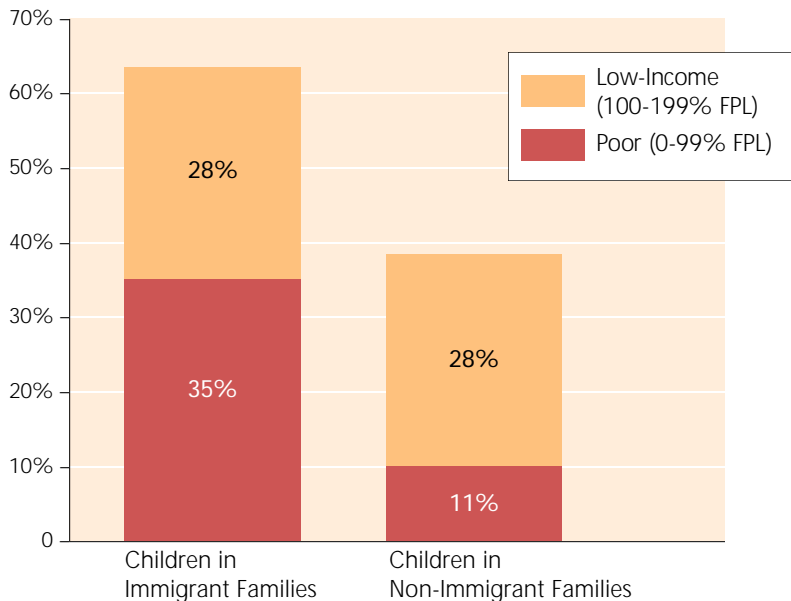
Working Families and Children’s Economic Status

The vast majority of California children in immigrant families—84 percent—have at least one parent who works full-time.⁶ In comparison, 72 percent of children in native families have at least one parent who works full-time.⁷ Among California children in low-income families, those with at least one immigrant parent are much more likely to have at least one parent with full-time work (74 percent) than those in native families (44 percent).⁸

Despite immigrant parents’ strong workforce participation, factors such as their limited English proficiency and relatively low levels of formal education make their families more likely to live in poverty than native families. In 2001, children in immigrant families were more than three times as likely as children in native families to live in poverty (35 percent versus 11 percent; see figure 2). Almost two-thirds of California

In California, over three in 10 children in immigrant families live in poverty, while about one in 10 children in native families lives in poverty.

Figure 2: California Children’s Poverty Status by Parents’ Nativity, 2001



Source: Children Now analysis of data from the UCLA Center for Health Policy Research, 2001 California Health Interview Survey.

Note: The Federal Poverty Guidelines for 2001 set the poverty level (FPL) for a family of three at \$14,630.

children in immigrant families (63 percent) lived in low-income families in 2001, meaning they had annual incomes of less than twice the national poverty level.⁹

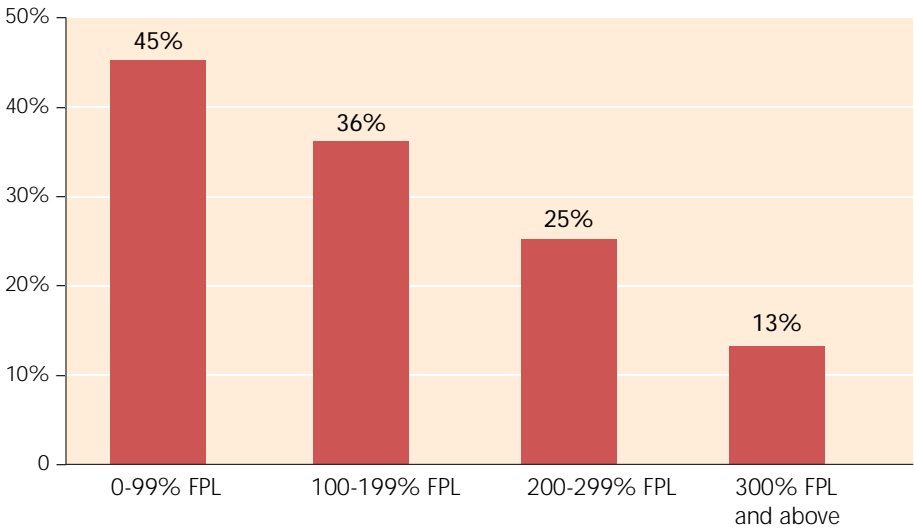
In California:

- About 30 percent of all children live in low-income immigrant families.
- Over three in 10 children in immigrant families live in poverty, while about one in 10 children in native families lives in poverty.
- Over six in 10 children in immigrant families live in low-income households, while four in 10 children in native families live in low-income households.

English Ability and Family Income

Family income for children living in immigrant families is closely associated with their parents' ability to speak English. According to the U.S. Census, households are considered "linguistically isolated" if no household member

Figure 3: Linguistically Isolated* Children in Immigrant Families by Poverty Status, California, 2001



Source: Children Now analysis of data from the U.S. Census Bureau, 2000 Census.

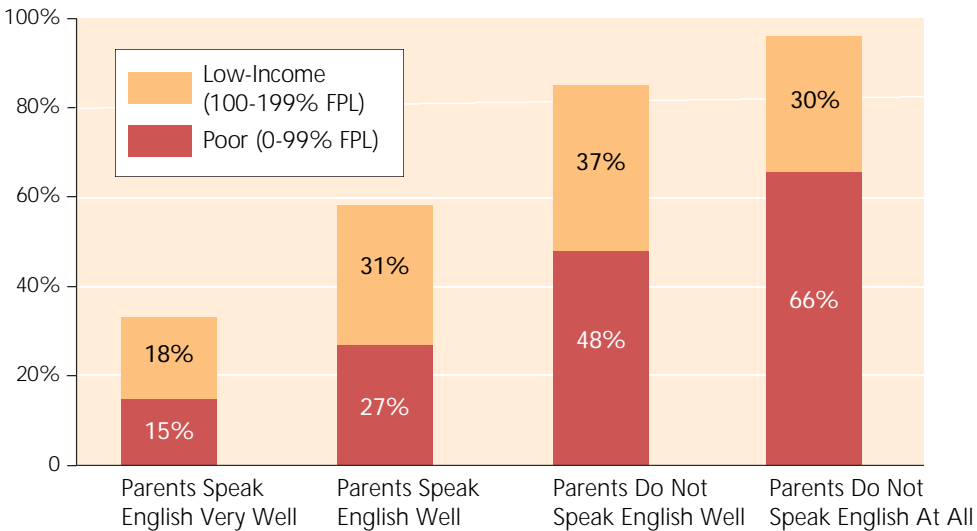
*Linguistically isolated: no one aged fourteen or older in the household speaks English "very well."

aged fourteen or older speaks English “very well.” Over 1.2 million California children in immigrant families are linguistically isolated.¹⁰ Not surprisingly, children in poor immigrant families have the highest rates of linguistic isolation, compounding the challenges they already face in obtaining quality education, child care and health care. Almost half a million (440,140) California children ages 0-17 live in poor, linguistically isolated immigrant families.¹¹ Interpretation and translation services, as well as bilingual teachers and providers, are needed at schools, health clinics and child care programs for these children.

■ 1.2 million California children are linguistically isolated.

For younger California children (ages 0-11) in immigrant families, 45 percent have parents who speak no English or do not speak it well.¹² Among children ages 0-11 in immigrant families, those with parents who do not speak English at all are over four times more likely to live in poverty, and nearly three times more likely to live in low-income households, than those with parents who speak English very well.

Figure 4: Poverty Status of Children of Immigrants (ages 0-11) by Parents’ Ability to Speak English, 2001



Source: Children Now analysis of data from the UCLA Center for Health Policy Research, 2001 California Health Interview Survey.

Note: Figure excludes children whose parents speak only English at home (13 percent of all children in immigrant families).

Nationality, Race and Ethnicity

Because of the political and economic circumstances under which parents from various nations and ethnic backgrounds immigrate to the United States, their children's poverty status varies significantly by race and ethnicity. Immigrants from countries with repressive political practices or ongoing wars are more likely to come to the United States as refugees or asylum seekers.



Other immigrants are more likely to come using work visas or through family reunification programs. Still others come without documentation.

