

# **EXECUTIVE SUMMARY**

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This Executive Summary provides an overview of the Santa Cruz County health and wellness data as detailed in the following report. The report, is intended to inform local public health stakeholders including hospitals, safety net clinics, other county departments, schools, government agencies, community based organizations, advocacy groups, health coalitions, business, and the public, on the state of and risks to the community's health and further engage these partners in ongoing efforts to encourage healthful behaviors.

## **SUMMARY OF FOCUSED HEALTH ISSUES**

Santa Cruz County holds among its many health promoting strengths an exceptional natural environment, clean air and water, a highly educated workforce, high average income, and an engaged citizenry. Taken as a whole, the county's health reflects these advantages, and by many of the most important health measures, the county compares favorably to the rest of the state and the nation. The smoking rate is among the lowest in the nation. The obesity rate is among the lowest in the state, perhaps as a result of being one of the state's most physically active counties. Low rates of lung cancer, heart disease, and diabetes reflect those healthy lifestyle choices. County residents report relatively few days of poor physical health per year. The rates of sexually transmitted diseases, HIV/AIDS, and tuberculosis are far better than statewide rates. Teen birth, low birthweight, breastfeeding, and infant mortality rates are all better than the national average.

The report evaluates key health indicators and presents a number of areas worthy of recognition for the progress made in improving community health. HSA will continue to devote resources to build upon this progress. The following are areas of notable good health:

**Smoking** is the leading cause of death in the developed world. Santa Cruz County and California residents smoke less than the U.S. population. For the last decade, Santa Cruz County adult current smoking rates have usually been lower than state rates and have varied around the Healthy People 2020 goal of less than 12%. Ten percent (10.1%) of adults in Santa Cruz County were current smokers, compared to 12.9% of Californians based on data collected between 2006 and 2012.

Many adult smokers are introduced to tobacco as adolescents, leading to a lifetime of exposure to chemicals that can cause cancer, heart disease, and lung disease not only for the smoker but for those around them as well. The prevalence of smoking among adolescents in the Central Coast Region mirrors statewide rates. California rates fluctuated between 13.0% and 16.0% for 2002 through 2010 before dropping to 10.5% in 2012.

Possibly the fastest-growing nicotine threat in the US is electronic cigarettes, electronic devices that vaporize nicotine and other chemicals for inhalation. Current e-cigarette use among middle and high school students tripled from 2013 to 2014, according to data published by the Centers for Disease Control and Prevention and the U.S. Food and Drug Administration.

Despite the proven benefits of **physical activity**, in 2013 only 49.9% of American adults met the CDC Physical Activity Guidelines. However, in 2012, the percentage of Santa Cruz County adults who did not engage in any leisure-time physical activity was estimated at just 11.4%, second lowest of all California counties and eighth best out of 3,146 counties nationwide.

Physical activity is a key factor for children and adolescents to maintain a healthy weight and develop healthy habits that will help prevent chronic disease as they age. A Healthy People 2020 goal is to increase to 20.2% the proportion of adolescents who meet CDC's physical activity guidelines for aerobic physical activity of 60 minutes per day. In 2011-12, 16.1% of California teens reported at least 60 minutes of physical activity seven days a week, excluding Physical Education; Santa Cruz County reported 28.7% of teens meeting the CDC guidelines.

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In 2011, the U.S. Surgeon General released a “Call to Action to Support **Breastfeeding**,” stating that everyone can facilitate breastfeeding. The CDC estimates 79% of U.S. mothers breastfeed at birth, while only 17% exclusively breastfeed six months later. County-level breastfeeding data is only collected in the hospital, usually within 24-48 hours following birth, so it is unknown how long breastfeeding continues after hospital discharge in Santa Cruz County. In 2013, 98.1% of infants residing in Santa Cruz County were given at least some breast milk while hospitalized, compared to 93.0% statewide. The Healthy People 2020 objective is 81.9%; therefore, both the county and the state have surpassed the national goal. Differences by ethnicity can be seen locally and statewide; however, the gap is narrowing, with more Latino infants being fed human milk only.

