

Mission Neighborhood Centers, Inc Mission Head Start\Early Head Start



2015 Community Needs Assessment Update



2015 Community Assessment Update

The following is an update of the community needs assessment conducted in 2013. This update reflects the changes in the Mission Neighborhood Centers Inc. (MNC) Mission Head Start/ Early Head Start (HS/EHS) service area during the last twelve months. The components below remain consistent with the triennial community assessment submitted in our 2013-2014 grant application:

In line with the Head Start Performance Standard, 1305.3 “*Determining Community Strengths and Needs – Part C.*”, this community assessment update includes the six areas required.

Demographics of Head Start Eligible Children and Families

Child Population

The birth rates of San Francisco women ages 16 to 44 have been increasing between the years 2010 and 2012, from 45.9 to 47 births per 1000 women. In 2013, the birth rate returned to 45.6 births per 1000 women. In 2013, there were 8,807 births in the City and County of San Francisco, 263 less than previous year.¹

The 2013 birth data show 41.1% of babies were born to Caucasian/White women and 31.5% to Asian American women. Infants born to Hispanic/Latina women made up 18.3%, followed by 4.9% to African American women. Additionally, 3.0% of births were to multiracial women, and 0.1% to Native American women. The number of babies born to African American and Latino women has been on the decline, but no significant change is noted between 2012 and 2013. However, the number of births to white mothers has been continually rising.²



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Figure 1: Child Population, by Age and Gender: 2010 to 2015³

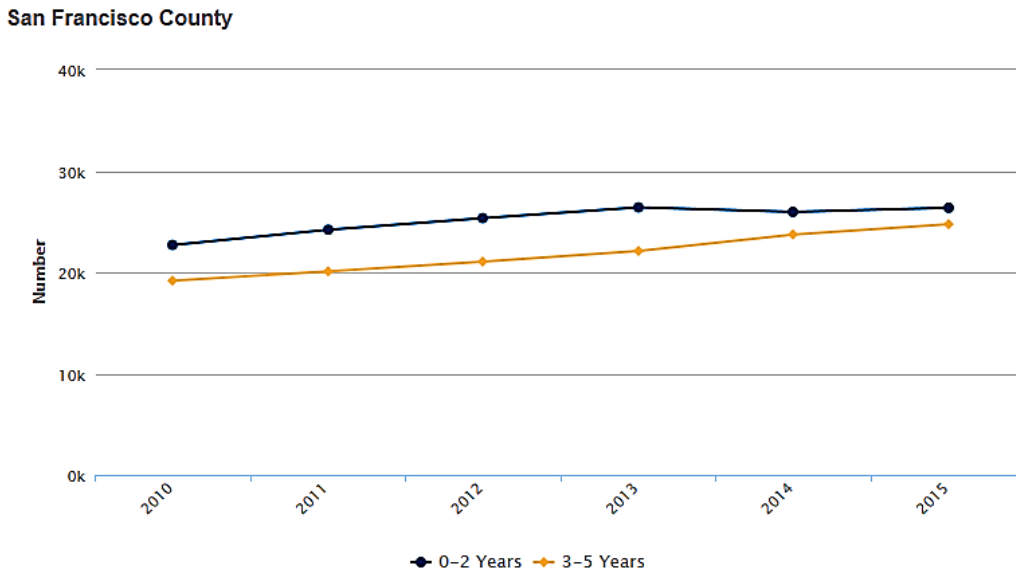


Table 1: San Francisco County Child Population, by Age in 2015⁴

| Age | Female | Male | Total |
|---------------|--------|--------|---------|
| 0 - 2 years | 12,931 | 13,444 | 26,375 |
| 3 - 5 years | 12,135 | 12,624 | 24,759 |
| 6 - 10 years | 15,855 | 16,337 | 32,192 |
| 11 - 13 years | 8,215 | 8,415 | 16,630 |
| 14 - 17 years | 10,724 | 11,145 | 21,869 |
| Total 0 - 17 | 59,860 | 61,965 | 121,825 |

The number of children in both the 0-2 and the 3-5 age groups continues to grow. However, as supported by the lower birth rates, the increase in the number of children in the 0-2 age category is lower than that in the 3-5 age group⁵.

As cited in the 2014 Community Needs Assessment update, the San Francisco Child Care Planning and Advisory Council (CPAC) found that MNC Early Head Start service area is the area that has the largest numbers of infants and toddlers (0-3 years old). Specifically the following neighborhoods: Outer Mission/Excelsior/Ingleside, Inner Mission/Bernal Heights, and Bayview/Hunter's Point. ⁶

For the 2014-2015 fiscal year, Mission Head Start was ranked fourth in the number of children pulled from the San Francisco Child Care Connection (SF3C) childcare waitlist. As of September 2015, although the total number of children waiting for childcare placement has declined over the last 5 years, over 50% of children on the SF3C waitlists continue to be infants and toddlers (ages 0-3). Out of the new applications



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received 68% were infants and toddlers, and 27% preschool aged children, once again indicating a continuing need for infant and toddler care programs.⁹

Table 2: San Francisco Child Population by Race/Ethnicity, 2015⁷

| <u>Race/ Ethnicity</u> | <u>Number of children</u> | <u>Percent</u> |
|-----------------------------------|---------------------------|----------------|
| African American/ Black | 7,203 | 5.9% |
| American Indian/ Alaska Native | 182 | 0.1% |
| Asian American | 35,806 | 29.4% |
| Hispanic Latino | 28,628 | 26.5% |
| Native Hawaiian/ Pacific Islander | 764 | 0.6% |
| White | 38,182 | 31.3% |
| Multiracial | 11,060 | 9.1% |

According to the most recent data, the number of children residing within the City and County of San Francisco has remained consistent with the growth pattern of previous years for all ethnicities, with a steady increase of the number of white children starting in 2009, growing from 26.1% to 31.3% currently, and with a steady decline in the number of Asian children, from 34.7% in 2009 to 29.4% in 2015⁸.

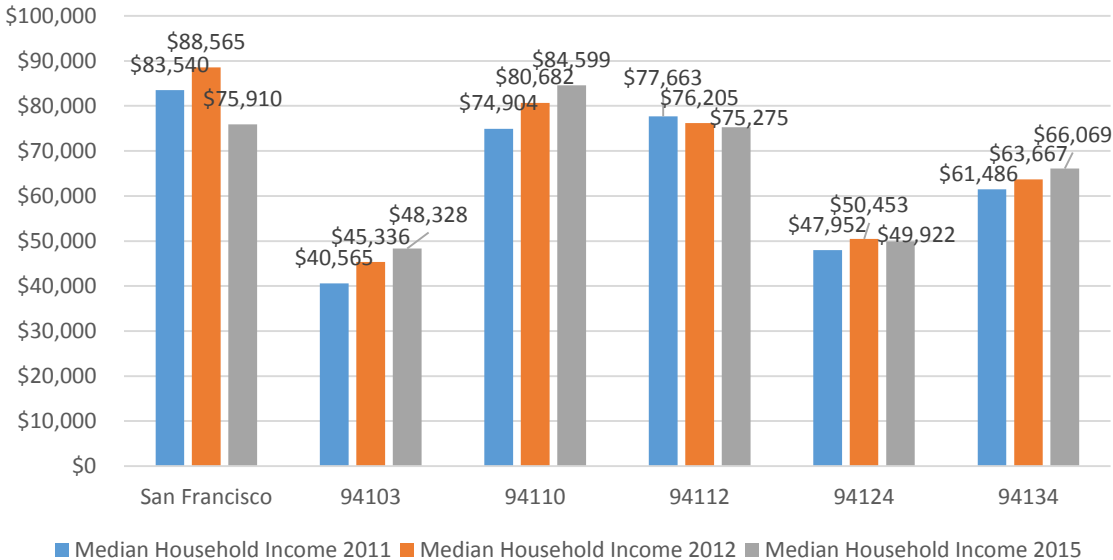
Poverty and Income

San Francisco remains one of the most expensive places to live in the United States, creating many challenges for its low-income residents, whose children are eligible for Head Start and Early Head Start services. Based on the recent data collected by the San Francisco Health Improvement Partnership the median household incomes has dropped significantly in the City and County of San Francisco overall, but is following previously observed trends in the MNC service area⁹. In the 94110 zip code the median household income has increased by nearly \$4,000. An indicator of the impact of gentrification, and the population shift in the central Mission neighborhood.



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Figure 2: Median Household Income Change



In November 2014, voters in San Francisco passed Proposition J, which gradually raises the minimum wage from \$10.74/hr to \$15.00 in 2018. As of May 1st, 2015 San Francisco minimum wage as \$12.25/hr¹⁰. At the current minimum wage, a San Francisco full time employee is earning \$25,480 annual salary. A single parent working full time at minimum wage would therefore be earning more than 150% of the Federal Poverty Guideline (\$15,930 annual income for a 2 person household¹¹), potentially making the family not eligible for Head Start services that the child may benefit from. According to a recent study by the New York University (NYU) the median rent in San Francisco in 2013 was \$1,491 per month (\$17,892 annual). A more recent report from the Mission Promise Neighborhoods showed median rent prices for a one-bedroom apartment were as high as \$3,250 in the Mission, \$3,390 in Bernal Heights, and \$1,425 in the Bayview¹².

The NYU report finds that “over 40 percent of renters [in San Francisco] were rent burdened.”¹³ Out of low income households, 62% were severely rent burdened. The family of two from the earlier example would fall into this category, as 70% of the annual income would be spent on rent alone. However, based on the parent’s income, the child may still not be eligible for Head Start services, forcing the parent to pay for childcare services, or seek additional employment.

According to the Bureau of Labor Statistics, the unemployment rate continues to drop in California to 6.1% in September 2015¹⁴. The San Francisco overall unemployment rate is 7.88% according to the SF Health Improvement Partnership data¹⁵. The unemployment rates also vary between the San Francisco Neighborhoods as shown in the data table below.