The Asian and Pacific Islander immigrant population in Los Angeles provides an example of the diversity of economic experiences among various ethnic subgroups. More than half of Hmong, more than one-third of Cambodian, and more than

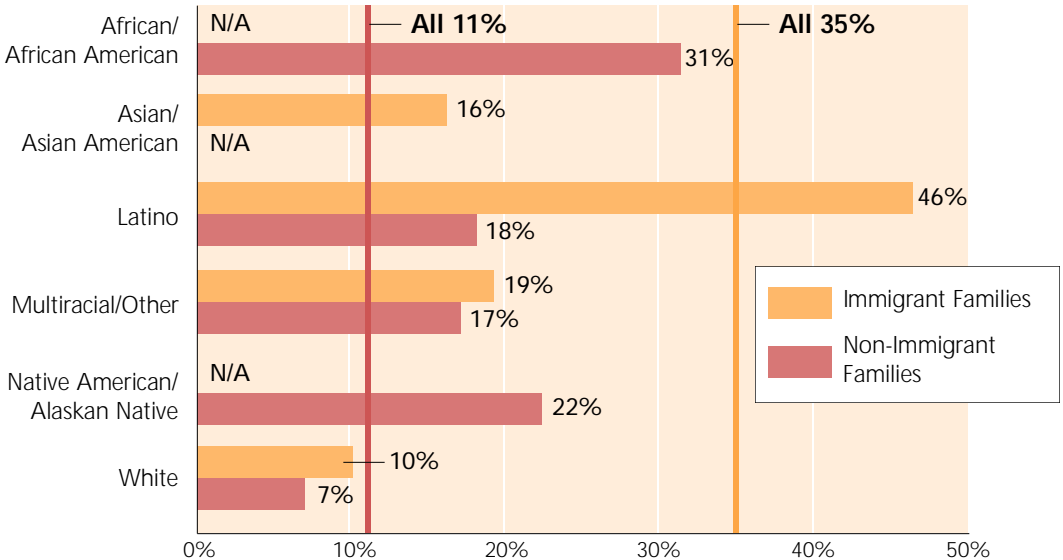
one-quarter of Tongan, Samoan and Bangladeshi people live in poverty, compared to only seven percent of Asians identifying as Filipino or Sri Lankan.¹³ Among other factors, people who enter the United States as political refugees are likely to be extremely poor.

For parents seeking a way to lift their children out of poverty, California is a more viable destination when they do not have to cross an ocean to move here. The proximity of the United States to Mexico and Central America helps to explain why children with parents born in these countries make up the largest share of children in poor immigrant families. Poor parents from Africa, Asia and Europe, on the other hand, are less likely to have the means to come to the United States to seek economic opportunity than are wealthier parents from these continents. Certainly, very poor immigrants from Africa, Asia and Europe do immigrate to California as political refugees or

from countries with limited educational opportunities, but they do so in smaller numbers, resulting in lower overall poverty rates among U.S. children of non-Latino immigrants.

- Nearly half of Latino children of immigrants (46 percent) live in poverty, more than double the rate for Latino children in native families (18 percent).
- The poverty rate for Latino children of immigrants is more than four times as high as the rate for white children of immigrants (10 percent) and nearly three times as high as the overall rate for Asian children of immigrants (16 percent), although certain Asian subgroups have rates of poverty comparable to those of Latino children.

Figure 5: California Children Living in Poverty (less than 100% FPL) by Race/Ethnicity and Parents' Nativity, 2001



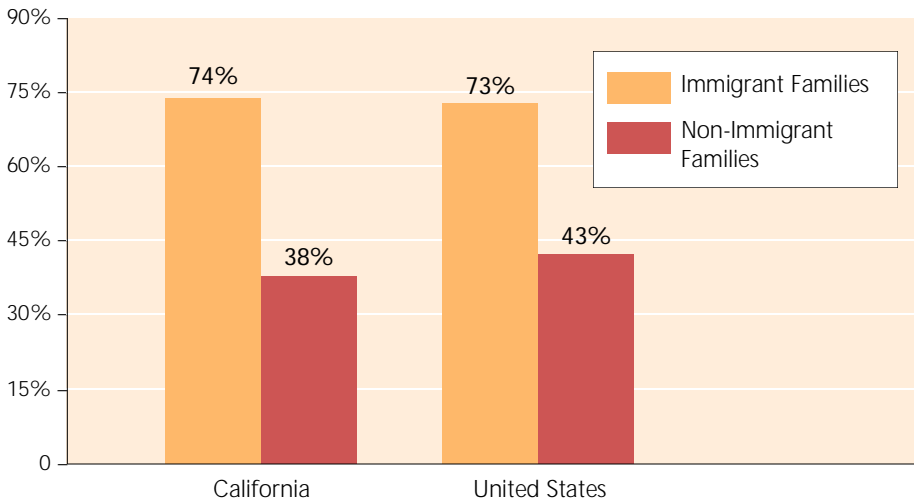
Source: Children Now analysis of data from the UCLA Center for Health Policy Research, 2001 California Health Interview Survey.

Note: Because of the small sample sizes of Native American children in immigrant families, African American children in immigrant families, and Asian American children in non-immigrant families, reliable poverty estimates are not available (N/A) for these subgroups.

Family Structure

According to the 2000 Census, children living in low-income immigrant families are much more likely to live in two-parent homes than those in low-income native families, both nationally and in California.

Figure 6: Percentage of Low-Income Children (less than 200% FPL) Whose Parents are Married and Live Together, 2000



Source: Children Now analysis of data from the U.S. Census Bureau, 2000 Census.

In California:

- 74 percent of children in low-income immigrant families live with two married parents.
- 38 percent of children in low-income native families live with two married parents.

Several widely-promoted policies for reducing childhood poverty—including increasing parents’ workforce participation and decreasing the number of single parent families—thus do not adequately address the factors that contribute to poverty among immigrant families. These policy solutions may be ineffective in California, where three in four poor children live in immigrant families, the vast majority of whom have two married parents and at least one

parent working full-time. Policies that are likely to be more effective in improving families' economic security include English language assistance and job training, assistance with child care costs, health coverage, and supportive wage and tax policies.

Food and Housing Assistance

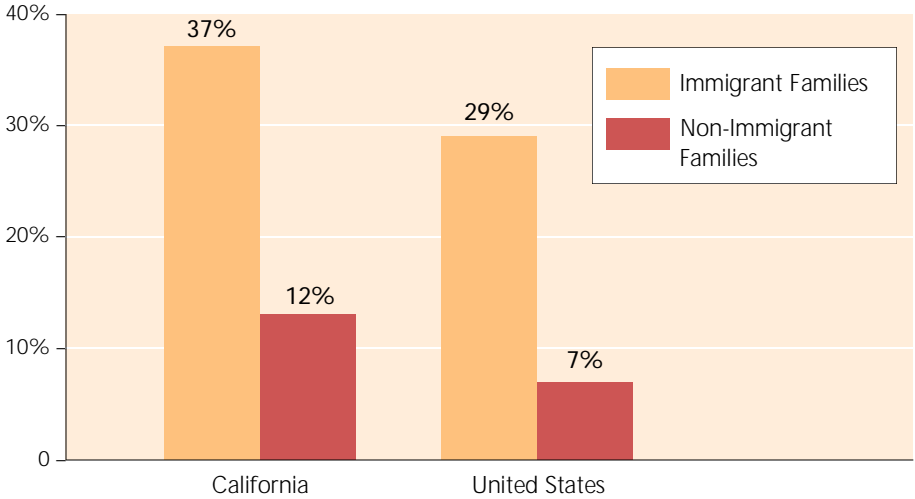
Children living in low-income immigrant families are less likely than children in low-income native families to have access to and utilize economic supports such as housing and food assistance. About one-fifth (23 percent) of both immigrant and non-immigrant families in California spend at least half of their income on housing.¹⁵ But children in immigrant families are much more likely to live in crowded housing (averaging more than two people per bedroom) than children in native families, both nationally and in California. According to the 1999 National Survey of America's Families, California children in immigrant families are three times more likely to live in crowded housing than California children in native families (37 percent versus 12 percent).¹⁶ Children in immigrant families are also nearly three times as likely as children in native families to experience housing hardship without receiving housing assistance (24 percent versus 9 percent).¹⁷



In California:

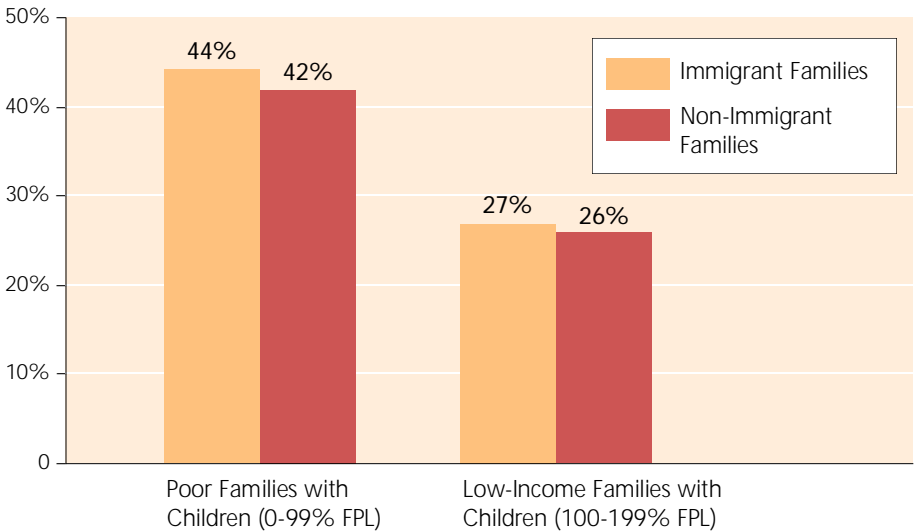
- More than one in three children in immigrant families lives in crowded housing.
- About one in 10 children in native families lives in crowded housing.

