UPDATE

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

September 2009
Volume 6, Issue 4

Letter from the Director

Health & Social Services faces some difficult choices in the coming weeks and months. The budget passed by the legislature and approved by the Governor included a disproportionate share of cuts to our state's safety net. The Governor used his line item veto authority to further cut health and social service programs.

Among the areas facing the greatest cuts is the Maternal, Child and Adolescent Health (MCAH) Program. This edition of UPDATE looks at some of the priorities of the MCAH Bureau. It shows some of the progress that has been made in improving prenatal care and other outcomes as well as the challenges that remain including growing rates of Chlamydia and the highest rates of births to teen mothers in the Bay Area. Despite the need for these programs, funding has been cut and much of the progress that we have made is in danger of being undone.

As of late July, Governor Arnold Schwarzenegger has reduced the Black Infant Health Program by $3.9 million, cut $2.1 million statewide from local county MCAH, $1.8 million statewide from the Adolescent Family Life Program, $250,000 from Provider Training and $3.5 million from MCAH's State operations, including monitoring of birth defects. With these cuts, counties' programs will not be serving the same numbers of clients and providing the same levels of services. In the long-term, the outcomes may reflect the impacts of those cuts.

Despite the cuts, H&SS will continue to serve mothers, children and adolescents but it will have to reduce services. The MCAH Bureau recently completed work with its partners and others on its five-year Needs Assessment. Because of that work, it examined its priorities, processes and collected data on selected areas.

The Solano County MCAH 2010-2014 Priority Areas

- Childhood Obesity
- Childhood Asthma
- Substance Use/Abuse During Pregnancy
- Prenatal Care
- Teen Substance, Tobacco and Alcohol Use
- Chlamydia
- Breastfeeding

The September UPDATE provides information on selected elements of the Needs Assessment and other related measures. MCAH is charged, according to the California Department of Public Health, with promoting healthy living for mothers and their families through programs for reproductive health, family planning, pregnancy, birth defects, infants, children and teens.

Sincerely,

Patrick O. Duterte
Director

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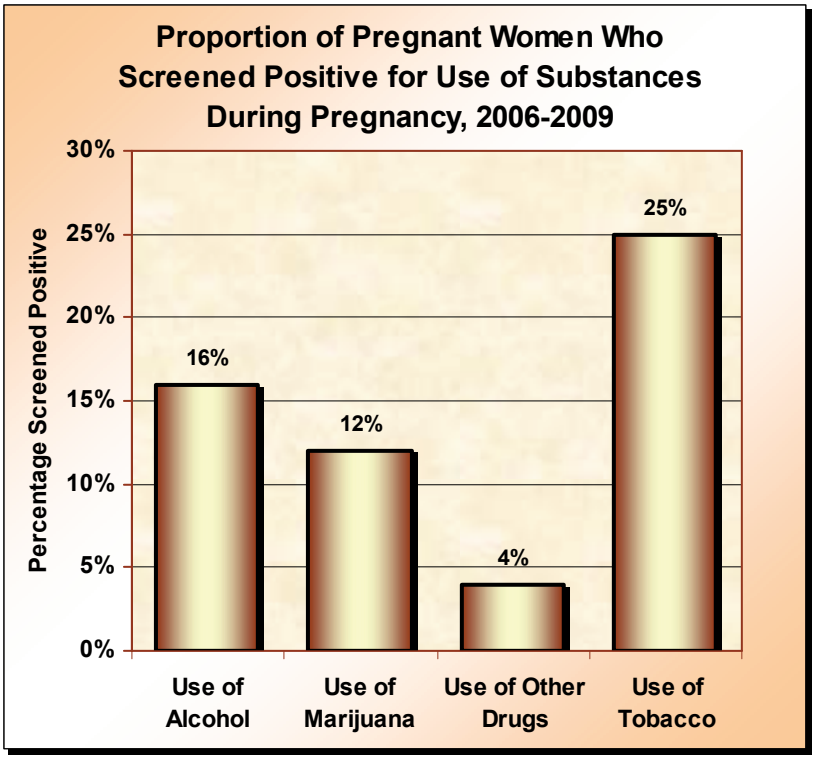
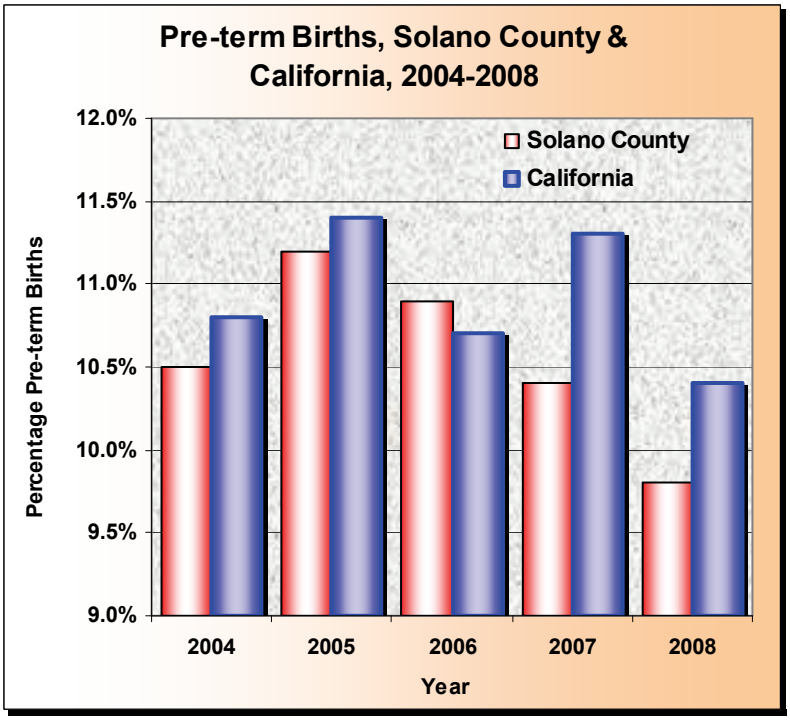
MATERNAL & CHILD HEALTH

One focus of the MCAH Bureau is the health of pregnant females and their infants. The source for the majority of these data is the State's Automated Vital Statistics System which houses all the data obtained from the birth certificate. Hospitals and locations of delivery complete all the information on the certificate when a mother gives birth.



