

**THE COUNTY OF SANTA CRUZ,
CALIFORNIA**



**THE STATE OF THE COUNTY'S HEALTH
2006**

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www.santacruzhealth.org

INTRODUCTION

Thank you for this opportunity to present the state of Santa Cruz County's Health. As you can see from the chart below of major health indicators and conditions, Santa Cruz County residents are far healthier overall than their counterparts in California and in the United States.

COMPARISON OF SANTA CRUZ COUNTY'S HEALTH STATUS PROFILES 2006 REPORT RATES WITH STATE AND NATIONAL RATES			
INDICATOR	SANTA CRUZ COUNTY	CALIFORNIA	UNITED STATES
ALL CAUSES OF DEATH	687.0	704.5	832.7
HEART DISEASE	201.0	203.2	235.6
ALL CANCERS	163.5	164.1	191.5
CEREBROVASCULAR DISEASE	48.7	52.4	54.2
CHRONIC LOWER RESPIRATORY DISEASE	36.0	39.5	43.5
ACCIDENTS	26.9	29.3	37.6
DIABETES	13.7	21.3	25.5
INFLUENZA & PNEUMONIA	18.7	23.6	24.2
ALZHEIMER'S DISEASE	15.4	18.9	22.4
KIDNEY DISEASES	7.6	6.9	21.8
SEPTICEMIA	4.9	2.8	11.7
CHRONIC LIVER DISEASE & CIRRHOSIS	10.5	11.0	9.5
HYPERTENSION & HYPERTENSIVE RENAL	9.1	7.8	7.5
MOTOR VEHICLE ACCIDENTS	9.8	12.1	15.4
SUICIDE	13.2	9.4	10.8
HOMICIDE	2.7	6.7	5.9
PARKINSON'S DISEASE	5.5	5.3	6.1
HIV	2.6	3.9	4.7
HEPATITIS C INCIDENCE	0.13	0.13	1.6
AIDS INCIDENCE (Age 13 and over)	7.22	13.72	17.6
TUBERCULOSIS INCIDENCE	3.09	8.71	5.1
DIABETES	3.80%	5.60%	
INFANT DEATHS: ALL RACES	4.1	5.3	7.0
INFANT DEATHS: ASIAN/PACIFIC ISLANDERS	0.0	4.1	4.8
INFANT DEATHS: BLACK	14.9	11.2	13.8
INFANT DEATHS: HISPANIC	3.7	5.1	5.6
INFANT DEATHS: WHITE	4.2	4.7	5.8
LOW BIRTHWEIGHT INFANTS	5.4%	6.6%	7.9%
LATE OR NO PRENATAL CARE	9.3%	13.0%	16.0%
ADEQUATE/ADEQUATE-PLUS CARE	80.9%	78.3%	75.4%
BIRTHS TO MOTHERS AGED 15-19	32.0%	39.2%	41.6%
BREASTFEEDING INITIATION	92.3%	83.7%	68.0%
PERSONS UNDER 18 IN POVERTY	14.7%	19.6%	19.6%
HIGH SCHOOL DIPLOMA	83.2%	76.8%	80.4%
COLLEGE DEGREE	34.2%	26.6%	24.4%

US data: 2003 (infant mortality = 2002)

County and state data: 2002-2004 three-year averages (infant mortality = 2001-2003 three-year averages)

A recent publication, "Paradox in Paradise¹," revealed a somewhat different portrait of our county's health based on significant demographic differences between north and South County. There are striking health inequities in our county based on race/ethnicity and poverty status. Similar health inequities exist in every community; we in Santa Cruz County find them unacceptable and applaud this analysis for shining a light on the issues and helping our Health Services Agency focus its efforts.

The CDC has developed Health Protection Goals in order to prioritize and focus the work of public health and measure progress and investments. This following report focuses on several aspects of these developmental stages.

Healthy People in Every Stage of Life: All people, and especially those at greater risk of health disparities, will achieve their optimal lifespan with the best possible quality of health in every stage of life.

