



MarinKids
Opportunity Around Every Corner

Opportunity for every child



2016 Data & Action Guide Health & Wellness



MARINKIDS GOAL

Every child has access to comprehensive healthcare and prevention services critical to growing up healthy and being able to succeed in school.

Investing in the health of all children makes sense. Healthy children are more likely to do well in school and have fewer health problems throughout their lives. (Ickovics) Health and wellness depend on more than regular preventive medical care, it depends on full access to comprehensive services such as vision, dental and mental health services. Early detection of developmental, health and emotional problems and influencing healthy behaviors and intervening early can prevent or decrease long term health and quality of life issues. Early intervention can also reduce the need for more intensive or longer-term treatment, resulting in cost savings to individual families and to the health and educational systems. (Glascoe, F.)

Health Insurance & Medical Care

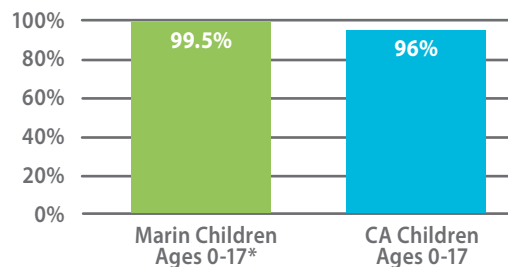
Most children in Marin have access to excellent preventive care and have healthcare coverage. Children who have health insurance are more likely to receive routine preventive care and screening. As a result, they are much less likely to be treated in an emergency room and more likely to have health concerns identified early.

Indicator: Percentage of children with health insurance coverage

Approximately 99.5% of Marin children 0-18 years of age are covered through public and private resources (kidsdata.org). Marin County has made a concerted and consistent effort to assure all children have access to healthcare. Changes in federal programs and state legislation improved access to all children to insurance and has increased the percentage of children consistently covered.



CHILDREN COVERED BY HEALTH INSURANCE IN MARIN, 2015



* 22% insured through public coverage
U.S. Census 2012, American Community Survey, 2016

Mental Health

Mental health issues can impact children's social and emotional development, interfere with school and relationships and cause other health problems.

Indicator: Percentage of children and youth experiencing emotional or mental health problems

Nearly 30% of Marin students in 11th grade reported feeling so sad or hopeless in the past 12 months almost every day for two or more weeks that they stopped doing some usual activity. In addition, **15% of Marin 11th graders reported contemplating suicide** (California Healthy Kids Survey 2015-16, WestEd).

Access to mental health services and interventions are limited in Marin, particularly for lower income families. Due to years of budget cuts, schools have fewer

resources for counseling and emotional supports for children and teens experiencing emotional distress.

According to estimations from the Child and Adolescent Health Measurement Initiative, **15% of Marin children 0-17 have experienced two or more adverse experiences** (cited from Kidsdata, 2017). Adverse experiences such as poverty, witnessing or experiencing violence, child abuse and neglect, and family substance abuse can impact long term mental health in adulthood. In the short term, these experiences can impact brain development and cause developmental problems leading to problems in school and behavioral and health problems in childhood and adolescence.

In 2014, Marin had 203 substantiated cases of child abuse and neglect with the majority of cases classified as neglect (Kidsdata, 2017).

Substance Use

According to the 2013-14 California Health Kids Survey (CHKS), **40% of Marin 9th graders had their first drink by age 14**. Nearly 19% of 11th graders reported using alcohol three plus times in the last month, and 30% have binged at least once in last month (CHKS, 2014).

In 2016, 25% of 9th graders and nearly 50% of 11th graders reported using drugs or alcohol in the last month (CHKS, 2016). Among 11th graders, 25% reported binge drinking in the last month (CHKS, 2016).

In 2014, 51% of Marin 11th graders reported having used marijuana. As much as 40% reported using the drug four or more times and 20% reported use in the past month (CHKS, 2014).

Sixteen percent of Marin 11th graders reported use of prescription opiates with 7% reporting use four or more times (CHKS, 2014).

While tobacco use remains low among Marin students (about 10% among 11th graders), emerging use of e-cigarettes may pose a challenge. Nationally, 12th graders reporting e-cigarette use is at 16% compared to 11% reporting tobacco use. **Thirty-one percent of teen e-cigarette users started smoking tobacco within six months, compared to 8% of non-users** (NIDA).

