

Santa Clara County 2010

Health Profile Report



Santa Clara County
Public Health Department

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July 20, 2010

To the Residents of Santa Clara County:

We are proud to present the Santa Clara County Health Profile Report, a report on key health issues in Santa Clara County. This report will serve as a valuable tool as we work cooperatively with local, state, and federal partners to make our County a healthier place to live and work. The report was developed by the Santa Clara County Public Health Department in collaboration with the Santa Clara County Community Benefits Coalition.

In addition to helping us understand the health status of County residents, the goal of this report is to stimulate collaboration and community action to address key health issues and disparities. The process started with a diverse group of stakeholders in the Community Benefits Coalition providing input into the survey questionnaire for the Behavioral Risk Factor Survey, the main source of primary data for the report. Representatives from the Community Benefits Coalition also contributed funding toward developing city-level profiles for Mountain View, Sunnyvale, Gilroy, and San Jose.

This report builds on the approach of the 2007 Community Health Assessment, developed by the Community Benefits Coalition, which looked at the overall health status of our community. This year's report focuses on 10 key factors that affect the health and well-being of Santa Clara County residents. The Executive Summary provides an overview of the report. The full report is available on the Santa Clara County Public Health Department's website (www.sccphd.org) and on the websites of the Community Benefits Coalition partner organizations.

We hope this document will serve as a starting point for our collective action to improve the health of the community. We invite you to join us and our key partners in the community to improve the health status of the people of Santa Clara County. At the Public Health Department, we will continue to work for a healthier Santa Clara County by promoting access to healthy environments, by taking steps to prevent disease, and by striving to deliver these services in a fiscally prudent manner.

We thank the members of the Community Benefits Coalition for their contributions and efforts in making this report a reality, particularly the Executive Committee members who provided invaluable input, oversight, and funding to make it happen. The Coalition identifies challenges and opportunities for government agencies, community organizations, and healthcare organizations to improve the health and quality of life in Santa Clara County. Coalition sponsors include: Santa Clara County Public Health Department; Kaiser Permanente Santa Clara; Kaiser Permanente San Jose; United Way Silicon Valley; The Health Trust; Stanford Hospital & Clinics; O'Connor Hospital; El Camino Hospital; Saint Louise Regional Hospital; Lucile Packard Children's Hospital at Stanford; and the Hospital Council of Northern & Central California, South Bay Section.

Sincerely,



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Chapter 1: Social Determinants of Health



According to the World Health Organization, social determinants of health “are the conditions in which people are born, grow, live, work and age, including the health system. These circumstances are shaped by the distribution of money, power, and resources at global, national and local levels, which are themselves influenced by policy choices.” These underlying social and economic factors cluster and accumulate over one’s life, and influence health inequities across different populations and places.¹

Health inequities or disparities are the avoidable inequalities in health outcomes. The effect of social and economic conditions on individuals’ lives helps to determine their risk for illness and the actions they take to prevent and treat illness.

This Chapter looks at the following social determinants of health:

- Demographics
- Income and poverty
- Hunger and food insecurity
- Education
- Housing and homelessness
- Caregiving

The Public Health Department collaborates with community-based organizations to collect and analyze data for understanding the impact of social determinants on health inequities, and to make recommendations for actions to address them. The agency also supports developing and expanding partnerships that are innovative and community-driven, and advocates for policies to address social conditions that impact health. A report that further explores social determinants of health in Santa Clara County will be released later this year by the Public Health Department.

Key Findings for Santa Clara County

- With more than 1.8 million residents, Santa Clara County is the most populated county in the Bay Area.
- More than 1 in 10 County residents are ages 65 and older and the number of seniors is expected to double by 2050.
- The County is a diverse community and one of the largest counties in the nation where minority populations are the majority.
- Half the County’s residents speak a language other than English at home.
- Thirty-eight percent (38%) of County residents were born outside the United States.
- Santa Clara County has one of the highest median incomes in the nation, and yet 1 in 10 children and 1 in 12 adults live below the Federal Poverty Level.

Changing Demographics

What is it?

Demographics are the characteristics that define any given population. These characteristics typically include sex, age, race, ethnicity, income, education, and employment. Measuring demographic factors creates a picture of who lives in Santa Clara County. This section provides an overview of these demographic factors and highlights local trends.

Why is it important?

Demographic factors can impact residents' health and well-being. Demographic trends provide important insights into how the population is changing, which helps determine what health programs will be needed in the future to meet the needs of Santa Clara County's demographically diverse residents.

What is Santa Clara County's status?

With more than 1.8 million residents, Santa Clara County is the sixth most populated of California's 58 counties and the most populated county in the Bay Area.² The County's 15 cities contain 95% of the County's population; more than half of the County's residents live in San Jose.

Table 1.1: Santa Clara County Population by City

City	Total	Percentage
Campbell	40,161	2.2%
Cupertino	55,551	3.0%
Gilroy	51,173	2.8%
Los Altos	28,291	1.5%
Los Altos Hills	8,837	0.5%
Los Gatos	30,296	1.6%
Milpitas	69,419	3.8%
Monte Sereno	3,579	0.2%
Morgan Hill	39,218	2.1%
Mountain View	73,932	4.0%
Palo Alto	63,367	3.4%
San Jose	989,496	53.9%
Santa Clara	115,503	6.3%
Saratoga	31,592	1.7%
Sunnyvale	137,538	7.5%
Balance Of County	99,122	5.4%
Santa Clara County Total	1,837,075	100.0%

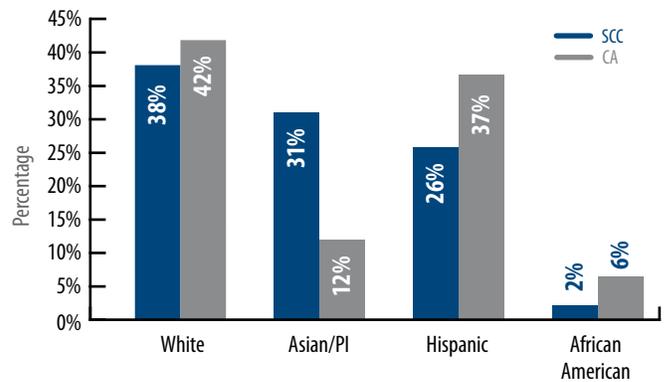
Source: California Department of Finance, 2008 County Population Estimates and Projection

Growing Diversity and Increasing Population

The population has experienced steady growth during the past decade, adding an average of 20,000 people per year.² Three factors make up the components of this population change: the number of births, the number of deaths, and the net migration to this area. Migration from countries worldwide and from other parts of the United States was responsible for a part of the growth in Santa Clara County between 2006 and 2009.²

Santa Clara County is truly reflective of the multicultural society that America is becoming. The racial/ethnic composition of Santa Clara County is 38% White, 31% Asian, 26% Hispanic, and slightly more than 2% African American.³ Other groups (including Pacific Islanders, American Indians, and Alaska Natives) and multiracial categories constitute a small percentage of the population.³

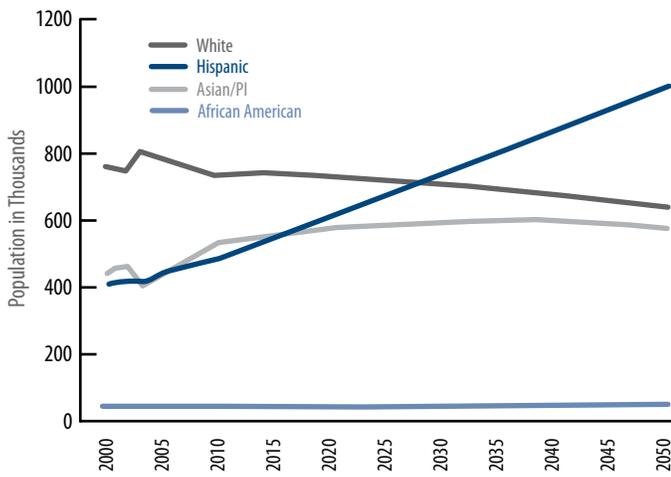
Figure 1.1: Percent Distribution by Race/Ethnicity (SCC vs CA)



Source: U.S. Census Bureau, 2008 American Community Survey 1-Year Estimates

The population is projected to grow to more than 2.3 million by 2050.² The Hispanic population is expected to steadily increase to more than 42%, while the White population is expected to decline to 27% in Santa Clara County by 2050.² The Asian population is expected to increase slightly, while the African-American population is expected to have a slight decline in the same period.²

Figure 1.2: Population Projections by Race/Ethnicity, 2000-2050



Source: California Department of Finance, 2000-2050 County Population Estimates and Projections

Foreign-Born Population

Thirty-eight percent (38%) of Santa Clara County residents were born outside the United States.³ This represents the highest proportion of immigrants in any county in California. More than a quarter of the foreign-born population came to Santa Clara County in the past decade.³ About 60% emigrated from Asia and 30% from Latin American countries.³

More than 100 languages and dialects are spoken in the County. In 2007, Santa Clara County became one of only 10 counties in the U.S. where half the residents speak a language other than English at home.³ The diversity of the local population is an important factor when planning for the health needs of County residents.³

Age

About 25% of the population is ages 18 and younger while more than 10% of residents are ages 65 and older.³ One in 6 individuals will be a senior citizen by 2020 in Santa Clara County.² The aging population will require more resources to be focused on chronic diseases, long-term care, falls among the elderly, elder abuse and neglect, Alzheimer’s disease, and other concerns.

