



Humboldt County Strategic Prevention Plan

**A Project of the
Human Services Cabinet's
Consolidated Prevention Activities Team**

December 2002

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Acknowledgements

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Introduction

The Consolidated Prevention Activities Project Team (CPA) was organized to plan and evaluate how to improve primary and secondary prevention services the Humboldt County Human Services Cabinet (HSC) provides in the community. The HSC consists of Directors, branch directors, deputy directors, and senior managers of the Department of Health and Human Services and the Probation Department. The Department of Health and Human Services (DHHS) is comprised of three branches, Mental Health, Public Health and Social Services. The HSC Directors are the department directors as well as the DHHS branch directors. Formed in 1995 the HSC's vision is that "Humboldt County is a nurturing, supportive, healthy environment for its children, families, adults and communities."

The CPA is sponsored by the HSC Directors and includes representation from all branches of the Department of Health and Human Services and the Probation Department. The HSC understands the value of prevention. "An ounce of prevention is worth a pound of cure." Unfortunately, at the moment the vast majority of Human Services Cabinet resources provide services trying to "cure" complex problems. The Strategic Prevention Plan is part of a process of beginning to move HSC resources towards preventing the problems and creating healthier communities.

Support for increased prevention activities and focus comes specifically from the Little Hoover Commission's *Young Hearts & Minds Making a Commitment to Children's Mental Health* October 2001 as well as two local plans, The Humboldt County Human Services Cabinet Strategic Plan (2000) and the related DHHS 1259 Plan. The addition of this plan is to focus, update and amplify the recommendations and activities primarily related to Goal 3: Expand multiagency strategies toward prevention and early intervention. and Goal 4: Insure that programs are responsive to cultural, geographic and developmental needs of individuals, families, and communities. This plan is also related to some aspects of Goals 1 and 2. There are numerous citations of the literature throughout this document that also support the importance of prevention activities to improving community health and well-being.

Consolidated Prevention Activities
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Mission Statement

The purpose of the Consolidated Prevention Activities Project is to increase the primary and secondary prevention efforts of the Human Services Cabinet programs in order to maximize community and individual health and safety and minimize costs and needs for complex treatment efforts.

Principles

The Consolidated Prevention Activities Project Team recommends that the Human Services Cabinet, adopt the following principles:

1. Recognize that health is a state of physical, mental, emotional, and social well being and not merely the absence of disease or infirmity, and that individual health is closely linked to the health of the community and the environment in which individuals live, work, raise families and play.
2. Acknowledge that families, individuals and communities are best served when we work together.
3. Advocate that new initiatives build on prior successes.
4. Recognize that all people need social and other supports in order to live a full and healthy life.
5. Communicate clearly with involved partners in service delivery.
6. Recognize that services are most effective when they address identified needs as early as possible, and are provided in comfortable, accessible settings.
7. Commit to continuous evaluation and accountability based on agreed upon outcomes.
8. Recognize that cultural diversity is a valued asset and that programs and efforts will strive to be inclusive and non-judgmental.
9. Engage respectfully with community members and organizations in an effort to improve access to prevention based information, education, programs, services, opportunities and interventions on a planned basis and within the available resources.

Executive Summary

The Human Services Cabinet (HSC) Strategic Plan (2000) and the related DHHS 1259 Plan cite the need to promote, develop and maintain a continuum of services that encourage prevention and early intervention activities. The Strategic Prevention Plan, which focuses on primary and secondary (early intervention) prevention, is the next step in the process of expanding and improving prevention services through the HSC member departments.

Why are primary and secondary prevention services needed? A quick look at health indicators shows significant health problems in our community. Humboldt County's death rates from unintentional injuries, motor vehicle crashes, suicides, drug-related and cancer are all significantly above the State average. Alcohol, methamphetamines, heroin, tobacco and other drug use; poverty; violence; poor nutrition; and lack of physical activity are just some of the many factors that put the members of our community at risk for death and disability. Although many factors put our community at risk, the community also has many factors that protect our members from harm. Protective factors include; health programs that promote immunizations, good nutrition and physical exercise, social support provided through many churches, social clubs and groups, and individual skills such as problem solving.

The HSC currently funds several primary/secondary prevention programs. However, there is a great need and interest to increase funding for primary/secondary prevention programs and thus decrease the need for high end services such as direct medical care, hospitalization, drug treatment and out of county placement of children.

The Strategic Prevention Plan (SPP) has seven overarching goals. They are:

1. Reduce poverty, unemployment and under employment.
2. Prevent and reduce family violence and dysfunction.
3. Prevent and reduce alcohol, methamphetamine, heroin, tobacco and other drug addictions.
4. Improve community health status.
5. Improve community mental health status.
6. Prevent and reduce criminal activity.
7. Improve environmental quality.

The Strategic Prevention Plan makes several recommendations on beginning the process of expanding and improving the primary/secondary prevention services provided by the HSC. Recommendations include and are not limited to:

I. Changing Organizational Practices

1. Model prevention principles and goals within Human Services Cabinet departments and branches.
2. Support staff through organizational changes.
3. Develop a "Learning Environment".
4. Provide cross branch training regarding prevention strategies
5. Look for change opportunities.

6. Enhance a climate of respect.
7. Base program and fiscal changes on data, assessment and tracking.
8. Continue support of Employee Productivity/Wellness.

II. Promote a Process to Sustain Effective Programs

1. Provide a process for sustainability.
2. Strengthen connections to community activities.
3. Improve assessment and evaluation.
4. Develop case review strategy for poor outcomes.

III. Promote primary and secondary prevention activities through program expansion.

1. Enhance the prevention gradient by moving from tertiary toward primary and secondary prevention.
2. Promote the Mental Health Recovery, Wellness, Discovery Movement.
3. Develop a mechanism to surface new issues.

IV. New Program Development

1. All new Human Services Cabinet Programs will include primary and/or secondary prevention services, when possible.
2. Available funds, to the extent they meet the means test will be used to develop primary and secondary prevention programs.
3. The Human Services Cabinet will explore strategies for the use of funds to develop additional primary and secondary prevention programs.

The recommendations include short-term action steps that can be implemented without significant additional financial resources. They include and are not limited to:

- ☐ Identify community benchmarks to monitor the effectiveness of overall community interventions.
- ☐ Develop a quality assurance process.
- ☐ Work with the County Risk Manager and the County Personnel Department to expand an employee productivity/wellness program.
- ☐ Develop a suicide death review team.
- ☐ Develop primary and secondary prevention training.
- ☐ Develop a case review process for poor outcomes.

The Strategic Prevention Plan outlines significant health and social problems facing the County as well as some beginning steps the HSC can take to improve the health and well being in our community. Promoting, developing and maintaining all the needed primary and secondary prevention services will not be an easy process. However, many steps can be taken to enhance implementation of the vision of the Human Services Cabinet Strategic Plan (2000) and the Human Services Cabinet's AB1259 Plan.

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Humboldt County Community Health Indicators

Demographics

	Humboldt County		California	
Characteristic	Number	Percent	Number	Percent
Total Population 2000+	126,518	100.0	33,871,648	100.00
Population under age 18 2000+	29,413	23.2	9,249,829	27.3
Population 75 and older^	7,756	6%	1,707,835	5%
Median Income 2000+	\$ 32,637	NA	\$ 42,472	NA
Unemployment rate (2/00)*		6.8		5.0
Poverty Rate 2000		19		16
Children Living in Poverty+		26.0		19.5
CalWorks enrollees as a percent of population (11/99)*		5.9		4.9
SSI/SSP recipients as a percent of population (11/99)*		4.3		3.1
Age-Adjusted Deaths per 100,000 Population (1996-1998 average)*	515.5		425.7	

+ California County Data Book 2001. Factors for School Success. Children Now.

* Health Data Summaries for California Counties 2000. Department of Health Services. State of California.

^ Area Agency on Aging

Health and Safety

	Humboldt	California
Prenatal Care (1999)+	82.5%	83.6%
Low Birthweight +	3.9%	6.1%
Teen Births 1999+ (rate per 1,000)	38.6	50.2
Child Abuse Reports 2000+ (per 1,000)	167.9	68.0
Age-Adjusted Deaths Due to Unintentional Injuries (per 100,000 1999-2000 average)^	51.2	27.4
Age-Adjusted Deaths Due to Motor Vehicle Crashes (per 100,000 1999-2000 average)^	9.8	13.7
Age-Adjusted Deaths to Suicide (per 100,000 1999-2000 average)^	17.1	9.5
Age-Adjusted Drug Related Deaths (per 100,000 1999-2000 average)^	21.5	8.5
Age-Adjusted Deaths due to all Cancers (per 100,000 1999-2000 average)^	221.5	179.8
Age-Adjusted Deaths due to Coronary Heart Disease (per 100,000 1999-2000 average) ^	155.5	201.5
Crude case rate of Hepatitis C^	229 .52	93.62

+ California County Data Book 2001. Factors for School Success. Children Now.

* Health Data Summaries for California Counties 2000. Department of Health Services. State of California.

^ County Health Status Profiles 2002-Department of Health Services and California Conference of Local Health Officers.

Definitions

In developing the Strategic Prevention Plan the Consolidated Prevention Activities (CPA) Team adopted the following definitions of prevention.

Primary prevention is defined as what happens for everyone in the community before there is any sign of trouble or a problem. The idea is to promote healthy people and healthy communities. The target population is the community and everyone living in the community. Strategies may include building skills, providing support, promoting health, changing environments, and promoting awareness. Examples of Human Services Cabinet (HSC) primary prevention programs include: the Humboldt Prevention Newsletter, the restaurant inspection program, Project LEAN and information and referral programs.

Secondary prevention is early intervention. Secondary prevention happens at the earliest sign of a problem or when a person or group of people can be identified as “at risk” of developing a problem. The concept is to intervene to change troubling behavior, stop disease or reduce crisis. The target populations include: “at risk people”, people in crisis, and “high risk groups”. Strategies may include: providing skills to change responses to situations, changing environments, assessing the level of the problem and recommending solutions, improving access and providing targeted education. Examples of HSC secondary prevention programs include: the Food Stamps Program, Targeted Truancy, the Workforce Investment Act (WIA) Youth Employment, Job Market Employment related services, Women Infants and Children (WIC), the Child Health and Disability Prevention Program, and the Voluntary Intervention Program.

Tertiary prevention is treatment. It is the effort to provide direct services to clients, troubled people or people with existing disease. The purpose of tertiary prevention is to provide treatment, detoxification, therapy, and/or rehabilitation. The target populations include: people with illness and clients. Strategies may include: residential treatment, detoxification, harm reduction, incarceration, and the treatment of injuries or illness. Examples of HSC tertiary prevention programs include: Alcohol and Other Drug Treatment Programs, the Dual Diagnosis Program, Sempervirens, the New Horizons-Regional Facility Program, Healthy Moms, sexually transmitted disease screening and treatment, Child Welfare Services, Adult Protective Services, Juvenile Hall, and Drug Court.

The Strategic Prevention Plan addresses primary prevention. The plan also addresses secondary prevention. The plan does not address tertiary prevention. The plan is an effort to bring attention to the need for primary prevention throughout HSC programs and services.

Primary prevention programs tend to be the least expensive. Tertiary programs are the most expensive because problems have become severely entrenched. By moving towards primary prevention activities, serious conditions are avoided and funds are saved as well.

Prevention Gradient Chart			
	Prevention	Intervention	Treatment
	Primary Prevention	Secondary Prevention	Tertiary Prevention
Purpose	To promote: • Healthy individuals • Resistance to disease • Law-abiding and non-troubled behavior	To intervene at early signs of problems To stop disease To reduce crises To change troubling behaviors	To rehabilitate To reconstruct To treat
Target	Everyone Non-troubled individuals Community conditions	“at-risk” individuals people in crisis “high-risk” groups	Troubled people Diseased people Clients
Strategy	Change environments Promote health Build skills Promote awareness Provide supports	Change environments Assess level of problem and recommend solutions Respond to and defuse crises; short-term Build skills to change responses to situations Improve access Provide information and education Change situations responded to	Treat symptoms: • Detoxification • Therapy • Residential Treat injuries and illnesses Provide skills to rehabilitate

Adapted from: Prevention The Critical Need by Jack Pransky

Prevention Gradient Chart – Agency Examples

Prevention		Intervention	Treatment
	Primary Prevention	Secondary Prevention	Tertiary
Alcohol and Other Drug Prevention Programs	▪ Friday Night Live ▪ Red Ribbon Week ▪ Humboldt Prevention Newsletter	▪ Reconnecting Youth ▪ Alcohol and Other Drug Death Review	
Alcohol and Other Drug Treatment			▪ SA Treatment Programs
Children Youth & Families Services	▪ Information & Referral	▪ Voluntary Intervention Program	▪ New Horizons-Regional Facility Program
Adult Mental Health		▪ Crisis Unit	▪ Sempervirens ▪ Other treatment programs ▪ Older Adults Mental Health Program
Public Health Branch	▪ Restaurant inspection ▪ Shellfish monitoring ▪ WIC nutrition access ▪ Promoting healthy behavior ▪ Project Lean ▪ Assure adequate medical provider pool ▪ Community health assessment	▪ Alternative Response Team ▪ Field Nursing ▪ Communicable disease monitoring & control ▪ WIC nutrition counseling ▪ CHDP	▪ STD screening treatment ▪ CCS ▪ HIV Client Services ▪ Healthy Moms ▪ ADAP
Social Services Branch	▪ MediCal outreach ▪ Employer outreach ▪ Information & Referral ▪ Cal Works ▪ Community Kiosks ▪ Job Market	▪ ART ▪ IHSS ▪ CalLearn ▪ Food Stamps ▪ Cal Works ▪ Displaced Worker Program	▪ Child Welfare Services ▪ APS ▪ CalWorks ▪ On-the-Job-Training Programs
Probation	▪ Community Congress	▪ Challenge 1 ▪ Targeted Truancy	▪ PACE ▪ New Horizons ▪ Juvenile Hall ▪ Drug Court

Needs Assessment

Introduction

Is there a need for increased primary and secondary prevention in Humboldt County? Is there data indicating that Humboldt County residents experience threats to their health and well being that could be reduced or eliminated if adequate attention was paid to preventing problems in the first place? Are there opportunities to make a difference? The answer to these questions is a resounding “Yes.”