Figure 7: Children Living in Crowded Housing* by Nativity of Parents, 1999



Source: Urban Institute, 1999 National Survey of America's Families.
*Averaging more than two people per bedroom.

Figure 8: Food Insecurity* Among Poor and Low-Income Immigrant and Native Families in California, 2001



Source: Children Now analysis of data from the UCLA Center for Health Policy Research, 2001 California Health Interview Survey.

* Food insecurity indicates that parents are not consistently able to afford enough food for their families. This measure of food insecurity is based on parent responses to a six-item scale.

SPOTLIGHT PROGRAM

Economic Opportunity Commission of San Luis Obispo County, Inc./Migrant and Seasonal Head Start

The Migrant and Seasonal Head Start Program (MSHS) of the Economic Opportunity Commission of San Luis Obispo County is designed to serve low-income families in which both parents work in agriculture. San Luis Obispo's program provides preschool and full-day child care for nearly 1,300 children from birth to age five in eight Central Valley and coastal counties. Centers are open Monday through Friday, 10 to 12 hours a day, six months a year. For the very youngest children (under the age of two), they provide care through family child care homes. Nearly 98 percent of the children served live in immigrant families originally from Mexico.

Parental involvement is an integral part of the MSHS program, which aims to empower families by meeting their child care needs, educating them about their rights and reinforcing their values. Through a comprehensive child development program, MSHS targets the health, nutrition, emotional and psychological needs of children and families. All children receive vital physical and dental exams. They are given care and instruction primarily in Spanish, with English incorporated periodically throughout the program.

California has a nine-month agricultural growing season, but MSHS can only stay open for six months because of funding limitations. When the program closes for the season, parents typically rely on other family members to care for their young children. Sometimes, an older sibling will stay out of school or one parent will stop working. Due to insufficient funding levels, the program may soon be forced to limit the number of children it serves.

For more information, please see www.eocslo.org.

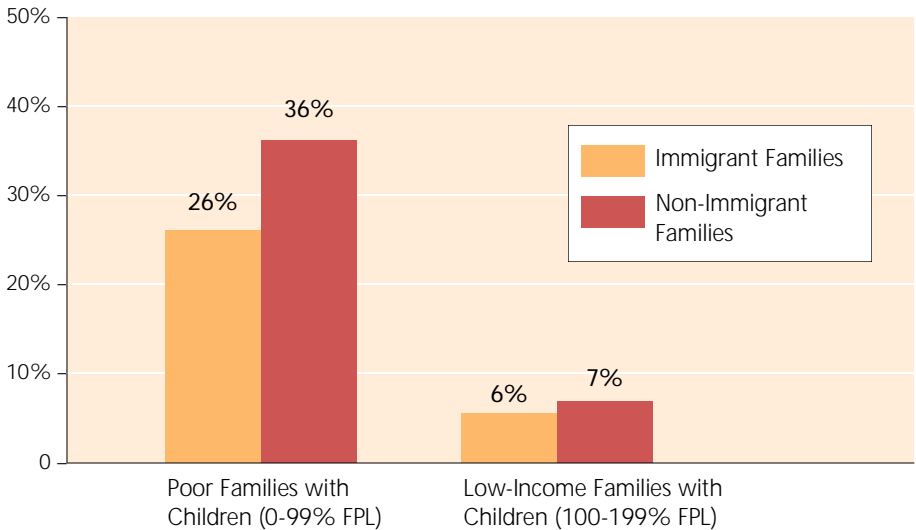
While similar percentages of immigrant and non-immigrant parents in California report experiencing food insecurity (being concerned about having enough food for their families),¹⁸ poor immigrant parents are less likely to have access to government support for purchasing food. One-quarter (26 percent) of California's poor immigrant families use food stamps, compared to 36 percent of the state's poor native families (see figure 9).¹⁹ While both immigrant and non-immigrant families utilize food stamps at low rates, immigrant families face additional challenges because language barriers make

completing food stamp applications more difficult for some parents. Another factor that may influence immigrant parents' food stamp use is a fear of becoming a "public charge." Receiving certain government benefits,



primarily cash assistance, can affect an immigrant's ability to become a lawful permanent resident or re-enter the country after traveling outside of the United States for more than six months. While use of non-cash assistance such as food stamps or health insurance programs for children will not be considered in the public charge determination,²⁰ many immigrant families avoid even those benefits to which they are entitled because of a lack of information about the public charge rules.

Figure 9: Poor and Low-Income Families with Children Receiving Food Stamps by Nativity of Parents, 2001



Source: Children Now analysis of data from the UCLA Center for Health Policy Research, 2001 California Health Interview Survey.

Recommendations

- ▶ Increase resources for and access to adult English as a Second Language (ESL) classes.
 - Ensure widespread access through California community colleges and other delivery systems.
 - Link adult ESL classes to child care, preschool and after school programs.
 - Promote English language programs that are integrated with workforce training.
 - Prioritize English language training as a critical component in workforce investment and welfare-to-work programs.
- ▶ Ensure that the federal Workforce Investment Act (WIA) reauthorization includes language that recognizes immigrants as a hard-to-serve population, appropriates funding and develops integrated training and English acquisition programs for immigrants.
- ▶ Support immigrant parents by investing more in child care programs that are subsidized for low-income families and are culturally and linguistically responsive to the needs of immigrant families.
- ▶ Maintain the state's commitment to programs that invest in immigrant families, including:
 - California Food Assistance Program (CFAP), which provides food stamps for qualified working immigrant families;
 - CalWORKs for Immigrants, which provides cash assistance for children and the relatives who care for them.
- ▶ Fund outreach for these programs, focusing on recruiting individuals in immigrant communities to conduct the outreach in multiple languages and settings.



Child Care, Preschool and K-12 Education



Education has the capacity to serve as a great equalizer. It is a resource that gives children the tools they need to learn during their childhoods and to contribute to society as adults, regardless of family income, parents' educational attainment or citizenship status. For immigrant families, language barriers and lack of familiarity with the California public school system can hinder parents' ability to advocate effectively on behalf of their children. In addition, information from schools—regarding homework, graduation requirements or other matters—may be difficult for them to understand.



Parents' Education

Parental education levels have been shown to be highly correlated with children's educational achievement. The current generation of immigrant parents in California varies widely in educational attainment. Nearly half of immigrant parents in California do not have a high school diploma (48 percent).²¹ They are more than four times as likely to lack a high school diploma than U.S.-born parents (11 percent).²² While parents who have not graduated from high school may place a great value on their children's education, they will likely be less able to help their children with homework and to support their schoolwork in other ways.

At the same time, significant numbers of immigrant parents with high school diplomas also have college degrees. Of those parents with high school diplomas, 35 percent of immigrant parents and 32 percent of U.S.-born parents have four-year college degrees.²³

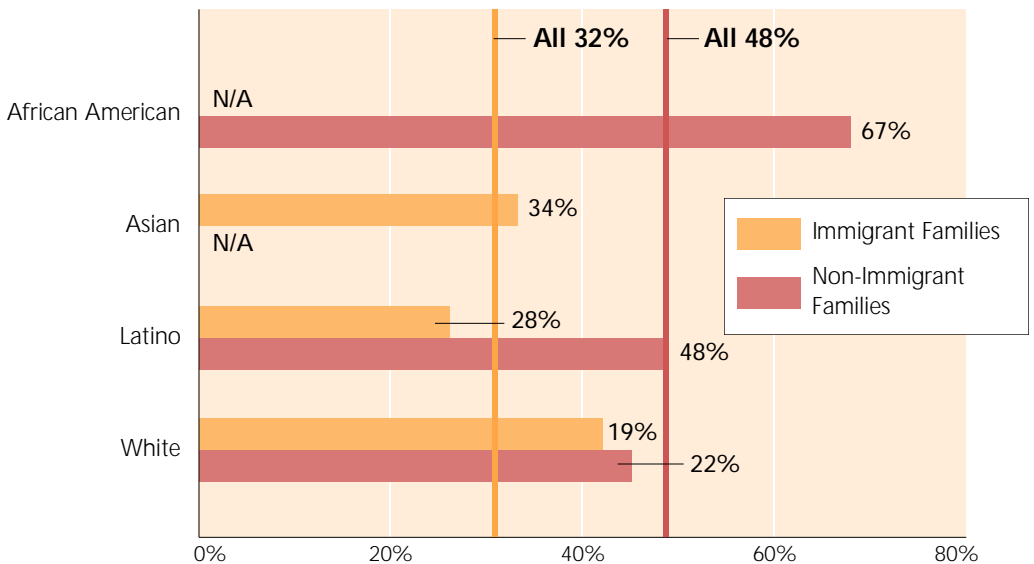
School Readiness

Young children's readiness for school is influenced by a variety of factors, including nutrition, health care and child care. Preschool and quality early care can be instrumental in helping prepare children for kindergarten and beyond. The 2000 Census reveals that children living in immigrant families are less likely to attend preschool than children in native families in