Positive Screening for Substances During Pregnancy

- Screening is conducted using the 4 Ps Plus Screen for Substance Use in Pregnancy, a valid screening tool developed specifically for assessing risk in pregnant women. It offers brief intervention and education regarding substance use and its impact on pregnancy and the newborn. Prenatal exposure to alcohol is the leading cause of mental retardation in the U.S. There is no known safe amount of alcohol that a pregnant woman can drink.
- The chart shows data over three years of testing. It is clear that tobacco is the drug of choice followed by alcohol. Fully one in four women uses tobacco during pregnancy. One in about six uses alcohol. Use of tobacco during pregnancy contributes to low birth weight.



Pre-term Births

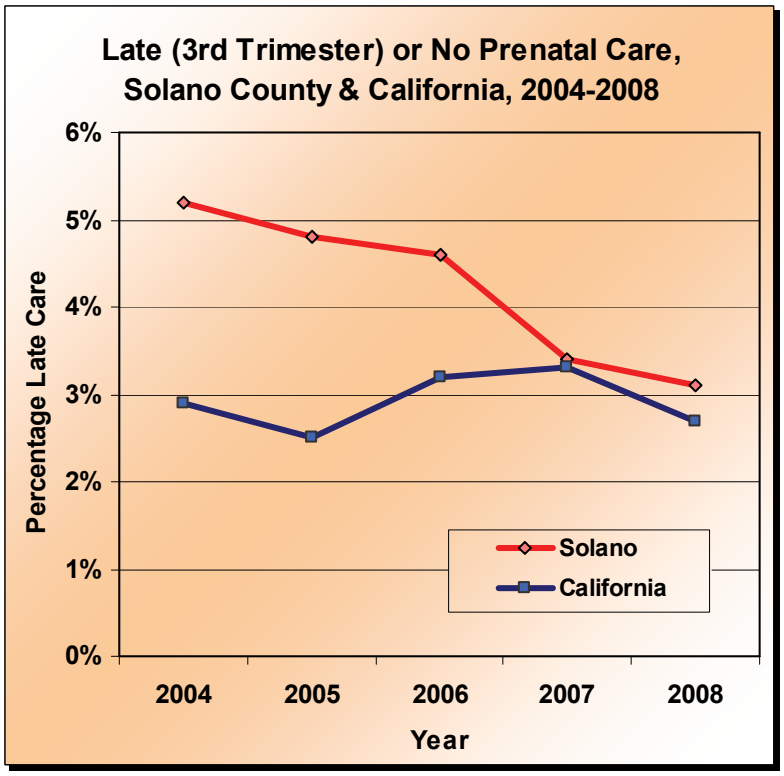
- A pre-term birth is one that occurs at of less than 37 weeks. Pre-term births occur in about 12 percent of all pregnancies in the U.S. (National Institute of Child Health & Development). It is one of the top causes of deaths of infants in the country (same source). Challenges to an infant born pre-term include low birth weight (a risk factor for death), problems with breathing, underdeveloped organs and others. Providers currently have no way of knowing who will deliver pre-term. However, factors exist for risk for pre-term: certain infections and a shortened cervix, pregnancy with twins or triplets, high blood pressure and diabetes. Also of concern are significant differences in rates of pre-term births among racial and ethnic groups for reasons that are not clear.

Late Prenatal Care

Healthy People 2010 has established a target where 90% of pregnant women receive prenatal care during the first 12 weeks.

Prenatal care is important to the health of the mother and fetus. Regular prenatal care can spot trouble in advance, saving lives and money. Late prenatal care is defined as care that first occurs in the third trimester. On the other hand, early prenatal care is defined as that occurring in the first 12 weeks (or first trimester). Early prenatal care is the gold standard.

In recent years, Solano County performed worse than the State on the rate of late or no prenatal care. However, for the last two years, Solano's rate has been equal to that of the State. Early prenatal care has long been one of the MCAH Bureau's top priorities.

