Solano County Health and Social Services Department
Public Health Services
Maternal, Child and Adolescent Health Bureau

Maternal, Child and Adolescent Health Five Year Needs Assessment 2010 - 2014

June 2009

Solano County Health & Social Services Department

Mental Health Services
Public Health Services
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Eligibility Services
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The Maternal, Child, and Adolescent Health Bureau would like to share with you our 2010-2014 Needs Assessment.

Every five years the Solano County Maternal, Child and Adolescent Health Bureau (MCAH) conducts a needs assessment. The assessment looks at important health indicators for the community and our progress in impacting those areas over time. In addition, this year we have explored how our public, private, and non-profit organizations coordinate the delivery of essential public health services. Our assessment, which was submitted to the California State MCAH, examines our strengths and assets as well as gaps and needs related to providing public health services to the communities we serve.

The process of conducting the needs assessment was completed by an internal Technical Advisory Group with the assistance and input of many community partners and stakeholders. Two meetings were held in May to solicit input from stakeholders in the Maternal, Child and Adolescent Health system, and a community meeting was help on June 8, 2009 to share some of the findings and allow for public comment. We are tremendously appreciative of the time and energy contributed by so many of our community partners to this process. We would also like to thank the Maternal, Child, and Adolescent Health Advisory Board for their work reviewing and commenting on MCAH issues in Solano County.

The data on which this document is based comes from many sources, including the California Department of Public Health, the Solano County Automated Vital Statistics System, the California Health Information Survey, the California Healthy Kids Survey, and NTI Upstream. If you have questions about the information here or would like to review the data in more detail, feel free to contact us at the MCAH Bureau at 784-8600.

Please join us in sharing this document with others who are interested in promoting optimal health for women, children, and adolescents in Solano County.

Sincerely,

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Deputy Director of Public Health

Nancy Calvo, MPH
Maternal, Child and Adolescent Health Director

Solano County Department of Health and Social Services
Maternal, Child and Adolescent Health
Five Year Needs Assessment (2010 – 2014)

1. Summary/Executive Report

Purpose of the Needs Assessment:
The Five Year Needs Assessment for Maternal, Child and Adolescent Health in Solano County serves as the county's input to the statewide needs assessment that is required for the receipt of Title V Block Grant funding. It also serves as the first step in the development of an action plan for the county that will provide detailed understanding of local Maternal, Child, and Adolescent Health (MCAH) problems and possible interventions and will map out the steps that the county will take to address its highest priority MCAH needs.

Solano County MCAH Vision, Mission and Goals:

The vision of the Solano County MCAH Program is to develop systems that protect and improve the health of Solano County's women of reproductive age, infants, children, adolescents and their families.

To achieve this vision, the **mission** of the Maternal and Child Health Bureau of the Solano County Health and Social Services Department is to preserve and improve health care access and services for women, children, adolescents and their families in Solano County, by embracing the public health principles of needs assessment, quality assurance, and policy development.

Solano County Maternal, Child and Adolescent Health **goals** are:

- All children are born healthy to healthy mothers
- No health status disparities among racial/ethnic, gender economic and regional groups
- A safe and healthy environment for women, children and their families
- Equal access for all women, children and their families to appropriate and needed care within an integrated and seamless system

Solano County MCAH Assessment Process:
The needs assessment process was a data-driven, and community-focused approach to defining areas of need for the MCAH populations in the county. The effort was led by the MCAH Bureau Director and a Technical Advisory Group (TAG). The TAG met three times to: review data on community health access, health status and health resources; analyze the results from the Family Health Outcomes Project MCAH indicator data templates; define the list of problem areas for the county; update the prioritized list of problems, and complete the Strengths, Weaknesses, Opportunities and Threats (SWOT) analysis based on community stakeholder input to the mCAST-5 tool. The TAG also provided input to the design of, and helped to lead, a large community stakeholder meeting through which a broad set of providers and advocates, reviewed the work of the TAG and provided input on needs and priorities.

Key Findings:
Solano County is a growing and diverse community that is facing many of the challenges that accompany growth: building and maintaining cultural capabilities; increases in the cost of living and housing; increases in commute times and traffic congestion; and inadequate public transportation. The county has also been hard-hit by the recent economic recession and is seeing high unemployment rates and the social problems that accompany them. About 46% of the county population is non-White and 26% is age 17 or under. The county has high rates of both chronic and communicable diseases.
The county system of care for MCAH populations has several strengths, most notably a strong history of and commitment to collaboration among MCAH providers and agencies, a strong commitment to quality assurance, a history of being data-driven and strong analytic resources to support continued data collection and analysis, and strong and consistent prevention messages across the County. The County MCAH system as a whole is weakest in the areas of collaboration with community members themselves, school districts and city governments.

Specific MCAH problem areas identified for the county are:

For pregnant women, mothers and infants

- Early prenatal care
- Adequate prenatal care
- Short birth interval (w/in 24 months)
- Substance use/abuse during pregnancy
- Low birth weight babies
- Very low birth weight babies
- Preterm births
- Infant mortality
- Breastfeeding

For children and adolescents

- Childhood obesity
- Childhood asthma
- Childhood Diabetes
- Teen births
- Chlamydia
- Disparities in Foster Care
- Teen alcohol, tobacco and substance use
- Teen motor vehicle injury rates
- Dental access and health

Solano County MCAH Priority Problems and Needs:
MCAH efforts for 2010 - 2014 will focus on understanding and fully developing strategies to address the following priority areas:

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

Priority Ranking of MCAH System Capacity Needs:

1. Need to share evaluation tools and expertise across the MCAH system
2. Need to collaborate better with community members
3. Need to collaborate better with school districts
4. Need to improve delivery of culturally and linguistically appropriate services
5. Need to more effectively use interns from local colleges, universities and volunteers
6. Need to build capacity for sharing data and make it accessible to the community
7. Need to improve communication with elected officials about legislative/regulatory needs for MCAH
8. Need to include mental health in screening and planning.

2. MCAH Program Mission Statement and Goals

The MCAH Bureau vision, mission and goals were developed as a result of the strategic planning process for the Solano County Division of Public Health. This process was completed in 2005 and included an internal planning team comprised of senior and middle managers representing all six Public Health Bureaus and an external consultant. A community forum was held through which 40 community members provided input into the creation of healthy Solano County communities and identified key issues and opportunities for public health now and in the future. Two staff retreats and one review meeting were conducted to build upon the community forum and to shape the Public Health Division strategic direction and define the content of the strategic plan. The Public Health Division Strategic Plan articulates five goals.

- To eliminate racial and ethnic health disparities in Solano County
- To improve health outcomes of Solano County Residents
- To be prepared to effectively respond to catastrophic emergencies
- To develop a public image for Solano County Public Health that increases community awareness of public health issues and services
- To create the organizational culture and infrastructure required to assure that Solano County Public Health is improving community health where people live, learn, work and play now and in the future

One of the Public Health strategies defined in the plan is to develop a public image for Solano County Public Health that increases community awareness of public health issues and services. Implementation of the strategy included developing and distributing public health brochures describing services and activities. Each Bureau was charged with creating a Bureau-specific description of programs and services, mission, and goals. The MCAH Director, MCAH managers and Senior Health Education Specialist developed the MCAH brochure, revised the MCAH vision, mission and goals, and ultimately shared the brochure with MCAH staff to gather feedback. In 2006 the following was adopted and published in the MCAH brochure.

The **vision** of the Solano County Maternal Child and Adolescent Health Program is: "To develop systems that protect and improve the health of Solano County's women of reproductive age, infants, children, adolescents and their families."

To achieve this vision, the **mission** of the Maternal and Child Health Bureau of the Solano County Health and Social Services Department is: "To preserve and improve health care access and services for women, children, adolescents and their families in Solano County, by embracing the public health principles of needs assessment, quality assurance, and policy development."

Solano County Maternal, Child and Adolescent Health **goals** are:

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3. Planning Group and Process

The Solano County MCAH needs assessment and planning effort was led by the Director of the MCAH Bureau. MCAH Bureau Senior Health Education Specialists were responsible for analyzing health indicators and played a key role in the stakeholder meetings and in completing the required worksheets for the needs assessment. Additional staff from the Public Health Division assisted with the analysis of data required for the Community Health Profile. As in 2004, a Technical Advisory Group (TAG), was convened as the County's Planning Group to provide guidance and oversight to the effort, and an external consultant was engaged to coordinate and facilitate the work and to develop the written document.

The Technical Advisory Group (TAG) convened for the 2009 process was comprised of the Director of the MCAH Bureau, MCAH Senior Health Education Specialists, the Policy and Financial Analyst of Research and Planning, the county Epidemiologist, as well as a representative from the Solano County Partnership for Early Access for Kids, a multi-agency collaborative with the goal of early identification of children with special needs. Members of the TAG were identified by the MCAH Director as having expertise in MCAH planning and analysis, familiarity with issues facing the MCAH populations in Solano County, and/or extensive knowledge of the available data regarding the health access and health status of the MCAH populations.

The TAG began meeting in April of 2009. Over a series of three meetings, the TAG completed the following:

1. a review of data and benchmarks related to both the required MCAH health indicators and other indicators identified by MCAH staff,
2. an updated list of MCAH problem areas for Solano County,
3. an updated list of MCAH priorities, based on the same criteria used to prioritize in 2004, and
4. a SWOT analysis based on two community stakeholder group discussions of the mCAST-5 MCAH capacity assessment.

The TAG engaged the broader MCAH community in two ways. First over 40 stakeholders were invited to participate in the completion of the Solano County MCAH system capacity assessment (using the mCAST-5). This work was completed through two meetings in May of 2009. In addition, over 70 stakeholders were invited to participate in a meeting in early June, during which all of the information the TAG had prepared, was shared and discussed, with an opportunity for stakeholders to provide reactions, ask questions, and add to the work that

had been completed by the TAG. See Worksheet A for a complete list of the stakeholders who were engaged in this assessment and planning process.

4. Solano County Community Health Profile

Community Resources:
The Solano County Maternal, Child and Adolescent Health Bureau is part of the Public Health Division within the Department of Health and Social Services. The Maternal, Child and Adolescent Health Bureau works in collaboration with the entire Health and Social Services Department and with other county, city, non-profit and for-profit entities, to promote the health of pregnant women, infants, children and adolescents and to ensure the availability of health and social services needed by the MCAH populations. One of the distinctive strengths of the county is the degree of partnership across health and social service entities in all sectors. Numerous health coalitions and collaborations focus on creating positive change in the county.

The specific role of the MCAH Bureau is to:

- Provide leadership in planning, developing, and supporting comprehensive systems of preventive and primary care for women, their partners, children and adolescents.
- Promote wellness and prevent disease, injury and violence through advocacy, community outreach, education campaigns, and collaboration with agency and community partners.
- Through the establishment of strong linkages with public and private health care providers, community-based organizations, schools and other institutions, aim to ensure that all people-regardless of income or other factors-receive the health and social services they need.

A description of key aspects of the Solano County MCAH system, including agencies serving each of the broad MCAH populations is provided below.

Pregnant Women, Mothers and Infants up to Age 1:
In Solano County, health indicators for moms and babies fall short of the national goals. In response to this, First 5 Solano Children and Families Commission funded BabyFirst Solano in 2003. BabyFirst Solano (BFS) utilizes a multi-pronged strategy to improve and streamline the systems of care that serve moms and babies in Solano. BFS targets three populations for comprehensive prenatal support services: 1) pregnant and parenting teens, 2) pregnant and parenting African American women, and 3) pregnant and post partum women using alcohol, tobacco and drugs.

