

# Santa Cruz County 2003 Health Almanac

## Child Health

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### Agencies and Information Sources

**Santa Cruz County (SCC) Health Services Agency** - <http://www.santacruzhealth.org/>

The Health Services Agency (HSA) exists to protect and improve the health of the people in Santa Cruz County. The Agency provides programs in Environmental Health, Public Health, Medical Care, Substance Abuse Prevention and Treatment, and Mental Health.

**Santa Cruz Health Services Agency Children's Health Information**

<http://www.santacruzhealth.org/resources/categories/3children.htm>

**California Department of Health Services** - <http://www.dhs.ca.gov/default.htm>

To Protect and Improve the Health of All Californians

**California Health Interview Survey** - <http://www.chis.ucla.edu/index.html>

The California Health Interview Survey (CHIS) is the largest state health survey conducted in the United States. Every two years, CHIS plans to collect information on the health and health care needs of California's diverse population.

**Centers for Disease Control and Prevention**- <http://www.cdc.gov/default.htm>

CDC's Mission is to promote health and quality of life by preventing and controlling disease, injury, and disability.

**California Adolescent Health Collaborative (AHC)** - is a public-private partnership to promote investment in California's youth. In January, 2001, the AHC released California's first statewide strategic plan for adolescent health, *Investing in Adolescent Health: A Social Imperative for California's Future*. This plan, now in its third printing, is being used widely across the state to set a direction for efforts to improve the health and well-being of California's teens.

<http://www.californiateenhealth.org/>

**US Census Bureau – Child Related Data**

<http://www.census.gov/Press-Release/www/children.html>

### Introduction and Child Health Specific resources

There are several well done and overlapping models/reports to review when attempting to measure and determine how Santa Cruz County (SCC) children are faring in comparison to reasonable standards and norms. **America's Children: Key National Indicators of Well-Being 2002 (AC)** (<http://www.childstats.gov/americaschildren/>) probably the most inclusive national data; State-wise there is California **The State of Our Children, (OC)** (<http://www.childrennow.org/california/rc-2002/socO2.htm>) a similarly wide reaching study which does offer some SCC specific data. Locally there is the United Way's **SCC Children's Report Card Feb 2002 (UW)** (no web site located) which, while of a more limited scale, does offer SCC specific information. The following is an amalgam of all of these. Where there is different or slightly different information available, such is noted.

Data sources include:

**California Health Interview Survey (CHIS)** <http://www.chis.ucla.edu/>

**United Way's Community Assessment Project (CAP)**

[http://www.appliedsurveyresearch.org/cap\\_report.htm](http://www.appliedsurveyresearch.org/cap_report.htm)

**US Census Bureau** <http://www.census.gov/>

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**Community Health Status Report, Health Resources & Services Administration (HRSA)**  
<http://www.hrsa.gov/>

**California Dept. of Health, Center for Health Statistics (CHS) & EPIC.**  
<http://www.dhs.cahwnet.gov/>

**Additional information** may be found at <http://www.ucsf.edu/fhop/index.html> the site of (CA's) Family Health Outcomes Project whose mission is to improve the health of children and their families and communities by supporting development and implementation of comprehensive community assessment and planning, data-driven policies, evidence-based interventions and effective evaluation strategies.

## Population & Family Characteristics

Nationally in the USA in the year 2000 there were 70.4 million children who were under age 18 or about 26% of the population. California, according to the California Health Interview Survey (CHIS) and based by them upon the US Census Bureau's data, had the following population groups:

Age	Population	% of entire State Pop.
Years	991,000	3.0%
2-4 years	1,483,000	4.5
5-9 years	2,667,000	8.1
10-11 years	1,111,000	3.4
12-14 years	1,493,000	4.5
15-17 years	1,459,000	4.4
18-19 years	1,032,000	3.1
total	10,236,000	30.9% of total state population ( 33,051,000)

**SCC**, again according to the CHIS and the US Census Bureau's data, had the following populations in the various age groups

Age	Population	% of entire County Pop.
0-1 years	6,000	2.5%
2-4 years	10,000	3.9
5-9 years	18,000	7.1
10-11 years	6,000	2.6
12-14 years	10,000	4.1
15-17 years	11,000	4.3
18-19 years	11,000	4.4
Total	~72,000	29.1% of total county 247,000 population

Note: This population number is at variance with the usual 255-260,000 number used)

The United Way's Community Assessment Project (CAP) reported this part of the county's population in 2000 (pg. 5) as follows:

under age 5	15,544	6.1% of the county's population
5 – 9 years	17,077	6.7
10 –14	17,630	6.9
15 –19	19,939	7.8
70,190	27.5%	with this group equaling 30.1% of California's population.

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The 1990 census data was not kept on a comparable basis. With that caveat The Santa Cruz City Public Library supplied a document reputed to be the 1990 census data for the county which showed the following information.

Age	Population
<1	3,035
1 & 2 years	6,821
3 & 4 years	6,478
5 years	3,427
6 years	3,403
7 to 9 years	8,978
10 & 11 years	5,709
12 & 13 years	5,411
14 years	3,043
15 years	2,708
16 years	2,477
17 years	2,905
18 years	3,901
19 years	4,116
total	62,412

Assuming these numbers are correct there has been a 12.4 –15.3% increase in this age group in the past 10 years which is slightly higher than the 11.2% growth in overall county population for the same period. Again the impact of the inclusion or lack thereof of the UCSC population must be noted.

### Racial & Ethnic Distribution

According to CAP in 2000 **SCC** was comprised as follows:

Race	US*	CA**	SCC**	“N”
White ( non Hispanic)	64%	59.5%	75.1%	( 191,931)
Black ( non Hispanic)	15	6.7	1.0	(2,477)
Asian/Pac. Islander	4	10.9	3.4	(8,789)
Am. Indian/Alaska native	1	1.0	1.0	(2,461)
Some other race	--	16.8	15.0	( 38,391)
2 or more races	--	4.7	4.4	(11,171)
Total				255,602

Note: “N” equals population of a group.

Ethnic			
Hispanic	32.4%	26.8%	( 68,486)

\*Source: America’s Children pg. iii and presumably based upon US Census data but not so noted.

\*\*Source: CAP pg. 6 all age population and based in part on US Census data.

Notes: The definitions and numbers do not add and are only given as a reflection of group sizes.

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### Overall Health

The health of children and youth is basic to their well-being and optimal development. Parental reports of their children's health provide one indication of the overall health status of the Nation's children.

- In 2000, about 82 percent of children were reported by their parents to be in very good or excellent health. Source: AC pg.27
- CHIS data reports for the same question that for the state 64.8% fall into these two categories while in SCC 67.0% do. (Note: Due to the variance in the number it is suspected that there was a difference in question format.)
- Many children in California, especially low and moderate income children, have health problems and unmet health needs:
  - 40% of children in low income families suffer from one or more health problems.
  - 14% of all children over age 5 have acute dental problems.
  - 60% of all preschool children are inadequately immunized.
  - 4% of all children entering school have vision problems.