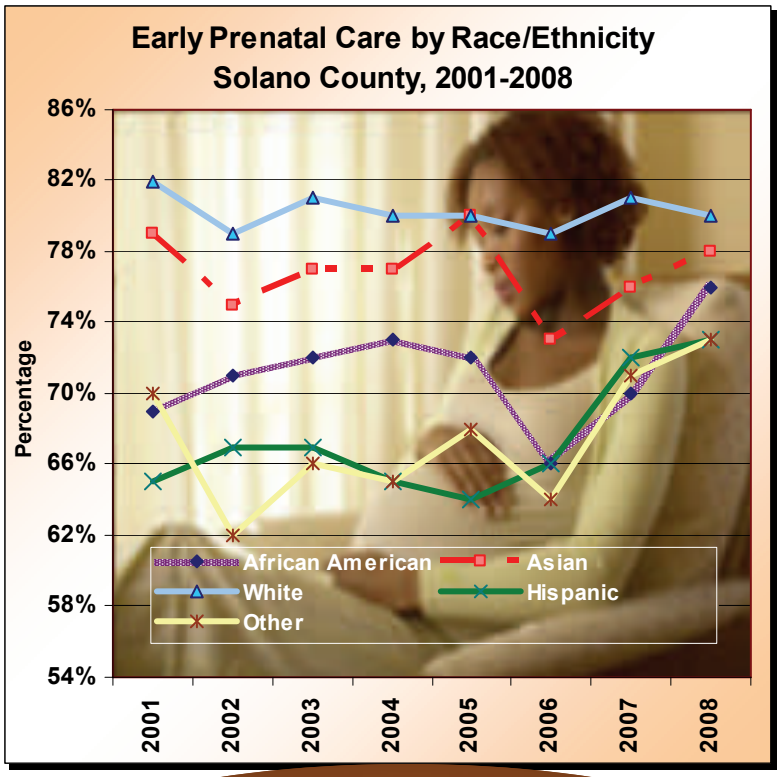


Prenatal Care by Race/Ethnicity

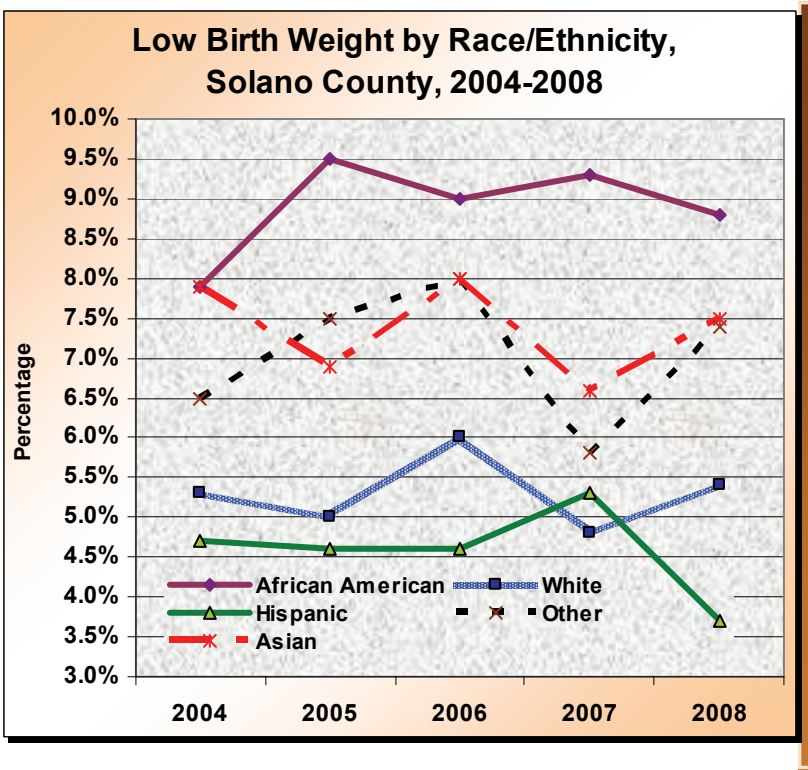
In Solano County, on average, 75% of pregnant women get early prenatal care.

Whites and Asians came closest to achieving the target. On average, 80% of whites and 75% of Asians received prenatal care during the first trimester, from 2001 to 2008. The category of "Other" (primarily comprised of multi-racial or multi-ethnic mothers but also including Native Americans) had the lowest, average rate.

All groups, except whites, showed marked improvement in receiving early prenatal care from 2006 to 2008.

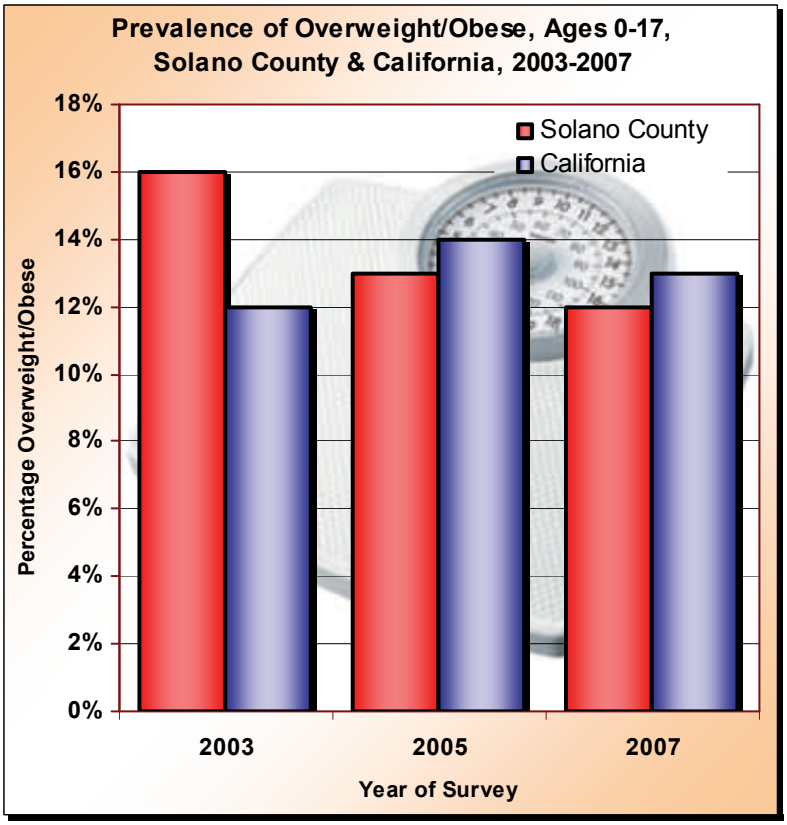


Solano County's
Women, Children and Teens Toll Free Line
English or Spanish
1-877-BABY (1-877-2229)