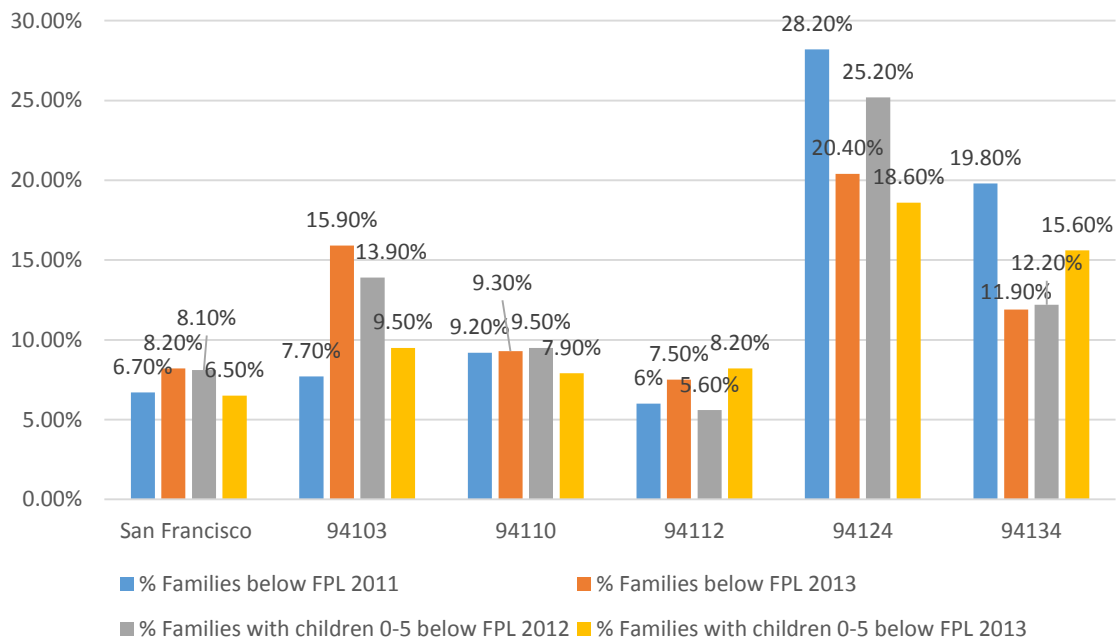
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Table 3: San Francisco Unemployment by Zip Code 2015

| <u>Zip Code</u> | <u>2015 Percent City Labor Force Unemployed</u> |
|-----------------|---|
| 94103 | 7.96 % |
| 94110 | 6.65 % |
| 94112 | 9.35 % |
| 94124 | 16.35 % |
| 94134 | 12.09 % |

Disparities in employment rates continue to exist in the state of California. The state unemployment rate in September 2015 was 6.1% for all races, 6.3% for whites, 7.7% for Hispanics, and 11.8% for African Americans¹⁶. These data show that African Americans are 87.3% more likely to be unemployed in California than their white peers, compared to a 70% difference in 2012. Similar conclusion can be inferred from the zip code data in Table 3. The unemployment rate in the 94124 zip code, a largely African American community, is more than twice that of the city as a whole.

Figure 3: Families Living Below Federal Poverty Line (FPL) in San Francisco and MNC Service Area by Zip Codes¹⁷



Together with lower birth rates, the data above show that most of the Mission Head Start/ Early Head Start service areas, as well as San Francisco as a whole is seeing a decline in number of families with young children (ages 0-5) who are living below the Federal Poverty Line (FPL). The number of families living below the 2013 FPL is, however, increasing for San Francisco as a whole, and for neighborhoods such as South of Market



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(94103), Inner Mission (94110), Excelsior (94112), Outer Mission and Ingleside (94112). Huge disparities are also seen between the neighborhoods, with the 94124 zip code seeing almost 3 times more families with young children living in poverty, than San Francisco as a whole. A recent report from the San Francisco Unified School District noted that “[w]hile African Americans comprise 6% of San Francisco residents, they account for an estimated 42% of public housing residents. Over half of the 3,000 children in public housing are African American.”¹⁸

Fueled by the 2015 elections and Proposition I: Suspension of Market-Rate Development in the Mission District, a recent study by the Board of Supervisors found that the Latino population served for many decades by Mission Neighborhood Centers, and Mission Head Start, is rapidly declining. It is predicted to decrease from 60% in 2000 to 31% in 2025. The Latino population is currently 48%. The housing previously occupied by long-term Mission’s Latino residents is quickly being renovated and sold or rented out to the Mission’s new dwellers working in the nearby downtown tech companies, and similar high earning businesses. The number of households earning \$150,000 or more annually is expected to rise to 26% in 2025 (from the 12% in 2000). Likewise, the number of Mission households with children is also expected to continue to decline. The analysis of the housing market has shown that the city of San Francisco failed to build the planned (and necessary) amount of housing units to accommodate the growing population of all income levels¹⁹. Proposition I, which did not pass this November, was slated to allow time for strategic planning of affordable housing. The families being served by Mission Head Start and Early Head Start continue facing the housing challenges and may potentially be relocating to other San Francisco neighborhoods and out of the MNC service areas. Continued involvement in the community, and involvement with the District Supervisors, and other politicians, as well as advocating for the needs and rights of the San Francisco low income families continues to be a large part of Mission Neighborhood Centers’ legacy planning and community involvement strategies.

Community and Social Factors

A snapshot of family and community life in the Mission neighborhood is presented in the baseline data from the Mission Promise Neighborhood (MPN) surveys. “The wellbeing of individuals is directly influenced by the places in which they live, learn, and play, making neighborhood safety a fundamental quality of life issue. Without the ability to feel and be safe, residents ... cannot fully and freely participate in civic life.”²⁰

Out of 337 families surveyed 73% felt safe in the neighborhood in the daytime, versus only 28% feeling safe to walk in the dark. Only slightly more than half of the families felt that the Mission neighborhood is a good place to raise children, and a fourth of the families reported feeling that available parks were not safe for their children. Similarly, in the Bayview/Hunter’s Point neighborhood 51% report feeling unsafe or very unsafe at night. These neighborhoods in the South East part of San Francisco have less access to public transit (like BART), open spaces as well as fresh produce²¹.



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In addition to the disparities seen in birth rates, poverty and health, African American families and their children are at a significant disadvantage due to the impacts of decades of structural and institutional racism and inequality. Although a lot of work has been put into supporting African American families, black children in California are still less likely to finish high school in four years, or complete a college degree. They are also more likely to be taught by inexperienced or ineffective teachers, and be suspended or expelled as early as pre-school. To support and include all families and children MNC Head Start/Early Head Start is committed to work with all families to keep their children in school and supporting their wellbeing throughout the early learning years. Although still serving a predominantly Latino and Hispanic population, during the 2014-2015 school year 25 African American children were enrolled at Mission HS/EHS 10 sites.

The Impact of Transitional Kindergarten (TK) Programs on the Number of Head Start Eligible Four Year Olds

The 2010 Kindergarten Readiness Act (SB 1381) has been fully implemented during the 2014-2015 school year, requiring that students entering kindergarten turn 5 prior to September 1st of the school year. The children who were no longer eligible to enter kindergarten that school year were offered Transitional Kindergarten (TK) services, run by the San Francisco Unified School District (SFUSD)²². Transitional Kindergarten programs provide a modified kindergarten curriculum for those children who are not age-eligible for kindergarten, but who are in need of more rigorous curriculum than preschools may be equipped to provide, and accept those 4 year old children who will turn 5 between September 1st and December 2nd of each school year.

Eighteen SFUSD schools have opened a TK program where the otherwise Head Start eligible 4-years-olds now attend²³, creating a shortage of eligible 4 year olds in the greater San Francisco community. Since recruitment and enrolment priority is given to 4 year olds according to the agency and parent identified criteria, the introduction of Transitional Kindergarten services has added an additional challenge to the agency's recruitment strategies. The impact of the TK programs has been felt across the state. A survey by the California Head Start Association in October 2015 showed that 88.24% of responding agencies reported that Transitional Kindergarten affected the Head Start enrollment at their agencies²⁴. Moreover the survey illuminated inappropriate enrollment practices of some school districts, which may be an even more widespread problem than the scope of the survey, prompting a statement released to the press on November 4, 2015 by the California Head Start Association (CHSA) and California Child Development Administrators Association. The press release urges the California Assembly's Education Committee and the Budget Subcommittee for Education to review the "enrollment practices and substandard quality" of the education provided by TK programs in some school districts²⁵. Some of the problems noted in the survey results are enrollment offices that provide misinformation, and lack cultural and linguistic competence, as well as large class sizes, not age-appropriate curricula, and lack of accountability.



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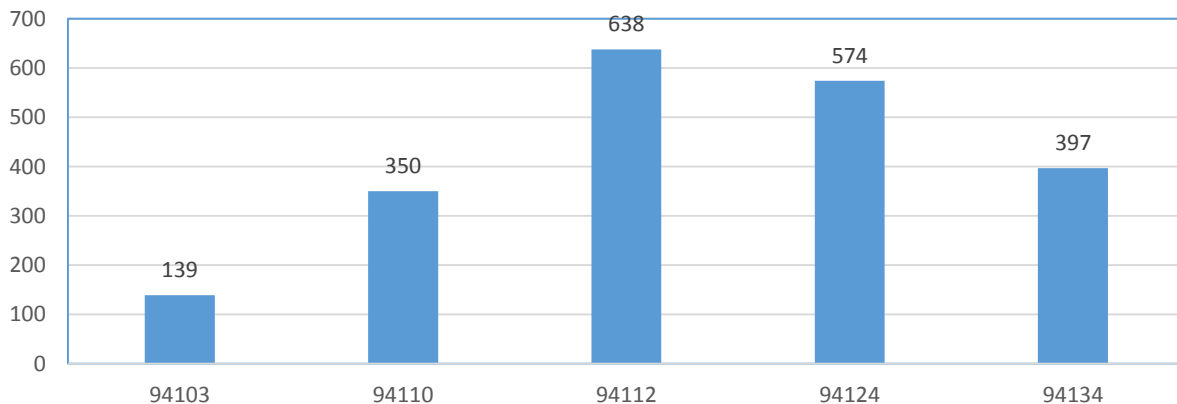
Mission Head Start/ Early Head Start continues to direct recruitment efforts in the 94103, 94110, 94112, 94124 and 94134 zip codes and focus especially on the following populations:

1. Families residing in SF Public Housing Developments
2. Families residing in multi-family occupied homes

Other Sources of Child Care

The high cost of rent and housing, has also affected the child care community, by threatening the Family Child Care (FCC) providers with displacement and eviction, or continuous rent increases. “For every FCC provider who loses their home and is forced to close their program, families lose the stable child care that is so important for parents to work and children to thrive.”²⁶

Figure 4: Children Waiting for Childcare by Residential Zip Code, Sept. 2015²⁷.