Source: CMS, SCC

### Health Indicators

#### Access to Health Care

Children with access to health care have reasonable assurance of obtaining the medical attention needed to maintain their physical well-being. Access involves both the availability of a regular source of care and the ability of the child's family, or someone else, to pay for it. Children with health insurance (government or private) are much more likely than children without insurance to have a regular and accessible source of health care. The percentage of children who have health insurance coverage for at least part of the year is one measure of the extent to which families can obtain preventive care or health care for a sick or injured child.

Nationally in 2000, 88 percent of children had health insurance coverage at some point during the year. Between 85 and 88 percent of children have had health insurance in each year since 1987. The number of children who had no health insurance at any time during 2000 was 8.4 million (12 percent of all children). This was significantly lower than the 1999 number and percent of 9.1 million and 13 percent. The proportion of children covered by private health insurance decreased from 74 percent in 1987 to 66 percent in 1994 and then increased to 71 percent in 2000. During the same time period, the proportion of children covered by government health insurance grew from 19 percent in 1987 to a high of 27 percent in 1993; it has since decreased to 23 percent in 1997 and has been fairly stable. Hispanic children are less likely to have health insurance than either white, non-Hispanic or black children. In 2000, 75 percent of Hispanic children were covered by health insurance, compared with 93 percent of white, non-Hispanic children and 87 percent of black children. Overall rates of coverage do not differ by child's age. However, the type of insurance does vary by the age of the child: government-provided insurance decreases but private health insurance increases with age. **Source: U.S. Census Bureau**

Nationally in 2000, 7 percent of children had no usual source of health care. Between 1993 and 2000, this overall percentage remained relatively stable. Source: AC, pg. 23

In California in 2001 91.7% and in **SCC** 95.8% of children respectively had access to health care. (CHIS)

In CA and **SCC** according to CHIS in 2001 the percent of children under age 19 covered by Health Insurance were 88.9% and 88.8% respectively with the SCC number being of questionable statistical accuracy.

Santa Cruz County Health Services Agency

## Children's Health Information

See: <http://www.santacruzhealth.org/resources/categories/3children.htm>

- Asthma (Asthma and Allergy Foundation)
- Attention Deficit Disorder
- Blindness/visual Impairment (American Council of the Blind)
- Blindness/visual Impairment (American Foundation for the Blind)
- Blindness/visual Impairment (National Federation of the Blind)
- Cancer
- Car Safety
- Cerebral Palsy
- Cleft Palate and Lip
- Cystic Fibrosis
- Deaf-Blind (Helen Keller National Center)
- Deaf (House Ear Institute)
- Diabetes (American Diabetes Association)
- Diabetes (Children with Diabetes)
- Down Syndrome
- Drinking Water
- Dyslexia
- Epilepsy/Seizure Disorders
- Fetal Alcohol Syndrome
- Grief and Child Loss
- Growth Charts - Pediatric growth charts
- Heart Disease
- Kidney Problems
- Learning Disabilities
- Liver Disorders/Hepatitis
- Mental Health
- Mental Retardation
- Muscular Dystrophy
- Nutrition
- Short Stature/Dwarfism
- Spina Bifida
- Stuttering
- Sudden Infant Death Syndrome SIDS
- Suicide Prevention

Santa Cruz County Health Services Agency  
**Public Health Department**

**-- Children's Medical Services --**

See: <http://www.santacruzhealth.org/phealth/cms/3cms.htm>

***"Working Together for Children's Health and Well Being"***

**Children's Medical Services** provides health examinations, medical care, rehabilitation services, and follow-up medical treatment for children who are low-income or have Medi-Cal

**Children's Medical Services programs:**

- California Children Services (CCS)
- CCS Medical Therapy Program (MTP)
- Child Health and Disability Prevention Program (CHDP)
- Childhood Lead Poisoning Prevention Program (CLPPP)

**Child Health in California**

Good health is the greatest gift children can have. Unfortunately, many children in California, especially low and moderate income children, have health problems and unmet health needs:

- 40% of children in low income families suffer from one or more health problems.
- 14% of all children over age 5 have acute dental problems.
- 60% of all preschool children are inadequately immunized.
- 4% of all children entering school have vision problems.

**Health Conditions (Selected)**

**Respiratory problems**

Eleven percent of U.S. children under 18 years of age, or 8.1 million children have ever been diagnosed with asthma. Twelve percent of U.S. children under 18 years of age suffered from respiratory allergies, 10% suffered from hay fever, and 10% suffered from other allergies in the past 12 months.

**Attention Deficit Disorder and Learning Disabilities**

An estimated 4.6 million children 3-17 years of age (8%) had a learning disability (LD), and an estimated 3.3 million children (6%) had Attention Deficit Disorder (ADD). The percent of boys with LD was almost double that for girls and the percent of boys with ADD was more than triple that for girls.

**School Loss Days**

Of the 51.6 million school age children (aged 5-17 years) in the U.S., 13 million or about one quarter never missed a day of school in the past 12 months due to illness or injury. Six percent of all school aged children missed more than 10 days of school because of illness or injury in the past 12 months.

**Usual Source of Medical Care**

Among children with a usual source of medical care, 76% visited a doctor's office, 21% received care in a clinic, 2% used a hospital.

**Dental Care**

An estimated 3.8 million children had unmet dental needs because families could not afford dental care.

**Source: Summary Health Statistics for U.S. Children: National Health Interview Survey**

<http://www.cdc.gov/nchs/fastats/children.htm>

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### Economic Security Indicators

**Poverty:** Nationally in 2000 16% of children (not defined but assumed to be <18) lived in families with incomes below the poverty threshold (the lowest poverty rate among children since 1979). In **SCC**, per CHIS, the data for the ~ 72,000 children under age 19 is statistically unstable. Approximately 14,000 children (19.4%) live in families with < 99% Federal Poverty Level (FPL); 12,000 (16.6%) live in families earning 100-199% FPL; 8,000 children (11.1%) in families earning 200-299% FPL and 38,000 (**52.7%**) children in families who earn 300% or more of the FPL. In CA the respective numbers are 23.4; 22.6%; 14.8%; and 39.2%.

**One Parent Working Full Time All Year:** To date no information about this characteristic has been found but it should be noted that the unemployment rate for the county for Jan. 2003 was 11.3%. For the past quarter according to the CA Dept of Employment Development the numbers were:

Dec	9.8%
Nov	8.5
Oct	6.5

And in Jan '02 the rate was 10.7% with the annual average for 2002 being 8.0%.

### Child Care:

Increasing proportions of children are spending substantial amounts of time in the care of a child care provider other than their parents. Some children participate in more than one type of arrangement, so the sum of all arrangement types may exceed the total percentage in non-parental care. Center-based programs include day care centers, pre-kindergartens, nursery schools, Head Start programs, and other early childhood education programs. Relative and non-relative care can take place in either the child's own home or another home.