After a brief look at some overall factors that affect health and well-being—alcohol, methamphetamines, heroin, tobacco and other drugs, cultural disparities, poverty and violence—this chapter follows the format of an individual life span. The data presents a snapshot beginning with pregnancy and continuing through early childhood, childhood, adolescence, adulthood, and the senior years. Not all available data is presented here—such a catalog is beyond the scope of this report. Instead, Project Team members gathered and reviewed data from their work experience and selected data they believed would best support the need for prevention work in Humboldt County. This data, along with many thoughtful discussions among Project Team members, indicates that there are many potential threats to the health and well being of Humboldt County residents that could be prevented by adequate attention and resources, and that opportunities may exist to do so.

This chapter focuses, to the extent possible, on Humboldt County data. For topics where there is little or no local data, State or national data is used as a reference. Appendix 1 contains further data about the topical areas, and readers are referred there for additional information.

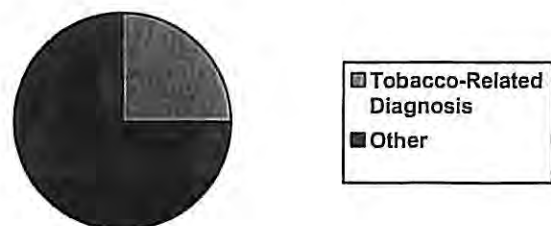
Overall Factors

Alcohol, Methamphetamine, Heroin, Tobacco and Other Drugs:

It is estimated that alcohol abuse cost the United States (U.S.) \$184.6 billion in 1998. That is \$638 for every man, woman and child living in the U.S. More than 70% of these costs were due to lost work hours from alcohol-related illness or from premature death. Most of the rest of the costs were related to health care services to treat alcohol addiction and the medical consequences of drinking alcohol.¹ As this chapter will show, Humboldt County has a significant alcohol and other drug abuse problem.

In 1998, Humboldt County spent \$3.6 million of County Medical Services Program (CMSP) funds for the medically indigent on tobacco related hospitalizations. Twenty-five percent of all hospitalizations in Humboldt County include a tobacco-related diagnosis.²

Humboldt County Hospitalizations



Cultural Disparities:

The divisions of race, ethnicity and culture in the U.S. are very apparent in the health of its people. Despite recent progress in overall health, there are continuing differences in the rates of illness and death among American Indians, Hispanics, African Americans and other populations as compared to white, non-Hispanic populations. These differences are believed to be the result of the complex relationships among hereditary and cultural differences, environmental factors and specific health behaviors.³ Cultural disparities in Humboldt County are particularly notable in data regarding early entry into prenatal care.

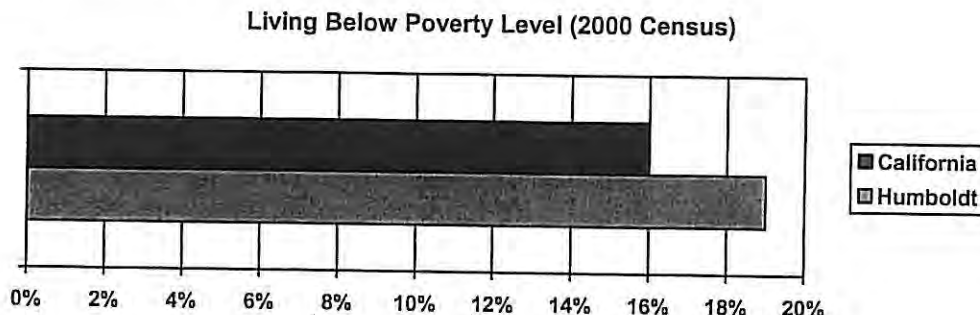
Poverty:

Poverty affects people's quality of life in many ways, including their ability to:

- obtain adequate nutrition
- live in safe environments (their homes and neighborhoods)
- avoid exposure to toxins such as lead and pesticides
- obtain health care and other services
- afford transportation
- participate in recreation activities
- be part of a group that helps support their health and well being

More than 5 million American families with children are living in poverty. Working poor families—those families that have jobs, but are still poor--make up a greater share of that total than in the past. In addition, even more families have employment income that puts them above the federal poverty level but still leaves them far short of being able to afford basic family needs including adequate housing.⁴ Single parent families are affected the most. Even during the economic boom of the late 1990's, the poverty rate among families headed by single mothers did not improve, and in fact those families who were poor got poorer.⁵

In the year 2000 census, 19% of Humboldt County residents lived below the poverty level as compared to 16% in California as a whole. Twenty-six percent of children in Humboldt County lived in poverty compared to 19% in California. The median household income in the County was \$36,637 compared to California at \$42,472.⁶ In Humboldt County many seniors whose income puts them above the federal poverty levels have to decide whether to pay for food, PG&E or prescription medications.⁷



Violence:

Violence costs the United States about \$425 billion in direct and indirect costs each year. Of these costs, about \$90 billion is spent on the criminal justice system, \$65 billion is spent on security, \$5 billion on treatment of victims and \$170 billion on lost productivity and quality of life.¹³ The most logical way to reduce these costs is to prevent violence altogether. However, the money spent on violence prevention and alcohol and other drug prevention is modest compared to the spending on crime and drug control efforts such as policing and prison construction. Research has shown that in the long term, prevention is more cost effective than incarceration in addressing violent behavior.¹⁴

Pregnancy / Infancy

Introduction:

Pregnancy presents one of the most significant opportunities in a parent's life to make positive changes for themselves and their expectant newborn. Pregnancy can also be the beginning of trouble for the unborn child if existing parental problems such as poverty, addictions, poor nutrition, and family violence are not addressed.

Alcohol, Methamphetamine, Heroin, Tobacco and Other Drug Use:

Alcohol, methamphetamine, heroin, tobacco and other drug use by mothers during pregnancy results in a variety of physical and behavioral problems for the infant. Defects caused by using alcohol, methamphetamine, heroin, tobacco and other drugs are completely preventable, unlike many other birth defects. In 1998-2000 there were 45 fetal and infant deaths in the County. A contributing factor in these deaths was alcohol and other drug use in the primary caregivers.¹⁵ Methamphetamines were the primary drug used by 58 of 114 pregnant women (61%) admitted to Humboldt County drug treatment programs from 1994-2000.¹⁶ Babies born to methamphetamine-using women can be born addicted to the drug and suffer birth defects, low birth weight, tremors, excessive crying, and behavior disorders.

In 1998-2000 there were 45 fetal and infant deaths in the County. A contributing factor in these deaths was alcohol and other drug use in the primary caregivers.

Smoking during pregnancy increases the risk of miscarriages, still born babies, low-birth weight babies and sudden infant death syndrome (SIDS). One out of every five pregnant women in Humboldt County smokes. Almost one-third of pregnant, school-aged mothers smokes. A recent Humboldt County study conducted with new mothers found a very strong correlation between tobacco use and being a victim of domestic violence, alcohol abuse, having a child living outside the home, and having a psychiatric history.¹⁷

Family Violence:

Intimate partner violence experienced by a pregnant woman could potentially result in injuries or death to her or the unborn child, in illness, or compromised health for either. Estimated rates of women who experience intimate partner violence during pregnancy range up to 20%. The rate of pregnant women who have experienced intimate partner violence at any time in the past range up to 30%.¹⁸

Oral Health:

The Humboldt County Children's Oral Health Report associates poor oral health with poor pregnancy outcomes, low birth weight and pre-term labor, or premature rupture of membranes. These problems may be caused by toxins produced by the mother's oral bacteria, which cross the placenta and harm the unborn child. In addition the response of the mother's immune system to oral infection may stimulate a response that interferes with normal fetal growth.¹⁹ A mother's oral health is a major determinant in the infant's oral health.

Prenatal Care:

Early and adequate prenatal care is very important to the delivery of a healthy baby to a healthy mother. Women are encouraged to obtain prenatal care as soon as they learn they are pregnant and no later than the first trimester of pregnancy. Good prenatal care addresses more than just medical issues of pregnancy and can identify and respond to problems such as depression, substance abuse, and domestic violence. In Humboldt County, early entry into prenatal care remains a significant problem, with only 77% of pregnant women starting prenatal care in the first trimester.

Birth weight is a good indicator of newborn health. Humboldt County typically meets the National goals and for 1999 had a rate of 4% as compared to 6% statewide.

Conclusion:

Birth outcomes in Humboldt County are generally good, as measured by birth weight. This is a tribute to the medical care during pregnancy. However, less favorable outcomes occur later in the child's first year of life. Beyond providing adequate medical care, we must assure that pregnant women have other issues such as family violence, depression, alcohol, methamphetamine, heroin, tobacco and other drug use and addictions adequately addressed. Addressing these other issues depends upon someone recognizing that the issues exist, knowing of an appropriate referral source, and ensuring that the woman or family members follow through with the referral.

Early Childhood—Ages 0-5

Introduction:

It has been recently recognized that the early years of life are critical in human brain development. During the early years, basic brain processes that determine a child's ability to regulate his or her mood, attention, physical and emotional responses and interaction with the environment will be set. This time of life presents important opportunities and risks for the child. Good nurturing by caretakers and stimulating environments will go a long way in preparing the child for the next major task of entering school ready to formally learn. Harmful home and social environmental factors during these early years can cause the child to develop problems in regulating his or her responses and interactions with others. These problem responses may not adequately prepare the child for the physical, social, emotional, and intellectual challenges ahead. Brain structure and function is affected by these earlier experiences both positively and negatively.

Alcohol, Methamphetamine, Heroin, Tobacco and Other Drug Use:

Alcohol, methamphetamine, heroin, tobacco and other drug use by parents or caregivers can have a particularly severe impact during a child's early, formative years. SIDS deaths have been associated with exposure to secondhand smoke, as have recurring respiratory and ear infections. Fires and burn injuries, caused by burning cigarettes and matches, can also result in injuries and death to children.²⁹ Two out of three infants and young children served by the Humboldt County Women, Infants and Children Nutrition Program (WIC) are exposed to tobacco smoke in their homes.³⁰

Two out of three infants and young children served by the Humboldt County Women, Infants and Children Nutrition Program (WIC) are exposed to tobacco smoke in their homes.

Children living in homes where substance abuse occurs are at risk for child abuse and neglect, mental illness and depression, low self esteem, low functioning in school, behavior problems, and multiple chronic health problems in later years.

Fifty-two percent of children in foster care in Humboldt County have alcohol or other drug use by caregivers as one of several contributing factors to the child's removal from the home.³¹ The Healthy Moms Program found that about 75% of program participants between 1997-2001 reported using methamphetamines when they entered the program, and 50% reported the drug to be their primary drug of choice. Half of these women had a child not living at home because the home was unstable or unsafe.³²

Child Abuse and Neglect:

The United States' performance on preventing child abuse has worsened over the last 20 years, with the greatest proportion of victims being the very young. In Humboldt County in the year

2000 the rate of child abuse reports per 1,000 people was 168, compared to the state rate of 68 (Children Now 2001). In January 2001, the Humboldt County Child Welfare Services (CWS) caseload had open cases on 382 children. Of these children, 4% (14) were less than one year old and 26% (99) were ages 1-5.³³ The fact that these are CWS cases indicates that an allegation of child abuse was confirmed to meet the legal definition of abuse and neglect.

What happens to CWS referrals that don't meet the legal definition? CWS has approximately 1,407 reports of general neglect yearly. Some of these reports are referred to the Alternative Response Team (ART). ART provides intensive Public Health Nurse case management to families referred by CWS, who are at risk of child abuse or neglect and have a child age 0-5. In 2000 ART received 346 referrals, 213 received services. The common reasons for referral are: lack of parenting supervision, poor parenting, alcohol or other drug abuse, domestic violence, medical/health issues, emotional abuse and mental health issues.³⁴ Unfortunately, most cases referred to CWS are not eligible for either CWS or ART services and depend upon community based organizations to provide assistance, if the families are fortunate enough to receive this assistance. Many abuse and neglect situations are referred to CWS several times before they worsen to the point of meeting the legal definition of abuse and neglect that requires CWS to take action.

Early Childhood Education:

Quality child care/early childhood education can make a big difference in insuring that a child is "ready to learn," with the gains being the greatest for the most disadvantaged children. Quality care can be understood as both prevention and intervention. As a prevention method, research has shown that for every dollar invested in quality child care, \$7-\$10 dollars are saved in intervention services. A high standard of care influences children's social, emotional and cognitive development. In some cases a child care provider may be the one stable adult in a child's life, and the one person who the child can form a healthy attachment, necessary for the formation of future relationships. Research has repeatedly shown that higher quality care is associated with enhanced social skills, reduced behavioral problems, increased cooperation and improved language in children. Children in quality childcare/early education settings are less likely to be retained in school, be in special education, or drop out of school later on in life. Paying for quality care can be a significant problem for families. Woefully inadequate subsidized care rates exacerbate the situation. Additionally, only 39% of eligible children receive HeadStart services. An investment of public monies is essential to address the true cost of quality child care as it can not be borne by families or the child care field.

Injuries in Childhood:

In Humboldt County, from 1991-2000, the number of deaths of children 1-17 years of age that were attributable to injuries is three times the number of natural deaths. Most of the injury deaths are due to motor vehicle crashes.³⁵

Nutrition and Physical Activity:

Anemia appears to be a significant problem among young children in Humboldt County. Current data shows that anemia rates continue to increase in Humboldt County's 2 to 3 year old children. In the County, 22% of 2-3 year olds are anemic compared to 18% nationwide.