BabyFirst Solano is a public and private partnership committed to creating a system of care in Solano that supports and educates pregnant and parenting women to deliver healthy and drug free babies. The vision is that all babies in Solano will be born healthy and live in a nurturing environment where they will thrive.

In early 2009, the Prenatal Care Access Committee, an ad hoc sub-committee of the Solano Coalition for Better Health Access Committee, completed a comprehensive assessment of prenatal care access in Solano County. The findings included an articulation of the following barriers to prenatal care:

- Individual or patient barriers, including lack of information, confusion about how to access care, and concerns about cost and insurance
- Prenatal care provider obstacles, including policies that impact system capacity and administrative systems and practices that limit availability of services
- Institutional and governmental barriers, including the fragmentation of the system of care and the complicated bureaucracy for eligibility, enrollment and reimbursement under Medi-Cal.

Based on this understanding, the Prenatal Care Access Committee developed a set of recommendations with the goal of achieving by 2013 the Healthy People 2010 objective of 90% of pregnant women receiving prenatal care in the first 12 weeks.

Partnership HealthPlan of California (PHC) is the Medi-Cal managed care provider for Solano County. PHC was developed from a broad base of community support through the Solano Coalition for Better Health. PHC

requires all OB providers to perform or refer all pregnant women for comprehensive risk assessments each trimester as well as for needed interventions to address any identified issues. The Comprehensive Perinatal Services Programs (CPSP) in the county have the capability for doing these assessments, but do not always have the capacity to accommodate the referrals from non-CPSPs. There are four certified Comprehensive Perinatal Services Programs at locations across the county. In addition, Kaiser Permanente provides comprehensive perinatal services, but is not a certified CPSP provider.

There are four hospitals in the county where women deliver: Kaiser in Vallejo, Sutter Solano in Vallejo, NorthBay Medical Center in Fairfield, and David Grant Medical Center on Travis Air Force Base. In addition, Solano County residents deliver at surrounding hospitals, including John Muir Medical Center in Walnut Creek and Sutter Memorial in Woodland and others. Neonatal intensive care is available at NorthBay Medical Center, a Level 3a hospital, and infants requiring a higher level of intervention go to Alta Bates Medical Center in Berkeley and Children's Hospital in Oakland.

Children and Adolescents:

The Child Health and Disability Program (CHDP) provides comprehensive health assessments for low-income children, and conducts outreach, recruitment and maintenance of a provider network, health education and case management for problems found during physical exams, and referrals for health insurance. CHDP providers are spread across the urban areas of the county, with a high concentration in Vallejo, Vacaville and Fairfield. Partnership HealthPlan providers must also be CHDP providers. California Children's Services (CCS) is a key aspect of the health service system for children. CCS provides diagnostic evaluations for children with suspected CCS conditions and authorizations for treatment to cover specialized medical care and rehabilitation. Public Health Nursing provides medical case management for children with complex conditions. CCS and CHDP together form the Children's Medical Services program in the county.

The MCAH Bureau and Social Services Division provide services for teen parents through the Adolescent Family Life (AFLP) and Cal-Learn Programs. This program provides case management and referral services for pregnant and/or parenting teens in the County. Targeted case management services are also provided to high-risk families through Public Health Nursing. Services include in-home breastfeeding support and consultations. Public Health Nursing meets monthly with Child Protective Services to coordinate services for families.

The county faces gaps in care with respect to teen-specific services. While services for adolescent health in Solano County are provided by Planned Parenthood in Vallejo and Fairfield, Dixon Family Practice, Vacaville Community Clinic, Redwood Family Clinic in Vallejo, Solano County Family Health Services Clinics in Vallejo and Fairfield, and Great Beginnings in Vallejo, only the Kaiser Teen Clinics in Vallejo and Fairfield offer a teen-specific clinic setting. In addition, there are no drug or alcohol treatment services designed specifically for teens in the county. There is a need for further training and education for all providers regarding teen culture and issues and a need for expanded services designed specifically for teens.

In 2004, the Charting Our Future: The Health of Vallejo's Children and Adolescents Report was developed with the support of the California Endowment and the Synergy Coalition in Vallejo. The goal was to develop an overall HealthPlan for Vallejo's youth. Synergy is a collaborative partnership with community and regional leaders from public and private health providers, youth and family serving agencies, state and local government agencies, local faith communities, schools and representation from a variety of allied health and social services organizations. The Synergy Coalition identified and developed 10 Health objectives for reducing adolescents' major health risks:

Healthy Development

1. Increase proportion of youth who have supportive relationships and opportunities at home, school, and in the community
2. Improve physical safety of children at school and in the community
3. Collect and analyze data to identify gaps for youth with special needs
4. Increase youth's access to available, affordable, accessible after –school activities that promote youth development including academic achievement and community youth leadership skills.

Healthy Choices

1. Increase proportion of youth who engage in vigorous physical activity that promotes cardio-respiratory fitness
2. Provide education on healthy choices for diet and nutrition to reduce incidence of obesity and overweight issues for youth.
3. Reduce tobacco, alcohol, and other illicit drug use among youth and the related negative consequences of those risky behaviors.
4. Promote the reproductive health needs of adolescents:
    - Increase the proportion of adolescents who abstain from sexual intercourse or use condoms if currently sexually active.
    - Reduce teen pregnancy
    - Improve access to and proportion of sexually active youth who receive STD screening

Health Services

1. Improve access to and knowledge of confidential health services for youth.
2. Address issues impacting childhood asthma
    - Reduce in door and out door risk factors that contribute to the burden of asthma
    - Increase access to comprehensive care for children with asthma through efforts to ensure that every child has coverage.

In 2002 the First 5 Solano Children and Families Commission funded the Teen Parent Advocacy Consortium (TPAC) to determine and assess the supportive needs of teen parents in Solano County. The TPAC identified the following issues and problems facing teen parents in the areas of health and well-being and social supports:

- Mental health
- Nutrition (nutritional counseling)
- Hospital benefits (health care coverage)
- Prenatal care
- Prescription drugs
- Substance abuse
- School programs tailored to the needs of teen parents
- Teen peer pressure
- Family support
- Counseling for emotional and family issues
- Housing
- Job support and training
- Mentoring
- Recognizing teen parents as positive role models

In February 2005, in response to issues of health disparities the Coalition for Better Health in partnership with Solano County Health & Social Services prepared the Health Disparity in Solano County Report. This report launched a call to action, documenting that African Americans bear a disproportionate burden of disease and death in Solano County. These disparities are evident in data on MCAH indicators as well as those for general population health. Thus, started a community needs assessment process and development of a strategic plan that includes goals, strategies and activities aimed at reducing health disparities within the African American community in Solano County. The Solano Coalition for Better Health and its partners will continue to improve health conditions and outcomes for the community as a whole while, at the same time, narrowing disparities.

Demographic Information *(all numbers have been updated to reflect current data)*

Based on data from the California Department of Finance, Solano County had a population of 426,729 in 2009, which represented an 8% increase since 2000. Some of the population growth in Solano County results from significant in-migration - the 2007 American Communities Survey estimates a net annual increase of 2,965 people moving into Solano County from outside the U.S., and an additional net increase of 24,755 people moving into Solano County from other U.S. counties. Among the three large cities in the county, the highest growth rate has been seen in Vacaville.

Solano County Population Growth and Distribution

Location	2000	2009	Growth	% Growth (rounded)
Solano County	394,542	426,729	32,187	8%
Benicia	26,865	27,977	1,112	4%
Dixon	16,103	17,573	1,470	9%
Fairfield	96,178	106,440	10,262	11%
Rio Vista	3,316	8,222	4,906	148%
Suisun	22,686	28,856	6170	27%
Vacaville	71,479	96,450	24,971	35%
Vallejo	109,199	121,055	11,856	11%

Source: California Department of Finance

The county population is ethnically diverse, with 55.9% of the population reported as being non-White. In 2007, 19% of the county was foreign born, and 27% of the population over 5 years of age lived in households where a language other than English was spoken at home. In 2007, the county was 50% female and 50% male. As a result of the county's high birth rate over the last decade, 21% of the county population is made up of children ages 14 and under, with 7% of the population ages four and under.

Solano County Population Demographics - 2007

Age (Years) (%)*		Race/Ethnicity (%)		Gender (%)*	
Under 5	7%	White	44.1%	Male	50%
5-17	19%	Hispanic	22.0%	Female	50%
18-64	64%	African American	14.8%		
65+	11%	Asian	13.5%		
		Other	5.7%		

*rounded

Source: U.S. Census Bureau, American Community Survey

In 2007 there were 137,704 households in the county out of which 37% had children under the age of 18 living with them, 52% were married couples living together, 15% had a female householder with no husband present, and 27% were non-families. Of all households 22% were made up of individuals and 7% had someone living alone who was 65 years of age or older. The average household size was 2.9 and the average family size was 3.4.

Economic Indicators *(all numbers have been updated to reflect current data)*:
According to data from the 2007 US Census American Community Survey, 9.6% of the Solano County population and 16% of children under age 6 lived at or below the Federal Poverty Level and the median family income for the county was $65,533.

According to the State of California Employment Development Department, the county unemployment rate was 10.9% in March 2009, compared to a rate of 11.5% for California and 8.5% for the nation during the same period. Unemployment rates vary across the county, from 6.8% in Benicia to 13.4% in Vallejo.

Data from the 2007 US Census American Community Survey show that there were 137,704 households in Solano County, 20.5% of which were in multi-unit structures. The home ownership rate was 67% and the median home price in the county was $472,500. The Wells Fargo Housing Opportunity Index shows that 82.3% of the homes in the Vallejo-Fairfield metro area are affordable for individuals or families at the median county income level. This index places Vallejo-Fairfield as 69th nationwide in the percent of affordable homes, and 4th regionally.

Solano County's largest employer is Travis Air Force Base, with almost 15,000 employees. Kaiser Permanente is the largest private employer, with public sector entities completing the list of the top five employers for the county.

Top Five Employers, Solano County, 2008

Employer	Number of Employees
Travis Air Force Base	14,904
Kaiser Permanente	3,262
Solano County	3,111
Fairfield/Suisun Unified School District	2,085
California Medical Facility/Prison	1,853

Sources: Calif. Dept. of Educ., Calif. Dept. of Corrections & Rehabilitation, Solano County FY 2008/09 Proposed Budget, www.Fairfield4Business.com, Fairfield Facts, Fairfield, Vacaville, Vallejo Cities' Web Sites

Education Indicators *(all numbers have been updated to reflect current data)*:
The 2007 American Community Survey found that of County residents over the age of 25, 14.5% had less than a high school education, 26.4% had only a high school education, 25.6% had some college (no degree), 11.1% had an Associate's degree, and 22.5% had a Bachelor's degree or higher education. Solano County's four-year-derived drop-out rate for 2007-2008 was 21.7%.

Health System Indicators *(all numbers have been updated to reflect current data)*:
Through several collaborative efforts, including the Solano Kids Insurance Program (SKIP), Solano County made a concerted effort to expand health insurance coverage throughout the county. At the start of SKIP in 1998, about 10% of children in the County were uninsured. By 2004, fewer than 5% of children were uninsured. Despite this, rates of insurance coverage in the county have dropped in the past 5 years. The 2007 California Health Interview Survey found that 8% of children under 19 and 9% of adults age 19 – 65+ in Solano County were uninsured.