California: 40 percent of three- and four-year-olds in immigrant families attend preschool, compared to 51 percent of three- and four-year-olds in native families.²⁴

Quality child care also promotes children’s learning, in addition to allowing parents to work while their children are in a safe, enriching environment. Through child care programs, parents can receive information about other services for their children and become engaged in their child’s development and early education. Whether or not children are likely to have regular child care arrangements (at least 10 hours per week) varies by immigration status and by race and ethnicity (see figure 10). Nearly half of young children (ages 0-4) with U.S.-born parents have regular child care

Figure 10: California Children Ages 0-4 in at Least 10 Hours/Week of Regular Child Care, by Race/Ethnicity and Parents’ Nativity, 2001



Source: Children Now analysis of data from the UCLA Center for Health Policy Research, 2001 California Health Interview Survey.

Note: Regular child care is defined as at least 10 hours per week of care by grandparents or other family members, child care centers, family home care, or attendance at preschool, nursery school, Head Start or other state programs. Because of small sample sizes, reliable data is not available (N/A) for Native American children, Asian children in non-immigrant families, and African American children in immigrant families.

arrangements (48 percent), compared to only one-third of young children of immigrants (32 percent).²⁵ Of young children with child care, the types of child care arrangements for children in immigrant and non-immigrant families are quite similar (see table 2). Young children of immigrants are slightly more likely to receive care from grandparents or other family members, and slightly less likely to be in center-based care than children in native families. However, children in immigrant families are considerably more likely to be in unlicensed care (27 percent) compared to children in non-immigrant families (10 percent; see table 3).²⁶



Table 2: Type of Child Care for California Children Ages 0-4, by Parents' Nativity, 2001

Type of Care	Immigrant families	Non-Immigrant families
Grandparent or other family member	47%	41%
Child care center, Head Start program, or preschool/nursery school	14%	17%
Home-based care (by non-relatives, including family child care)	32%	39%
Other	7%	3%

Source: Children Now analysis of data from the UCLA Center for Health Policy Research, 2001 California Health Interview Survey.

Note: Type of care is provided for children who have a single source of child care; 35 percent of children of immigrants and 48 percent of children of non-immigrants have more than one source of care and are excluded from this table.

Table 3: Licensing Status of Child Care Centers and Family Child Care Homes for California Children Ages 0-4 by Parents' Nativity, 2001

Licensing Status	Immigrant Families	Non-Immigrant Families
Licensed Care	73%	90%
Unlicensed Care	27%	10%

Source: Children Now analysis of data from the UCLA Center for Health Policy Research, 2001 California Health Interview Survey.

Note: Licensing information excludes data on children who were cared for by relatives, or in their own homes by non-relatives. Data on children who were in both licensed and unlicensed care (about 1 percent of all children in care) were also excluded.

The high costs of center-based care can be prohibitive to low-income immigrant families, leading them to rely more on relative care, home-based care and unlicensed care. Other factors that might influence immigrant parents' choice of the type of child care include child care providers' abilities to accommodate nontraditional working hours and to communicate with parents who speak limited English.



SPOTLIGHT PROGRAM

Wu Yee Children's Services, San Francisco

Established in 1977, Wu Yee Children's Services is a key early care and education provider for low-income San Franciscans and the oldest provider of parent support in San Francisco's Chinatown. Wu Yee operates child development centers for children from birth to age five at six sites in San Francisco: three in Chinatown, two in the Tenderloin and one in Visitacion Valley. They also run the Chinatown Beacon Center, a community center that provides after school programs at four elementary schools. Among their programs is the nationally-recognized Generations Child Development Center, located at On Lok Senior Health Center in Chinatown. In this innovative intergenerational program, children and elders spend several hours together each week in programs designed to build mutually-supportive relationships.

Most families in Wu Yee's programs are recent immigrants. The parents of children in Wu Yee's Chinatown programs work in restaurants, grocery stores and other nearby businesses. They frequently hold two or even three jobs. With little time to focus on learning English, families rely on Wu Yee to help them attain child care and other family support services. While Wu Yee is able to help bridge language and cultural barriers for parents with young children, staff members have identified a number of unmet needs, among them the need for parent support services in their native languages and assistance in navigating the complex California public school system.

For more information, please see www.wuyee.org.

Language & K-12 Education

The diversity of California’s immigrants contributes significantly to the education of all of California’s children. Many California children have the opportunity to grow up in bilingual families. At the same time, California

■ **From 1990 to 2000, the percentage of school-age children speaking a language other than English at home increased from 35 percent to 43 percent.**

teachers and school districts are faced with the challenge of teaching large numbers of students who are not fluent in English.

From 1990 to 2000, the percentage of California school-age children (ages 5-17) speaking a language other than English at home increased from 35 percent to 43 percent. Yet, in 2000, three in five children who spoke a language other than English at home also spoke English very well, signifying an increase over the decade in the percentage of children who are bilingual. The percentage of school-age children living in linguistically isolated households remained at 13 percent during the decade.²⁷ Linguistic isolation makes it more difficult for parents to advocate for their children at school and to help their children with school work at home.

Table 4: California School-Age Children and Language Spoken with Family

California Children Ages 5-17	1990	2000
Speak a Language Other Than English with Family	35%	43%
Bilingual (Speak English Very Well and Another Language with Family)	20%	26%
Speak a Language Other Than English with Family and Speak English Less Than Very Well	15%	16%
Linguistically Isolated	13%	13%

Source: Population Reference Bureau and Children Now analysis of data from the U.S. Census Bureau, 2000 Census, Summary File 3.

Note: Percentages may differ from totals due to rounding.

English learners are students whose primary language is not English and who have limited English proficiency. More than one-third of children entering kindergarten in California in 2002-2003 were English Learners (38 percent).²⁸ During the 2001-2002 school year, one in four California children in grades K-12 was an English Learner, compared to only one in 20 for the rest of the United States.²⁹ Approximately 40 percent of *all* English Learner students in the United States live in California.³⁰

Table 5: English Learners in Grades K-12, California and Rest of the United States, 2001-2002

	Percentage of K-12 Students that are English Learners	Number of K-12 English Learners
California	25 percent	1.5 million
Rest of the United States	6 percent	2.3 million