Outer Mission, Excelsior, Ingleside, Bernal Heights, Visitacion Valley and Bayview/ Hunter’s Point continue to be the neighborhoods with the greatest unmet need for subsidized care for subsidy eligible children according to the San Francisco Child Care Connection (SF3C).

The decrease in service providers in the Inner and Outer Mission Neighborhoods and the continued high demand is also highlighted in the baseline results of the Mission Promise Neighborhood survey released in 2014²⁸. The study surveyed 291 households on many topics relevant to life, family and learning, and results showed that higher than average percentage of children zero to five are cared for by a stay-at-home caregiver. Increasing access to affordable, linguistically and culturally responsive childcare is one of the keys to support a parent/guardian in entering the workforce, and raising their family out of poverty.



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As of September 2015, there were 1,918 children ages 0-3 and 1,358 children ages 3-5³⁰, and 2,024 infants and toddlers³¹ who were on the waitlist for childcare at the San Francisco Children's Council. 1,210 (33%) of these children are Hispanic or Latino and 86 children have identified special needs²⁹. Disparities between services available and the need for infant and toddler care services persisted during the 2014-2015 school year and continue into the 2015-2016 school year. SF3C reports that although most of the new applications they receive are for infant and toddler care, preschool aged children are 3 times more likely to receive a placement. Therefore, future system changes must address the changing needs of the families of San Francisco. ³³

MNC Head Start program has taken steps to address the need for childcare for younger children by adding two toddler classrooms, and moving forward with plans to implement a program option change with conversion of 34 child slots allocated for Head Start children to 24 Early Head Start center-based slots, and additional 10 Early Head Start home-based enrollment opportunities.

Homelessness

Studies show that homeless children are at a higher risk for health problems, such as poor nutritional status, asthma, mental health issues, and developmental delays. Homelessness also makes it more difficult for children to enroll and attend school. SFUSD reports that "although there has been a decrease in the absolute number of [homeless families] between 2013 and 2015, a disproportionate number of homeless families with children are African American and female..."³⁰ Reasons cited for homelessness for families with children were domestic violence (27%), job loss (23%), family separation (18%), and eviction (14%).³⁴

California ranked 48th out of 50 states in a 2014 report by the National Center on Family Homelessness³¹. While a recent Mission Promise Neighborhood report found that the Mission and Bayview/Hunter's Point neighborhoods had as many as 2,437 homeless people in 2013³², data from the Lucile Packard Foundation suggests that there are 107 children from birth through kindergarten who are homeless in San Francisco County in 2015³³, and 29,817 in the state of California. In September 2015, the San Francisco Children's Council had 259 children on the waitlist for child care whose families were homeless or seeking permanent housing.³⁴

In October 2015, the CA State Assembly passed the amendment AB 982 to require that homeless children are given priority for eligibility for school and social services programs, such as Head Start. Furthermore, the family can continue receiving preschool services for 12 months without having to re-qualify or prove continued eligibility for services, rather than usual 3 months³⁵.

MNC currently serves 13 children experiencing homelessness.



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Children with Special Needs

Special Education Enrollment in the County of San Francisco remained fairly constant, 10.6% in both 2012, and 2013, but rose to 12.5% in 2014³⁶. Total number of students ages 3-5 receiving special education during the 2013-2014 school year is 936.³⁷

During the 2013-2014 school year, SFUSD provided special education services to enrolled children ages 0 to 5 for the following diagnosed disabilities: 616 children (66% of all disabilities) received speech or language impairment services, 164 children (18%) with autism spectrum disorders, 36 children (4%) who are hard of hearing, and 25 children (3%) with other health impairments³⁸. These numbers show some similarity to the PIR data for MNC's 2014-2015 program year with the majority of children receiving services for speech and language difficulties (14% of total number of children enrolled), and one child with autism. In the 2014-2015 school year 54 (14%) Mission Head Start children, and 2 (3.5%) Early Head Start children were receiving special education services, compared to 8% and 7% of the children at the other Head Start programs in San Francisco³⁹. The rise in speech and language delays could be linked to high density living conditions as more families are forced to live in shared housing, work multiple jobs, and are financially and overall stressed, leaving their young children without as many early educational opportunities.

As of November 2015, there are currently 44 children with a certified disability enrolled (for 2015-2016 PY) in Mission Head Start/Early Head Start programs. In the Mission Neighborhood as many as "one in five children aged 0 to 5 has been diagnosed with a special need, health problem, delay or disability, according to parents (n=123). This is higher than the citywide estimate of 7 percent."⁴⁰

The challenges reported in the 2013 Community Needs Assessment remain present in the community to this day. The Department of Children, Youth and Families (DCYF) and the First Five Commission of San Francisco in partnership with the Support for Families of Children with Disabilities launched a three year SF Inclusion Project providing select preschool sites with professional consultation, financial support, professional development, and parent training as well as other strategies to support children with special needs in the program⁴¹. MNC Capp Street center has successfully completed the three years as an Inclusion Demonstration Site pilot program⁴². As a result of this three year pilot project multiple provider and community resources were developed, such as a revised version of behavior policies, and child support plan, as well as a more streamlined process for early detection and referral processes.

Educational Needs for Children – No Significant Changes

Beyond the continued need in infant/toddler care, no significant changes have been noted in the area of educational needs for children in the Mission Head Start/ Early Head Start service area. MNC continued to collaborate with Preschool For All- First



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Five, the Office of Head Start and other funders and partners to improve program quality through teacher coaching and ongoing professional development opportunities especially in the areas of ECERS/ITERS, and CLASS assessments, as well as Dual Language Learning.

Additionally, two areas were prioritized for program improvement as a part of the goal setting process of the remaining three year Office of Head Start grant period. These goals respond to the shifting demographics and needs of the community noted above, as well as with the Legacy Strategic Planning and Visioning process conducted by Mission Neighborhood Centers for the entire agency.

The goals developed are as follows:

1. MNC HS/EHS will meet the community need for high quality, culturally appropriate Infant/Toddler early care and education and related family support throughout our service area. Through:
 - Increase number of center based infant/toddler enrollment opportunities
2. MNC will increase its organizational capacity and sustainability to deliver high quality services to children. Through:
 - Use of technology
 - Professional development
 - Support staff and parents in attaining degrees specifically addressing the needs of infant/toddler care

Educational needs for families – No significant changes

The following are families' educational interested as identified in the 2014-2015 PY Family Interest Survey in alphabetical order:

- Creative Curriculum – What is my child learning in Preschool?
- ESL classes
- First Aid and Emergency Intervention
- Job Training/ Vocational Programs
- Nutrition Basics and Healthy Eating
- Positive Discipline
- Stress Relief

Mental Health

The San Francisco Unified School District data suggests that “more than one in ten children and youth under the age of 18 in San Francisco has had three or more Adverse Childhood Experiences (ACEs).”⁴³ Adverse Childhood Experiences have been linked to negative health, and educational outcomes, and include experiences of discrimination, hunger, neglect, abuse, or witnessing violence. The report estimates that in 2011-2012



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school year, nearly 12,000 children (11.1%) in San Francisco had experienced 3 or more ACEs. Latino and African American youth were found to be the majority of youth receiving mental health services, making up 31% and 29% respectively of all youth receiving city-funded mental health services. The need for mental health support for children and youth is highest in Bayview/Hunter's Point, Ingleside, Excelsior, Visitacion Valley and the Mission⁴⁴. Although children of parents with mental health issues (e.g. anxiety, depression, chronic stress, addiction) do not always present with mental health concerns, they are more likely to develop mental health or behavioral concerns as they age, in part due to regular exposure to ACEs.

The Education Trust report, "Black Minds Matter: Supporting the Educational Success of Black Children in California," released in October 2015, examines how African American children fare compared to their peers. The report reveals large disparities on state, and national levels of institutional racism and achievement gaps between black students, and their peers. The Executive Director of Ed. Trust – West, Ryan J. Smith, notes that "[t]he deaths of unarmed youth by law enforcement across the country tell Black youth that their lives matter less than other lives. Similarly the decisions made within our education systems tell Black students that their minds and futures matter less as well."⁴⁵ In addition to the inequitable policy and institutional challenges of the African American youth, the community stressors, and decreased feelings of safety in their own communities from the police force add to adverse childhood experiences of these students which continue to need to be addressed by legislators, and community stakeholders on local, state and national levels.

Mission Head Start/Early Head Start continues partnering with *Instituto Familiar de la Raza (IFR)* to provide mental health consultation, early identification, and family support services in the area of mental health to address the child, family and community resilience. In 2014-2015 program year, 175 children were provided with mental health consultations and support through MNC's partnership with IFR.