In 2007, Solano County had 824 licensed physicians; resulting in a population ratio of 515 residents per physician (California has 387 residents per physician). Based on 2008 data from the UCLA Center for Health Policy Research, there are 293 licensed dentists and 250 dentists in active practice in the County; resulting in a population ratio of 1,707 residents per active dentist (California has 1,440 residents per dentist). There are 4 general acute care hospitals in the County with a total of 559 licensed beds (1.3 per 1,000 population). The County is also home to David Grant Medical Center on the Travis Air Force Base. The general acute care hospitals are located in Vallejo (2), Fairfield (1) and Vacaville (1). People requiring tertiary care must travel out of the county to a tertiary medical center either in Sacramento or in Contra Costa, Alameda, or San Francisco Counties.

Health Status Indicators
The total number of births in the county dropped from 6,669 in 1990 to 5,763 in 2001 to 5,601 in 2008. In 2008 the crude birth rate was 13.2 per 1,000 population and the general fertility rate was 64.4 per 1,000 women ages 15-44. Of the 5,601 live births to county residents in 2008, 36% were paid for by Medi-Cal, compared to 47% statewide. The 2004-2006 3-year average mortality rate for infants less than 1 year old was 5.2 per 1,000 live births. The 2005 rate of neonatal deaths (under 28 days of age) was 4.9 per 1,000 live births. The crude death rate in the county in 2000 was 659.2 per 100,000 population. The leading causes of death in the county were cancer, heart disease and stroke, together comprising 52% of the deaths.

Solano County 10 Leading Causes of Death, 2007

Cause	Number	% of Total
1. Cancer	675	24.3
2. Heart Disease	593	21.4
3. Cerebrovascular Disease	171	6.2
4. Alzheimer's Disease	148	5.3
5. Chronic Lower Respiratory Disease	141	5.1
6. Accidents	135	4.9
7. Diabetes Mellitus	121	4.4

8. Influenza/Pneumonia	92	3.3
9. Intentional Self-harm	43	1.6
10. Chronic Liver Cirrhosis	37	1.3
11. All Others	618	22.3
Total	2,774	100

Source: State of California Department of Public Health

Solano County's communicable disease rates are higher than the rates for the state for Chlamydia and for Tuberculosis. Other communicable diseases occur at lower rates in Solano County than in the state as a whole.

Selected Reportable Communicable Diseases- Number & Rates/100,000 Population
Solano County & California, 2007

Disease	# of Cases, Solano County	Rate/100,000, Solano County	Rate/100,000, California
Chlamydia	1890	445.8	378.4
Gonorrhea	341	80.4	82.8
Chronic Hepatitis B	148	35.0	45.4
Chronic Hepatitis C	279	66.0	140.4
Tuberculosis	37	8.7	7.2

Source: Automated Vital Statistics System, U.C. Santa Barbara

5. MCAH Health Status Indicators

The California State Maternal, Child and Adolescent Health Bureau requires each local health jurisdiction to evaluate 27 different health indicators for the 2010-2014 needs assessment. Based on the required indicators, Solano County compared unfavorably to the state and/or to the Healthy People 2010 in several areas. For 5 indicators, trend analysis shows that health status has decreased over time.

Selected Health Indicators for Solano County

Indicators for which Solano is Worse than HP 2010	Indicators for which Solano is Worse than California	Indicators for which Solano Health Status is Decreasing over Time (trend)
Low birth weight Very low birth weight Pre-term births Short inter-pregnancy interval Perinatal deaths 1st trimester prenatal care Adequate prenatal care Overweight children Non-fatal MV accident injuries Exclusive breastfeeding Children's insurance coverage	Low birth weight First trimester prenatal care Adequate prenatal care Reported cases of Chlamydia	Low birth weight Childhood overweight Reported cases of Chlamydia Children living in Foster Care Exclusive breastfeeding

For five of the indicators, Solano compares favorably to HP 2010 and/or the State of California. These five indicators are;

- Teen birth rate (ages 15-19)
- Multiple births to teen mothers
- Rate of hospitalizations for non-fatal injuries (ages 0-24)
- Non-fatal MVA injuries (ages 0-14)
- Rate of hospitalization for asthma (ages 0-18)

6. Local MCAH Problems/Needs

In order to develop the list of Solano County MCAH problems/needs, the Technical Advisory Group considered all of the data for the required indicators as well as data and information on ten additional indicators of interest. From this list of thirty-seven indicators, the group identified eighteen which it considers to be significant problems or needs. Of these, eleven were identified through the 2004 needs assessment process and continue to be problems in Solano County. The TAG shared and discussed problems/needs with a large stakeholder group of 51 people. Through that conversation TAG received confirmation of the relevance of the identified problems as well as benefiting from further local/contextual information for some of them.

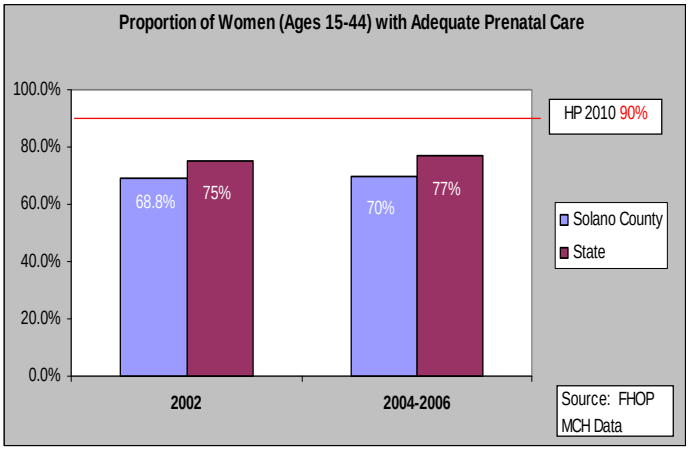
The eleven continuing problem areas are listed below, with the current data supporting the continued identification of each as a problem or need. Seven of these indicators are indicative of the health status of pregnant women, mothers and infants up to age one. Of these, the first three, early prenatal care, adequate prenatal care, and perinatal substance abuse, have an impact on the second four, low birth weight, very low birth weight, preterm births and infant mortality. The remaining four indicators which are continued from the 2005-2009 needs assessment are related to children and adolescents, including childhood obesity, childhood asthma prevalence, Chlamydia and teen births. Several of these indicators show continued racial disparities, which have been a concern in Solano County for many years.

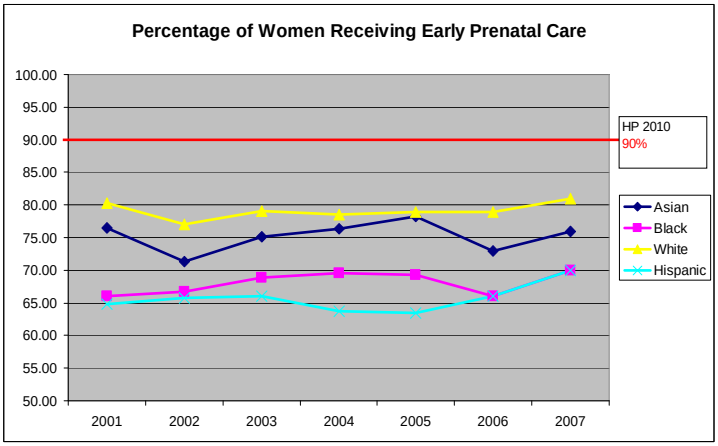
Percent prenatal care in the first trimester:[1]

Solano County data on early prenatal care show rates that are significantly lower than both the state rate and the Healthy People 2010 target, and which have not improved since 1997. The 2006-2008 rate was 72.6%, compared to a HP 2010 target of 90%. When data are disaggregated by racial subgroups, all groups have rates below HP 2010, with Blacks and Hispanics being particularly low. Access to prenatal care has improved for women covered by Medi-Cal. In 1994 44 percent of pregnant women with Medi-Cal entered prenatal care in the first 12 weeks, in 2007 this number was 61.5 percent.

Proportion of women with adequate prenatal care:[1]

The percent of pregnant women in Solano County with adequate prenatal care showed a significant increase between 1995 – 1997 and 2004 - 2006 from 59% to almost 70%, but remained statistically below both the state rate and the Healthy People 2010 Target of 90%. Low level of adequate prenatal care are found in all racial subgroups.

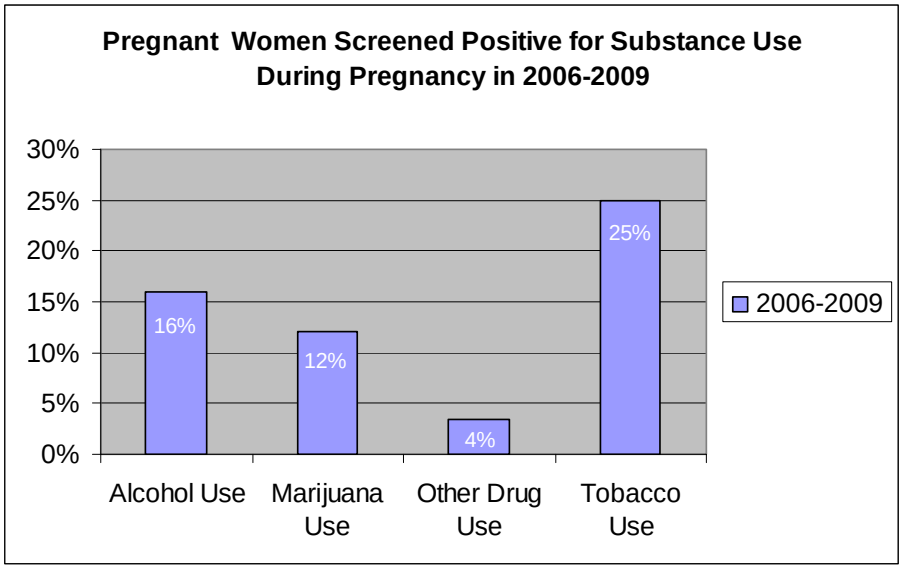




[1] It is important to note that about 50% of Solano County births occur among members of Kaiser Permanente. While KP does provide comprehensive prenatal care, the number of prenatal visits scheduled for KP members is fewer than those included in the ACOG protocols, which are the basis of the APNCU Index. Thus, the measurement of adequate prenatal care by the APNCU Index is likely to be lower than the actual level of adequate prenatal care.

Perinatal Substance Use:
In a 2003 California Maternal and Infant Health Assessment Survey, approximately 19% of California women reported drinking alcohol during pregnancy. In Solano County, this would equate to over 1,000 babies born per year with some level of alcohol exposure.

