

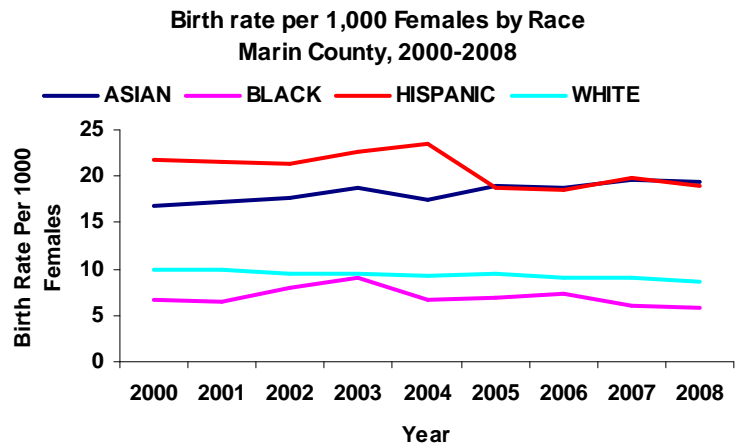
2009 County of Marin Data Summary: The Health of Women and Children



- Marin County Population (2008 Estimate)¹: 253,331
- Birth Rate (2008)²: 10.7

Birth Rate

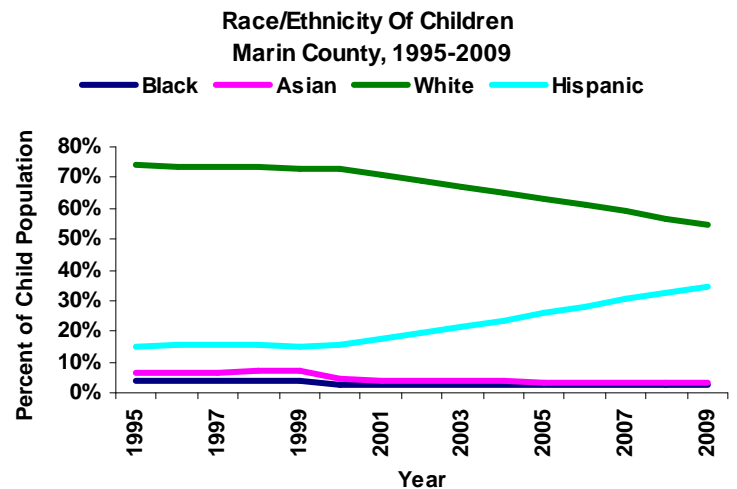
- In 2008, the birth rate for Hispanics (19.0 per 1,000) was more than double that of Whites (8.6 per 1,000).²
- The birth rate among Asians, Whites, and Blacks remained steady during 2000-2008.
- The birth rate among Hispanics decreased by approximately 5 births per 1,000 during 2004-2005 and then remained steady during 2005-2007.



Population of Children

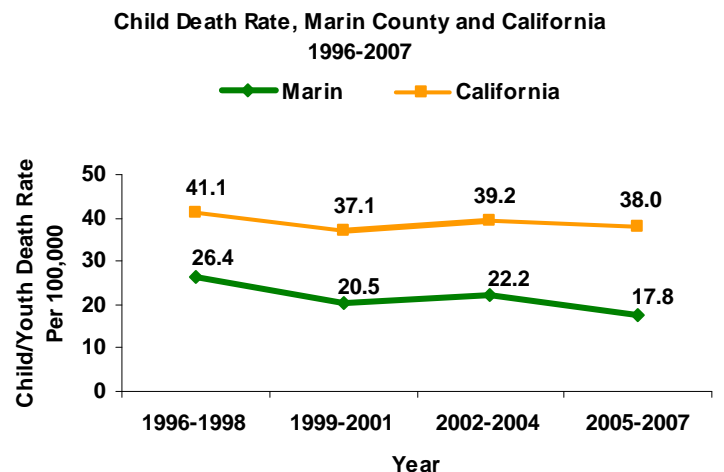
- The percent of Hispanic children in Marin has increased from 15% in 1995 to 34.5% in 2009.¹