Iron deficiency anemia results from not having nutritious foods, inappropriate food choices and inadequate feeding practices. Poverty may be considered a root cause. Anemia in children can lead to poor motor development, impaired learning, decreased educational achievement, abnormal behavior, decreased resistance to infections, and increased susceptibility to lead poisoning. Children under age 3 are particularly at risk. Iron deficiency at this critical period may cause irreversible damage. Primary prevention of iron deficiency in infants and preschool children can best be achieved through diet.³⁶

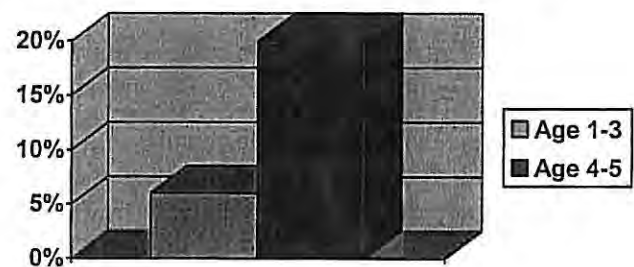
Childhood obesity is a result of a complex combination of factors that include family relationships, physical activity and food choices. Obesity is a risk factor for diabetes, low physical activity and general poor health. The Centers for Disease Control Pediatric Nutrition Surveillance data indicates that between 1996 and 1998 obesity almost doubled among 2-3 year olds and 5-9 year olds in Humboldt County.

Oral Health:

Data collected in Humboldt County provide evidence that we are experiencing, along with the rest of the nation, a crisis in oral health and dental diseases, especially in vulnerable populations. Low-income families are at greater risk of harboring the bacteria responsible for tooth decay. Family members pass it to infants who then become carriers. Over-use of bottles and juice results in early tooth decay.

In Humboldt County, 6% of children ages 1-3 and 20% of children aged 4-5 years had visible untreated dental caries as reported in an anonymous survey given by three local pediatric services. Children with Medi-Cal or Child Health and Disability Program insurance were five times more likely to have an untreated cavity than children with private medical insurance. Baby Bottle Tooth Decay can occur in very young children with newly erupting teeth, and is consistently higher in children from low socio-economic groups.³⁷

Humboldt County - children with visible untreated dental caries



Post-neonatal Deaths:

In spite of the potential negative consequences that a woman could experience during pregnancy, most Humboldt County children are born with an adequate birth weight and with few health problems. However, post-neonatal deaths (28 days to 1 year of age) have been occurring at a

higher rate than that of the State for a decade. At their worst, they were three times higher than the State.³⁸

Factors that may cause these deaths include:

- Abuse and neglect of the child by parents and caregivers, including inadequate parenting skills
- Alcohol, tobacco and other drug abuse by parents and caregivers
- Poverty and lack of other resources and supports, including/transportation
- Lack of intervention in child abuse and neglect cases
- Unwanted or unplanned pregnancy, and high stress
- Sudden Infant Death Syndrome (SIDS)³⁹

Poverty:

Children who experience poverty are more likely to score lower on standardized tests, be retained a grade, and eventually drop out of school. The worse the degree of poverty, the worse the school achievement overall.

Locally, WIC provides services to 79% of the eligible population as compared to a state average of 77%.

All other industrialized nations do more to lift their children out of poverty than the U.S., according to a recent survey by the Luxembourg Income Study (UNICEF – The Progress of Nations 1996).



Source: Luxembourg Income Studies.

Note: U.S. figure here is different from U.S. poverty rates presented elsewhere because of a different definition of the threshold.

Conclusion:

Insuring that not only the basic needs of food, clothing, and shelter are met, but also that a child is in a safe, consistent, nurturing environment is a tall order for even the healthiest caregivers and their supports. For single parents or those facing the challenges of underemployment, addiction, mental illness, physical health problems or other stresses, the task of successfully raising a child can be extremely stressful and difficult.

Families who feel included in and a part of a supportive, vital community or neighborhood are more readily able to support their own children and have more resources available to them to do so. It is normal for parents to feel burdened. We can make it normal for support to be available.

Childhood—Ages 6-12

Introduction:

Children now enter a school system that is burdened with increasing responsibility for curriculum standards and testing. Children face these standards very early in their school experience. They have to move into the formal education environment and into the larger community. Parents may have issues as they remember their own school experiences and have concerns about their child's success.

Alcohol, Methamphetamine, Heroin, Tobacco and Other Drug Use:

Children begin to learn about alcohol, methamphetamine, heroin, tobacco and other drugs and their effects long before they are confronted with actual use of the substances. The patterns of alcohol, methamphetamine, heroin, tobacco and other drug involvement are established over time and progress (or not) according to a complex process that involves family values about alcohol, methamphetamine, heroin, tobacco and other drug use, the family's pattern of alcohol, methamphetamine, heroin, tobacco and other drug use, and the larger society.

A recent local Smoking Cessation Pilot Project found that in 250 Public Health Nurse cases, at least one person was a smoker in 56% (140) of the homes. Eighty-one percent (81%) of the smoking households have children under the age of 12. 215 out of 326 children (2/3 of the sample) lived in a smoking household.⁴⁵ Exposure to secondhand smoke has negative health consequences for children including increased asthma, bronchitis, colds and ear infections.

Child Abuse and Neglect:

Humboldt County's rate of child abuse and neglect referrals and confirmed cases is in the top 75% of the State. More than 50% of the confirmed cases were for general neglect followed by physical abuse (22%) and sexual abuse (17%). Statewide, one-third of children reported for maltreatment are less than six years of age. Twenty-four percent (24%) of the CWS caseload in 2000 was age 6-10.⁴⁶

Family Violence:

In Humboldt County, for the period January-July 2001, 23 of 27 families living at the shelters Safehaven and Bridgehouse were victims/survivors of family violence. Of the 23 families there were 23 women and 52 children. The WISH shelter in Southern Humboldt and Humboldt Women for Shelter in Eureka shelter about 250 women and children per year.

The majority of children exposed to domestic violence will in turn be a victim or abuser themselves. There is also a change in the brain

There is also a change in the brain structure of children exposed to abuse that affects behavioral and social development.

structure of children exposed to abuse that affects behavioral and social development.⁴⁷

Injuries in Childhood:

Injuries occur at a higher rate in homes where adult supervision is lacking or less than adequate. Such circumstances include caregivers who abuse alcohol and other drugs, experience family violence, are underemployed, and/or suffer from depression. In Humboldt County the leading cause of death for ages 6-12 is unintentional injuries.⁴⁸ In 1998, the county ranked 38 out of 58 counties for deaths due to motor vehicle accidents and 52 out of 58 for the number of hospitalizations due to motor vehicle accidents.⁴⁹

Media Violence:

Violence in media, for the most part, shows that perpetrators go unpunished and ignores the consequences of violence (including the pain of victims, victims' families, and families of perpetrators), or depicts consequences unreasonably. Viewers begin to identify with the aggressors and the aggressors' solutions to problems. People with greater exposure see the world as a dark and sinister place. The critical period for lasting harm to media violence exposure is pre-adolescent childhood.⁵⁰ By age 18 the average young person will have viewed an estimated 200,000 acts of violence on television alone. Over 1000 studies attest to a connection between media violence and aggressive behavior in some children.⁵¹

Mental Health in Childhood:

Children exposed to family violence, child abuse and neglect or parental AOD use are at high risk of developing mental health disturbances. The number of children served by County Mental Health from October 1996-July 1999 increased from 150 to over 350. This increase reflects the increased capacity gained by hiring additional staff. The total days children have been hospitalized for mental health reasons has also been increasing since December 1999.⁵²

Nutrition and Physical Activity:

Although most overweight children do not experience medical complications during childhood as a result of obesity, psychological and social hazards are prominent. Young people who are overweight are at risk for societal discrimination and development of a poor self-image. The child who grows up with a poor self-image is less likely to achieve his/her potential role in society as a healthy, productive individual. Treatment of the obesity is difficult and frequently unsuccessful. Prevention is preferable.⁵⁵

Conclusion:

An assertive, well-organized family is more likely to get their needs met at school while others will need assistance. Children who start school when they are not socially, emotionally, physically, or intellectually ready will likely remain behind without specific strategies to help them either at school or at home.

Other transition times occur during changes of schools such as entering middle school or because of a move. These are times of disruption in a child's social network that can be challenging, especially for children who have not learned to adapt well, usually because disruptions have been negative.

As children become older and more independent and aware of their surroundings outside of home and school they become exposed to new risks and opportunities. They remain influenced by the activities that occur at home, some of which may come in conflict with what they learn at school and in other environments.

Adolescence—Ages 13-21

“Adolescence can be many things...it is a time of rapid change physical, sexual and cognitive changes within a young person, and of changes in the adolescent's world and the demands placed on the young person by society.” [Conger (1986)] Adolescent minds and bodies are undergoing extreme rapid change. Adolescence is a time to break away from childhood and transition to the adult world; a time of experimentation, sexual confusion, and a search for identity. Adolescents are prone to risk-taking and experimentation as they learn to take on new capabilities and obtain greater freedom. These behaviors are normal, and they can lead to serious health consequences.

In Humboldt County, every year approximately:

- 5 people aged 12-24 are killed in motor vehicle crashes,
- 410 teens become parents, and
- 75 million dollars are spent treating adults for tobacco-related illnesses caused by a habit that began in adolescence.

The Department of Finance has indicated that the number of people ages 10-17 in the county increased 17% between 1990 and the 2000. The county's overall growth rate for the same period was 14%. It is estimated that between 1985 and 2020 the percent of minority youth will double in the county.⁵⁶ Since today's teens are tomorrow's parents, workforce, and leaders; it is crucial that teens experience optimal health and well-being.

Adolescent Sexuality:

Adolescents are at greatest risk of Sexually Transmitted Diseases (STDs) because they more frequently have unprotected sexual intercourse, are biologically more susceptible to infection, and may have social behaviors that increase their risk. In 1998, 79% of reported STDs were among 13-29 year olds. The major reportable diseases include chlamydia, gonorrhea, pelvic inflammatory disease, syphilis, and non-gonococcal urethritis.

The impact of being a teen parent is significant on the well being of both the child and the not yet fully developed teen parent. Teen parents are less likely to finish high school, thus jeopardizing their ability to earn a sufficient income to support themselves and their child. The teen birthrate for 15 – 17 year old mothers continues to decline in Humboldt County. From 1989-2000, 835

pregnancies occurred in this age group, an average of 70 each year. However, during this same time period, the birthrate for 18-19 year olds increased and averaged 132 births per year. This is problematic because there are fewer support programs for women of this age, and yet the young women are not usually fully functioning adults able to support a family.⁵⁸

Alcohol, Methamphetamine, Heroin, Tobacco and Other Drug Use:

Experimentation with alcohol, tobacco, and other drugs can, for the majority of teens, be a brief period of testing limits. For some teens however, this experimentation can lead to many negative consequences including direct physical harm, impaired judgment that can lead to risk taking and violence, disengagement from school, and the support of illegal drug trafficking. Adolescent substance use, particularly of tobacco, can lead the way to adult addictions. Ninety percent of current adult smokers started smoking during adolescence. Long term use of tobacco, alcohol and other drugs can lead to serious illness and death, increased medical care use, and higher health care costs.⁵⁹

Close to 90% of teens in Humboldt County say it is "easy" or "very easy" to get cigarettes even though it is illegal to sell or give tobacco products to anyone under 18 years of age.

Most people who smoke in Humboldt County started when they were 16 years old.⁶⁰ One in five Humboldt County 11th graders are regular smokers.⁶¹ Close to 90% of teens in Humboldt County say it is "easy" or "very easy" to get cigarettes even though it is illegal to sell or give tobacco products to anyone under 18 years of age. Sixty-one percent of Humboldt County teens surveyed that bought cigarettes were not asked for identification.⁶²

The California Department of Education collected "Healthy Kids" data in Humboldt County 7th, 9th, and 11th grades in Fall 1999, Spring 2000 and Fall 2000. 1,902 students participated, representing 13 schools in 9 school districts. Using these numbers as a guide for extension to all 7,000 9th-12th grade students, it is estimated that over 600 high school students have tried methamphetamines. The Humboldt County **Methamphetamine Fact Book** is an excellent resource for additional information about methamphetamine use among both adolescents and adults.

In 1999 in Humboldt County there were 234 juvenile arrests for alcohol and other drug related offenses. The County's rate of school-reported alcohol and other drug related crimes is three times the state average and is also considerably higher than other small and metropolitan rural county rates. The County's rate of juvenile arrests for drug or alcohol offenses is far higher than the state as a whole.⁶³ Average yearly arrests for drug offense have increased among youth by nearly 92% since 1985.⁶⁴

Child Abuse and Neglect:

As of January 1, 2001, the local CWS caseload had 114 children ages 11-15 (30% of total) and 62 children aged 16+ (16% of total).

Criminal Activity:

Although Humboldt County has worked hard to address juvenile justice issues, our community has experienced much of the same difficulties as the rest of California. Increased population, as well as increased gang activity combined with drug use, has increased the number of adolescents in the juvenile justice system.

Between 1995-1999, countywide arrest data showed that an average of 1,036 juveniles are arrested each year. Of those arrests about 233 involved felony offenses and 823 involved misdemeanor offenses. Overall average yearly felony arrests have increased 31% while misdemeanor arrests increased 27%. About 290 female juveniles are arrested each year. Female arrests have increased at nearly three times the rate of male arrests since 1985. While the majority of females are arrested for misdemeanor charges, an increasing number are being arrested for felonies. Nearly one out of every five felony and misdemeanor arrests processed through the Probation Department involve youth who have been arrested for serious crimes of violence and weapons charges. Between 1985-1999, juvenile arrests involving violent crime and weapons have increased by 87% while all other juvenile arrests have increased 19%.⁶⁵

Education:

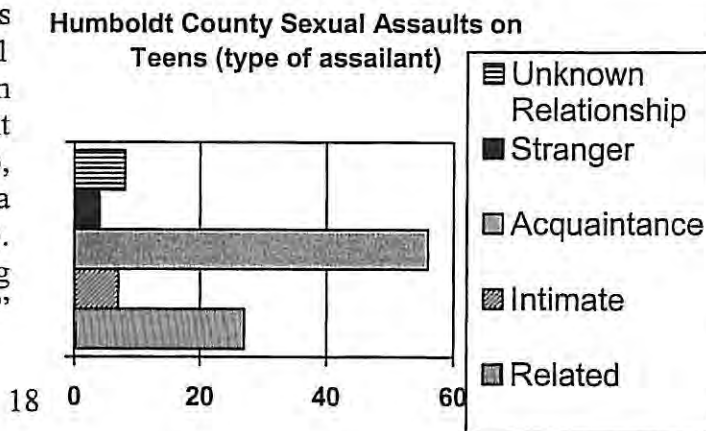
In the school year 1999-2000, there were 1,622 students enrolled in 12th grade in local public high schools. Of those, 1,369 graduated--85%. In the same school year the 9-12 grade drop-out rate was 3.2% as compared to a State rate of 2.8%.⁶⁶

Family and Dating Violence:

Family violence can occur in families with adolescents and have a lasting impact on the witnesses and victims. Men who have a family history of observing or experiencing abuse are more likely to inflict abuse, violence, and sexual aggression. The issue of dating violence begins to emerge as adolescents begin dating.