- **Start Strong:** Increase the number of infants and toddlers that have a strong start for healthy and safe lives.
- **Grow Safe and Strong:** Increase the number of children who grow up healthy, safe, and ready to learn.
- **Achieve Healthy Independence:** Increase the number of adolescents, who are prepared to be healthy, safe, independent, and productive members of society.
- **Live a Healthy, Productive and Satisfying Life:** Increase the number of adults who are healthy and able to participate fully in life activities and enter their later years with optimum health.
- **Live Better, Longer:** Increase the number of older adults who live longer, high-quality, productive and independent lives.

Our County excels in many areas that are outlined below that fall within the context of the CDC's goal of Healthy People in Every Stage of Life.

EMERGENCY MEDICAL SERVICES:

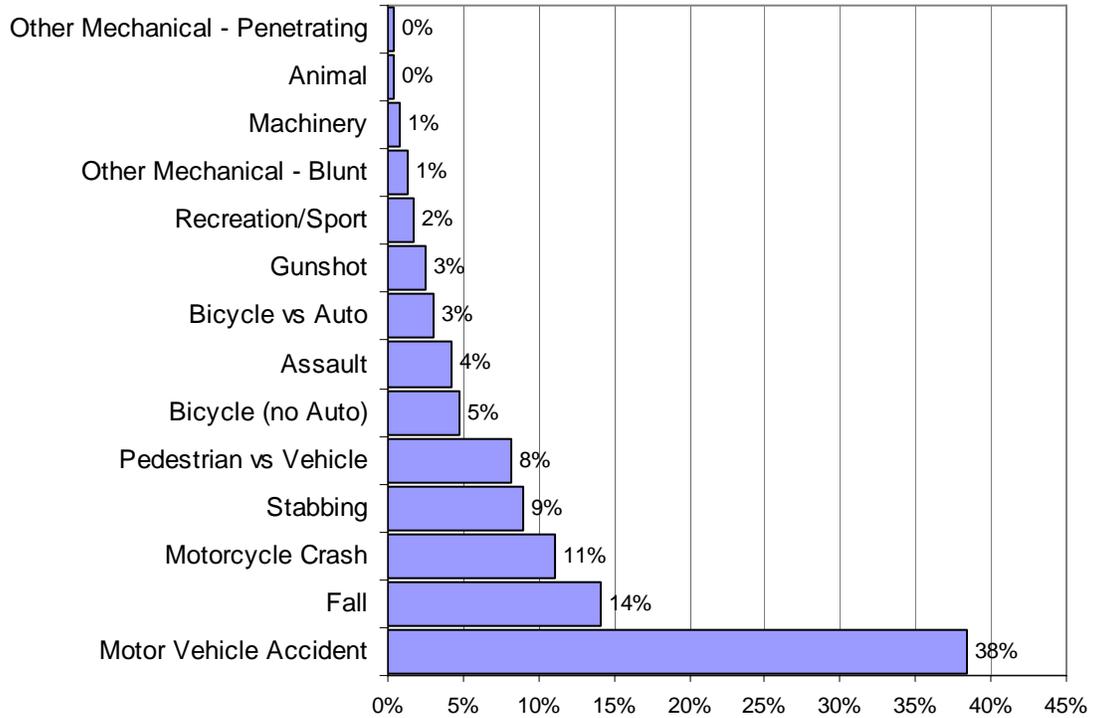
In 2005, more than 250 severely injured people were taken from Santa Cruz County to trauma centers in Santa Clara County. Almost 50% of these cases are the result of motor vehicle or motorcycle crash.

As you know, there are no trauma centers in Santa Cruz County, primarily because a county our size does not generate enough patients to sustain a trauma center. We are geographically close to the three trauma centers in Santa Clara County and rely on helicopters to take the majority of severely injured patients to the trauma centers.

