UPDATE

A bi-monthly newsletter of the Solano County Health & Social Services

Letter from the Director

Dear reader,

Physical inactivity and super-sized meals are leading to a nation of oversized people. In addition to the health costs of being overweight or obese, there are financial costs as well. While extra value meals may save us some change at the counter, they're costing us billions of dollars in health care and lost productivity. The combined cost of physical inactivity, obesity and overweight totaled \$21.7 billion for California in 2000. The costs included direct and indirect medical care (\$10.2 billion), lost productivity (11.2 billion), and workers' compensation (\$338 million). No doubt the cost has risen since then.

Obesity is the fastest-growing cause of disease and death in the United States - and it is completely preventable. Nearly two out of three Americans are overweight or obese. Since the 1970's the prevalence of overweight and obese children and adolescents has tripled. Overweight adolescents have a 70% chance of becoming overweight or obese as adults. More than one in four teens who have been teased about being overweight have considered suicide. A UCLA/RAND study found the effects of obesity are similar to 20 years of aging, and that obese adults have 30 to 50 percent more chronic medical problems than those who smoke or drink heavily.

Nationwide, an estimated 300,000 deaths per year are likely attributable to obesity. Other health consequences include heart disease (heart attack, congestive heart failure, sudden cardiac death, angina, abnormal heart rhythm, high blood pressure, elevated triglycerides, and decreased HDL "good cholesterol"), cancer (colon, gall bladder, prostrate, kidney, endometrial, and postmenopausal breast cancer), breathing problems (asthma, sleep apnea), arthritis, reproductive complications (increased risk of death to mother and baby, increased maternal blood pressure, gestational diabetes, infertility, problems with labor and delivery, higher rate of Cesarean section delivery and low blood sugar, increased risk of birth defects, and particularly neural tube defects), and diabetes (which can lead to blindness, heart and kidney disease, and amputation of limbs). Additional health consequences include increased risk of gallbladder disease, incontinence, increased surgical risk, depression, dementia in old age, and reduced quality of life through limited mobility and decreased physical endurance.

The Body Mass Index (BMI) is used to determine whether an individual is overweight or obese. (See Discussion on Page 2.) A person with a BMI above the healthy weight range may benefit from weight loss, especially if he or she has other health risk factors, such as high blood pressure, high cholesterol, smoking, diabetes, a sedentary lifestyle, and a personal and/ or family history of heart disease. Weight loss, as modest as 5 to 15% of total body weight in a person who is overweight or obese, reduces the risk factors for some diseases, particularly heart disease. For example, weight loss can result in lower blood pressure, lower blood sugar, and improved

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cholesterol levels. Symptoms of arthritis can improve with weight loss. "The American Cancer Society and the Duke University Prostrate Center found that men who lost more than 11 pounds had a lower risk for aggressive prostrate cancer than men whose weight remained the same over a decade.

As stated earlier overweight and obesity is preventable. Overweight and obesity result from an imbalance involving excessive calorie consumption and/or inadequate physical activity. Behavioral and environmental factors are large contributors to overweight and obesity and provide the greatest opportunity for actions and interventions designed for prevention and treatment.

According to the U.S. Department of Agriculture, the nation's food supply provides an average of 3,800 calories per day for every man, woman and child — roughly twice what the average person needs. As a result, food companies can charge just enough more for a larger portion to make a greater profit without spending much more in food production. Most people will buy the larger portion because it is a much better bargain. Large portions alone could account for the rise in levels of obesity across the population.

In Solano County, 60% of adults are overweight or obese. The rate of overweight children is among the highest in the Bay Area. The average 10-year old boy is 11 pounds heavier than a generation ago according to Dr. Ronald Chapman, Solano County Health Officer.

Physical activity does not need to be strenuous to be beneficial. People of all ages benefit from participating in regular, moderate-intensity physical activity, such as 30 minutes of brisk walking five or more times a week. However, less than one third of adults do not get the recommended amount of physical activity to provide health benefits and 40% of adults are not active at all in their leisure time.

Physical activity is important in improving overweight and obesity and is extremely helpful in maintaining weight loss, especially when combined with healthy eating. The perception of obesity must change so that health becomes the chief concern, not personal appearance. In summary, three key factors must be addressed to reduce overweight and obesity: 1) improved health literacy, 2) healthier eating habits, and 3) increased physical activity.

