

**First 5 Ventura County
Strategic Plan Literature Review**

DRAFT – FOR DISCUSSION ONLY

November 20, 2014

ISSUE	KEY FACTS <i>Why is it important?</i>	KEY FACTS – VENTURA COUNTY <i>How does it play out in Ventura County?</i>
Immunizations	<ul style="list-style-type: none"> • Healthy People 2020 goal: 80% of children 19-35 months completed vaccination series. • Immunizations protect children against severe illness <ul style="list-style-type: none"> – Other positive outcomes include improved school attendance, reduced family stress. – High levels of vaccination within the population protect others within the community (community immunity) who may be at heightened risk. <p><i>[Source: www.childtreds.org/indicators=immunizations]</i></p> <ul style="list-style-type: none"> • Community immunity achieved when the vast majority of the population is immune. <ul style="list-style-type: none"> – A population needs high immunization rates to reap the benefits of community immunity. – Goal of community immunity is the reason why most schools require full immunizations at enrollment. – Unvaccinated children put the rest of the population at risk by spreading infection. <p><i>[Source: http://www.immunizationinfo.org/issues/general/community-immunity]</i></p> <ul style="list-style-type: none"> • Trend <ul style="list-style-type: none"> – Between 1994 and 2014, the proportion of U.S. children (19-35 months) with recommended immunizations increased from 69% to 83%. 	<ul style="list-style-type: none"> • Licensed child care facilities and public schools require children to have up-to-date vaccines before a child can enroll. <ul style="list-style-type: none"> – Parents have the option of waiving the shots if they conflict with their personal beliefs or due to child’s medical conditions – Personal Belief Exemptions are highest in private and charter schools. • Immunizations in early education programs (private, State PreK, Head Start) in Ventura County <ul style="list-style-type: none"> – Rates range between 92% – 96%, depending on program type. – Rates in Head Start = 98.2% to 99.5% <p><i>[Source: CA Department of Public Health]</i></p> <ul style="list-style-type: none"> • Immunizations at Kindergarten enrollment <ul style="list-style-type: none"> – 25 out of 173 kindergartens in Ventura County have exemption rates exceeding 8%, the level at which a school loses herd immunity and becomes vulnerable to epidemics of serious childhood diseases such as measles and whooping cough. <ul style="list-style-type: none"> ○ 8 private schools ○ 4 charter schools ○ 13 public schools <p><i>[Source: http://spreadsheets.latimes.com/immunization-levels-california/]</i></p> <ul style="list-style-type: none"> • Schools with exemption rates exceeding 8% tend to be located in Ojai Valley, Conejo Valley, Simi Valley, and parts of Camarillo and Ventura.

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	<ul style="list-style-type: none"> ● Populations with no vaccination/under-vaccination <ul style="list-style-type: none"> – Under-vaccinated children tend to be black, have a younger mother who was not married and did not have a college degree, live in a household near the poverty level, and live in a central city. – Unvaccinated children tended to be white, have a mother who was married with a college degree, live in a household with an annual income exceeding \$75, 000, and to have parents who expressed concerns regarding the safety of vaccines. This latter population indicated that medical doctors have little influence over vaccination decisions for their children. ● Reasons for not vaccinating intentionally include: <ul style="list-style-type: none"> - religious and/or philosophical - concerns about vaccination safety - medical exemptions <p><i>[Source: http://jsn.sagepub.com/content/29/2/95.abstract]</i></p> <ul style="list-style-type: none"> ● Immunizations in early childhood education programs (California) <ul style="list-style-type: none"> – Children who have not received one or more required immunizations may attend child care or school while they catch up on these immunizations. – Over the past 5 years, CA child care enrollees with all required immunizations have decreased by approximately 3%. – Head Start consistently has highest percentage of all required immunizations, followed by public, then private facilities. – Though the percentage in both public and private facilities decreased, the percentage of enrollees in Head Start facilities with all required immunizations remain the same. 	

