THE COUNTY OF SANTA CRUZ
CALIFORNIA

THE STATE OF THE COUNTY'S HEALTH
2003

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THE STATE OF THE COUNTY'S HEALTH – 2003

INTRODUCTION

It is a pleasure to present the annual report on the **State of the County's Health**. The overall health status of Santa Cruz County residents is quite good relative to the state and nation - but with notable exceptions and always room for improvement. Continued good health of the people depends upon the development of a more stable source of funding for all health services for everyone here and throughout the nation, adequate and more equitable reimbursement for local providers so that existing services can be maintained, improving the hospital on-call physician rosters, and incentives to recruit providers to this community to overcome in part the very high cost of housing and the rural reimbursement schedules for providers. These challenges are not solely local but rather affect the entire nation, and their solution will require national and regional changes in the health care system.

HEALTH STATUS PROFILE OF COUNTY COMPARED WITH STATE AND NATION

The Santa Cruz County Health Status Profile for 2003, which covers data from prior years, is included at the end of this report and a summary is also presented of our county's performance relative to the state and the national objectives for 2010. It shows indicators based on: ■most frequent causes of death; ■new cases of infectious diseases; ■Maternal and Child Health measurements; and ■ poverty data from the 2000 Census.

There are 30 health status indicators that are tracked on a statewide basis. Numbers of events for some of the indicators are so small for our County as to be statistically unreliable. Where reliable figures are available, Santa Cruz County ranks *worse* than the statewide average for only three: suicides, drug-related deaths, and adequacy of prenatal care. These are all amenable to behavioral interventions.

The United States has long had a process for setting national health objectives for each decade. Santa Cruz County has already *exceeded* the goals for the national objectives for the year 2010 for: ■motor vehicle deaths; ■deaths from all cancers, lung cancer and female breast cancer; ■coronary heart disease deaths; ■syphilis incidence; and ■rate of breastfeeding initiation among new mothers. We are close to the 2010 objectives for deaths from strokes, low birth weight infants, and late or no prenatal care.

CONTINUING HEALTH CONCERNS

The Uninsured

Santa Cruz County deserves to take great pride in its commitment to universal health and dental insurance for all children in the county through age 18 years, whose family incomes are less than 300% of the Federal poverty level. As reported to your Board last year, the Summit on the Uninsured was held on June 29, 2002. Out of that Summit evolved a broad-based coalition of community agencies and leaders that has now designed and obtained start-up funding for a universal health insurance plan, that will begin on January 1, 2004. This new plan will complement the MediCal and Healthy Families programs, and will provide insurance for an estimated 2,300 children who do not qualify for those two programs. A modest funding gap still remains to be closed, but with the broad-based support for this initiative, it seems eminently achievable.

The challenge remains to address the needs of more than 30,000 adults (14.8% of surveyed population in 2002) who do not have health insurance in this county. In last year's Community Assessment Project/United Way survey (CAP), over ten percent of the county's population had a medical problem for which they were unable to obtain health care during the prior year. The county's indigent care program - MediCruz - has had level funding for many years, and cannot continue indefinitely to meet the needs of this large number of people. Rationing of services has kept the MediCruz Program barely solvent to date, but it has reached the point that any further rationing will mean turning away people with significant illnesses or disabilities. In the coming year, the dialog with all community stakeholders will be expanded to develop options to address this need.

Overweight and Fitness

The California Center for Public Health Advocacy analyzed data from the 2001 California Physical Fitness Test of 5th, 7th and 9th graders by Assembly Districts. Santa Cruz County falls largely in Districts 27 and 28, wherein 22.6 - 35.0% of the children are overweight, and 28.4 - 35.2% of the children are physically unfit! Latino children in the Districts as well as statewide had the highest rates for being overweight, whereas Latino children in the Districts also had the highest rates for being physically unfit and were second to African American children in the statewide survey.

The Child Health and Disability Prevention Program (CHDP) is a state-federal screening and limited treatment program for low-income children. In 2002, Santa Cruz County children under five years of age who qualified for a CHDP examination ranked 37th in the state (1= best) for being overweight, based on height and weight standards. Children in the 5-20 year age bracket ranked *63rd or the worst* in the state. (Study based on data from three cities, five Los Angeles districts, and all counties except two.) Seventy-eight percent of the children included in the Santa Cruz County sample were Hispanic, thus again raising concern over the health disparities faced by this population.