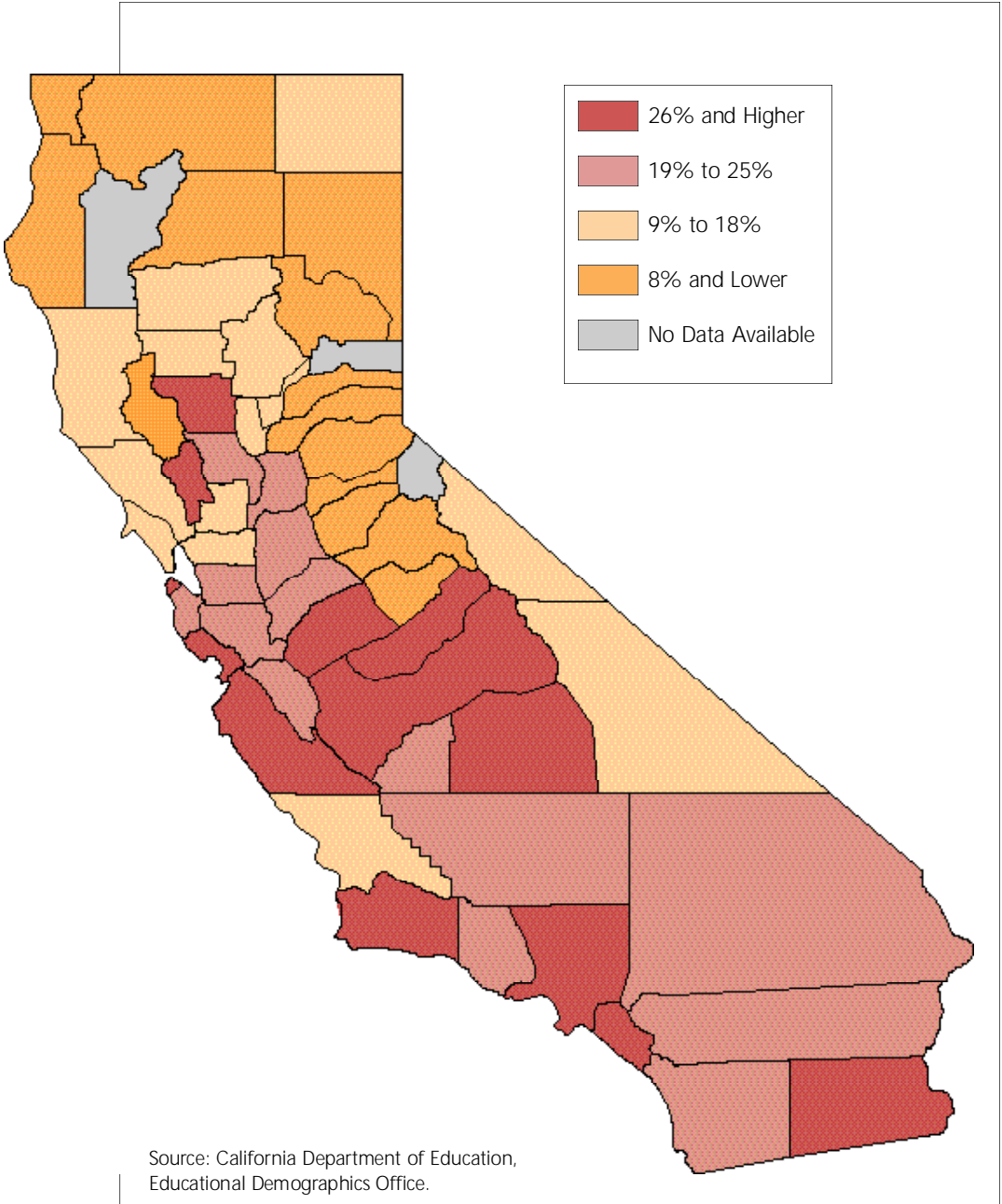
Source: Children Now analysis of data from the U.S. Department of Education, National Center for Education Statistics, Common Core of Data.³¹

- California averages more than four times as many English Learners per classroom as the rest of the United States.
- Two in five English Learners in the United States live in California.

During the 2002-2003 school year, there were significant variations in the percentage of English Learners by county, ranging from 48 percent in Imperial County to less than five percent in many of the Sierra Nevada and northern counties.³²



Map 1: Percentage of English Learners by County, 2002-2003



During the 2002-2003 school year, the vast majority of English Learners in California spoke Spanish at home (84 percent), up slightly from the 1997-1998 school year (81 percent).³³ There is much diversity among the other languages spoken by children learning English, although the most prevalent languages have not changed dramatically over the last five school years. The variety of languages spoken at home can make it quite challenging for parents and schools to communicate successfully, particularly when parents do not speak English well or at all.

Table 6: Top 15 Languages Spoken with Family by English Learners in California Schools (Grades K-12)

2002-2003	
Language Spoken at Home	Number of Students
Spanish	1,348,934
Vietnamese	36,574
Hmong	25,199
Cantonese	24,004
Tagalog	20,650
Korean	17,627
Mandarin	12,105
Armenian	11,727
Khmer	11,360
Punjabi	8,751
Russian	7,980
Arabic	7,751
Farsi	5,643
Lao	5,120
Japanese	4,814

■ California averages more than four times as many English Learners per classroom as the rest of the United States.

Source: California Department of Education, Educational Demographics Unit, Language Census (R30-LC).

SPOTLIGHT PROGRAM

Parent Institute for Quality Education, California Counties

Founded in 1987, the Parent Institute for Quality Education (PIQE) offers nine-week courses to low-income parents from diverse backgrounds, preparing parents to be actively engaged in their children's education. Classes, held at school sites, focus on topics such as creating a positive home environment for learning; supporting children's development; navigating the California public school system; working with teachers, counselors and principals; and learning about college attendance.

A three-year evaluation of PIQE by the Stanford Research Institute (SRI) concluded that PIQE has been successful in promoting positive parent behaviors that support their children's education. These included increasing the frequency with which parents communicate with their children's teachers, read to their children, praise their children for success in school and review their children's homework.

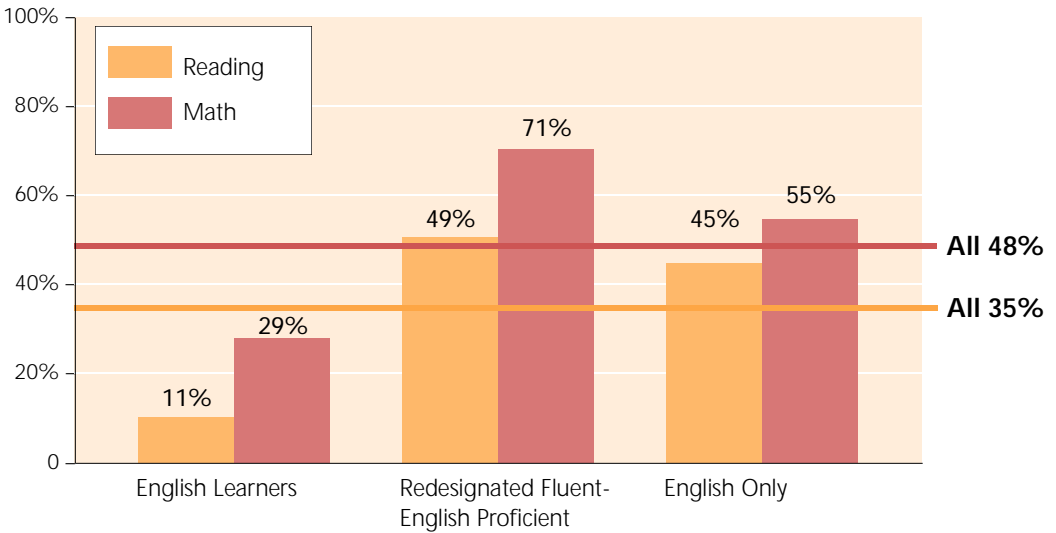
Supported by private foundations, corporations and individuals, PIQE operates nine regional offices around the state, serving parents in 16 California counties and over 1,300 schools. PIQE has been particularly successful in serving immigrant parents because they accommodate parents' needs for instruction in languages other than English. Over the years, PIQE classes have been taught in 14 languages. They also have flexible class times that accommodate nontraditional working hours and they offer childcare during classes.

For more information, please see www.piqe.org.

Children learning English generally perform below the state average on state reading and mathematics tests. In 2003, only 11 percent of English Learners scored above the 50th National Percentile Ranking (NPR) on the STAR reading exam for fourth grade students, compared to 45 percent of students who only speak English.³⁴ However, children who have been redesignated from English Learners to Fluent/English Proficient actually score *above* the state average and higher than English-only students on both the reading and mathematics exams. This dramatic statistic underscores the importance of helping students learn English quickly.



Figure 11: California Fourth Grade Students At or Above 50th National Percentile Ranking (NPR) on CAT/6 Reading and Math Tests, 2003



Source: California Department of Education, Standardized Testing and Reporting (STAR) California Achievement Test/6.

Out-of-School Time

Appropriate activities outside of the classroom help children do well in school. For example, younger children whose parents read to them regularly more readily develop early reading skills.³⁵ The California Health Interview Survey found that 61 percent of California children ages 0-11 in immigrant families and 70 percent in native families were read to three or more times

■ **Adolescents in low-income immigrant families face additional barriers in obtaining work experience.**

per week.³⁶ The National Survey of America's Families found similar differences at the national level: in 2002, 81 percent of children in native families and 70 percent of children in immigrant families were read to three or more times per week.³⁷ For older children, developing computer proficiency is critical in today's technology-driven economy. About one in 10 children in immigrant families does not have access to a computer during the week

(11 percent), compared to just three percent of children in native families. For children with access to a computer, usage rates in native and immigrant families are fairly similar.³⁸

In preparing for work or college after high school graduation, adolescents in the United States are encouraged to participate in extracurricular activities and gain work experience. Research has shown that organized out-of-school activities develop social skills and improve outcomes for teens.³⁹ Nationally, youth ages 12-17 in immigrant families are significantly less likely to participate in extracurricular activities like clubs and sports than youth in native families.⁴⁰ After school programs that have diverse staff and program options are more effective in serving children in immigrant families,⁴¹ which may help to increase their extracurricular participation.