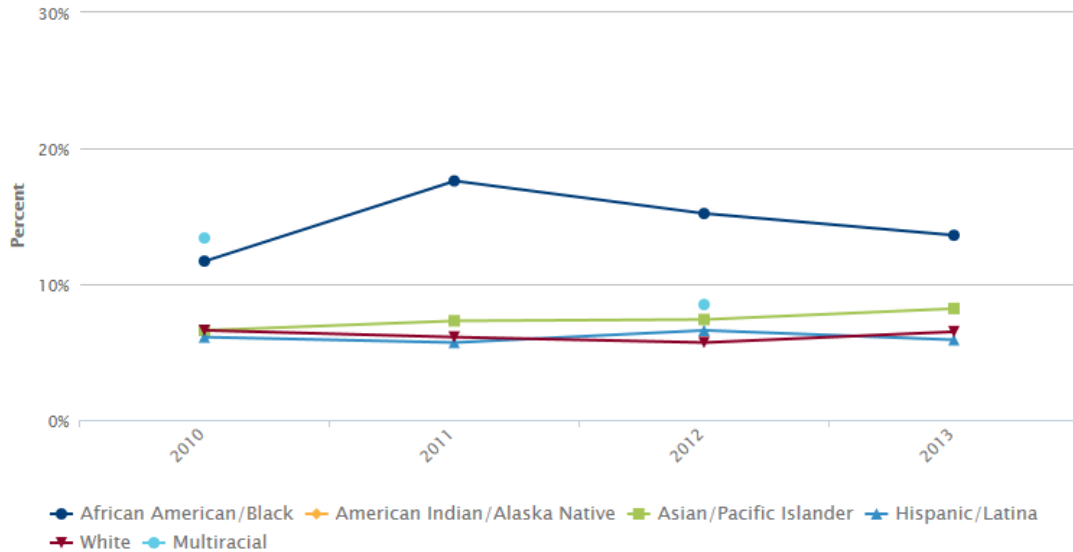
Physical Health

Infant mortality rates in San Francisco County was 2.9 per 1,000 births from 2011-2013. In 2009-2013, infant mortality rates for African American/ Black mothers was 9.8 per 1,000 births, 4.7 for Hispanic/Latino mothers, and 2.0 and 2.3 respectively for Asian and White mothers. So, while the overall infant mortality rate is below the Healthy People 2020 National Health Target of 6 deaths per 1,000 live births, significant racial health disparities still persist in San Francisco County, as well as the state of California⁴⁶. From birth, African American infants are at a greater risk for physical and developmental problems and delays, as well as death. 13.6 % of African American babies were born at low birth weight in 2013, an improvement over 15.2% in 2012, but still much higher than other races, and the city of San Francisco average. Only 5.9% of Hispanic babies are born at low birth weight, the lowest of all races in 2013⁴⁷.



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Figure 5: Infants Born at Low Birth Weight (<2,500 g), by Race/Ethnicity of Mother: 2010 to 2013 ⁴⁸
San Francisco County



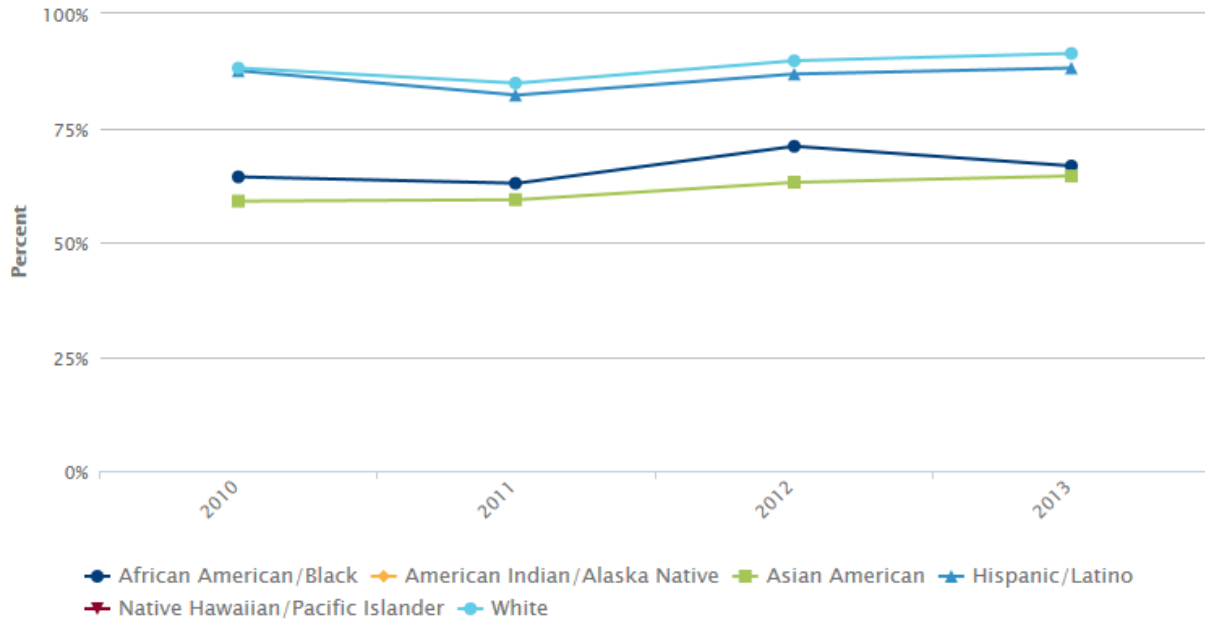
The rates of breastfeeding exclusively for the first 6 months of a child's life, which correlate with healthier babies (e.g. less incidence of asthma, and obesity), and better nutritional outcomes have been increasing from 89.1% mothers breastfeeding in 2002, and 94.1% in 2007⁴⁹. Children of Asian American and African American/Black mothers are less likely to be breastfed exclusively, while White and Latino mothers have significantly higher rates of breastfeeding, at 91.3% and 88.1% respectively.

Although the overall growth in the breastfeeding rates is encouraging, it is worth to note that the children (as young as 3 months) enrolling in the Mission Early Head Start center-based infant program during the 2014-2015 school year all have entered the program having already transitioned to formula feeding.



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Figure 6: Breastfeeding of Newborns, by Race/ Ethnicity: 2010-2013⁵⁰.
San Francisco County



Health Insurance Coverage

Health insurance coverage is essential to accessing regular preventative care in the United States. Compared to California, and the U.S., more children and families in San Francisco are insured or are enrolled in a comprehensive access program. In 2015, the SF Public Health Department estimated that 97% of residents have access to health insurance, or comprehensive health care through Healthy San Francisco program.⁵¹ Many residents previously utilizing the Healthy San Francisco program, have shifted to Medi-Cal or Covered California insurance coverage expanded under the Affordable Care Act in 2014. Similar trend is seen for children, with 97% covered by an insurance carrier (compared to the 93% in California). 100% of Mission Head Start children, and 95% of the Early Head Start children were reported to have a regular medical home during the 2014-2015 program year.

Lastly, health disparities in insurance coverage are less severe in San Francisco than in the state of California. In 2013, the percentage of uninsured children ranged from 12% (American Indian/ Alaska Native) to 4.6% (White), but San Francisco rates of uninsured children were between 4.1% (multi-racial), to 1.2% (White). While White children are still more likely to have health insurance, children of color fare significantly better in San Francisco than in the state of California.⁵²

Dental insurance coverage and access to dental care services has been more challenging than health insurance coverage. Many children receiving dental insurance through a



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parent's private employer-provided insurance plans do not receive sufficient coverage or have unaffordable co-payments for all preventative or treatment procedures. Children in this category are considered underinsured, and need community support to receive the care and treatment needed. During the 2014-2015 school year 98% of Mission Head Start children, and 74% of Mission Early Head Start children had a regular dental home, compared to 51% and 75% respectively for another Head Start agency in San Francisco.⁵³

Even though dental care is included for all children and families on Medi-Cal (as Denti-Cal), few families utilize the dental care benefits. "In addition to these disparities, over half (52%) of Denti-Cal enrolled children in San Francisco did not see a dentist in 2011-12. However, an analysis of data from Denti-Cal and the SF Kindergarten Screening Program shows that Denti-Cal utilization by children ages 0-3 years is significantly associated with reduced prevalence of caries experience among SFUSD kindergarteners one year later"⁵⁴. Preschool children ages 4-5 appear to be the group utilizing Denti-Cal services at the highest rates (61%) according to the San Francisco Department of Public Health data. The benefit use decreases to only a third of young adults 19-20 utilizing preventative dental services throughout the city⁵⁵.

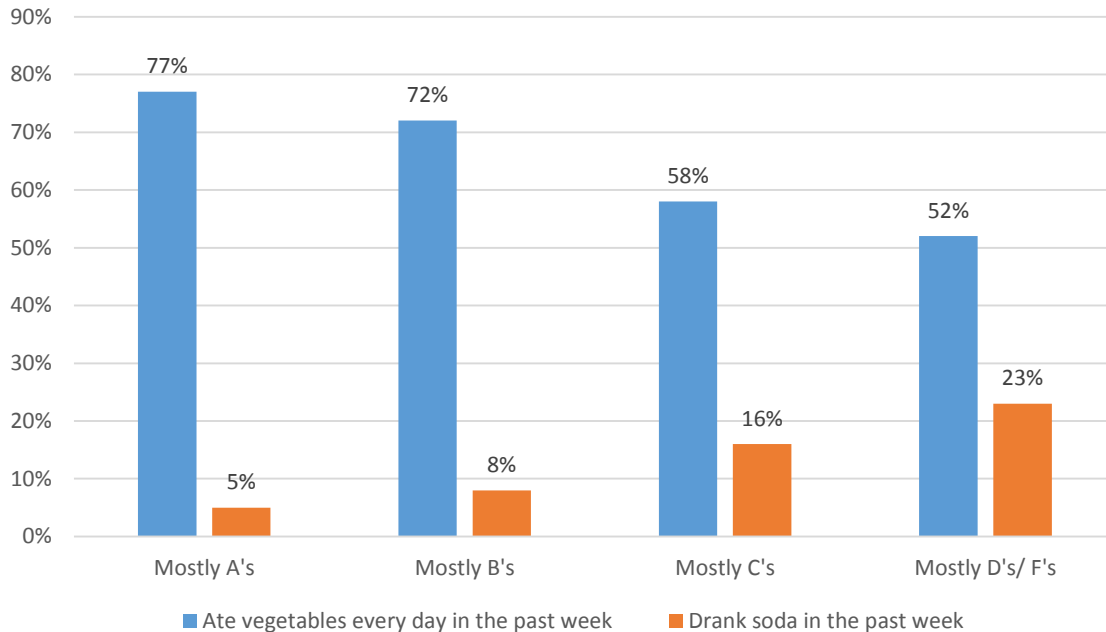
Nutritional Impacts on Children's Well Being

Data collected for the SF HIP purposes⁵⁶ in the areas of healthy eating and physical activity was driven by the SFUSD Fitnessgram data for 5th, 7th, and 9th graders does not specifically showcase the needs of the zero to five population. SFUSD reports that by 5th grade, almost 40% of the public school children in San Francisco are overweight, or obese, and 14-15% are considered to be in the High Risk category for weight. Native Hawaiian/ Pacific Islander (NH/PI), Latino and African American (AA) children performed poorer on the BMI tests. Only 37-55% of NH/PI, Latino or Black children were within a healthy weight, compared to 73-78% of their White, Asian and multi-racial peers. Children from lower socio-economic classes were also more likely to be overweight and obese, although the difference was not as drastic as that between races⁵⁷.