Overweight or obesity is a national epidemic with 56% of older residents receiving Medicare being obese - the current cost to the nation is $93 billion per year just in medical bills, and will only accelerate as today's overweight youth move into even higher risk age-groups. (*Health Affairs-AMA News*)

Nutrition and Diabetes

Diet and nutrition, body weight and physical activity all come together to influence many health outcomes including the development of heart disease, stroke, cancer and diabetes. The 2001 California Health Interview Survey (CHIS) for Santa Cruz County counted 3.9% of adult residents with a diagnosis of diabetes compared to 5.9% statewide. This equals 7,500 - 8,000 adults in our county with this serious disorder. Additionally, one-third of diabetics are undiagnosed, so another 2,500 people in our county fall into this category. The state's Diabetes Control Program estimates that there are about 100 youth under age 18 who have Type I diabetes, and there are 70 - 170 pregnant women per year who have gestational diabetes in our county. The trend in the incidence of diabetes throughout the nation has been alarmingly upwards for decades due to changes in lifestyles, dietary patterns, exercise and changing ethnic composition of the population. The Latino population in our county bears a disproportionate share of the burden of this serious disease - with up to twice the prevalence as White counterparts, while in other areas, Native Americans and African-Americans carry the largest burden.

Diabetes is not only a debilitating disease with blindness, heart attacks, amputations and kidney failure among its effects, but it also is costly to our nation - over $132 billion a year. Ten percent of all the encounters in the county's general medical clinics have diabetes as at least one of the reasons for the visits.

The Santa Cruz County death rate from diabetes in 1999 of 19.4/100,000 population was below the California rate and well below the Year 2010 National Objective, but still 45 people per year die in our county from diabetes. There is an estimated average of 135 deaths per year from diabetes and its complications. These figures will increase dramatically in the years ahead. Much can be done to prevent or delay the onset of diabetes, including diet, moderate exercise and weight control, but sadly there is little financial support throughout the nation for implementing effective programs. Locally, we are fortunate that the Pajaro Valley Community Health Trust has made diabetes one of its priorities, and a Diabetes Collaborative is now developing plans to address this health issue.

Fluoridation and Oral Health

Santa Cruz County children (and adults) are at great disadvantage compared to the nearly two-thirds of people in the nation who have a fluoridated public water supply. None of the water supplies in our county contains even half of the level of fluoride recommended by the Centers for Disease Control. A direct consequence is a high prevalence of dental decay and abscesses. In a survey of Watsonville school children, decay was present in 77% of the children examined, compared to 52% of children elsewhere in California, and 26% of children nationally. Add to this the lack of access to preventive and treatment dental services especially for low income Latino children and we have the prescription for the current epidemic of dental disease in our county. Access to dental services among Latinos has been worsening in recent years as it has for all income groups, declining to only 45% compared to 70% of the overall population who have a regular source of dental care. (CAP Project 2002)

Communicable Diseases

Infectious and communicable diseases are an ever-present danger. Our concerns are heightened as emerging and re-emerging diseases stalk the earth. As reported in the San Jose *Mercury News* May 4, 2003 (Seth Borenstein, Knight Ridder Newspapers): "The nation's top scientists say that environmental, economic, social and scientific changes have helped to trigger an unprecedented explosion of more than 35 new infectious diseases that have burst upon the world in the past 30 years. The US death rate from infectious disease, which dropped in the first part of the 20th century and then stabilized, is now double what it was in 1980. SARS is only the latest of these new new (sic) germs." (Institute of Medicine "Microbial Threats to Health: Emergence, Detection, and Response", March 2003)

The threat of a worldwide influenza pandemic is real and probable, the only uncertainty being when it will occur. Concerns were raised recently with the sudden appearance of a heretofore-unknown bird strain of influenza - H7N7, in the Netherlands this spring. It killed only one person thus far, and does not appear to be highly contagious, but no one knows what will appear next.

Santa Cruz County registered 1,183 mandatory reports of infectious diseases in 2002 compared to 1,226 reports in 2001. There were modest reductions in Chlamydia, Giardia, and gonorrhea, and increases in Hepatitis A, Chronic Hepatitis B, all forms of Hepatitis C, viral meningitis, pertussis, Salmonella and Shigella.

Pertussis or whooping cough has begun another upswing this year, with 48 new cases so far in 2003, compared to 46 cases in all of 2002, 34 cases in 2001 and only 10 cases in 2000. The recent high was 106 cases in 1998. This is a communicable childhood disease that has a reasonably-protective vaccine for children up to age 7, but nothing for adults. As unprotected children pick up and spread the disease in day cares and schools, their parents and adult contacts are also at risk since their immunity from childhood has waned. This is not a benign disease, causing a protracted period of devastating coughing spells often with vomiting and lasting for weeks, and occasional deaths usually of infants.

