

**Community  
Health  
Assessment**

**2003-2004**



**EXECUTIVE SUMMARY**

**FAMILY, MATERNAL AND CHILD  
HEALTH PROGRAMS**

## Introduction

Every five years, the State Maternal and Child Health (MCH) Branch mandates that maternal and child health programs throughout California implement a Community Health Assessment (CHA) – a comprehensive planning process designed to learn more about the communities and individuals to whom they are providing services. The CHA is an interactive, yearlong process conducted in partnership with community residents, community-based organizations, county agencies, and policy makers. It includes a close examination of quantitative data collected by Contra Costa Health Services, with special attention to trends and changes over the past several years; the use of qualitative data collection strategies, designed to give breadth and depth to the quantitative information; and a review of health assessments completed in previous years by other groups and organizations. The participation of our community partners provides Family, Maternal and Child Health (FMCH) Programs staff with a better understanding of the important issues in our communities and helps to direct our efforts toward priorities that will improve both services and quality of life for families, women, children and adolescents in Contra Costa County.

## The Community Health Assessment Process

The Community Health Assessment process began in July 2003, with the creation of a CHA Core Team comprised of FMCH Programs staff, Community Health Assessment, Planning and Evaluation (CHAPE) Unit staff, and an MSW student intern. The Core Team was responsible for the oversight of the CHA process as well as the collection and analysis of quantitative and qualitative data. In addition, the Core Team sought the guidance of community representatives and stakeholders. By tapping into existing partnerships and collaborations established through the work of the FMCH coalitions, work groups, and collaboratives, we recruited individuals to participate in the CHA Advisory Committee. The Advisory Committee assisted in the data collection process; discussed results of qualitative and quantitative data with us; identified challenges, opportunities, strategies, and activities that would improve health for our communities; and assisted in the selection of priorities for our Five-Year MCH Plan.

From October 2003 to May 2004, FMCH staff conducted focus groups with pregnant and parenting women from home visiting programs across the county, hosted three sets of regional and countywide Advisory Committee meetings, implemented the *Picture This* photovoice project with youth at Pittsburg High School, hosted strategic planning summits on access to care and children's oral health, surveyed prenatal care providers on perinatal substance abuse issues, and engaged in dialogue with staff from county programs serving families, children, adolescents and pregnant and parenting women.

## Community Health Assessment Priorities

As a result of the community health assessment process, we identified seven priorities. These priorities are listed in alphabetical order, and each priority is described briefly below. In addition, we identified eight key zip codes for special focus that have multiple poor health outcomes, high levels of poverty, and low educational attainment. These zip codes include 94801 and 94808 – Richmond, 94806 – San Pablo, 94520 – Concord, 94565 – Pittsburg and Bay Point, 94509 – Antioch, 94561 – Oakley, and 94513 – Brentwood.

### ▪ Access to Care

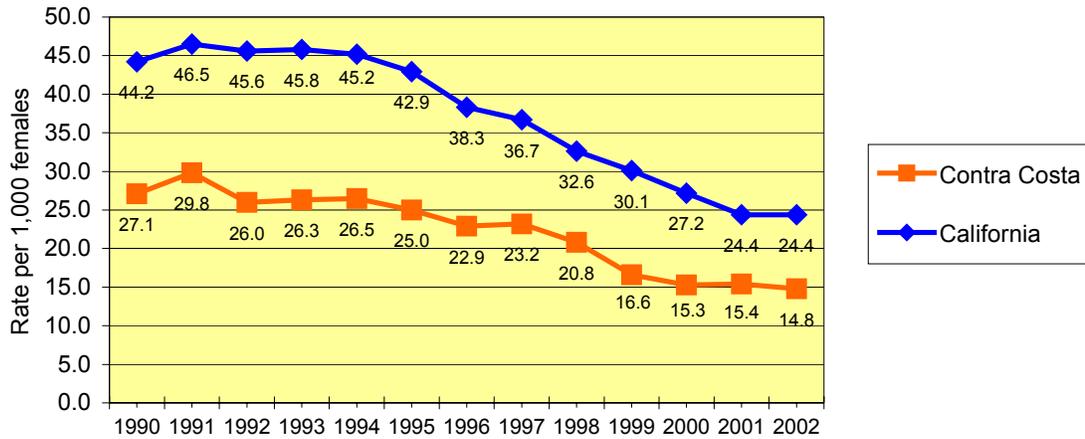
Children and families with health coverage or health insurance are more likely to obtain necessary health care services than those who are uninsured. In Contra Costa, close to 6.2% of children and adolescents (ages 0 to 19) do not have health insurance. The importance of having and using health insurance is central to good health outcomes for children of all ages. Participants at our January 2004 Access to Care Summit and in our English- and Spanish-speaking focus groups identified several important factors that create barriers to gaining access to health care services. For example, the growing need for cultural sensitivity, general lack of respect by health care personnel toward clients, as well as the absence of essential translation services were all mentioned as issues needing attention to increase access to care.