Table 1.2: Demographics by Age

Age Group	Number of Residents	Percent of Total
Ages 0-4	131,153	7.4%
Ages 5 - 9	111,024	6.3%
Ages 10 - 14	117,780	6.7%
Ages 15 - 19	114,581	6.5%
Ages 20 to 24	114,742	6.5%
Ages 25 - 34	236,194	13.4%
Ages 35 - 44	295,158	16.7%
Ages 45 - 54	267,817	15.2%
Ages 55 - 59	101,638	5.8%
Ages 60 - 64	81,681	4.6%
65+	192,731	10.9%

Source: U.S. Census Bureau, 2008 American Community Survey 1-Year Estimates



Education

What is it?

Education is the level of schooling a person has attained, such as a high school diploma or college degree.

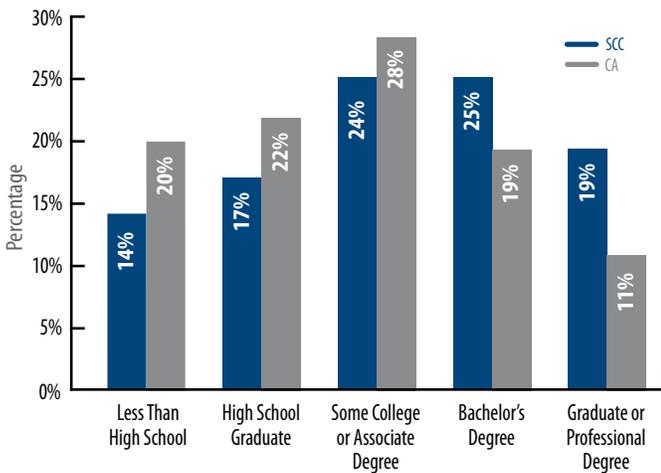
Why is it important?

Education plays an important role in determining a person’s profession or occupation, which impacts economic success. Those who obtain a higher level of education often have higher-paying jobs. People with higher incomes tend to lead healthier lifestyles, have better access to health care, and experience better health outcomes.

What is Santa Clara County’s status?

Nearly half of adults ages 25 and older (44%) have a bachelor’s degree or higher.³ Nineteen (19%) of those ages 25 and older have graduate or professional degrees, while 14% have less than a high school diploma.³ Educational attainment varies by race/ethnicity: 5 in 8 Asian adults have earned a college degree or higher compared to 4 in 8 White, 2 in 8 African-American, and 1 in 8 Hispanic adults in Santa Clara County.³

Figure 1.3: Percent Distribution of Educational Attainment (SCC vs CA)



Source: U.S. Census Bureau, 2008 American Community Survey 1-Year Estimates

Income and Poverty

What is it?

Income and poverty refer to economic status. Income is the amount of money an individual earns through employment. Poverty is often measured in terms of the Federal Poverty Level. The U.S. Department of Health and Human Services calculates the Federal Poverty Level based primarily on a combination of income and household size. The poverty threshold for a family of three was \$17,600 in 2008.⁴

The Federal Poverty Level is one of the indicators for determining eligibility in a wide variety of Federal and State programs. For example, one indicator of Medicaid eligibility is 185% of the Federal Poverty Level. Because the cost of living varies by location, states and counties use multiples of the Federal Poverty Level. Some indicators in this report refer to 200% of the Federal Poverty Level, which is \$42,400 for a family of four based on the 2008 threshold.⁴

The Self-Sufficiency Standard measures the actual cost of living, on a county-by-county basis, accounting for different family sizes, ages of children, and local variations in costs. The Self-Sufficiency Standard is useful in areas like Santa Clara County, where cost of living is high. In 2007, the Self-Sufficiency Standard for a family of two adults and one infant living in Santa Clara County was \$58,512.⁵

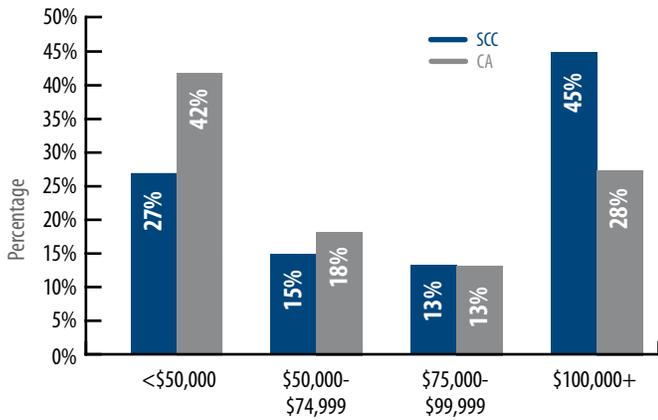
Why is it important?

Income is a contributing factor in determining overall health. People living in poverty often have fewer options for healthy living and reduced access to health care and other services, which may cause them to suffer the burdens of inferior health. In Santa Clara County, there are a disproportionate number of Hispanics and African Americans living in poverty compared to other racial groups, which could result in health inequities.⁵

What is Santa Clara County’s status?

Santa Clara County has the highest median household income in the state. The median annual household income in the County was \$88,848 in 2008.³ While more than 4 in 10 households had incomes of \$100,000 or more, nearly 3 in 10 households had incomes under \$50,000.³

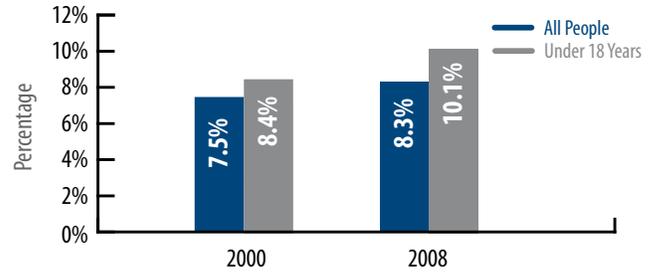
Figure 1.4: Percent Distribution of Income Levels (SCC vs CA)



Source: U.S. Census Bureau, 2008 American Community Survey 1-Year Estimates

In stark contrast to the fact that Santa Clara County has one of the highest median incomes and costs of living in the U.S., nearly 1 in 10 children and 1 in 12 adults in the County live in poverty.³ Among female-headed households, more than 16% live in poverty.³ More than 1 in 5 households in Santa Clara County (22%) live below the Self-Sufficiency Standard.⁵