Based on the data, four categories of population health warrant improvement:

**Suicide** is the 10<sup>th</sup> leading cause of death nationally, taking the lives of over 41,000 Americans in 2013 – almost 1.6% of all deaths in the United States, and 2.5 times as many deaths as homicide. For the years 2011-13, the age-adjusted rate of death by suicide in Santa Cruz County was 13.7 per 100,000 persons, compared to the statewide rate of 10.2 and the 2013 national rate of 12.6; Santa Cruz ranked 34<sup>th</sup> out of 58 California counties. For many years, county rates of **death from suicide and drug-induced injury** have generally been higher than state rates. The 2011-2013 age-adjusted rate of drug-induced death in Santa Cruz County was 18.4 per 100,000 persons, compared to the statewide rate of 11.1.

**Teen pregnancy** prevention is of paramount importance to the health and quality of life of our youth. In 2013, the U.S. teen birth rate was 26.5 births per 1,000 females ages 15-19. California and Santa Cruz County experienced record lows in 2013, with teen birth rates of 23.2 and 16.6 per 1,000 females ages 15-19, respectively. However, Latina rates in Santa Cruz County were higher than Latina rates statewide, whereas rates among White teens in Santa Cruz County were lower than state rates between 2010 and 2012.

Overweight or **obese individuals** are at greater risk for many major causes of morbidity and mortality: hypertension, coronary heart disease, stroke, type 2 diabetes, asthma, gallbladder disease, arthritis, sleep apnea, and certain cancers. Obesity, in combination with physical inactivity, is now second only to smoking as a cause of death in the United States. Although California had the fourth lowest rate of obesity in the country (24.1%) in 2013, the difference is not very large. The CDC estimated the age-adjusted rate of obesity in Santa Cruz County adults in 2012 as 20.1%, 11<sup>th</sup> lowest in the state, and 65<sup>th</sup> lowest in the entire nation.

Overweight children are twice as likely to become obese adults. Childhood obesity rates are exploding nationally. Santa Cruz County and California are not exceptions to the trend. Latino children are especially at risk; in 2013-14, 49% of Santa Cruz County Latino children were not at healthy weight, compared to 24% of white children.

**Sexually transmitted infections** (STIs) account for the largest number of reported diseases among Santa Cruz County residents. Chlamydia, gonorrhea and syphilis have all increased from 2011-12 to 2013-14 – with gonorrhea increasing 72%. Syphilis has increased every year over the past few years. The director of the CDC's Division of STD Prevention, announced an “epidemic of syphilis” among gay males. This is consistent with Santa Cruz County syphilis data, with the majority of cases (75%) being males who have sex with males.

This report does not discuss homelessness, which poses its own unique health challenges as well as challenges that go far beyond the purview of public health. An improving economy may help to alleviate the problem; the January 2015 homeless census found lower numbers of homeless persons than the prior census. *All In — Toward a Home for Every County Resident* is a county-wide strategic plan that brings together a broad array of stakeholders to plan for new, innovative strategies to address homelessness. The complex problems of substance abuse and behavioral health and their negative effects in Santa Cruz County have been detailed in separate strategic planning documents developed by HSA's Behavioral Health Division. We look forward to continued collaboration with staff and community stakeholders in these areas and others, such as youth violence prevention.

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The generally positive picture of Santa Cruz County obscures profound disparities in education, income, and health between the rich and the poor and between Latinos and non-Latino Whites. When asked to rate their general health, Santa Cruz County Hispanics were significantly more likely than non-Latino Whites to rate their health as less than good. That disparity arises repeatedly throughout this report.

## **NEW FOCUS**

The Public Health Division within Santa Cruz County's Health Services Agency recently initiated the process of gaining public health accreditation. The accreditation process is intended to enhance the quality and performance of public health departments. The first phase of the accreditation process involves three components: a Community Health Assessment (CHA), a Community Health Improvement Plan (CHIP), and a health department strategic plan.

Past editions of this report have drawn their structure from the University of Wisconsin's Health Rankings report. While that report is valuable because it focuses on measures for which comparison data is available for nearly every county in the country; this report is less shaped by the Health Rankings report, because accreditation demands a broader and deeper look at the county's health.

The Community Health Assessment will guide us in identifying our top health priority areas and this report will serve as a starting point for the CHA. The CHA will provide that greater breadth and depth, including a much more thorough examination of the socioeconomic determinants of health and the health disparities that stem from them. The CHA will also include extensive community involvement over the course of the next year. The areas highlighted in this report may resonate with the community as we develop the CHA and work toward the CHIP and the health department strategic plan. We anticipate that the health-related quality of life in Santa Cruz County will continue to improve because of the focused efforts of the Health Services Agency and our many community partners.