Sustained higher birthrates among Marin's Hispanic population are causing an increase in the percent of Hispanic children and a subsequent decrease among the percent of White children.^{1,2}



Child Mortality

- The death rate among children/youth ages 1-24 in Marin has decreased from 26.4 to 17.8 per 100,000 during 1996 and 2007.³
- California's child death rate of 38.0 during 2005 and 2007 was more than double the child death rate in Marin County (17.8 per 100,000).³



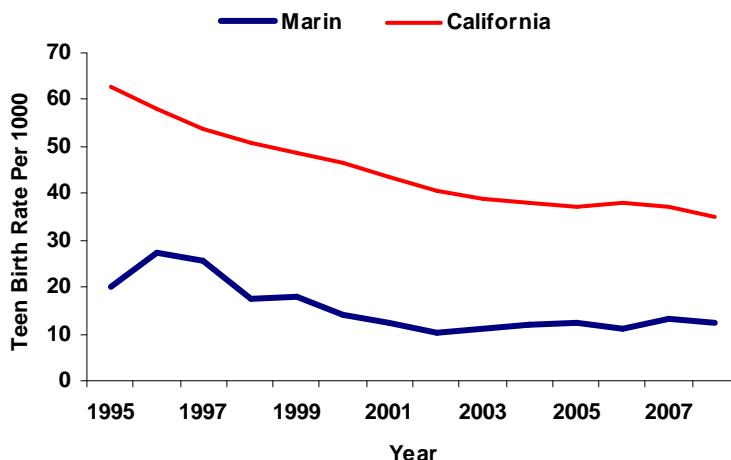
Teen Births

- The birth rate among 15-19 year olds in Marin County has been consistently lower than that of California during 1995-2008.³
- The teen birth rate in Marin County decreased during 1996 through 2002 and has since remained steady.³
- Marin County's 2008 teen birth rate, 12.4 per 1,000, is significantly lower than California's rate of 35.2 per 1,000.³
- In 2008, 15% of teen births in Marin were to teen moms who had previously had one or more live births.³
- During 2005-2007, the birth rate among Hispanic teens, ages 15-17, in Marin was over twenty times higher than the birth rate

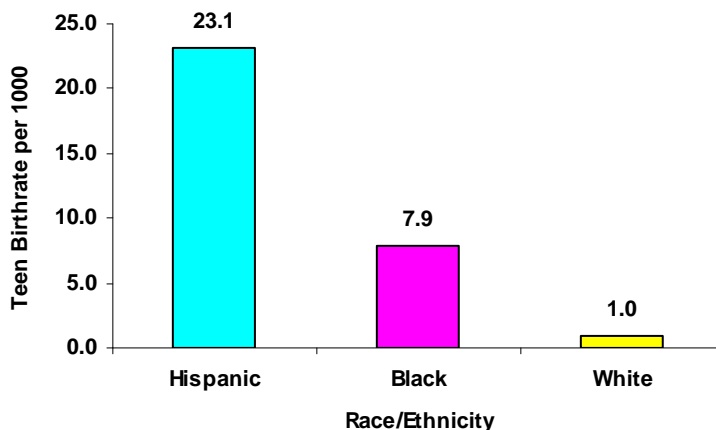
- Parenthood is the leading cause of school dropout among teen girls.⁴
- Children of teen mothers are 50% more likely to repeat a grade than children born to older mothers.⁴
- Daughters of teen mothers are three times more likely to become teen mothers themselves.⁵

- During 2004 to 2008, the birth rate among Hispanic teens decreased by over 40%.³
- The sharpest decline in births among Hispanic teens was observed during 2004 to 2006.
- Since 2006, the birth rate among Hispanic teens has increased slightly.