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Figure 7: Healthy Eating and Academic Achievement: percentage of high school students who reported eating vegetables and drinking soda in the past week (2013)⁵⁸.



Less than a fourth of students surveyed reported eating the recommended number of servings of fruit and vegetables per day. As presented in Figure 7, children whose average grades were mostly D's and F's (performing poorly academically) were significantly less likely to have consumed any fruits/vegetables every day in the previous week, and more likely to have had soda, or sugar sweetened beverages⁵⁹. Consumption of soft drinks is highest among high school students, but habits and taste for sugar sweetened beverages can start as early as preschool.

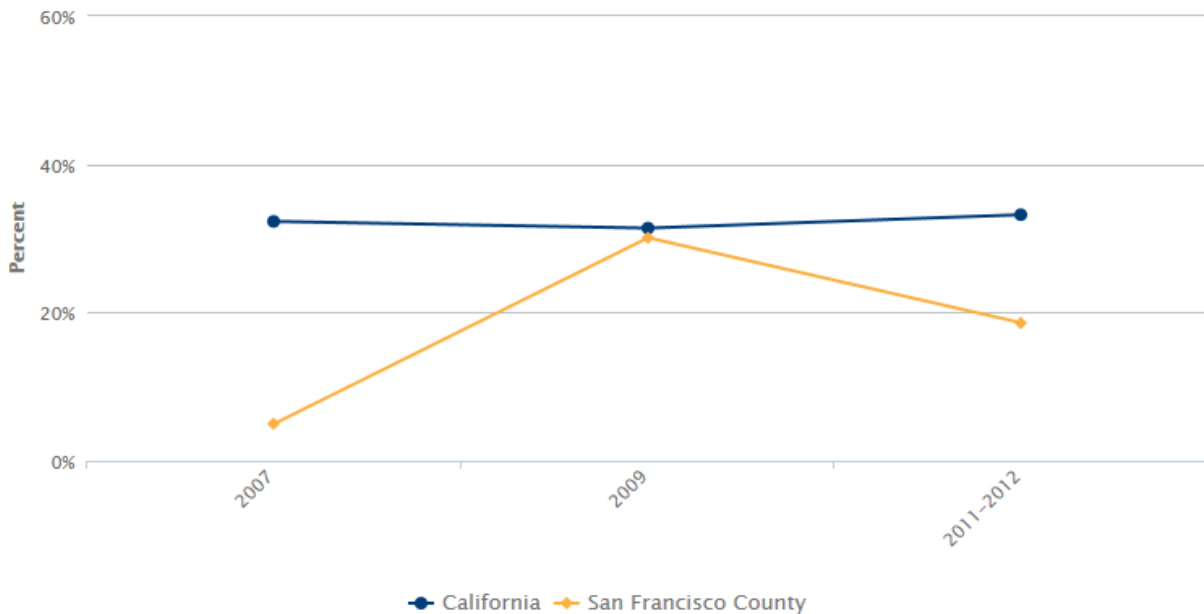
In November 2014, San Francisco's neighbor, Berkeley, CA, passed a penny-per-ounce tax on sugar sweetened beverages with a support of 75% of voters. On the same Election Day, San Francisco residents did not pass Prop E, which levied a 2-cent-per-ounce tax on sugar sweetened beverages and designated the tax funds specifically for children's preventative health projects, such as oral health improvement and obesity prevention campaigns. While 55% of the city's residents supported the tax, a 2/3 majority was needed for Prop E to pass. The "neighborhoods with low-income minority voters, including Chinatown, Bayview-Hunter's Point and Visitacion Valley, voted against the tax."⁶⁰ Some news outlets reported that the American Beverage Association spent over \$9 million on defeating Prop.E, and campaigned mostly in poorer neighborhoods, and with small businesses, education on the harmful effects of sugar sweetened beverages, as well as community outreach and education on the positive impact on the same communities by the tax revenues collected was lacking. Consumption of fast foods, and sugary sweetened beverages remains a nutritional concern that impacts obesity rates of children,



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and families, and disproportionately affects low income communities, and communities of color.

Figure 8: Children Who Ate Fast Food Two or More Times in the Past Week, by Age Group: Ages 2-11: 2007 to 2011-2012⁶¹.



Children ages 3-4 in Mission Head Start continue to be at a much higher risk for overweight and obesity compared to their peers enrolled in other child care settings. San Francisco Child Care Health Project (CCHP) serves childcare provider by providing screenings similar to those provided by Head Start, working particularly with centers serving CalWORKs and other low-income children. In 2013-2014 program year there were more than twice as many obese children enrolled in Mission Head Start (26%) than in San Francisco Child Care Health Project child care centers (10%). Data for the CCHP sites for the 2014-2015 school year reports the trends over the last two years show differences between Mission Head Start children and the CCHP children will remain. Combating obesity through promotion of healthy eating, and Moderate to Vigorous Physical Activity (MVPA) at all centers remains one of Mission Head Start and Early Head Start's primary goals for the areas of Health and Nutrition.



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Table 4: Weight Status Surveillance Data from San Francisco Child Care Health Project and Mission Head Start 2012-2015

| | SF Child Care Health Project ⁶² | | | | | | Mission Head Start ⁶³ | | | | | |
|-------------|--|-----|-----------|-----|------------|-----|----------------------------------|-----|-----------|-----|-----------|-----|
| | 2012-2013 | | 2013-2014 | | 2014-2015* | | 2012-2013 | | 2013-2014 | | 2014-2015 | |
| | # | % | # | % | # | % | # | % | # | % | # | % |
| Underweight | 14 | 1% | 16 | 1% | 29 | 2% | 8 | 2% | 8 | 2% | 17 | 5% |
| Overweight | 138 | 11% | 161 | 12% | 159 | 13% | 68 | 17% | 58 | 17% | 63 | 17% |
| Obese | 142 | 11% | 139 | 10% | 136 | 11% | 105 | 26% | 104 | 26% | 87 | 24% |

Hunger

Hunger and food insecurity are an ongoing concern of families living in the MNC Head Start/Early Head Start service area.

As reported in the 2014 Community Needs Assessment Update, the Mission Promise Neighborhood survey showed that almost half of the Mission residents they went without having their basic needs met in the last year, and the most commonly left out item was food.⁶⁴ 61% of the families spent more than half of their income on food⁶⁵.

The recent recession and the rise in unemployment between 2006 and 2010 resulted in a dramatic increase in the number of people, and families utilizing the Food Banks in San Francisco. The SF-Marin Food Bank estimated that the number of households utilizing the food pantries weekly nearly doubled between 2006 and 2010, from 52,100 families in 2006, to 100,500 in 2010⁶⁶. During the 2013-2014 fiscal year, the SF-Marin Food Bank served estimated that on average 144,000 families utilize food pantries each week⁶⁷, suggesting that the number of families in need of food assistance in San Francisco continues to grow.

Children who do not have enough food and do not have access to proper nutrition are more likely to be seen in the hospital, develop asthma, have developmental, cognitive and social delays, or become obese. For the City of San Francisco as a whole, almost 1 in 5 children experienced food insecurity in 2012. While such high percentage (19.5% in 2012, and increase of 0.8% since 2011) remains a concern, it is not nearly as worrisome as the potential rates in certain communities of people of color such as the Bayview or Visitacion Valley. Furthermore, children who were born at low birth weight, *and* experience food insecurity are 27.8 times more likely to become obese than their peers⁶⁸. Considering the distribution of hunger, and the disparities in LBW, all signs point to the unmet needs of the African American community.

The SF-Marin Food Bank reports that “food insecurity also has a negative impact on the cognitive development of a child, ultimately impairing his or her productivity and economic

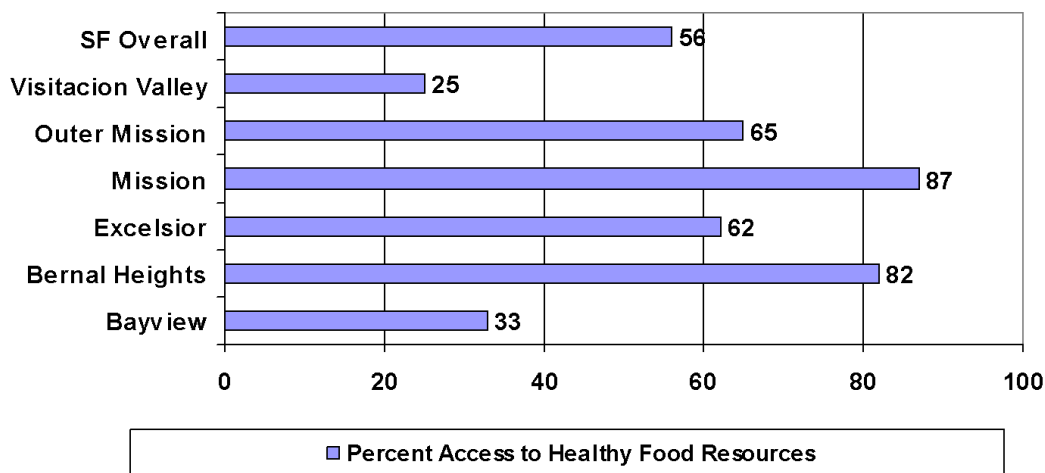


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potential. Research has shown that the learning deficits experienced by food-insecure children follow them during their school years and beyond. In contrast, one study demonstrated the positive and corrective effect of federal nutrition programs: girls who entered the Food Stamp Program between kindergarten and third grade had higher gains in reading and math scores than girls who left the program during that period. The effects of food insecurity also may influence children’s emotions and behavior. Data shows that hungry children are ‘four times more likely to need mental health counseling; seven times more likely to be classified as clinically dysfunctional; seven times more likely to get into fights frequently; and twelve times more likely to steal.’⁶⁹

As a response to family food insecurity MNC holds a twice a month food bank for families at our Capp facility where families are welcome to come and access much needed food commodities, including protein, fresh fruits and vegetables and legumes. Additionally, MNC facilities which are co-located at a Low-Income Housing Complex are also provided food supports that families can access and take home twice monthly.