Solano County is taking steps to address this health issue. Public health perspectives are being integrated into planning and land use decisions in Solano County. Other activities include promoting health education, healthy food choices and portion sizes, daily exercise, and healthy lifestyles in general. We are looking to create communities with designs that encourage people to use bikes or walk, that provide access to and encourage eating healthy foods, and enable people to live a healthy lifestyle.

Sincerely,

Patrick O. Duterte

Director

Body Mass Index (BMI)

Body mass index (BMI) is a number calculated from a person's weight and height. BMI is a reliable indicator of body fatness for people. Although BMI is not a direct measure of body fat, it is considered an inexpensive and easy to perform method of screening for weight categories that may lead to health problems. Since BMI is not a direct measure of body fat; some individuals, such as highly trained athletes, may have a high BMI because of increased muscularity rather than increased body fatness.

For children and teens, BMI is age- and sex- specific and is often referred to as BMI-for-age. After the BMI is calculated for children and teens, the BMI is plotted on the CDC (Centers for Disease Control) BMI-for-age growth charts (for either boys or girls) to obtain a percentile ranking. The percentile indicates the relative position of the child's BMI number among children of the same sex and age.

BMI Formula

Formula: weight (pounds) / height (inches) 2 x 703

Calculation: [weight/height/height] x 703

Calculate BMI by dividing weight in pounds by height in inches squared and multiplying by a conversion factor of

-.......

Example: Weight = 150 pounds; Height = 5'5" (65

inches)

Calculation: $[150 \div (65)^2 \times 703 = 24.96]$

BMI Interpretation

ВМІ	Weight Status
Below 18.5	Underweight
18.5 –24.9	Normal
25.0—29.9	Overweight
30.0 and Above	Obese

Solano County Body Mass Index

Overweight or Obese Adolescents

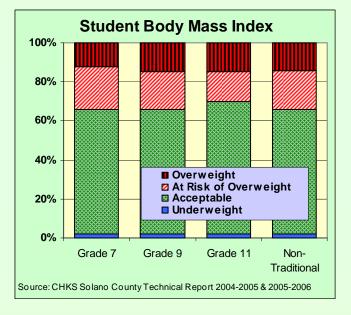
	2005	2001
Total	12.8%	14.4%
African American	26.7%	28.6%
Hispanic	17.8%	13.2%
Asian	0.0%	0.0%
White	6.9%	14.5%

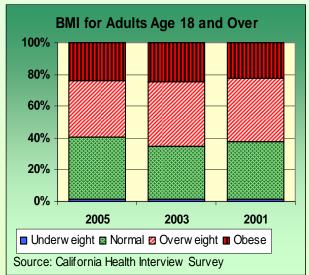
For adolescents, "Overweight or obese" includes the respondents who have a BMI in the highest 95 percentile with respect to their age and gender.

Source: California Health Interview Survey

- 34 % of the students in grades 7, 9, and non traditional students are overweight or at risk of being overweight according to the California Healthy Kids Survey.
- 30% of the students in grade 11 are overweight or at risk of overweight based upon the same survey.
- For each grade, 2% of the students were underweight.

- Overall, the percentage of adolescents who were overweight or obese decreased in 2005 compared to 2001.
- Substantially more African American adolescents are overweight or obese than those of other races/ ethnicities.
- The percentage of white adolescents who are overweight or obese decreased from 20.6% in 2003 to 6.9% in 2005 while the percentage of overweight or obese African American adolescents decreased from 34.8% to 26.7%.

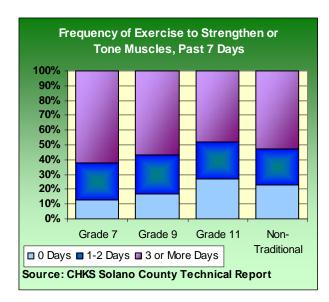




- The percentage of adults in the normal weight range has increased slightly while the percentage of overweight adults has decreased slightly from 2001 to 2005.
- The percentage who are underweight and those who are obese have had little change from 2001 to 2005.
- 60% of adults are overweight or obese in 2005 compared to 65% in 2003 and 62% in 2001.