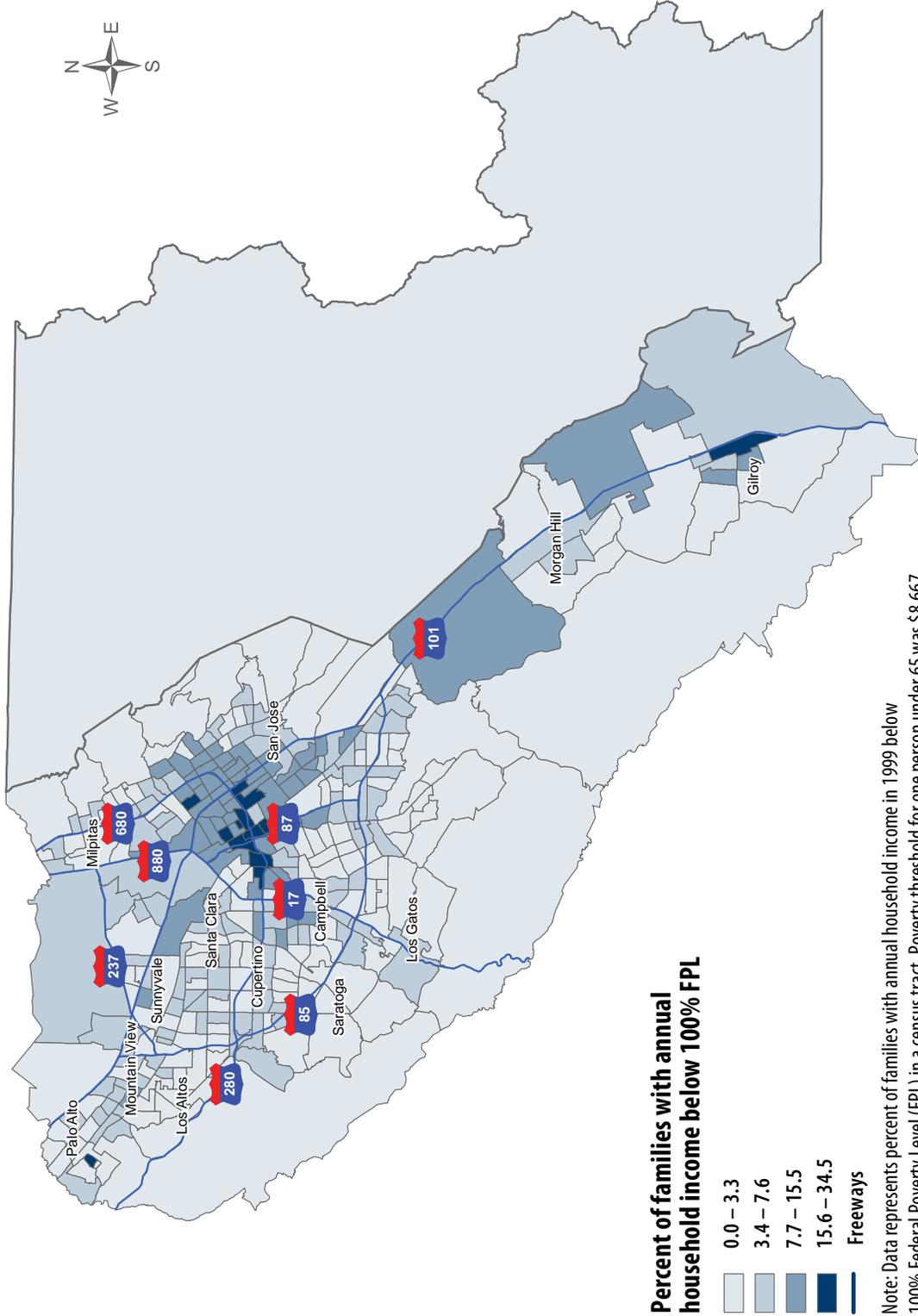
Figure 1.5: Percent Distribution of People Living Below Federal Poverty Level



Source: U.S. Census Bureau, 2008 American Community Survey 1-Year Estimates



Map 1.1: Families with Income Below the Poverty Level



Unemployment

Santa Clara County experienced an unemployment rate of 12% in January 2010, with about 100,000 residents looking for jobs.⁶ That was lower than California's unemployment rate of 13% in January 2010.⁶ The recession has tripled the jobless rate, which was 4% in December 2006.⁶

In 2009, about 11% of residents reported that they or their spouse had been laid off in the past 12 months.⁷ More than 6 in 10 who had been laid off had some college education, a college degree, or a professional degree.⁷

Housing and Homelessness

What is it?

Housing and homelessness refers to a person's living situation. A person is considered homeless if he or she has no permanent place to live.

Why is it important?

Safe and reliable shelter is a basic need, and homelessness and health are intertwined. The health of those who are homeless is often worse than that of the general public and health issues can impact a person's ability to pay for housing. Common health problems among those who are homeless include mental health issues, substance abuse, bronchitis and pneumonia, and wound and skin infections.

What is Santa Clara County's status?

In 2008, there were 617,672 housing units in Santa Clara County.³ Two-thirds (66%) were single-unit structures, 31% were multi-unit structures, and 3% were mobile homes.³ Sixty percent (60%) of homes in Santa Clara County were owner-occupied.³ The median monthly payment was \$3,059 for owners and \$1,365 for renters.³ More than half of homeowners with mortgages (51%) and 44% of renters in Santa Clara County spent 30% or more of their household incomes on housing, a relatively high housing burden for working families.⁴

Foreclosures

Between 2006 and 2008, foreclosure activity in Santa Clara County grew by more than 500%. During that time, 1 in 40 homeowners received a notice of default on their mortgage. Similarly, 1 in 40 of those responding to the 2009 Behavioral Risk Factor Survey had been homeless or temporarily displaced in the past two years due to all causes, including foreclosure.⁷ Nearly 4 in 5 residents who had been homeless or temporarily displaced due to all causes had annual household incomes under \$25,000.⁷

A third of those who were homeless or temporarily displaced were immigrants.⁷ About 2 in 5 had been laid off or their spouse had been laid off in the past 12 months.⁷

Homelessness

In 2009, there were 7,086 homeless individuals (point-in-time estimate) in Santa Clara County (less than 0.4% of the population), and the number of chronically homeless individuals had risen 30% since 2007.⁸ Other 2009 Santa Clara County Homeless Survey findings included:

- 68% of homeless individuals were male, 30% were female, and 2% were transgender
- 18% had children (either living with them or not)
- 33% were White, 33% were Hispanic, 20% were African American, and 4% were Asian
- 79% were living in Santa Clara County when they became homeless
- 67% had one or more disabling conditions
- 47% reported at least one mental health issue
- 4% were veterans
- 41% reported substance abuse issues, compared to 30% in 2007
- 21% cited substance abuse as the primary cause of their homelessness



Hunger and Food Insecurity

What is it?

Hunger is the uneasy or painful sensation caused by lack of food. It is the lack of enough food to meet nutritional needs – literally, going hungry. Food insecurity occurs when individuals and families worry they will not have enough food to eat.

Why is it important?

Lack of proper nutrition and food insecurity impact overall health and well-being. Mental and physical changes that accompany inadequate food intake can have harmful effects on learning, development, productivity, and physical and psychological health.

What is Santa Clara County's status?

Nearly 1 in 25 adults (4%) reported that they had gone hungry in the past 12 months because they could not afford food.⁷ More Hispanics (6%) reported this than other racial/ethnic groups.⁷ More than one-quarter of those who had gone hungry reported that they or their spouse had been temporarily laid off.⁷ More than 6 in 10 adults who reported going hungry were living in a household with one or more children ages 17 or younger.⁷

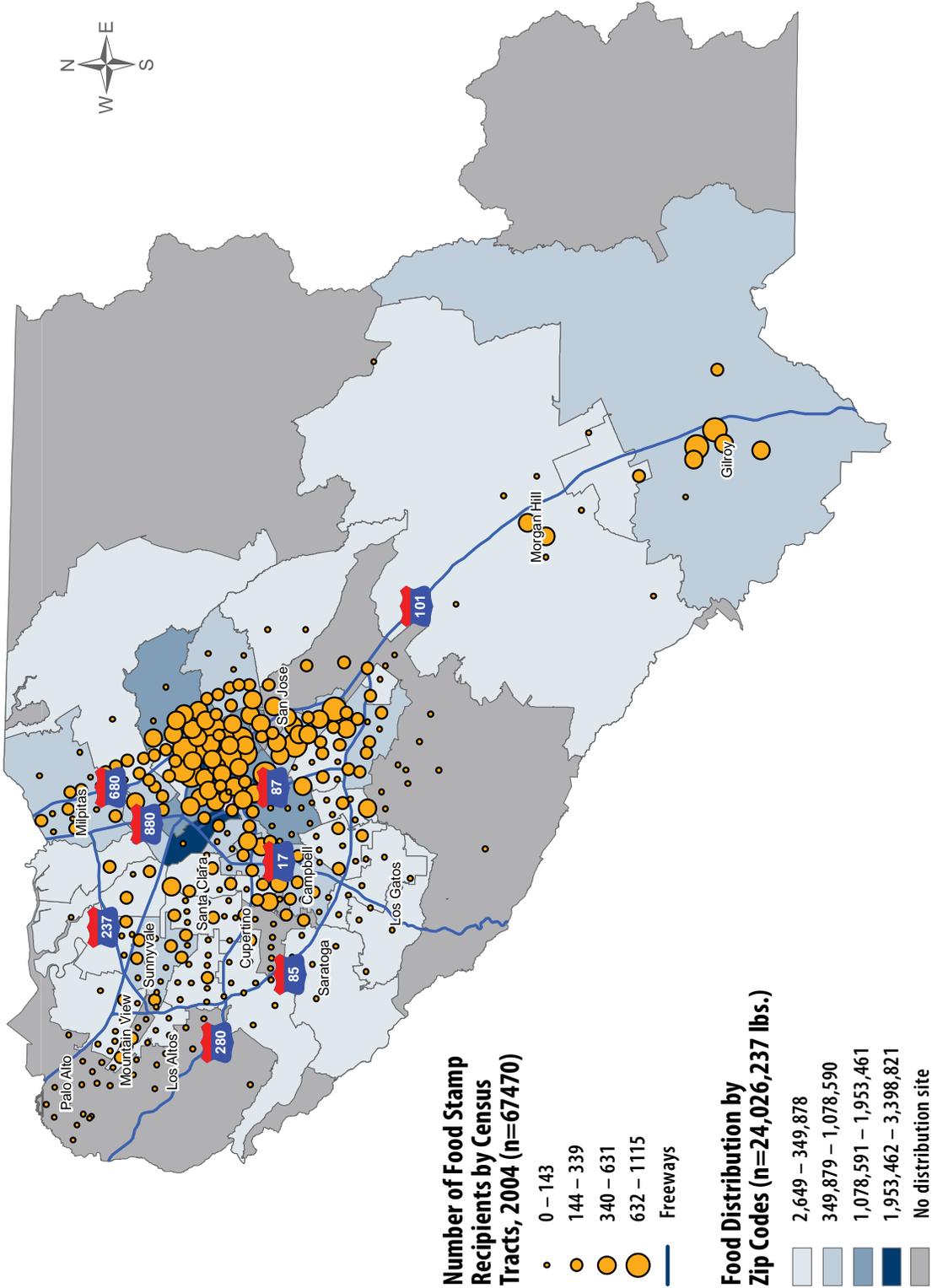
Women, people with less than a college education, and those with annual household incomes under \$50,000 were most at risk of food insecurity.⁷ Hispanics were more likely to have been unable to afford food and to live in households that had been helped by a church, food pantry, or food bank.⁷