Nationally, adolescents in immigrant families are more likely to live in low-income households than adolescents in native families, and they are less likely to hold jobs (14 percent versus 33 percent).⁴² Adolescents in low-income immigrant families face additional barriers in obtaining work experiences as compared to children in native families. Given that parents of adolescents in low-income immigrant families are not likely to be fluent in English or to be working in high status occupations, these adolescents may have fewer networks to call upon when searching for work.⁴³

Recommendations

- ▶ Fund child care subsidies so all families who qualify based on their income have access to needed child care. Implement a regionally-based system to determine subsidy eligibility that takes into account differences in costs of living and housing.
- ▶ Ensure an adequate supply of child care providers who meet the cultural, linguistic and geographic needs of immigrant families.
- ▶ Ensure that early care and education programs meet the needs of children in immigrant families by creating linguistically and culturally appropriate outreach and curriculum, and by providing services that are compatible with nontraditional working hours.
- ▶ Using existing early care programs, establish programs that orient immigrant parents of young children to the K-12 school system.
- ▶ Increase the pool of qualified bilingual teachers for early care and K-12 education.
- ▶ Improve programs for school-age children who are learning English by offering smaller classes and parent education programs.
- ▶ Increase funding for after school programs that conduct culturally sensitive outreach to increase participation in extracurricular activities among children in immigrant families.
- ▶ Improve access to summer and part-time school year employment for youth in immigrant families.



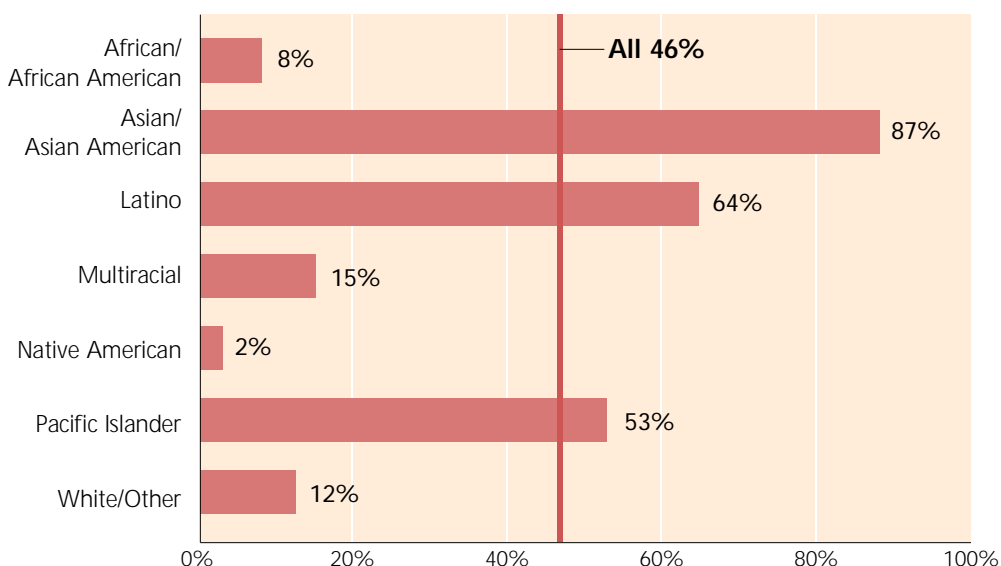
Health



Infant Health

In 2002, nearly half of all babies born in California were born to immigrant mothers (46 percent).⁴⁴ The highest rates of births to immigrant mothers were found in the Bay Area, Central Coast and Southern California. In contrast to neighboring counties, Mono, Madera and Colusa counties also had high rates of births to immigrant mothers. Whether or not new mothers were immigrants varied considerably by race and ethnicity (see figure 12).

Figure 12: Percentage of Births to Immigrant Mothers, by Mother's Race/Ethnicity, California, 2002

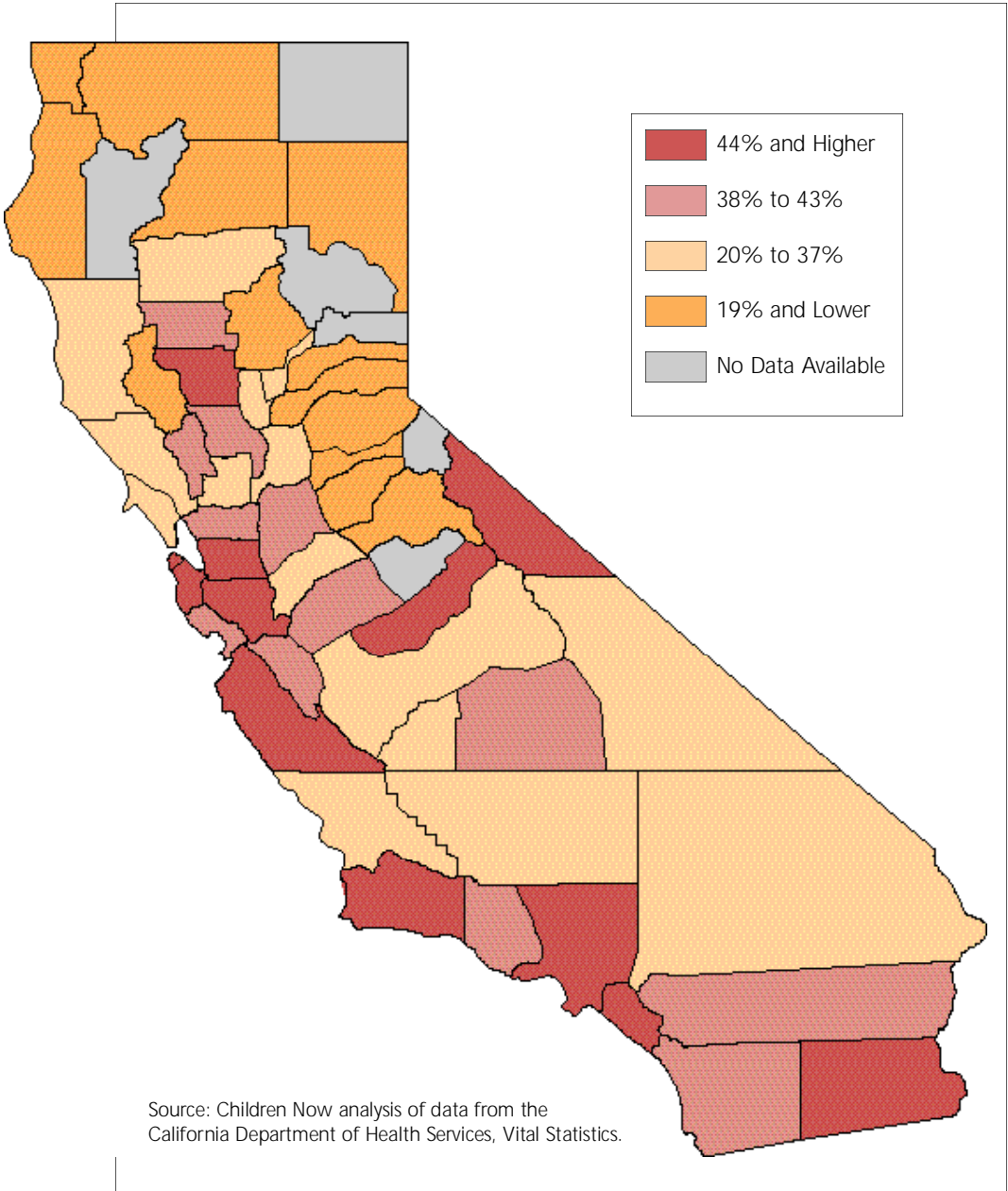


Source: Children Now analysis of data from the California Department of Health Services, Vital Statistics.⁴⁵

In California:

- Fewer than one-fifth of African/African American, multiracial, Native American and white new mothers were immigrants.
- One in two Pacific Islander, two in three Latino, and nine in ten Asian new mothers were immigrants.

Map 2: Percentage of Births to Immigrant Mothers by County, 2002



Ensuring immigrant mothers have access to timely and linguistically- and culturally-sensitive prenatal care is critical to the health of California's youngest children. In California, early prenatal care rates for immigrant mothers are quite similar to those for U.S.-born mothers. In 2002, 86 percent of immigrant mothers received prenatal care in the first trimester of pregnancy, compared to 87 percent of U.S.-born mothers. In six of California's 58 counties, immigrant mothers actually received early prenatal care at greater rates than U.S.-born mothers.⁴⁶ In six other counties with significant numbers of immigrant mothers, however, the early prenatal care rate for those mothers was less than 80 percent (see table 7).