Dental Care

Oral health is critical to overall health and prevention is vital to oral health. The American Academy of Pediatric Dentistry recommends children get a dental check-up before their first birthday and regularly thereafter.

Dental problems are a serious concern. Untreated dental problems in children can lead to poor academic performance and behavior problems due to pain, problems with chewing or speaking, and reduced self-esteem. Dental infections can affect a child's overall health, causing sickness or even death.





Indicator: Percentage of children under 18 having seen a dentist within the past year

In the period 2013-2015, 66% of low income Marin children 0-3 years of age visited a dentist in the last year (Cited from Children Now County Scorecard, 2016).

In 2013, among children ages 1-18 in Marin with Denti-Cal, a program for low income children, **48% had not seen a dentist in the past year** (California State Audit Report, December 2014).

While Marin clinics provide dental care for low income children, accessing care can be difficult for families due to transportation and employment challenges. Dental care is expensive and many families who are of moderate income may not have coverage.

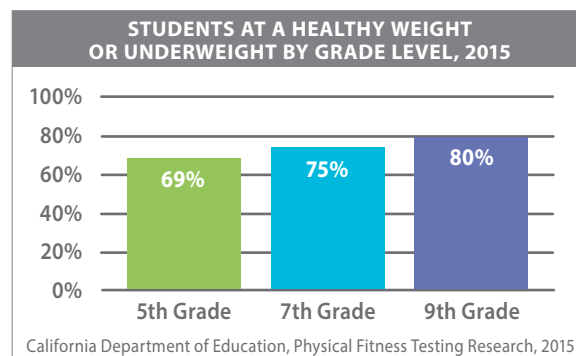
Healthy Weight

As a result of the obesity epidemic, children today belong to the first generation of Americans whose life expectancy is projected to be shorter than their parents. They are at higher risk for type 2 diabetes, high cholesterol, sleep apnea, heart disease and stroke. Being overweight can damage social and emotional wellbeing and interfere with academic achievement (Children Now). A healthy start is key. Children who are overweight as toddlers or preschoolers are more likely to be overweight or obese in early adolescence (Lancet, 2010, National Institutes of Health, 2006).

Indicator: Percentage of 5th, 7th and 9th graders at a healthy weight

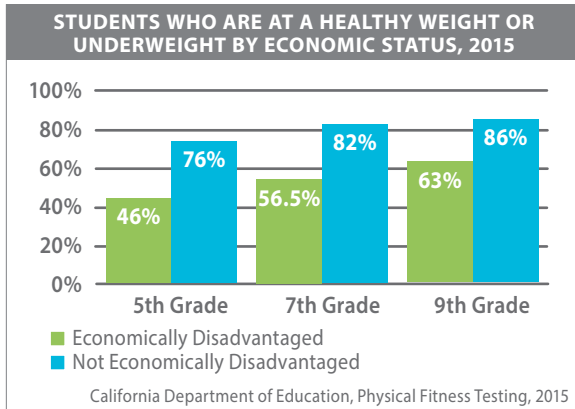
There are wide differences in healthy weight comparing Latino and African American and low income youth with those who are not low income or are White or Asian:

- 69% of 5th graders, 75% of 7th graders and 80% of 9th graders in Marin were at a healthy weight according to the 2015 California Physical Fitness Test (PFT) – showing an upward trend in healthy weight among students (PFT, 2015).



- Yet, **only 47% of African American and 58% of Latino 9th grade students in Marin were at a healthy weight** compared to 81% of White students and 82% of Asian students (PFT, 2015).

• **Marin students in 5th, 7th and 9th grade identified as economically disadvantaged were much less likely to be within a healthy weight zone** on the California Physical Fitness Test compared to those not low income, with as much as 30% difference among 5th graders.

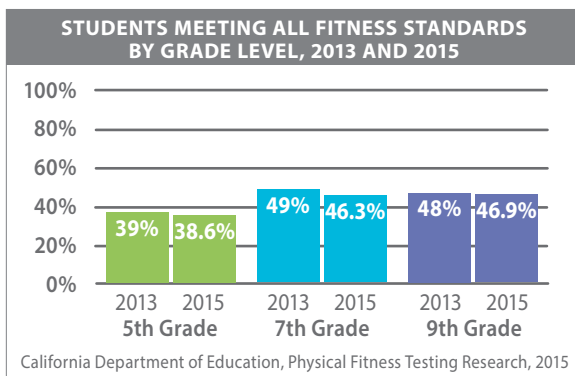


Physical Fitness

Regular physical activity helps muscle development, bone and heart health and controls weight. Children who regularly exercise also tend to have a healthy lifestyle in adulthood (CDC 2011).