In 2001, nationally 61 percent of children from birth through age 6 (not yet in kindergarten) received some form of child care on a regular basis from persons other than their parents. This translates to approximately 12 million children and is about the same proportion of children in child care as in 1995. The type of child care received is related to the age of the child. Children from birth through age 2 were more likely to be in home-based care, either with a relative or non-relative, than to be in center-based care. Children ages 3 to 6 who were not yet in kindergarten were more likely to be in a center-based child care arrangement (including nursery schools and other early childhood education programs) than in home-based care with either a relative or a non-relative.

In 1997, nearly half of preschoolers (children under age 5) with working mothers were primarily cared for by a relative while their mother worked, while 22 percent were primarily cared for by nonrelatives in a home-based environment and another 22 percent were cared for in a center-based arrangement.

For preschoolers with working mothers, primary care by home-based nonrelatives declined from 28 percent in 1985 to 22 percent in 1997, while center-based care has fluctuated between 22 and 30 percent.

In 1997, 19 percent of preschoolers were primarily cared for by their fathers, up from 15 percent in 1988. In contrast, the percentage of preschoolers primarily cared for by a working mother while she was at work declined from 8 percent in 1985 to only 3 percent in 1997. In 1997, grandparents and other relatives were the primary child care provider for 18 percent and 7 percent of preschoolers of working mothers, respectively.

**SOURCE: U.S. Department of Education, National Center for Education Statistics**

Similar data is not available for CA or **SCC** but the following is offered by CAP.

In **SCC** in Dec 2000 5,611 ( 26.3%) children under age 6 of a total of 21,275 were enrolled in licensed child care.

And in 2002 there were some 11,795 **SCC** children needing child care (CAP pg. 90)

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In **SCC** and California of those residents queried by CHIS for children <age 12

	CA	SCC	"N"
Used paid child care	30.2%	37.5%	20,000
Didn't use paid child care	69.8	62.5	33,000
Total			54,000

Unfortunately CHIS does not allow for break out of the various ages of the children in this question.

### Percent Having Current Child Care (Ages 0 - 11 Years) CHIS 2001

	Percent Having Current Child care (Ages 0-11)
California--Total	33.8
Santa Cruz--Total	31.6
California--Male	34.0
Santa Cruz --Male	27.3
California--Female	33.6
Santa Cruz--Female	36.2
California--White	36.7
Santa Cruz--White	30.1
California--Black	50.2
Santa Cruz--Black	.
California--Latino	27.5
Santa Cruz--Latino	30.5
California--Asian	32.9
Santa Cruz--Asian	68.9*
California--Am. Ind.	36.0
Santa Cruz--Am. Ind.	.
California--Other	27.5
Santa Cruz--Other	.
California--0 - 99%	20.4
Santa Cruz--0 - 99%	23.7*
California--100 - 199%	29.2
Santa Cruz--100 - 199%	19.7*
California--200 - 299%	33.4
Santa Cruz--200 - 299%	36.0*
California--300%+	44.6
Santa Cruz--300%+	37.8

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### Diet

The diet quality of children and adolescents is of concern because poor eating patterns established in childhood usually transfer to adulthood. Such patterns are major factors in the increasing rate of child obesity over the past decades and are contributing factors to certain diseases.

Nationally, in 1998, most children had a diet that was poor or needed improvement, as indicated by their Healthy Eating Index (HEI) score.

The proportion of children ages 2 to 5 with good diets improved from 21 percent to 27 percent between 1996 and 1998, more than the reversing decline from 1995 to 1996.

The diet quality of children ages 6 to 9 changed little between 1996 to 1998.

As children get older, their diet quality declines. In 1998, among children ages 2 to 5, 27 percent had a good diet, 67 percent had a diet needing improvement, and 6 percent had a poor diet. For those ages 6 to 9, 13 percent had a good diet, 79 percent had a diet needing improvement, and 8 percent had a poor diet.

The lower-quality diets of older children are linked to declines in their fruit and sodium consumption scores.

Children in families below poverty are less likely than higher-income children to have a diet rated as good. In 1998, for children ages 2 to 5, 22 percent of those in poverty had a good diet, compared with 29 percent of those living above the poverty line.

Source: U.S. Department of Agriculture, Center for Nutrition Policy and Promotion, Continuing Survey of Food Intakes by Individuals.

### Childhood Obesity in Santa Cruz County

CHDP data deals only with people in the 0 to 199% poverty level and in age groups 5 to 20, < 5, or >= 2. All use some type of BMI measurement for calculating "obesity" or "overweight" data.

#### Percent Overweight/Obese

	Santa Cruz County	California	Healthy People 2010	Objective
<b>Age</b>		<b>Males</b>		
<b>2 to 11</b>	<b>39.3</b>	<b>35.6</b>	<b>11</b>	<b>5</b>
<b>12 to 17</b>	<b>25.2</b>	<b>15.0</b>	<b>11</b>	<b>5</b>
<b>Age</b>		<b>Females</b>		
<b>2 to 11</b>	<b>13.6</b>	<b>30.8</b>	<b>11</b>	<b>5</b>
<b>12 to 17</b>	<b>7.4</b>	<b>7.5</b>	<b>11</b>	<b>5</b>

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The California Pediatric Nutrition Surveillance System for 2000 data is as follows:

### Percent Overweight

	Santa Cruz County	California
(age 5 to < 20)	23.8	20.0
(age < 5)	15.1	16.0
(age >= 2)	17.5	16.6

The **Assembly District** data is based on a survey of only 3 school grade levels. Santa Cruz County (being in 2 districts with the largest population of Santa Cruz County being in District 27) is as follows:

### Percent Overweight (3 grade levels)

District 27	District 28
22.6	35.0

For the sake of interest, included are the **CHIS adult** statistics on obesity. CHIS does not report data on children in this area of interest.

### Percent Adults Obese (BMI >= 30)

Santa Cruz County	California	2010 Baseline	2010 Objective
14.9	18.9	23	
15			

See: <http://www.publichealthadvocacy.org/>

## CA Pediatric Nutrition Surveillance System Trend Analysis 1994-1998

See:

<http://www.dhs.cahwnet.gov/PCFH/cms/onlinearchive/pdf/chdp/informationnotices/2003/chdpin03j.pdf>

See: <http://www.dhs.ca.gov/pcfh/cms>

## Study shows American kids walk less, weigh more

[fresnoBee.com](http://www.fresnoBee.com)

By IRA DREYFUSS, Associated Press

Published 08/25/03 08:36:00

WASHINGTON (AP) - Is Mom's taxi bad for kids' health?

A study indicates American youngsters walk less than those in other countries. Researchers say this helps explain why a greater proportion of American kids are overweight. And other experts say kids would walk more if parents didn't have to shuttle them around so much.