### ▪ Adolescent Health

Providing health services to Contra Costa's youth and helping them to establish healthy behaviors during adolescence will enable teens to take responsibility for their health as adults. Two indicators that are useful benchmarks for adolescent health are the rate of births to teens and rates of Chlamydia. Our current data indicate that there has been a steady decline in the rate of births to teens ages 15-17 since 1990, from 27.1 per 1000 in 1990 to 14.8 in 2002 (see Figure 1). However, the rate of births to Hispanic teens was almost ten times higher than that of White teens in 2001. Furthermore, a significant disparity is noted between the eight key zip code areas and the rest of the county – these zip codes make up only 40.3% of the population but have 85.5%

of the births to teens. In addition, the rate of Chlamydia among adolescents has increased quite dramatically over the past ten years in Contra Costa, specifically among females.

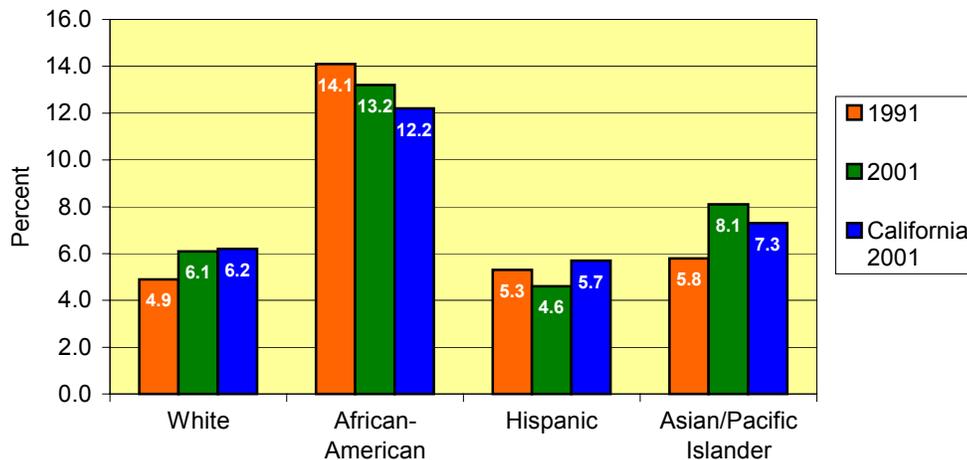
**Figure 1. Rate of Births to Teens Aged 15-17, 1990-2002**



▪ **Disparities in Birth Outcomes**

In 1999, Contra Costa was recognized for significantly reducing the racial and ethnic disparities in early entry into prenatal care. In 2002, 89.5% of live born infants had mothers who received early prenatal care, and 49.3% of these women lived in the eight key zip codes. Although the percent of births that are preterm (less than 37 weeks gestation) has remained level over the past few years, significant racial and ethnic disparities exist in preterm birth – 8.7% of White births, 9.1% of Hispanic births, 17.5% of African-American births, and 10.9% of Asian/Pacific Islander births are preterm. The percent of Contra Costa births that are low birth weight (less than 2500 grams) has been fairly constant over more than a decade – in 1991 and 2002, 6.2% of Contra Costa births were low birth weight. However, this indicator has improved slightly for African-Americans and Hispanics while it has worsened for Whites and Asians/Pacific Islanders (see Figure 2).