Food assistance

Nearly 1 in 10 adults (9%) reported that either they or another adult in the household had obtained food from a food bank, food pantry, or church in the past 12 months.⁷ More than 17% of Hispanics reported this compared to slightly more than 5% of Asians and Whites.⁷ Seven in 10 adults who had obtained food from a food bank, food pantry, or church also reported one or more children ages 17 and younger living in the household.⁷



Map 1.2: Food Stamp Recipients and Food Distribution



Source: Santa Clara County Public Health Department, California Nutrition Network, 2006; Second Harvest Food Bank of Santa Clara and San Mateo Counties, 2007-08

Caregiving

What is it?

As the segment of the population ages 65 and older continues to grow, more adults can expect their parents and partners to live longer, increasing the risk that chronic illness or disability will require them to receive care.⁹

Why is it important?

The 85 and older age group is expected to be seven times its present size by the year 2050.¹⁰ As the population ages, the need for caregiving services will grow. It is often family members who provide the majority of assistance.¹¹ Caregiving is a time-consuming responsibility that inflicts limitations on the caregiver’s personal life. Therefore, caregivers themselves often experience social, economic, and health effects related to the demands of caregiving.¹²

What is Santa Clara County’s status?

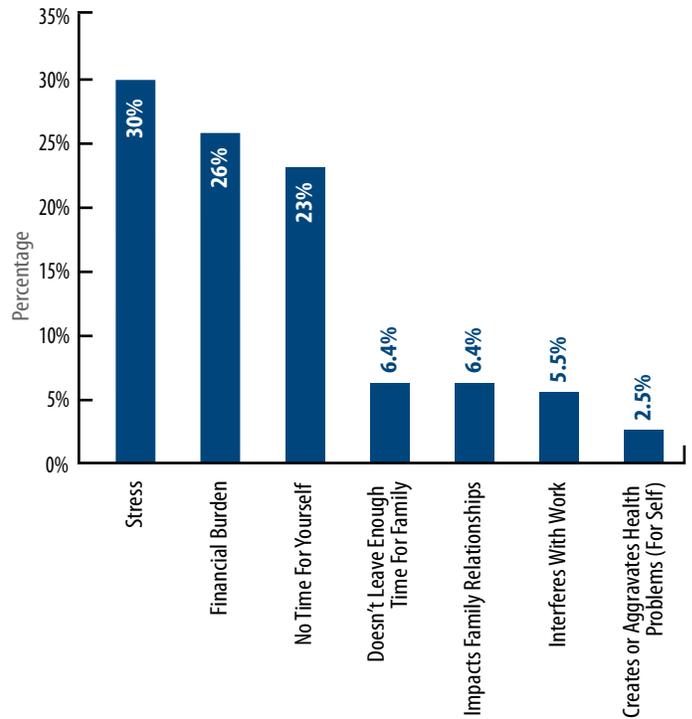
In 2009, 11% of Santa Clara County residents gave regular care or assistance to someone who had a long-term illness or disability.⁷ More women (13%) than men (8%) provided care to a family member or friend, and half of those receiving care were women.⁷ Nearly half the caregivers (48%) had annual household incomes under \$50,000.⁷ Half the caregivers also had one or more children ages 17 and younger living in the household.⁷

Those ages 55–64 represented the highest proportion of caregivers (16%).⁷ Care was most frequently provided to a parent (27%).⁷

Challenges

Caregivers were asked to name the two greatest difficulties of their caregiving role; stress was named by nearly 1 in 3 caregivers (30%) and the financial burden by more than 1 in 4 (26%).⁷ Not having enough time for themselves was named by 23%.⁷

Figure 1.6: Percent Distribution of Greatest Challenges Reported by Caregivers



Source: Santa Clara County Public Health Department, 2009 Behavioral Risk Factor Survey

About 5% of caregivers had been homeless or temporarily displaced from their homes in the past 12 months, compared to 2% of all survey respondents.⁷ Also, about 14% of caregivers had received food from a church, food pantry, or food bank on one or more occasions in the past 12 months, compared to less than 10% of all survey respondents.⁷

Health Status

Nearly half of caregivers (48%) reported that their mental health was not good for at least one day during the past 30 days compared to 32% of non-caregivers.⁷ Three in 10 caregivers reported their physical health was not good for at least one day in the past month.⁷

Care Recipients

One in 5 people who received care from family or friends suffered from heart disease or stroke and diabetes.⁷ More than 1 in 4 who received care (26%) were ages 50 and younger.⁷ More care recipients ages 50 and younger (7.6%) suffered from a psychological disorder such as anxiety or depression than care recipients ages 51 and older (1.1%).⁷

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- ¹ World Health Organization (WHO), Social Determinants of Health.
- ² California Department of Finance, Demographic Research Unit, County Population Estimates and Projections.
- ³ U.S. Census Bureau, 2008 American Community Survey 1-Year Estimates.
- ⁴ U.S. Department of Health & Human Services, Assistant Secretary for Planning and Evaluation, The 2008 HHS Poverty Guidelines.
- ⁵ Insight, Center For Community Economic Development, California Family Economic Self-Sufficiency Standard by County.
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- ⁸ Santa Clara County, 2009 Homeless Census and Survey Report.
- ⁹ Marks NF, "Caregiving across the Lifespan: National Prevalence and Predictors," Family Relations 45.1 (1996).
- ¹⁰ National Council on Aging, Improving the Lives of Older Americans, Caregivers of Frail Older Adults.
- ¹¹ Piercy KW and Chapman JG, "Adopting the Caregiver Role: a Family Legacy" Family Relations, Vol. 50, 2001.
- ¹² Families Worldwide: Beekman N, Family Caregiving <http://www.fww.org/>

Chapter 2: Mortality



Mortality rate is the number of people who died in a given time period in relation to the population size. While various factors contribute to death in different age groups, the leading underlying causes of overall mortality in the U.S. and in Santa Clara County are behavioral risk factors. For example, in 2000, the leading causes of death in the U.S. were tobacco (18% of total deaths), poor diet and physical inactivity (17%), and alcohol consumption (4%).¹ These behaviors are mostly modifiable and could be influenced by preventive public health strategies, including health education, promotion of healthy lifestyles, routine health screenings, and preventive care, to name a few.

Environmental factors also play an important role in death and disease, and this is explored further in Chapter 10, Healthy Environments.