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Food Insecurity	<ul style="list-style-type: none"> • A household that lacks consistent access to enough nutritious food is considered “food insecure.” • Food insecurity greatly impacts children’s development from an early age: <ul style="list-style-type: none"> - Infants are more likely to have insecure attachment relationships, and perform more poorly on tests of cognitive development. - Babies and toddlers living in low-income, food insecure families are 76% more likely to be at developmental risk than babies and toddlers in low-income, food secure families. - Preschool children demonstrate more emotional and behavioral problems such as aggression, anxiety, depression, and hyperactivity. - In kindergarten, children in households with any signs of marginal food security score lower and learn less during the school year. - Children have more stomach aches, frequent headaches, higher rates of hospitalization and iron deficiency than children who are in food-secure households. <p><i>[Sources: Child Trends Data Bank: Food Insecurity; Children’s Sentinel Nutrition Assessment Program; Feeding America: Child Food Insecurity]</i></p> <ul style="list-style-type: none"> • Household food insecurity pathways: <ul style="list-style-type: none"> - Nutritional pathway, characterized by deficits in the quantity and quality of food and - Caregiver stress pathway, characterized by depression and anxiety related to the lack of food. <p><i>[Source: American Psychological Association, June 2012]</i></p>	<ul style="list-style-type: none"> • 44% of low-income adults (88,000 people) in Ventura County lack consistent access to adequate diet. <i>[Source: UCLA’s California Health Interview Survey, CHIS]</i> • 107,490 people in Ventura County, including 45,550 children do not always know where they will find their next meal. • 13.3 percent of the population in Ventura County struggle with hunger. <i>[Source: Feeding America’s Map the Meal Gap study]</i> • Dollar value of stamps issued to Ventura County recipients doubled to \$9.8 million/month since 2008. • Caseload has grown by 30,000 people. • In 2013, food stamp benefits declined for 70,000 Ventura County residents. <i>[Source: Ventura County Star, November 2013]</i> • Ventura County ranks 28th in CA in food stamp utilization. <i>[Source: California Department of Social Services CALFRESH Program]</i>

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	<ul style="list-style-type: none"> • Public nutrition and income support programs, such as the Supplemental Nutrition Assistance Program (SNAP, known as food stamps) and the Supplemental Nutrition Program for Women, Infants, and Children (WIC), can mitigate food insecurity or modify its harmful effects on health and growth. <ul style="list-style-type: none"> - In 2012, the SNAP program lifted nearly 5 million people above the poverty line, including about 2.2 million children. <p><i>[Source: Results: The Power to End Poverty]</i></p> <ul style="list-style-type: none"> • SNAP experienced significant cuts in the past years <ul style="list-style-type: none"> - 850,000 families nationwide have an average \$90 per month reduction in benefits. <p><i>[Sources: Center on Budget & Policy Priorities, August 2013; New York Times, February 2014]</i></p> <ul style="list-style-type: none"> • Recession and cuts to federal programs resulted in increased food bank demand by 50% since 2006. <ul style="list-style-type: none"> - The Los Angeles Regional Food Bank partners with 670 community agencies to distribute food; in 2013, it reported adding 900 agencies to its wait list. - Food pantries have reported an increase in usage of 25-30% during the last week of the month, when many families have expended their monthly food stamp allocation. 	
Oral Health	<ul style="list-style-type: none"> • Nationally, dental caries is the most common, infectious and treatable chronic childhood disease. <ul style="list-style-type: none"> - Early childhood caries are on the rise. - Dental care is the greatest unmet health care need. - Kids on Denti-Cal have 26,614 ER visits annually for preventable dental problems; more than half of those 	<ul style="list-style-type: none"> • 91% of children (ages 2-17) have visited the dentist in the last year. <ul style="list-style-type: none"> - Ventura ranks: 9th in the highest percentage out of 58 Counties. - 34.5% of children 0-5 in Ventura County have never seen a dentist. <ul style="list-style-type: none"> o CA: 23% o CA Medi-Cal Enrolled: 54% <p><i>[Source: Children Now, 2014: California Children’s Report Card]</i> <i>[Source: UCLA’s California Health Interview Survey, CHIS]</i></p>

