

**THE COUNTY OF SANTA CRUZ  
CALIFORNIA**



**THE STATE OF THE COUNTY'S HEALTH  
2004**

**(Mental Health Section Revised 6/14/04)**

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## **INTRODUCTION**

Thank you for the opportunity to present this annual report on the **State of the County's Health**. The *overall* health status of Santa Cruz County residents continues to be quite good relative to the state and nation - but with notable exceptions and always room for improvement. The most significant challenges we face are the disparities in health indicators between our Latino and Caucasian populations and the unhealthy life style choices and behaviors so many of us pursue.

In order to maintain and improve the health of the people, we must:

- improve greatly our health education and prevention efforts and our behavior modification programs; and
- develop more rational funding mechanisms and efficient and equitable uses of funds devoted to health.

These challenges are not solely local but rather bedevil most of the nation, and their solution will require national and regional changes in the health care system. Santa Cruz County has demonstrated its capacity for health systems reengineering through its creation of the Healthy Kids universal health insurance plan that begins on July 1, 2004. The next step is to expand and apply the county's creative forces and energy to address the access obstacles of the adult population and the behavioral choices that threaten to shorten our life expectancies.

## **HEALTH STATUS PROFILE OF COUNTY COMPARED WITH STATE AND NATION**

The Santa Cruz County Health Status Profile for 2004, 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 two indicators this year compared to three last year: suicides and drug-induced deaths - both of which are preventable. Adequacy of prenatal care improved since last year, and our county is now slightly better than the statewide rate. Santa Cruz County now ranks *best* in the state for having the fewest women with "late or no prenatal care" and while we were first in the state last year for initiation of breastfeeding among new mothers, we now are fourth best in the state - still an enviable position.

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: ■deaths from all cancers, lung cancer and female breast cancer; ■coronary heart disease and stroke deaths; ■late or no prenatal care; and ■rate of breastfeeding initiation among new mothers. Undoubtedly the great successes we have achieved in our county and state in reducing tobacco use explains many of our favorable health indicators relative to the nation.

## **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 July 1, 2004. This new plan will complement the Medi-Cal 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 who do not have health insurance in this county - 19% of the total surveyed population in 2003 and 42% of the Latino population - the worst levels since 1997 and 1998 respectively. The county's indigent care program - MediCruz - has had level funding for many years, and cannot continue indefinitely to meet the needs of this growing 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. The Health Improvement Partnership Council has volunteered to help design a process to improve the use of resources in the community for the care of medically indigent adults.

## **Overweight and Fitness**

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 51st in the state (1= best/64 total) for being overweight based on height and weight standards -16.2% were over the 95<sup>th</sup> percentile, the same as the statewide rate. This is compared to the national rate of 13.1% in the prior year. Children in the 5-20 year age bracket ranked 57<sup>th</sup> out of 61 in the state, with 24.3% above the 95<sup>th</sup> percentile. The statewide rate for this age group was 20.8%.

The California Center for Public Health Advocacy analyzed data from the 2001 California Physical Fitness Test of 5<sup>th</sup>, 7<sup>th</sup> and 9<sup>th</sup> graders by Assembly Districts. After adjusting for changes in the grade-level and ethnicity of this population through 2002 and 2003, new estimates of overweight and fitness were published in early 2004. Santa Cruz County falls largely in Assembly Districts 27 and 28, wherein 25.5 - 31.7% of the children are overweight, and 29.6 - 34.5% of the children are physically unfit! In general, African-American and Latino children have worse problems with overweight and fitness than Caucasians. Only two Districts - 52 (Los Angeles) and 79 (San Diego) - had worse overweight rates than our local District 28, while our percent unfit rate was "fairly good" compared to other Districts, if having one-third of children unfit is a laudable goal!

In the 2001 California Health Interview Survey, 51.7% or 91,000 adults over age 19 in Santa Cruz County were either overweight or obese, with Body Mass Indexes of 25 or greater, slightly better than the 54.4% statewide average.

The 2003 CAP survey showed a slowly improving trend in the proportion of adults who engage in daily exercise. Among Santa Cruz County adults, 77.5% exercised 30 minutes or more on three or more days each week, compared to 71.4% in 1999.

Overweight or obesity is a national epidemic with 56% of older residents receiving Medicare being obese. The current cost of obesity to the nation is \$93 billion per year, and this approximates to over \$81 million a year in Santa Cruz County – about the same as the entire budget of the Health Services Agency!

### **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. Perhaps only tobacco as a staple of the American “diet” exerts a more adverse impact on our life expectancies.

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 of white counterparts, while in other areas, Native Americans and African-Americans carry the largest burden.