The researchers gave pedometers to 1,954 children, ages 6-12, in the United States, Sweden and Australia. The number of steps shown on the pedometer was compared with the child's body-mass index - an estimate of body fat based on height and weight.

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"In general, the Swedish children were significantly more active than the Australian and American children, and the American children were significantly heavier than the Australian and Swedish children," the study said.

The average number of steps all the children took during the two days they wore pedometers varied by age and sex. Ten-year-olds, for instance, generally walked more than 6-year-olds. Boys generally walked more than girls.

The pedometers showed Americans walked less than their Swedish or Australian counterparts. Swedish boys, for instance, took as many as 18,346 steps a day, Australians took 15,023 and Americans took 13,872.

Americans led in weight.

"I guess I don't like the term 'fat,' but call a spade a spade," said Susan Vincent, assistant professor of physical education at Brigham Young University. She was the lead author of the paper in the August issue of *Medicine and Science in Sports and Exercise*, the journal of the American College of Sports Medicine. The researchers point to cultural differences among the countries studied. For example, the study said, Swedish walking paths made it easy for kids to travel on foot.

In America, going places by foot - or just going outside to play - has been getting less common, said Jacqueline Epping, a public health educator at the Centers for Disease Control and Prevention who was not connected to the study.

"You can't walk to the store," Epping said. "If someone lives in a subdivision next to yours, and you live on a cul-de-sac, you can't get there."

America needs to turn that trend around, because kids who depend on Mom's taxi to take them everywhere are missing chances for healthful physical activity, said Russell Pate, associate dean for research at the Arnold School of Public Health at the University of South Carolina.

"We are now seeing the cumulative effect of multiple changes in our culture, and the increasing dependence on motorized transport is one important element," said Pate, who was not part of the study. But Pate said this may not be the kids' fault, or even their parents'. Suburban distances can be too great and roads too dangerous to let kids walk or bike, he said.

The CDC is trying to change this, encouraging communities to make roads safe for kids to bike or walk to school and encouraging kids to use them.

The Walking School Bus is one such program. Designated adults pick up each child at the child's door at a specific time on a walking route to or from school. All the kids walk together, getting time to talk with each other as well as some physical activity.

Some communities also are putting more money into sidewalk repair, crosswalks and speed bumps, Epping said.

The effort has some distance to go, however. The CDC says 85 percent of children's trips to school are by car or school bus, and only 13 percent are on foot or by bike.

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### **Study: Sugary Drinks Help Children Get Fat**

Reuters

Jun 27 2003 3:13PM

WASHINGTON (Reuters) - The proof's in the calories: those sweet sodas, bottled teas and fruit drinks can make your children fat, U.S. researchers said on Friday.

Children who drank more than 12 ounces of sweetened drinks a day gained significantly more weight over two months than children who drank less than 6 ounces a day, the team of nutritionists at Cornell University in New York found.

The soft drink industry has long argued that a lack of exercise and not the availability of drinks is responsible for the rise of obesity in the United States.

But the Cornell team's study of 30 children aged 6 to 12 found that on days when they drank sweetened drinks, they took in, on average, 244 more calories a day.

The children did not eat any less food to compensate for the extra calories in the sodas, lemonades and other drink treats, the researchers said.

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Children who drank more than 16 ounces a day of sweetened beverages gained an average of 2.5 pounds, compared with a 0.7- to 1-pound gain in children who consumed on average 6 to 16 ounces of sweetened drinks a day, they found.

"These findings suggest that sweetened drinks may be a significant factor in the increase in obesity among children in the United States," said David Levitsky, a professor of nutritional sciences and of psychology who oversaw the study.

Writing in the *Journal of Pediatrics*, Levitsky and Ph.D. candidate Gordana Mrdjenovic defined sweetened drinks as soda, fruit punch, bottled tea or drinks made from fruit-flavored powders, such as grape and lemonade.

They also found that children tended to pass up milk when they were offered a sweet drink, and that caregivers tended to offer either milk, or a sweet drink, but not both.

Children getting 12 ounces of more of soft drinks got 20 percent less phosphorus, 19 percent less protein and magnesium, 16 percent less calcium and 10 percent less vitamin A per day than recommended by the U.S. government.

The World Health organization estimates that there are 17.6 million overweight children under age 5, with 20 percent of children in European countries obese or overweight. Fifteen percent of U.S. children aged 6 to 11 are overweight.

The Center for Science in the Public Interest, a non-profit health interest group has lobbied for a tax on soft drinks, calling them "liquid candy."

"Soda pop is Americans' single biggest source of refined sugars, providing the average person with one-third of that sugar," the CSPI said in a statement.

"Twelve- to 19-year-old boys get 44 percent of their 34 teaspoons of sugar a day from soft drinks."

### **Adolescents and Young adults Physical Activity**

Adolescents and young adults, both male and female, benefit from physical activity.

Physical activity need not be strenuous to be beneficial.

Moderate amounts of daily physical activity are recommended for people of all ages. This amount can be obtained in longer sessions of moderately intense activities, such as brisk walking for 30 minutes, or in shorter sessions of more intense activities, such as jogging or playing basketball for 15-20 minutes.

Greater amounts of physical activity are even more beneficial, up to a point. Excessive amounts of physical activity can lead to injuries, menstrual abnormalities, and bone weakening.

### **Facts**

Nearly half of American youths aged 12-21 years are not vigorously active on a regular basis.

About 14 percent of young people report no recent physical activity. Inactivity is more common among females (14%) than males (7%) and among black females (21%) than white females (12%). Participation in all types of physical activity declines strikingly as age or grade in school increases.

Only 19 percent of all high school students are physically active for 20 minutes or more, five days a week, in physical education classes.

Daily enrollment in physical education classes dropped from 42 percent to 25 percent among high school students between 1991 and 1995.

Well designed school-based interventions directed at increasing physical activity in physical education classes have been shown to be effective.

Social support from family and friends has been consistently and positively related to regular physical activity.

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### Benefits of Physical Activity

Helps build and maintain healthy bones, muscles, and joints.

Helps control weight, build lean muscle, and reduce fat.

Prevents or delays the development of high blood pressure and helps reduce blood pressure in some adolescents with hypertension. Source: CDC

### Did (NO) Exercise to strengthen or tone muscles (in) past 7 days

CHIS reports that in response to this query for children:

	SCC	"N"	CA
Ages 12 -14	28.3% (3,000)	10,000	49.2%
15 -17	45.7 (5,000)	11,000	50.8

### Percentage of children from ages 5 to 17 with any limitations in activities resulting from chronic conditions.

Nationally in 2000 7% of children ages 5 to 17 were limited in their activities because of one or more chronic health condition. Source: AC, pg. 28

In CA, according to CHIS, the question is posed slightly differently, i.e. "Health problem that requires special equipment by age" and indicates that <1% of children do require such equipment and the number is so small in **SCC** that it is statistically unstable.