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	<p>visits were for kids ages 1-5.</p> <ul style="list-style-type: none"> - In California, the disparity in oral health between poor and affluent children is among the worst in the US. <i>[Source: Children Now, 2014: California Children’s Report Card]</i> <ul style="list-style-type: none"> • The American Academy of Pediatric Dentistry recommends that children have a dental visit by the time their 1st tooth appears and no later than their 1st birthday, however: <ul style="list-style-type: none"> - 37% of 2 and 3-year-olds in California have never been to the dentist. - Rates are even lower for CA’s poorest young children <ul style="list-style-type: none"> ○ Only 1 in 3 children 0-3 enrolled in Denti-Cal has seen a dentist - By kindergarten: <ul style="list-style-type: none"> ○ Over 50% of children in California have already experienced dental decay. ○ 28% have untreated decay. - Low reimbursement rates for Medi-cal and Dentical are the primary reason for lack of access. • Effect on school performance: <ul style="list-style-type: none"> - Children with recent tooth pain were 4 times more likely to have a low grade point average. - An estimated 874,000 days of school are missed each year in CA due to dental problems, costing schools over \$29 million each year. <i>[Source: Children Now, 2014: California Children’s Report Card]</i> 	<ul style="list-style-type: none"> • Length of Time Since Last Dental Visit <table border="1" data-bbox="1136 415 2003 748"> <thead> <tr> <th data-bbox="1136 415 1388 578">Length of time since last visit to dentist</th> <th data-bbox="1388 415 1497 578">California (0-11)</th> <th data-bbox="1497 415 1629 578">Ventura (0-11)</th> <th data-bbox="1629 415 1764 578">California (0-5) *</th> <th data-bbox="1764 415 1881 578">Ventura (0-5)</th> <th data-bbox="1881 415 2003 578">Ventura (0-2)</th> </tr> </thead> <tbody> <tr> <td data-bbox="1136 578 1388 643">Never been to a dentist</td> <td data-bbox="1388 578 1497 643">10.3%</td> <td data-bbox="1497 578 1629 643">13.5%</td> <td data-bbox="1629 578 1764 643">23.2%</td> <td data-bbox="1764 578 1881 643">34.5%</td> <td data-bbox="1881 578 2003 643">48.1%</td> </tr> <tr> <td data-bbox="1136 643 1388 675">6 months or less</td> <td data-bbox="1388 643 1497 675">72.9%</td> <td data-bbox="1497 643 1629 675">82.5%</td> <td data-bbox="1629 643 1764 675">63.8%</td> <td data-bbox="1764 643 1881 675">64.7%</td> <td data-bbox="1881 643 2003 675">51.9%</td> </tr> <tr> <td data-bbox="1136 675 1388 708">6 months - year</td> <td data-bbox="1388 675 1497 708">12.9%</td> <td data-bbox="1497 675 1629 708">3.7%</td> <td data-bbox="1629 675 1764 708">10.5%</td> <td data-bbox="1764 675 1881 708"></td> <td data-bbox="1881 675 2003 708"></td> </tr> <tr> <td data-bbox="1136 708 1388 748">1 year or more</td> <td data-bbox="1388 708 1497 748">4%</td> <td data-bbox="1497 708 1629 748"></td> <td data-bbox="1629 708 1764 748">2.3%</td> <td data-bbox="1764 708 1881 748"></td> <td data-bbox="1881 708 2003 748"></td> </tr> </tbody> </table> <p data-bbox="1136 781 2003 805">*54% of Californian children (0-5) on Medical have never been to a dentist</p>	Length of time since last visit to dentist	California (0-11)	Ventura (0-11)	California (0-5) *	Ventura (0-5)	Ventura (0-2)	Never been to a dentist	10.3%	13.5%	23.2%	34.5%	48.1%	6 months or less	72.9%	82.5%	63.8%	64.7%	51.9%	6 months - year	12.9%	3.7%	10.5%			1 year or more	4%		2.3%		
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	<ul style="list-style-type: none"> • Denti-Cal/Medi-Cal <ul style="list-style-type: none"> - In 2013-14, reimbursement rate reduction to pediatric dentistry. <ul style="list-style-type: none"> ○ California already ranks among the lowest in reimbursing dental providers in Medicaid. - Approximately 3.6 million children are enrolled in Denti-Cal. - Severe shortage of providers, with only 1 in 4 CA dentists providing services to Denti-Cal beneficiaries. - 22 California counties have no pediatric dentists who accept Denti-Cal. • California also lags behind other states in taking advantage of auxiliary oral health care providers such as dental hygienists and dental therapists whose services, if expanded, could greatly improve children’s access to care. <p><i>[Source: Lucille Packard, Dental Care Access for Children in California: Institutionalized Inequality]</i></p>	<ul style="list-style-type: none"> • As of June 2014, there were 70 general dentists listed on the Ventura County Denti-Cal roster. A survey was conducted of 56 those dentists have revealed the following information: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr style="background-color: #e0e0e0;"> <td>Number of Offices Contacted</td> <td align="right">56</td> <td></td> </tr> <tr> <td>Accepting new Denti-Cal Patients Under the age of 21</td> <td align="right">50</td> <td align="right">89%</td> </tr> <tr> <td>Offices seeing children 0-2</td> <td align="right">35</td> <td align="right">63%</td> </tr> <tr> <td>Offices seeing children 3-5</td> <td align="right">44</td> <td align="right">79%</td> </tr> <tr> <td>Number of children 0-5 in survey area</td> <td align="right">49,088</td> <td></td> </tr> <tr> <td>Ratio of child-serving Denti-Cal dentists for the 0-5 population in the survey area</td> <td align="right">1 office for every 982 children</td> <td></td> </tr> </table>	Number of Offices Contacted	56		Accepting new Denti-Cal Patients Under the age of 21	50	89%	Offices seeing children 0-2	35	63%	Offices seeing children 3-5	44	79%	Number of children 0-5 in survey area	49,088		Ratio of child-serving Denti-Cal dentists for the 0-5 population in the survey area	1 office for every 982 children	
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Prenatal Care	<ul style="list-style-type: none"> ● Prenatal care is medical attention given to the expectant mother and developing baby. <ul style="list-style-type: none"> - Should begin before conception. - Greatest effects occur early in pregnancy. <ul style="list-style-type: none"> ○ Especially with regards to drugs, alcohol, and cigarettes. ○ Begin a folic acid regiment as early as possible to avoid neural tube defects. ● Lack of prenatal care contributes to premature birth and/or low birth weight. <i>[Source: Centers for Disease Control and Prevention, 2006]</i> ● Prenatal care can impact birth outcomes. <ul style="list-style-type: none"> - Detection of birth defects and/or diseases. - Diagnoses and treatment of health related issues with the mother. - Opportunity to promote and discuss breastfeeding and its benefits to mother and baby. ● Women with inadequate or no prenatal care are often: <ul style="list-style-type: none"> - Younger (under 20), unmarried, low-income, have less than a high school education, and/or are engaging in high risk health behaviors. - At greater risk for stillbirth or early infant death. <i>[Sources: Debiec, 2010; Partidge, 2012]</i> ● 74% of mothers in the US (84% CA) received prenatal care in the 1st trimester. 	<ul style="list-style-type: none"> ● In Ventura County, 83% of mothers receive prenatal care in the first trimester. <i>[Source: Children Now, 2014]</i> - Teen mothers less likely to access prenatal care: <15 (50%), 15-17 (43.2%), and 18-19 (63.5%). - Oxnard has lowest percent of early prenatal care (71%). - 93033 zip code has lowest percent of zip codes (67%). - Santa Paula has high rates of early prenatal care (90%), has the lowest percent of adequate prenatal care (68%). <ul style="list-style-type: none"> ○ Early prenatal care – obtaining within the first trimester. ○ Adequate prenatal care – appropriate number of visits. <i>[Source: Ventura County Public Health, 2011]</i> ● 6.2% of Ventura County’s pregnant women reported smoking during the 1st or 3rd trimester. ● 17.3% reported any alcohol use during the 1st or 3rd trimester. <i>[Source: California Department of Public Health, 2013]</i>