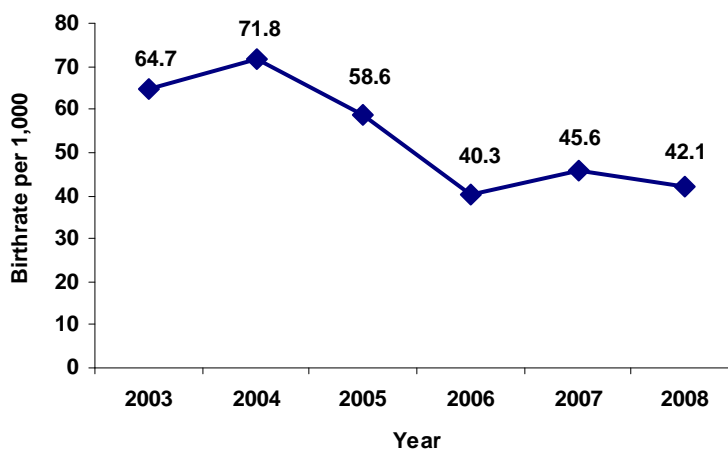
Teen Birth Rate (Ages 15-19)
Marin County and California, 1995-2008



Birthrate among Teens (Ages 15-17) by Race/Ethnicity
Marin County, 2005-2007



Hispanic/Latino Teen Birthrate (Ages 15-19)
Marin County, 2003-2008



Breastfeeding

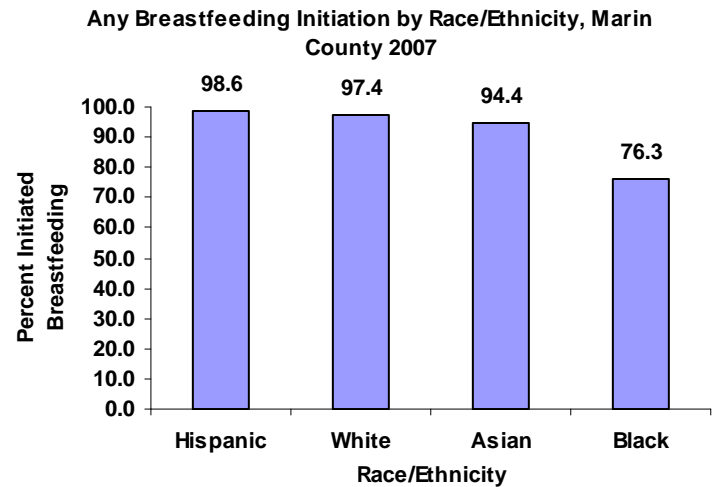
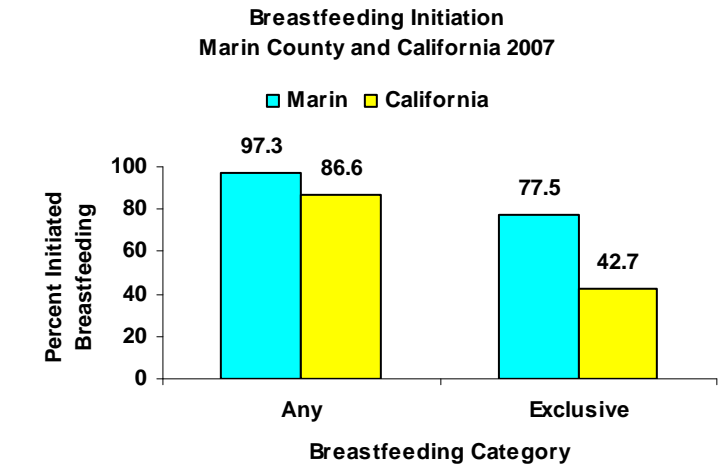
- The percent of mothers breastfeeding in Marin (97.3%) is higher than the percent statewide (86.6%).⁶
- In Marin County 77.5% of mothers were exclusively breastfeeding their babies compared with only 42.7% statewide.