In June of 2006, a number of sites in Solano County began screening all women receiving prenatal care for drug and alcohol use using the 4Ps Plus model. Although the women screened differed somewhat in composition from the demographics of Solano County in general, this represents one of the first opportunities to look at the extent of this issue directly in Solano County. As of March 1, 2009, over 2,500 screens had been completed. The racial makeup of the group screened was 17.6% White, 54.4% Hispanic, 14.8% Black and 7.9% Asian. 97.2% of the population screened had either State-only Medi-Cal, Partnership Health Plan Medi-Cal, or presumptive eligibility. These screens showed 40% of women having used alcohol, tobacco, marijuana or another drug in the month before they knew they were pregnant. Since knowing they were pregnant, 15.5% of women reporting some substance use (with some women reporting use of multiple substances). Of those, 6.5% reported some alcohol use, 4.8% reported marijuana use, 1.4% reported using another drug, and 10.1% reported using cigarettes. Of those who reported continuing alcohol use, 6.5% reported using it every day, and 36.8% reported using alcohol at least once a week. Rates differed significantly by ethnicity, with whites having the highest rates of tobacco use, and African Americans the highest rates of alcohol and marijuana use. Hispanics had the lowest rates of use for all substances.



Percent low birth weight babies, particularly among Blacks and Asians:
Solano County's overall rate for low birth weight babies (less than 2,500 grams at birth) was 7.4% in 2004-2006, which is an increase over past rates. This is also significantly higher than the state's rate, and significantly worse than the Healthy People 2010 target of 5%. When data are disaggregated on a racial/ethnic basis, Black and Asian subgroups show statistically higher rates than Whites or Hispanics.

Percent very low birth weight babies, particularly among Blacks:
Solano County's overall rate of very low birth weight babies (less than 1,500 grams at birth) was 1.3% in 2004-2006, showing no changeover the previous 10 years. This rate is statistically about the same as the state rate, but is significantly worse than the Healthy People 2010 target of 0.9%. Data by racial subgroups show a rate for Blacks that is higher than other groups.

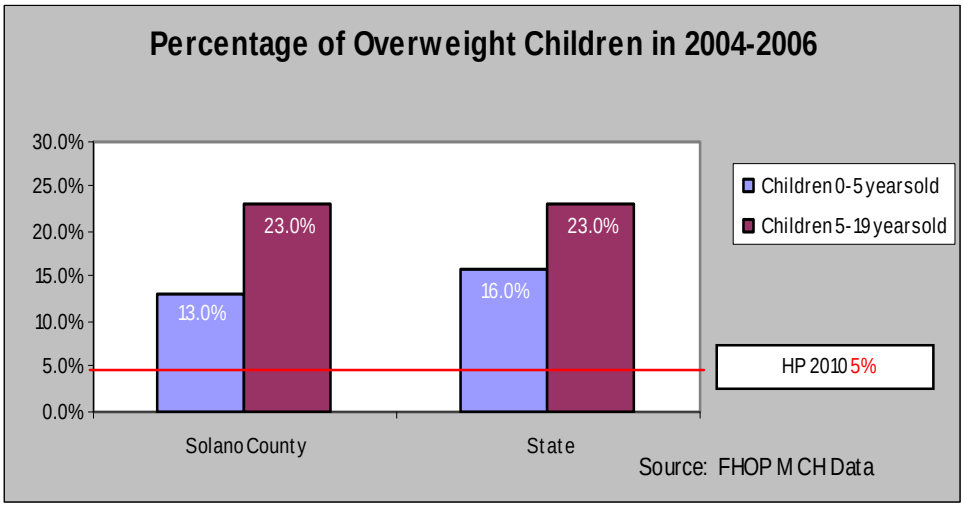
Percent preterm births:
The rate of preterm births for Solano County was 10.9% in the 2004 – 2006 data. is statistically the same as the state rate for the same period, but it is significantly higher than the HP 2010 target of 7.6%.

Infant Mortality among Blacks:[2]

In 2004-2006, the Solano County overall infant mortality rate of 5.1 per 1,000 live births was statistically the same as both the state rate and the HP 2010 objective. As a racial subgroup, though, Blacks continue to have an infant mortality rate that is significantly higher, 7.8, over 2004, 2006 and is also significantly higher than the HP 2010 target of 4.5 per 1,000.

Percent of children who are overweight:

The Pediatric Nutrition Surveillance System tracks low-income children in a variety of public programs, including WIC, and shows that in 1995 – 1997 12% of children ages 0-5 and 15.4% of children ages 5-19 were overweight. In 2004-2006 the comparable numbers were 13.1% and 22.8%. These rates are better than the state rate for children 0-5 and about the same for those 5-19, but they are significantly higher than the HP2010 Objective of 5% for children ages 5-19 (Data from PedNSS, as cited by FHOP). Another source of information comes from the California Health Interview Survey (CHIS), which surveys residents of all income levels about a variety of health topics, including age, height, and weight. CHIS data for the most recent year, 2007, shows children age 0 -17 in Solano County had a rate of 12% overweight; again, slightly better than the state rate of 13% but far above the Healthy People 2010 objective.

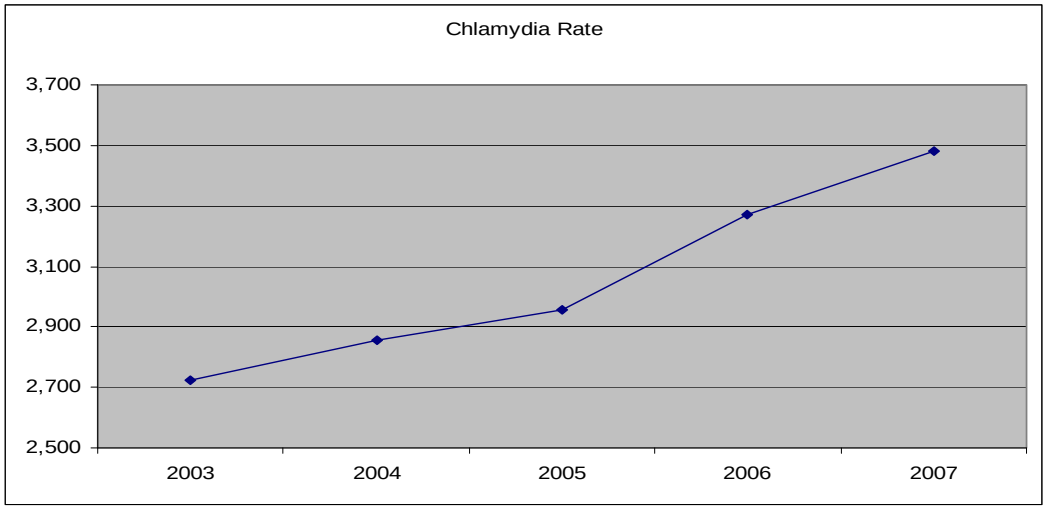


Asthma Prevalence in Children:

Rates of children hospitalized for asthma in Solano County are at or below the Healthy People 2010 objective. African-Americans have higher rates of asthma than other racial subgroups, and, this population has also approached the HP benchmark in hospitalization numbers. However, although these data indicate that management programs to keep children out of the hospital are working well, the prevalence of asthma in Solano County children remains high. California Health Interview Survey data show rates of "ever diagnosed with asthma" in children ages 11-17 as 28% in 2005, and 24% in 2007. African American teens continue to have rates of asthma higher than that of Whites; in 2005, rates were 37.4% for African-American teens, 26.9% for whites. Rates for ages 1-10 (all ethnicities) were 12.9%, and 19.7% for ages 1-17 overall. Rats of asthma in Solano County are higher than rates for the state of California, and are higher than rates for the Bay Area as a whole.

[2] Because of the low number of cases, infant mortality rates for racial groups are aggregated by three year increments to produce more stable rates.

Chlamydia rates:
In 2004, the rate of Chlamydia among females ages 15-19 in Solano County had been statistically higher than or about the same as the state rate for females ages 15-19 over the last 5 years. More recent data show Chlamydia rates that are significantly worse than the state and worse than the rate for the County in 2004. It is likely that even this high rate of reported cases is much lower than the actual prevalence of Chlamydia in this population.



Teen birth rates among Blacks and Hispanics:

Although the teen birth rates for Solano County compare favorably to state rates and have been decreasing, when disaggregated by racial groups, the rates are much higher for Blacks and Hispanics. The MCAH Planning Technical Advisory Group felt that the racial disparities that continue to be seen in this indicator merit attention.

The seven new problems/needs identified through the 2009 process are also described below.

Short Inter-Pregnancy Interval:
The 2004-2006 percent of mothers with intervals between pregnancies of less than 24 months was significantly higher than the HP 2010 objective for both the 15-44 age group and the 12 – 19 age group. The data show that these rates have been higher than the objective throughout the period sine 1995 – 1997. Short birth interval negatively impacts both the health of the mother and the health of the baby. These effects include a greater risk of low birth weight and preterm birth. Birth intervals of less than 14 months have been associated with a greater risk of pregnancy complications and higher rates of maternal mortality.

Breastfeeding:
Solano County's rate of exclusive breastfeeding at time of hospital discharge was 57.5%, well below the Healthy People 2010 objective of 75%. Breastfeeding is also one of only three indicators in which Solano County is doing significantly worse than it was five years ago. Solano County's rates of exclusive breastfeeding in the hospital show a decline relative to other California counties, from 24th out of 50 in 2004 to 30th out of 50 in 2009. More information is needed to track rates of breastfeeding at 3, 6, and 12 months. Rates among Whites and Hispanics were higher than for Asians and Blacks. Low breastfeeding rates may have downstream effects in contributing to higher rates of obesity, asthma, and SIDS.

Childhood Diabetes:
Although data on diabetes in children in Solano County is limited, in general it is one of the most common diseases in the US for children under 18. According to the National Diabetes Fact Sheet, the national rate of diabetes in people under 20 is 0.2%. The California Health Interview Survey for 2007 tracks adults and teens with diabetes in California, and shows a teen rate for the state of 0.9%. The Bay Area rate is 0.3%. Solano Count's adult rate is 9.4%, with an additional 2.8% diagnosed with pre-diabetes.

Disparities in Foster Care:

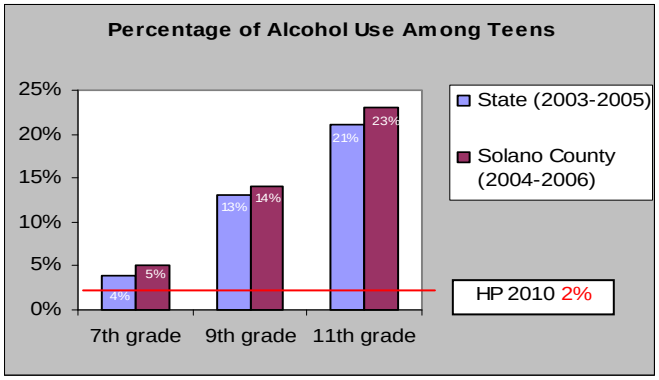
Our FHOP data shows Solano County's rate of children living in foster care has increased from 3.6 per thousand in 1998-2000 to 4.9 per thousand in 2005-2007. The California state rate for 2005-2007 was 7.5. Both California and Solano County have seen a decrease in foster care caseloads since 2007. Solano County open cases stood at 420 on December 31, 2008, compared to 515 cases on December 31, 2006 and 483 on December 31, 2007.