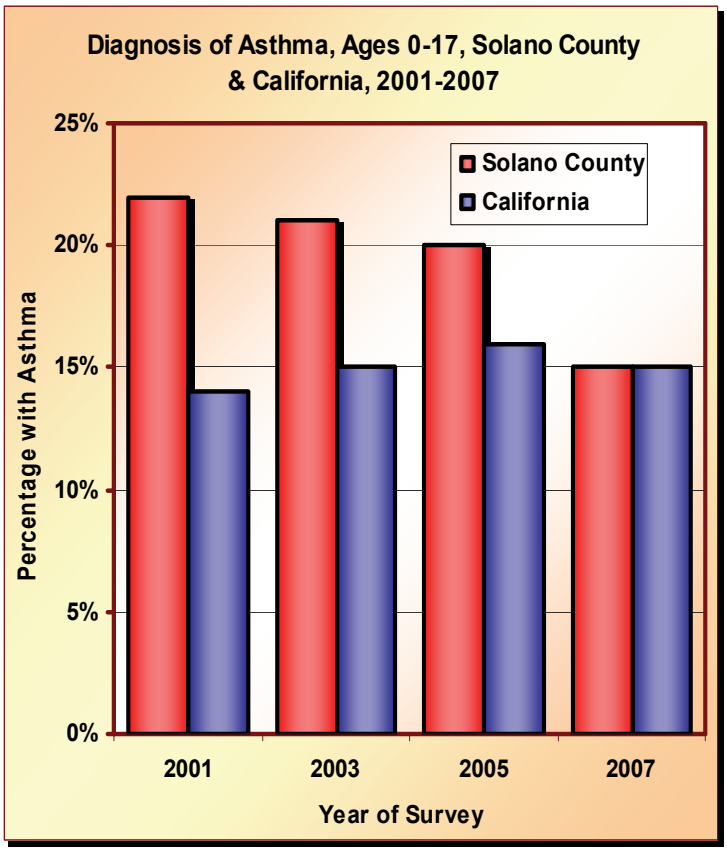
Low Birth Weight (1.5-2.4 Kg)

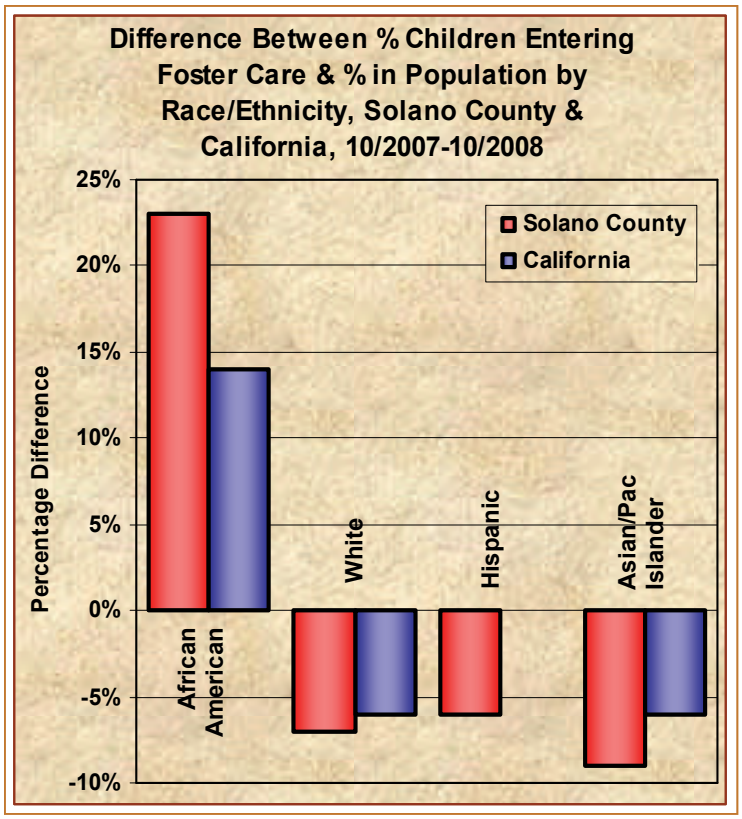
- Low birth weight is a major risk factor for infant mortality. Across the United States and Solano County, African Americans experience the highest rate of low birth weight.
- The Agency for Health Care Policy and Research stated that low birth weight is a complex mix of biological, inter-generational, socioeconomic and behavioral influences and that prevention demands an approach that considers those influences and the system of health care (1998).
- The Healthy People 2010's target is 5%. Overall, the rate among African Americans was almost double that. The County normally averages 7% and has not met the target.



Overweight/Obesity

- The California Health Interview Survey (CHIS) is the source for these data. Respondents are not asked if they are overweight/obese. UCLA, which prepares the data for counties, constructs the Body Mass Index using a formula based on responses about height and weight.
- The chart shows that Solano's rates have declined from 2003 and have been lower than the State's since 2005. The reasons are unknown.
- However, the Children and Weight Coalition (now the Food and Nutrition Network) has worked tirelessly over the last several years to educate the public about related factors and collaborate with its partners to decrease the prevalence of overweight and obesity.





Asthma

- The rates of asthma in children have been on the decline over the last four iterations of the CHIS. However, the County probably has one of the highest rates in the entire State. Adolescents, ages 11-17, have the highest rates of all (data not shown).
- The 2004 Solano Coalition for Better Health study on health disparities in Solano County found that African American children (ages 5 to 18) were 3 to 4 times more likely to be hospitalized for asthma as non-Hispanic whites.
- The Solano Asthma Coalition has been involved with its partners on education, treatment and triggers.