This Chapter looks at mortality in Santa Clara County through a number of statistics:

- Rates of death from all causes
- Leading causes of death
- Life expectancy at birth
- Years of potential life lost due to premature death

Measuring the rates and causes of death in a community is important for understanding the true burden of disease and injury, and monitoring trends. This information is useful for creating strategies to improve overall health and to lower the risk for premature death in Santa Clara County.

Key Findings for Santa Clara County

- Santa Clara County has the lowest mortality rate from all causes of any county in the Bay Area.
- The leading causes of death are cancer and heart disease, which account for half of all deaths.
- African Americans have the highest age-adjusted mortality rate from all causes.
- Motor vehicle crashes are the leading cause of unintentional injury deaths, with the highest mortality rate due to motor vehicle crashes among young adults.

Deaths from All Causes

What is it?

Deaths from all causes refers to the total number of deaths that occurred during a given time period.

Why is it important?

Data about death helps in developing programs to improve the health and life expectancy of County residents. In addition to revealing important information about the prevalence of disease, it demonstrates how other social factors such as violence and poverty affect mortality.

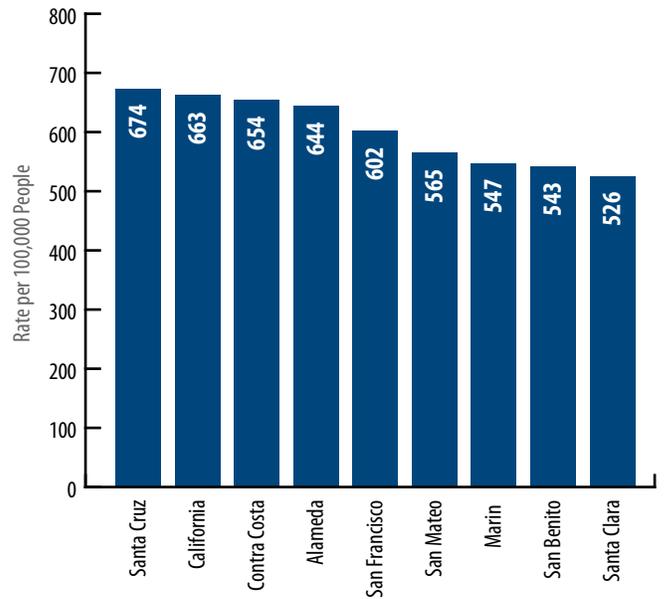
What is Santa Clara County's status?

Death rates from all causes in Santa Clara County reflect a larger trend in the U.S. over the last century in which leading causes of mortality have changed from primarily infectious diseases, such as tuberculosis and influenza (the flu) in 1900, to chronic diseases such as heart disease and cancer in 2005.^{2,3}

While mortality rates from all causes in Santa Clara County and the U.S. are decreasing, racial/ethnic and gender disparities still exist.

In 2007, Santa Clara County had the lowest age-adjusted mortality rate from all causes compared to other Bay Area counties.⁴ The age-adjusted mortality rate (all causes) in Santa Clara County (526 per 100,000 people in 2007) was also lower than California (663 in 2007) and the U.S. (777 in 2006).^{4,5}

Figure 2.1: Age-Adjusted Death Rates (All Causes) by Bay Area County



Source: California Department of Public Health, 2007 Vital Statistics

Gender

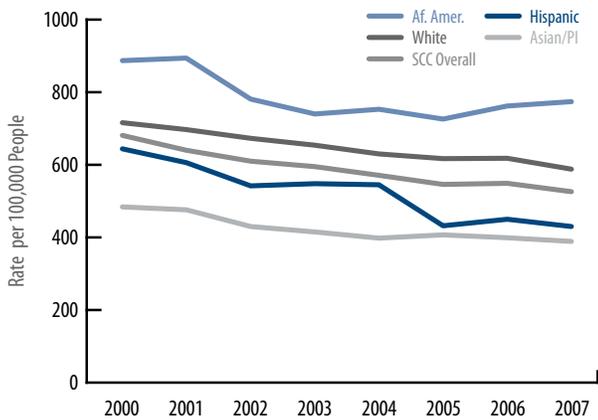
Males experienced a higher mortality rate than females: 607 per 100,000 males compared to 460 per 100,000 for females in 2007.⁴



Race/Ethnicity

Mortality rates (all causes) decreased from 2000 to 2007 for all racial/ethnic groups. African Americans had the highest mortality rate, followed by Whites, Hispanics, and Asians in that order.⁴

Figure 2.2: Age-Adjusted Mortality Rates (All Causes) by Race/Ethnicity, 2000–2007



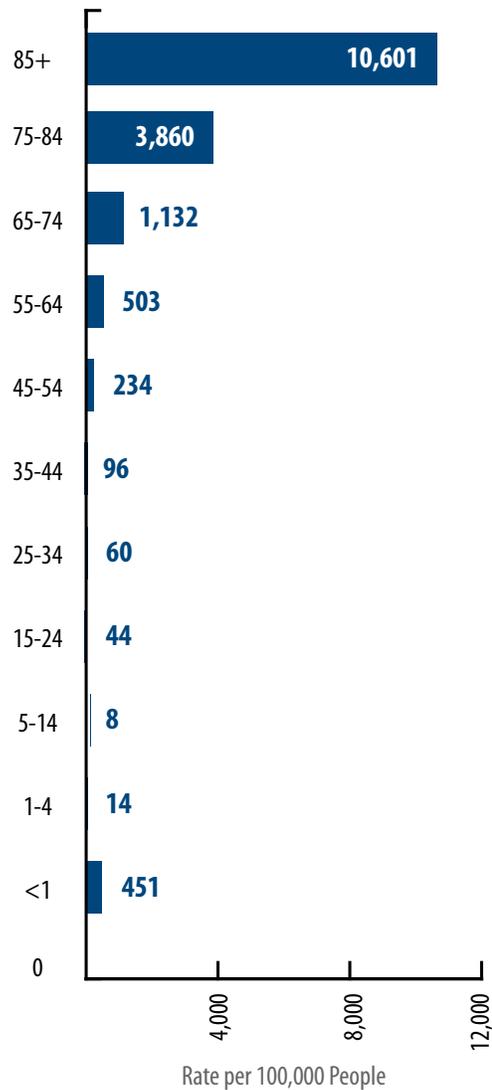
Source: California Department of Public Health, 2000–2007 Vital Statistics



Age

The mortality rate from all causes increases sharply with age. In 2007, it was three times higher for individuals ages 85 or older than for those ages 75–84, and nine times higher than for those ages 65–74.⁴

Figure 2.3: Age-Adjusted Mortality Rates (All Causes) by Age



Source: California Department of Public Health, 2007 Vital Statistics

Leading Causes of Death

What is it?

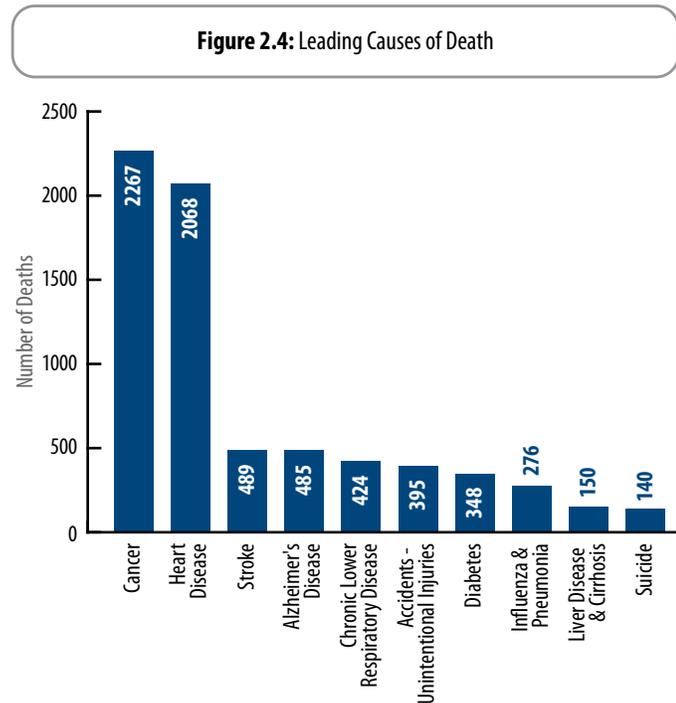
Leading causes of death refer to the most common causes of death based on their frequency of occurrence. Causes of death vary significantly between various age groups: infants (ages <1), children (ages 1-14), young adults (ages 15-24), adults ages 25-44, adults ages 45-64, and adults ages 65 and older.

Why is it important?