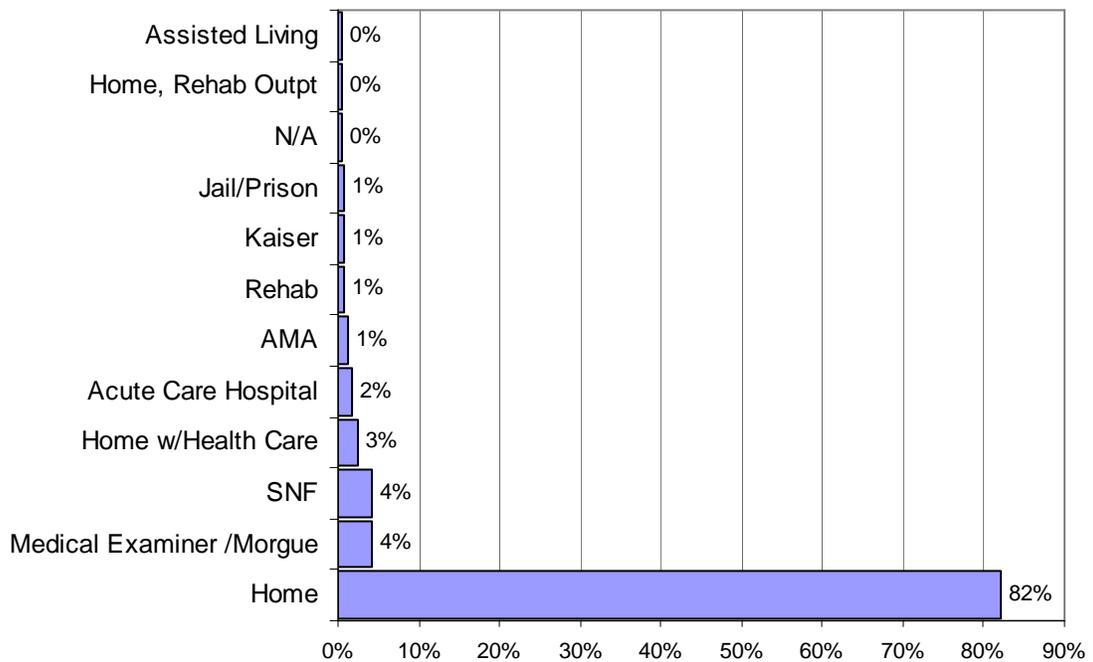
¹ Diringer J, Gilman A. 2006 *Paradox in Paradise: Hidden Health Inequities on California's Central Coast*, San Luis Obispo, CA

OUT OF COUNTY TRANSPORT w/Complete Documentation: N=234

MECHANISM OF INJURY



DISCHARGE DESTINATION



A number of improvements in the emergency medical services system have benefited county residents. 9-1-1 dispatchers have the ability to simultaneously send ground and air ambulances to calls in remote areas of the county. This greatly increases the chances for survival of the most seriously injured victims. In less remote areas of the county where helicopters are not automatically dispatched, paramedics are able to follow protocols and can make the request for helicopters without waiting for approval or consultation with a higher medical authority. Approximately 20% of major trauma victims must remain in Santa Cruz County for their care because the helicopters are already busy elsewhere or because of inclement weather and poor visibility. Helicopters will soon be able to use "instrument flight rules" in low visibility at Dominican Hospital's helipad, making it possible for more of our severely injured victims to receive the care available at a trauma center.

**Comparative Injury Severity and Mortality
CY 2005**

Santa Cruz County

	Number Admitted	Deaths	% Mortality	NTDB 2004 Mortality
Range 1-9	44	0	0%	1%
Range 10-15	21	0	0%	2%
Range 16-24	13	0	0%	6%
≥ 25	23	2	9%	33%

All Counties

	Number Admitted	Deaths	% Mortality	NTDB 2004 Mortality
Range 1-9	468	5	1%	1%
Range 10-15	217	1	0%	2%
Range 16-24	196	7	4%	6%
≥ 25	200	36	18%	33%

Stanford Trauma

MENTAL HEALTH, SUBSTANCE ABUSE, AND HOUSING

With the passing of Proposition 63 and the advent of the Mental Health Services Act we are challenged with the new mandate to "transform the mental health system." This entails new ways to provide services, a major clinical shift is to be a "person centered" driven agency, which includes family and consumers at every level of both decision-making as well as service delivery, as opposed to the medical model.