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	<ul style="list-style-type: none"> • Lowest rates among mothers with less than a high school education (58%) and highest among mothers with a Bachelor’s degree or higher (86%). <ul style="list-style-type: none"> – Highest rates among non-Hispanic White mothers (86.6%), Asian women (86.4%). – Lowest rates among Native American/Alaska Native mothers (76.7%), Black mothers (80.8%), Hispanic women (83%). <p><i>[Source: U.S. Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau, 2013]</i></p>	
Low Birth Weight	<ul style="list-style-type: none"> • About 1 in 12 babies in the U.S. is born with low birth weight. <ul style="list-style-type: none"> – Low birth weight (LBW): less than 5lbs, 8oz. – Very low birth weight (VLBW) less than 3lbs, 4oz. – Caused by premature birth or fetal growth restriction. – In California, LBW and VLBW is 6.7% and 1.1% respectively. • Risk factors for delivering a baby with low birth weight include: <ul style="list-style-type: none"> – Preterm labor (before 37 weeks), chronic health conditions, infections, problems with placenta, not gaining enough weight during pregnancy, and having a previous LBW delivery. – Engaging in risky behaviors such as smoking, alcohol, and drug use during pregnancy. <ul style="list-style-type: none"> ○ Pregnant women who smoke are nearly twice as likely to deliver a baby with low birth weight. 	<ul style="list-style-type: none"> • In Ventura County, rate of LBW and VLBW are 6.1% and 1.1%, respectively. <ul style="list-style-type: none"> ○ Low birth weight is highest among Asian women (9.1%/2.9%), compared to Hispanic women (5.8%/1.1%) and Non-Hispanic White women (5.6%/1.1%). ○ Thousand Oaks has the highest percent of low birth weight (8%) and Santa Paula has the lowest (4%). <p><i>[Source: Ventura County Public Health, 2011]</i></p> <ul style="list-style-type: none"> • The preterm birth rate in Ventura County is 9.1%. <i>[Source: Lucile Packard Foundation for Children’s Health]</i>