Ranking the causes of mortality helps reveal the relative burden of death from specific causes. Strategies can then be prioritized based on the greatest need for education and intervention to prevent deaths.

What is Santa Clara County's status?

In 2007, there were 8,772 deaths among Santa Clara County residents. The top 10 causes of death accounted for 80% of deaths in Santa Clara County in 2007.⁴



Source: California Department of Public Health, 2007 Vital Statistics

Gender

Cancer and heart disease were the leading causes of death in both males and females in 2007, accounting for half of all deaths in the County.⁶ The third most common cause of death for males was unintentional injuries, and for females it was Alzheimer's disease.⁶

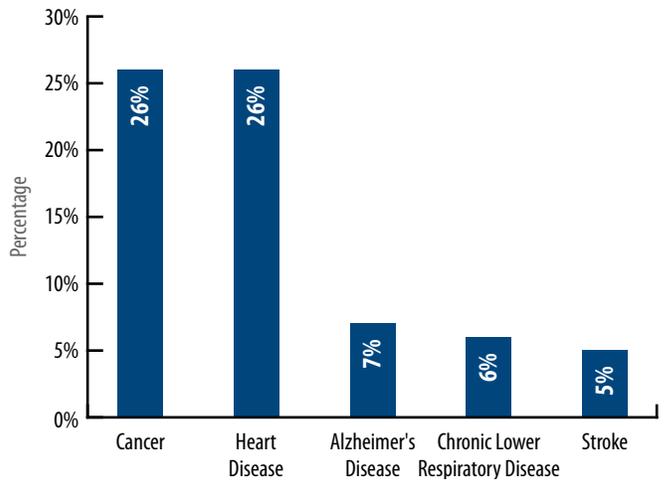
Race/Ethnicity

The top two causes of death were the same for all major racial/ethnic groups in 2007: cancer and heart disease.⁶

Stroke was the fifth most common cause of death for all racial/ethnic groups except Asian/Pacific Islanders, for whom it ranked third.⁶

Chronic lower respiratory disease, which includes chronic bronchitis and emphysema, was among the top five causes of death only among Whites.⁶

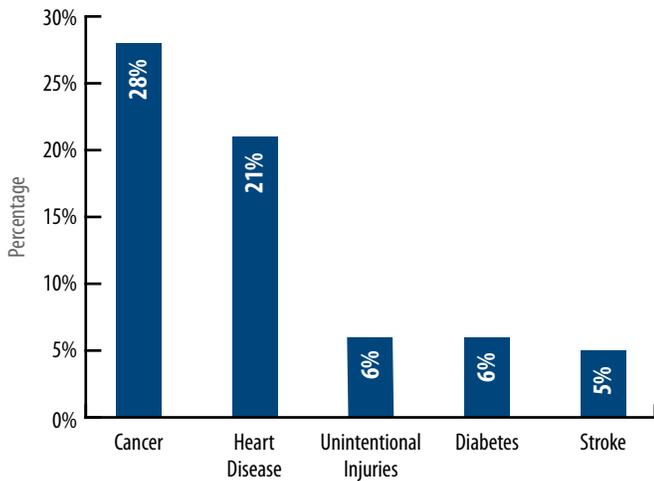
Figure 2.5: Leading Causes of Death for Whites



Source: Santa Clara County Public Health Department, 2007 Death Database

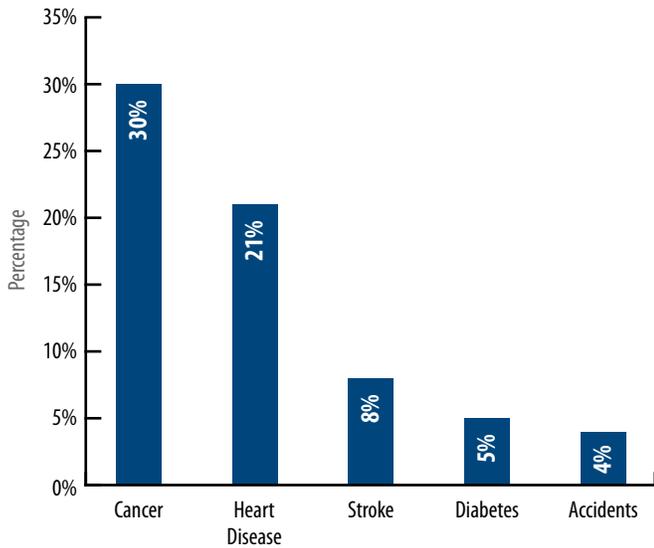
Unintentional injuries and diabetes were among the five leading causes of death for all major racial/ethnic groups except Whites.⁴

Figure 2.6: Leading Causes of Death for African Americans



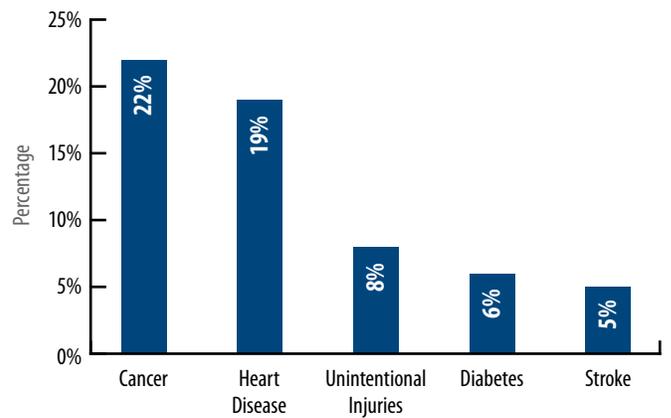
Source: Santa Clara County Public Health Department, 2007 Death Database

Figure 2.7: Leading Causes of Death for Asian/Pacific Islanders



Source: Santa Clara County Public Health Department, 2007 Death Database

Figure 2.8: Leading Causes of Death for Hispanics

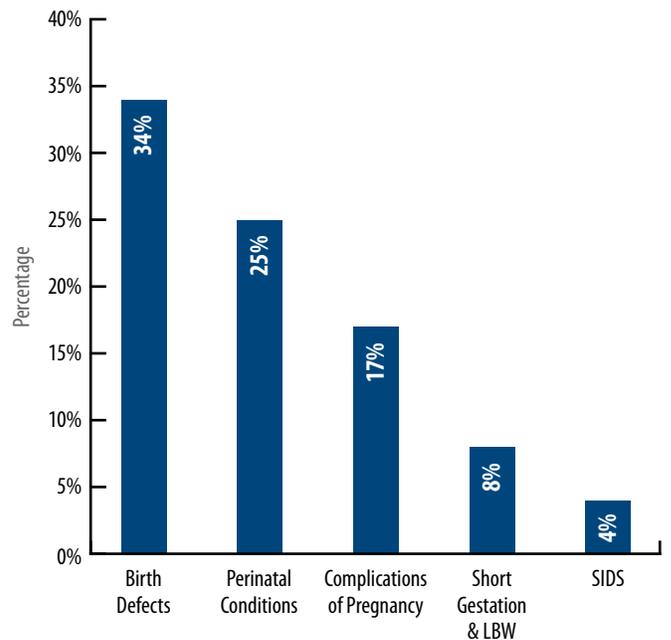


Source: Santa Clara County Public Health Department, 2007 Death Database

Age

In 2007, birth defects were the leading cause of death for infants (34%), followed by perinatal conditions (25%), and complications of pregnancy (17%).⁴ Perinatal conditions are diseases and illnesses that occur during the period closely surrounding birth.