Percentage of children ages 19 to 35 months that received combined series immunization coverage. According to AC, pg. 29, nationally 76% of children these ages had received the appropriate series of vaccines.

CHIS queried CA and **SCC** residents with the question do you "ha(ve the) child's immunization record by Age...." with the response for children under the age of 5 being 93.6% for the state and 94% for SCC.

The California Dept of Health Services, Immunization Branch reported that in 2001 91.8% of childcare center enrollees (were) adequately immunized. This same report indicated that in **SCC** 89.1% met this criterion.

HSA/Public Health Section CA & **SCC** data available and to be summarized

**Developmental Disabilities** See: [Disability and Secondary Conditions](#)

See: [http://www.dds.cahwnet.gov/rc/RCsvs\\_home.cfm](http://www.dds.cahwnet.gov/rc/RCsvs_home.cfm)

### Services Available For Individuals With Developmental Disabilities

The State of California has a commitment to provide services and supports to individuals with developmental disabilities throughout their lifetime. These services and supports are provided through a combination of federal, state, county and local government services, private businesses, support groups and volunteers.

The Department of Developmental Services provides leadership and funding for these services and supports through state-operated developmental centers and contracts with twenty-one agencies called regional centers. The regional centers have offices throughout California to provide a local resource to help find and access the many services available to individuals with developmental disabilities and their families.

- **What services do regional centers provide?**
- **What do regional center services cost?**
- **What can the regional center do for you?**
- **How do I know what services will be provided?**
- **Where do I get more information?**
- **Information About Programs and Services**

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### Mortality and Morbidity of Children:

The Community Health Status Report for SCC for July 2000 issued by Health Resources and Services Administration (HRSA) reports a 4.9 death rate per 1,000 live births versus a national peer group rate of between 5.4 & 9.4 and a National rate of 7 in 1999. This number also shows continued improvement for the county from the 1996,97 & 99 three-year average infant death rate of 5.7 per 1,000 live births and the 1993-95 rate of 6.0.

### Infant Mortality

(All figures are for U.S.)

Infant Mortality Rate (deaths per 1,000 live births): **6.9 (2000)**

Leading Causes of Infant Death: **(2000)**

Congenital Anomalies: **5,743**

Pre-Term/Low Birthweight: **4,397**

Sudden Infant Death Syndrome (SIDS): **2,523**

Problems Related to Complications of Pregnancy: **1,404**

Respiratory Distress Syndrome: **999**

International Ranking for U.S.: **28th (1998)**

<http://www.cdc.gov/nchs/fastats/infmort.htm>

### Child and Adolescent Mortality

Child death rates have generally declined over the past two decades. Deaths to children ages 1 to 4 are calculated separately from those for children ages 5 to 14 because causes and death rates vary substantially by age.

2001's death rates per 100,000 for **SCC** were for ages:

Age	Number	Percent	SCC "N" = 1696 total deaths in 2001
<b>Under age 5</b>	<b>15</b>	<b>0.8%</b>	
5-14	7	0.4	
15-24	18	1.0%	

Note: Check this under age 5 death rate- appears to be >2x the national rate several paragraphs above

Nationally In 1999, the death rate for children ages 1 to 4 was 35 per 100,000 children. Between 1980 and 1999, the death rate declined by almost half for children ages 1 to 4.

Among children ages 1 to 4, unintentional injuries were the leading cause of death at 13 per 100,000, followed by birth defects at 4 per 100,000 and cancer at 3 per 100,000 children. Most unintentional injury deaths among children result from motor vehicle traffic crashes. Use of child restraint systems, including safety seats, booster seats, and seat belts, can greatly reduce the number and severity of injuries to child occupants of motor vehicles. In 1999, 47 percent of child occupants ages 1 to 4 who died in crashes were unrestrained

Death rates for children ages 5 to 14 are lower than those for children under age 5. The leading cause of death for children at this age remains unintentional injuries, but some other causes of death, such as birth defects, are less common among children ages 5 to 14 than among children ages 1 to 4.

The death rate in 1999 for children ages 5 to 14 was 19 per 100,000 children. Between 1980 and 1999, the death rate declined by almost one-third, from 31 to 19 deaths per 100,000 children ages 5 to 14.

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Among children ages 5 to 14, unintentional injuries were the leading cause of death, followed by cancer, birth defects, and homicides. The majority of unintentional injury deaths among children ages 5 to 14 result from motor vehicle traffic crashes. More than 65 percent of children ages 5 to 14 who died in traffic crashes in 1999 were not wearing a seatbelt or other restraint

Adolescents: Compared with younger children, adolescents ages 15 to 19 have much higher mortality rates. Adolescents are much more likely to die from injuries sustained from motor vehicle traffic accidents or firearms.

In 1999, the death rate for adolescents ages 15 to 19 was 70 deaths per 100,000

Injury, which includes homicide, suicide, and unintentional injuries, continues to account for over 3 out of 4 deaths among adolescents.

Injuries from motor vehicles and firearms are the primary causes of death among youth ages 15 to 19. Motor vehicle traffic-related injuries accounted for 37 percent of deaths in this age group in 1999, while injuries from firearms accounted for 21 percent. Motor vehicle injuries were the leading cause of death among adolescents for each year between 1980 and 1998, but the motor vehicle death rate declined by over one-third during the time period. In 1980, motor vehicle traffic-related deaths among adolescents ages 15 to 19 occurred almost three times as often as firearm injuries (intentional and unintentional). By 1999, motor vehicle traffic-related deaths were less than double that of firearm injuries.

Motor vehicle traffic-related and firearm death rates have followed different trends since 1980. From 1980 to 1985, both rates declined; in the following years, however, the motor vehicle traffic death rate continued to decline modestly while the firearm death rate increased markedly. During the years 1992-94, the two rates differed only slightly. However, since 1994, the firearm death rate has decreased by nearly half while the motor vehicle death rate has decreased only slightly.

Most of the increase in firearm injury deaths between 1985 and 1993 resulted from an increase in homicides. The firearm homicide rate among youth ages 15 to 19 more than tripled from 5 to 18 per 100,000 between 1983 and 1993. At the same time, the firearm suicide rate rose from 5 to 7 per 100,000. From 1994 to 1999, the firearm homicide rate declined by over one-half and the firearm suicide rate declined by nearly one-third.

After injuries, additional leading causes of death for adolescents include cancer, heart disease, and birth defects.