- Babies who have been exclusively breastfed have a lower incidence of ear infections, respiratory illness, allergies, diarrhea, and vomiting.⁷
- Sudden Infant Deaths Syndrome (SIDS) is less common in breastfed babies.⁸
- Breastfeeding saves money. The cost of formula feeding for a full year averages \$1000-\$1200.⁷
- Breastfeeding helps develop the bond between mother and child.⁷

- Black mothers were least likely to be breastfeeding their babies.⁶

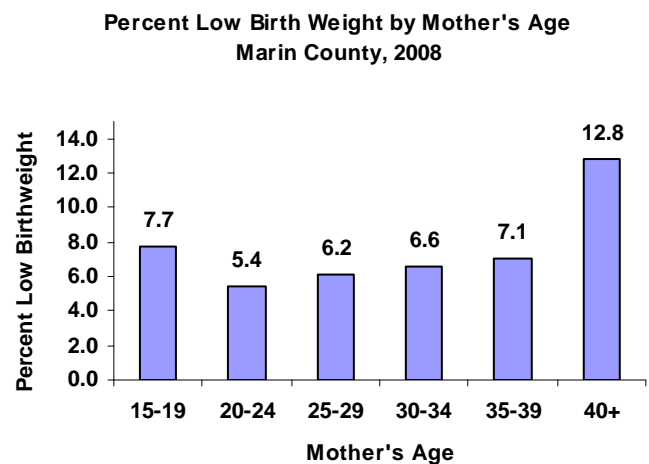
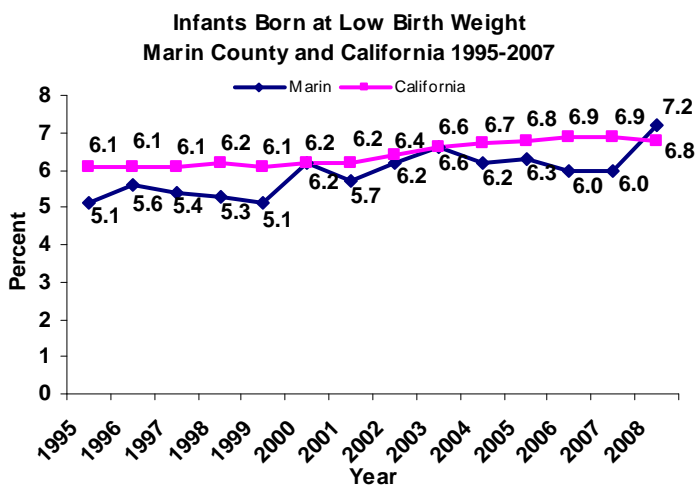
Low Birth Weight

- During 1995-2007 the percent of low birth weight births has been no higher in Marin than in California.³
- The percent of low birth weight babies was higher in Marin for the first time in 2008.



- Teens and older mother were more likely to give birth to low birth weight babies.

- The use of assisted reproductive technology accounts for a disproportionate number of low birth weight infants in the US, attributable to a larger number of multiple gestations as well as lower birth weight singletons.⁹