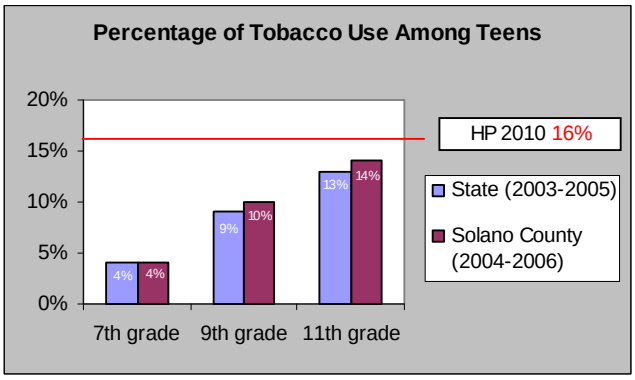
Our CWS data allows a breakdown for race as follows: as on December 31, 2008, for children in Solano County foster care, Blacks represented 42% of children in foster care and 17.8% of the population, Hispanics were 13.5% of children in foster care and 26.6% of the population, Asians were 4.3% of children in foster care and 16.6% of the population, and Whites were 38.8% of children in foster care and 31.4% of the population. There is a significant overrepresentation of Black children in foster care, a slight overrepresentation of Whites, and an under-representation of Asians and Hispanics. Overall, compared to the state of California as a whole, the racial distribution of children in foster care more closely matches their numbers in the population, yet significant disparities do exist. The most significant drop in percentage has been in the Hispanic population, due to both decreases in the number of Hispanic children in foster care and increases in the overall Hispanic population in Solano County.

Teen Alcohol, Tobacco and Substance Use:

The California Healthy Kids Survey (CHKS) in cooperation with the State Department of Education defines prevalence of tobacco use as any use of cigarettes within the past 30 days. The data on teen tobacco use for Solano County was compiled from self-reporting students, with parental permission, for grades 7, 9, and 11 in 2004-2006. The teen tobacco use for grade 7 was 4%, grade 9 was 10% and grade 11 was 14%. Statewide data for the same grade levels compiled in 2003-2005 were 4%, 9%, and 13%, respectively. This indicates similar tobacco use when teens in Solano County are compared to teens throughout the state of California. The Healthy People 2010 target for this indicator is 16%.

CHKS defines prevalence of binge drinking (the biggest problem with alcohol) as occurrence within the past 30 days. According to the Substance Abuse and Mental Health Services Administration (SAMHSA) within the Department of Health and Human Services, the definition of binge drinking is defined as "consuming five or more drinks in a row for boys and four or more in a row for girls". The data on teen binge drinking use for Solano County was compiled from self-reporting students, with parental permission, for grades 7, 9, and 11 in 2004-2006. The teen binge drinking rate for grade 7 was 5%, grade 9 was 14% and grade 11 was 23%. Statewide data for the same grade levels compiled in 2003-2005 were 4%, 13%, and 21%, respectively. This indicates similar binge drinking occurrence when teens in Solano County are compared to teens throughout the state of California. The Healthy People 2010 target for this indicator is 3%.





Rate of Non-Fatal Injuries Due to Motor Vehicle Accidents ages 15-24:
Solano County's non-fatal injury due to motor vehicle accident rate (ages 15-24) is 1,158 per 100,000 population of the same age range. While this is better than the state rate of 1,352, it is significantly worse than the Healthy People 2010 objective of 933. A correlation has been suggested between high motor vehicle accidents rates for teens and high rates of alcohol use. We currently have no data on differences between ethnic populations in our non-fatal motor vehicle accident injury rate; however, our non-fatal motor vehicle accident injury hospitalization rate shows Whites with the highest rate (18.9 per 10,000), then Hispanics (14 per 10,000), Blacks (11.2 per 10,000) and Asians (5.6 per 10,000).

Dental Coverage and Access
While the 2005 – 2007 data show rates of children who have been to a dentist as higher than HP 2010, and the rates of dental insurance to be around 90%, input from community stakeholders raised the possibility that these data are misleading for the current status of dental care in the County. Data from local Tooth Mobile screenings show high rates of dental caries, and cut-backs in Denti-Cal coverage will seriously harm the access to dental care for low income people. The TAG included this indicator as a problem/need in recognition that it is an area where the MCAH system should pay attention over the next five years.

Other specific gaps or needs for children and adolescents that were identified during the needs assessment stakeholder meeting on June 8th include:

- Oral health – screenings that are being done in the county show very high rates of decay.
- Mental Health services – the crisis service has closed so youth who may have been assessed there are now being hospitalized.
- Parenting skills – parents need support systems and services to address mental health and substance abuse issues among their teenage children.

7. MCAH Priorities

Problem areas for Solano County were reviewed by the TAG and only minor changes were made to the list of priorities from the 2005-2009 needs assessment. The TAG reviewed and discussed the criteria and resulting priorities with a broad stakeholder group through a community meeting.

In considering whether to modify the list, the TAG used the following criteria (these are the same criteria used in 2004)

- Incidence and Prevalence of the problem
- Degree of knowledge about the problem, its causes and interventions
- Level of current focus from the State and/or existing coalitions or collaboratives.
- The relationship of the problem to other problem areas (i.e. is the problem a precursor to other problems?)

The resulting list of priorities, and a comparison to the 2005-2009 list, is shown in the table below. In the third column of the table is a list of the organizations currently working to address each priority.

2005-2009 MCAH Priorities	2010 – 2014 MCAH Priorities	Existing Organizations Addressing the 2010 – 2014 MCAH Priorities*
Childhood Obesity	Childhood Obesity	Food and Nutrition Network Smile in Style
Childhood Asthma	Childhood Asthma	Asthma Coalition
Perinatal Substance Use/Abuse	Substance Use/Abuse During Pregnancy	BabyFirst Solano
Prenatal Care	Prenatal Care	Access to Prenatal Care Committee
Teen Health Education & Family Planning	Teen Substance, Tobacco and Alcohol Use	City Teams Tobacco Education Coalition Alcohol and Drug Advisory Board Alcohol, Tobacco and other Drugs (ATOD) Coalition – Reducing Rates
Teen Tobacco Use	Chlamydia	Chlamydia Workgroup
HIV/AIDS Among Women	Breastfeeding	Breastfeeding Coalition
Childhood Immunizations	Not included in 2010-2014 list	

1. Maternal, Child & Adolescent Health Stakeholder Input

Maternal, Child & Adolescent Health stakeholders played several roles in the needs assessment process. Stakeholders brought knowledge of the Maternal, Child & Adolescent Health service user's community into the needs assessment process and disseminated information from the needs assessment back to the community. They also represented provider groups who have expertise in delivering Maternal, Child & Adolescent Health services. Moreover, stakeholders provide guidance in arriving at solutions to health issues or support delivery of Maternal, Child & Adolescent Health services.

Reaching out to Maternal, Child & Adolescent Health stakeholders was essential since they have an understanding of the health issues in the community, are aware of the opportunities that exist to address the health issues, and are affected by the activities provided and policies implemented by the local Maternal, Child & Adolescent Health program to address these health issues. A stakeholder is anyone in the community who benefits from any Maternal, Child & Adolescent Health service, a member of a team that develops and delivers these services, and those who may be indirectly affected by the services and outcomes of these services.

While it is impossible to identify and involve all stakeholders, it was important to put in place a mechanism to allow us to understand the views of all the different stakeholders represented in the Maternal, Child & Adolescent Health needs assessment process. The list on the following page represents those stakeholders who contributed to Solano County's needs assessment process.

* For contact information see Attachment 1

Participating MCAH Stakeholders

Arete Consulting
Breastfeeding Coalition
California Hispanic Commission
Child Haven
Children's Network
Children's Nurturing Project
Community Clinic Consortium
Dixon Unified School District
Faith in Action
Family Resource Centers
First 5 Solano Children and Families Commission
Head Start
Kaiser Permanente
La Leche League
Partnership HealthPlan of California
Planned Parenthood Shasta Diablo
Solano Asthma Coalition
Solano County Health and Social Services Administration
Solano County Health and Social Services Adolescent Family Life Program
Solano County Health and Social Services BabyFirst Solano
Solano County Health and Social Services Black Infant Health
Solano County Health and Social Services Child Welfare Services
Solano County Health and Social Services Employment and Eligibility
Solano County Health and Social Services Maternal, Child & Adolescent Health
Solano County Health and Social Services Mental Health
Solano County Health and Social Services Public Health
Solano County Health and Social Services Public Health (Family Health Services)
Solano County Health and Social Services Substance Abuse
Solano County Maternal, Child & Adolescent Health Advisory Board
Solano County Office of Child Support
Solano County Office of Education
Solano County Office of Family Violence Prevention
Solano Family and Children's Services
Solano Partnership for Early Access for Kids
Special Education Local Plan Area
Sutter Solano Medical Center

SWOT Analysis for Essential Service #1: Assess and monitor maternal and child health status to identify and address problems.

Strengths: (e.g., human, fiscal, or technological resources; social/political factors; demographic trends; past and current federal involvement/activities; state-local relationships, organizational culture, organizational structure)

We use data well to identify problems.
County staff can access data internally.

Weaknesses: (e.g., human resources; budgetary restrictions and fiscal resources; technological resources; state-local relationships; organizational culture; organizational structure)

We need more data about STDs, and we need to share it better.
Cities don't standardize collection and reporting of data for domestic/family violence.
Limited real time data available to address immediate needs.
We need access to school data and to collaborate more with the school systems.
Need more systematic ways to intentionally gather consumer input.

Opportunities: (e.g., human, fiscal, or technological resources; statutory/regulatory changes; community/business resources; social/political changes; technological developments)

We should work better with schools to see trends/help us plan and respond (e.g. SELPA data).
We could work to again produce a comprehensive Children's Report Card for the County, which has been done in the past.

Threats: (e.g., statutory/regulatory change; organizational change/reorganization; social/political factors; demographic trends)

Current budget issues may reduce staffing for assessment and monitoring. This may also lengthen the delay in accessing timely data.

SWOT Analysis for Essential Service # 2: Diagnose* and investigate health problems and health hazards affecting women, children, and youth.

Strengths: (e.g., human, fiscal, or technological resources; social/political factors; demographic trends; past and current federal involvement/activities; state-local relationships, organizational culture, organizational structure)

We do a good job of studying factors that affect health and illness.
We have a quarterly Fetal Infant Mortality Case Review (FIMR).

Weaknesses: (e.g., human resources; budgetary restrictions and fiscal resources; technological resources; state-local relationships; organizational culture; organizational structure)

Our systems can have a long time lag before data is released.
We have limited staff for follow-up and treatment of communicable diseases like Chlamydia. Our ethnicity data for Chlamydia is not robust.
We have not had staff to provide education to providers about capturing ethnicity data.
We don't have regular screening for hepatitis C.
FIMR is not scientific, and we have limited resources to adequately investigate cases.

Opportunities: (e.g., human, fiscal, or technological resources; statutory/regulatory changes; community/business resources; social/political changes, technological developments)

We could request more help from our epidemiologist.
We can use our immunization registry data better.
We can integrate mental health into screenings for MCAH population. Mental Health Services Act, Prevention and Early Intervention process is an opportunity for mental health integration.

Threats: (e.g., statutory/regulatory change; organizational change/reorganization; social/political factors; demographic trends)

We don't currently have funding for expanded immunization surveys.
Schools are no longer mandated to report physicals for K-1st grade entry.
Further state funding cuts may further reduce our ability to do FIMR reviews and STD surveillance.

*This refers to analyzing the cause or nature of health problems/hazards.

SWOT Analysis for Essential Service # 3: Inform and educate the public and families about maternal and child health issues.