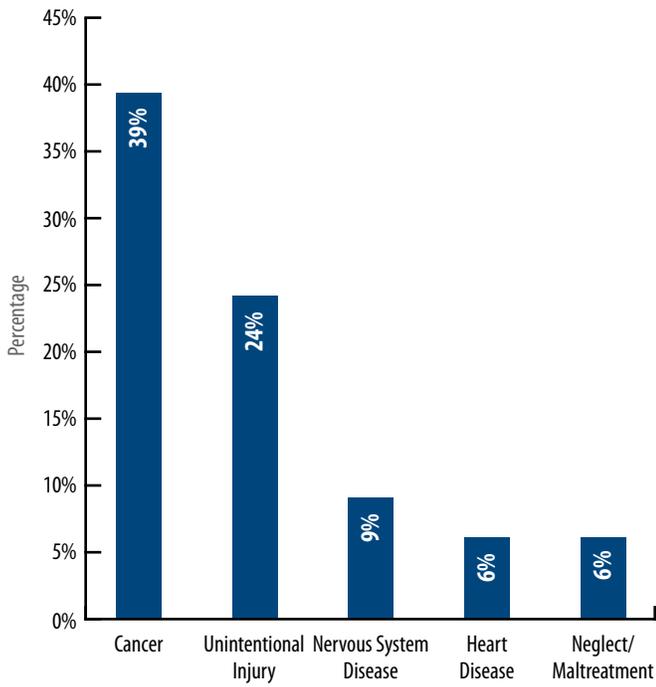
Figure 2.9: Leading Causes of Death for Children Under Age 1



Source: Santa Clara County Public Health Department, 2007 Death Database

Cancer was the most common cause of death for children ages 1-14 (39%), followed by unintentional injuries at 27%.⁴

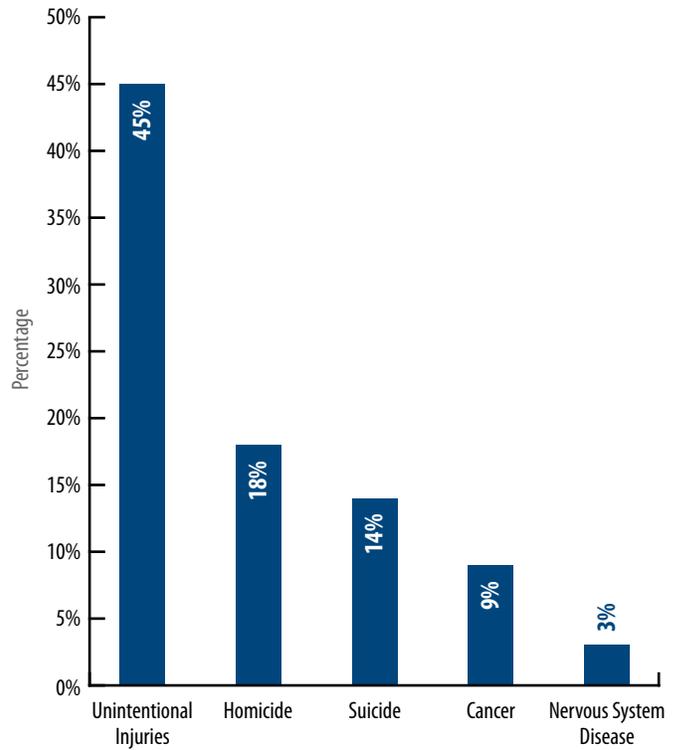
Figure 2.10: Leading Causes of Death for Ages 1–14



Source: Santa Clara County Public Health Department, 2007 Death Database

Unintentional injuries were the leading cause of death for adolescents and young adults ages 15–24 (45%), followed by homicide (18%) and suicide (14%).⁴

Figure 2.11: Leading Causes of Death for Ages 15–24

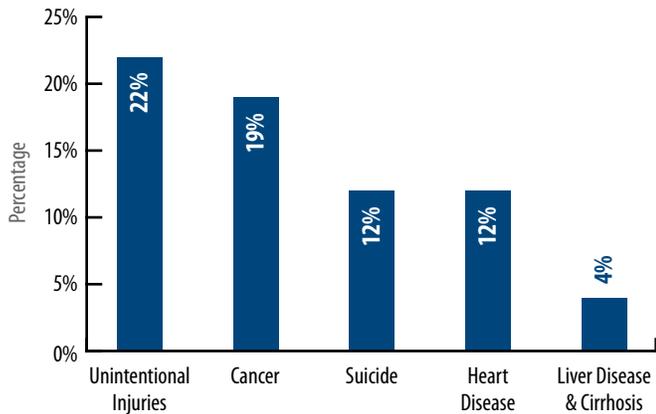


Source: Santa Clara County Public Health Department, 2007 Death Database



The leading cause of death for adults ages 25–44 was unintentional injuries (22%), followed by cancer (19%) and suicide (12%).⁴

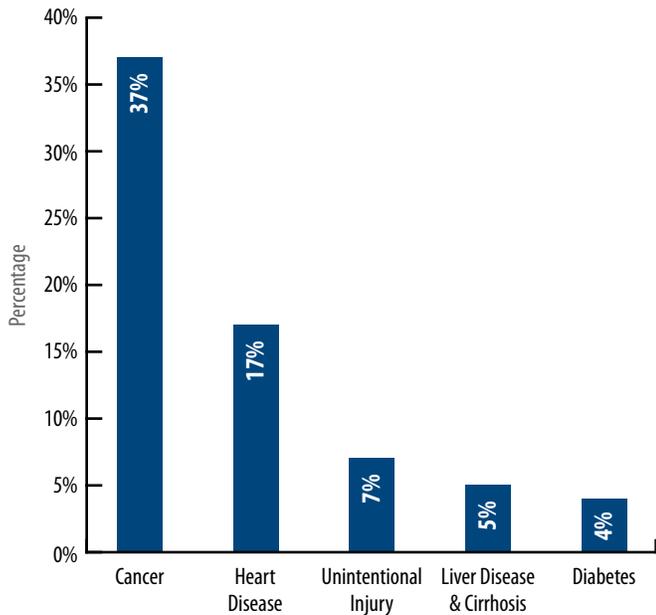
Figure 2.12: Leading Causes of Death for Ages 25–44



Source: Santa Clara County Public Health Department, 2007 Death Database

Cancer was the leading cause of death for adults ages 45–64 (37%), followed by heart disease (17%) and unintentional injuries (7%).⁴

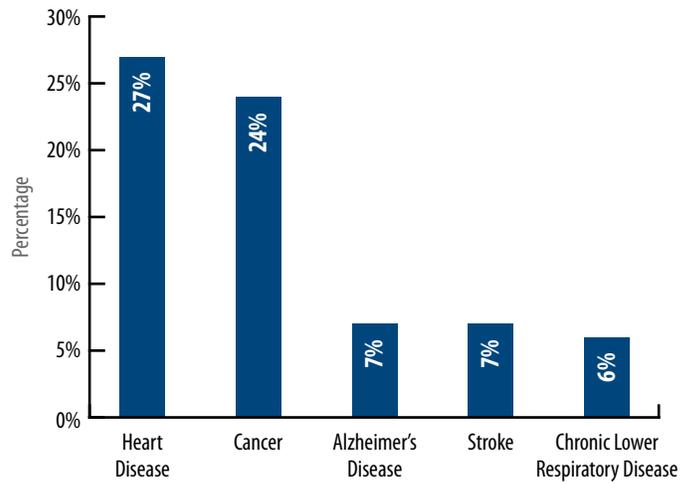
Figure 2.13: Leading Causes of Death for Ages 45–64



Source: Santa Clara County Public Health Department, 2007 Death Database

Together heart disease (27%) and cancer (24%) accounted for more than half of the deaths for adults ages 65 and older.⁴

Figure 2.14: Leading Causes of Death for Ages 65 and Older



Source: Santa Clara County Public Health Department, 2007 Death Database



Life Expectancy and Premature Deaths

What is it?

Life expectancy is the estimated number of years that a newborn is expected to live if current mortality rates continue to apply. Life expectancy at birth is most commonly used; however, life expectancy at other ages can also be used as an indicator.

Premature death is measured in years of potential life lost. In this report, years of potential life lost represent the number of years of life lost due to all causes of death before age 75, summed over all age groups.

Why is it important?

Life expectancy is a very useful summary measure of the health of a community. It is especially important in terms of the persistent disparities between different groups, primarily racial and ethnic, but also socioeconomic.

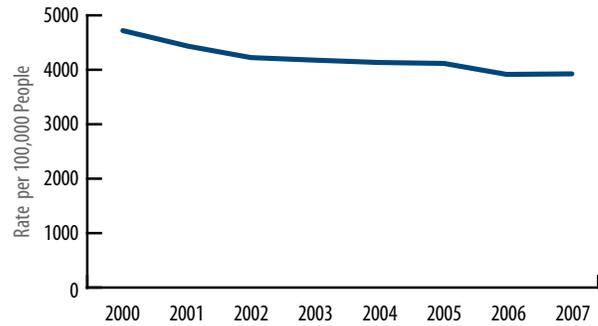
Years of potential life lost reflects a loss to society in productivity. Many premature deaths could be prevented by public health intervention; monitoring trends can influence the creation of programs that help more residents live longer and fulfill their life's potential.

What is Santa Clara County's status?