**Source: America's Children: Key National Indicators of Well-being 2002, Pg. 34**

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### Injuries -Top Five Causes of Injury Among California Children 2000

Fatal		Hospitalized Nonfatal	
<b>Under 1 Year of Age</b>			
1. <b>Homicide</b>	<b>28</b>	1. Fall	485
2. <b>Unintentional Suffocation</b>	<b>24</b>	2. <b>Assault</b>	<b>199</b>
3. Motor Vehicle Occupant	11	3. <b>Unintentional Suffocation</b>	135
4. Drowning/Submersion	10	4. Unintentional Burn, Hot Object or Substance	127
5. <b>Unintentional Poisoning</b>	<b>4</b>	5. <b>Unintentional Poisoning</b>	<b>104</b>
<b>1-4 Years of Age</b>			
1. Drowning/Submersion	73	1. Fall	2,354
2. Homicide	36	2. Unintentional Poisoning	820
3. Motor Vehicle Traffic vs. Pedestrian	21	3. Unintentional Burn, Hot Object or Substance	504
4. Pedestrian, Other	19	4. <b>Motor Vehicle Occupant</b>	<b>383</b>
5. <b>Motor Vehicle Occupant</b>	<b>18</b>	5. Natural/Environmental	347
<b>5-12 Years of Age</b>			
1. <b>Motor Vehicle Occupant</b>	<b>47</b>	1. Fall	3,935
2. Drowning/Submersion	29	2. <b>Motor Vehicle Occupant</b>	<b>736</b>
tied <b>Motor Vehicle Traffic, Pedestrian</b>	<b>29</b>	3. <b>Motor Vehicle Traffic, Pedestrian</b>	<b>707</b>
4. Motor Vehicle Traffic, Unspecified	24	4. Bicycle, Non-Traffic	683
5. Homicide	23	5. Struck by Object	607
<b>13-15 Years of Age</b>			
1. <b>Homicide</b>	<b>48</b>	1. Fall	1,442
2. <b>Motor Vehicle Occupant</b>	<b>32</b>	2. <b>Self-Inflicted</b>	<b>1,178</b>
tied <b>Suicide</b>	<b>32</b>	3. Struck by Object	521
4. Drowning/Submersion	12	4. <b>Motor Vehicle Occupant</b>	<b>424</b>
tied Other Transportation	12	5. <b>Assault</b>	<b>400</b>
<b>16-20 Years of Age</b>			
1. <b>Homicide</b>	<b>392</b>	1. <b>Motor Vehicle Occupant</b>	<b>2,943</b>
2. <b>Motor Vehicle Occupant</b>	<b>236</b>	2. <b>Assault</b>	<b>2,599</b>
3. <b>Suicide</b>	<b>159</b>	3. <b>Self-Inflicted</b>	<b>2,322</b>
4. Motor Vehicle Traffic, Unspecified	103	4. Fall	1,579
5. Other Transportation	86	5. Struck by Object	620

Note: Injury causes in **bold** are among the top five fatal and non-fatal injuries.

**Warning: Starting in 1999 death data use ICD-10 cause of death codes. Use caution in comparing 1999 and later death data to previous years' death data or any hospitalization data.**

Source: California Department of Health Services, Death Records; Office of Statewide Health Planning and Development, Patient Discharge Data Set.  
Prepared by California Department of Health Services, EPIC Branch

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**Note: SCC** specific data currently not found in same format but see following data

### SCC specific fatal Injuries

- In **SCC** in 2001 there were 11 deaths due to injuries in people aged 20 or less.
- Intent of injury: 7 were due to unintentional injuries, 1 was self-inflicted/suicide, 3 were the result of assault or homicide.
- Cause of Injury: 3 died as the result of being an occupant of a motor vehicle; 3 were unspecified motor vehicle related; 1 as the result of transport, other; 1 a suicide, other; 1 assault/homicide – cut/pierce; and 2 as the result of homicide by firearm.

EPIC's fatal injury data come from California Death Statistical Master File and data about hospitalized nonfatal injuries comes from the Office of Statewide Health Planning and Development (OSHPD) patient discharge data.

[http://www.applications.dhs.ca.gov/epicdata/scripts/broker.exe?\\_SERVICE=Pool2&\\_PROGRAM=programs.cause\\_age.sas&REGION0=XXX&R1=F+2001&REGION=Santa+Cruz&OUTPUT=HTML](http://www.applications.dhs.ca.gov/epicdata/scripts/broker.exe?_SERVICE=Pool2&_PROGRAM=programs.cause_age.sas&REGION0=XXX&R1=F+2001&REGION=Santa+Cruz&OUTPUT=HTML)

### Children with Serious Injuries Requiring Medical Care by Total and Gender CHIS 2001

	Seriously Injured in Past 12 Months	
	Yes	No
California--Total	8.2	91.8
Santa Cruz --Total	*8.3	91.7
California--Male	9.4	90.6
Santa Cruz --Male	*11.8	88.2
California--Female	7.0	93.0
Santa Cruz --Female	4.6	95.4

\* Statistically unstable  
Totals may not = 100% due to rounding

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### Children with Serious Injuries Requiring Medical Care by Race/Ethnicity CHIS 2001

	Seriously Injured in Past 12 Months	
	Yes	No
California--White	12.4	87.6
Santa Cruz --White	*12.3	87.7
California--Black	7.8	92.2
Santa Cruz --Black	.	*100
California--Latino	4.5	95.5
Santa Cruz --Latino	.	97.8
California--Asian	4.5	95.5
Santa Cruz --Asian	.	*100
California--Am. Ind.	14.3	85.7
Santa Cruz --Am. Ind.	.	.
California--Other	7.6	92.4
Santa Cruz --Other	.	.

\* Statistically unstable

Totals may not = 100% due to rounding

### Children with Serious Injuries Requiring Medical Care by Poverty Level CHIS 200

	Seriously Injured in Past 12 Months	
	Yes	No
California--0 - 99%	5.0	95.0
Santa Cruz --0 - 99%	.	96.0
California--100 - 199%	6.1	93.9
Santa Cruz --100 - 199%	.	100.0
California--200 - 299%	8.3	91.7
Santa Cruz --200 - 299%	*23.6	76.4
California--300%+	11.4	88.6
Santa Cruz --300%+	*8.2	91.8

\* Statistically unstable

Totals may not = 100% due to rounding

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**Adolescent Serious Injuries Requiring Medical Care by Total and Gender CHIS 2001**

	Seriously Injured in Past 12 Months	
	Yes	No
California--Total	14.1	85.9
Santa Cruz--Total	10.5	80.5
California--Male	16.7	83.3
Santa Cruz --Male	*21.8	78.2
California--Female	11.3	88.7
Santa Cruz --Female	*17.2	82.8

\* Statistically unstable  
Totals may not = 100% due to rounding.