Table 7: Lowest Rates of Early Prenatal Care For Immigrant Mothers, Selected California Counties (Counties with more than 1,000 Births to Immigrant Mothers)

County	Percentage of Immigrant Mothers Receiving Early Prenatal Care	Number of Births to Immigrant Mothers
Merced	61%	1,708
San Joaquin	68%	3,852
Solano	72%	1,865
Imperial	74%	1,324
Santa Barbara	74%	2,656
Sacramento	77%	6,241

Source: Children Now analysis of data from the California Department of Health Services, Vital Statistics.⁴⁷

Despite their slightly lower rates of accessing early prenatal care, immigrant mothers have better outcomes than U.S.-born mothers on two key indicators of infant well-being: the percentage of low birthweight infants and the infant mortality rate (see table 8).

Map 3: Percentage of Immigrant Mothers Receiving Early Prenatal Care by County, 2002

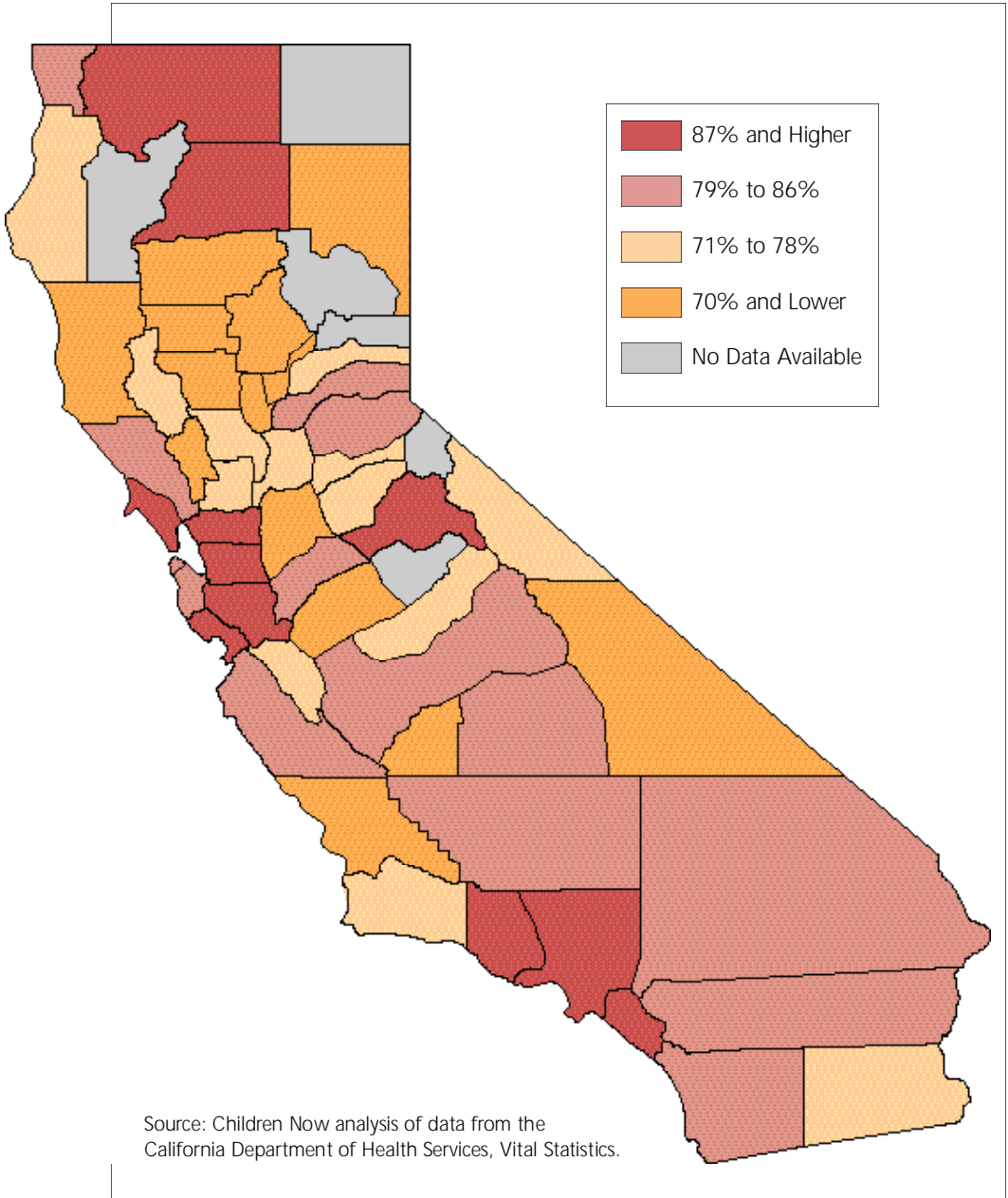


Table 8: Indicators of Infant Well-Being, California, 2002

	Immigrant Mothers	U.S.-Born Mothers
Percentage of Mothers Receiving Early Prenatal Care	86%	87%
Percentage of Low Birthweight Infants	5.9%	6.8%
Infant Mortality Rate (2001)	4.6 per 1,000	5.7 per 1,000

Source: Children Now analysis of data from the California Department of Health Services, Vital Statistics.⁴⁸

Health Insurance and Access to Care

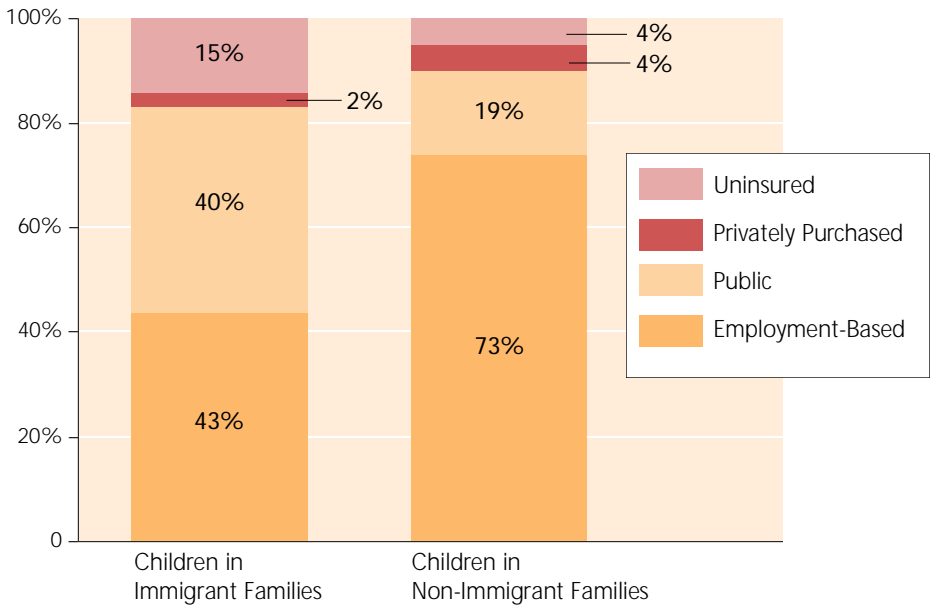
Children with health insurance are more likely to be immunized and to receive timely preventive care than uninsured children. Because of parents' employment opportunities, family income, and citizenship status, children in immigrant families are less likely to have health insurance and, consequently, have more limited access to health care. Children in immigrant families were more than three times as likely as children in non-immigrant families to lack health insurance at the time of the 2001 California Health Interview Survey (15 percent versus 4 percent). More than one in five children in immigrant families lacked health insurance at some point during the previous year (21 percent).⁴⁹

One reason children in immigrant families are more likely to lack health insurance is that they are less likely to be covered through their parents' employers. While 73 percent of children in native families have job-based health insurance, only 43 percent of children in immigrant families have job-based insurance.⁵⁰ Immigrant parents are more likely to be employed in low-income jobs that do not offer health insurance to dependents or that do not offer it at all. Seven percent of California children are U.S.-born citizens who live in immigrant families where one or both parents are undocumented.⁵¹ These children have especially low rates of job-based health insurance (16 percent).⁵²

■ **More than one in five children in immigrant families lacked health insurance at some point during the previous year.**

As a result of low levels of job-based insurance, children in immigrant families rely considerably on the state-subsidized health insurance programs, Medi-Cal and Healthy Families; children living in immigrant families comprise two-thirds of the children enrolled in these programs.⁵³ Thus, proposals to roll back eligibility for or enrollment in Medi-Cal or Healthy Families, if enacted, would have a disproportionate impact on children in immigrant families.