One of the primary challenges is to meet the unserved and underserved needs of our community, especially with the Latino population. This will involve outreach, education and engagement in the community.

Methamphetamine has impacted our community and is presenting huge challenges to control our inpatient budget, as the behaviors associated with this substance often require acute hospitalization days until the individual is stable. Currently 30% of inmates in the Santa Cruz County jail are incarcerated due to substance use.

During fiscal year 2005-2006 a total of 64 new units of permanent affordable (subsidized) housing with supportive services were funded for single homeless adults with disabling conditions. This includes 18 units funded through HUD Homeless Shelter Plus Care; 33 units funded through HUD Housing for Homeless Addicted to Alcohol chronically homeless adults); 13 units at Barson Street through an impressive collaboration between HUD, the County, the City of Santa Cruz, South County Housing and HSA.

However, the success represented by these 64 units of housing made newly available this year must be compared to a remaining unmet need amount of 1,404 units, for homeless families and adults as documented in the County's 2006 Exhibit 1 of the Homeless Continuum of Care Application submitted to HUD just this month.

IMMUNIZATIONS

If you were born a hundred years ago, at the turn of the century, your average life expectancy was 45 years. Today, we can expect to live well past the age of 80. During the last century, over 35 years have been added to the average American's life span. Public Health improvements are responsible for 25 of those years thanks to measures that protect the safety of the food, water, the development of effective vaccines, and other public health interventions.

Childhood vaccinations are considered among the top ten achievements to improve health, relieve suffering, and protect life. Childhood vaccinations have made once common disease—diphtheria, measles, mumps, polio—diseases of the past. I am old enough to remember iron lungs, braces, and parents worried about swimming in the summer.

All cases of vaccine preventable disease have declined more than 97% from peak levels before vaccines were available. Vaccines are now available that protect children and adults against 15 life-threatening or debilitating diseases. And there are many exciting new vaccines on the horizon. This month the federal FDA ruled on an application to license a vaccine, Human Papilloma Virus vaccine (HPV) that has the potential to virtually eliminate cervical cancer—still the 3rd leading cause of cancer deaths among women in the world.

Yet Santa Cruz County's immunization rates lag behind state immunization rates among various age groups of children.

Only 85.3% - 86.5% of children enrolled in child care centers or kindergartens countywide were up to date for all required immunizations, compared to about 93% statewide. Santa Cruz County continues to have significantly higher rates of "personal belief exemptions" (PBE) than California as a whole. During 2005, Santa Cruz had a 6.75% PBE rate for incoming kindergartners while California's rate was 1.33%. This translates into 223 kindergarten age children who were not vaccinated due to PBE. If Santa Cruz County had the same PBE rate as the State, we would have only 44 kindergarten age children who were not fully vaccinated. Instead, we have 179 more children needlessly at risk for preventable diseases that could lead to potentially serious illness and possible death.

**2000 to 2005 Data
California and Santa Cruz**

CHILD CARE

Year	# Students (2-5 yr)	# of centers	% Enrollees with All Required Immunizations		Conditional Admits (% needing 1 or more vaccines)	PBE (SC)	PBE (CA)
			State	Santa Cruz			
00	3,095	70	94.1%	90.2%	7.5%	2.1%	1.1%
01	2,942	90	91.8%	84.4%	10.9%	4.2%	1.3%
02	3,101	75	94.3%	83.1%	11.5%	4.6%	1.3%
03	2,838	78	93.4%	87.6%	6.9%	4.9%	1.35%
04	3,343	75	93.7%	88.0%	6.9%	4.4%	1.26%
05	3,353	70		86.5%	13.5%	3.75%	