Strengths: (e.g., human, fiscal, or technological resources; social/political factors; demographic trends; past and current federal involvement/activities; state-local relationships, organizational culture, organizational structure)

Kaiser had a good HPV campaign.
Collaboration of hospitals resulted in immunization rates going up.
Rates of breastfeeding intention show we do a good job educating mothers about the benefits of breastfeeding.
MCAH has produced factsheets on access to prenatal care.
WIC has done good education around bottle tooth decay.
The MCAH system has generally consistent prevention messages to providers and the community.

Weaknesses: (e.g., human resources; budgetary restrictions and fiscal resources; technological resources; state-local relationships; organizational culture; organizational structure)

Campaigns don't always have the follow up they need.
We don't have follow up information on the effectiveness of the campaign.

Opportunities: (e.g., human, fiscal, or technological resources; statutory/regulatory changes; community/business resources; social/political changes, technological developments)

We can tell our story better about the work we do.

Threats: (e.g., statutory/regulatory change; organizational change/reorganization; social/political factors; demographic trends)

Funding is scarce in the current economy.

SWOT Analysis for Essential Service #4: Mobilize community partnerships between policymakers, health care providers, families, the general public, and others to identify and solve maternal, child and adolescent health problems.

Strengths: (e.g., human, fiscal, or technological resources; social/political factors; demographic trends; past and current federal involvement/activities; state-local relationships, organizational culture, organizational structure)

We collaborate well. Our coalitions are strong.
We have good MOUs and interagency agreements.
The Solano Nonprofits Coalition helps a variety of nonprofits work together.
Collaboratives include Solano Coalition for Better Health, Baby First Solano, First 5 Solano, Early Childhood Developmental Health Collaborative, Children's Alliance, Children's Network, IFSI Collaborative, Reducing Rates Coalition, Health Access Committee.

Weaknesses: (e.g., human resources; budgetary restrictions and fiscal resources; technological resources; state-local relationships; organizational culture; organizational structure)

We collaborate with each other, but need to link to the community as well. We need community input on MCAH needs.
We don't collaborate well with school districts and city governments beyond the Master Settlement Agreement.

Opportunities: (e.g., human, fiscal, or technological resources; statutory/regulatory changes; community/business resource; social/political changes, technological developments)

We can encourage collaboratives to be proactive rather than reactive.
Schools are now seeing grants where collaboration is a requirement; this may encourage them to reach out.

Threats: (e.g., statutory/regulatory change; organizational change/reorganization; social/political factors; demographic trends)

Staff turnover is a barrier to collaborative work.

SWOT Analysis for Essential Service #5: Provide leadership for priority setting, planning, and policy development to support community efforts to assure the health of women, children, youth and their families.

Strengths: (e.g., human, fiscal, or technological resources; social/political factors; demographic trends; past and current federal involvement/activities; state-local relationships, organizational culture, organizational structure)

We produce good annual reports on MCAH status.
Our MCAH Board has lots of passionate people.
We have many groups working on policy setting, including the Children's Alliance Legislative Committee, the Clinic Consortium, the Baby First Policy Council, the Breastfeeding Coalition, Solano Coalition for Better Health, Board of Supervisors, Health and Social Services Subcommittee, Early Childhood Developmental Health Collaborative Subcommittee, First 5 Solano, and others.

Weaknesses: (e.g., human resources; budgetary restrictions and fiscal resources; technological resources; state-local relationships; organizational culture; organizational structure)

We don't collaborate with the community as often or as well as we could.

Opportunities: (e.g., human, fiscal, or technological resources; statutory/regulatory changes; community/business resources; social/political changes, technological developments)

The MCAH Advisory Board can communicate better with the Board of Supervisors; take a stronger leadership role in advising on policy setting.

The MCAH Advisory Board can take advantage of its relationship with Children's Alliance.
We can find new ways to engage with the community.

Threats: (e.g., statutory/regulatory change; organizational change/reorganization; social/political factors; demographic trends)

Low membership on the MCAH Advisory Board hampers its functioning.

Limited funding will hamper our efforts to engage the community and consumers.

SWOT Analysis for Essential Service #6: Promote and enforce legal requirements that protect the health and safety of women, children, and youth, and ensure public accountability for their well-being.

Strengths: (e.g., human, fiscal, or technological resources; social/political factors; demographic trends; past and current federal involvement/activities; state-local relationships, organizational culture, organizational structure)

We provide leadership in developing community standards of excellent care.
We do good QA work.
Our county Lead Program works well with environmental health.
Our Car Seat Program works with county law enforcement.
The Master Settlement Agreement 7 Cities program has been successful.
Child Welfare has strength in its new Structured Decision Making Tool.
Child Abuse Prevention and Treatment Act/SB 2669 collaboration.
We have smoke-free zone ordinances.

Weaknesses: (e.g., human resources; budgetary restrictions and fiscal resources; technological resources; state-local relationships; organizational culture; organizational structure)

We need more enforcement of lactation accommodation laws.
We need more enforcement of youth laws like those regarding alcohol, tobacco, and other drugs.

Opportunities: (e.g., human, fiscal, or technological resources; statutory/regulatory changes; community/business resources; social/political changes, technological developments)

We could enforce our bicycle helmet laws better.
We can remind agencies, businesses and county programs about the need to comply with lactation accommodation laws.
We can work with schools and law enforcement to provide enforcement of laws regarding teen ATOD use.

Threats: (e.g., statutory/regulatory change; organizational change/reorganization; social/political factors; demographic trends)

Loss of funding, burnout, or attention drift causes some of our enforcement efforts to falter after an initial push.

SWOT Analysis for Essential Service #7: Link women, children, and youth to health and other community and family services, and assure access to comprehensive, quality systems of care.

Strengths: (e.g., human, fiscal, or technological resources; social/political factors; demographic trends; past and current federal involvement/activities; state-local relationships, organizational culture, organizational structure)

We have a MCAH toll free number, as well as county 211 and 311 numbers.
Solano County has embraced the vision of universal health care for children.

Weaknesses: (e.g., human resources; budgetary restrictions and fiscal resources; technological resources; state-local relationships; organizational culture; organizational structure)

We need to improve our delivery of linguistically and culturally appropriate services.
Need more smoking cessation activities.
Need better links to mental health.
We must often refer out of county to domestic violence shelters.
Dental care providers will not accept Denti-Cal.

Opportunities: (e.g., human, fiscal, or technological resources; statutory/regulatory changes; community/business resources; social/political changes, technological developments)

The Solano Center for Family Safety and Justice hopes to reduce barriers to service for family violence victims.

Threats: (e.g., statutory/regulatory change; organizational change/reorganization; social/political factors; demographic trends)

Lack of transportation is a barrier, given the geography of the county.
Lack of services located in smaller cities/ lack of childcare is a barrier to access service.
No county hospital makes it difficult to access specialty care.
Some providers are unwilling to serve the Medi-Cal population.
Loss of adult Denti-Cal may compromise clinic staffing, hours and impact children's services. There are potential cuts to Healthy Families and to Child Health Initiatives.

SWOT Analysis for Essential Service #8: Assure the capacity and competency of the public health and personal health* workforce to effectively and efficiently address maternal and child health needs.

Strengths: (e.g., human, fiscal, or technological resources; social/political factors; demographic trends; past and current federal involvement/activities; state-local relationships, organizational culture, organizational structure)

First 5 Solano does a lot of training for paraprofessionals.
The CASA program is a good model for successfully using volunteers.
The County has a program to financially assist county employees to further their education. The county has an incentive program for recruiting nurses, as do hospitals in our area.

Weaknesses: (e.g., human resources; budgetary restrictions and fiscal resources; technological resources; state-local relationships; organizational culture; organizational structure)

Smaller agencies and programs don't have access to staff with skills in epidemiology and evaluation.
We need more training on retention of volunteers.

Opportunities: (e.g., human, fiscal, or technological resources; statutory/regulatory changes; community/business resources; social/political changes, technological developments)

We can improve relationships with Touro University, Solano College, UC Davis, UCSF. We can provide information to secondary school students about future careers in the health professions.
We need to train and retain community advocates.
We need to open our workforce education opportunities to a wider audience.
We can seek internships & mentor projects.

Threats: (e.g., statutory/regulatory change; organizational change/reorganization; social/political factors; demographic trends)

Public Health staffing relies heavily on state and local government funding which is currently threatened.
Some county programs may not be aware of what an epidemiologist can do for them.

*This refers to professionals who provide health-related services to individuals on a one-on-one basis.

SWOT Analysis for Essential Service #9: Evaluate the effectiveness, accessibility, and quality of personal health and population-based maternal, child and adolescent health services.

Strengths: (e.g., human, fiscal, or technological resources; social/political factors; demographic trends; past and current federal involvement/activities; state-local relationships, organizational culture, organizational structure)

We have solid standards with which to judge outcomes for private health care providers.
We have Healthcare Effectiveness Data and Information Set (HEDIS) data.
The 4Ps Plus screening tool provides data from positive screens for substance use.
Prop 10 services are mandated to have evaluation components.
The Tobacco Master Settlement Agreement has evaluated and changed programs.
CWS has case review and continual assessment which is given to the Board of Supervisors, information is put on the state website and sent to the Children's Alliance.
Public Health has several Continuous Quality Improvement Projects.

Weaknesses: (e.g., human resources; budgetary restrictions and fiscal resources; technological resources; state-local relationships; organizational culture; organizational structure)

We don't do enough comparative evaluations.
Smaller programs don't have the resources to perform evaluations.

Opportunities: (e.g., human, fiscal, or technological resources; statutory/regulatory changes; community/business resources; social/political changes, technological developments)

We could lend out evaluation expertise from one agency to another as in-kind sharing.
We can think collaboratively about data.
Some programs could collect data and have someone else do analysis.
We can train staff to better use the evaluation expertise available.

Threats: (e.g., statutory/regulatory change; organizational change/reorganization; social/political factors; demographic trends)

State is understaffed to do evaluations and may become more so as funding tightens, the evaluation component of programs may be dropped.

SWOT Analysis for Essential Service #10: Support research* and demonstrations to gain new insights and innovative solutions to maternal child and adolescent health-related problems.

Strengths: (e.g., human, fiscal, or technological resources; social/political factors; demographic trends; past and current federal involvement/activities; state-local relationships, organizational culture, organizational structure)

Bay Area Regional Health Inequities. Countywide First 5.
Baby First Solano is trying to expand countywide the 4P's Plus Project.
We are working to implement the NFP Program.
Kaiser conducts research projects.
Focus groups at PHC help understand gaps and plan new strategies for its membership.
Integrated Families Services Initiative (IFSI) – California Safe and Healthy Families project.
Master Tobacco Settlement – 7 Cities, Mental Health Services Act. DUERR Associates study of mental health among Vallejo kindergartners.

Weaknesses: (e.g., human resources; budgetary restrictions and fiscal resources; technological resources; state-local relationships; organizational culture; organizational structure)

Some established programs resist evidence-based change. Smaller programs lack the resources and experience to do program evaluation.

Opportunities: (e.g., human, fiscal, or technological resources; statutory/ regulatory changes; community/business resources; social/political changes, technological developments)

We can reach out more to universities.
We can capitalize on the research/work done by other Bay Area counties.
We can expand 4Ps Plus Pilot.
Expand Nurse Family Partnership (NFP).
Be open to evidence based programs.
Maximize resources through blended funding strategies.
"Innovation funding" for mental health.