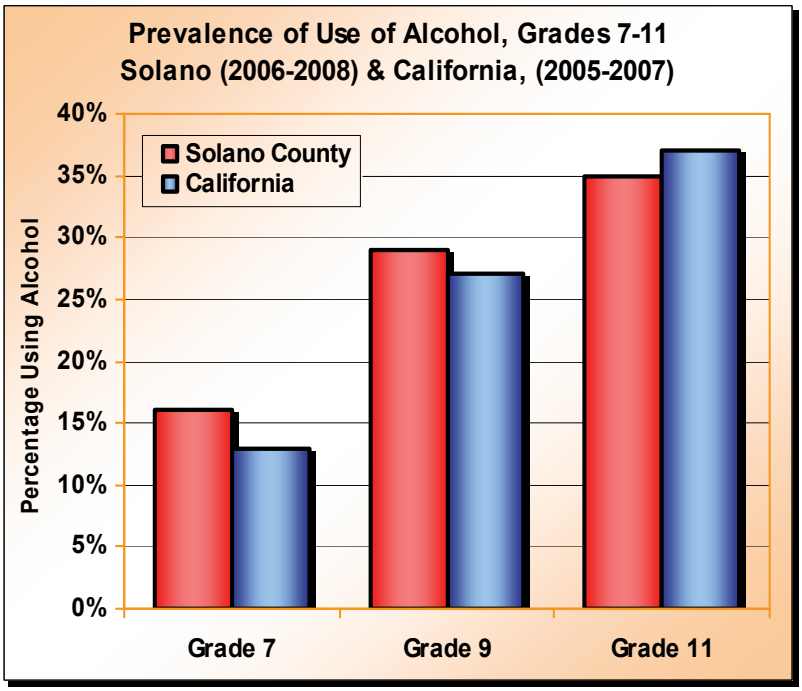
Representation in Foster Care

Solano County and California, just like the Nation, have a significantly greater proportion of African American children in foster care than children of other races and ethnicities. In July 2007, the General Accountability Office found that a higher rate of poverty is among several factors contributing to the higher proportion of African American children entering and remaining in foster care.

It seems that nationally, families living in poverty have greater difficulty accessing housing, mental health, and other services needed to keep families stable and children safely at home. Bias or cultural misunderstandings and distrust between child-welfare decision makers and the families they serve are also viewed as contributing to children's removal from their homes into foster care.

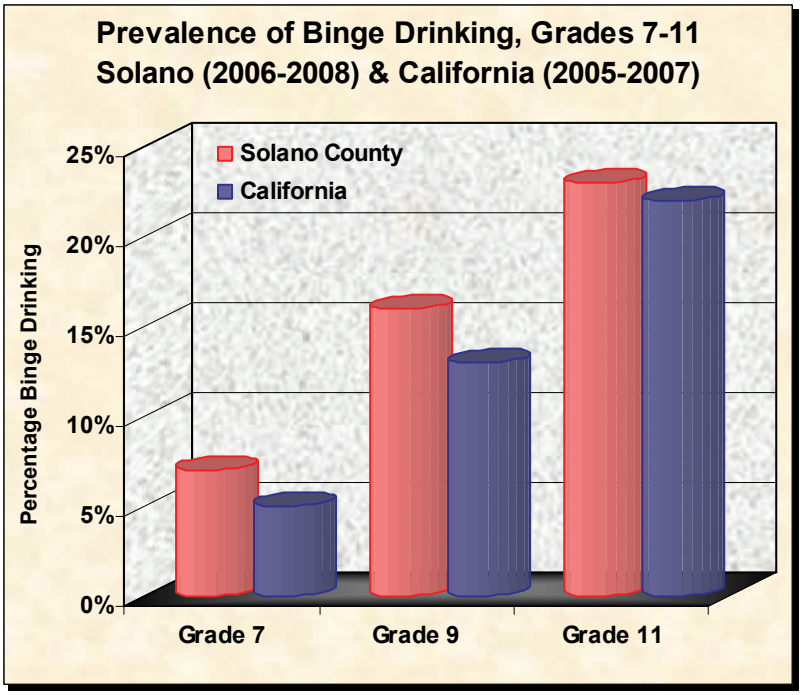
ADOLESCENT HEALTH

The MCAH Bureau is integrally involved with adolescents' issues. It works with its partners to help ensure that adolescents (formally ages 11-17) obtain necessary resources for more healthy lives. Adolescents need guidance because they are vulnerable. They may be subject to peer pressure and other influences at this time, such as the media, fads and common adolescent, behavioral influences. Behaviors such as using substances, initiating sexual relations and other risky activities may be present.



Prevalence of Use of Alcohol (Use in the past 30 days)

- Solano County is faring worse than the State in its 7th-9th Graders' recent use of alcohol. The Healthy People 2010's target is 11% for this measure.
- No Grade represented, in the State and County, has met that target and, from the data, as adolescents age, their use of alcohol increases. The Master Settlement Agreement's funds have been used to decrease the use of substances in youth in the County. The seven cities have been working for several years on that effort.



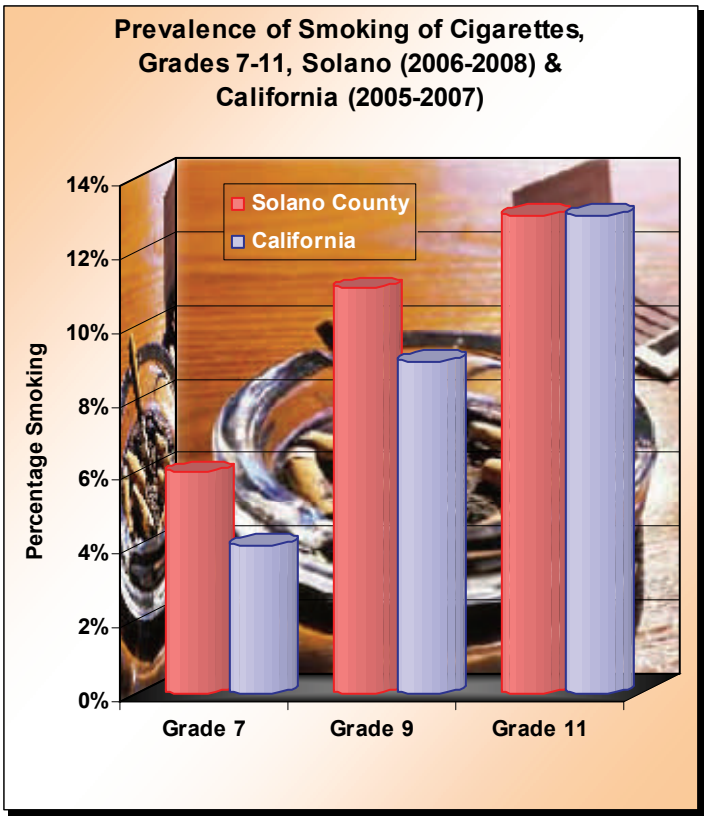
Prevalence of Binge Drinking (Use in the past 30 days)

- Binge drinking is defined as having five or more alcoholic drinks in a row, on any one occasion. Binge drinking has been linked to motor vehicle collisions and fatalities.
- The Healthy People 2010's target is 3%. Solano County had higher percentages of binge drinking than the State across the Grades. Moreover, the largest increase was seen from Grades 7 to 9 when the rate rose significantly. The same phenomenon occurred with the State's 7th and 9th Grades.