There is little data documenting the incidence of dating violence among adolescents. One teen at the 1998 Humboldt County Teen Dating Violence Prevention training made the following remark. "When two boys are fighting, the school administration expels the boys. You know, zero tolerance. When a boyfriend hits his girlfriend, nothing is done because they think they will only get back together."⁶⁷

Humboldt County's Rape Crisis Team reports that from October 1, 2000 to July 31, 2001 there were 102 reported sexual assaults on teens ages 12-17. In these cases the assailant was either related by blood or marriage (27), an intimate partner (7), an acquaintance (56), a stranger (4), or relationship not reported (8). Many of the "acquainted" were in dating relationships but not specifically "boyfriends."



For the group ages 18-25 there were a total of 109 sexual assaults, with the assailant relationship defined as related (23), intimates (9), acquainted (59), stranger (6), and not reported (12).⁶⁸

Mental Health Issues:

Research has shown that unrecognized or untreated mental and emotional health disorders increase young people's risk of school failure, dropout, alcohol and other drug use, HIV transmission and other difficulties.

Seven youths committed suicide in Humboldt County for the years 1991-2000.⁶⁹ From 1989-1999 fourteen 13-19 years olds in Humboldt County committed suicide. A history of depression, alcohol or other drug use, and aggressive or disruptive behaviors are the strongest risk factors for attempted suicide. Other risk factors include: adverse life events, family violence, firearm in the home, and incarceration. Over 64% of youth suicides nationwide involve firearms. Completed suicides are more common among males because they are more likely to use lethal methods. Suicide attempts are more common among females.⁷⁰

Nutrition and Physical Activity:

Within Humboldt County poor diet and physical inactivity are second only to tobacco as preventable causes of death among adults. Childhood and adolescence are critical times for development of healthy lifestyle habits. Obese adolescents face increased risks for many serious health problems, such as high blood cholesterol levels, abnormal glucose tolerance, and high blood pressure. These health risks are compounded by discrimination, psychological stress, poor body image, and low self-esteem.

The incidence of obesity has increased, affecting approximately one out of five adolescents, a two-fold increase over the past two decades.⁷¹ More than 80% of obese adolescents remain obese as adults, with even more severe consequences including heart disease, cancer and Type 2 diabetes.⁷²

Conclusion:

Every adolescent should have the confidence, character, competence, and connections they need to live a healthy and fulfilling life and contribute positively to society. The time of adolescence may be the last significant opportunity for us, as a society and community, to provide the necessary resources and eliminate the barriers that can turn our young people either onto a path of health and well being or to one of destructive and self-limiting behaviors. The more we provide developmental assets to adolescents, such as ongoing relationships with caring adults, safe places and structured activities, health care, and marketable skills through effective education, the less likely they are to engage in negative behaviors and the more likely they are to experience positive outcomes.

Adulthood—Ages 22-60

Adulthood is the most productive time in a human's life span. Adults are the major economic backbone of our community. However, it is also a time when health habits established earlier in life can develop into life-threatening illnesses or behaviors. There is a strong connection between income and health status that becomes apparent at this stage of life. Behavior during these years also lays the foundation of the quality of life for our senior years.

Alcohol, Methamphetamine, Heroin, Tobacco and Other Drug Use:

"The Impact of Alcohol and Illicit Drug Use in Humboldt County," published in December 1999, provides an in-depth look at the problem in our community. According to this report death, serious illness and injury affect at least a thousand people per year. Hospital discharges involving alcohol and other drugs alone affect 900. Many of the people killed or injured are the innocent victims of drunk drivers.

The rates in Humboldt County are higher than the statewide rate and the rate for either small or metropolitan rural counties in eight significant areas. These indicators are:

- Total deaths attributable to alcohol or other drug use
- Total injuries attributable to alcohol-involved accidents
- Alcohol and other drug misdemeanor arrests combined
- Alcohol and other drug related crimes committed at schools
- Juvenile arrests for drug or alcohol offenses
- Number of retail liquor outlets (on and off site sales). In the years 1990-1996, per 100,000 total population, Humboldt County had an average of 359 retail liquor outlets as compared to the State average at 216.⁷³
- Admission to treatment for alcohol use
- Admission to treatment for methamphetamine use⁷⁴

Methamphetamine use is of special concern in Humboldt County. Use of methamphetamine causes a variety of serious health issues, including raising blood pressure, dangerous heart rhythms, malnourishment, teeth loss, and skin problems. Those who inject the drug are at risk for hepatitis B and C and/or HIV/AIDS. Use is associated with psychological problems and can make mental health problems worse. Methamphetamine users are at higher risk of abusing their partners and abusing or neglecting their children.

According to the recently published **Methamphetamine Fact Book**, applying the California rate of methamphetamine use to Humboldt County, 1,200 people here use methamphetamine in any given month. Ninety-five percent of "dangerous drug" arrests are for methamphetamine. Excluding marijuana, methamphetamines constituted between 75% to 96% of the value of all drugs seized by the Drug Task Force in the last four years.

Sixty percent of residents in the women's shelter in Garberville in the year 2000 reported methamphetamine involvement in the family. In a random sample of 37 women served in the

past five years at Humboldt Women for Shelter in Eureka, 32% of cases involved methamphetamines use in the victim, abuser or both.⁷⁵

In the County misdemeanor alcohol and other drug offenses affect more than 3,000 people over the age of 18 every year. There are over 1,000 admissions to alcohol and other drug treatment programs each year and there are long waiting lists.

Tobacco use is a significant cause of death and illness in the County. In 1998, 21% of all deaths in the County were related to tobacco use. In most cases, a death due to tobacco-related disease means suffering a chronic illness and a substantial shortening of the life span than would otherwise be expected.⁷⁶ Smoking is the leading known cause of preventable death and disease in men and women.⁷⁷ Humboldt County is in a region (Northern and Central Mountain) with the highest prevalence of cigarette smoking for white females in California.⁷⁸

Communicable Diseases:

The California Department of Health Services states that 2.0% of all Californians are infected with Hepatitis C (HCV). The Humboldt County Department of Health and Human Services-Public Health Branch estimates that approximately 4% of Humboldt's population is currently infected with HCV. This is significantly higher than the estimate of the overall rate of infection in the state. In 1999, Humboldt County had the state's 8th highest crude case rate for hepatitis C. Humboldt's rate of 218.55 was much higher than the state rate of 104.04.⁷⁹ In 2000, there were 336 reported cases of chronic HCV in Humboldt County.

Criminal Activity:

The Office of the Attorney General State of California Department of Justice reports that Humboldt County had a higher crime rate than the statewide average. The FBI Crime Index shows that in 2000, Humboldt had a reported crime rate of 4,362 crimes per 100,000 population as compared to a statewide average of 3,712. The rate of violent crime in Humboldt County has decreased over the last four years from a rate of 577 (per 100,000 population) in 1997 to 334 in 2000. In 2000, Humboldt County's violent crime rate was significantly lower than the statewide average. The rate of forcible rape, however is consistently higher than the State's average. In 2000, the rate of forcible rape was 51/100,000 while the State's average was 28/100,000. Humboldt County also has much higher rate of burglary and larceny theft than the State.

Employee Productivity and Wellness:

Private businesses alone spend more than a quarter of a trillion dollars on health services each year. Employee productivity and wellness is of growing interest to the business community. Healthy employees incur fewer health-related costs, take fewer sick days, have better morale and are more productive. Unfortunately, our health as a people is on a decline. We're eating more, exercising less, experiencing more stress, sleeping less and gaining more weight. This affects every employer. Employers can make major contributions to improving health by offering work-site health promotion programs, which can increase comprehensive employee health.

The County of Humboldt has an aging work force. The average age of county employees is close to 50. A survey of the most prescribed prescription medications used by county employees showed the top three to be psychotropic drugs. County employees as a population also reflect the growing national trend toward becoming more overweight.⁸⁰

Family Violence:

Women who are victims of intimate partner violence (IPV) have greater annual health care costs than women who are not victims. As the consumption of alcohol by either the victim or batterer increases the rate of serious injuries associated with domestic violence also increases. Common consequences can include: chronic depression, suicidal thoughts and attempts, lowered self-esteem, alcohol and other drug abuse, and post-traumatic stress disorder and for some death.

Injuries:

A leading cause of death among adults in Humboldt County is injuries, especially injuries related to motor vehicle crashes. Humboldt County ranks 54th out of 58 counties for deaths due to unintentional injuries. In past years drowning, burns, and falls have also accounted for a significant number of deaths and injuries in our community.

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Mental Health:

Major depression is the leading cause of disability in the U.S. Also near the top of these rankings are manic-depressive illness, schizophrenia, and obsessive-compulsive disorder. Mental disorders also are tragic contributors to death with suicide representing one of the leading causes of death in the US.⁸¹ Humboldt had a death rate due to suicide from 1996-98 of 17.7 per 100,000 people. This is significantly higher than the state average for the same time period of 10.2 per 100,000 people.

Nearly one in five Americans are affected every year by mental and behavioral disorders, yet too often these illnesses are not talked about and not treated.

Domestic violence is a serious and startlingly common public health problem with mental health consequences for victims, who are overwhelmingly female, and for children who witness the violence. Victims of domestic violence are at increased risk for mental health problems and disorders as well as physical injury and death. The mental health consequences of domestic violence include depression, anxiety disorders (e.g., post-traumatic stress disorder), suicide, eating disorders, and substance abuse.

Nutrition and Physical Activity:

Obesity among adults continues to rise each year in the United States. Obesity is related to chronic health conditions such as diabetes, heart disease, cancer and cardiovascular disease.

The percentage of obese individuals in California rose from 10% in 1991 to 19% in 2000. Diabetes increased by 33% among adults during the 1990s, reflecting the surge in the obesity epidemic. The largest increase in obesity was found among whites, who had a 7% increase in obesity between 1998 and 1999. Researchers also found a 10% increase in obesity among individuals with some college education, compared to a 6% increase among those with a high school education.⁹²

The publication "Cardiovascular Disease Risk Factors among California Adults, 1984-1996" divides the State into ten regions. The Northern and Central Mountain Region includes Humboldt County. For the years 1994-96 the following results for several cardiovascular disease risk factors were identified for the Northern and Central Mountain Region.

- The highest prevalence of overweight for white females
- The third highest prevalence of overweight for white males
- The fourth highest prevalence of high blood pressure for white males
- The fifth highest prevalence of high blood pressure for white females
- The highest prevalence of physical inactivity for white females and white males⁹³

Poverty:

The poverty rate in Humboldt was 19% in the 2000 Census, higher than a decade ago, and higher than the California rate of 16%, which is higher than the national rate. Humboldt County's unemployment rate was 6.8%, as compared to the State's 5%.

Sexuality:

Sexually transmitted diseases (STD) are a hidden epidemic that result in tremendous health and economics cost to the community. The prevalence and consequences of STDs are both under-recognized and growing. Health care providers and clients are often reluctant to discuss sexual health because of the biological and social factors associated with STDs. Social stigma and lack of public awareness contribute to the fact that many infections go diagnosed and untreated. Routine screening for STDs is not widespread.⁹⁴

Despite major advances in the treatment of HIV disease, HIV remains one of the top 10 leading causes of death for people aged 25-54 in California as well as in the nation.⁹⁵ Humboldt County also has a significant problem with STDs. In 2000, there were 352 reported cases of chlamydia in the county, one of the highest reported rates of chlamydia in the State.

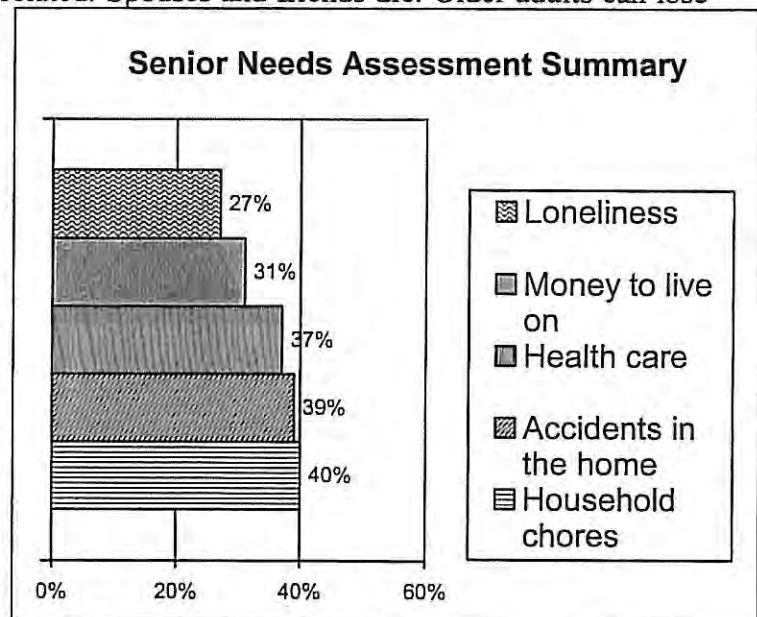
Conclusion:

People spend most of their lives as adults. If they are healthy mentally and physically, living and working in environments free from violence and alcohol and other drugs, with sufficient income to meet their needs, they can be the workers, volunteers, leaders and parents that all communities need to thrive and grow. Poverty, substance abuse, physical or mental illness and violence can turn this potential into a huge community burden.