Overweight and obesity are so prevalent in our population that with current trends, the California Center for Public Health Advocacy estimates that 33-38% of *all* children and close to half of African-American and Hispanic children born in the year 2000 will develop diabetes. (February 2004)

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 for direct and indirect costs. The extrapolated cost of diabetes for Santa Cruz County is \$116 million per 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 2000-2002 of 15.8/100,000 population was below the California rate of 21.0, but still 39 people per year die in our county from diabetes as the primary cause of death. 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. A tri-county Diabetes Forum on May 7, 2004 helped to chart future actions. The Health Improvement Partnership is planning a communitywide diabetes registry that will help to improve the overall control of diabetes and its complications - thus setting a standard for the nation in diabetes management. Our local United Way Agency is leading the “Go for Health” consortium that has developed an extensive work plan dealing with lifestyle changes that will improve overall health and tip the scales against overweight.

### **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. Efforts to institute fluoridation of the

public water supply in Watsonville to conform to state law have been stalled by a public referendum and ensuing litigation.

Among kindergarten enrollees in the Pajaro Valley Unified School District in 2003, 12% of children had mild dental decay, and 10% had moderate to severe decay (n=878). In a survey of Watsonville school children several years ago, 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) In the 2003 CAP Survey, 27% of Latinos had not visited a dentist for two or more years, compared to 12% of Caucasians.

### **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 20<sup>th</sup> 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) SARS made only brief appearances in 2003 abroad, associated with laboratory accidents, but the virus is still endemic in animal reservoirs in the orient.

Avian or bird flu continued to devastate some flocks of chickens and other fowl in southeast Asia, but so far, only rarely has this virus jumped the "species barrier" to infect humans. Since many viruses mutate so commonly, it would not be unexpected to see Avian flu or a variant appear in humans in the future.

The threat of a worldwide influenza pandemic is real and probable, the only uncertainty being when it will occur. The challenges of dealing with an ever-changing virus like influenza is illustrated by the public frustration with the influenza immunization campaign during this past year. The disease appeared earlier than usual, *seemed* to be more severe initially although not confirmed, vaccine supplies were limited causing panic for a time, and in the end, the vaccine did not protect very well against the prevalent strains. Had the 2003-2004 influenza season been caused by a more virulent strain or worse, by a novel virus (never seen before), mass hysteria could well have ensued. It must be emphasized that the disappointing performance of the 2003-2004 flu vaccine was a rare occurrence. The World Health Organization nearly always does a superb job in predicting the next strain of flu far enough in advance that highly effective vaccine is available.

Santa Cruz County registered 1,285 mandatory reports of infectious diseases in 2003 compared to 1,206 reports in 2002. The good news was a continuing reduction in new AIDS reports. Through May 31, there were no reports in 2004. There were 10 cases in 2003, 18 in 2002, 23 in 2001 and 21 in 2000.

Pertussis or whooping cough continued an upswing in 2003, with 54 new cases. There were 46 cases in 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, and it causes a protracted period of devastating coughing spells often with vomiting and lasting for weeks, and it causes occasional deaths usually of infants.

Gastrointestinal infections like Salmonella, Shigella, Giardia, E. coli O157:H7 and Campylobacter generated 150 case reports in our county last year, up from 132 in the year before. 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.

Sexually transmitted diseases continue to be a problem nationally and locally, disproportionately affecting adolescents and young adults. There were 585 cases of Chlamydia reported in 2003, 54 cases of gonorrhea, 9 cases of syphilis and 24 cases of pelvic inflammatory disease. There has been a marked increase in syphilis and in partially drug-resistant gonorrhea throughout the San Francisco and Monterey Bay areas in the past few years, and this is reflected in Santa Cruz County statistics as well. These diseases can have devastating long term affects if not treated properly. Contact investigation is critical to prevent the continuing spread of disease, and this is a labor-intensive process. Control of sexually transmitted diseases is one of the oldest state mandates for local health departments.

Hepatitis C is primarily a blood-borne disease. Some infections occurred in the past through contaminated blood transfusion products and transplants, but this is rare today. Most of the cases being reported today were people infected through contaminated intravenous drug paraphernalia, and to a lesser extent through sexual transmission and from mother-to-infant. The initial infection is rarely severe and most patients do not know they are infected until many years later. Detections usually occur through screening programs, which are of very limited extent due to lack of funding. Hepatitis C represents a huge personal, social and economic challenge to all of society. In Santa Cruz County estimates of those infected with this virus range from 5,000 – 8,000. Only 250-275 reports are submitted to the health department each year (269 reports in 2003), and these represent people infected in the past rather than acute or new infections.

