Early Childhood Needs Assessment

DELIVERABLE 1

A Baseline on Iowa’s Young Children
Capturing the ‘Demand’ for Early-Childhood Services

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Produced for Early Childhood Iowa by:

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Introduction and Top-Line Findings

The first five years of life are critically important to setting the overall developmental trajectory of children. Differences among children in opportunity are present even at the time of birth, and differences in health, education and overall development are profound by age three. Up to half of all subsequent school difficulties are evident at kindergarten entry.

Increasingly, Iowa policymakers and communities, like their counterparts in states across the U.S., are looking at what they can do to support children’s healthy development during the first five years—the approximately 2,000 days that are so critical to children’s lifelong prospects.

They need information at state, county and community levels to do so. This report, the first part of a comprehensive needs assessment produced on behalf of the Early Childhood Iowa Stakeholder Alliance and Early Childhood Advisory Council, provides a compilation of such information for Iowa, focusing on:

- Demographic trends involving young children
- Conditions and factors related to the child and his or her family that can place that child at high need
- Community characteristics that can place additional strain on the families and children living in those places

Here is a summary of the report’s findings:

Part 1. Demographic Trends among Young Iowa Children

Iowa has long been a slow-growing state. While the U.S. population more than doubled between 1950 and 2010, Iowa’s population grew by 16 percent. Projections are for continued slow growth through 2020. Iowa’s population is older than average, with a much higher proportion of people over 65, and about the same percentage of people under 17, than the nation as a whole.
Topline findings

Analysis of data on the young-child population in Iowa found a series of themes falling into three areas:

STATEWIDE POPULATION TRENDS

- **Iowa continues to be a slow-growing state, but its share of young children has grown and is now comparable to the U.S. average.** From 2000 to 2010, Iowa’s total population grew 4.1 percent, compared with 9.7 percent nationally. In that period, the state’s young-child population grew 6.7 percent, compared with 4.8 percent nationally. In fact, although Iowa is still older-than-average overall, its share of young children is now very similar to the U.S. (6.6 percent, compared with 6.5 percent). Relatively slow growth is projected through 2020.

- **Iowa is becoming more diverse, and Iowa’s child population is leading the way.** All parts of the state are becoming more diverse, and population growth among children of color and/or of Hispanic descent is the sole driver of population growth in that age group in Iowa.

- **Both single parenting and parental work involvement have risen dramatically over the past decades.** The percent of births to single Iowa mothers rose from 7 percent to 34 percent between 1970 and 2010, and the state has one of the highest shares of young children with all parents in the work force—74 percent. These patterns have contributed to an increased need for child care and put new stresses on families.

DEFINING POPULATIONS OF CHILDREN WITH HIGH NEEDS

- **There is no one measure that captures “need” among children; rather a cluster of characteristics that contribute to good or bad outcomes.** On average, the prevalence of poor early-childhood outcomes is highest among children of less-educated, unmarried or adolescent parents, parents who are depressed, parents with limited incomes who have difficulty meeting basic needs, and among children with special needs themselves.

- **A significant share of Iowa families face economic stress; many are headed by young and less-educated parents.** More than 40 percent of Iowa’s young children live in households below 200 percent of poverty, a realistic measure of what it takes to support a family. Nearly one in five (19 percent of the total) live in households below 100 percent of poverty ($22,314 for a family of four in 2010). In 2010, 17 percent of Iowa first-time births, and 8 percent of total births, were to adolescent mothers, almost all of whom were unmarried with less than a high school diploma.

- **Another significant share of Iowa children have special health needs.** In fact, 21 percent of Iowa children four months to five years of age are at moderate or high risk of developmental, behavioral or social delays. Based on national research, we know over 50 percent of young children begin kindergarten behind in at least one area of special need and over 20 percent have multiple needs that require even greater levels of support.

DEFINING AT-RISK COMMUNITIES

- **Children with high needs are not evenly distributed across Iowa.** By grouping counties based on population and proximity to major cities, strong patterns emerge, with children living in the outlying metropolitan counties adjacent to large cities faring the best on average, and children in central-city counties and regional centers—counties anchored by towns of 10,000 to 50,000 people—often faring the worst.

- **Different levels of geography show distinct patterns of risk.** Analysis of well-being indicators at the county level often shows that risks are relatively dispersed around the state. But when analysis turns to the much small-scale census tracts, high-poverty neighborhoods—the vast majority located in Iowa’s largest cities—stand out as having the greatest challenges by far.