Seniors—Age 60+

Persons age 65 and older constitute the fastest growing segment of the American population. Older adults are at a time in their life where they can enjoy the benefits of years of hard work and experience. They are a valuable part of our community, being the holders of the community experience, wisdom, values and knowledge. Older adults add generational richness to family and community life. Sixteen percent of Humboldt's population is 60 years old or older. The largest growing population of seniors are 75 years and older. The biggest issues for seniors are quality of life and quality of care. This is also a time in life where past decisions about behavior may result in serious health consequences. Leading causes of death in this age group are heart disease and cancer. Some of the major concerns that face older adults are isolation, loneliness, and depression. These issues can be very interrelated. Spouses and friends die. Older adults can lose their mobility. These factors can increase isolation and in turn can increase loneliness and depression.

Senior Needs Assessment Survey Summary Report 2001 by Area 1 Agency on Aging, found five needs/concerns reported by Seniors: help with household chores (40%), accidents in the home (39%), health care (37%), money to live on (31%), and loneliness (27%). Most concerns about accidents in the home were related to falling in the home due to health problems, lack of balance and agility, trouble walking, recent falls, and poor vision.



Alcohol, Methamphetamine, Heroin, Tobacco, and Other Drug Use:

Surveys suggest that the elderly consume less alcohol and have fewer alcohol-related problems than younger people. However, hospital staffs have been shown to be significantly less likely to recognize alcoholism in an older patient than in a younger patient.⁹⁷ Alcohol-related consequences of heavy drinking can be mistaken for medical or psychiatric conditions common among the elderly, including depression, insomnia, poor nutrition and frequent falls. Therefore,

alcohol problems among the elderly may go undiagnosed and untreated or may be treated inappropriately.

It is believed that older people are less likely to abuse substances, except perhaps prescription psychoactive medications. Abuse of street drugs is very rare among the elderly; thus the “drug of choice” for seniors is alcohol. One study found that alcohol abusers in their 50s and 60s had a mortality rate nearly three times higher than expected. Alcoholism in late life tends to be associated with solitary drinking and may represent attempts to cope with loneliness, anxiety, or pain. Elders can and do use prescription psychoactive medications for problems such as pain or insomnia. Although seniors are less than 15% of the population, they receive 60% of the psychoactive prescriptions. Nearly 25% of community-dwelling elderly persons are using some sort of psychoactive drug. There are no good statistics on the rate of substance abuse by seniors.⁹⁸

Heart disease, cancer and stroke are the major causes of death for people over the age of 65.⁹⁹ Smoking cessation at this age can have a very positive effect on a person’s health. Many of smoking’s negative health effects including reduced lung function, increase risk of heart attacks and strokes and reduced circulation can be substantially decreased within a few months after stopping.

Caregiving:

Approximately 12.8 million Americans need help with everyday activities, of these 57% are seniors and about 40% are adults with disabilities. Advances in technology and medicine have not only resulted generally in people living longer, but in making it possible for people with disabilities to live independently in the community with assistance. Assistance is the key to making independent living possible for many people, young or aged, who have a strong desire for independence and control over their own life.

It has been repeatedly demonstrated that the costs associated with providing supportive assistance to allow a person to live in their own home are substantially lower than housing and caring for someone in an institution. Communities must take the lead in encouraging and supporting the development of such supportive services, including supporting family caregivers and training people to be professional caregivers.

Wives, mothers and daughters have traditionally assumed the role of caregiving for family members. One in four American households are now looking after family members over the age of fifty who have a disability or are frail. Each month, these families spend a total of \$1.5 billion of their own money on the care of relatives and friends. With an aging population, it is not uncommon for people to be raising their children and caring for an aging parent or relative at the same time. The value of such unpaid care has been put at \$196 billion annually, making caregivers the largest unpaid labor force in our country.

According to a survey by Family Circle and the Kaiser Family Foundation, more than half (55%) of adult children who have a parent 65 years of age or older say their parent has a physical or mental health problem, or both. Forty-two percent say they visit at least once a week and 17%

shop or run other errands on a routine basis. Thirty-seven percent report that they are worried about how to juggle caregiving with their other responsibilities and are worried about maintaining their own health. Thirty-four percent of women and 24% of men say they have missed work as a result of caring for an aging parent.

Elder Abuse:

Unfortunately, abuse of elders occurs just as child abuse does. During the months May-July 2001 Humboldt County's Adult Protective Services received a total of 115 reports of alleged abuse. Some of these reports were for self-neglect (such as neglecting personal hygiene, clothing, shelter, inadequate nutrition, or failure to protect oneself from harm) and some for abuse perpetrated by others. Of abuse perpetrated by others that was confirmed by investigation, most was related to financial abuse.¹⁰⁰

Mental Health:

Depression is strikingly prevalent among older people. Up to 20% of older adults in the community and up to 37% in primary care settings experience symptoms of depression. Depression is a foremost risk factor for suicide in older adults. Despite the prevalence of depression and the risk it confers for suicide, depression is neither well recognized nor treated in primary care settings. Depression also contributes to excess disability by hastening functional impairment in patients with Alzheimer's disease. The fast pace of modern life, with its emphasis on independence, also contributes to excess disability by making it more difficult for older adults with impairments to function autonomously.¹⁰¹

Prevention in mental health has been seen until recently as an area limited to childhood and adolescence. Now there is mounting awareness of the value of prevention in the older population.

Nutrition and Physical Activity:

Economics plays a key role in assuring that older adults eat a healthy diet. Many older adults have to choose between paying for prescription drugs, energy costs and food. Like other people, many older adults do not eat enough fruits and vegetables and do not have enough variety in their diet. Like all Americans, older adults are also becoming more obese. Poor diet and lack of physical activity results in older adults gaining more weight than is healthy for them.

Poverty:

The Humboldt County Department of Health and Human Services-Social Services Branch states that many seniors who are eligible are not accessing the Food Stamp Program for a variety of reasons including the perceived stigma of using stamps to buy food. Statewide only 5% of the households using food stamps are elderly.¹⁰²

Statewide only 5% of the households using food stamps are elderly.

Senior Health Problems:

The top five chronic conditions reported by Humboldt County seniors in 1999-2000 were cardiovascular disease (49%), arthritis (41%), respiratory (29%), cataracts (27%), and hypertension (25%). Twenty-four percent (24%) of clients age 74 or less reported six or more chronic conditions, compared to 27% in the State. Thirty-one percent (31%) of clients age 75 or more reported six or more chronic conditions, compared to 40% in the State. High-risk clients were those who were low income (52%), over 75 years old (50%), living alone (47%) or had more than six chronic conditions (28%).¹⁰⁸

Conclusion:

With the numbers of older adults increasing faster than any other group, it is critical that their needs be addressed. Crucial to this task is ensuring that older adults have sufficient income to meet their needs; that those who interact with them are trained to recognize potential health and mental health issues; that there are adequate resources in the community to address any identified needs; and that there are adequate opportunities for older adult inclusion and participation in community life.

Summary

Looking across the life span, we see that there are many potential threats to the health and well being of Humboldt County residents. Alcohol, tobacco and other drug use; child abuse; living in poverty; family violence; injuries; lack of good nutrition and physical activity—all of these factors can negatively affect people's lives. The effects of some of these factors last a lifetime, causing suffering not only for the individuals experiencing them, but also for the communities in which they live.

Risk Factors

Three broad, major risk factors that contribute to potential negative consequences for some children and adults stand out from the needs assessment. These risk factors are:

- Alcohol, methamphetamine, heroin, tobacco and other drug use
- Family violence and dysfunction
- Poverty, homelessness, joblessness, and underemployment

These risk factors and their potential consequences are often intertwined so closely that it is difficult, if not impossible, to state with any certainty what “caused” what or which came first. Was it family violence that led to alcohol and other drug use, or did alcohol and other drug use lead to family violence? Or was it poverty that started the cycle, or the loss of a job? Whether a child or adult experiences one or more of these risk factors can make a significant difference in the quality of her or his life. The following provides a guideline for analyzing the identified problem areas.

Alcohol, Methamphetamine, Heroin, Tobacco and Other Drug Use:

The abuse of alcohol, methamphetamine, heroin, tobacco and other drugs places an enormous burden on society. Alcohol, tobacco and other drug abuse harm family life, the economy, and public safety. It gives many of our children and youth a poor start in life. Although no population group is immune to substance abuse and its effects, families in the lower socio-economic strata suffer disproportionately. The root causes of substance abuse are complex.

Substance abuse can have an impact from earliest infancy through old age. Some infants are born already compromised through exposure to substances consumed by their mothers during pregnancy. Prenatal exposure to alcohol, tobacco or other drugs during pregnancy is linked to psychological, learning and physical problems in children. For example, more than 2,000 infants are born every year in the United States with fetal alcohol syndrome, a leading preventable cause of birth defects and developmental disabilities caused by drinking alcohol during pregnancy and other factors.¹⁰⁹

Substance abuse has also been documented in numerous studies showing the relationship of alcohol/drug use to crime and violence. According to the July 2001 report “Community Indicators of Alcohol and Drug Abuse Risk” for Humboldt County, in 1999 there were 762 adults arrested for drug violations and 1,484 adults arrested for alcohol violations. During this same year there were 234 juveniles arrested for alcohol and drug offenses.

The literature on prevention has identified four major areas of risk for substance abuse and related problems:

- Community factors, such as:
 - the availability of substances

- policies that encourage or fail to discourage substance use—for example, tolerance of sales of tobacco and alcohol to minors
- poverty/lack of empowerment
- social disorganization - strongly related to poverty and lack of empowerment
- high rates of transition and mobility
- Family factors, such as:
 - family history of substance abuse
 - marital discord
 - economic deprivation
 - poor family management (discipline, and problem-solving skills)
- School factors, such as:
 - academic failure
 - low school involvement
 - disorderly school behavior
- Individual/peer factors, such as:
 - early onset of alcohol/tobacco/other drugs experimentation
 - friends who use alcohol/tobacco/other drugs
 - peer rejection
 - youth related behavioral problems (e.g. teen pregnancy, violence, aggression, increased levels of impulsivity/hostility)
 - alienation
 - favorable attitudes toward alcohol/tobacco/other drug use

These risk factors can vary according to an individual's age, psychosocial development, ethnic/cultural identity, and environment.

The scientific evidence is clear: alcohol, methamphetamine, heroin, tobacco and other drugs are addictive substances. People who are at risk have difficulty in avoiding and escaping dependency. Harmful substances are often used as a coping mechanism for people overwhelmed with daily stresses, or as a form of self-medication for people with emotional issues. The abuse of alcohol, methamphetamine, heroin, tobacco and other drugs is a preventable health problem. Much of the risk associated with such abuse could be reduced (or eliminated) by changing individual and community norms. Prevention education, intervention, and treatment must be readily available to everyone, not just those who suffer from substance abuse addictions.

Often addiction is seen as a root problem needing to be corrected rather than seeing it as self-medicating or coping mechanisms for underlying conditions and problems as described above. Dealing with daily stresses and challenges is a normal part of life. However, there is a continuum of coping skills that exist, from highly useful skills to destructive ones. Choice of coping mechanisms is often determined by one's sense of achievement and ability to affect change. Some coping mechanisms may seem to be initially helpful (methamphetamine use by overburdened mothers) before the serious negative consequences of addiction are present.

Family Violence and Dysfunction Exposure:

The Adverse Childhood Experiences (ACE) Study, conducted with a group of middle-aged, middle class Americans, found a strong relationship between the breadth of exposure to abuse or household dysfunction during childhood and multiple risk factors for several of the leading causes of death in adults. Some of these causes of death are some types of heart disease, cancer, chronic lung disease, skeletal fractures, and liver disease. In addition, those exposed to such abuse or dysfunction experienced increased health risks for alcoholism and other drug abuse, depression, suicide attempts, smoking, poor self-rated health, sexually transmitted disease, physical inactivity and severe obesity.¹¹⁰ The ACE Study reveals a powerful relationship between our emotional experiences as children and our adult physical and emotional health and mortality. The study also makes it clear that time does not heal some of the negative experiences. "One doesn't 'just get over' some things."¹¹¹

The study found that adverse childhood experiences are more common than acknowledged and that they had a powerful correlation to adult health fifty years later. The ACE Study compared the current adult health status to seven categories of negative childhood experience. Three categories were focused on personal abuse:

- recurrent physical abuse,
- recurrent emotional abuse,
- sexual abuse

Four were categories of household dysfunction, where the person grew up in a household:

- with an alcoholic or a drug user;
- where someone was imprisoned;
- where someone was chronically depressed, mentally ill, or suicidal;
- where the mother was treated violently

One in four adults in the study were exposed to two categories of the abuse experience. One in sixteen adults were exposed to four categories of the abuse experience. Given an exposure to one category of abuse, there is an 80% chance of exposure to another category of abuse. The risks do not occur in isolation—a child does not grow up with an alcoholic or in a home with domestic violence in an otherwise ideal household.¹¹²

The Centers for Disease Control, National Center for Injury Prevention and Control, provides excellent statistics and information regarding the childhood effects of family violence. Some of the highlights of this data are:

- Each additional act of violence toward a spouse increases the probability of the violent spouse also being abusive to the child.
- Men who have a family history of observing or experiencing abuse are more likely to inflict abuse, violence, and sexual aggression.
- Each year more than ten million American children witness violence within their families.

- Witnessing violence is stressful and it is a risk factor for long-term physical and mental health problems such as alcohol and substance abuse, child abuse, and intimate partner violence.¹¹³

Exposure to traumatic acts of aggression and violence as a child almost guarantees that children will develop unhealthy patterns of learning, social and imitative skills. Between 60%-80% of the witnesses/victims of serious violence will develop post-traumatic reactions or even full-blown Post-Traumatic Stress Disorder (PTSD). Categories of acute or chronic human violence include assault, homicide witness, rape, and physical or sexual abuse. Early trauma affects brain development, interfering with concrete thinking ability, comfort in social situations, language development, comfort with praise by others, and trust of others. Chronic trauma can result in distorted thinking, aggression, language delays, and predatory behaviors.¹¹⁴

Poverty, Homelessness, Joblessness and Underemployment:

A March 2001 publication, "The Future of Work and Health" identifies key relevant themes relating to poverty.