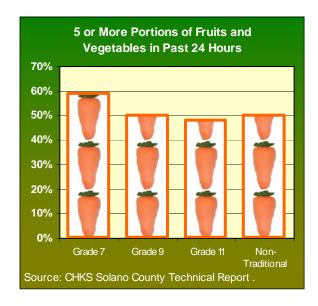
Solano County Diet & Exercise

- 59% of those in grade 7 had five or more portions of fruits and vegetables during the 24 hours prior to completing the survey while 48% of those in grade 11 did.
- Those in grade 9 and non traditional student settings did slightly better than the 11th graders with 50% eating at least five portions in the past 24 hours.



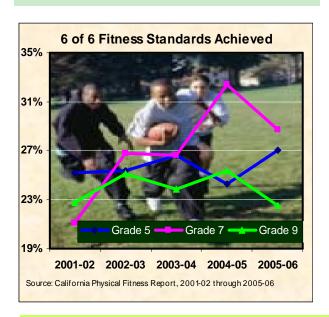
The California Physical Fitness Standards are based upon six tasks: aerobic capacity, body composition, abdominal strength, trunk extension strength, upper body strength, and flexibility. The Physical Fitness Report is based upon those students in grades 5, 7 and 9.

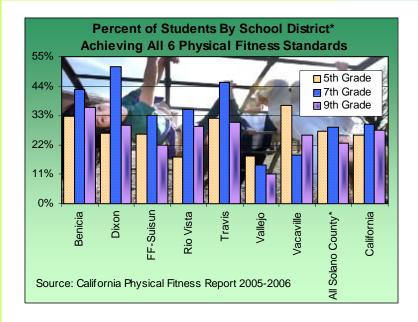
- 25.2% of 5th graders met 6 of 6 fitness standards with an additional 26.6% meeting 5 of the 6 standards.
- 21.1% of the 7th graders met 6 of 6 fitness standards with an additional 26.0% meeting 5 of the 6 standards.
- 22.8 of the 9th graders met 6 of 6 fitness standards with an additional 26.9% meeting 5 of the 6 standards.
- Overall for each grade, approximately half the students could not meet at least 5 of 6 of the physical fitness standards.



Students were asked of the frequency of exercise to strengthen or tone muscles in the past seven days.

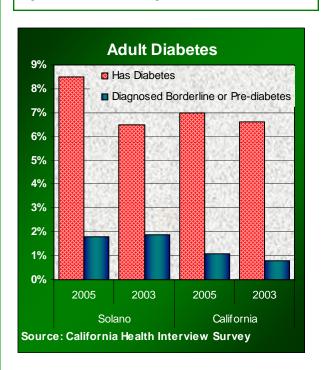
- 62% of those in grade 7 exercised in 3 or more days, while 57% of 9th graders did, and 48% of those in 11th grade did. 52% of those in non traditional settings exercised 3 or more days.
- 27% of those in 11th grade, 23% of those in non traditional settings, 17 % of 9th graders, and 13% of 7th graders did not exercise during the seven days.

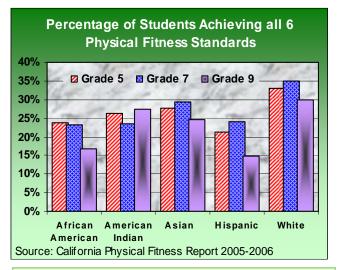




- Rio Vista is part of the River Delta USD which is included in Sacramento County. However, schools located in the City of Rio Vista (Riverview Middle and Rio Vista High) are included in the chart (left). (However, they are excluded from the County total.)
- More Solano County 5th graders achieved all six physical fitness goals that their counterparts statewide. While fewer Solano County 7th and 9th graders achieved all six goals than statewide.
- Substantially fewer Vallejo students in all three grades achieved all six physical fitness goals than students in the rest of the County.

- More white students in all three grades achieved all six of the physical fitness standards than students in the other racial/ethnic groups.
- Fewer than 15% of Hispanic 9th graders, and approximately 17% of 9th grade African American students achieved all six physical fitness standards.
- More 7th graders (27.0%) achieved all six physical fitness standards than those in 5th grade (26.4%) or 9th grade (22.8%).