**Adolescent Serious Injuries Requiring Medical Care by Race/Ethnicity CHIS 2001**

	Seriously Injured in Past 12 Months	
	Yes	No
California--White	19.7	80.3
Santa Cruz --White	25.7	74.3
California--Black	13.7	86.3
Santa Cruz --Black	.	*100
California--Latino	8.5	91.5
Santa Cruz --Latino	11.7	88.3
California--Asian	9.4	90.6
Santa cruz --Asian	.	.
California--Am. Ind.	*11.5	88.5
Santa Cruz --Am. Ind.	.	.
California--Other	13.1	86.9
Santa Cruz --Other	.	*74.7

\* Statistically unstable  
Totals may not = 100% due to rounding

**Santa Cruz County 2003 Health Almanac**

**Adolescent Serious Injuries Requiring Medical Care by Poverty Level CHIS 2001**

	Seriously Injured in Past 12 Months	
	Yes	No
California--0 - 99%	7.9	92.1
Santa Cruz --0 - 99%	*15.9	84.1
California--100 - 199%	13.2	86.8
Santa Cruz--100 - 199%	.	93.0
California --200 - 299%	13.4	86.6
Santa Cruz --200 - 299%	.	89.0
California--300%+	17.9	82.1
Santa Cruz --300%+	25.4	74.6

\* Statistically unstable  
 Totals may not = 100% due to rounding

**Children and Adolescents with Serious Injury in Past 12 Months Requiring Medical Care by Total and Gender CHIS 2001**

	Seriously Injured in Past 12 Months	
	Yes	No
California--Total	10.1	89.9
Santa Cruz--Total	12.1	87.9
California--Male	11.8	88.2
Santa Cruz --Male	15.2	84.8
California--Female	8.4	91.6
Santa Cruz--Female	*8.9	91.1

\* Statistically unstable  
 Totals may not = 100% due to rounding

**Santa Cruz County 2003 Health Almanac**

**Children and Adolescents with Serious Injury in Past 12 Months Requiring Medical Care by Race/Ethnicity CHIS 2001**

	Seriously Injured in Past 12 Months	
	Yes	No
California--White	14.8	85.2
Santa Cruz --White	16.7	83.3
California--Black	9.7	90.3
Santa Cruz --Black	.	100.0
California--Latino	5.7	94.3
Santa Cruz --Latino	*5.5	94.5
California--Asian	5.9	94.1
Santa Cruz --Asian	.	*100.0
California--Am. Ind.	13.0	87.0
Santa Cruz --Am. Ind.	.	.
California--Other	9.9	90.1
Santa Cruz --Other	.	84.1

\* Statistically unstable  
 Totals may not = 100% due to rounding

**Children and Adolescents with Serious Injury in Past 12 Months requiring Medical Care by Poverty Level CHIS 2001**

	Seriously Injured in Past 12 Months	
	Yes	No
California--0 - 99%	5.9	94.1
Santa Cruz --0 - 99%	9.0	91.0
California--100 - 199%	8.2	91.8
Santa Cruz--100 - 199%	.	97.8
California--200 - 299%	9.9	90.1
Santa Cruz --200 - 299%	21.0	79.0
California--300%+	13.6	86.4
Santa Cruz --300%+	14.2	85.8

\* Statistically unstable  
 Totals may not = 100% due to rounding

**Child Abuse**

The State of Our Children measures the number of children and rate per 1,000 children ages 0-17 who are reported to have incurred abuse (sexual, physical, or emotional) or neglect in 2001  
 CA 54 children  
 SCC 56 with SCC ranking 18<sup>th</sup> of 57 counties

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### Education Indicators

See also CLIKS web-site below for additional information and definitions  
County-City-Community Level Information for Kids (CLIKS) [http://www.aecf.org/cgi-bin/cliiks.cgi?action=profile\\_results&subset=CA&areaid=45](http://www.aecf.org/cgi-bin/cliiks.cgi?action=profile_results&subset=CA&areaid=45)

#### Second grade Reading skills.

Measuring the percentage of children scoring at or above the 50<sup>th</sup> National Percentile Rank in reading per OC in 2001

CA 51%

**SCC** 47 with **SCC** ranking 40<sup>th</sup> of 57 counties

#### Second grade Math skills

Measuring the percentage of children scoring at or above the 50<sup>th</sup> National Percentile Rank in math per OC in 2001

CA 58%

**SCC** 57 with **SCC** ranking 29<sup>th</sup> of 57 counties

#### Fourth Grade Reading skills

Measuring the percentage of children scoring at or above the 50<sup>th</sup> National Percentile Rank in reading per OC in 2001

CA 46%

**SCC** 46 with **SCC** ranking 37<sup>th</sup> of 57 counties

#### Fourth grade Math skills

Measuring the percentage of children scoring at or above the 50<sup>th</sup> National Percentile Rank in math per OC in 2001

CA 54%

**SCC** 53 with **SCC** ranking 34<sup>th</sup> of 57 counties

### Percentage of young adults ages 18 to 24 who have completed high school

A high school diploma or its equivalent represents acquisition of the basic reading, writing, and mathematics skills a person needs to function in modern society. The percentage of young adults ages 18 to 24 with a high school diploma or an equivalent credential is a measure of the extent to which young adults have completed a basic prerequisite for many entry-level jobs as well as higher education

In 2000, 87 percent of young adults ages 18 to 24 had completed high school with a diploma or an alternative credential such as a General Education Development (GED) certificate. The high school completion rate has increased slightly since 1980, when it was 84 percent

Source: AC pg. 53

California's OC report indicated in response to the question "Graduates prepared for college", i.e. "graduates in CA public schools completing all courses required for the UC and/or CA State Univ. admission" that 36% of students are so prepared and that in **SCC** 39% are with **SCC** ranking 26<sup>th</sup> of 57 counties in this effort.

#### Percentage of youths ages 16 to 19 who are neither in school nor working

The transition from adolescence to adulthood is a critical period in each individual's life. Youth ages 16 to 19 that are neither in school nor working are detached from both of the core activities that usually occupy teenagers during this period. Detachment from school or the workforce, particularly if this situation lasts for several years, puts youth at increased risk of having lower earnings and a less stable employment history than their peers who stayed in school and/or secured jobs. The percentage of youth that are not enrolled in school and not working is one measure of the proportion of young people who are at risk of limiting their future prospects.

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In an average week during the 2001 school year, about 9 percent of youth ages 16 to 19 were neither enrolled in school nor working. Source: AC pg. 54

California's OC report indicates that state wide there are 2.8% of students who have "dropped out" while in **SCC** the number is 1.7% with **SCC** standing 8<sup>th</sup> of 57 counties.

Note: These are annual rates with the cumulative effect of a 2.8% annual rate being 11.2% over a 4 year period.

### California Children's Services

#### Santa Cruz County CCS Data for 2002-2003

CCS caseload numbers are snapshots in time. The cases are not counted cumulatively. At any given time, CCS assists and case manages approximately 1,200 children and youth with special health care needs. Children receive OT and PT at school-based Medical Therapy Units in Scotts Valley and Watsonville. CCS has two service categories, High Risk Infant Follow Up and Diagnostic Only, that have no financial eligibility requirement, and clients in these programs do not have diagnosed medically eligible conditions.