Threats: (e.g., statutory/regulatory change; organizational change/reorganization; social/political factors; demographic trends)

As funding decreases, opportunities for research and innovation disappear.

*This refers to systematic information gathering and analyses.

9. Solano County MCAH System Capacity Needs

The Solano MCAH system capacity assessment was completed using the mCAST-5 to structure two stakeholder meetings. In each meeting the stakeholders were provided with a sub-set of the mCAST essential services and related process indicators (covering all 10 across the two meetings.) The participants then rated the Solano County MCAH system for each of the indicators and discussed the County system's capacity and needs for each essential service. These discussions served as the basis for the SWOT analyses included in the mCAST-5.

During the stakeholder discussions, the following themes arose with respect to areas that need improvement in Solano County:

1. Limited funding for programs and campaigns often results in an inability to evaluate and/or sustain the efforts. For example:
    a. Although the participants in the MCAH system are committed to data-driven approaches and adoption of proven practices, the programs implemented in Solano County have not always been assessed through rigorous evaluation. Frequently, the funding for services is so tight that program evaluation becomes a low priority in practice.
    b. Public health campaigns in the County tend to start off well – with good funding, broad support within the system and consistent messaging – but they have not tended to be sustainable.
2. It has been a challenge to find ways to engage community members in assessment, planning and organizing around MCAH issues.
3. One of the continuing strengths of the Solano County MCAH system is the commitment to collaboration in assessment, planning, prevention and intervention efforts. Despite this, the stakeholder group noted that the MCAH system as a whole has not effectively engaged school districts or local city governments in these collaborative efforts.
4. Despite a focus on data driven assessment and planning, data that are available for these purposes tend to be several years out of date, which does not support proactive work on behalf of the MCAH system.
5. There are several areas of service provision in Solano County where there are gaps – oral health, teen services, adequate prenatal providers, an integrated approach to mental health and physical health, and culturally and linguistically accessible services.

The capacity needs identified through the stakeholder discussions and the SWOT analyses were prioritized by a subcommittee of the Technical Advisory Group, and the prioritized list was reviewed and confirmed by the entire TAG. (See Worksheet A). Criteria included importance, cost, time and feasibility. In addition, consideration was given to the relationship between the capacity need and the rankings of each process indicator in the mCAST tool. In this way, the stakeholders' perception of the relative weakness in a specific area and the relative importance of strengthening that aspect of capacity were both considered.

<u>Priority Ranking of MCAH System Capacity Needs:</u>

- Need to share evaluation tools and expertise across the MCAH system
- Need to collaborate better with community members
- Need to collaborate better with School districts
- Need to improve delivery of culturally and linguistically appropriate services
- Need to more effectively use interns from local colleges, universities and volunteers
- Need to build capacity for sharing data and make it accessible to the community
- Need to improve communication with elected officials about legislative/regulatory needs for MCAH
- Need to include Mental Health in screening and planning.

10. Conclusion

The identification of capacity needs in the Solano County Maternal, Child and Adolescent Health system is by no means an exhaustive list. Rather, it is a starting point for planning and discussion within the community over the next several years. As the outlook for the next few years suggests shrinking public health resources, attention should be paid to strengths already existing in the system that may be called on, and weaknesses prioritized so that limited funding can be channeled to the most critical areas.

MCAH Capacity Needs Worksheet

MCAH Jurisdiction: Solano County

Capacity Need	How this capacity could be improved (include any short term or long term strategies)	Potential challenges on improving this capacity (e.g., impact on local MCAH services, stakeholder concerns, availability of resources)	How other local organizations, local jurisdictions, or the State MCAH Program can help improve this capacity
Need to share evaluation tools and expertise across MCAH system	-Publicize availability of public health expertise to work with local agencies -Provide workforce education in-house and out-of-house -Continue FHOP program	-Limitation of staff resources -Lack of interest in conducting program evaluation -Competing priorities	-Need more resources to hire and train personnel
Need to collaborate better with community members	-Organize a Community Engagement Committee (like First 5) to collaborate with community members -Need to engage community early in the process; request parent involvement; meet in evenings; offer food and child care -Target parents (at church, parks, schools)	-High commitment of time and resources	-Pool resources from different agencies together
Need to collaborate better with school districts	-Share MCAH programs with middle and high school health classes -Expose students to various health care careers (possibly during Public Health Week) -Attend local and countywide school board meetings	-Budget cuts -Resistance with school districts	-Work with other successful school projects
Need to improve delivery of culturally and linguistically appropriate services	-Strive to have staff that reflects cultural/ethnic backgrounds of community -Customer service -Equal treatment for all races -Make sure providers have pamphlets in translations they need -Train community people to be advocates in their community	-Resources to train and sustain volunteers	-Collaborate with existing health disparities projects
Need to more effectively use interns from local colleges and universities and volunteers	-Make contact and develop Memorandum of Understanding (MOU) with universities and colleges	-Resources and time for staff	-Review other agencies' ability to obtain students

Need to build capacity for sharing data and make it accessible to the community	-Share published data reports by linkage to county website -Publicize county data resources better -Formalize process for community to make data requests and publicize that data -Continue our participation on Bay Area Collaborative -Hire a web developer to maintain and publish data	-Staff and time -Budget cuts	-Help sustain Bay Area Collaborative by providing resources to maintain it -State or other health jurisdictions can share formal process tools for sharing data with community
Need to improve communication with elected officials about legislative/regulatory needs for MCAH	-Increase membership on advisory board -Attend subcommittee meetings -Invite our elected representatives to attend MCAH advisory board and encourage them to be a non-voting participant -Increase publicity for advisory board	-Time constraints -Resources -Competition with other boards -Conflicting needs/concerns of community members vs. agencies	-Board of Supervisors appoint more members
Need to include Mental Health in screening and planning	-Encourage Mental Health participation and planning	-Organizational culture -Fear of being overwhelmed with needs -Time and Resources	-State can encourage local Mental Health departments to collaborate with MCAH

Community Groups Addressing MCAH Priorities

Priorities	Organization	Contact
Perinatal Substance Abuse	Substance Use Initiative	Nancy Calvo NCalvo@solanocounty.com Shelli Cannon-Dekreek SCannon-Dekreek@solanocounty.com
Prenatal Care	Access to Prenatal Care Committee	Nancy Calvo NCalvo@solanocounty.com
Breastfeeding	Breastfeeding Coalition Solano County Public Health Nursing	Teri Broadhurst TBroadhurst@solanocounty.com Jeanette Panchula JPanchula@solanocounty.com
Chlamydia	Chlamydia Workgroup	Peter Turner PTurner@solanocounty.com Cara Drake CSDrake@solanocounty.com Arthur Camargo ACarmargo@ppsdshastadiablo.org
Childhood Obesity	Food and Nutrition Network Smile in Style	Denise Kirnig DDKirnig@solanocounty.com Robin Cox RCCox@solanocounty.com
Childhood Asthma	Asthma Coalition	Susan White Susan@solanoasthma.com
Teen Alcohol, Tobacco and Substance Use	City Teams Tobacco Education Coalition Alcohol and Drug Advisory Board Alcohol, Tobacco and other Drugs (ATOD) Coalition – Reducing Rates	Del Royer DRoyer@solanocounty.com Felicia Flores-Workman FFlores-Workman@solanocounty.com Carolyn Connelly Curtis Hunt

TABLE OF 27 STATE-REQUIRED INDICATORS FOR SOLANO COUNTY

	Indicator Description	Solano 2002 Rate or %	2002 CA State Rate or %	2006 Number of cases	Solano Current rate or %	2004-2006 CA State Rate or %	Healthy People 2010	Status Compared to: CA State	Healthy People Target	Past Years
1	**Fertility Rates per 1,000 Females (Ages 15 to 44)**	**66.9**	**70.8**	**5801**	**65.9**	**70.5**	**n/a**		No HP objective	**Same**
2	**Teen Birth Rate per 1,000 Females (Ages 10 to 14) 3 yr average**	**0.3**	**0.7**	**14**	**0.3**	**0.5**	**n/a**	**Same**	No HP objective	**Same**
	Teen Birth Rate per 1,000 Females (Ages 15 to 17)	**17.5**	**22.9**	**149**	**15.3**	**20.3**	**43.0**	**Better**	**Better**	**Same**
	Teen Birth Rate per 1,000 White Females (Ages 15 to 17)	8.8	8.0	23	5.6	6.5	43.0	Same	Better	Same
	Teen Birth Rate per 1,000 Black Females (Ages 15 to 17)	24.1	28.3	34	21.5	20.3	43.0	Same	Better	Same
	Teen Birth Rate per 1,000 Hispanic Females (Ages 15 to 17)	37.2	49.1	74	31.0	35.4	43.0	Same	Better	Same
	Teen Birth Rate per 1,000 Asian Females (Ages 15 to 17)	11	8.0	17	9.4	5.6	43.0	Same	Better	Same
	Teen Birth Rate per 1,000 Females (Ages 18 to 19)	**56.7**	**69.9**	**337**	**51.8**	**65.3**	**n/a**	**Better**	No HP objective	**Same**
	Teen Birth Rate per 1,000 White Females (Ages 18 to 19)	41.7	34.9	77	28.7	29.1	n/a	Same	No HP objective	Same
	Teen Birth Rate per 1,000 Black Females (Ages 18 to 19)	67	92.4	86	88.3	74.5	n/a	Same	No HP objective	Same
	Teen Birth Rate per 1,000 Hispanic Females (Ages 18 to 19)	101.6	144.1	151	106.4	116.1	n/a	Same	No HP objective	Same
	Teen Birth Rate per 1,000 Asian Females (Ages 18 to 19)	36.8	26.8	23	19.2	18.4	n/a	Same	No HP objective	Same
3	**Percent Low Birth Weight (Live Births)**	**7**	**6.3%**	**435**	**7.4%**	**6.8%**	**5.0%**	**Worse**	**Worse**	**Same**
	Percent White Low Birth Weight (Live Births)	5.4	5.9%	137	6.8%	6.5%	**5.0%**	Same	Worse	Same
	Percent Black Low Birth Weight (Live Births)	11.4	11.7%	87	10.6%	12.0%	**5.0%**	Same	Worse	Same
	Percent Hispanic Low Birth Weight (Live Births)	5.6	5.7%	126	6.2%	6.3%	**5.0%**	Same	Worse	Same
	Percent Asian Low Birth Weight (Live Births)	9.7	7.1%	83	9.1%	7.7%	**5.0%**	Same	Worse	Same
4	**Percent Very Low Birth Weight (Live Births)**	**1.6**	**1.2%**	**71**	**1.3%**	**1.2%**	**0.9%**	**Same**	**Worse**	**Same**
	Percent White Very Low Birth Weight (Live Births) 3 yr average	1.2	1.0%	16	0.8%	1.1%	**0.9%**	Same	Same	Same
	Percent Black Very Low Birth Weight (Live Births) 3 yr average	3.9	2.8%	12	1.5%	2.7%	**0.9%**	Same	Same	Better
	Percent Hispanic Very Low Birth Weight (Live Births) 3 year average	1	1.0%	51	1.3%	1.1%	**0.9%**	Same	Worse	Same
	Percent Asian Very Low Birth Weight (Live Births) 3 year average	1.1	1.0%	21	1.2%	1.1%	**0.9%**	Same	Same	Same
5	**Percent Preterm Births (< 37 Wks Gestation)**	**10.9**	**9.8%**	**619**	**10.9%**	**11.1%**	**7.6%**	**Same**	**Worse**	**Same**