1. Getting left behind by a changing economy. The past five years have brought progress in reducing unemployment and poverty rates and in raising real wages for some residents. However, these wage gains come after two decades of wage stagnation and leave many families at or just above the poverty level.
2. A widening of income inequality. A relatively new body of research demonstrates that wide gaps between rich and poor, even in relatively affluent societies, are associated with poor health. The evidence of the mid 1990s was that income inequality in California was large and growing.
3. Changing work arrangements. Over the past three decades there have been many changes in work arrangements from rapid growth in the share of women who work, to changes in access to benefit and training programs, to a wider array of work schedules and new employer-employee contractual arrangements. These changes have placed new pressures on families to combine work and family responsibilities and created new insecurities about "social contract" issues like benefits, childcare and opportunities for career advancement.

Social stratification and inequality influence the experiences of daily life through the intermediary structures of poverty, segregation, and prejudice. These structures determine how much access individuals have to resources, power, autonomy, and status, and influence the types of stressors that individuals experience, their interpretations of those stressors, and the resources they have to cope with them.¹¹⁵

Numerous studies in many countries show that people with the highest poverty rates suffer the worse health problems. In other words, people who are poor have higher rates in all disease categories, including heart disease, stroke, cancer (smoking and non-smoking related), injury-related deaths and suicide. Some of the reasons may be related to fetal and early childhood

nutrition, access to adequate housing and other basic services, but some of it is also related to education, early experiences with success, and personal opportunities.

Conclusion:

We know that some people are able to thrive in adulthood in spite of severe adverse experiences in childhood, and have either learned or otherwise acquired protective strengths that allow them to overcome these obstacles and lead healthy, successful lives. The next section looks at factors that can be acquired or learned, or provided in the environment that may prevent an individual from entering the negative cycles previously described.

Protective Factors

Introduction

Just as there are risk factors for individuals, families and communities, there are also protective factors. Protective factors are forces that tend to move people in the direction of health, safety and dignity as well as protect them from the negative events and stressors in their lives. Access to adequate food, clothing and shelter are the most basic of the protective factors. In providing services and supports we need always to be mindful of Maslow's Hierarchy of Need--until the "basic needs" of adequate food, clothing and shelter are met, people cannot address the "higher needs" of meeting their full potential.

In addition, just as the presence of the three broad, major risk factors discussed in the prior chapter can contribute to negative consequences, so can the absence of these risks serve as protective factors. Thus:

- Living in a healthy, environment free of violence is protective
- Living in a smoke-free, addiction-free home is protective
- Being employed and having an adequate income is protective

Following is a brief listing of some of the other protective factors that can help people have satisfactory lives in spite of adverse conditions.

Income

The importance of having an adequate income cannot be overemphasized. Having adequate income means having jobs, for most people, and these jobs need to pay a living wage--enough so people can address at least their basic needs of food, clothing and shelter. The more income people have the greater their ability to meet their "higher needs" and to purchase the services that may not be available through social support. Access to some of the other protective factors are, in fact, determined by income.

Support for Low Income Families. According to the report "The Future of Work and Health," there are three key strategies for helping low income, rural families.

1. Economic Growth – Without sustained productivity growth and low unemployment, substantial gains in real wages and income are not possible. Though federal macroeconomic policies seem far away and out of our control, they are, nevertheless, crucial to making continued progress for all workers and especially for low wage workers.
2. Income Support Policies –Everyone will not be able to get high wage jobs even with bold new education and training programs. Income support policies like the minimum

wage, health insurance, Earned Income Tax Credits and subsidies for health care and childcare will continue to be needed to reduce the impact of poverty.

3. Workforce Investment – In the decade ahead the focus of workforce investment policy must shift from a primary emphasis on basic employment to career advancement. People need meaningful work that pays a living wage with adequate benefits.

Health

Good Nutrition and Physical Activity. Nutrition during fetal development and early childhood has a lifelong impact on physical and intellectual development and capacity. People today are generally taller and have higher IQs than a century ago primarily because of good nutrition. Nutrition and physical activity throughout the lifespan are important factors for determining rates of obesity, and can either contribute to or protect from heart disease, cancer and many other chronic illnesses. Worksite health promotion programs can improve worker well-being and productivity. Adults and seniors suffer the consequences of lifelong poor nutrition and lack of physical exercise such as heart disease, cancer, diabetes, poor mobility and many others, including depression.

Good nutrition depends, in large part, upon having sufficient income to purchase healthy foods.

Safe Housing and Living Environments. Improvements in the safety features of homes (lead-free paint, fire alarms), schools (earthquake standards, playground surfaces and equipment standards), and vehicles (restraints, traffic laws) protect people from injury and death. There are many prevention levels on which both passive and active protective features can improve the safety of a community in terms of clean air and water, smoke free policies and crime limited neighborhoods. Again, access to safe housing and living environments depends, in large part, upon having sufficient income to live in a safe home, in a good neighborhood with good schools, far from toxic or hazardous sites.

Access to Immunizations and other Disease Prevention Measures.

Basic, inexpensive measures exist to protect us from both common and more rare, but serious diseases. Some of these measures actually prevent a disease, and some screen for early detection of the disease, giving the opportunity to treat it with early, less costly interventions. The cost benefit ratio for these activities is high. In order for people to benefit from these basic services they must be assured of adequate health insurance and access to competent medical providers. Again, this access is often determined by income.

Social Support

People who live in environments where they feel supported by family, church members, neighbors or other people lead healthier, more fulfilling lives. The quality of life for senior citizens is highly influenced by the degree of connection that they have to intimate partners, friends, groups and associations. Some people are able to “buy” many of these “services” if they

do not naturally exist. For example, if extended family does not live nearby, they can hire a qualified “nanny” or take their child to quality childcare.

Communities can also improve social support through friendly, welcoming community centers and programs that encourage community members to get together and become friends. Ensuring that treatment for depression, other mental illnesses and alcohol and other drug treatment is available also promotes social interaction. To the degree that people support one another, there is less need for high cost professional services. Varying types of support can occur in the form of home-based services, access to social and community groups, welcoming neighborhood centers, faith groups and service activities.

Communities that are Inclusive and Culturally Diverse. Communities that are healthy invite participation by and membership for all residents, and value the unique contributions of each sub-group. Community members are valued and encouraged to take responsibility in projects and activities when community leaders demonstrate a “cultural sensitivity” that allows them to acknowledge and accept different ways of doing things without having a first hand knowledge of other cultures. They are able to value and work with diversity.

Individual Skills

Competence, Social Skills and Assertiveness. People need strong, healthy internal perceptions and the skills to be socially competent. Critical conditions include (Hawkins and Weis):

- Cognitive, affective and behavioral skills to succeed
- Multiple opportunities for meaningful, positive involvement
- Reinforcement for competent behavioral performances

Critical Thinking Skills or Problem-solving Skills. Research suggests that teaching critical thinking skills is more important for people than learning the specific content of a subject (Bernard).

Internal Locus of Control. People who have more control over their lives are healthier both physically and mentally. People who have control over their work, money, children, families, and communities see the positive impacts of their own behavior and are healthier for it. Children also need to experience the impact of their behavior on the world around them.

Resiliency and Self-Efficacy. Despite life’s stresses, people find confidence that their internal and external environment is predictable, that life has meaning, and that things will work out as reasonably well as can be expected (Werner, Hawkins, Bernard). This outlook on life can be achieved by:

- Having the opportunity for active involvement in family, community, school, and other social arenas
- Teaching and learning skills for success and positive participation

- Providing reinforcement for attitudes and behaviors, with the focus on positive instead of negative reinforcement

Conclusion

Protective factors are critical elements that contribute to the health and well being of individuals, families and communities. Providing supports, activities, and services that increase protective factors for these groups can reduce the negative impacts of family violence and dysfunction, alcohol, tobacco and other drug use, and poverty, homelessness, joblessness, and underemployment.

GOALS

1. Reduce poverty, unemployment and under employment.
Priority areas are:
 - A. Food stamps promotion, education and outreach.
 - B. Promote career education and training.
 - C. Promote access to health care.
 - D. Promote life long learning.
2. Prevent and reduce family violence and dysfunction.
Priority areas are:
 - A. Prevent and reduce child/elder neglect and abuse.
 - B. Prevent and reduce domestic violence.
 - C. Prevent and reduce dating violence and rape.
 - D. Encourage healthy media images.
3. Prevent and reduce alcohol, methamphetamine, heroin, tobacco and other drug addictions.
Priority areas are:
 - A. Prevent and reduce youth access to and interest in alcohol, methamphetamine, heroin, tobacco and other drugs.
 - B. Improve public policy addressing alcohol, methamphetamine, heroin, tobacco and other drug use.
 - C. Increase student awareness and perception of media involvement in targeting youth as future consumers;
 - D. Educate families about their responsibility to decrease children's involvement in alcohol, methamphetamine, heroin, tobacco, and other drugs.
 - E. Perinatal substance abuse prevention.
 - F. Support the recommendations in the Impact of Tobacco Report.
4. Improve community health status.
Priority areas are:
 - A. Oral health.
 - B. Increase the community's level of physical activity.
 - C. Improve the nutritional habits of the community.
 - D. Prevent and reduce injuries.
 - E. Prevent and reduce communicable diseases, including sexually transmitted diseases.
 - F. Increase adequate prenatal care.
 - H. Employee productivity and wellness.
5. Improve community mental health status
Priority areas are:
 - A. Prevent and reduce suicide deaths.
 - B. Reduce the number of people living with untreated depression.
 - C. Reduce the number of people living with untreated dual diagnosis.
 - D. Reduce the stigma of mental illness.

6. Prevent and reduce criminal activity.

Priority areas are:

- A. Early identification of the factors that increase the risk of delinquency and criminal activity.
- B. Strengthen protective/resiliency factors as a way of reducing risks.

7. Improve environmental quality.

Priority areas are:

- A. Promote food safety.
- B. Improve water quality.
- C. Assure safe housing.
- D. Reduce solid waste and hazardous waste generation.
- E. Improve indoor air quality.
- F. Maintain the safety of recreational areas.

CONSOLIDATED PREVENTION ACTIVITIES FUNDING MAP

Title	Description	Target Population	Annual Funding Primary	Annual Funding Secondary	Not Flex	Flex w/in Prog. Guides.	Source	Matching	Level
DEPARTMENT HEALTH & HUMAN SERVICES									
MENTAL HEALTH BRANCH	Early Years Mental Health Program			\$ 50,000.00 \$ 62,000.00 \$ 10,000.00			State Prop 10 Northcoast		2 2
	Community Based Counseling			\$ 29,634.00			Children Service Federal		3
PUBLIC HEALTH BRANCH									
Health Education									
402 E&P AIDS	HIV Prevention	High risk Individuals		\$ 97,200	X		Fed/State		2&3
412 Tobacco	Tobacco Use Prevent	Community	\$ 135,000	\$ 15,000		X	State		2
414 Gen. Health Ed	General Health	Community	\$ 468,112			X	Real/314D	MAA 50-75% 01-02	2
434 Master Settlement	Tobacco Use Prevent	Community	\$ 20,000			X	County		2
436 Pro. LEAN	Physical Act. & Nutrition	Youth and low income	\$ 83,404			X	Fed/State		2&3
441 HIV Prevention	County to HR people	High risk Individuals		\$ 32,500	X		USDA Match		
442 HIV Street Outreach	HIV testing street	High risk Individuals		\$ 67,158	X		Fed/State		3
443 HIV Youth	HIV Pr Youth RAVEN	Street Youth		\$ 200,000	X		Fed/State	MAA 50% 01-02	2
445 HIV Women	HIV Pr. Women	High risk women & part		\$ 65,000	X		Fed/State	MAA 50% 01-02	3
446 HIV AM. Indian	HIV Prev. Am Ind UIHS	Am. Indians	\$ 150,000		X		Fed/State		2
488 Domestic Vio. Prv	Domestic Viol. Prev.	Community	\$ 182,000		X		Fed/State		3
							Fed/State/Prop 10		2&3
AOD Services									
SAPT Substance Abuse Prevent & Treat Funds	Pri. Prevention 6 Str: 1. Inform Dissem. 2. Education 3 Alternatives 4 Prob ID and Refer 5. Comm. Based Process 6 Environmental	Community	\$ 219,373			X			3
Friday Night Live (FNL)	Pri. Prevention Same as SAPT but focus on education, alternatives & Community based pro.	14-18 years old	\$ 3,000		X				3

CONSOLIDATED PREVENTION ACTIVITIES FUNDING MAP

Title	Description	Target Population	Annual Funding Primary	Annual Funding Secondary	Not Flex	Flex w/in Prog. Guides.	Source	Matching	Level
	(teen leadership institutes, peer clubs & cross age tutoring)								
Club Live (CL)	Same as FNL	12 to 13 years old	\$ 3,000		X				3
Safe & Drug Free Schools & Comm.	Same as SAPT focus on Ed (in school)	12 to 18 years old	\$ 20,816		X				3
Seymour Funds (Trust Funds from fines)	Pri. & Sec treatment	Community	~\$6,145	~\$12,475		X			2
Fees	Must be used on same activity for which is was collected eg sub series	Community	\$ 9,238			X			2
406-EH Unit									
Food Facility Compliance	Food Facility Regulation	All consumers	\$ 258,846				Fees/ Realignment		2&3
Land Use	Septic Permits, Construction and Subdivision Project Reviews	Consumers and Users of water and recreational areas	\$ 301,987				Fees/ Realignment		2&3
NSSDS Monitoring	Monitoring of Nonstandard Sewage Disposal Systems	Consumers and Users of water and recreational areas	\$ 32,730				Fees/ Realignment		2&3
Water Systems	Inspection of Water Systems	Consumers of drinking water	\$ 45,000				Realignment		2&3
Vector Control	Education and assistance in reduction of vectors such as rodents	Residents	\$ 60,000				Realignment		2
Pool Regulation	Inspection and regulation of pools and spas	All Consumers	\$ 20,000				Fees/ Realignment		2&3
Rabies	Education and control of rabies	All Consumers	\$ 20,000				Realignment		2