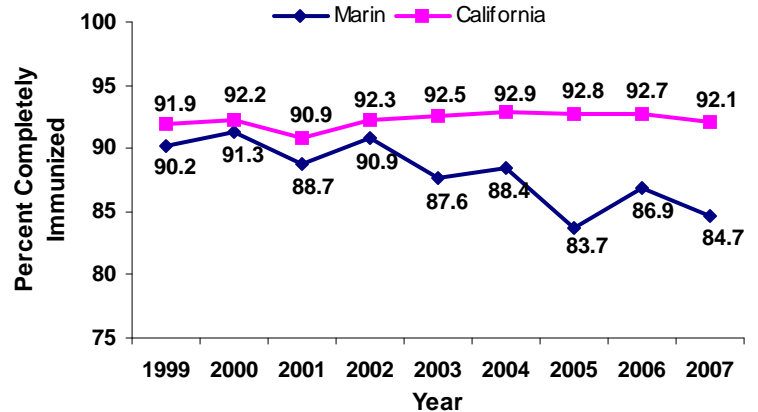


Immunizations

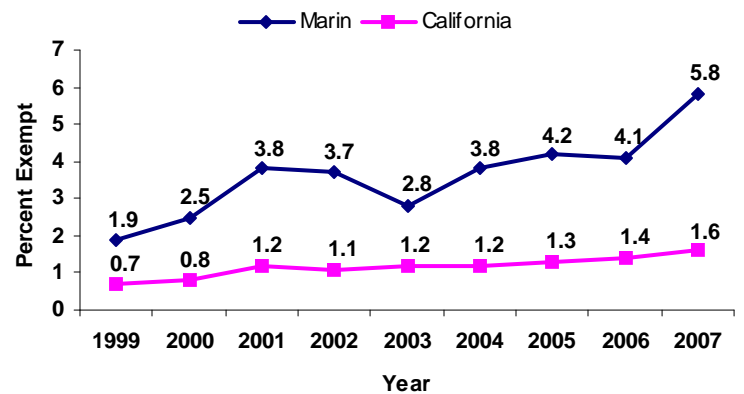
- In 2007, 92.1% of California's incoming kindergarteners had received all required vaccinations, compared with only 84.7% in Marin County.¹⁰
- The percent of kindergarteners with all required immunizations in California has consistently been higher than the percent in Marin.¹⁰
- While the percent of completely immunized kindergarteners has remained steady over time in California, the percent in Marin has decreased since 2002.¹⁰
- The percent of kindergarteners with Personal Belief Exemptions in Marin has been consistently higher than the percent in California and is increasing.¹⁰
- Marin County has one of the highest rates of Personal Belief Exemptions in California.¹⁰

- Choosing not to vaccinate a child has an effect on not only their health, but the health of others they interact with.
- Populations in which most members are vaccinated receive "herd immunity", but if too many members are under inoculated, disease outbreaks can occur.

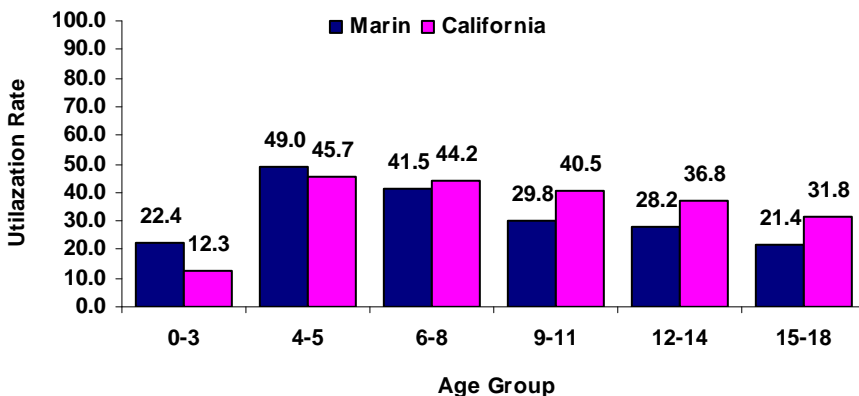
Kindergarten Immunization Rates for All Required Immunizations in Marin County and California, 1999-2007



Kindergarten Personal Belief Exemption Rates in Marin County and California, 1999-2007



Percent of Children Utilizing Denti-Cal Services of those who are Eligible, Marin County and California 2008



Denti-Cal Service Utilization

- The Denti-Cal utilization rate is the percent who utilized services over the number of eligible individuals for each age group.¹¹
- The Denti-Cal utilization rate was higher among children under 5 in Marin County than in California.¹¹
- Denti-Cal utilization was highest among 4-5 year olds and decreased with increasing age after age 5.¹¹