Figure 9: Access to Healthy, Diverse Food Resources by Neighborhood, 2011 ⁷⁰



Other Chronic Illness – No Significant Change

There has been no significant change in risk, or incidence of chronic illnesses such as asthma, diabetes, or allergies, however incidence of chronic conditions such as the ones listed above is higher in the populations served by MNC, and health disparities persist among Latino and African American children. Mission Head Start/ Early Head Start maintains all previous partnerships in the area of health and nutrition in order to provide support to families of children with chronic illnesses, as well as to identify when their risk for an illness changes.

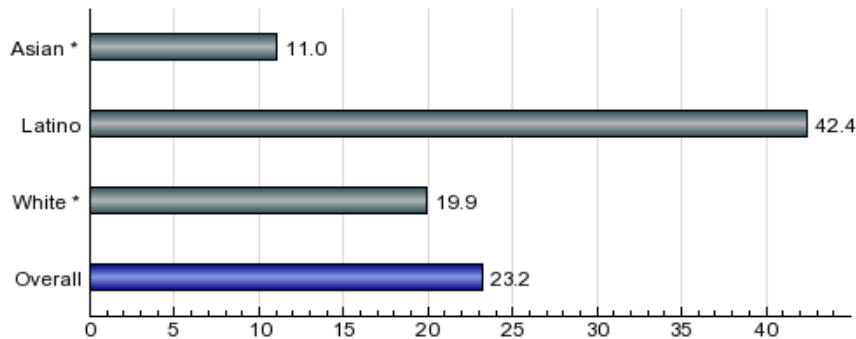
Based on the California Health Interview Survey data reported by SF HIP, during the 2011-2012 measurement period 23.2% of children and teens were diagnosed with



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asthma. Prevalence of asthma was the highest among the Latino children at 42.4%, and lowest in Asian children at 11.0%⁷¹. While this data is not consistent with the Program Information Reports of the Head Start agencies in San Francisco (rates range from 6% in an agency serving predominantly Asian children, versus 10% at Mission HS/EHS⁷²), it is possible that diagnosis of asthma is more frequently given to older children, who have exited the Head Start programs. It can also be inferred that such racial disparities for Latino children can be caused by substandard and overcrowded housing arrangements.

Figure 10: Children and Teens with Asthma by Race/Ethnicity⁷³.

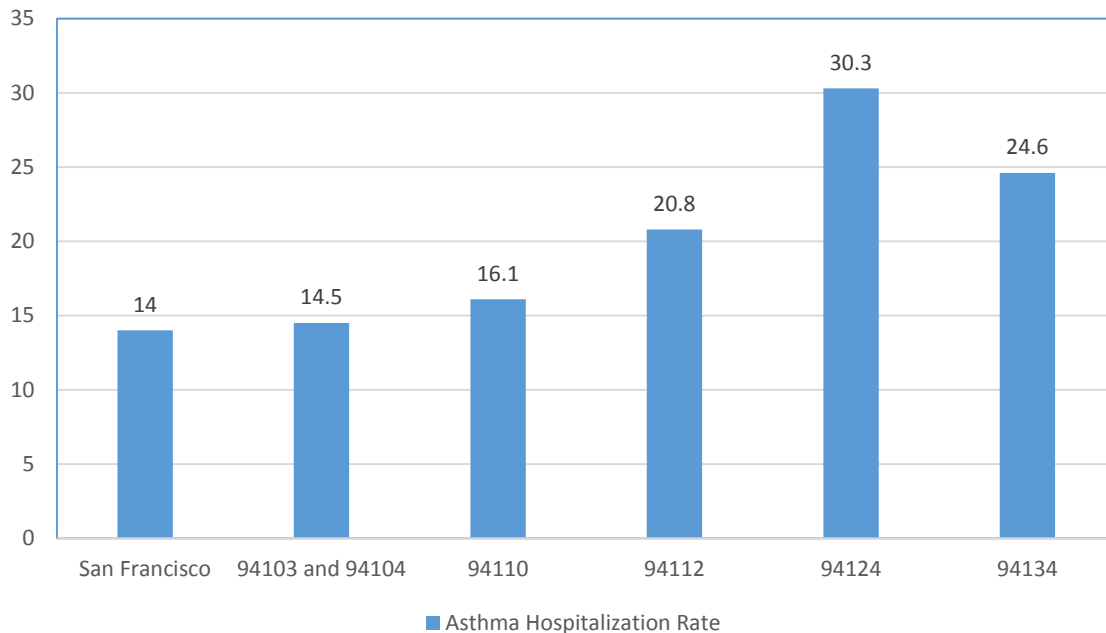


While no data on rates of asthma in African American children is currently available, Black children are almost 4.5 times more likely to be hospitalized due to pediatric asthma (37.7 children hospitalized per 10,000 children in population) than their White peers (8.4 per 10,000 children). Children ages 0-4 are most likely to be hospitalized for asthma-related symptoms, and boys are 70% more likely to be hospitalized than girls.⁷⁴



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Figure 11: Age-Adjusted Hospitalization rate due to Pediatric Asthma by Neighborhood. Hospitalizations per 10,000 population under 18 years⁷⁵.



Children's Oral Health

As mentioned previously, most children in San Francisco have dental insurance coverage, thanks to the Affordable Care Act (ACA) Medi-Cal and Denti-Cal expansion. However, for the same reason (ACA expansion of dental coverage to a larger number of adults), access to dental care remains a problem in San Francisco. SFUSD data analysis has shown that while most children see a dentist regularly, 8% of children 2-11 have never had dental care⁷⁶. Access to dental care, and integration of preventative dental care into the traditional medical care models continue to be the focus of the San Francisco Children's Oral Health (SF COH) Strategic Plan. Significant disparities in tooth decay prevalence are seen among the children of color, and children in low income families. Untreated tooth decay is two to three times more common in these communities. Children living in the South of Market, Bayview/ Hunter's Point, Visitacion Valley and Excelsior were among those children who were disproportionately affected by early childhood caries experience⁷⁷.

A completely preventable disease, tooth decay is the most prevalent chronic disease among children ages 6-18. Regular preventative dental visits, fluoride varnish for children ages 0-5, and dental sealants for older children, as well as oral hygiene education and promotion are all easy and cheap ways to prevent tooth decay in children (and adults). Only one application of fluoride varnish can decrease a child's risk of decay by 37-50%⁷⁸.



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The SF Children's Oral Health Strategic Plan, released in December 2014, is starting the second implementation year. During the first implementation year, dental examination services provided by Native American Health Center (NAHC) Dental team have been expanded to 8 Head Start sites throughout the city. Between August and November 2015, 55 children received full dental exams, with x-rays and fluoride varnish application at their pre-school sites, with more exams scheduled. Additionally, 227 children were screened at Mission Head Start and Kai Ming Head Start sites. 47.5% of children screened were found to have some dental decay, and will need treatment; 8% of the children screened needed urgent or extensive treatment. As a part of strategies to improve co-location of dental services in places that children and families frequent San Francisco Child Care Health Project preschool sites established mid-morning brushing (already a practice at all MNC Head Start and Early Head Start sites), screened 1949 children during the 2014-2015 school year, and provided fluoride varnish for 1268 children⁷⁹.

Among other successes of the SF COH efforts is the creation of the Chinatown Children's Oral Health Task Force in June 2015, led by NICOS Chinese Health Coalition⁸⁰, comprised by North East Medical Services, Chinese Community Health Care Association, Chinese Hospital, On-Lok Senior Health Services, and Self-Help for the Elderly. The Chinatown COH Task Force is tasked with coordinating integration, access and promotion concerns specifically in the Chinese and Asian communities, as the Chinese children experience 2.8 times as much untreated caries as their white peers⁸¹. The community partnerships formed in Chinatown have not yet been seen replicated in the Mission or Bayview/ Hunter's Point neighborhoods. A strong community champion that was seen in NICOS has been lacking in other San Francisco communities although efforts to address oral health disparities are underway as part of the SF COH Strategic Plan. As part of the medical-dental integration efforts, the pediatrics departments at the Kaiser Permanente hospital, San Francisco General Hospital, and the San Francisco Family Health Center all begun applying fluoride varnish for age-eligible children coming in for a regular "well child" visit (not for an illness). Community Health Centers serving the children and families in the MNC service areas, such as the Mission Neighborhood Health Center, have not yet adopted this practice.

Armed with the motto "two is too late" for the first dental visit, the second implementation year of the San Francisco COH Strategic Plan also includes a strengthening of oral health services in Head Start and Early Head Start programs, as well as begin the expansion to local WIC offices operated by the SF Public Health Department. Mission HS/EHS is committed to continuing the dental chair and dental screening partnership with Native American Health Center Dental team, as well as to educating staff and families about the importance of early childhood caries prevention and care. Six MNC Head Start sites (including 2 EHS sites) are in the process of acquiring dental "clinic" services on site.



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Social Services and Resources – No Significant Changes

Resources for Head Start/Early Head Start children and families remain mostly the same as during the triennial community assessment. Some of the largest needs of the Mission HS/EHS families continue to be need for additional affordable housing, safer neighborhoods, and reduction of health disparities, affordable high quality educational opportunities for children and adults, as well as workforce development training.

The resources continue to be located throughout the city and in low-income neighborhoods. Both small resource agencies and larger institutions such as family resource centers, neighborhood health clinics, WIC offices, shelters and food banks provide services. Many of these agencies have formal agreements (MOUs) with Head Start to address Head Start families' needs.

The efforts of Mission Promise Neighborhood (MPN) over the last year resulted in over 800 families enrolling in the MPN services. The enrolled MPN families receive support from Family Success Coaches who set achievable family goals and connect the parents and their children to services needed to achieve those goals⁸². In 2014 much of the MPN efforts have also focused on assessing the need for affordable housing in the Mission. Together with the National Association for Latino Community Asset Builders, MPN released a report on housing affordability, highlighting history of evictions, and the high costs of living that are pushing the Latino community out of the Mission, as noted earlier in this report. Likewise, the Children's Council and the Child Care Planning and Advisory Council have both issued resources for families, and child care providers on tenant rights and eviction protection laws.