KINDERGARTEN - FALL

Year	#Students	# of centers	% Enrollees with All Required Immunizations		Conditional Admits (% needing 1 or more vaccines)	PBE (SC)	PBE (CA)
			State	Santa Cruz			
00	3,359	50	92.2%	90.1%	6.3%	3.4%	1.0%
01	3,456	59	90.9%	88.3%	6.4%	4.98%	1.19%
02	3,351	62	92.3%	87.8%	6.5%	5.43%	1.11%
03	3,140	61	92.5%	87.6%	7.6%	4.39%	1.16%
04	3,063	57	92.8%	87.0%	8.1%	4.57%	1.24%
05	3,303	63	92.8%	85.3%	7.36%	6.75%	1.33%

Santa Cruz County has few outbreaks of preventable diseases, although we continue to be diligent due to outbreaks throughout the country and world that could potentially affect our county. If our children never left the United States, they would have little risk of contracting a vaccine preventable disease. However, how many of our children never go abroad for travel, for education, for work at some point in their lives? Suffering a routine childhood vaccine preventable disease at an advanced age is far more likely to result in serious consequences such as sterility.

Mumps Outbreaks 2006

<u>Country</u>	<u>Number of Cases</u>
USA	2597 (11 states)

The current (and ongoing) mumps epidemic in the United States began on a college campus in Iowa in December 2005. As of May 2, 2006, there were 2597 cases in 10 additional states. The median age of the cases is 21 years with the largest numbers affected being 18-24 years of age. Although the source case has not been identified, 11 infected people traveled on 33 commercial flights involving 8 different airlines during this epidemic. The complications from this epidemic have not yet been finalized; thus far there are: 27 cases of orchitis (inflammation of the testes), 11 cases of meningitis, 4 cases of encephalitis, and 4 cases of permanent deafness reported. All of these cases and complications could have been prevented by appropriate vaccination in childhood.

Santa Cruz County had a mumps outbreak (imported) in 2004. There are no current reported mumps cases in Santa Cruz County.

Measles—Current situation

The Pan American Health Organization is warning travelers to the World Cup in Germany to make certain they are immunized against measles, in light of recent measles outbreaks reported in Germany and other European countries.

Measles Outbreaks 2006

<u>Country</u>	<u>Number of Cases</u>
Germany	1106
Venezuela	49
UK/Wales	72
Mexico	22
USA	13 (Boston)
Canada	7
Australia	1 (imported from Germany)

The current measles outbreak in Boston began in an office building with 2000 workers. Thus far, over 7000 doses of Measles-Mumps-Rubella (MMR) have been given to exposed people. Measles is one of the most highly infectious diseases and has potentially fatal consequences for the very young and the very old.

There have been no reported cases of measles in Santa Cruz since 2004 (imported). Previous to that we had one case in 2001, four cases in 2000, and six in 1999.

Rubella Outbreaks 2006

<u>Country</u>	<u>Number of Cases</u>
Netherlands	309 (in an unimmunized religious community- 23 pregnant)
Canada	214 (imported from Netherlands -5 pregnant)
Viet Nam	798

As you are aware, rubella in pregnancy is extremely serious with potential consequences of death of the fetus, neurological abnormalities and congenital malformations. Santa Cruz County has not had a case of rubella since 1998.

Polio Outbreaks 2006

<u>Country</u>	<u>Number of Cases</u>
Nigeria	371
Worldwide	82

Santa Cruz County has not had a case of polio for an unknown period of time.

In Minnesota in 2005, there were 5 cases of polio originating from vaccine derived polio infection in an immunocompromised child living in an unvaccinated community.

Pertussis Outbreaks 2006

<u>Country</u>	<u>Number of Cases</u>
Toronto	164

Santa Cruz County has had a fairly constant annual rate of pertussis (40-55/year) in spite a significant increase in cases in California by >50% in 2005(1109→1724). A similar increase has been occurring nationally.

This list of outbreaks, both national and international, demonstrate the importance of protecting our children from vaccine preventable diseases. We do not live in a gated community world.