West Nile Virus first appeared in the western hemisphere in New York State in 1999. Last year nationally, 9,862 people were reported to be infected with this virus, resulting in 264 deaths. While most cases of infection are not clinically recognized, many patients require weeks or months to recover from more severe forms of disease. There were 2,866 cases of neuroinvasive disease – the most severe form - last year. Colorado was particularly hard hit. That state reported during a recent national teleconference that among patients hospitalized for neuroinvasive disease, the course of the illness brought back images of the days of polio with paralysis rates among this group of patients comparable to polio. Only three human cases were reported in California last year, all in southern counties, only one of whom may have been infected locally. The first human case in the nation this season was recorded in New Mexico as of May 26, 2004. West Nile virus has now established itself this year (May 31, 2004) in the mosquito and bird populations of the southern portions of the state, affecting Los Angeles, San Bernardino, Ventura and Riverside counties. The virus is expected to spread rapidly in those areas and human cases are inevitable. Whether and when it might affect the Santa Cruz County area remains to be seen. Monitoring of chicken flocks and mosquito pools in the southern portion of the county are underway. There is a statewide program to engage the public in helping to identify dead birds that might be infected, to provide some early warnings about the presence of the virus. Efforts locally are underway to expand the Mosquito Vector Control District, and there is an extensive, well-developed plan for public education to prevent spread once the virus arrives in the county. Mosquito control and avoidance are the only ways to deal with this infection, since there is no human vaccine and no specific treatment.

## **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.

Among 878 kindergarten enrollees in the Pajaro Valley Unified School District in 2003, nearly 45% were not up-to-date on their immunizations. Only 87-88% of children enrolled in child care centers or kindergarten countywide were up to date, compared to about 93% statewide. For seventh grade entrants, both state and county have a long way to go to meet the target, as almost 23% of this age group in our county needed one or more immunizations in 2002.

The county has one of the highest "personal belief exemption" rates in the state for otherwise mandatory immunizations for day care and school entry, affecting up to 5.0% of children in various settings compared to about 1.5% statewide.

Annual influenza and pneumococcal ("pneumonia shot") vaccinations prevent numerous deaths and hospitalizations annually. Unfortunately, use of these vaccines among adults is at such low levels that many cases continue to occur each year. The CHIS data show that 73.2% of Santa Cruz County adults 65 years and older received flu shots in 2001, compared to 67.4% statewide, but the rates decline rapidly in younger age groups.

## **Substance Abuse**

As noted above, drug-related death rates in Santa Cruz County (10.3/100,000 population) continue to be higher than the state average (8.6/100,000) and much higher than the Year 2010 Objective (1.0/100,000). Similarly, suicide death rates in this county (12/100,000) are higher than the state (9.5/100,000) or Year 2010 Objective (5.0/100,000). Drug use complicates the treatment of mental illnesses and reduces the level of control of mental illness with medications. The 2003 Community Assessment Project Survey found that 33.5% of adult respondents felt that the *recreational or non-medicinal* use of marijuana was acceptable, up from 25.6% in 2002.

The 2002 Santa Cruz County Youth Drug and Alcohol Survey contains the most recent data on substance use by 7<sup>th</sup>, 9<sup>th</sup> and 11<sup>th</sup> grade students. Although local rates of teen alcohol and drug use have declined considerably since the survey was first conducted in 1994, this 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 11<sup>th</sup> graders, Santa Cruz youth have higher lifetime use of alcohol, marijuana, and heroin than their statewide counterparts. Among 9<sup>th</sup> 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. Tobacco use among adults in Santa Cruz County continues its decline among regular smokers (19.5% to 18.9%) and irregular smokers (6.9% to 6.2%) and with continuing improvement among those who do not smoke at all (73.6% to 74.8%) between 2002 and 2003.

## **Mental Health Services**

CHIS data from 2001 indicate that 17.1 % of our county adult residents reported that they needed help with emotional or mental health problems in the prior year compared to 15.1% of California residents. Of

those who thought they needed help, 41.6% of county residents compared to 36.8% of adults statewide had discussed an emotional or mental health issue with a medical person. In addition, 13.3 % of all of our adult residents (25,000) compared to 7.6 % statewide had visited a specialist in the prior year for an emotional or mental health problem. 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.

The CAP survey indicates a fairly constant proportion of adults who report fair to poor mental health including stress, depression and problems with emotions. The rates range from a low of 5.5% in 1999 to a high of 13.0% in 1997. It was 10.8% in 2003.

## **CONCLUSIONS**

Santa Cruz County residents continue to 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 July 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. The inappropriate use of emergency services in our county is now being addressed through a foundation grant – the only one in the state – to implement a case management system for frequent users. Overburdened emergency departments and on-call physicians in various specialties may obtain some relief through current efforts to remove the reimbursement inequity in our county under Medicare, which is replicated in most private insurance plans. This would greatly improve the recruitment and retention of physicians in our county. A hospitalist study is underway and individual medical groups are hiring hospitalists to reduce the burden and fatigue for physicians who must operate their outpatient practices and simultaneously care for their hospital inpatients. Soon through the Health Improvement Partnership, efforts will commence to design a process to address the problems of access for our indigent adult population. Santa Cruz County had demonstrated the will, determination, cooperative spirit and capacity needed to continue to improve our health and public health systems. Progress is being made as reflected throughout this report – but many challenges remain.