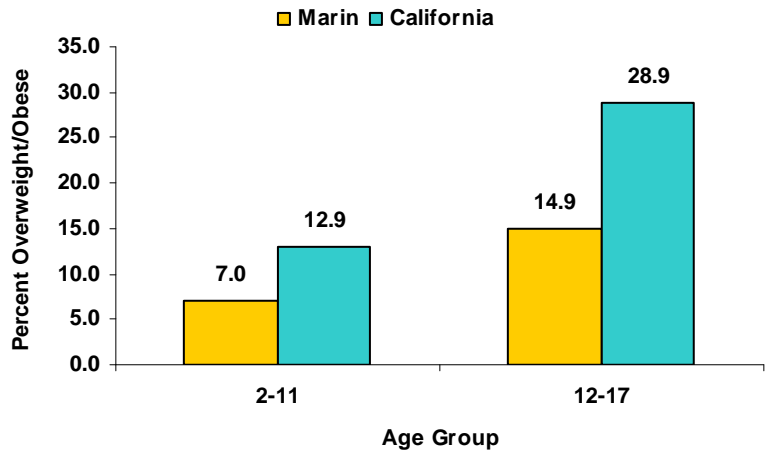
Asthma

- During 2005-2007, 14% of children ages 5-17 in Marin had been diagnosed with Asthma.¹²
- Of those children, 31% had an asthma attack during the past 12 months.¹²
- In 2005, 30.7% of children ages 5-17 with asthma in Marin County missed at least one day of school due to Asthma.¹²

Childhood Obesity

- In 2005-2007, 7% of Marin County's 2-11 year olds were overweight for their age compared with 12.9% in California.¹²
- In 2005-2007, 14.9% of 12-17 year olds in Marin County were either at risk for overweight or obese/overweight compared with 28.9% in California.¹²
- In 2007, 21.6% of children in Marin County ages 2-17 ate fast food on two or more days per week.¹²
- In Marin County, 74.2% of 2-5 year olds, 65.1% of 5-11 year olds, and 78.7% of 12-17 were physically active for at least one hour on three or more days per week.¹²

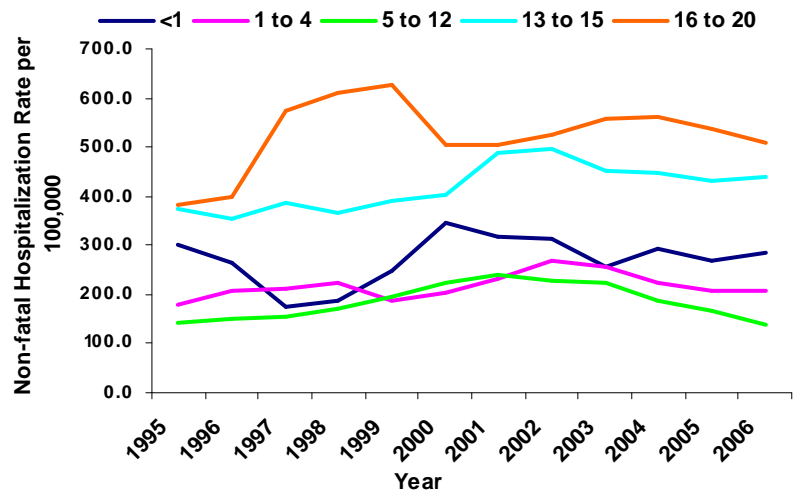
Overweight by Age Group in Marin County and California, 2005-2007



Injuries

- Hospitalizations due to injuries were most common among 16-20 year olds followed by 13-15 year olds.¹³
- The leading causes of hospitalized injuries among children in all age groups in Marin are unintentional falls.¹³
- 62% of injuries in Marin's 0-12 year olds were caused by falls.¹³
- Along with unintentional falls, unintentional poisonings were also a leading cause of hospitalizations of children.