CONSOLIDATED PREVENTION ACTIVITIES FUNDING MAP

Title	Description	Target Population	Annual Funding Primary	Annual Funding Secondary	Not Flex	Flex w/in Prog. Guides.	Source	Matching	Level
411-CUPA	Regulation and inspection of hazardous materials facilities including underground storage tanks and acutely hazardous materials storage facilities	Residents within zone of influence of facilities and consumers of recreational waters and drinking water.	\$ 526,869				Fees		3
430-Integrated Waste									
HHW	Education and collection of household hazardous waste	All Residents	\$ 222,799				Fees/Grants		3
Oil Grant	Education and establishment of waste oil and waste antifreeze collection facilities	All consumers, do-it yourself oil changes	\$ 89,500				State Grant		3
LEA	Regulation of solid waste disposal facilities, investigation of illegal handling and disposal of garbage	All Residents	\$ 173,705				Fees/Grants		3
Source Reduction	Education and identification of alternatives to generation and disposal of solid waste	All Residents	\$ 326,745				Fees/Grants		3
Mercury Reduction	Education and collection of mercury containing household and medical products	All Residents	\$ 10,000				Grant		3
WIC									
415 WIC	Nutrition	Children pregnant women	\$ 400,000		X		Federal		3
	Breast feeding support	preg. Woman & new moms	\$ 23,600				Prop.10		2
	Oral health promotion	infants & children	\$ 8,000				Wellness foun.		2

CONSOLIDATED PREVENTION ACTIVITIES FUNDING MAP

Title	Description	Target Population	Annual Funding Primary	Annual Funding Secondary	Not Flex	Flex w/in Prog. Guides.	Source	Matching	Level
MCAH									
CHDP	well child exam admin	0-18 years, income eligible	\$ 200,000				Fed/State	Title XIX	2&3
Injury Prevention	MVA & other	0-adults	\$ 85,000		X		Fed/State	Title XIX	2&3
Dental Care PH	Dental Activities	0-18 yrs esp. 0-5	\$ 82,000	\$ 50,000		X	Foundation	SPMP	2
								50-75%	
MCAH								All	2&3
FIMR	Infant death review	0-1 year	\$ 412,400		X		Fed/State	MCAH	
CDR	Child death review	1-18 years			X		Fed/State	Programs	
Prenatal care	access to care for				X		Fed/State		
Guidance	high risk , income eligible pregnant women								
	Home visitation collab.	0-5 years				X	Fed/State		
HHF	for stakeholder agencies								
Child Care Health	liaison with child care to improve child health 0-5	0-5 years	\$ 65,000		X		Prop 10		2
Public Health Nursing									
404 Adolescent Family Life/TAPPN	case management for pregnant and parenting teens & siblings, subs HCCC	teen parents 18 & younger, services to the age of 20	\$ 40,280	\$ 158,029	X		State	FFP	2
							State	T-19 02-03	2
405 MVIP	case management to medically fragile infants	sev. Med at risk infant from neonatal inten. care unit & who meet		\$ 88,679	X		State	Title XIX	2
				\$ 36,321			Realign	TCM	2
408 Alternative Response Team (ART)	early intervention/case management for 0-5 at risk for abuse/neglect	medical criteria at risk child. 0-5 referred from CWS gen neglect		\$ 594,766				Title XIX	2
								TCM	
409 HIV testing	countywide HIV testing and counseling	12+ years old		\$ 119,319	X		State		3
416 Public Health Nursing Field Services	all communicable disease control, High Risk Maternal Child Health, home visitation, medical case mgmt..	Community	\$ 1,484,196		X		realign	TCM	2
								Title XIX	
								2002-03	
417 Preventive	health screening clinics	55+ and non-frail	\$ 11,600	\$ 46,400	X		required 50%	TCM	2

CONSOLIDATED PREVENTION ACTIVITIES FUNDING MAP

Title	Description	Target Population	Annual Funding Primary	Annual Funding Secondary	Not Flex	Flex w/in Prog. Guides.	Source	Matching	Level
Health for the Aging	countywide ages 55 above	comm. dwelling and able to make own decisions					county match	Title XIX	
		re medical care					realignment	2002-03	
422 Clinic Services	clinic services countywide	Community	\$ 93,624	\$ 187,249		X	Bill for services		2
	STD, immunization(adult, abd children, foreign travel, TB testing, women's health Willow Creek						F Pact		
							Medi-Cal		
							realign		
428 Immunization Program	coordination of children's immunizations countywide	children to college age		\$ 102,000	X	X	realign		2
	activities are primary, secondary and tertiary						fees		
435 PH Laboratory	Lab services: water testing food safety, milk testing, disease testing	community and high risk people	\$ 283,908	\$ 662,451		X	Medi-Cal		2&3
							Ins. , FPACT		
							state		
431 Healthy Moms	Early intervention services for at risk children 0-5	at risk children 0-5		\$ 91,305		X	state		3
							fees		
PH Other									
440 PH Planning and Support	Epi, disaster planning nutrition	Community	\$ 320,787			X		USDA Match	2&3
407 Childhood Lead Poisoning Prevention	Health ed, PH case man.	Providers, child at risk	\$ 37,200	\$ 18,600	X		State		3
Alcohol and Other Death Review	Reviews deaths from alcohol and other drug use	Community	\$ 10,000				CMSP		2
							Cal Endowment		
Community Health Outreach Worker	Case management for AOD clients on release from jail	Adults with AOD issues being released from jail	\$ 80,000				CMSP		2
Case Management Program							Cal Endowment		

CONSOLIDATED PREVENTION ACTIVITIES FUNDING MAP

Title	Description	Target Population	Annual Funding Primary	Annual Funding Secondary	Not Flex	Flex w/in Prog. Guides.	Source	Matching	Level
SOCIAL SERVICES BRANCH									
Cal work incentives		at risk children	~\$100,000	~\$300,000					
Healthy Families Insurance	0-19	25% to 200% of poverty 250% poverty	\$ -	\$ -	X				
Cal-Learn	Schooling for Teen Parents	Pregnant/Parenting Youth under 19 w/o GED		\$ 129,000		X	Fed/State		
Child Care	Provides \$ for Child Care	WtW Recipients		\$ 1,032,299		X	Fed/State		
WtW	Provides training/job search/counseling	WtW Recipients		\$ 4,517,826		X	Fed/State		
Car Loan Program		WtW Recipients		\$ 100,000		X	Incentive		
Diversion Funds	One Time Cash	Cal/Works Recipients		\$ 2,810				2.50%	
Incentive Funds	Deposits for Rent/Utilities Funds for Purchase of Work Clothes			\$ 15,000		X	Fed/State		
Special Circumstance Program	Provides Funds for Home Repairs/Applicances	SSI/SSP/IHSS/Aged		\$ 38,212		X	State		
Independent Living Skills	Educational/Vocational Counseling Basic Living Skills	Youth Transitioning From Foster Care		\$ 229,925		X	Fed/State		
Alternative Response Team	Voluntary In-home Services	Children at Risk of Abuse or Neglect		\$ 500,000		X	Fed/State	15%	
Food Stamps	Providing a Food Source	NAFS		\$ 1,675,000		X	Fed/State County	15%	
Homeless Assistance	Providing Shelter	Homeless		\$ 1,000,000		X	County		
Medi-Cal	Providing Medical Insurance	People with medical needs		\$ 3,561,000		X	Fed/State		

CONSOLIDATED PREVENTION ACTIVITIES FUNDING MAP

Title	Description	Target Population	Annual Funding Primary	Annual Funding Secondary	Not Flex	Flex w/in Prog. Guides.	Source	Matching	Level
Employment and Training	Youth Program	Disadvantage youth 14-21 years old		\$ 300,000		X	WIA		3
	Career ed. & training	Adults and dislocated workers		\$ 925,000		X	WIA		3
PROBATION DEPARTMENT									
202 CPA 2000	Delinquency Prevention	At risk youth & families		\$ 528,466		X	State	Title IV-E Title XIX	2
Totals			\$ 5,191,124	\$ 19,115,110					
KEY									
MAA Medi-Cal Administrative Activities									
TCM Targeted Case Management									
WIA Workforce Investment Act									
01-02 Effective Fiscal Year 2001-02									
02-03 Effective Fiscal Year 2002-03									
Level indicates at what level can these funds be matched. Funds at level 1 or 2 can be matched to increase revenue. Funds at level 3 are not matchable.									

Recommendations

The Spectrum of Prevention

The **Spectrum of Prevention** identifies a range of actions that can be implemented to effectively achieve prevention goals.

The Spectrum provides a framework for planning prevention activities. In an arena where categorical funding is the rule, addressing individual projects is the norm. The Spectrum provides a common language and a consistent methodology for describing and choosing actions. It fosters conducting prevention in a multi-faceted, even integrated, and hopefully collaborative manner. The Spectrum provides an understanding and helps demonstrate that even short-term, seemingly freestanding activities are inter-connected and are part of a broader context.

Project Team members are strong advocates of using the Spectrum to effectively implement prevention activities in Humboldt County. Following is a brief overview of the seven “bands” of the Spectrum and some examples of potential local strategies that fall within it.

Strengthening Individual Knowledge and Skill

This band represents a more "classic" approach to prevention. Professional experts reach out directly to specific individuals at risk of injury or disease, encouraging them to change their behavior. Many health providers and community agencies currently use this strategy of education and counseling.

- Home visiting.
- Parenting support groups.
- Provide hepatitis C education.
- Provide STD education.

Promoting Community Education

The goal of community education is to reach the greatest number of people possible, as well as to build a critical mass of people who support strategies for healthy behavior. Like individual education, community education aims to change behavior. However, it also aims to influence and shape community norms. A well-coordinated community education campaign, including media advocacy, can raise awareness about a particular issue and pave the way for action. Like policy initiatives, this strategy reaches a large number of people.

- Tobacco, nutrition, family violence media campaigns.
- Partnering with businesses to get the message out.
- Social marketing campaigns.
- Promote community awareness of mental health issues.
- Promote food stamp program to seniors and working poor.

Educating Providers

This strategy reaches an influential group of individuals who have daily contact with large numbers of people at high risk for injury and disease. Educating professionals, para-professionals, peer mentors and community activists working in health and other community services can result in them becoming front-line advocates for prevention.

- New oral health paradigm.
- Training providers about family violence prevention.
- Case review efforts and associated recommendations.
- Car seat training.
- Primary prevention training.
- Develop and promote HSC Prevention Learning Circles.
- Educating about changes in the laws and regulations.

Fostering Coalitions and Networks

Working together, community organizations, policy makers, businesses, health providers and residents can form coalitions and networks in the community and lend powerful support to policy and other actions represented by the various bands of the Spectrum. Coalitions and networks also provide an opportunity for joint planning, system-wide problem solving and collaborative policy development. By developing efforts jointly, through coalitions and networks, programs share ownership, build skills and avoid duplication.

- Support coalitions and collaboratives to build capacity in outlying communities.
- Connect interventions for synergy.
- Form a suicide death review team.
- Support the Alcohol and Other Drug Death Review Team.

Changing Organizational Practices

By changing its own policies, an organization can affect the health and safety of its members and influence the community as a whole. It can also provide a role model for other agencies or policy makers.

- Focus on primary prevention efforts.
- Encourage communication between programs.
- Use a case review process to learn about system issues.
- Nurture the nurturers – support staff in their work.
- Move towards consultation versus intervention.
- Fluoride in water systems.

Mobilizing Communities

In the context of health services delivery or even public health, community mobilization is a relatively young concept. Traditionally, prevention activities have been performed in a medical-model manner, with the provider-expert as the center, providing services to individuals.

- Community networks.
- Family resource centers.

Influencing Policy and Legislation

Legislation and policy initiatives have proven to be the most effective strategy for achieving broad societal changes. Both formal and informal policies have the ability to affect large numbers of people by improving the environments in which they live and work and by encouraging them to change their behavior.

- Encourage the Board of Supervisors to continue their support of families and people.
- Support subsidies for poor families such as childcare, Earned Income Credit and others.
- Work toward developing living wage jobs and associated training programs.
- Promote harm reduction as well as abstinence.
- Work with state wide professional organizations to support prevention activities.

Recommendations

After a thoughtful review of the data, literature, and resources available for prevention, the members of the Consolidated Prevention Activities Team developed the following recommendations to begin the process of expanding and improving prevention services in Humboldt County. The first three broad recommendations are short term, “above the line” recommendations, followed by action steps. The fourth broad recommendation is a long term, “below the line” recommendation with guidelines focusing on new and expanded program development.

I. Changing Organizational Practices

1. Model prevention principles and goals within Human Services Cabinet departments and branches.
 - Apply principles of primary and secondary prevention in order to support staff.
 - Make organizational policies consistent with prevention goals (e.g. waste reduction, violence free policies, tobacco free policies).
2. Support staff through organizational changes.
 - Encourage staff involvement with the change process.
 - Assure effective communication.
 - Base changes on analysis and planning.
 - Support people through the change process.
3. Develop a “Learning Environment”.
 - Encourage learning strategies regarding primary and secondary prevention activities.
 - Provide staff time for primary and secondary prevention education.
 - Encourage membership from all Human Services Cabinet branches and departments in learning about prevention.
 - Encourage questions and discussion about primary and secondary prevention practices within departments, branches and programs.
 - Encourage understanding “best practices” and research-based programming.
4. Provide cross branch training regarding prevention strategies.
 - Use media and social marketing.
 - Encourage leadership development.
 - Use the Spectrum of Prevention.
5. Look for change opportunities.
 - Include staff in defining strategies.
 - Develop strategic partnerships.
 - Exchange what assets we have for assets we need.