OVERWEIGHT

This is the area we, as a County, need to continue to focus our efforts on. Although obesity cuts across age, race, and ethnic groups, it does not do so evenly. Poverty and ethnicity converge to amplify the risk for overweight and obesity. Families living in or near poverty are less likely to have the leisure time or resources to enjoy physical activity together or to invest in the equipment that many active pursuits require.

Nationally, childhood obesity is more prevalent among Hispanic/Latino children than in other groups. Due to the national childhood obesity epidemic, experts predict that 1 out of 3 babies born in 2002 will develop diabetes in his/her lifetime. We are the stewards of generations that may live a shorter life span than us, thus halting the steady improvement in life expectancy in the United States. Santa Cruz County has been particularly hard hit by the obesity epidemic, and ranks in the top ten counties in California for incidence of childhood overweight.² The California Center for Public Health Advocacy analyzed the 2004 California Physical Fitness Test of 5th, 7th, and 9th graders in Santa Cruz County and found that 27% of children were overweight.³ In 2004, doctors identified 23% of low-income Santa Cruz County children between the ages 5 and 20 as overweight, and 21% were at risk for being overweight.⁴

Overweight Students in Santa Cruz County By Gender and Grade

	Santa Cruz County	California
All Students Tested	26.8%	28.1%
GENDER		
Girls	20.2%	22.0%
Boys	33.1%	33.9%
GRADE		
5 th Graders	27.0%	29.3%
7 th Graders	28.5%	29.1%
9 th Graders	24.7%	25.4%

² California Youth Risk Behavior Survey, 2004.

³ California Center for Public Health Advocacy,

http://www.publichealthadvocacy.org/policy_briefs/county/Santa_Cruz_Fact_Sheet.pdf

⁴ Pediatric Nutrition Surveillance Information (CHDP)

Overweight Students in Cities & Communities in Santa Cruz County*

Community Name	Total Students Tested in 5 th , 7 th , & 9 th Grades	Overweight (%)
Santa Cruz	2,069	24.1
Watsonville	2,769	36.1

Overweight children face a greater risk of developing many health problems during childhood, including type 2 diabetes, high blood pressure, orthopedic problems as well as low-esteem and depression. Overweight children are more likely to be obese as adults, putting them at a much higher risk for heart disease, cancer, stroke, and diabetes later in life.

The California Food Policy Advocates studied obesity and fitness among Santa Cruz County children and found that among 7th graders, only 29.3% were at aerobic capacity as compared to the California State average of 40.8%. Our County needs to do a better job of providing safe, affordable and fun fitness opportunities for our children in order to help them get and stay fit.

Our schools deserve to be congratulated for creating wellness policies to make their campuses healthier. This was a huge effort – parents, teachers, and other community members – came together to decide how to make healthy food accessible at their schools and how to ensure physical activity is an integral part of the day. Some school districts have committed to serving more fresh fruits and vegetables and providing attractive settings for children to eat.

Most of the school districts in our County have adopted their wellness policies before the July deadline set by the federal mandate, and they are leading the way for other counties in the State. We are proud to say that our nutrition program collaborated with Go For Health, a local coalition addressing childhood obesity, to help schools with this challenging task and to encourage community members to get involved in shaping a healthier environment for their schools.

CONCLUSION

We in Public Health, believe in the World Health Organization's definition of health: *"Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity."* This definition is in the Preamble to the Constitution of the World Health Organization as adopted by the International Health Conference, New York, 19-22 June, 1946; signed on 22 July 1946 by the representatives of 61 States (Official Records of the World Health Organization, no. 2, p. 100) and entered into force on 7 April 1948. The Definition has not been amended since 1948.

Our goal in Public Health is to create communities and environments in which people can be healthy. The issues highlighted in this report represent both successes and challenges for all of us. I did not present solutions nor answers. Public presentations such as this are valuable opportunities to present information, pique curiosity, and light a fire under all of us to work together to improve the health of our communities. Thank you.