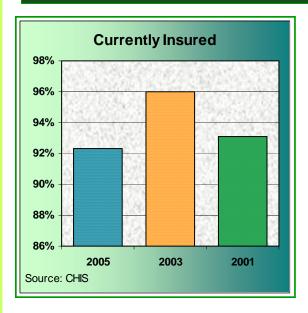




One serious consequence of overweight and obesity is diabetes.

- Statewide adult diabetes increased from 6.6% to 7.0% of the population between 2003 and 2005. In Solano County the incidence of adult diabetes increased from 6.5% to 8.5% of the population.
- The percentage of those diagnosed with borderline or pre-diabetes is also greater in Solano County than for the state as a whole.
- Within Solano County, the data from the California Health Interview Survey was statistically unstable to permit comparison of adults with diabetes by race. Similarly, no comparisons could be made for teens.

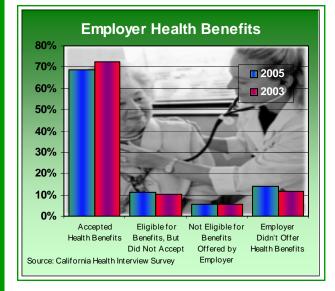
Health Insurance



- Fewer people are currently insured in 2005 than either 2003 or 2001.
- Employer based health insurance is still the largest source of health insurance with Medi-Cal being the second largest source.
- The percentage of Solano County residents who are uninsured increased in 2005 to 7.7% from 4.0% in 2003 and 6.9% in 2001.

The percentage of people receiving health insurance through their employer has fallen from 69.1% in 2001 to 66.1% in 2003, to 63.9% in 2005. This accounts for approximately 60% of the increase in the number of those uninsured from 2003 to 2005.

Types of Health Insurance						
	2005	2003	2001			
Employment Based	63.9%	66.1%	69.1%			
Medi-Cal	9.8%	11.7%	7.5%			
Medicare & Others	6.4%	6.6%	6.3%			
Privately Purchased	4.4%	4.0%	2.4%			
Other Public	2.7%	2.4%	2.1%			
Medicare & Medi-Cal	2.4%	2.8%	3.5%			
CHIP	1.4%	na	1.7%			
Medicare Only	1.3%	2.3%	0.5%			
Uninsured	7.7%	4.0%	6.9%			



- In 2005 69.0% accepted employer health benefits compared to 72.4% in 2003.
- Those eligible for health benefits but did not accept them increased from 10.5% in 2003 to 11.2% in 2005.
- Those not offered health benefits increased from 11.6% in 2003 to 14.1% in 2005.
- It appears the cost of health insurance is affecting the ability of employers to offer health insurance and employees ability to accept the health benefit offered.

Children and Weight Coalition of Solano County

The Children and Weight Coalition of Solano County (CWCSC) is a dynamic coalition formed in 2001 by professionals from Health and Social Services and the University of California Cooperative Extension to work toward developing and implementing effective solutions to address the growing epidemic of overweight children. The mission of CWCSC is to improve the health and well being of children and their families by creating an environment that promotes healthy lifestyles. The CWCSC currently has over 75 agencies and individuals as members. The CWCSC held monthly meetings for the general membership that included an education component for four years. In 2006 CWCSC changed to quarterly educational events for the general membership. The CWCSC planning committee meets monthly to guide the work of the CWCSC.



Teaching children about nutrition.

fornia Endowment to develop a countywide strategic plan and a social marketing plan. From April to December 2003, CWCSC conducted eight community forums to gather information useful in developing a countywide strategic plan for childhood overweight in Solano County. The forums were conducted in Benicia, Dixon, Fairfield, Rio Vista, Vacaville and Vallejo. Forums were also conducted for schools and for medical and health providers in the The purpose of the forums were to identify what is currently being done and what needs to be done and to develop action plans that address the unique needs of each community. planning process included having participants identify what was working and what was not working in 4-5 strategic directions in their community. Over 420 individuals participated in the planning process and provided input into the

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Initially the CWCSC participated in a pilot project sponsored by the Center of Weight and Health, University of California, Berkeley. The initial goal was to educate interested community members about the epidemic of overweight children, the complex components of the problem, and develop action plans. In October 2002, CWCSC members addressed the Board of Supervisors regarding childhood overweight, health costs to our community and available resources. The CWCSC sponsored a countywide forum to kick-off community actions and events. In February 2003, the Coalition was awarded a grant from The

CHILDREN & OBESITY

Childhood overweight and physical inactivity have reached epidemic levels in the nation, California and Solano County. As a result, children are having serious health problems now and more problems are predicted for the future. The epidemic is creating expensive and preventable long-term costs to both the quality of life and the economy. In California, the 2001 related health costs for both adults and children was estimated at \$14.2 billion a year. Preventing and treating childhood overweight is one of the most important health challenges that we face.