Noroviruses - a common cause of nausea, vomiting and diarrhea in closed population settings such as nursing care facilities, camps and cruise ships, have hit seven long term care facilities and one camp in our county in 2003, sickening 330 residents. While especially hard on the elderly and those with chronic diseases, there have been no deaths so far attributable to this virus.

Other gastrointestinal infections like Salmonella, Shigella, Giardia, and Campylobacter generated 132 case reports in our county last year. This is likely only the tip of the iceberg, since in some studies, only 10-20% of such infections are recognized and reported to local health agencies. Insurance plans discourage testing to identify the cause of most cases of gastrointestinal infections, so patients are treated empirically and the real burden of these illnesses remains underestimated.

For the past two years, tuberculosis has been registering only about half the number of cases as in prior years. There were 6 cases in 2002 and 7 in 2001, compared to 12-14 cases in prior years. Most cases now occur among immigrants. While it is somewhat reassuring to see the numbers of cases declining, we still face the threat of multi-drug resistant tuberculosis. This occurs because those bringing it into this country often have had partial treatment in previous years. Patients in developing nations obtain medications without prescriptions and often take inadequate doses, inadequate combinations of drugs, and for inadequate duration. Such incomplete treatment is a major cause of the development of resistant bacteria. Patients whose disease is resistant to all medications usually are in isolation for the remainder of their lives, at costs of $250,000-300,000 per year. These costs are borne by state and local taxpayers.

West Nile Virus has spread to 39 states plus the District of Columbia since its introduction to New York State in 1999. Last year, more than 4000 people were known to be infected with this virus, resulting in 284 deaths. Hardest hit was Illinois with 884 cases and 64 deaths. It likely will arrive in California this summer, and plans are underway now to try to minimize the seriousness and threat to the population.

Bioterrorism is a reality in this nation, and considerable effort has gone into readiness preparations to handle a wide variety of infectious, biochemical and radiological possibilities. Smallpox is high on the list of possible bioterrorist agents, and a comprehensive response plan is under development locally and nationwide, including immunizations of volunteers for the first time since the early 1970s. (Routine childhood immunization for smallpox was discontinued in the USA in 1972.)

Immunizations

Immunizations are a safe and highly effective way to prevent many infectious diseases among children and adults. Unfortunately, Santa Cruz County lags the state in many immunization rates among various age groups of children (88-89 percent of children up-to-date in our county compared to 91-92% statewide for child care center entrants and kindergarten entrants). For seventh grade entrants, both state and county have a long way to go to meet target, as almost 23% of this age group in our county needed one or more immunizations. The county also has one of the highest "personal exemption" rates in the state for otherwise mandatory immunizations for day care and school entry, affecting up to 5.0% of children in some settings. (CAP Report 2002)

Annual influenza and pneumococcal ("pneumonia shot") vaccinations prevent thousands of deaths and hospitalizations annually, but unfortunately use of these vaccines among adults show immunization rates at very low levels such that many cases continue to occur each year. The CHIS data for 2001 show that only 19 - 42% of various senior age groups received flu shots in 2001.

On a brighter note, our locally controlled managed care plan, the Central Coast Alliance for Health, has dramatically improved the immunization rates for its members, with rates that were 4 - 23% better than

comparable rates in the rest of the state and the nation for various vaccine combinations. But there is still much room for improvement and at low cost and with great potential benefit.

Substance Abuse

As noted above, drug-related death rates in Santa Cruz County continue to be higher than the state average and much higher than the Year 2010 Objective. Similarly, suicide death rates in this county are higher than the state or Year 2010 Objective. Drug use complicates the treatment of mental illnesses and reduces the level of control of mental illness with medications. The 2002 Community Assessment Project Survey found that 26% of adult respondents felt that the recreational or non-medicinal use of marijuana was acceptable.

The 2002 Santa Cruz County Youth Drug and Alcohol Survey was recently released. Although local rates of teen alcohol and drug use have declined considerably since the survey was first conducted in 1994, this trend toward improvement has slowed in recent years, or in some instances reversed. Even with these improvements over time, current local alcohol and drug use rates remain above state and national averages in many categories.

Among 11th graders, Santa Cruz youth have higher lifetime use of alcohol, marijuana, and heroin than their statewide counterparts. Among 9th graders, lifetime use is higher in our county for marijuana, inhalants, methamphetamines and psychedelics than statewide youth. The good news is that tobacco use among all grade levels is significantly lower among Santa Cruz County children compared to statewide.

