

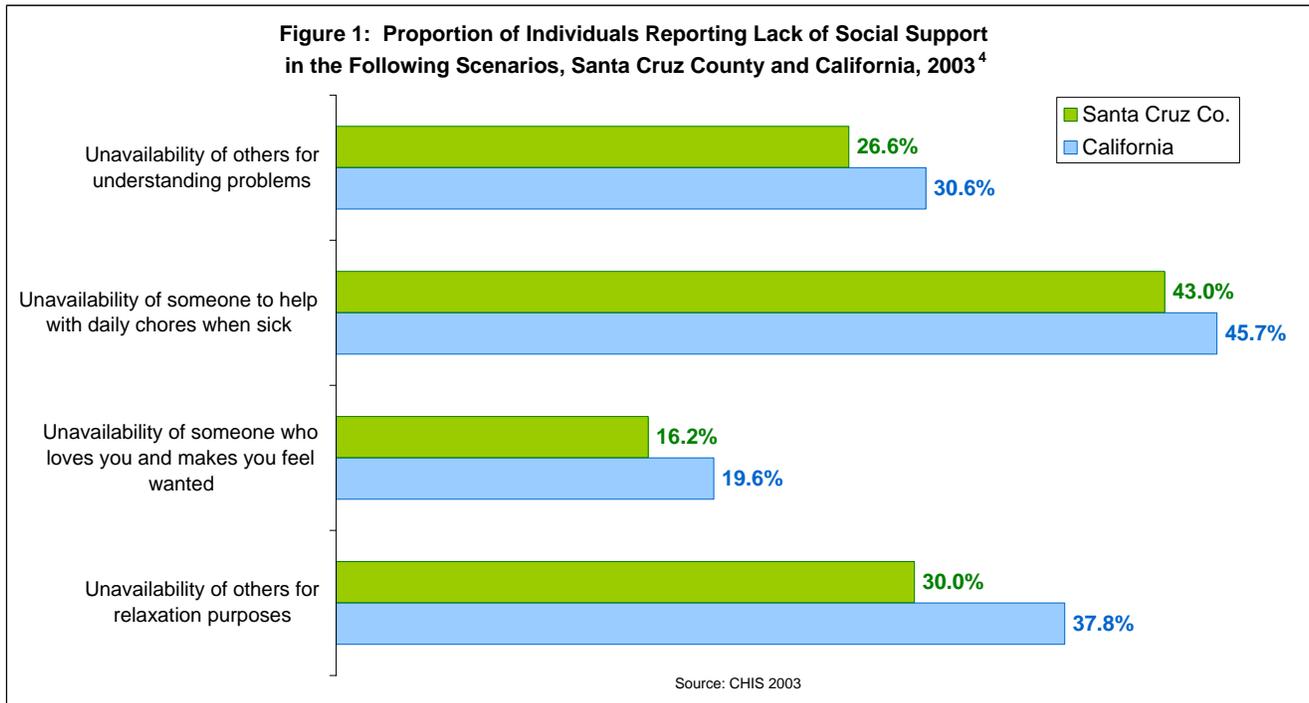
FAMILY AND SOCIAL SUPPORT

<p>Importance</p>	<p>Family and social support are important factors in supporting a healthy, long life. The lack of family and social support is adversely related to both mental and physical well-being. The effects of family and social support are present at any age, but are more apparent for the very young and the very old, who are often more dependent on others. The latter becomes more of a factor as our population ages and more older adults find themselves living alone without a care-giver or other source of adequate social support located nearby.¹ Poor family support, social isolation, and limited interaction with others in the community are all associated with increased morbidity and early mortality.² In a child's life, family support is usually the major source of support. Poor health outcomes such as increased rate of depression and illegal drug use are associated with a stressing of that support, such as having only one parent available.²</p>
<p>Definitions</p>	<p><u>Single householder</u>: A person living with a child under 18 and not living with a legal spouse of the opposite sex.³ For the purpose of this report, a single householder is equivalent to a <u>single parent</u>.</p>

INADEQUATE SOCIAL SUPPORT

According to the CDC's Behavioral Risk Factor Surveillance System (BRFSS), 22% of the Santa Cruz County adult population feel that they never, rarely, or only sometimes receive the social support they need, compared to 25% of all California adults; this percentage varies from county to county in California, between 12% and 31%.²