Children today may be the first generation in America that have shorter life expectancies than their parents if the trend of childhood overweight and physical inactivity continue. Significant research indicates that excess weight and physical inactivity put our children at risk for

chronic disease such as type 2 diabetes, heart disease, high blood pressure, some cancers, asthma, reproductive problems and joint problems. A child born in 2000 has a one in three chance of developing type 2 diabetes, with the risk being higher for Mexican Americans and African American children.

The basic cause of overweight is an imbalance between caloric intake and energy expenditure too many calories not enough physical activity or both. Childhood overweight and physical inactivity are influenced by various individual, genetic, social and environmental factors. Some factors we cannot change, however, there are other factors that we can change. We now live in an environment of convenience, laborsaving devices and readily available foods with high caloric density and environment conducive to the genetic expression of obesity.

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strategic directions. The strategic directions included: Physical Activity, Home and Family Environment, School Environment, Community

Environment and Health Care Systems.

Systems.

In 2004, the CWCSC received a Kaiser Permanente grant to assist schools (that have 50% or more of their children receiving free or reduced price lunch) to participate in Walk/Bike to School. Approximately 2,000 students participated in a Walk/Bike to School activity

in Benicia, Dixon, Fairfield, Vacaville and Vallejo.

The CWCSC was awarded a Kaiser Permanente Healthy Eating, Active Living (HEAL) grant to help further the work done on the strategic plan in 2005-06. The HEAL grant included funding for a planning retreat for community programs to help them develop a plan for their organization to address childhood overweight. These organizations include: Children's Network, Fairfield-Suisun school district, Benicia school district, Vallejo school district, Child Start, Vallejo Boys and Girls Club and Dixon Unified. The CWCSC gave out four mini-grants of \$1,000 to help organizations further their work in addressing childhood overweight. These organizations included: Robert Semple Elementary School in

Benicia, Dixon Unified School District, Student Health Services Vallejo and Child Start. The HEAL grant also provided funding for *Eat Smart*, *Be Active*, *Feel Well* classes in Fairfield in which KVIE filmed and included in their television pro-

gram Supersizing Our Kids. Four Smart Moves workshops were held for childcare providers and afterschool program staff taught by Patty Kimbrell, Physical Activity Consultant with San Diego State University to teach these individuals how to include a physical activity program in their setting.

The time for action is now! It is quite likely that children and adults will continue to become more overweight unless we make a concerted effort to create an environment that promotes a healthy lifestyle. Our children and youth are the future. They need to live in a healthy environment that promote and value physical activity and healthy food choices. Addressing childhood obesity requires action in many areas with many partners. For information about joining the CWCSC, call or email De-707-784-8131 nise Kirnig at ddkirnig@solanocounty.com.





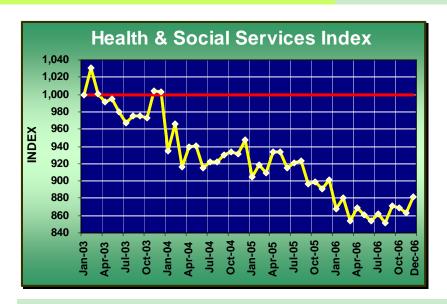
Solano County Wellness Challenge and County-Wide Wellness Policy

Nutrition Services, Occupational Health, wide wellness policy. Human Resources and other partners have planned, implemented and evaluated two Public Health has developed a goal to imannual Wellness Challenges for Solano plement a countywide nutrition and physi-County employees. lenge encourages healthy lifestyle by in- healthy options in vending machines and creasing fruit and vegetable consumption, healthy practices at meetings. being physically active and helping to con-Kirnig, Nutrition Services Manager has nect participants to community activities, been collecting other counties wellness The first year the challenge went for 10 policies and is beginning the process of weeks and the second year the challenge developing one for Solano County. was 6 weeks. Employees formed teams of wellness policy provides guidance on using 3-6 employees, designated at team cap- county money to purchase healthy foods, tain and came up with a team name. In including physical activity into meetings year two, 84 teams and 419 employees and having healthy food options in vendsigned up the Employee Wellness Chal- ing machines. lenge which was a 9% increase from the previous year. Teams earned points by fruit and vegetable consumption, minutes of being physically active and doing bonus point activities. The bonus point activities included: organizing healthy potlucks, participate in Turn Off TV week, attend cooking demonstrations, try new physical activities, visit Farmers Markets, play at local parks, participate in group run or walk, and walk 10,000 steps. Prizes were awarded to the first, second and third place teams.