Non-Fatal Hospitalization Rate by Age-Group Marin County, 1995-2006

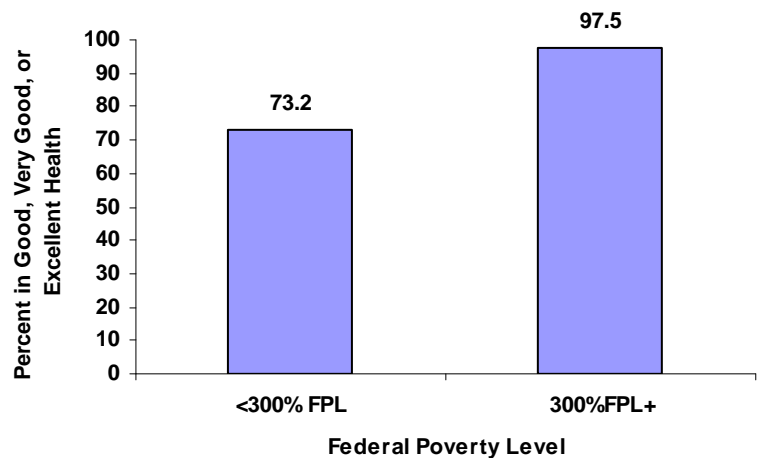


General Health Status of Children

- Health status varies with income level.¹²
- Children living in households with income less than 300% above the Federal Poverty Level (FPL) were significantly less likely to report being in good, very good, or excellent health.¹²

Research indicates that poor children are disproportionately exposed to risk factors that can affect health such as exposure to environmental toxins, inadequate nutrition, maternal depression, parental substance abuse, trauma and abuse, and low quality child care.¹⁴⁻¹⁶

Percent of Children Ages 2-17 in Good Health Marin County, 2005-2007



Marin Children Living in Poverty

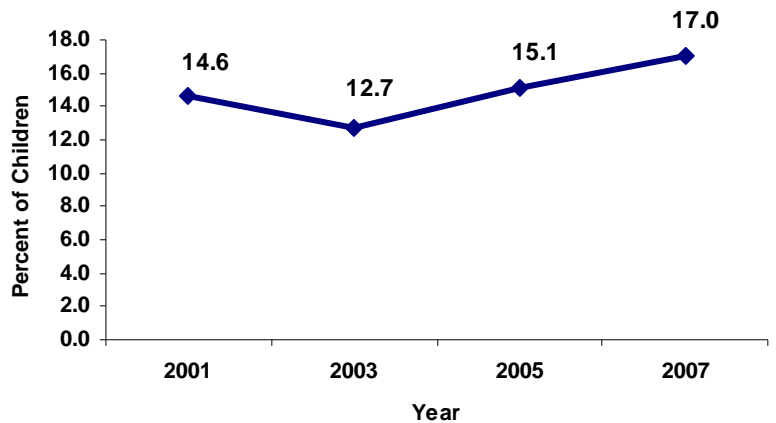
- The percent of children living between 0-199% of the Federal Poverty level has been increasing in Marin County since 2003.¹²

Poverty in childhood and adolescence is associated with decreased cognitive abilities and development, less school attendance, lower reading and math test scores, increased distractibility, higher rates of grade failure, and early high school dropout.¹⁷

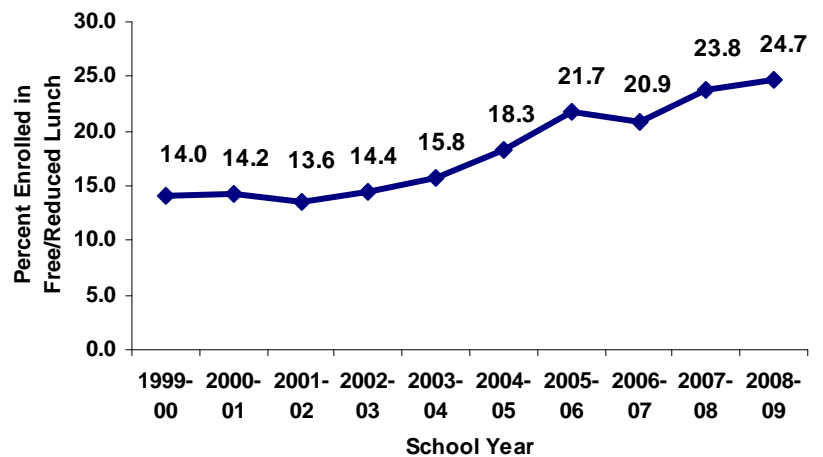
- The percent of students enrolled in the Free or Reduced School Lunch Program has increased from 14.0% in 1999 to 24.7% in 2008.¹⁹