Mental Health Services

CHIS data from 2001 indicate that 17.1 % of our county residents needed help with emotional or mental health problems in the prior year compared to 15.1% of California residents. In addition, 13.3 % of our residents compared to 7.6 % statewide had visited a specialist in the prior year for an emotional or mental health problem, while 41.6% of county residents compared to 36.8% statewide had discussed an emotional or mental health issue with a medical person. The higher need for and utilization of such services by our county residents may simply reflect more willingness to admit and seek care for emotional and mental illnesses, or may indicate a greater prevalence of these problems in our community. The higher suicide rates and drug-related death rates would indicate a higher prevalence of such illness in our community.

Our county-operated community mental health system focuses largely on people with serious and persistent mental illness, who are in danger of hospitalization. People who do not meet the criteria for this system are treated largely in primary care settings or by private mental health care providers. Throughout the nation, treatment services for the mentally ill are seriously underfunded which results in scarcity of services and lack of treatment or undertreatment for enormous numbers of people.

Santa Cruz County is fortunate to have an exemplary system of care for its clients that many jurisdictions in California and throughout the nation cannot equal. Making optimum use of local funds and leveraging all funds available while maintaining best practices for appropriate utilization are the hallmarks of this system.

There were significant decreases in acute and State hospitalizations as well as in locked Institutes for Mental Disease (IMD) between fiscal years 2001-2002 and 2002-2003. These placements are the most costly and restrictive for the County and clients. These positive gains are attributable to the increased efforts to utilize alternative outpatient community services which decreased the necessity for emergency services and long-term placements. The challenge will be to maintain these gains with the current and

pending budget reductions which will impact the availability of community based resources and limit the alternatives to hospitalization.

Acute Hospital Utilization:

- Average daily use of acute hospitalization decreased 42% from 7.33 in FY 2001-2002 to 4.22 projected days in FY 2002-2003. Currently Santa Cruz County inpatient hospital costs are 8% of the County Mental Health budget compared to 27% statewide.

State Hospital Utilization:

- Average daily bed use in the State hospital dropped by 18% from 2.75 beds per day in FY 2001-2002 to 2.25 beds per day in FY 2002-2003.

Institutes for Mental Disease (IMD) Utilization:

- Average daily bed use in an IMD dropped 43% from 28 in FY 2001-2002 to 16 in FY 2002-2003.

- Coordinators and residential programs were equally successful in preventing and minimizing high cost, acute inpatient hospitalizations. Clients who were transferred to intensive Assertive Community Treatment (ACT) teams were admitted to the hospital one-third as often as when they were on non-ACT teams (33 episodes before intensive services vs. 11 episodes while receiving intensive ACT services).

- Eighty percent of clients reported they liked the services they received, felt comfortable asking questions about their treatment and medications, and that staff were available and assisted them to manage their lives and recovery.

CONCLUSIONS

Santa Cruz County residents enjoy relatively high levels of health status compared to statewide averages and even compared to many of the 2010 Objectives for the nation. But population dynamics and lifestyle choices are very likely to have a serious detrimental effect on our community's health status in the years ahead. This will cost us dearly, but many of the deleterious effects are preventable.

Minority populations suffer from many health disparities and their growing numbers will adversely affect the overall health status of our community unless these populations have equal access to health services. A growing elderly population will require an increasing proportion of our health and care resources unless we take steps to assure healthier old ages for all of us. Obesity, diabetes, dementias and possibly mental illness pose great challenges to our future. Infectious diseases and emerging infectious diseases are becoming a greater threat to the world, while our relative aversion to immunizations locally, if persistent, could place our population in great jeopardy.

The national, state and local health systems, including our public health system, are all in disarray. Rising costs, continuing access problems, staffing shortages, dissatisfaction of providers, costly legal entanglements, the "profitization" of the system and its misuse all are leading to a sinking ship. Widespread reform is needed, but the political will does not appear to be there…yet. The encouraging news is that local communities like ours can tackle these sorts of problems and while their solution is not easy, solutions are possible, witness our new universal health insurance system for the children in our county, Healthy Kids, about to launch in January 2004. Our challenge is to harness our own local creativity and cooperative spirit to better marshal existing resources in order to reform our own system piece by piece if necessary…and that commitment is happening now.