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- ¹ California Dept. of Finance, Race/Ethnic Population with Age and Sex Detail, 1990-1999, 2000-2010, 2010-2060; California Dept. of Public Health, Center for Health Statistics, Birth Statistical Master Files; Centers for Disease Control & Prevention, Natality data on CDC WONDER; Martin, J. A., et al. (2015). Births: Final data for 2013. National Vital Statistics Reports, 64(1) (Mar. 2015) Retrieved November 16, 2015, from: <http://www.kidsdata.org/topic/610/fertility-rate/trend#fmt=1195&loc=2,265&tf=46,73>
- ² California Dept. of Public Health, Center for Health Statistics, Birth Statistical Master Files; Centers for Disease Control & Prevention, Natality data on CDC WONDER; Martin, J. A., et al. (2015). Births: Final data for 2013. National Vital Statistics Reports, 64(1) (Mar. 2015). Retrieved November 16, 2015: <http://www.kidsdata.org/topic/31/births-race/trend#fmt=145&loc=2,265&tf=46,73&ch=7,11,8,507,9,73&pdist=73>
- ³ California Dept. of Finance, Race/Ethnic Population with Age and Sex Detail, 1990-1999, 2000-2010, 2010-2060 (Jun. 2015); U.S. Census Bureau, Current Population Estimates, Vintage 2014 (Jun. 2015). Retrieved November 16, 2015 from: <http://www.kidsdata.org/topic/34/child-population-age/Trend#fmt=141&loc=265&tf=46,84&ch=1081,1084,79&pdist=6>
- ⁴ California Dept. of Finance, Race/Ethnic Population with Age and Sex Detail, 1990-1999, 2000-2010, 2010-2060 (Jun. 2015); U.S. Census Bureau, Current Population Estimates, Vintage 2014 (Jun. 2015). Retrieved November 16th, 2015 from: <http://www.kidsdata.org/topic/34/child-population-age/table#fmt=141&loc=265&tf=84&ch=1081,1084,1086,78,77,79&sortColumnId=0&sortType=asc>
- ⁵ California Dept. of Finance, Race/Ethnic Population with Age and Sex Detail, 1990-1999, 2000-2010, 2010-2060 (Jun. 2015); U.S. Census Bureau, Current Population Estimates, Vintage 2014 (Jun. 2015). Retrieved November 16, 2015 from <http://www.kidsdata.org/topic/34/child-population-age/trend#fmt=141&loc=265&tf=46,84&ch=1081,1084,78&pdist=6>
- ⁶ San Francisco Child Care Planning and Advisory Council, “San Francisco Early Care and Education Needs Assessment 2012-2013” CPAC, San Francisco, January 2014. Accessed at: <http://sfcpac.org/resources.html> [Last accessed November 16, 2015]
- ⁷ California Dept. of Finance, Race/Ethnic Population with Age and Sex Detail, 1990-1999, 2000-2010, 2010-2060 (Jun. 2015); U.S. Census Bureau, Current Population Estimates, Vintage 2014 (Jun. 2015). Retrieved on November 16, 2015 from: <http://www.kidsdata.org/topic/33/child-population-race/table#fmt=140&loc=265&tf=84&ch=7,11,726,10,72,9,73,87&sortColumnId=0&sortType=asc>
- ⁸ California Dept. of Finance, Race/Ethnic Population with Age and Sex Detail, 1990-1999, 2000-2010, 2010-2060 (Jun. 2015); U.S. Census Bureau, Current Population Estimates, Vintage 2014 (Jun. 2015). Retrieved on November 16, 2015 from: <http://www.kidsdata.org/topic/33/child-population-race/trend#fmt=144&loc=265&tf=13,84&ch=7,11,726,10,72,9,73&pdist=73>
- ⁹ San Francisco Health Improvement Partnership. 2015 Median Household Income. Retrieved on November 16, 2015 from: <http://www.sfhip.org/index.php?module=DemographicData&type=user&func=ddview&varset=1&ve=tab&pct=2&levels=-1&varid=2419&vl=tb&sregcomp=1>
- ¹⁰ City and County of San Francisco, Office of Labor Standards Enforcement. “Minimum Wage Ordinance (MWO)” Retrieved on November 16, 2015 from: <http://sfgsa.org/index.aspx?page=411>
- ¹¹ US Department of Health and Human Services. “2015 Poverty Guidelines” (September 2015). Retrieved on November 16, 2015, from: <http://aspe.hhs.gov/2015-poverty-guidelines>
- ¹² Mission Promise Neighborhood. An Assessment of Housing and Housing Affordability in the Mission Promise Neighborhood. National Association for Latino Community Asset Builders. San Francisco. March, 2015.
- ¹³ NYU Furman Center/Capital One National Affordable Rental Housing Landscape. “Renting in America’s Largest Cities”. New York, May 28, 2015.
- ¹⁴ Bureau of Labor Statistics, “Local Area Unemployment Statistics: California” Washington DC. November 16, 2015. Retrieved from: <http://data.bls.gov/timeseries/LASST0600000000000003>
- ¹⁵ San Francisco Health Improvement Partnership (SF HIP) “2015 Percent Civ Labor Force Unemployed”. Retrieved on November 16, 2015, from:



2015 Community Assessment Update

-
- <http://www.sfhip.org/index.php?module=DemographicData&type=user&func=ddview&varset=1&ve=tab&pct=2&levels=-1&varid=2771&topic1=County&topic2=San%20Francisco&vl=tb&sregcomp=1>
- ¹⁶ State of California Employment Development Department. "California Demographic Labor Force. Summary Tables – September 2015" Retrieved on November 16, 2015 from: http://www.calmis.ca.gov/specialreports/CA_Employment_Summary_Table.pdf
- ¹⁷ United State Census Bureau. "American Community Survey, 2009-2013 5-Year Estimates". Retrieved November 16, 2015, from: http://factfinder.census.gov/faces/nav/jsf/pages/community_facts.xhtml
- ¹⁸ SFUSD. "Data Report for Our Children, Our Families Council". San Francisco, CA. 2015. Pg. ii.
- ¹⁹ R. Bowe. "S.F. Study Documents Sharp Decline in Mission's Latino Population." KQED. San Francisco. October 28, 2015. Retrieved on November 17, 2015 from http://www.kqed.org/news/2015/10/28/s-f-study-documents-sharp-decline-in-missions-latino-population?utm_source=twitter&utm_medium=socialmedia&utm_campaign=kqedmain
- ²⁰ Mission Promise Neighborhood, "The Story of the Mission Promise Neighborhood Community: Baseline Results from the 2014 MPN Neighborhood Survey." Mission Promise Neighborhood, 2014, page 20
- ²¹ SFUSD. "Data Report for Our Children, Our Families Council". San Francisco, CA. 2015. Pg. iii
- ²² State Senator Joe Simitian. "SB 1383L Kindergarten Age (2010)" Retrieved on November 30, 2014, from: http://www.sensorsimitian.com/entry/sb_1381_kindergarten_age
- ²³ SFUSD Enrollment Guide 2016-2017. Retrieved on November 16, 2015 from: http://www.sfusd.edu/en/assets/sfusd-staff/enroll/files/2016-17/2016-17_enrollment_guide_en.pdf
- ²⁴ California Head Start Association. "Survey Results: Transitional Kindergarten Impact on Head Start Programs." October 2015
- ²⁵ California Head Start Association, and California Child Development Administrators Association. "Inappropriate Enrollment Practices Plague Transitional Kindergarten." Sacramento, CA. November 4, 2015.
- ²⁶ M. Malan. "SF Housing Crisis: Family Child Care Provider Resources". San Francisco. 2015. Retrieved November 16, 2015, from: <http://www.childrenscouncil.org/sf-housing-crisis-family-child-care-provider-resources/>
- ²⁷ Children's Council of San Francisco. "San Francisco Child Care Connections (SF3C) Monthly Report – September 2015". San Francisco. 2015.
- ²⁸ Mission Promise Neighborhood, "The Story of the Mission Promise Neighborhood Community: Baseline Results from the 2014 MPN Neighborhood Survey." Mission Promise Neighborhood, 2014, page 15.
- ²⁹ Children's Council of San Francisco. "San Francisco Child Care Connections (SF3C) Monthly Report – September 2015". San Francisco. 2015.
- ³⁰ SFUSD. "Data Report for Our Children, Our Families Council". San Francisco, CA. 2015. Pg. 15
- ³¹ The National Center on Family Homelessness. "American's Youngest Outcasts: A Report Card on Child Homelessness." American Institutes for Research. 2014. Retrieved on November 16, 2015 from: <http://www.homelesschildrenamerica.org/mediadocs/280.pdf>
- ³² Mission Promise Neighborhood. An Assessment of Housing and Housing Affordability in the Mission Promise Neighborhood. National Association for Latino Community Asset Builders. San Francisco. March, 2015.
- ³³ Special Tabulation by the Homeless Education Program in the School Turnaround Office at the California Department of Education (Jan. 2015) Retrieved on November 16, 2015 from: <http://www.kidsdata.org/topic/1837/very-young-homeless/table#fmt=2309&loc=265&tf=79&ch=1197,1198,1199,1200,1201&sortColumnId=0&sortType=asc>
- ³⁴ Children's Council of San Francisco. "San Francisco Child Care Connections (SF3C) Monthly Report – September 2015". San Francisco. 2015
- ³⁵ State Assemblyman Eggman. "AB-982 Child Care and Development: Eligibility: Homeless Children." Sacramento. Oct. 2015. Retrieved on November 17, 2015 from: http://leginfo.ca.gov/faces/billTextClient.xhtml?bill_id=20150160AB982
- ³⁶ Special Tabulation by the California Dept. of Education, Special Education Division; Assessment, Evaluation and Support (Nov. 2014); California Dept. of Education, [California Basic Educational Data System \(CBEDS\)](#); National Center for Education Statistics, Digest of Education Statistics, 2013, [Table](#)