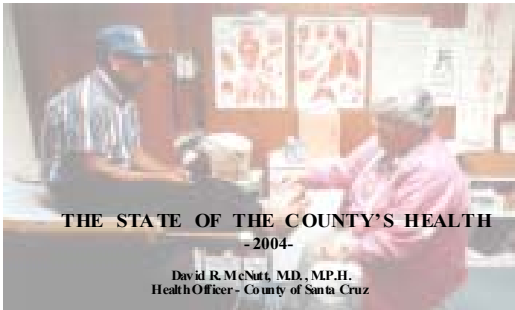


**Health Status Profile**  
**County of Santa Cruz - 2004**

**SANTA CRUZ COUNTY RATE**

<b><u>INDICATOR</u></b>	<b><u>BETTER than Statewide Average</u></b>	<b><u>WORSE than Statewide Average</u></b>	<b><u>BETTER than National Objective 2010</u></b>	<b><u>WORSE than National Objective 2010</u></b>
<b>MORTALITY 2000-2002</b>				
<b>All Causes (2000-2002 Average)</b>	x		none established	
<b>Motor Vehicle Deaths</b>	x			x
<b>Unintentional Injury Deaths</b>	x			x
<b>Firearm Injury Deaths</b>	x			x
<b>Homicide Deaths</b>	x			x
<b>Suicide Deaths</b>		x		x
<b>All Cancers, Deaths</b>	x		x	
<b>Lung Cancer Deaths</b>	x		x	
<b>Breast Cancer Deaths, Women</b>	x		x	
<b>Coronary Heart Deaths</b>	x		x	
<b>Cerebrovascular Dis. (Stroke) Deaths</b>	x		x	
<b>Drug-Related Deaths</b>		x		x
<b>Diabetes Deaths</b>	x		none established	
<b>MORBIDITY 2000-2002 Average</b>				
<b>AIDS Incidence</b>	x			x
<b>Tuberculosis Incidence</b>	x			x
<b>Chlamydia Incidence</b>	x		none established	
<b>Syphilis Incidence</b>	x			x
<b>Measles Incidence</b>		x		x
<b>MATERNAL &amp; CHILD HEALTH 2000-2002</b>				
<b>% Low Birth Weight Infants</b>	x			x
<b>% Late or No Prenatal Care (Best in state)</b>	x		x	
<b>% Adequate Prenatal Care</b>	x			x
<b>Teen Pregnancy Rates</b>	x		none established	
<b>% Breastfeeding/Early Postpartum (4<sup>th</sup> Best in state)</b>	x		x	
<b>CENSUS</b>				
<b>Persons under 18 in Poverty 2000</b>	x		none established	

Data reformatted by County of Santa Cruz Health Services Agency 5/31/2004



**THE STATE OF THE COUNTY'S HEALTH  
-2004-**

David R. McNitt, MD, MPH.  
Health Officer - County of Santa Cruz

COURTESY: COMMUNITY ASSESSMENT PROJECT  
UNITED WAY - APPLIED SURVEY RESEARCH  
YEAR 9 - 2003

**2004 HEALTH STATUS PROFILE**  
**Santa Cruz County**

30 State and 467 National Health Status Indicators tracked periodically. Santa Cruz County has:

⊕ **Surpassed Current Statewide Averages and also the National 2010 objectives for:**

- Deaths from all cancers, lung cancer, and female breast cancer
- Coronary heart disease and stroke deaths
- Late or no prenatal care
- Rate of breastfeeding initiation

**2004 HEALTH STATUS PROFILE**  
**Santa Cruz County**  
**(Continued)**

⊖ Santa Cruz County is better than the statewide average and has *almost* met the 2010 National Objectives for:

- Motor vehicle deaths
- Low birth weight babies

**2004 HEALTH STATUS PROFILE**  
**Santa Cruz County**  
**(Continued)**

⊕ Santa Cruz County ranks *worse* than statewide averages and much worse than National 2010 objectives for:

- Suicides
- Drug-related deaths



**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 children in county < 300% FPL

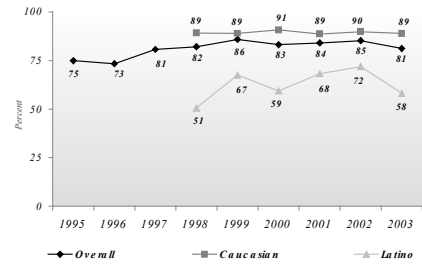
Continuing Health Concerns...

**THE UNINSURED**

**THE NOT SO GOOD NEWS:** ☹️

- More than 30,000 uninsured adults (19% of surveyed population)
- 42% of Latinos uninsured
- MediCruz capacity limited even with rationing of services

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



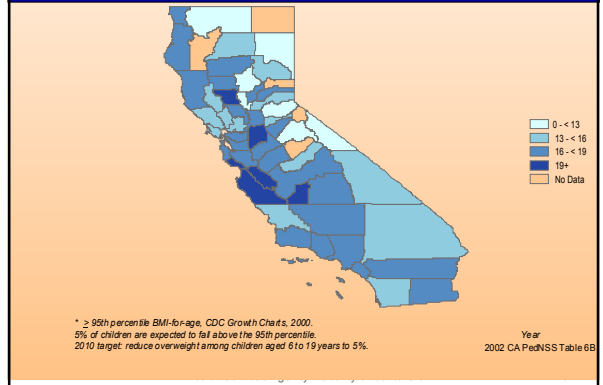
Courtesy of Applied Survey Research, Inc. Community Assessment Project, Year 9, 2003, United Way of Santa Cruz County

Continuing Health Concerns...