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	<ul style="list-style-type: none"> - Being younger than 17 or older than 35 - Inadequate or no prenatal care - Multiple births and fertility treatments <ul style="list-style-type: none"> • Low birth weight babies more likely to have certain health conditions later in life, including: diabetes, heart disease, high blood pressure, metabolic syndrome, and obesity. LBW babies also have an increased risk of death during the first year. <i>[Source: March of Dimes, 2014]</i> • In the U.S., LBW/VLBW is highest among Black women (13%/2.9%), compared to Asian women (8.2%/1.1%), Native American women (7.6%/1.3%), Hispanic women (6.9%/1.2%) and Non-Hispanic White women (6.9%/1.1%). <i>[Sources: National Vital Statistics Report, 2013, U.S. Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau, 2013]</i> <ul style="list-style-type: none"> - Premature delivery cited as a contributing factor to low birth weight. - The 2012 rate of preterm births was 11.5%. This was the sixth year of decline in preterm birth. <i>[Source: National Vital Statistics Report, 2013]</i> - In California, the preterm delivery rate is 9.6% <i>[Source: Lucile Packard Foundation for Children's Health]</i> 	
Teen Birth Rate	<ul style="list-style-type: none"> • Teens are least likely to get early and regular prenatal care. <ul style="list-style-type: none"> - Teen mothers are at greater risk for pregnancy complications, such as premature labor, anemia, and high blood pressure. 	<ul style="list-style-type: none"> • In Ventura County, the teen birth rate (15-19) is 23.3 per 1,000 births. <i>[Source: Lucilie Packard Foundation for Children's Health]</i> • Teen births by ethnicity are: Hispanic (89.3%), White (9.8%), Black (0.8%), and Pacific Islander (0.2%).