Adapted from
California Department of Health Services

Health Status Profile
County of Santa Cruz - 2003

SANTA CRUZ COUNTY RATE

INDICATOR	*BETTER* than Statewide Average	*WORSE* than Statewide Average	*BETTER* than National Objective 2010	*WORSE* than National Objective 2010
MORTALITY 1999-2001				
All Causes (1999-2001 Average)	x		none established	
Motor Vehicle Deaths	x		x	
Unintentional Injury Deaths	x			x
Firearm Injury Deaths	x			x
Homicide Deaths	x			x
Suicide Deaths		x		x
All Cancers, Deaths	x		x	
Lung Cancer Deaths	x		x	
Breast Cancer Deaths, Women	x		x	
Coronary Heart Deaths	x		x	
Cerebrovascular Dis. (Stroke) Deaths	x			x
Drug-Related Deaths		x		x
Diabetes Deaths	x		none established	
MORBIDITY 1999-2001 Average				
AIDS Incidence	x			x
Measles Incidence		x		x
Tuberculosis Incidence	x			x
Syphilis Incidence	x		x	
MATERNAL & CHILD HEALTH				
% Low Birth Weight Infants 1999-2001	x			x
% Late or No Prenatal Care 1999-2001	x			x
% Adequate Prenatal Care 1999-2001		x		x
Teen Pregnancy Rates 1999-2001	x		none established	
% Breastfeeding/Early Postpartum 1999-2001 (Best in state)	x		x	
CENSUS				
Persons under 18 in Poverty 2000	x		none established	

Data reformatted by County of Santa Cruz Health Services Agency 5/31/2003

SANTA CRUZ HEALTH STATUS PROFILE FOR 2003

MORTALITY

RANK ORDER	HEALTH STATUS INDICATOR	1999-2001 DEATHS (AVERAGE)	CRUDE DEATH RATE	AGE-ADJUSTED DEATH RATE	95% CONFIDENCE LIMITS LOWER	95% CONFIDENCE LIMITS UPPER	STATEWIDE AGE-ADJUSTED DEATH RATE	NATIONAL OBJECTIVE
10	ALL CAUSES (1999-2001 AVERAGE)	1,672.3	642.6	677.3	614.7	739.9	760.0	N/E
12	MOTOR VEHICLE ACCIDENTS	21.0	8.1	8.1	4.6	11.5	10.3	9.2
11	UNINTENTIONAL INJURIES	64.0	24.6	24.8	18.6	30.9	27.2	17.5
16	FIREARM INJURIES	18.7	7.2 *	7.4 *	4.0	10.7	9.3	4.1
26	HOMICIDE	9.0	3.5 *	3.5 *	1.2	5.8	6.2	3.0
31	SUICIDE	30.3	11.7	11.6	7.4	15.7	9.5	5.0
4	ALL CANCERS	348.7	134.0	145.4	130.0	160.7	176.1	159.9
3	LUNG CANCER	83.7	32.1	35.7	28.0	43.5	45.9	44.9
12	FEMALE BREAST CANCER	28.0	23.0	20.4	12.7	28.0	24.5	22.3
15	CORONARY HEART DISEASE	355.3	136.5	144.3	129.2	159.5	194.3	166.0
15	CEREBROVASCULAR DISEASE	120.3	46.2	48.9	40.1	57.7	61.2	48.0
38	DRUG-RELATED DEATHS	26.7	10.2	9.9	6.1	13.7	8.4	1.0
28	DIABETES	41.3	15.9	17.3	12.0	22.6	20.7	N/A[1]

MORBIDITY

RANK ORDER	HEALTH STATUS INDICATOR	1999-2001 CASES (AVERAGE)	CRUDE CASE RATE	95% CONFIDENCE LIMITS LOWER	95% CONFIDENCE LIMITS UPPER	STATEWIDE CRUDE CASE RATE	NATIONAL OBJECTIVE
5	HEPATITIS C INCIDENCE	0.00	0.00 +	-	-	0.39	1.00
43	AIDS INCIDENCE (AGE 13 AND OVER)	21.00	10.75	6.15	15.34	16.35	1.00
23	TUBERCULOSIS INCIDENCE	8.33	3.20 *	1.03	5.38	9.85	1.00
35	CHLAMYDIA INCIDENCE	505.00	194.05	177.12	210.97	271.59	N/A
26	SYPHILIS INCIDENCE	0.33	0.13 *	0.00	0.56	1.11	0.20
58	MEASLES INCIDENCE	3.33	1.28 *	0.00	2.66	0.07	0.00

INFANT DEATH

RANK ORDER	HEALTH STATUS INDICATOR	1997, 1999 & 2000 DEATHS (AVERAGE)	BIRTH COHORT INFANT DEATH RATE	95% CONFIDENCE LIMITS LOWER	95% CONFIDENCE LIMITS UPPER	STATEWIDE BIRTH COHORT INFANT DEATH RATE	NATIONAL OBJECTIVE
25	INFANT DEATHS: ALL RACES	18.7	5.3 *	2.9	7.7	5.7	4.5
51	INFANT DEATHS: ASIAN/OTHER	2.3	12.2 *	0.0	27.9	5.3	N/E
58	INFANT DEATHS: BLACK	0.7	32.8 *	0.0	111.5	12.6	N/E
39	INFANT DEATHS: HISPANIC	9.7	5.6 *	2.1	9.1	5.4	N/E
16	INFANT DEATHS: WHITE	6.0	3.8 *	0.8	6.9	4.9	N/E