Prevalence of Smoking (In the past 30 days)

Solano County's rates of smoking cigarettes have been higher than the State's, except for its Grade 11 which tied with the State's. The County's rates of smoking are the lowest among the rates (using alcohol and binge drinking). The Healthy People 2010's target is 16%. All Grades had met the target.

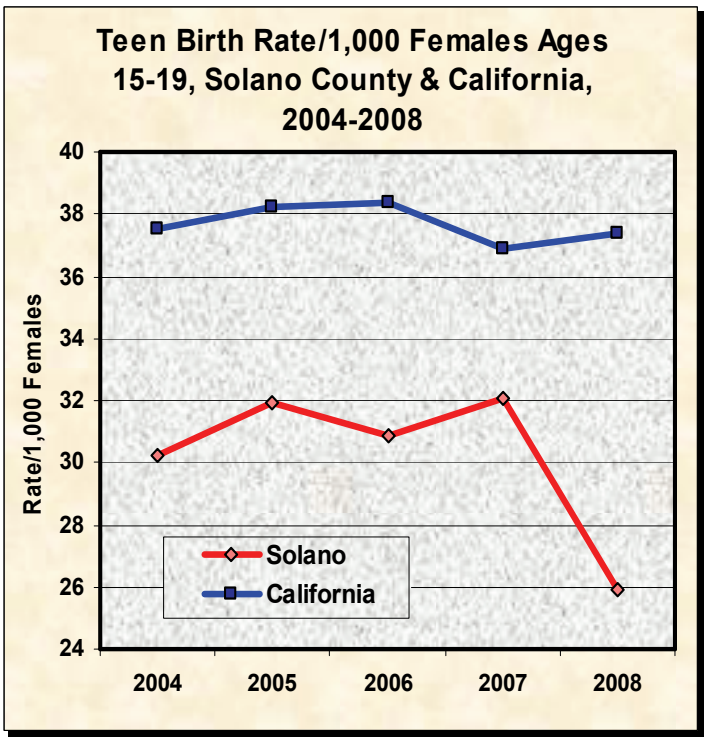
The Master Settlement Agreement's projects have focused on use of substances in youth and have targeted merchants who sell tobacco to minors. That strategy, along with the high cost of cigarettes, may have helped to reduce the rates of smoking. Smoking costs the U.S. billions of dollars in health care annually and contributes to premature death.



Births to Teen Mothers

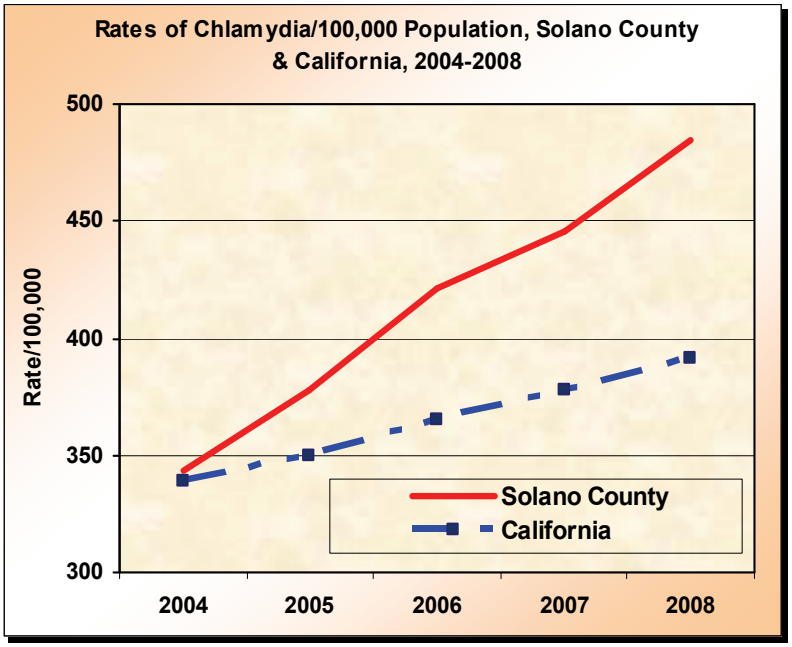
California's rates over the years have been higher than the County's. However, Solano County has had the highest birth rate for teenagers in the nine-county, Bay Area (Automated Vital Statistics System). The County's rates have hovered between 30-32/1,000 females until 2008, when the rate decreased significantly.

As in other aspects of health, an area of special concern is the elimination of racial inequalities and achieving equity in the rates of teen births. Birth rates to teens differ significantly among groups, with Hispanics' and African Americans' rates being much higher than non-Hispanics' and Asians'. Teen mothers face higher rates of pre-term births and their infants have higher rates of low birth weight and infants' deaths. They are more likely to drop out of high school and to be or remain single parents. Children of teen parents are at greater risk of medical and behavioral problems and incarceration.