6. Enhance a climate of respect.
 - Encourage client/community assessment and evaluation of services.
 - Encourage staff assessment and evaluation of services.
 - Encourage a service environment that is friendly, warm and inviting.
 - Encourage a climate of cultural sensitivity.
 - Treat partners as equals.
 - Support and encourage leadership growth of staff and community partners.
7. Base program and fiscal changes on data, assessment and tracking.
 - When possible, all programs should develop outcome measures, linked to indicators.
 - When possible, develop a set of indicators across all ages.
 - Publish data and indicators at regular intervals (biannually); distribute to county staff and community. Work with similar projects e.g., Prop 10.
8. Continue to Support Employee Productivity/Wellness.
 - Advocate for health insurance plans that cover prevention services.
 - Work to assure safety standards for all employees.
 - Encourage policies that promote physical activity and good nutrition.
 - Continue the development of policies that limit employee exposure to tobacco smoke.
 - Work with the County Risk Manager and County Personnel Department to expand an Employee Productivity/Wellness Project.
 - Continue support of Employee Assistance Program assuring that it addresses alcohol and other drug issues.

II. Promote a Process to Sustain Effective Programs

1. Provide a process for sustainability.
 - Maintain current effective programs.
 - Following initial start-up grant funding, programs must be evaluated.
 - Cost-effective and valued programs should be sustained.
2. Strengthen connections to community activities.
 - Promote quality collaboration.
 - Build on what exists, use the “eyes and ears” in the community.
 - Encourage partnerships.
 - Empower community development.
 - Respond to early identification of risk situations.
3. Improve Assessment and Evaluation.
 - All new programs will be consistent with the Humans Service Cabinet Strategic Plan and the AB 1259 Plan.

- All new primary and secondary programs will be consistent with the Strategic Prevention Plan's goals.
 - Evaluation is designed into program from the outset.
 - Programs will be adjusted based on evaluation of effectiveness.
 - Use community and client input as well as quantitative data.
 - Select community bench marks and monitor effectiveness of overall community interventions.
4. Develop Case Review Strategy for Poor Outcomes.
 - Departments and branches identify poor outcomes such as death/severe injury, or at risk for out of county placement.
 - Conduct case review conference with involved parties on such cases for the purposes of:
 - ♦ Identifying system issues and responding with recommended changes.
 - ♦ Staff support and empowerment.
 - ♦ Encouraging a culture of problem solving.
 - ♦ Improved collaboration.
 - ♦ Understanding the impact of primary prevention and early intervention.
 - ♦ Assist in the development of primary and secondary prevention programs.
 - ♦ Assuring that poor outcomes are seen as opportunities to learn.

III. Promote primary and secondary prevention activities through program expansion.

1. Move down the prevention gradient from tertiary toward primary and secondary prevention.
 - Encourage programs to move funding from tertiary prevention towards primary and secondary prevention activities, when possible.
 - Use program resources to apply secondary prevention strategies such as serving siblings of clients.
2. Promote the Mental Health Recovery, Wellness, Discovery Movement.
3. Program expansion should address the same steps as new program development.
4. Develop a mechanism to surface new issues.
 - Based on local assessment of needs – quantitative and qualitative data.
 - Engage key stakeholders early.
 - Define the problem in understandable (non jargon) language.

Short Term Action Steps

From the recommendations above are short term action steps that can be implemented without significant additional resources.

- ❑ Identify community benchmarks to monitor the effectiveness of overall community interventions.
 - ❑ Develop primary and secondary prevention learning strategies including HSC departments and branch staff, community members and consumers.
 - ❑ Develop a quality assurance process that is based on:
 - Outcomes and not just process.
 - That includes HSC department and branch wide client and staff needs assessment and evaluation of services and service delivery.
 - ❑ Work with the County Risk Manager and County Personnel Department to expand an employee productivity/wellness program.
 - ❑ Develop a suicide death review team.
 - ❑ Support Alcohol and Other Drug Death Review Team.
 - ❑ Develop primary prevention training.
 - ❑ Develop a case review process for poor outcomes.
 - ❑ Include HSC Department and branch wide (as appropriate) primary prevention staff representation on primary and secondary prevention funding committees (e.g. Cal-Works Incentives Funding Committee).
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IV. New Program Development

1. All new programs will include primary and/or secondary prevention services, when possible.
2. Funds to the extent they are available and meet the means test will be used to develop primary and secondary prevention programs.
3. The Human Services Cabinet will explore strategies for the use of funds to develop primary and secondary prevention programs.

Guidelines for New and Expanded Primary and Secondary Prevention Program Development:

1. The program shall developed through the Project Management Essentials team approach, when appropriate.
2. The program shall be related to at least one Strategic Prevention Plan goal.
3. The program shall be research based, based on best practices or be based on a strong theoretical foundation.
4. The program shall show a favorable cost benefit ratio.
5. The program shall put an emphasis on primary or secondary prevention.
6. The program shall have a clearly identified evaluation process with measurable outcomes.
7. The program shall be culturally competent.
8. The program shall address geographic diversity, if applicable.
9. The program shall identify stakeholders and a strategy to develop the collaborative process.

Appendix 1

Following is additional data relating to the Needs Assessment chapter. This additional data is organized in the same way as that of the Needs Assessment.

Overall Factors

Cultural disparities

Hispanics living in the United States are almost twice as likely to die from diabetes as are non-Hispanic whites. Hispanics also have a higher rate of high blood pressure and obesity than non-Hispanic whites. However, the rate of low birth weight infants is lower for the total Hispanic population compared with that of whites.ⁱ

American Indians have an infant death rate that is almost double that for whites. The rate of diabetes for this population group is more than twice that for whites. American Indians also have a disproportionately high death rate from unintentional injuries and suicides.ⁱⁱ

Poverty:

Local data shows that from December 2000-May 2001 there were an average of 59 requests for temporary housing assistance and 14 requests for permanent housing assistance from families with children. The average total approved was 25 for temporary and 8 for permanent housing assistance. Clients can receive assistance only once in a lifetime.ⁱⁱⁱ These statistics show people are not keeping stable situations--they are repeatedly coming back and requesting temporary assistance. The impact on children of not having stable homes is tremendous.^{iv}

According to Humboldt County's RAVEN project, it provides services to 700-1000 "street youth" per year. Some of these youth are local homeless youth, some just don't go home, even if they have a home, and others are just traveling through the area.^v

In California, in 2000-01, 57% of pregnant women were Medi-Cal eligible.

Women are more likely than men to be in poverty as they grow older. Nationwide the percentage of elderly women in poverty is nearly twice as high as the percentage of elderly men. Divorced and never-married elderly women are at the greatest risk of poverty.^{vi}

Pregnancy / Infancy

Alcohol, Methamphetamine, Heroin, Tobacco and Other Drug Use:

Exposure to alcohol can result in Fetal Alcohol Syndrome (FAS) and Fetal Alcohol Effects (FAE). Exposure to other drugs can result in the infant experiencing withdrawal, low birth weight, and problems such as hyperactivity. FAS and FAE may result in cognitive, speech and perceptual abnormalities later in life.^{vii}

Recent information has shown that of new mothers who used tobacco in Humboldt County:^{viii}

- 49 percent who had a history of being a domestic violence victim used tobacco versus 13 percent who did not use tobacco
- 70 percent who had a history of alcohol abuse used tobacco versus 12 percent who did not use tobacco
- 83 percent who had another child living outside the home used tobacco versus 15 percent who did not use tobacco
- 41 percent who had a psychiatric history documented in their medical chart used tobacco versus 15 percent who did not use tobacco

Prenatal Care:

Rates for entry into prenatal care for Asian, American Indian, and Hispanic women are worse than those of white women. These rates lag behind California as a whole and the national Year 2010 goal.^{ix} Tobacco and other drug abuse, American Indian ethnicity or Spanish as primary language, and lack of resources have been identified as risk factors for late entry to prenatal care.^x

Professionals working with pregnant women have found that intimate partner violence can result in a woman entering prenatal care late in the pregnancy, receiving sporadic care, or not seeking prenatal care at all.^{xi} Other factors include lack of adequate transportation and support services in outlying areas, lack of affordable quality childcare, lack of knowledge about need for prenatal care, lack of support from male partners, and systemic problems that work against early identification of pregnancy.^{xii}

Early Childhood—Ages 0-5

Alcohol, Methamphetamine, Heroin, Tobacco and Other Drug Use:

Alcohol and other drug use is closely tied to child abuse and neglect, mental illness and depression, a history of being abused, (family/cultural history,) and social isolation.^{xiii} Of the 279 clients currently in foster care in Humboldt County, approximately 37% have drug or alcohol use by caregivers as one of several contributing factors. Of these families, 33% also had mental illness as a contributing factor. 46 children in foster care were ages 0-5.^{xiv}

Family Violence:

Abuse to pregnant women can affect the mother's health and the infant's weight at birth. One study, performed with women abused by their male intimate partner, found that infants gained weight more rapidly in situations where the abuse ended than in situations where it continued. Abuse ending by the infant's age of 6 months was a significant predictor of the rate of weight change from 6 to 12 months.^{xv}

Childhood—Ages 6-12

Child Abuse and Neglect:

In the year 2000, 3,275 allegations of neglect and abuse were made in Humboldt County. Of these 12% were confirmed, 21% were inconclusive, 9% were considered unfounded, and 57% were "assessed only."^{xvi} In the years 1995-2000 an average of 239 children per year were in foster care. This number has slowly declined over the period. For the period July 1993 to November 1999 the number of children placed out-of-home (includes group home placements from Probation, Social Services, foster homes, and others) went from a high of 390 in early 1995 to a low of 240 in early 2000.^{xvii}

A study of 95 children in grades K-2 showed that greater violence exposure was associated with emotional distress symptoms as reported by youth and their teachers.^{xviii} Another study of children ages 1-15 whose parents were experiencing a high conflict divorce found that those who witnessed domestic violence and experienced child maltreatment experienced a powerful impact over time, which resulted in a steep increase in emotional distress symptoms.^{xix}

Media Violence:

The more "real life" the violence portrayed the greater the likelihood that it will be "learned." Children learn that violence is an acceptable solution to resolving even complex problems, particularly if the aggressor is the hero. Media violence may make aggressive and antisocial behavior easier, numb viewers to future violence, and increase viewers' perceptions that they are living in a mean and dangerous world.^{xx}

Besides increased violent behavior, excessive media exposure has been linked to obesity in children, decreased physical activity and fitness, increased cholesterol levels and sodium intake, repetitive strain injury (video computer games), insomnia, photic seizures, impaired school performance, increased sexual activity and use of tobacco and alcohol, decreased attention span, decreased family communication, desensitization, and excess consumer focus. Excess exposure to the Internet is feared by some to lead to "cyberspace seduction" of children by pedophiles.^{xxi}

Mental Health in Childhood:

In addition, the monthly caseload of the Family Intervention Team (FIT) has been steadily rising. FIT is a formal collaboration between CWS, Mental Health, Probation and schools that coordinates/authorizes group home placements for children and monitors resources coordination for children who are either placed or being considered for out-of-county placement.^{xxii}

Adolescence—Ages 13-21

Family and Dating Violence:

A recent study examined the association between having a history of dating violence and the sexual health of adolescent females. The prevalence of dating violence among adolescents ranges up to 39%. The affected girls were more likely to exhibit a spectrum of unhealthy sexual behaviors, attitudes, beliefs and norms that could lead to unintended pregnancy, STDs and HIV infection.^{xxiii} The U.S. Justice Department states that women age 16 to 24 were the most vulnerable to non-fatal intimate violence at a rate of 15.6 victimizations per 1,000.^{xxiv}

Mental Health Issues:

A 1992 California Mental Health Survey indicates serious mental health disorders in up to 7% of youth ages 0-17. 28,000 hospitalizations occur in California for mental health disorders among youth ages 10-19.

Nutrition and Physical Activity:

The California High School Fast Food Survey found that 71% of schools surveyed sold fast food items. These items accounted for up to 70% of all food sales at the school. At least 72% of the districts allow fast food and beverage advertising such as posters and other signs on campus.^{xxv}

Adulthood—Ages 22-60

Alcohol, Methamphetamine, Heroin, Tobacco and Other Drug Use:

Pre-employment drug-screening data for the year 2000 shows that 45% of 1,043 people screened were negative for AOD; 30% were positive for marijuana, and approximately 25% were positive for methamphetamines only or in combination with other drugs. Post-accident (after an accident had occurred at work) drug screening data showed that about 80% were positive for methamphetamines only or in combination with other drugs, 10% were positive for marijuana and 10% were negative for AOD.^{xxvi}

Participants at the Prosperity 2000: Leadership for the North Coast Economy conference identified drug use among employees as one of the major challenges to workforce development in the County.^{xxvii}

Family Violence:

In 1992 and 1993 28% of female victims of homicide and 3% of male victims of homicide were killed by an intimate partner. Battered women who killed their batterers committed some of these homicides. The US Justice

Department states that women age 35 to 49 were the most vulnerable to murder by an intimate partner. Women separated from their husbands were victimized by an intimate partner at rates higher than married, divorced, widowed or never married women.^{xxviii} In 1996 30% of all female murders were perpetrated by husbands, ex-husbands, or boyfriends. 3% of all male murder victims were killed by wives, ex-wives, or girlfriends. As a consequence of severe IPV female victims are more likely than male victims to need medical attention, take time off from work, spend more days in bed, and suffer more from chronic stress and depression. Non-lethal intimate violence results in financial losses to women victims that are conservatively estimated to be \$150 million per year. Medical expenses accounted for at least 40% of these costs, property losses for another 44%, and lost pay for the remainder.^{xxix}

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Appendix 2

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- ³ Healthy People 2010. US Department of Health and Human Services
- ⁴ Next Round of Welfare Reform Needs Improvements. Madison Capital Times. 2001
- ⁵ Poverty Trends for Families Headed by Working Single Mothers. Center on Budget and Policy Priorities. 2001
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- ¹¹ Healthy People 2010. US Department of Health and Human Services
- ¹² Healthy People 2010. US Department of Health and Human Services
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- ¹⁴ Youth Violence A Report of the Surgeon General U.S. Public Health Services 2001
- ¹⁵ Humboldt County Fetal-Infant Mortality Review Trends and Risk Factor Analysis Executive Summary
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Appendix 3

Endnotes, Risk Factors

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