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	<ul style="list-style-type: none"> - This risk is greatly increased among mothers 15 years or younger. • Babies born to teen mothers are at higher risk for premature birth, low birth weight, health complications, and are more likely to die within the first year of life than babies of older mothers. • Long-term effects of teen pregnancy: <ul style="list-style-type: none"> - Teen mothers are: less likely to graduate from high school. As a consequence they are more likely to become dependent on public assistance and live in poverty. - Children born to teen mothers are more likely to repeat a grade in school, perform poorly on standardized test, and not to graduate from high school. <p><i>[Source: March of Dimes, 2012]</i></p> <ul style="list-style-type: none"> • In 2011, teen pregnancy accounted for at least \$9.4 billion in costs to taxpayers due to increase health care costs, foster care, incarceration rates among children of teen parents, lost tax revenue due to lower educational attainment of teen mothers. • Teen birth rate prevalence varies by ethnicity and is highest among Hispanic teenagers (46.3 per 1,000) and Black teenagers (43.9 per 1,000), and lowest among Asian teenagers (9.7 per 1,000). • In 2012, the U.S. teen birth rate (age 15-19) fell 6% from the previous year to 29.4 per 1,000 women. <p><i>[Sources: Centers for Disease Control & Prevention, 2014, National Vital Statistics Report, 2014]</i></p>	<ul style="list-style-type: none"> • Repeat teen births within 24 months: 15-17 years (7.1%) and 18-19 (15.7%). • 79.7% of teen mothers utilize Medi-Cal for prenatal and/or delivery care, compared to 40.9% of mothers 20+ years old. • Among area hospitals, St. Johns Medical Center (27.8%), Ventura County Medical Center (24.9%), and Community Memorial Hospital (22.6%) see the most births from mothers who are less than 20 years old. • Oxnard (10.1%), Santa Paula (9.5%), and Fillmore/Piru (8.5%) have the highest total of teen births among cities in Ventura County. • The CAL-SAFE program works to support teen mothers. • VCPH: Adolescent Family Life Program works to prevent teen pregnancy. <p><i>[Source: Ventura County Public Health, 2014]</i></p>

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	<ul style="list-style-type: none"> The California teen birth rate (age 15-19) is 25.7 per 1,000 births. <i>[Source: Lucile Packard Foundation for Children’s Health]</i> 	
Breastfeeding	<ul style="list-style-type: none"> The American Academy of Pediatrics (AAP) recommends that babies be exclusively breastfed for at least the first 6 months of life, followed by breastfeeding in combination with the introduction of complementary foods until at least 12 months of age, and continuation of breastfeeding as long as mutually desired by mother and baby. <i>[Source: American Academy of Pediatrics]</i> Breastfeeding has significant benefits for children, including: <ul style="list-style-type: none"> Protects babies from illness and infections (diarrhea, ear infections, and pneumonia). Less likely to develop asthma. Less likely to become overweight or obese. Reduces the risk of sudden infant death syndrome (SIDS). <i>[Source: U.S. Department of Health and Human Services, 2011]</i> Breastfeeding has significant benefits for mothers, including: <ul style="list-style-type: none"> Decreased risk of breast and ovarian cancers. Shorter recovery after birth. Provides natural spacing of pregnancies. Bonding and attachment with their baby. <i>[Sources: U.S Department of Health and Human Services, 2011, La Leche League International, 2007]</i> 	<ul style="list-style-type: none"> In 2013, 95.5% of babies were breastfeeding before leaving the hospital, while 63.7% of babies were exclusively breastfeeding when they left the hospital. In hospital exclusive breastfeeding rates by ethnicity are: White (75.9%), Asian (59.1%), Hispanic (56.9%), and Black (56.8%). <i>[Source: California Department of Public Health, 2013]</i> Before birth, 91.7% of mothers intended to breastfeed, while 54.5% intended to exclusively breastfeed. 3 months after delivery any breastfeeding was 66.6%, while exclusive breastfeeding was 20.3%. <i>[Source: California Department of Public Health, 2013]</i> The county has two Baby-Friendly Certified Hospitals: Santa Paula Hospital and Ventura County Medical Center. <i>[Source: Baby-Friendly USA]</i> Ventura County has an active Breastfeeding Coalition, and a Hospital Consortium focused on increasing local breastfeeding rates.