Figure 13: Source of Health Insurance, California Children, 2001



Source: Children Now analysis of data from the UCLA Center for Health Policy Research, 2001 California Health Interview Survey.

Eligibility barriers continue to limit children’s access to Medi-Cal and Healthy Families. Documentation is required for both programs, so children who were not born in the United States and lack documentation (341,000 children or about four percent of all California children) are not eligible.⁵⁴ In 2001, over half of undocumented children lacked continuous health insurance over a 12-month period.⁵⁵ Recent changes to the Child Health and Disability Prevention program, which does not require documentation, now allow children to receive Medi-Cal for a period of up to two months.

Children whose families submit joint Medi-Cal/Healthy Families applications for them may continue to receive Medi-Cal while their applications are pending. Even more promising are local initiatives that provide health insurance to children regardless of immigration status. Currently, almost half of all California counties are planning or have implemented such programs. In some counties, these programs have proven so popular that enrollment is closed and eligible children must join waiting lists.

■ In 2001, over half of undocumented children lacked continuous health insurance.

Access to dental insurance and oral health providers is another critical area of need for all children. Oral health problems are rampant among California

SPOTLIGHT PROGRAM

Long Beach Department of Health and Human Services

Long Beach is one of the most culturally diverse large cities in the United States. With over 40 percent of the population speaking a language other than English at home, and with more than 60 languages spoken, the delivery of health care services is a distinct challenge for the city. Drawing on the linguistic diversity of its own staff (who speak over 40 languages) and other members of the Long Beach Medi-Cal/Healthy Families Outreach Collaborative, the Long Beach Department of Health and Human Services (LBDHHS) has developed a comprehensive and culturally-sensitive program that helps both patients and providers navigate the state's complex health care programs. For example, LBDHHS connects multilingual Certified Application Assistants (CAAs) with community health care providers to expedite families' enrollment in Medi-Cal and Healthy Families and facilitate the delivery of services. LBDHHS also maintains close contact with patients to ensure they complete the enrollment process, make and keep health care appointments, and complete renewals for Medi-Cal and Healthy Families. Translation assistance with renewals is especially important because, unlike enrollment forms, which come in 12 languages, renewal forms are available only in English and Spanish. Because of its concerted efforts to be multilingual and culturally-attuned, LBDHHS has been successful in both enrolling and retaining families in Medi-Cal and Healthy Families and promoting better health in its community.

For more information, please see www.ci.long-beach.ca.us/health.

■ **Nearly one-third of California children in immigrant families lack dental insurance.**

children, especially low-income children, and can lead to nutrition problems, missed school and severe pain.⁵⁶ In 2001, 23 percent of California children ages 2-11 lacked dental insurance, compared to nine percent who lacked health insurance. Although both Medi-Cal and Healthy Families cover oral health services, many job-based insurance programs do not, or include it at extra cost to the employee.⁵⁷ While children in immigrant families have higher rates of coverage through state health insurance programs, they remain more likely to lack dental insurance than children in native families. While 29 percent of children in immigrant families lack dental insurance, 18 percent of children in native families lack dental insurance.⁵⁸

SPOTLIGHT PROGRAM

Dientes Community Dental Care, Santa Cruz County

For over 10 years, Dientes Community Dental Care has provided affordable oral health care to low-income and uninsured residents of Santa Cruz County and the surrounding area. With over 10,000 children served since 1994, Dientes is among the few full-service, nonprofit dental clinics in California and is one of the largest providers of dental services to Medi-Cal and Healthy Families patients in the county. Dientes serves uninsured patients on a sliding scale and works with the Homeless Persons Health Project to treat homeless families. Dientes' bilingual staff is well-prepared to serve the area's large Spanish-speaking population.

Recognizing that tooth decay is the single most common chronic childhood disease, Dientes hosted a "Give Kids a Smile Day" in February as part of an ongoing effort to address untreated oral health disease among disadvantaged children. The event provided free screenings, exams, cleanings and urgent treatment to children through age 17. Dientes recently expanded to a new clinic that will allow them to increase their annual patient visits from 7,000 to 10,000. The clinic includes a children's wing with a child-friendly layout, as well as wheelchair-side equipment for treating children with disabilities. Although Dientes is ready to expand services to care for more low-income children and families, state proposals that would require poor and low-income families to pay more for oral health care threaten to make it more difficult for local families to get the care they need.

For more information, please see www.dientes.org.

Recommendations

- ▶ Increase enrollment in Medi-Cal and Healthy Families by continuing culturally- and linguistically-appropriate outreach to children living in immigrant families, particularly those with limited English proficiency.
- ▶ Maintain children's access to these public health insurance programs by reducing access barriers, such as reporting requirements, paperwork and enrollment caps, and expanding creative enrollment strategies like Express Lane enrollment and CHDP and Newborn Gateways.
- ▶ Maintain eligibility and benefits for children and families in any Medi-Cal redesign.
- ▶ Expand locally-organized health coverage for children not eligible for state health insurance because of legal status and/or income.
- ▶ Support efforts to provide uninsured children with oral health care services in nontraditional settings and by nontraditional providers.
- ▶ Promote initiatives to improve interpretation services and cultural competence among health care providers across the state in the public and private sectors.



Conclusion

For many California decision-makers—whether they are public officials, corporate leaders or voters—the immigrant experience is much more removed from their lives than for the more than four million California children who live in immigrant families. For the most part, these California children come from families who work hard, yet



they are *more* likely to live in crowded housing and struggle economically. They also are *less* likely to have health coverage, attend preschool or benefit from organized after school activities than their peers. Over the last few decades, California has experienced periodic anti-immigrant sentiment and policy proposals that would discriminate against immigrants. Such political attacks directly affect the lives of children in immigrant families.

Every child, no matter where he or she is born, has a better chance of success and of contributing fully to the community in which he or she

lives if basic needs—such as food, shelter, nurturing and health care—are met, and if good educational opportunities are available from childhood through young adulthood. California's best gift to its future is to invest wisely in children's health and education, and to support all families in their efforts to make a living and raise their children to be successful, contributing members of our society.

Endnotes

1. Children Now analysis of data from the UCLA Center for Health Policy Research, 2001 California Health Interview Survey, microdata, generated January 26, 2004. 2000 Census data show that 47 percent of California children live in immigrant families.
2. Children Now analysis of data from the U.S. Census Bureau, 2000 Census, 1 percent Public Use Microdata Sample, <http://www.ipums.gov>, generated March 14, 2004.
3. Children Now analysis of data from the U.S. Census Bureau, 2000 Census.
4. Ibid.
5. California Department of Finance, *Legal Immigration to California, 1984-1994: A Summary and Legal Immigration to California, 2002* (Sacramento, CA: State of California, January 1997 and October 2003); see <http://www.dof.ca.gov>.
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14. Children Now analysis of data from the U.S. Census Bureau, 2000 Census, revised June 6, 2004.
15. Children Now analysis of data from the U.S. Census Bureau, 2000 Census.
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17. Housing hardship includes difficulty paying rent or experiencing crowded housing. Jane Reardon-Anderson et al., “The Health and Well-Being of Children in Immigrant Families,” *New Federalism: National Survey of America’s Families*, Series B, No. B-52 (Washington, D.C.: The Urban Institute, November 2002), p. 5.

A Note About the Data

Original data in this report have been generated from the 2000 Census 1 percent Public Use Microdata Sample, 1990 Census 5 percent Public Use Microdata Sample, 2001 California Health Interview Survey microdata, California Department of Health Services Vital Statistics unpublished data, and California Department of Education data. For more information about the data, please see our Web site at www.childrennow.org. Other data have been culled from publications on the 2002 and 1999 National Survey of America’s Families, with all data analyses conducted by the Urban Institute.

18. Children Now analysis of data from the UCLA Center for Health Policy Research, 2001 California Health Interview Survey. This measure of food insecurity is based on parent responses to a six-item scale; food insecurity indicates that parents are not consistently able to afford enough food for their families.
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21. Children Now analysis of data from the U.S. Census Bureau, 2000 Census.
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23. Ibid.
24. Ibid. These figures include a small number of 3- to 4-year-olds who are in kindergarten (2.4 percent of children ages 3-4 in non-immigrant families and 5 percent of children ages 3-4 in immigrant families are in kindergarten).
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42. Jane Reardon-Anderson et al., p. 5.
43. Ibid.
44. Children Now analysis of data from the California Department of Health Services, Vital Statistics, "Number of Births by Mother's Nativity by County, 2002," unpublished data, accessed February 11, 2004.
45. Children Now analysis of data from the California Department of Health Services, Vital Statistics, "Number of Births by Mother's Nativity by Race/Ethnicity, 2002," unpublished data, accessed February 11, 2004.
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