CHLAMYDIA (Adolescents, Young Adults)

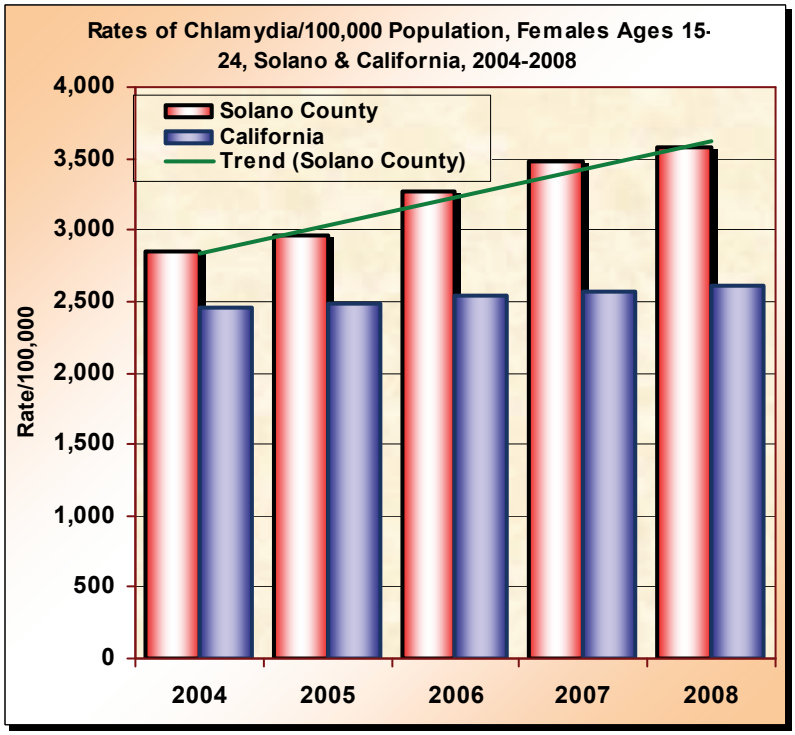
In the United States and Solano County, chlamydial infection is the most frequently reported, sexually transmitted infection and the prevalence is highest in females aged less than 25 years (Centers for Disease Control & Prevention, CDC). Pelvic inflammatory disease, ectopic pregnancy and infertility can result from Chlamydia. Infection without symptoms is common among both men and women (CDC).



Chlamydia

Both California's and Solano County's rates have been on the increase over the last five years with Solano's rates rising more steeply. One problem with Chlamydia is that for some persons, no symptoms appear. These persons can then infect others unknowingly through unprotected sexual intercourse.

In Solano County, only one staff member investigates communicable diseases. Although that level of personnel is insufficient given that Chlamydia is just one of a number of communicable diseases, resources do not exist to ameliorate that situation right now. The key is prevention of spread. That key lies with providers (CDC).



Chlamydia, Females Ages 15-24

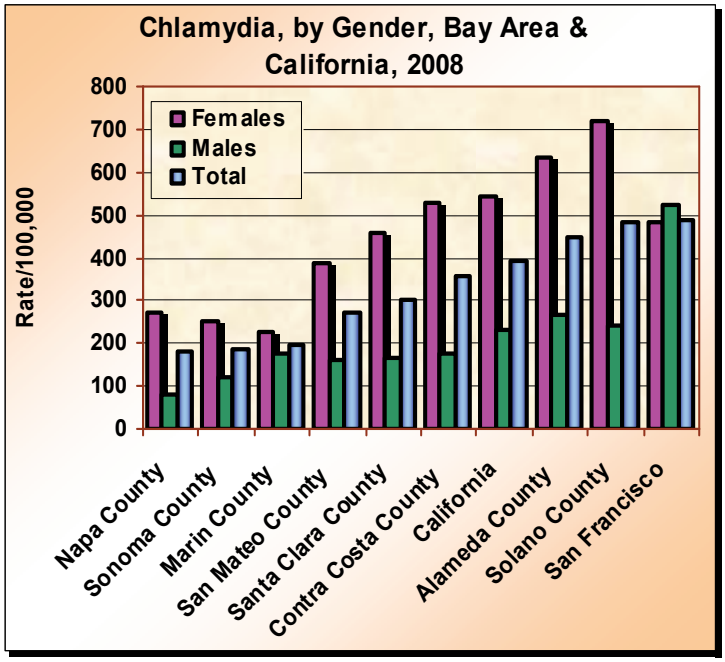
The data, in the two charts shown on this page, indicate that the rates (2004-2008) of Solano's females ages 15-24 were up to eight times those of the County as a whole. The trend line shows a linear increase.

To prevent Chlamydia in this population, a best practice is that Health Departments work with providers to conduct annual screening of all sexually active women aged less than 25 years and of older women with risk factors (such as those who have a new sexual partner or multiple sexual partners).

The benefits of screening women have been demonstrated in areas where providers' screening has reduced both the prevalence of infection and rates of pelvic inflammatory disease (CDC).

CHLAMYDIA (Continued)

Providers can instruct their patients to refer their sexual partners for evaluation, testing and treatment. Sexual partners should be evaluated, tested and treated if they had sexual contact with the patient during the 60 days preceding onset of symptoms in the patient or a diagnosis of Chlamydia.