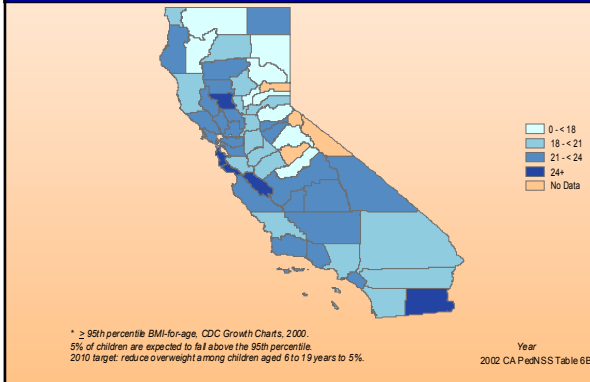
**OVERWEIGHT AND FITNESS**

- 25-32% of children in 27-28 Assembly Districts are overweight
- 30-35% of children are physically unfit
- <5 year olds: 51st in state for overweight (CHDP)
- 5-20 year olds: 57th in state for overweight (CHDP)
- Cost of overweight/obesity in SCC: \$81 million per year

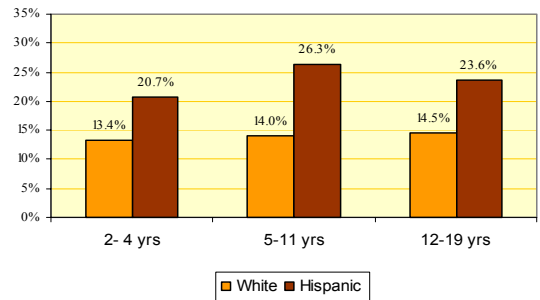
Prevalence of overweight\* among children aged 2 to <5 years, by county



Prevalence of overweight\* among children aged 5 to <20 years, by county

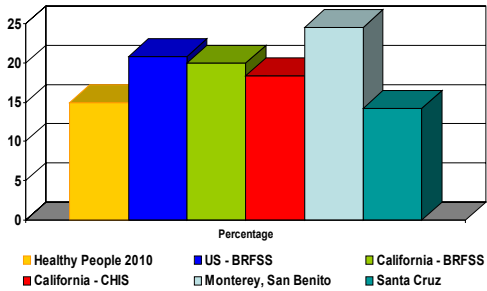


Children Above 95th Percentile for Weight by Age and Ethnicity, 2002



Source: Centers for Disease Control, 2002 PEDNSS data for Santa Cruz County

### Obesity Prevalence – Adults, 2001



Local data from California Health Interview Survey

### Continuing Health Concerns...

#### OVERWEIGHT 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
- 135 deaths/year (8%) in county from diabetes and its complications

### Continuing Health Concerns...

#### **DIABETES PROGNOSIS!!!**

- With current trends, 33% of boys and 38% of girls born in 2000 will develop diabetes.
- Close to half of Hispanic and African-American children born in 2000 will develop diabetes.

Source: California Center for Public Health Advocacy

### Continuing Health Concerns...

#### OVERWEIGHT AND DIABETES

#### DIABETES OF EPIDEMIC (!) PROPORTIONS in some populations:

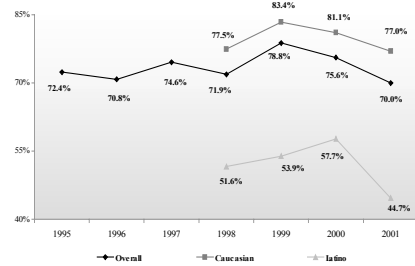
- Dietary patterns
- Sedentary lifestyle - lack of exercise
- Changing ethnicity of population
  - Latinos 2X Caucasian rate
- 10% of county clinic encounters
- \$132 billion/year in US
- \$116 million/year in SCC



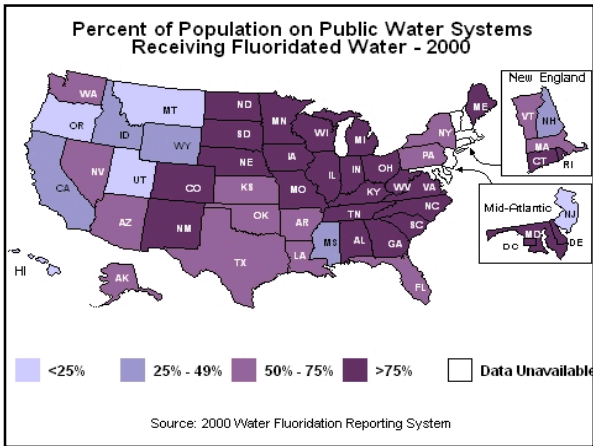
### Continuing Health Concerns... **ORAL HEALTH AND FLUORIDATION**

- 12% kindergarten children with mild decay; 10% moderate to severe decay - 2003
- 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; 27% vs. 12% no visit/24 months
- No fluoridation of public water cf.... 66% all US residents

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



Courtesy of Applied Survey Research  
Community Assessment Project, Year 9, 2003, United Way of Santa Cruz County



Continuing Health Concerns...