In 2003, the California Health Interview Survey (CHIS) asked adults four questions related to social support. The questions asked about the availability of others for relaxation purposes, of someone who loved the respondent and made them feel needed, of someone to help with daily chores when they were sick, and of others for understanding problems. Santa Cruz County residents less often than California residents answered that no one was available, or that someone was available only rarely or sometimes (Figure 1).⁴ Over 40% of adults in Santa Cruz County reported not having someone available to help with daily chores when they are sick, and over 16% reported not having someone who loves them and makes them feel welcome.⁴ Unfortunately, recent CHIS surveys have not asked respondents about social support for more recent comparisons.

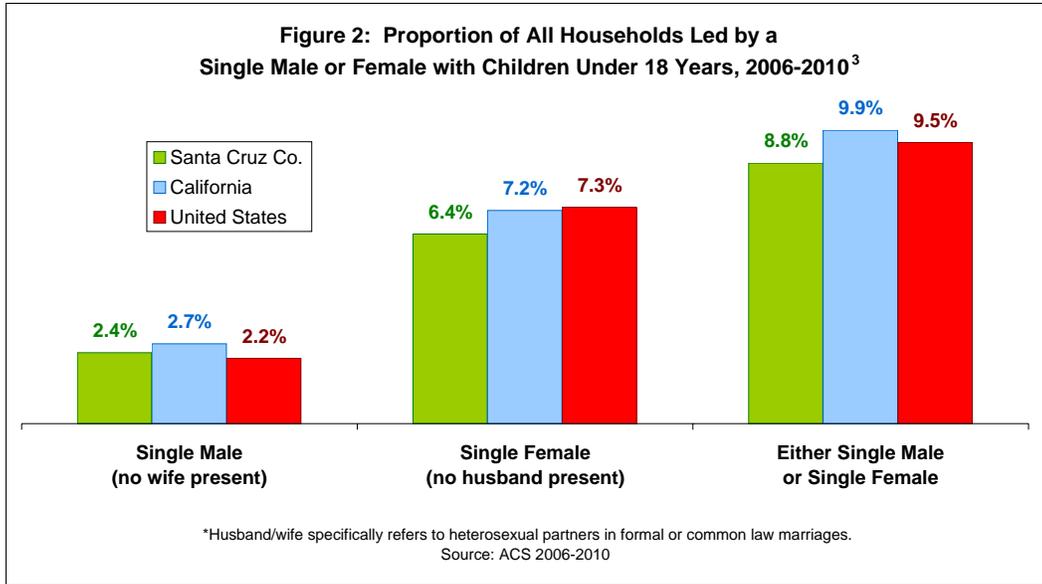


FAMILY AND SOCIAL SUPPORT

SINGLE-PARENT HOUSEHOLDS

Data collected between 2006 and 2010 showed that 28% of Santa Cruz County children lived in single-parent households, compared to 30% of all California children; the percentages varied by county throughout the state, from 21% to 45%.^{2,3}

The U.S. Census American Community Survey (ACS) identified a single householder as a person living with a child under 18 and not living with a legal spouse of the opposite sex.³ Using 2006-2010 ACS Data, the U.S. Census Bureau estimates that 2,214 (2.4%) of the 93,802 Santa Cruz County households were headed by a male single householder, and 6,034 households (6.4%) were headed by a female single householder.³



Helpful Websites	2-1-1	http://211bayarea.org/santa-cruz/
Sources	<p>(1) White AM et al. "Social Support and Self-Reported Health Status of Older Adults in the United States." <i>American Journal of Public Health</i> 99(10):1872-1878, 2009.</p> <p>(2) University of Wisconsin Population Health Institute (BRFSS data). <i>County Health Rankings 2012</i>. http://www.countyhealthrankings.org/.</p> <p>(3) U.S. Census Bureau, American Community Survey 2006-2010. http://www.census.gov/acs/www/index.html.</p> <p>(4) University of California, Los Angeles. California Health Interview Survey (CHIS). 2003. http://www.chis.ucla.edu.</p>	