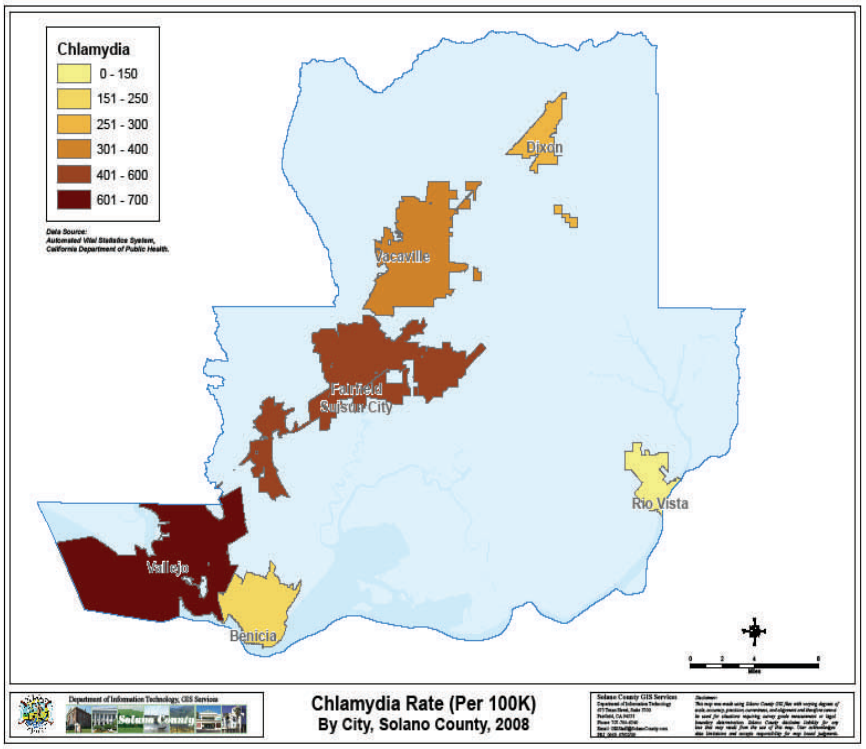


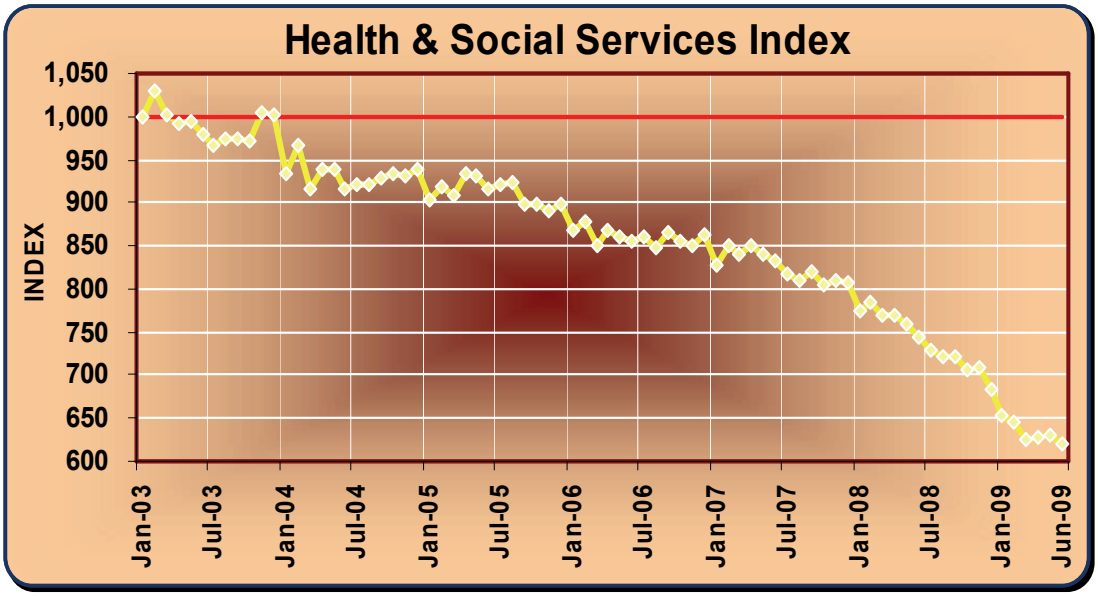
Chlamydia by Gender

- Solano County had the highest rate for females and tied with San Francisco for the highest overall rate in 2008.
- Women tend to experience symptoms and most likely will be diagnosed, treated and reported by the provider. Men tend to not experience symptoms thereby being able to infect others through not being diagnosed or treated.
- Because many reportable diseases are not reported, the rates were probably higher; therefore the problem is greater. A likely factor driving the high rates of Chlamydia is unprotected sex with multiple partners.

Chlamydia by City

- The map shows that the rate per 100,000 population, by city, was highest in Vallejo, followed by Fairfield and Suisun. The rates for the far northern part of the County lie in the middle. Higher-income Benicia and isolated Rio Vista reported the lowest rates.
- Vallejo has the highest rate of HIV as well as the highest rate of Chlamydia. Infection with any sexually transmitted disease increases the risk of acquiring HIV, especially when sexual intercourse is unprotected (CDC).





The **Health & Social Services (H&SS) Index** combines workload data from 14 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.)

INDICATOR	Jan-03	Jan-04	Jan-05	Jan-06	Jan-07	Oct-07	Jul-08	Jan-09	Mar-09	May-09	Jun-09
Number Unemployed	13,800	13,800	12,700	11,100	11,100	11,200	15,300	21,700	23,800	23,100	24,200
Number of I&R Calls	2,772	2,655	2,440	2,270	2,605	1,905	1,208	1,142	1,138	875	965
CalWORKs Cash Assistance Recipients	9,405	10,402	11,068	12,247	12,555	13,186	13,930	14,314	14,638	14,923	14,967
New CalWORKs Applications & Restoration	521	469	452	486	455	515	563	526	449	452	477
Food Stamp Recipients	11,515	13,761	16,174	18,794	20,964	21,684	24,672	27,987	29,203	30,138	30,626
General Relief Recipients	256	385	442	717	709	768	1,119	994	907	731	772
Medi-Cal Enrollment (*Preliminary)	49,059	53,268	54,856	57,544	57,501	59,171	60,736	61,941	62,300	62,107*	61,136*
Elder or Dependent Adult Abuse Reports	98	106	108	91	99	108	106	110	134	119	116
Elder or Dependent Adult Abuse Confirmed	40	36	31	22	28	37	40	31	38	29	56
In-Home Supportive Services (IHSS) Authorized	2,254	2,324	2,422	2,518	2,602	2,658	2,800	2,895	2,944	2,987	2,988
Child Abuse Referrals	390	387	333	311	332	395	286	311	358	398	311
Medical Clinic Visits	2,595	2,615	2,618	2,271	2,742	3,426	3,494	3,369	3,730	2,991	2,943
Dental Clinic Visits	447	283	364	342	332	456	408	388	440	373	569
Mental Health Clients (Insyst Count Only)	2,701	2,757	2,549	2,603	2,636	2,639	2,679	2,760	2,857	2,705	2,848
Substance Abuse Clients	699	573	659	704	780	723	665	720	681	605	614