2015 Community Assessment Update

- 204.30: "Children 3 to 21 years old served under Individuals with Disabilities Education Act (IDEA), Part B, by type of disability: Selected years, 1976-77 through 2011-12" (Nov. 2014). Retrieved on November 16, 2015 from: <http://www.kidsdata.org/topic/95/special-needs-education-enrollment/trend#fmt=1146&loc=265&tf=5,79>
- ³⁷ California Department of Education, "2013 – 14 District Level Special Education Annual Performance Report Measure for SAN FRANCISCO UNIFIED School District." Sacramento, 2015. Retrieved on November 16, 2015, from: <http://www.cde.ca.gov/sp/se/ds/documents/indrptlea1314s.pdf>
- ³⁸ California Department of Education Special Education Division, "Special Education Enrollment by Age and Disability: 3868478 – San Francisco Unified." Retrieved on November 16, 2015, from: <http://data1.cde.ca.gov/dataquest/SpecEd/SpecEd3.asp?DistType=&cSelect=3868478--SAN+FRANCISCO+UNIFIED&cChoice=SpecEd3&DistType=S&cYear=2014-15&cLevel=District&cTopic=SpecEd&myTimeFrame=S&submit1=Submit&ReptCycle=December>
- ³⁹ Health Services Advisory Committee. "2015 PIR Data – All Agencies". July 2015.
- ⁴⁰ Mission Promise Neighborhood, "The Story of the Mission Promise Neighborhood Community: Baseline Results from the 2014 MPN Neighborhood Survey." Mission Promise Neighborhood, 2014, page 23.
- ⁴¹ San Francisco Department of Children, Youth and Their Families, "Children's Services Allocation Plan 2013-2016." San Francisco, May 2012. Retrieved on November 30, 2014, from: <http://www.dcyf.org/modules/showdocument.aspx?documentid=13>
- ⁴² San Francisco Inclusion Networks, "Pilot Sites" Retrieved on November 30, 2014, from: <http://sfinclusion.org/pilot/>
- ⁴³ SFUSD. ""Data Report for Our Children, Our Families Council". San Francisco, CA. 2015. Pg.27.
- ⁴⁴ SFUSD. ""Data Report for Our Children, Our Families Council". San Francisco, CA. 2015. Pg.27.
- ⁴⁵ The Education Trust – West. "The Education Trust – West Releases Black Minds Matter" Oakland, CA. October 28, 2015.
- ⁴⁶ California Dept. of Public Health, Death Statistical Master Files; CDC, Linked Birth / Infant Death Records on WONDER, and "Deaths: Final Data for 2013." (Apr. 2015). Retrieved on November 17, 2015 from: <http://www.kidsdata.org/topic/294/infantmortality/table#fmt=2312&loc=265&tf=81&sortColumnId=0&sortType=asc>
- ⁴⁷ California Dept. of Public Health, Center for Health Statistics, Birth Statistical Master Files; Centers for Disease Control & Prevention, Natality data on CDC WONDER; Martin et al. (2015), Births: Final Data for 2013. National Vital Statistics Reports, 64(1) (Mar. 2015). Retrieved on November 17, 2015 from: <http://www.kidsdata.org/topic/302/lowbirthweight-race/trend#fmt=92&loc=265&tf=46,73&ch=7,11,8,507,9,73&pdist=73>
- ⁴⁸ California Dept. of Public Health, Center for Health Statistics, Birth Statistical Master Files; Centers for Disease Control & Prevention, Natality data on CDC WONDER; Martin et al. (2015), Births: Final Data for 2013. National Vital Statistics Reports, 64(1) (Mar. 2015). Retrieved on November 17, 2015 from: <http://www.kidsdata.org/topic/302/lowbirthweight-race/trend#fmt=92&loc=265&tf=46,73&ch=7,11,8,507,9,73&pdist=73>
- ⁴⁹ San Francisco Health Improvement Partnership, "Mothers who Breastfeed" San Francisco, 2009. Retrieved on November 17, 2015 from: <http://www.sfhpi.org/modules.php?op=modload&name=NS-Indicator&file=indicator&iid=784867>
- ⁵⁰ California Dept. of Public Health, Center for Family Health, Newborn Screening Program Data, Breastfeeding Data (May 2015). Retrieved on November 17, 2015 from: <http://www.kidsdata.org/topic/244/breastfeedingstatus-race/trend#fmt=301&loc=265&tf=46,73&ch=491,7,11,726,10,72,9&pdist=73>
- ⁵¹ SFUSD. ""Data Report for Our Children, Our Families Council". San Francisco, CA. 2015. Pg. 28.
- ⁵² SFUSD. ""Data Report for Our Children, Our Families Council". San Francisco, CA. 2015. Pg. 28.
- ⁵³ Health Services Advisory Committee. "2015 PIR Data – All Agencies". July 2015.
- ⁵⁴ San Francisco Children's Oral Health Implementation Committee, "San Francisco Children's Oral Health Strategic Plan - Draft." San Francisco, 2014, page 6
- ⁵⁵ SFUSD. ""Data Report for Our Children, Our Families Council". San Francisco, CA. 2015. Pg. 29



2015 Community Assessment Update

-
- ⁵⁶ San Francisco Health Improvement Partnership, "Community Dashboard: All San Francisco Data." San Francisco, 2015. Retrieved on November 17, 2015 from: <http://www.sfhip.org/modules.php?op=modload&name=NS-Indicator&file=index>
- ⁵⁷ SFUSD. ""Data Report for Our Children, Our Families Council". San Francisco, CA. 2015. Pg. 22.
- ⁵⁸ SFUSD. ""Data Report for Our Children, Our Families Council". San Francisco, CA. 2015. Pg. 23.
- ⁵⁹ SFUSD. ""Data Report for Our Children, Our Families Council". San Francisco, CA. 2015. Pg. 23.
- ⁶⁰ H. Knight. "Why Berkeley passed a soda tax and S.F. didn't". San Francisco, CA Nov, 2014. Retrieved on November 17, 2015, from: <http://www.sfgate.com/bayarea/article/Why-Berkeley-passed-a-soda-tax-and-S-F-didn-t-5879757.php>
- ⁶¹ UCLA Center for Health Policy Research, California Health Interview Survey. Accessed at <http://www.chis.ucla.edu/> (Aug. 2013). Retrieved on November 17, 2015 from: <http://www.kidsdata.org/topic/737/nutrition-fastfood-age/trend#fmt=1121&loc=265,2&tf=10,77&ch=1091&pdist=7>
- ⁶² San Francisco Department of Public Health, "Early Childhood Weight Status Surveillance report, SF Child Care Health Project. Weight Status of Children ages 3 &4". San Francisco, 2014.
- ⁶³ Mission Neighborhood Centers PIR
- ⁶⁴ Mission Promise Neighborhood, "The Story of the Mission Promise Neighborhood Community: Baseline Results from the 2014 MPN Neighborhood Survey." Mission Promise Neighborhood, 2014, page 24
- ⁶⁵ Mission Promise Neighborhood, "The Story of the Mission Promise Neighborhood Community: Baseline Results from the 2014 MPN Neighborhood Survey." Mission Promise Neighborhood, 2014, page 25
- ⁶⁶ San Francisco Food Security Task Force. "Annual Report: Hunger and Food Insecurity on the Rise in San Francisco." San Francisco, CA. Nov, 2010. Pg. 6.
- ⁶⁷ SF Marin Food Bank. "Fiscal Year 2013-2014 Annual Report". San Francisco, CA. 2015.
- ⁶⁸ San Francisco Food Security Task Force. "Annual Report: Hunger and Food Insecurity on the Rise in San Francisco." San Francisco, CA. Nov, 2010. Pg. 7.
- ⁶⁹ San Francisco Food Security Task Force. "Annual Report: Hunger and Food Insecurity on the Rise in San Francisco." San Francisco, CA. Nov, 2010. Pg. 8.
- ⁷⁰ San Francisco Health Improvement Partnership. "Food Market Access Score." San Francisco, 2013. Retrieved on November 30, 2014 from: <http://www.sfhip.org/modules.php?op=modload&name=NS-Indicator&file=indicator&iid=7548589>
- ⁷¹ San Francisco Health Improvement Partnership. "Children and Teens with Asthma" San Francisco, CA. October 2013. Retrieved on November 17, 2015, from <http://www.sfhip.org/modules.php?op=modload&name=NS-Indicator&file=indicator&iid=8228219&Submit=Go>
- ⁷² Health Services Advisory Committee. "2015 PIR Data – All Agencies". July 2015.
- ⁷³ San Francisco Health Improvement Partnership. "Children and Teens with Asthma" San Francisco, CA. October 2013. Retrieved on November 17, 2015, from <http://www.sfhip.org/modules.php?op=modload&name=NS-Indicator&file=indicator&iid=8228219&Submit=Go>
- ⁷⁴ San Francisco Health Improvement Partnership. "Age-Adjusted Hospitalization Rate Due to Asthma" San Francisco, CA. April, 2015. Retrieved on November 17, 2015, from <http://www.sfhip.org/modules.php?op=modload&name=NS-Indicator&file=indicator&iid=17744811>
- ⁷⁵ San Francisco Health Improvement Partnership. "Age-Adjusted Hospitalization Rate Due to Asthma" San Francisco, CA. April, 2015. Retrieved on November 17, 2015, from <http://www.sfhip.org/modules.php?op=modload&name=NS-Indicator&file=indicator&iid=17744811>
- ⁷⁶ SFUSD. ""Data Report for Our Children, Our Families Council". San Francisco, CA. 2015. Pg. 25.
- ⁷⁷ San Francisco Health Improvement Partnership. "Why Children's Oral Health" San Francisco, CA. April, 2015. Pg. 1.
- ⁷⁸ San Francisco Health Improvement Partnership. "Why Children's Oral Health" San Francisco, CA. April, 2015. Pg. 2.
- ⁷⁹ Report from the San Francisco Children's Oral Health Strategic Plan Annual Retreat. "Strategy 1: Access, Tactic 2: Increase Service Delivery to Settings Children and Families Frequent." San Francisco, CA. November 2015.



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- ⁸⁰ San Francisco Health Improvement Partnership. "SFHIP Steering Committee Monthly Report: August 20, 2015." San Francisco, CA. 2015. Pg. 3.
- ⁸¹ San Francisco Public Health Department. "San Francisco Children's Oral Health Strategic Plan." San Francisco, CA. December 2014. Pg. 5.
- ⁸² Mission Promise Neighborhoods. "MPN Mission" San Francisco, CA. 2015.