**INFECTIOUS AND COMMUNICABLE DISEASES**

Continuing Health Concerns...

**COMMUNICABLE DISEASES**

- 35 New infectious diseases since 1970
- US Death rate from infectious diseases double what it was in 1980
- SARS, Influenza, West Nile Virus, "bird flu" (H5N1)

Continuing Health Concerns...

**COMMUNICABLE DISEASES**

- 1,285 reports in Santa Cruz County - 2003  
cf. 1,206 in 2002
- Continuing *reduction* in AIDS ☺
- *Increases* in: ☹
  - Whooping cough, gastrointestinal infections, sexually transmitted diseases

West Nile Virus Vector  
 43 species  
*(Culex pipiens, tarsalis, erythrorhox, and quinquefasciatus in our area)*

Mosquito - species indeterminate - biting!

## BIRD SPECIES CARRYING WNV IN CALIFORNIA - 64 Cities

(July 30, 2004)

121 out 211 (57%) dead birds positive for virus:

- 98 American Crows
- 8 Western Scrub-Jays
- 3 Common Ravens
- 3 Yellow-billed Magpies
- 2 House Finches
- 2 Mockingbirds
- 1 California Towhee
- 1 Great Horned Owl
- 1 House Sparrow
- 1 Red-tailed Hawk
- 1 Woodpecker



Yellow-Billed Magpie



Stellar's Jay



Common Raven



Red Tailed Hawk



American Crow



Western Scrub Jay



### West Nile Virus infections California - August 13, 2004

#### Human Infections:

- 169 Reports from 41 counties
- 67% male
- 75 Fever; 71 Neuroinvasive (42-49%); 16 not stated
- Median age: Fever - 46.5 yrs.; Neuroinvasive - 59 yrs.
- 5 Fatal (1 Orange; 2 San Bernardino; 2 Los Angeles)
- 8 from blood banks (1 symptomatic)

#### Equines:

- 48 died or euthanized

#### Birds:

- 1,147 confirmed infected

#### Sentinel Chickens:

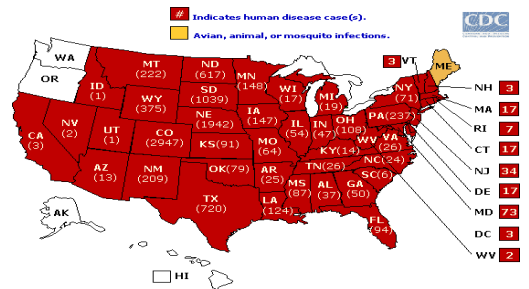
- 200 confirmed infected

#### Mosquito Pools

- 414 confirmed infected samples

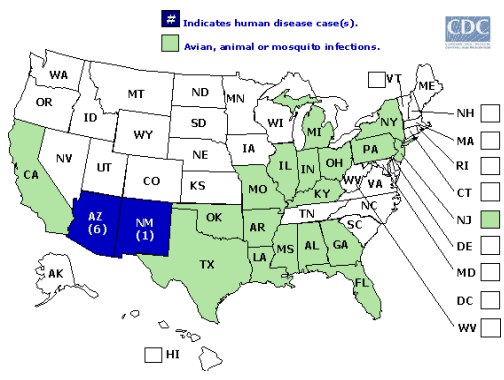
### 2003 West Nile Virus Activity in the United States (reported as of May 21, 2004)\*

These figures represent final numbers for 2003.

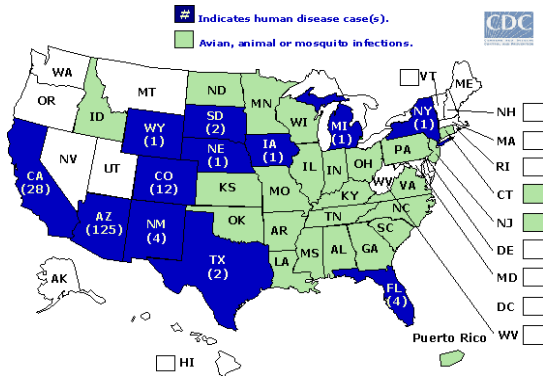


9,862 Human Cases; 2,866 (29%) Neuroinvasive; 264 deaths

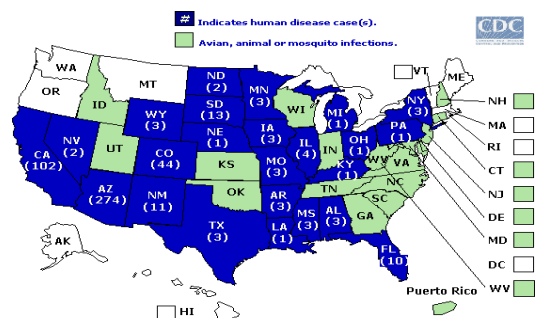
### 2004 West Nile Virus Activity in the United States (reported to CDC as of June 8, 2004\*)