- **Despite variations, there is opportunity to better support children in every Iowa community.** Even in relatively unstressed communities, there are families struggling to afford child care and other basic needs, juggle work and school commitments or manage special health needs.
While Iowa historically has been one of the most homogenous states with respect to race and ethnicity, the state is becoming notably more diverse. In this regard, children are leading the way. Children of a race other than white and/or who are Hispanic represent 21.1 percent of Iowa’s under-6 population and 17.2 percent of the 6-17 population, but only 2.9 percent of the 65-plus population. Over the last two decades, the Hispanic young-child population in Iowa has more than doubled, and, in fact, people of Hispanic descent are now the largest minority group in the state. All other minority groups, including people who identify two or more races, have grown significantly as well. Iowa’s population is projected to continue becoming more diverse over the next decade, although at a slower rate than during the 2000s.

The growth of minority communities is a key component of overall population growth in the state. Without growth among children of color and/or of Hispanic descent, Iowa’s young child population would have declined statewide and in 70 of 99 counties. During the 2000s, a handful of suburban counties, primarily those around Des Moines, experienced very high growth rates among white, non-Hispanics, but the majority of counties experienced significant drops in this population.

Two other major demographic trends affecting young Iowa children are changes in family composition and work patterns.

First, Iowa, like the U.S. as a whole, has seen a decline in the proportion of children living in households headed by two parents. While the state still has lower rates of single parenting relative to the nation, Iowa has experienced the same notable, long-term rise in the share of households headed by single parents—both those headed by a male and those headed by a female—and in the share of grandparents or other relatives raising children. The rate of growth in single parenting slowed slightly during the 2000s compared to the previous decade, but remains at an all-time high in Iowa and the country.

Second, many more married women with young children are in the workforce today than 50 years ago, although the sole parent in a single-parent family is still more likely to be working than both parents in a married-couple family. In fact, Iowa is among the top five states in the nation in households with young children where both parents or the only parent are in the workforce (74 percent compared with 63 percent nationally). The growth in workforce participation has increased demands on families to secure child care and raised the need for care that not only meets basic safety standards but also provides high-quality, developmental support.

**Part 2. Defining populations of children with high needs**

There is no one measure that captures “need” among children, but rather a cluster of characteristics that contribute to good or bad outcomes. On average, the prevalence of poor early-childhood outcomes is highest among children of less-educated, unmarried or adolescent parents, parents who are depressed, parents with limited incomes who have difficulty meeting basic needs, and among children who themselves have special needs.

Many of the children falling into one or more of those categories will start school substantially behind their peers and need special attention to catch up.

National research and survey data on children, which likely apply to a large degree to Iowa, indicate that a substantial portion of the young child population has conditions—special health care needs, developmental disabilities, or behavioral and mental-health issues—that place the child at high need. This highlights the ongoing need for universal accessible screening and early intervention strategies that reach all children.

Children’s innate capabilities and congenital make-up play a significant role in development. But a growing body of research indicates the largest impacts on healthy development are ecological, that is, relating to the home and community environment and the consistency and quality of nurturing.
About this report

This document is the first of four “deliverables” CFPC will produce for Early Childhood Iowa as part of a comprehensive early-childhood needs assessment. The goals of the needs assessment are to aid Iowa stakeholders in gaining a clearer understanding of the availability, quality and capacity of early-childhood services and programs; the demand for those services now and in the future; and the gaps in services and supports that must be addressed in order to achieve the Early Childhood Iowa results:

- Children Ready to Succeed in School
- Healthy Children
- Secure and Nurturing Families
- Secure and Nurturing Early Childhood Programs (Early Learning and Development Programs)
- Safe and Supportive Communities

ECI needs assessment deliverables:

- **DELIVERABLE 1:** Estimate the number of and describe the children under six years old and their families who are currently living in Iowa and those projected to be living in Iowa through 2020 to understand the current and future “demand” for Early Childhood programs, services and supports and document ‘at-risk’ communities by geographic areas.

- Deliverable 2: Document the current supply, capacity and quality of and participation in early-childhood programs, services and supports for children from birth to kindergarten entry and their families. Develop analysis to allow for comprehensive understanding of how the supply of early-childhood programs and services varies across the state of Iowa.