Children who live below 130% FPL are eligible for free lunches, while children living above 130% but below 185% are eligible for reduced price lunches.

Percent of Children Between 0-199% Federal Poverty Level, Marin County, 2001-2007



Percent of Students Ages 5-17 Enrolled in Free/Reduced Lunch Program at School, Marin County, 1999-2009



Sources

1. State of California, Department of Finance, *Race/Ethnic Population with Age and Sex Detail, 2000-2050*. Sacramento, CA, July 2007.
2. California Department of Public Health, Birth Statistical Data. State of California Department of Finance, *Race/Ethnic Population with Age and Sex Detail, 2000-2050*. July 2007.
3. California Department of Public Health, Center for Health Statistics, Vital Statistics Query System, <http://www.applications.dhs.ca.gov/vsq/default.asp>. Retrieved 09/02/09.
4. National Association of State Boards of Education, Policy Update: The role of education in teen pregnancy prevention. 1998, Policy Information Clearinghouse: Alexandria, VA.
5. Hoffman, S.D., *By the Numbers: The Public Costs of Adolescent Childbearing*. 2006, The National Campaign to Prevent Teen Pregnancy Washington, DC.
6. California Department of Public Health, Center for Family Health, Genetic Disease Screening Program, Newborn Screening Data, 2007.
7. Flora, Becky. "Advantages of Breastfeeding." *Breastfeeding Essentials*. 2 2 2001. IBCLC. 11 Aug 2009 <<http://breastfeeding.hypermart.net/breastmilkadvantages.html>>.
8. Hoffman, H.J., "Risk Factors for SIDS: Results of the National Institute of Child Health and Human Development SIDS Cooperative Epidemiologic Study". *Ann NY Acad Sci*, 1988.
9. Schieve LA, Meikle SF, Ferre C, et al. (2002). Low and Very Low Birth Weight in Infants Conceived with Use of Reproductive Technology. *NEJM* 346:731-737.
10. 2008 Expanded Kindergarten Retrospective Studies. Prepared by the California Department of Public Health, Immunization Branch.
11. Isman R. Denti-Cal Users, Eligibles, and Utilization Rates by County and Age Group Under 21. (2008)
12. UCLA Center for Health Policy Research, California Health Interview Survey. <http://www.chis.ucla.edu/>. Retrieved 9/02/2009.
13. California Office of Statewide Health Planning and Development, Patient Discharge Data. Prepared by California Department of Public Health, Epic Branch.
14. National Center for Children in Poverty. (1999). "Poverty and Brain Development." Columbia University, Mailman School of Public Health.
15. Mather, M and Adams, D. (2006). *A Kids Count/PRB Report on Census 2000: The Risk of Negative Child Outcomes in Low-Income Families*. Kids Count and Population Reference Bureau.
16. Huffman, L.C., Mehlinger, S.L., & Kerivan, A.S. (2000). Risk Factors for Academic and Behavioral Problems at the Beginning of School. The Child and Mental Health Foundation Agencies Network.
17. Dahl, G. & Lochner, L. (2005) *The Impact of Family Income on Child Achievement*. Institute for Research on Poverty. Discussion Paper no. 1305-05.
18. California Department of Education, Educational Demographics Unit. Retrieved 9/01/2009. <http://data1.cde.ca.gov/dataquest>
19. California Department of Education, Educational Demographics Unit. Retrieved 12/01/08. <http://data1.cde.ca.gov/dataquest/>