### 2004 West Nile Virus Activity in the United States (reported to CDC as of July 20, 2004\*)

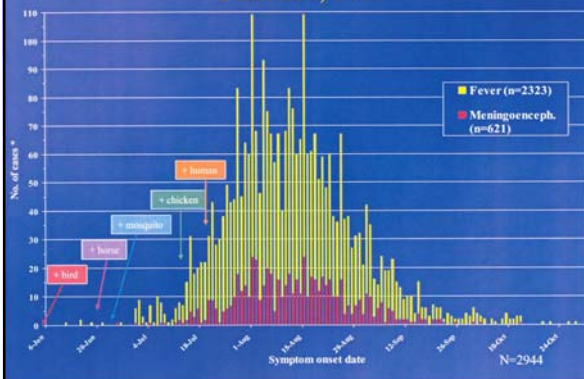


### 2004 West Nile Virus Activity in the United States (reported to CDC as of August 10, 2004\*)

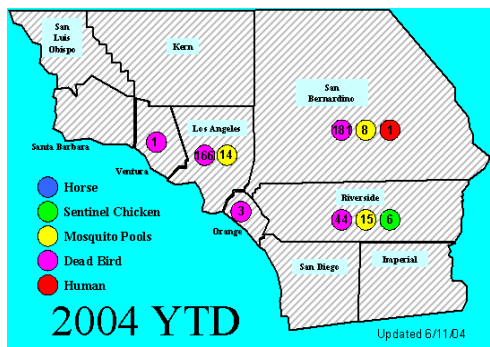


495 Human Cases; 192 (39%) Neuroinvasive; 10 deaths

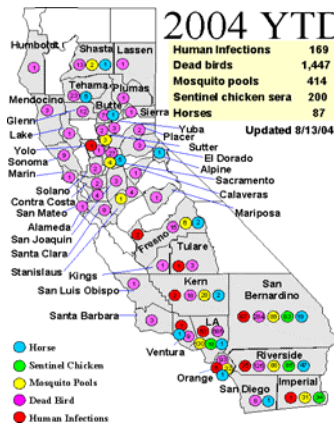
### Onset Dates of Human West Nile Virus Cases, Colorado, 2003



### WEST NILE VIRUS ACTIVITY



### 2004 YTD





**Santa Cruz Sentinel**  
 Sunday, August 15, 2004

**West Nile Virus (WNV) has arrived in California and it can be a serious threat to your health**

To protect yourself, your family and our community from this illness which is spread by mosquitoes: Remember the 4 Ds - Fight the Bite!

1. Drain all containers outside of your home that hold water. The water is not contaminated with WNV but provides a place for mosquitoes to breed. Visit your local home and garden stores for ecologically safe products that prevent mosquitoes from breeding in ponds and natural pools. Empty plant saucers, buckets, old tires etc. at least once a week.
2. Dress in long sleeves and long pants to protect your skin from bites.
3. Stay indoors at dusk and dawn when mosquitoes are most active.
4. Use mosquito repellent containing DEET - 10 percent or less of DEET is recommended for children and 30 percent is recommended for adults. DEET is not recommended for use on pets. Products containing DEET are the only proven effective repellents.

Report dead birds by calling the California Department of Health Services toll free at 1-877-WNV-BIRD (1-877-966-3473) or report online at [www.westnile.ca.gov](http://www.westnile.ca.gov) and click on Report Dead Birds - dead birds are an early warning signal that the virus is present in a community. They are a reservoir for the virus. Mosquitoes spread WNV by biting infected birds and then biting humans. You cannot get West Nile Virus from dead or infected birds. Not all birds are affected but please call if you find any species of dead bird except pigeons, doves or chickens. The Department of Health Services has received tremendous cooperation from the public in the reporting of dead birds to monitor West Nile Virus. In addition to using the toll-free phone line, (1-877-WNV-BIRD) residents who want to report dead birds are encouraged to do so online by visiting [www.westnile.ca.gov](http://www.westnile.ca.gov).