NATALITY

RANK ORDER	HEALTH STATUS INDICATOR	1999-2001 BIRTHS (AVERAGE)	PERCENT	95% CONFIDENCE LIMITS LOWER	95% CONFIDENCE LIMITS UPPER	STATEWIDE PERCENT	NATIONAL OBJECTIVE
15	LOW BIRTHWEIGHT INFANTS	176.7	5.1	4.3	5.8	6.2	5.0
4	LATE OR NO PRENATAL CARE	395.3	11.5	10.3	12.6	15.5	10.0
20	ADEQUATE/ADEQUATE PLUS CARE	2,614.0	76.2	73.3	79.1	76.4	90.0

RANK ORDER	HEALTH STATUS INDICATOR	1999-2001 BIRTHS (AVERAGE)	AGE-SPECIFIC BIRTH RATE	95% CONFIDENCE LIMITS LOWER	95% CONFIDENCE LIMITS UPPER	STATEWIDE AGE-SPECIFIC BIRTH RATE	NATIONAL OBJECTIVE
23	BIRTHS TO MOTHERS AGED 15-19	317.0	34.8	31.0	38.6	47.7	N/E

BREASTFEEDING

RANK ORDER	HEALTH STATUS INDICATOR	1999-2001 BIRTHS (AVERAGE)	PERCENT	95% CONFIDENCE LIMITS LOWER	95% CONFIDENCE LIMITS UPPER	STATEWIDE PERCENT	NATIONAL OBJECTIVE
1	BREASTFEEDING INITIATION	3,273.7	94.1	90.9	97.3	82.0	75.0

CENSUS

RANK ORDER	HEALTH STATUS INDICATOR	2000 NUMBER	PERCENT	95% CONFIDENCE LIMITS LOWER	95% CONFIDENCE LIMITS UPPER	STATEWIDE PERCENT	NATIONAL OBJECTIVE
13	PERSONS UNDER 18 IN POVERTY	7,871.0	12.0	11.7	12.2	18.0	N/E

N/E: National Objective for the Year 2010 has not been established.

N/A: Prevalence data is not available in California.

N/A[1]: National Objective is based on both underlying and contributing cause of death which requires use of multiple cause of death data files. A comparison was not made because these files are not yet available in California for this time period.

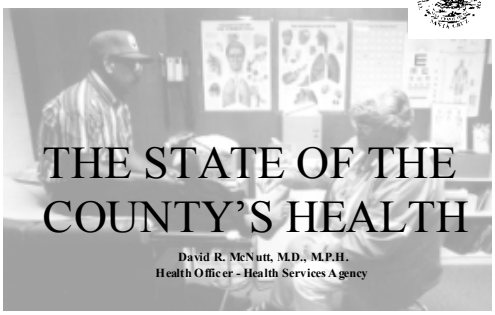
* Rate or percent unreliable; relative standard error greater than or equal to 23%.

\+ Rate or percent indeterminate; no (zero) events.

\- Upper and lower limits at the 95% confidence level are not calculated for no (zero) events.

Note: Crude death rates, crude case rates, and age-adjusted death rates are per 100,000 population. Birth cohort infant death rates are per 1,000 live births. Age-specific birth rates are per 1,000 population.

Sources: Department of Health Services: Center for Health Statistics, Birth and Death Statistical Master Files, 1999-2001, and Birth Cohort Files, 1997, 1999, and 2000; Division of Communicable Disease Control, Office of Statistics and Surveillance; Office of AIDS, AIDS Case Registry; Genetic Disease Branch, Newborn Screening Program.
Department of Finance: 2000 Population Estimates with Age , Sex and Race/Ethnic Detail, December 1998.
Department of Finance: State Census Data Center, Census 2000, Summary Tape File 3, P87.