Shelly Piper and Denise Kirnig presented the results of the Employee Wellness Challenge to the Board of Supervisors. The Board of Supervisors strongly supported the idea of developing a county-

The Wellness Chal- cal activity policy to include guidance on

Healthy options in vending machines and serving healthy fare at business meetings or events can play an important role in improving wellness. One of H&SS's strategic goals for 2006-07 is to implement a countywide nutrition and physical activity policy that includes quidance on including healthy options in all vending machines in County buildings.



The Health & Social Services (H&SS) Index combines workload data from 15 key services provided by H&SS, along with data on unemployment in Solano County, to provide a monthly indicator of community demand for health and social services.

All of the monthly numbers — clients served, program caseloads, number of unemployed, referrals, etc. — are added together and then converted into an index score. The January 2003 total serves as the index bench line figure of 1,000. The index scores for subsequent months reflect change from the January level. Like the Dow Jones or NASDAQ, higher scores suggest positive developments — fewer people looking for work or requiring the services that H&SS provides, for example. Falling numbers suggest increasing need for H&SS's safety net services.

Please note: The index is not a direct measure of need. Many socioeconomic factors influence need. At the same time, various factors, such as eligibility guidelines and available revenues, influence the amount of service that H&SS can provide regardless of need or demand for service. (Some Medi-Cal enrollment figures for more recent months are estimates or projections based on historical trends. Some other recent data is preliminary and may change.)

W.D.G.4.T.G.D									0 1 00 1		
	Jan-03 13,800	Jul-03 . 13,800	Jan-04 13,800	Jul-04 . 13,100	Jan-05 12.700	Jul-05 12,300	Jan-06 11,100	Jul-06 (9,000	9,800	9,700
Number Unemployed Number of I&R Calls	2.772	2,906	2.655	2.184	2.440	1.777	2.270	2.169	2.683	2,559	2,169
CalWORKs Cash As-	2,112	2,900	2,000	2,104	2,440	1,777	2,210	2,109	2,003	2,559	2,109
sistance Recipients	9,405	9,753	10,402	10,982	11,068	11,176	12,247	12,303	12,434	12,370	12,482
New CalWORKs Appli-											
cations & Restoration	521	530	469	472	452	477	486	490	482	420	356
Requests	44 545	40.000	40.704	45 470	40 474	40.400	40.704	40.500	00.540	00.504	00.747
Food Stamp Recipients	11,515	12,836	13,761	15,472	16,174	16,466	18,794	19,599	20,513	20,591	20,717
General Relief Recipients	256	325	385	387	442	501	717	615	684	716	685
Medi-Cal Enrollment*	49,059	50,977	53,268	53,748	54,856	55,810	57,549	57,237	56,843	56,544	55,046
Elder or Dependent Adult Abuse Referrals	98	110	106	90	108	113	91	83	82	87	86
Elder or Dependent Adult Abuse Confirmed	40	20	36	27	31	35	22	22	24	31	30
In-Home Supportive Services (IHSS) Au- thorized Cases	2,254	2,231	2,324	2,328	2,422	2,470	2,518	2,595	2,627	2,636	2,618
Child Abuse Referrals	390	324	387	304	333	239	311	252	310	242	253
Medical Clinic Visits	2,595	2,496	2,615	2,525	2,618	1,966	2,266	2,412	2,689	2,815	2,318
Dental Clinic Visits	447	425	283	290	364	231	342	272	322	320	288
Mental Health Clients	2,701	2,754	2,756	2,529	2,468	2,321	2,573	2,384	2,209	2,060	2,022
Substance Abuse Clients	699	529	566	651	628	645	691	663	504	459	389