**Figure 2. Percent Low Birth Weight Births, 1991 vs. 2001**



▪ **Mental Health**

Advisory Committee members, focus group participants, and health care providers identified the growing need for mental health services for pregnant and postpartum women, children, and adolescents as a pressing priority. According to the U.S. Department of Health and Human Services, approximately 20% of youth ages 9-17 have some “diagnosable disorder,” and according to the California Department of Mental Health, 5-7% of youth in California have a serious mental health disorder. Furthermore, an estimated two-thirds of children with mental

health disorders do not receive treatment. In 2002, 47.7 per 10,000 children and young adults (ages 5-24) in Contra Costa were hospitalized for a mental health reason. Also, community health workers and home visitors report increasing numbers of postpartum women requiring mental health services, support groups, and referrals for depression, domestic violence, and other issues.

### ▪ **Nutrition**

Rates of obesity have been rising steadily in Contra Costa and around the nation. In 2002, 21.9% of children and adolescents (ages 5-19) in Contra Costa were overweight. Participants in the focus groups and *Picture This* as well as Advisory Committee members identified nutrition and obesity as key issues. Research suggests that breastfeeding may reduce the risk of becoming overweight. According to a 2003 study by Dewey in the *Journal of Human Lactation*, children that are breastfed have a 20-30% lower risk of being overweight. County data shows that at the time of hospital discharge, 69% of new mothers reported exclusive breastfeeding and 88% reported any breastfeeding. Advisory Committee members also identified diabetes and gestational diabetes as concerns, and recent research confirms the importance of good nutrition in preventing diabetes.

### ▪ **Oral Health**

According to *Oral Health In America: A Report of the Surgeon General (2000)*, dental decay is the single most common chronic childhood disease in the United States, five times more common than asthma and seven times more common than hay fever. Children from low-income families have twice as many dental caries as their more affluent peers and are less likely to receive treatment. Since 1999, the Children's Oral Health Program has increased services to children in our eight key zip codes. Despite an increase in oral health services for children in Contra Costa, in 2001, 13.9% of children (ages 2-11) in Contra Costa did not have dental insurance and only 77.5% of children (ages 2-11) had been to the dentist in the past year. Of the 19,389 children screened by the Children's Oral Health Program in preschool through 6<sup>th</sup> grade classrooms in 2002-2003, 24% had severe tooth decay (Class III and IV) and 76% had mild tooth decay (Class I and II). Only 26% had no tooth decay. Participants at the April 2004 Children's Oral Health Summit and participants in focus groups advocated for provider education and family awareness to address this silent epidemic.

### ▪ **Perinatal Substance Abuse**

Although women often begin receiving treatment for substance use when they become pregnant, they have usually struggled with addiction for years. Their use of alcohol and other drugs is complicated by other issues such as dual diagnosis with mental health disorders, dynamics of family relationships, fear of children being removed from the home, relapse, and other significant barriers to treatment. Medical providers in labor and delivery settings are concerned that women who arrive in the delivery room with little or no prenatal care often have a history of substance use. However, a telephone survey of obstetric providers in the Comprehensive Perinatal Services Program (CPSP) found that all providers who responded to the survey are asking pregnant women questions about the use of alcohol, tobacco, and other drugs; providers are well informed about how to educate women about substance abuse treatment and provide them with referrals to treatment; policies and procedures regarding the use of toxicology screens vary between various types of providers; and dual diagnosis of mental health and substance abuse issues was of major concern.

## **Five-Year MCH Plan**

During the next five years, we will address the range of issues presented by these seven priorities through community-based and family-focused efforts as we work towards building a healthier Contra Costa.

### Special thanks to:

The Community Health Assessment Advisory Committee ♦ The Partnership for the Public's Health: A collaboration of The California Endowment and the Public Health Institute ♦ Pittsburg High School ♦ Youth in Focus ♦ Community Health Assessment, Planning and Evaluation Unit ♦ Family, Maternal and Child Health Programs Staff ♦ State of California Maternal and Child Health Branch ♦ Our community partners



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