Indicator: Percentage of students in 5th, 7th and 9th grades who meet fitness standards on the California Physical Fitness Test (PFT)

While significantly higher than the overall state results, only 38.6% of 5th graders, 46% of 7th graders and 47% of 9th graders in Marin met all physical fitness standards on the 2015 California Physical Fitness Test (PFT).



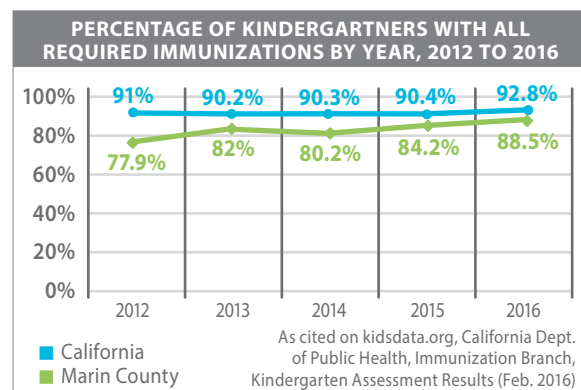
Low income students were much less likely to meet fitness standards with only 18.4% of 5th graders, 27.7% of 7th graders and 35% of 9th graders identified as economically disadvantaged meeting all fitness standards compared to 47.9% of 5th, 51% of 7th, 59% of 9th graders who were not disadvantaged. In 2015, 23% of African American, 19% of Latino 5th graders compared to 44.7% of Asia and 47.5% of White 5th graders met all standards (PFT, 2015).

Immunizations

Immunizations for preventable diseases protect children who receive them and those with whom they come in contact from infectious and potentially deadly diseases.

Indicator: Percentage of children entering school with required immunizations

In Marin, **88.5% of kindergartners entered school with all the required immunizations** compared to 92.8% of kindergarten students throughout California (California Department of Public Health, 2016). This shows an upward trend in immunizations from a low in 2012 of 78%. This may be attributed to a significant decrease in the families receiving exemptions from immunizations from 7.6% to 5.9% in 2016. Both state legislation and local school regulations have limited exemptions to those for medical conditions. The rate of exemptions in Marin still remains higher than the state rate of 2.4%. Marin County also saw a dramatic drop in pertussis or whooping cough. Marin's 2015 pertussis rate was 20.7 per 100,000 compared to at 103.4 per 100,000 in 2014 (California Department of Public Health, 2016).



Policy Recommendations/What We Can Do

- ✓ Provide health insurance coverage for all children.
- ✓ Conduct enrollment assistance in schools, early care and community settings to provide outreach to families and enroll children into health insurance, SNAP (food stamps) and other supports for low-income children and their families.
- ✓ Provide universal early screening and referrals for interventions including developmental, social-emotional, vision, hearing and oral health within medical settings and early care and education settings.
- ✓ Expand mental health and dental services capacity for children 0-18.
- ✓ Identify and provide support to mitigate adverse childhood experiences through family support programs, mentoring and mental health services.
- ✓ Promote healthcare and community policies and practices to encourage breastfeeding.
- ✓ Implement healthy eating and physical activity curricula/programs in early care settings.
- ✓ Make sure school meals follow guidelines for nutritious, low fat, reduced-calorie choices.
- ✓ Expand food stamp vouchers for farmer's markets.
- ✓ Make sure every community has a full-service market where fresh food is available.
- ✓ Promote regular physical education in schools and support afterschool physical activity programs.
- ✓ Develop shared use agreements with school districts to allow playing fields and playgrounds to be used when schools are closed.
- ✓ Develop and maintain community gardens.
- ✓ Sponsor low-income children to participate on sports teams.



“To have a healthy community, we must have healthy children. This includes physical, as well as social and emotional health. All our children must have access to a full complement of quality services that can prevent and address health issues early.”

*Lisa Leavitt, MD
Pediatrician, Marin
Community Clinics*



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