	Indicator Description	Solano 2002 Rate or %	2002 CA State Rate or %	2006 Number of cases	Solano Current rate or %	2004-2006 CA State Rate or %	Healthy People 2010	Status Compared to: CA State	Healthy People Target	Past Years
6A	**Percent of Births Occurring within 24 Months of a Previous Birth (Age 15-44)**	**12.1**		**692**	**13%**	**13%**	**6%**	**Same**	**Worse**	**Same**
6B	**Percent of Births Occurring within 24 Months of a Previous Birth (Age 12-19)**	**7.9**		**35**	**8%**	**10%**	**6%**	**Same**	**Worse**	**Same**
7	**Percent of Teen Births to Women Who Were Already Mothers**	**14.5%**		**64**	**15%**	**17%**	**n/a**	**Better**	No HP objective	**Same**
8	**Perinatal Death Rate**	**8**	**9.2**	**32**	**5.6**	**5.5**	**4.5**	**Same**	**Worse**	**Same**
9	**Neonatal Death Rate per 1,000 Live Births (Birth to < 28 days) (3 year average)**	**5.6**	**3.6**	**22**	**3.5**	**3.5**	**2.9**	**Same**	**Same**	**Same**
10	**Post-Neonatal Death Rate per 1,000 Live Births (> 28 Days to 1 Year) (3 year average)**	**1.8**	**1.8**	**19**	**1.6**	**1.6**	**1.2**	**Same**	**Same**	**Same**
11	**Infant Death Rate per 1,000 Live Births (Birth to 1 Year)**	**7.9**	**5.4**	**28**	**5.1**	**5.2**	**4.5**	**Same**	**Same**	**Same**
	White infant mortality 3 year average	6.9	5.8	20	4.9	4.8	4.5	Same	Same	Same
	Black infant mortality 3 year average	9.5	12.8	18	7.8	11.4	4.5	Same	Worse	Same
12A	**Death Rate per 100,000 (Ages 1 to 14)**	**16.9**	**16.6**	**20**	**20.4**	**16.3**	**n/a**	**Same**	No HP objective	**Same**
12B	**Death Rate per 100,000 (Ages 15 to 19)**	**39.6**	**59.1**	**35**	**48.0**	**56.8**	**n/a**	**Same**	No HP objective	**Same**
13	**Percent Prenatal Care in First Trimester (Live Births)**	**74.8%**	**84.0%**	**4134**	**72.6%**	**85.6%**	**90.0%**	**Worse**	**Worse**	**Worse**
	Percent Prenatal Care in First Trimester (Live Births) - Whites	80.3%	84.0%	1594	78.7%	88.8%	**90.0%**	Worse	Worse	Same
	Percent Prenatal Care in First Trimester (Live Births) - Blacks	72.6%	79.9%	540	65.7%	80.9%	**90.0%**	Worse	Worse	Worse
	Percent Prenatal Care in First Trimester (Live Births) - Hispanics	68.5%	82.4%	1326	65.5%	83.1%	**90.0%**	Worse	Worse	Same
	Percent Prenatal Care in First Trimester (Live Births) - Asians	75.6%	87.0%	659	72.5%	87.9%	**90.0%**	Worse	Worse	Same
14	**Proportion of Women (Age 15 to 44) with Adequate Prenatal Care (Kotelchuck Index)**	**68.8%**	**75.1%**	**4152**	**69.7%**	**77.0%**	**90.0%**	**Worse**	**Worse**	**Same**
	White adequate prenatal care	73.3%	79.8%	1527	75.7%	80.2%	90.0%	Worse	Worse	Same
	Black adequate prenatal care	68.6%	73.0%	580	70.8%	75.5%	90.0%	Worse	Worse	Same
	Hispanic adequate prenatal care	63.9%	72.0%	1373	68.0%	75.9%	90.0%	Worse	Worse	Same
	Asian adequate prenatal care	67.2%	77.0%	659	72.7%	79.9%	90.0%	Worse	Worse	Same
15	**Percent of Women Who Were Breastfeeding at the Time of Hospital Discharge - 3 year average 2000-2002 for Breast feeding initiation during early postpartum**	**61%**	**43%**	**8761**	**57.5%**	**42.5%**	**75.0%**	**Better**	**Worse**	**Worse**

	Indicator Description	Solano 2002 Rate or %	2002 CA State Rate or %	2006 Number of cases	Solano Current rate or %	2004-2006 CA State Rate or %	Healthy People 2010	Status Compared to: CA State	Healthy People Target	Past Years
16	**Percent of Children and Adolescents (Ages 0 to 19) without Health Insurance 3 yr average**	**4.2%**	**9.7%**		**6.6%**	**7.9%**	**100.0%**	Insufficient Data	**Worse**	Insufficient Data
17	**Percent of Children (Ages 2 to 11) without Dental Insurance**	**10%**			**9.5%**	**16.6%**	**n/a**	Insufficient Data	No HP objective	Insufficient Data
18	**Percent of Children (Ages 2 to 11) Who Have Been to the Dentist in the Past Year**	**82%**		**48677**	**79.2%**	**80.6%**	**56.0%**	**Same**	**Better**	Insufficient Data
19	**Children less than Age 5 Who Are Overweight (%)**				**13%**	**16%**	**5%**	**Better**	**Worse**	Insufficient Data
19	**Children Age 5 to 19 Who are Overweight (%)**				**23%**	**23%**	**5%**	**Same**	**Worse**	Insufficient Data
20A	**Rate of Children (Ages 0 to 4) Hospitalized for Asthma per 10,000**	**24.3**	**32.5**	**58**	**18.2**	**25.9**	**25.0**	**Better**	**Better**	**Same**
	White Children (Ages 0 to 4) Hospitalized for Asthma per 10,000	32.9	33.7	27	28.2	26.3	25.0	Same	Same	Same
	Black Children (Ages 0 to 4) Hospitalized for Asthma per 10,000 3 yr average	56	84.6	27	35.7	57.1	25.0	Better	Same	Same
	Hispanic Children (Ages 0 to 4) Hospitalized for Asthma per 10,000 3 yr average	12	25.7	17	9.4	21.5	25.0	Better	Better	Same
	Asian Children (Ages 0 to 4) Hospitalized for Asthma per 10,000 3 yr average	11.4	18.9	13	12.2	14.0	25.0	Same	Better	Same
20B	**Rate of Children (ages 5 to 18) Hospitalized for Asthma per 10,000**	**7**	**10.9**	**44**	**5.3**	**7.0**	**7.7**	**Better**	**Better**	**Same**
	White Children (ages 5 to 18) Hospitalized for Asthma per 10,000	8.5	8.9	18	5.7	6.0	7.7	Same	Same	Same
	Black Children (ages 5 to 18) Hospitalized for Asthma per 10,000	9.8	42.2	14	12.0	22.3	7.7	Better	Same	Same
	Hispanic Children (ages 5 to 18) Hospitalized for Asthma per 10,000 3 yr average	5.8	9.1	15	3.4	6.2	7.7	Better	Better	Same
	Asian Children (ages 5 to 18) Hospitalized for Asthma per 10,000 3 yr average	5.1	4.9	14	3.2	3.0	7.7	Same	Better	Same
21	**Rate per 1,000 Females (Ages 15 to 19) with a Reported Case of Chlamydia**				**32.6**	**22.9**	**n/a**	**Worse**	No HP objective	**Worse**
22	**Rate of Children (Ages 5 to 14) Hospitalized for Mental Health Reason per 10,000**	**17.5**	**21.76**	**90**	**15.6**	**19.5**	**n/a**		No HP objective	**Same**
	Rate of Children (Ages 15 to 19) Hospitalized for Mental Health Reason per 10,000	**63.3**	**80.79**	**201**	**62.4**	**74.4**	**n/a**		No HP objective	**Same**
	White Children (ages 15-19) Hospitalized for Mental Health per 10,000	105.2		124	89.4	106.1	**n/a**	Same	No HP objective	Same

	Indicator Description	Solano 2002 Rate or %	2002 CA State Rate or %	2006 Number of cases	Solano Current rate or %	2004-2006 CA State Rate or %	Healthy People 2010	Status Compared to: CA State	Healthy People Target	Past Years
	Black Children (ages 15-19) Hospitalized for Mental Health per 10,000	38.2		36	67.1	94.6	**n/a**	Same	No HP objective	Same
	Hispanic Children (ages 15-19) Hospitalized for Mental Health per 10,000	37.1		32	41.8	45.5	**n/a**	Same	No HP objective	Same
	Asian Children (ages 15-19) Hospitalized for Mental Health per 10,000 2 year average	27.7		18	14.6	23.4	**n/a**	Same	No HP objective	Same
23A	**Rate of Hospitalizations for All Non-Fatal Injuries Ages 0 to 14 per 100,000**	**24.5**	**288.7**	**186**	**21.7**	**25.9**	**n/a**	**Better**	No HP objective	**Same**
23B	**Rate of Hospitalizations for All Non-Fatal Injuries Ages 15 to 24 per 100,000**	**53.6**	**674.8**	**353**	**54.8**	**62.8**	**n/a**	**Better**	No HP objective	**Same**
24A	**Non-Fatal Motor Vehicle Accident INJURIES Age 0 to 14 per 100,000**				259	266	**933**	**Same**	**Better**	Insufficient Data
24B	**Non-Fatal Motor Vehicle Accident INJURIES Age 15 to 24 per 100,000**				1,158	1,352	**933**	**Better**	**Worse**	Insufficient Data
24C	**Non-Fatal Injury HOSPITALIZATIONS Due to Motor Vehicle Accidents (Ages 0 to 14) per 10,000**	**3.2**	**3.7**	**15**	**2.5**	**3.1**	**n/a**	**Same**	No HP objective	**Same**
24D	**Non-Fatal Injury HOSPITALIZATIONS Due to Motor Vehicle Accidents (Ages 15 to 24) per 10,000**	**14.9**	**16.6**	**94**	**14.1**	**15.8**	**n/a**	**Same**	No HP objective	**Same**
	White Population (ages 15-24) non-fatal injuries due to MVA per 100,000	**19.1**		**51**	18.9	19.3	**n/a**	**Same**	**No HP objective**	**Same**
	Black population (ages 15-24) non-fatal injuries due to MVA per 100,000 2 year average	**12.2**		**23**	11.2	15.3	**n/a**	**Same**	**No HP objective**	**Same**
	Hispanic population (ages 15-24) non-fatal injuries due to MVA per 100,00 2 year average	**14.1**		**40**	14	14.2	**n/a**	**Same**	**No HP objective**	**Same**
	Asian population (ages 15-24) non-fatal injuries due to MVA per 100,000 2 year average	**4.7**		**20**	5.6	6.9	**n/a**	**Same**	**No HP objective**	**Same**
25	**Number of Children Living in Foster Care for Selected Month (July) per 1,000**		**8.9**		**4.9**	**7.5**	**n/a**		No HP objective	
26	**Percent of Children under age 18 Living in Poverty**		**19%**		**12%**	**18%**	**n/a**	**Better**	No HP objective	**Better**
27	**Number of Domestic Violence Related Calls for Assistance in Year per 1,000**		**76.5**		**4.6**	**4.9**	**n/a**		No HP objective	