Of 1,175 active clients,

73.02 % have Medi-Cal

12.34 % have Healthy Families

3.83 % receive Medical Therapy Program services only;

there is no financial test; no requirement to apply for HF or M-C.

11 % remainder (=127) do not have M-C or HF for one or more of the following reasons:

they are undocumented aliens,

they are over income for M-C and HF, but still qualify for CCS due to the extent of their out of pocket medical expenses,

they have other insurance which covers the majority of their treatment costs,

their cases are open for diagnostic services only, which are preliminary services to determine if clients have qualifying medical conditions; there is no financial test and no requirement to apply for M-C or HF.

CCS receives approximately 80 referrals each month. Referrals may come from any source. Hospitals and physicians account for most referrals. Another significant referral source is Central Coast Alliance for Health, which reviews Medi-Cal and Healthy Families members carefully for medical conditions that are or are suspected of being qualifying CCS conditions. CCS and CCAH UR nurses attend local hospitals to ensure that patients are referred appropriately and timely to CCS.

CCS and CCAH agree their working relationship is positive. CCAH also works with Monterey County CCS, and the three agencies meet together formally four times a year. The agencies are able to share what works best, thereby benefiting all.

Provider recruitment and retention are important CCS activities that impact the system of health care for children. Adding board-certified specialists to the ranks of CCS paneled providers broadens the network of providers who can see Medi-Cal and Healthy Families clients. CCS can attract physicians with rates that are 39% higher than Medi-Cal rates. Santa Cruz County CCS has an excellent reputation for training and assisting providers to invoice CCS via the EDS system. In illustration of this: This past year Longs Drug Stores informed the State that on account of a long list of problems with CCS, they would stop serving CCS clients. However Longs corporate headquarters informed us that in Santa Cruz County there was no evidence of those problems. Ultimately the State negotiated to retain Longs with CCS throughout the state.

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In the past year, CCS recruited the following non-physician providers:

Novacare, which offers pool therapy

Dentists at Salud para la Gente

Private psychotherapists Katy Perlman, Parents Center, Family Service Association of Pajaro Valley, and Familias Bienvenidas. Now Medi-Cal and non-Medi-Cal children and families can be counseled around psychosocial problems that arise out of or aggravate the medical condition.

### Santa Cruz County specific CHDP Statistics

#### Overall

The Child Health and Disability Program (CHDP) provides regular health exams to children on Medi-Cal and to children whose family incomes are at or below 200% of the FPL or \$36,800 annually for a family of four. The local SCC CHDP program receives copies of all the health exams done in Santa Cruz County that numbers currently between 2500 and 3000 per month. The local program receives funding to provide treatment to children who are not eligible for Medi-Cal or Healthy Families.

During the year **2000**, the CHDP Medi-Cal target population was 11,232. The non-Medi-Cal population was 11,213 for a total of 22,445 children eligible for CHDP covered services. 19,700 children received CHDP services during this year including immunizations.

During the year **2001**, the CHDP Medi-Cal target population was 15,815. The non-Medi-Cal population was 10,965 for a total of 26,780 children eligible for CHDP covered services. 23,534 children received CHDP services during this year.

With final year end numbers due in June 2003 it was **estimated** that during the year **2002** the CHDP Medi-Cal target population was 16,000. The **estimated** non-Medi-Cal population was 11,000 for a total of 27,000 children eligible for CHDP covered services. Of this total, it is **estimated** that 23,893 children received CHDP covered services.

As is most often the case, the 2 conditions most commonly identified in this population are dental caries and obesity, with vision problems and asthma following.

#### Dental Statistics

In the year **2000**, 1042 Medi-Cal children were referred for dental treatment and 530 non Medi-Cal children were referred. 84 children who were not eligible for the Medi-Cal or Healthy Families Programs received dental treatment under the Children's Treatment Program (CTP)

In the year **2001**, 976 Medi-Cal children were referred for dental treatment and 471 non Medi-Cal children were referred. 187 children received dental treatment under the CTP.

In the year **2002**, 93 Medi-Cal children were referred for dental treatment and 378 non Medi-Cal children were referred. 151 children received dental treatment under the CTP.

#### Obesity Statistics

Obesity continues to rise at epidemic proportions in the CHDP population.

In the year **2000**, 15.2% of children under 5 years of age had a Body Measurement Index (BMI) >95% and 19% of the children between the ages of 5 and 19 years had a BMI >95%.

In the year **2001** 15.1% of children under 5 years of age had a BMI >95%; 24% of children aged 5 to 11 years had a BMI >95% and 23% of adolescents ages 12 to 19 years had a BMI of >95%.

#### Eye Conditions

In the year **2000**, 123 non Medi-Cal children were identified with some sort of eye/vision condition. In **2001**, the number was 177 and in **2002** 160 were so identified.

### **Asthma/Reactive Airway Disease**

Data was not tracked for this disease until mid 2001. These figures include Medi-Cal children as well as non Medi-Cal children. In **2001** the number of children diagnosed with Asthma or RAD was 137 and in **2002** it was 270.

## **Santa Cruz County Health Services Agency** **Children's Health Information**

See: <http://www.santacruzhealth.org/resources/categories/3children.htm>

**CHILD HEALTH TOOLBOX** - Concepts, tips, and tools for evaluating Medicaid, the State Children's Health Insurance Program (SCHIP), Title V, and other health care service programs for children.

- [Asthma \(Asthma and Allergy Foundation\)](#)
- [Attention Deficit Disorder](#)
- [Blindness/visual Impairment \(American Council of the Blind\)](#)
- [Blindness/visual Impairment \(American Foundation for the Blind\)](#)
- [Blindness/visual Impairment \(National Federation of the Blind\)](#)
- [Cancer](#)
- [Car Safety](#)
- [Cerebral Palsy](#)
- [Cleft Palate and Lip](#)
- [Cystic Fibrosis](#)
- [Deaf-Blind \(Helen Keller National Center\)](#)
- [Deaf \(House Ear Institute\)](#)
- [Diabetes \(American Diabetes Association\)](#)
- [Diabetes \(Children with Diabetes\)](#)
- [Down Syndrome](#)
- [Drinking Water](#)
- [Dyslexia](#)
- [Epilepsy/Seizure Disorders](#)
- [Fetal Alcohol Syndrome](#)
- [Grief and Child Loss](#)
- [Growth Charts](#) - Pediatric growth charts
- [Heart Disease](#)
- [Kidney Problems](#)
- [Learning Disabilities](#)
- [Liver Disorders/Hepatitis](#)
- [Mental Health](#)
- [Mental Retardation](#)
- [Muscular Dystrophy](#)
- [Nutrition](#)
- [Short Stature/Dwarfism](#)
- [Spina Bifida](#)
- [Stuttering](#)
- [Sudden Infant Death Syndrome SIDS](#)
- [Suicide Prevention](#)