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	<ul style="list-style-type: none"> • Breastfeeding has economic benefits, including: <ul style="list-style-type: none"> – Breastfeeding families can save \$1,200-\$1,500 by not needing to purchase formula during the first year of a child’s life. – For both employers and employees, better infant health means fewer health insurance claims, less employee time off to care for sick children. <p><i>[Source: U.S Department of Health and Human Services, 2011]</i></p> <ul style="list-style-type: none"> • Women and families often face barriers to breastfeeding, including: <ul style="list-style-type: none"> – Lack of support or experience from family members. – Lack of updated information from health professionals. – Hospital practices that do not support and/or encourage breastfeeding (policy, trained staff, support services, increase of early elective delivery and/or elective c-section, non-medical formula supplementation, etc). – Lack of workplace accommodation for mothers returning to work. – Lack of community support, including support groups for mothers. <p><i>[Sources: U.S. Department of Health and Human Services, 2011, California WIC Association, UC Davis Human Lactation Center, 2012]</i></p> <ul style="list-style-type: none"> • The Healthy People 2020 objectives for breastfeeding are: 82% ever breastfed, 61% at 6 months, and 34% at 1 year. 	

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	<ul style="list-style-type: none"> • In the U.S., 76.5% of all babies were ever breastfed, 49% were breastfeeding at 6 months, 27% were breastfeeding at 12 months, 37.7% were exclusively breastfeeding at 3 months, and 16.4% were exclusively breastfeeding at 6 months. <i>[Source: Centers for Disease Control and Prevention, 2013]</i> • In California, breastfeeding rates are increasing: <ul style="list-style-type: none"> – 93% of babies have breastfed at least once before leaving the hospital. – 64.8% of babies are exclusively breastfed before leaving the hospital. <p><i>[Source: California Department of Public Health, 2013]</i></p>	
Early Literacy/Word Gap	<ul style="list-style-type: none"> • A young child’s ability to use language, as well as attune to and understand the meaning of spoken and written words, is related to later achievement in reading, writing, and spelling. <ul style="list-style-type: none"> – Children’s language development is closely linked with socio-economic status. This leads to a widening “language gap”, which emerges early: <ul style="list-style-type: none"> ○ Infants as young as 9 months of age from low-income families score lower on a cognitive assessment than infants from higher-income families. The gap begins modestly but increases with age. By age 2, the gap between the two populations has been shown to be around six months. ○ By the time they are four years old, children growing up in poor families have been exposed to 32 million fewer spoken words than those whose parents are professionals. ○ Studies show that children from low-income families are both spoken to and read to less frequently than their middle-class peers. 	<ul style="list-style-type: none"> • In California, 62% of children are read to every day. The figure is even higher in Ventura County at 73%. <i>[Sources: Kids Count Data Center; Children Now 2013-2014 California County Scorecard]</i> • Among families attending F5VC PACT classes, 83% of parents/caregivers report reading three or more times a week with their children. 87% of parents said they were knowledgeable about the importance of reading with their infants during the first year of life.

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	<ul style="list-style-type: none"> • Strong correlations exist between parental actions and the frequency with which children read (Scholastic, 2013). For example, among children who are frequent readers, 57% of parents set aside time each day for their child to read, compared to 16% of parents of children who are infrequent readers. • Parent-implemented language interventions are found to have positive, significant effects on children’s expressive and receptive vocabulary and language skills. <i>[Sources: Leffel and Suskin, 2013; Scholastic: Kids & Family Reading Report, 2013; Halle et al, 2009]</i> • The percentage of children ages 1 - 5 whose family members read to them less than 3 days per week has hovered steadily around 20% for the last 9 years. • Statewide data on rates show little improvement over the last 10 years. • Rather than mass public awareness campaigns, programmatic interventions that work directly with parents have shown success in improving children’s language development. These include Providence Talks; Reach Out and Read; the Thirty Million Words curriculum; Play & Learn Strategies (PALS); and It Takes Two to Talk. 	
Childhood Obesity	<ul style="list-style-type: none"> • Obesity kills more Americans each year than all cancers, AIDS and all accidents combined. <i>[Source: American Medical Association, 2009]</i> 	<ul style="list-style-type: none"> • In Ventura County, 36% of low-income children age 2-5 who received CHDP assessments were overweight or obese <i>[Source: 2010, VCPH]</i>