- Deliverable 3: Perform a gap analysis to identify, based on data in Deliverables 1 and 2, how well Iowa’s early-childhood system of programs and services is positioned to meet the “demand” for quality services across the state based on the current capacity, as well as estimated “demand,” and the rate of service expansion required to meet future need.

- Deliverable 4: Compile a final comprehensive needs assessment report analyzing Iowa’s early-childhood system. The report will include recommendations to meet identified gaps in access to and the quality of services, programs and supports; strategies to accomplish improvements to the early-childhood system; and recommendations for periodically updating the needs assessment.

nurturing young children receive. Stressed and inconsistent home environments harm child development across all domains of school readiness: physical health and motor development, social and emotional development, language and literacy, and general cognition. Parental, and particularly maternal, depression also has been linked with poor or delayed child development.

Therefore, key to identifying and responding to children with high needs, particularly from a preventive perspective, is addressing the family.

Economic circumstances dictate how well families are able to provide for their basic needs. Because the data is readily available, the most common criterion used to identify young children with high needs is family income—usually those whose families fall below 100 percent or 200 percent of the federal poverty level. This translates to 21 percent and 44 percent of U.S. children and 16 percent and 38 percent of Iowa children, respectively.

This report will use income and poverty levels at various times, but it must be recognized that this measure alone is not the best “predictor” of high needs. Research indicates that maternal education is a stronger indicator than income in “predicting” future child development and success. Single parenting also is a strong predictor, and represents one of the adverse childhood experiences that hinder healthy development.

Maternal education and single parenting are indeed a factor in child well-being in Iowa. Of the over 38,000 total births in Iowa in 2010, 8 percent were to adolescent mothers—almost all of whom were unmarried and with a high school diploma or less. Another 22 percent were to older mothers with a high school diploma or less who are not married. Young children in these two groups clearly fall into the category of those most likely to become struggling students.
Part 3. Community Characteristics Affecting Young Children

Identifying the role communities play in ensuring healthy young child development is another important part of this report. Some places in Iowa have more resources available for young children and their families than others, and some are safer and more prosperous. Communities have different strengths and needs.

This report looks at communities and neighborhoods in Iowa in several different ways.

First, it groups counties by their population and proximity to large cities. As a group, the outlying metropolitan counties—places like Dallas, Washington and Bremer counties—were the fastest growing, most homogenous, and generally most prosperous. Central city metropolitan counties—places like Polk, Scott and Woodbury counties—showed great internal heterogeneity, with pockets of great need and great opportunity. Some of the highest levels of overall stress at the county level were in the state’s regional centers—places like Webster, Wapello and Clinton counties—where relatively low levels of income and educational attainment and relatively high levels of single parenting and unemployment often combined.

Second, the report examines eight separate indicators of community well-being or risk, drawn from census and Kids Count data, flagging those counties showing the highest degree of stress on each variable. It then sums the number of “high risk” flags for each county. Of Iowa’s 99 counties, 55 spiked on at least one of the eight measures (24 spiked only on one), and six counties spiked on four or five—the most of any county. Distinct patterns emerged by variable. Rural counties, for instance, were most prominent among those whose parents reported their 3- to 5-year-olds did not participate in preschool, while the state’s regional centers were most prominent in those with high rates of single parenting and poverty.

Finally, in order to highlight pockets of extreme need that remain “hidden” in countywide averages, the report moves to a finer-grain level of geography, identifying non-college-student census tracts with very high rates of overall poverty (30 percent or more) and examining other socio-economic indicators in those places. The 32 census tracts, all located in the state’s central cities or regional centers, were in fact very different in composition and education, income, wealth and social factors from the rest of the state. Their residents were disproportionately of color and/or Hispanic origin and disproportionately young. Further, on all measures except employment, they were dramatically more stressed than the state as a whole. Community building, as well as individual services and supports to families, and additional public attention is likely to be needed to respond to these young children and their needs.

While there are clear differences among counties and even more pronounced differences within some neighborhoods, all counties have areas of need and concern regarding their young children and their families. Even the most stable Iowa counties are home to families struggling to afford child care, juggle work and school commitments or manage special child health needs.

Reviewing information at both the county and subcounty level can help to focus attention on particular specific concerns facing children and specific neighborhoods requiring much more focused and intensive intervention.