Educate yourself and your family. Get more information on West Nile Virus signs and symptoms at 1-877-WNV-BIRD or by visiting [www.santacruzhealth.org](http://www.santacruzhealth.org)  
 Santa Cruz County Health Services Agency

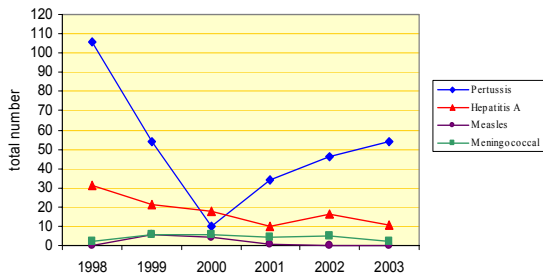


**Continuing Health Concerns...**

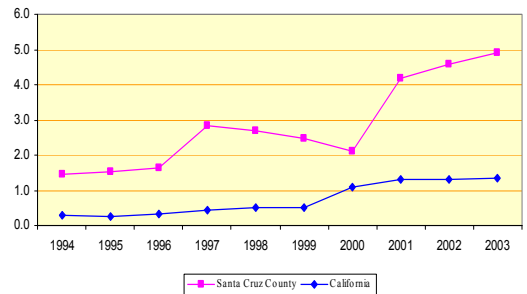
**IMMUNIZATIONS**

- 87-88% up-to-date among child care and kindergarten entrants in county cf. 93% statewide
- 23% of 7th grade entrants not up-to-date 2002
- 5% “personal exemptions” in county cf. 1.5% statewide
- Only 73% of seniors received flu shots 2001

**Vaccine-Preventable Diseases (Reportable)**



**Percent of Children Entering Child Care Centers with Personal Belief Exemptions from Immunization**



**Continuing Health Concerns...**

**MENTAL HEALTH SERVICES**

**Continuing Health Concerns...**

**MENTAL HEALTH SERVICES**

- County residents report greater
  - Need for mental health services;
  - Use of psychiatric specialty services; and
  - Discussion of emotional or mental health issues with “medical” person than statewide counterparts.



Percent of adults who thought they needed help for emotional or mental health problems in past year

<u>CHIS Data</u>	<u>Santa Cruz</u>	<u>California</u>
Yes	17.1	15.1
No	82.9	84.9

Source: California Health Interview Survey, 2001

Percent of respondents who needed help and discussed emotional/mental health problems with a medical person.

<u>CHIS Data</u>	<u>Santa Cruz</u>	<u>California</u>
Yes	41.6	36.8
No	58.4	63.2

Source: California Health Interview Survey, 2001

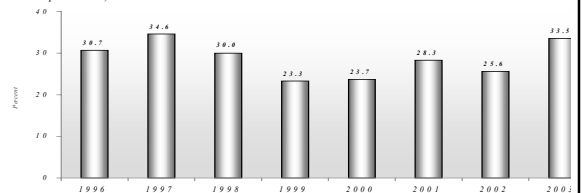
Continuing Health Concerns...

### SUBSTANCE ABUSE

- Drug-related death rate higher in county than state or nation (28 deaths/year)
- Suicide death rate higher in county (32/year)
- 33.5% of residents believe recreational or non-medicinal use of marijuana acceptable cf. 25.6% in 2002

### Acceptance of Marijuana Use

How acceptable do you find the use of marijuana for recreational or non-medicinal use? (Respondents answering "Acceptable")



Source: Applied Survey Research, Inc.  
Community Assessment Project, 2003 - United Way of Santa Cruz County

Continuing Health Concerns...

### SUBSTANCE ABUSE - 2002 Survey

- 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

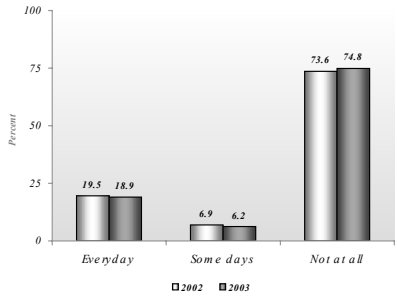
Continuing Health Concerns...NOT!

### SUBSTANCE ABUSE

- ☺ Tobacco use among Santa Cruz County youth *significantly* below state and national averages!
- ☺ Tobacco use among adults declined further from 2002 to 2003:
  - 75% do not smoke at all;
  - 19% are regular smokers;
  - 6% occasional smokers.

## TOBACCO USE

Do you now smoke cigarettes every day, some days, or not at all?

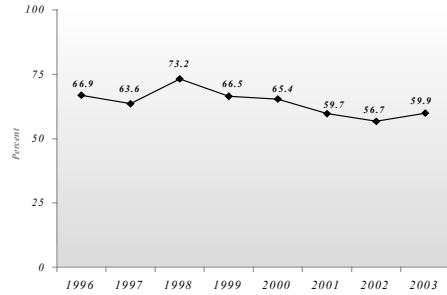


Courtesy Applied Survey Research, Inc.  
Community Assessment Project, 2003 - United Way of Santa Cruz County

## Continuing Health Concerns...

### Alcohol Use - Adults

How many times a week do you drink more than 2 alcoholic drinks in one sitting? (Respondents answering "Never")



Source: Applied Survey Research, Inc.  
Community Assessment Project, 2003 -United Way of Santa Cruz County

## 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!

Together, we can make a difference



Courtesy of Norene Bailey, PHN