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	<ul style="list-style-type: none"> – Childhood obesity impacts cognitive function <i>[Source: 2014, University of Illinois]</i> • Obese and overweight children become sick more often, perform more poorly in school, are at higher risk for a number of chronic childhood conditions and are increasingly diagnosed with “adult” diseases like Type II diabetes, hypertension and high blood cholesterol <i>[Source: 2008, CDC]</i> • Overweight children often experience discrimination and stigmatization, which contribute to stress and low self-esteem. Anxiety, poor school performance and disruptive behavior are among the demonstrated effects. <i>[Source: 2005, Center for Health Improvement]</i> • Nearly two out of five children in California are overweight or obese. The rate is more than 60 percent higher among children from very low-income homes compared to those from average and higher income households. • Over half of these children are overweight and of those, up to two-thirds are already obese. <i>[Source: 2009, Network for a Healthy CA]</i> • Small declines in obesity among low-income preschoolers were observed in California (.5%) and 18 other states. <i>[Source: 2013, CDC]</i> 	<ul style="list-style-type: none"> • 36% of school-aged children in Ventura are overweight or obese, ranging from Hueneme at 53% and Thousand Oaks at 26%. <i>[Source: 2010 UCLA Center for Health Policy Research]</i> • Mothers living in Hueneme, Santa Paula and Fillmore are also more likely to be overweight or obese prior to pregnancy with resulting health risks. <i>[Source: 2012, VCPH Transforming Communities Needs Assessment]</i> • Among Ventura County school-aged children Latino children had the highest rate of overweight and obese at 51% compared to 32% among white children. <i>[Source: 2014 California Dept. of Education]</i> • Ventura County topped the state with a 37% reduction in sugary beverage consumption among children 2-17 over a six-year period. Collaborative and parallel efforts by multiple agencies were cited for this success.

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	<ul style="list-style-type: none"> • Obesity is largely established by kindergarten. Overweight kindergarteners were four times as likely as normal-weight children to become obese by the 8th grade. <ul style="list-style-type: none"> – 38% of school age children in California are overweight or obese. • Race, ethnicity and family income mattered in younger children, but by the time the overweight children were 5 years old, those factors no longer affected their risk of being fat in later years. [Source: 2014, Emory Health Sciences] • Contributing Factors: <ul style="list-style-type: none"> – Screen Time Children from lower income households spend up to 30 minutes more daily watching television and playing video or computer games compared to children from average and higher income homes. [Source: 2009, Network for a Healthy CA]. – Maternal Health A mother’s health and weight during pregnancy impacts whether her child will become overweight or obese. Mothers who are overweight or have diabetes are more likely to have children that are overweight or develop diabetes. [Source: 2012, VCPH Transforming Communities Needs Assessment] 	

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	<ul style="list-style-type: none"> <li data-bbox="359 342 1087 509">– Breastfeeding Breastfeeding protects against childhood overweight and obesity. However, in Ventura County, while 60% of mothers start out breastfeeding, only 13% of babies are exclusively breastfed at the end of 6 months. <i>[Source: 2012, VCPH Transforming Communities Needs Assessment]</i> <li data-bbox="359 586 1087 753">– Sugary Drink Consumption There has been a drop in sugary beverage consumption among young children, yet 19% of 2-5 year olds still drink one sugary beverage per day. <i>[Source: 2103, UCLA Center for Health Policy Research]</i> <li data-bbox="323 797 1087 894">• Drinking just one 8 Oz sugary drink per day increases a child’s chance of becoming obese by 60%. <i>[Source: 2011 Yale Rudd Center for Food Policy and Obesity]</i> <li data-bbox="323 935 1062 997">• Since the 1980s sugary beverage prices have dropped 30%. <i>[Source: 2103, UCLA Center for Health Policy Research]</i> <li data-bbox="323 1040 1052 1138">• 35% of Latino children ages 2-11 drink one or more sugary beverage/day compared to 14% of white children. <i>[Source: 2103, UCLA Center for Health Policy Research]</i> <li data-bbox="323 1179 984 1240">• Berkeley in 2014 passed the nation’s first soda tax (1 cent/ounce). 	