THE STATE OF THE COUNTY'S HEALTH

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Health Officer - Health Services Agency

COURTESY OF COMMUNITY ASSESSMENT PROJECT
UNITED WAY - APPLIED SURVEY RESEARCH, INC.
YEAR 8 - 2002

2003 HEALTH STATUS PROFILE
Santa Cruz County

30 Health Status Indicators tracked annually, statewide. Santa Cruz County has:

☺ **Surpassed National 2010 objectives for:**

- **Motor Vehicle deaths**
- **Deaths from all cancers, lung cancer, and female breast cancer**
- **Coronary heart disease deaths**
- **Syphilis incidence**
- **Rate of breastfeeding initiation**

2003 HEALTH STATUS PROFILE
Santa Cruz County
(Continued)

😐 **Santa Cruz County has *almost* met the 2010 National objectives for:**

- **Deaths from stroke**
- **Low birth weight babies**
- **Late or no prenatal care**

2003 HEALTH STATUS PROFILE
Santa Cruz County
(Continued)

☹ **Santa Cruz County ranks *worse* than statewide averages for:**

- **Suicides**
- **Drug-related deaths**
- **Adequacy of prenatal care**

CONTINUING HEALTH CONCERNS IN SANTA CRUZ COUNTY

Continuing Health Concerns...

THE UNINSURED

☺ **THE GOOD NEWS!**

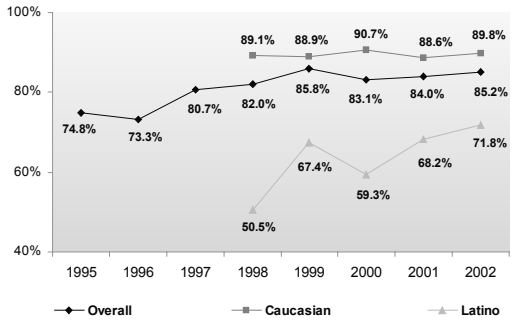
- **'HEALTHY KIDS' - 2004**

  -Completes plan for UNIVERSAL HEALTH INSURANCE for *all* children in county

☹ THE NOT SO GOOD NEWS:

- **30,000 uninsured adults + (?) seasonal workers (14.8% of surveyed population)**
- **10% of population with medical problems for which they were unable to obtain needed services**
- **MediCruz capacity limited even with rationing of services**

Do you have health insurance?
(Respondents answering "yes")



OVERWEIGHT AND FITNESS

- 23-35% of children in county are overweight
- 28-35% of children in county are physically unfit
- <5 year olds: 37th in state for overweight (CHDP)
- 5-20 year olds: 63rd or *worst* in state for overweight (CHDP)
- 56% of older adults (Medicare) are overweight or obese

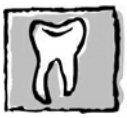
NUTRITION AND DIABETES

- **3.9% adults in county with diabetes cf. 5.9% statewide (7,500 - 8,000 adults)**
- **One-third more are undiagnosed = 2,500 additional**
- **70-170 Pregnant women/year with gestational diabetes**
- **135 deaths/year in county from diabetes and its complications**

NUTRITION AND DIABETES
(continued)

DIABETES OF *EPIDEMIC* (!) PROPORTIONS:

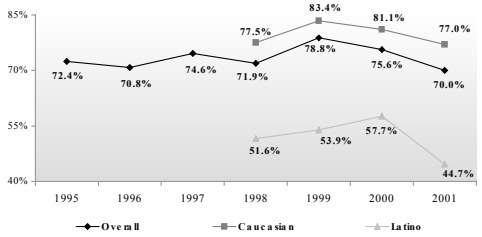
- **Dietary patterns**
- **Sedentary lifestyle - lack of exercise**
- **Changing ethnicity of population**
  - **Latinos 2X Caucasian rate**
- **One in three children born today will develop diabetes**
- **10% of current county clinic encounters**
- **$132 billion/year in US**



ORAL HEALTH AND FLUORIDATION

- 77% of Watsonville school children with dental decay compared to 52% statewide and 26% nationally
- Dental care access for Latinos: 45% cf. 70% overall county population
- No fluoridation of public water cf. 66% all US residents

Do you have a regular source of dental care? (Respondents answering "yes")



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Continuing Health Concerns...

INFECTIOUS AND COMMUNICABLE DISEASES

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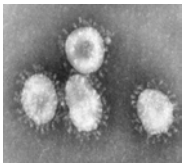
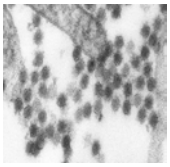
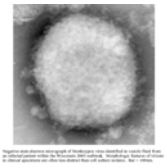


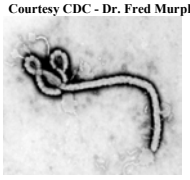
Coronavirus - SARS Agent
Courtesy CDC - Dr. Fred Murphy



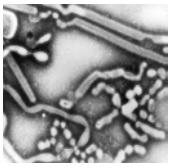
West Nile Virus



Monkeypox Virus



Ebola Virus
Courtesy CDC/C. Goldsmith



Influenza A Virus
Courtesy CDC/Dr. Erskine Palmer

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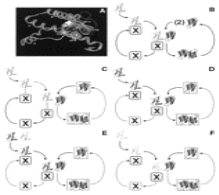
The Official Mad Cow Disease Home Page

B S E



Kaneko et al *PNAS 1997*

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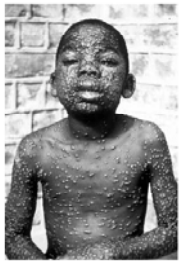

Monkeypox

DHHS Office of the Secretary

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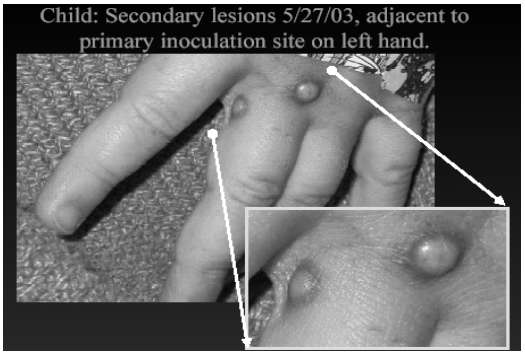

Monkey Pox virus infection: From Marshfield Clinic, WI
K. Reed, MD, J. Melski, MD, and E. Stratman, MD

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Monkeypox Carrier

West Nile Virus Vector


SARS virus detected in animals at Hong Kong marketplace

Possible Animal Reservoirs for SARS

COMMUNICABLE DISEASES

- **35 New infectious diseases since 1970**
- **US Death rate from infectious diseases double what it was in 1980**
- **SARS, Influenza H7N7, West Nile Virus, and Monkeypox but a few**

COMMUNICABLE DISEASES (Continued)

- **1,183 reports in Santa Cruz County - 2002 cf. 1,226 in 2001**
- **Modest *reductions* in: ☺**
  - **Chlamydia, Giardia, gonorrhea**
- ***Increases* in: ☹**
  - **Hepatitis A, B and C, viral meningitis, pertussis, Salmonella and Shigella**

COMMUNICABLE DISEASES (Continued)

- **Noroviruses!!**
  - **8 facilities in Santa Cruz County affecting 330+ residents in LTC**
- **132 other gastrointestinal infections (10-20% of real number?)**

IMMUNIZATIONS

- **88-89% up-to-date among child care and kindergarten entrants in county cf. 91-92% statewide**
- **23% of 7th grade entrants not up-to-date**
- **5% "personal exemptions" in county**
- **Only 19-42% of seniors received flu shots 2001**

☺ Alliance member rates 4-23% <u>better</u> than comparable populations

MENTAL HEALTH SERVICES

MENTAL HEALTH SERVICES

County residents report:

- **Greater need for mental health services;**
- **Greater use of psychiatric specialty services; and**
- **More discussion of emotional or mental health issues with "medical" person than statewide counterparts.**

Percent of respondents who said they have <u>needed</u> help with emotional/mental health problems in the past 12 months.

CHIS Data	Santa Cruz	California
Yes	17.1	15.1
No	82.9	84.9

Source: 2001 California Health Interview Survey.

Percent of respondents who said they have <u>visited</u> a specialist for emotional/mental health problems in the past 12 months.

CHIS Data	Santa Cruz	California
Yes	13.3	7.6
No	86.7	92.4

SUBSTANCE ABUSE

- **Drug-related death rates higher in county than state or nation**
- **Suicide death rates higher in county**
- **26% of residents believe recreational or non-medicinal use of marijuana acceptable**

SUBSTANCE ABUSE (Continued)

- **County 11th graders:**
  - **Higher lifetime use of alcohol, marijuana, & heroin than statewide counterparts**
- **County 9th graders:**
  - **Higher lifetime use of marijuana, inhalants, methamphetamines, and psychedelics than statewide counterparts**

SUBSTANCE ABUSE (Continued)

☺ Tobacco use among Santa Cruz County youth *significantly* below state and national averages!

CONCLUSIONS

- **County residents enjoy relatively good health status compared to state and even national 2010 objectives**
- **Population dynamics and life style choices may signal worsening of county's health status in years ahead unless greater efforts are made to improve access and to prevent diseases**

CONCLUSIONS
(Continued)

- **Infectious diseases likely will become a greater threat in the years ahead**
- **Health system reform is imperative but not likely without more visible alarms**
- **We *can* improve our local system of care through greater cooperation and marshaling of existing resources, witness HEALTHY KIDS!**

THANK YOU
FOR
YOUR
SUPPORT!!!