Life expectancy has improved significantly over the last century. In the U.S., people now live an additional 30 years, with a life expectancy at birth of 78 years in 2006, as compared to 1900, when life expectancy at birth was 47 years.⁷ In Santa Clara County, life expectancy at birth increased from 76 years in 1980 to 80 years in 1999.⁸

In terms of premature death, in 2007, the age-adjusted years of potential life lost in Santa Clara County were 3,925 years per 100,000 people, which was lower than the state rate of 5,642 years.⁹ Years of potential life lost decreased from 4,719 in 2000 to 3,925 in 2007.⁹

Figure 2.15: Age-Adjusted Years of Potential Life Lost at Age 75, 2000–2007

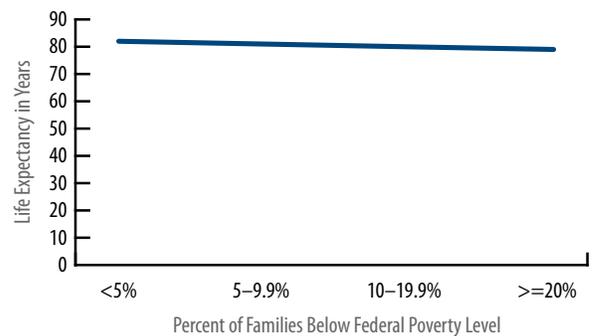


Source: California Department of Public Health, 2000–2007 Vital Statistics

Despite the improved longevity, disparities in life expectancy exist across genders and racial/ethnic groups. In 1999, life expectancy at birth in Santa Clara County was 82 years for females and 78 years for males.⁷ Similarly, in California, life expectancy for females (81 years) was five years longer than for males (76 years).⁴ Also, life expectancy at birth varies significantly across the racial/ethnic spectrum. On average, African-American males live 7 fewer years than White males living in California (life expectancy at birth of 69 years compared to 76 years).⁹

Disparities in life expectancy also exist across various socioeconomic strata. People living in lower socioeconomic conditions are more likely to have shorter life expectancies compared to those living in higher socioeconomic conditions. For example, in Santa Clara County, people residing in neighborhoods where 20% or more of the families fall below the Federal Poverty Level live 2.5 fewer years on average than people in neighborhoods where less than 5% of families live below the Federal Poverty Level.¹⁰

Figure 2.16: Life Expectancies for Neighborhood Poverty Groups



Source: Bay Area Regional Health Inequities Initiative, Health Inequities in the Bay Area, 2007

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Chapter 3: Healthcare Access and Health Burdens



Numerous studies have shown that limited or no access to health care is associated with poor perception of health, poor overall productivity, increases in hospital admissions for conditions that can be managed with outpatient care, and increases in premature death.

People’s perception of their health and the various health burdens they face are influenced by a number of factors presented in this Chapter:

- Access to health care
- Days of poor physical or mental health
- Disability
- Health conditions that cause hospitalization
- Ambulatory Care Sensitive Conditions
- Chronic Condition Index

The Public Health Department partners with local community-based organizations to address barriers to accessing healthcare services and the disparities that exist among various population groups in Santa Clara County.

Key Findings for Santa Clara County

- About 2 in 10 adults do not have health insurance in Santa Clara County, including 3 in 10 African Americans and 4 in 10 Hispanics.
- Over the past decade, the percentage of adults without health insurance increased from 8% to 18%.
- About 10% of adults have delayed getting or did not get a medicine prescribed by a doctor, and more than 3 in 4 say it was due to cost or lack of insurance.
- More than 1 in 4 (28%) adults have a disability due to physical, mental, or emotional problems.
- Thirty-three percent (33%) of adults and 16% of children have one or more chronic diseases included in the Chronic Condition Index, and 57% of these adults and 68% of these children frequently use the healthcare system.
- Two in 10 adults and more than 3 in 10 children with one or more chronic diseases report barriers to the healthcare system.

Access to Health Care

What is it?

Access to health care refers to the ability to get preventive care or treatment for illnesses. Whether a person has health insurance or not is often used to determine if a person has access to health care. Health insurance or healthcare coverage includes private insurance, prepaid plans such as an HMO, or government plans like Medicare. However, not having insurance does not always keep a person from having access to health care, while having insurance does not always guarantee access to health care.

Why is it important?

Numerous studies have indicated that people without health insurance have a higher mortality than those with insurance. In addition, those without health insurance are less likely to have routine examinations and screening tests, which can place them at increased risk for undiagnosed chronic diseases.¹

What is Santa Clara County's status?

Health Insurance Coverage

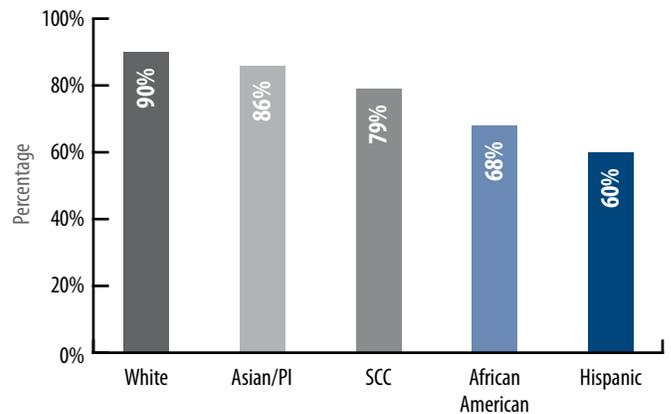
In 2009, 18% of adults in Santa Clara County (and 21% of those ages 18-64) reported being uninsured.³

Santa Clara County missed the Healthy People 2010 target of increasing the proportion of people with health insurance to 100%.⁴

In 2009, a higher percentage of women ages 18-64 (84%) reported having health insurance than men ages 18-64 (80%).²

A higher percentage of Whites ages 18-64 (90%) reported having health insurance than Asian/Pacific Islanders (86%), African Americans (68%), and Hispanics (60%).² This means 4 in 10 Hispanics and 3 in 10 African Americans are uninsured. A higher percentage of adults ages 18-64 born in the U.S. (84%) reported having health insurance than adults ages 18-64 born outside the U.S. (72%).²

Figure 3.1: Percentage of Adults Ages 18-64 with Health Insurance Coverage by Race/Ethnicity



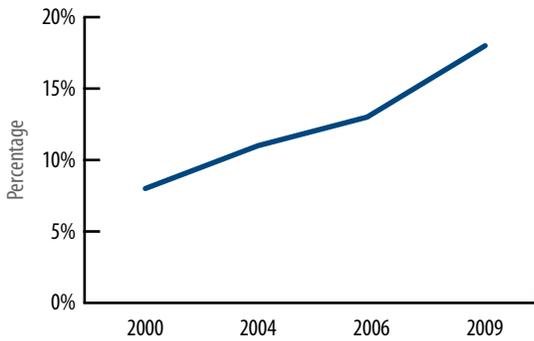
Source: Santa Clara County Public Health Department, 2009 Behavioral Risk Factor Survey

Health insurance coverage among adults increased with age: 71% for ages 18-24 compared to 87% for those ages 55-64.²

Health insurance coverage also increased with annual household income and educational levels. A higher percentage of adults ages 18-64 living in households with incomes of \$75,000 or more (94%) reported having health insurance than adults ages 18-64 living in households with incomes of \$20,000 or less (52%).² A higher percentage of adults ages 18-64 with graduate degrees or higher (93%) reported having health insurance than adults ages 18-64 with a high school education or less (59%).²

The percentage of uninsured adults has increased steadily during the past decade in Santa Clara County, from 8% in 2000 to 18% in 2009. The percentage of adults without health insurance in the U.S. increased from 12% in 2000 to 14% in 2008, and in California the percentage increased from 17% in 2000 to 18% in 2008.

Figure 3.2: Percentage of Adults Ages 18-64 Without Health Insurance, 2000-2009



Source: Santa Clara County Public Health Department, 2000-2009 Behavioral Risk Factor Survey

Usual Primary Care Provider

About 4 in 5 adults (80%) reported that they have a personal doctor or healthcare provider.² Santa Clara County did not achieve the Healthy People 2010 target of increasing the proportion of individuals with a usual primary care provider to 85% or more.⁴

In Santa Clara County, a higher percentage of women (85%) reported that they have a personal doctor or healthcare provider than men (74%).² A higher percentage of Asian/Pacific Islander (83%) and White (83%) adults reported that they have a personal doctor or healthcare provider than Hispanic (72%) and African-American (78%) adults.²

The percentage of adults who reported that they have a personal doctor or healthcare provider increased with household income. A higher percentage of adults living in households with annual incomes of \$75,000 or more (89%) reported that they have a personal doctor or healthcare provider than adults living in households with annual incomes of \$20,000 or less (66%).²

Doctor Visits

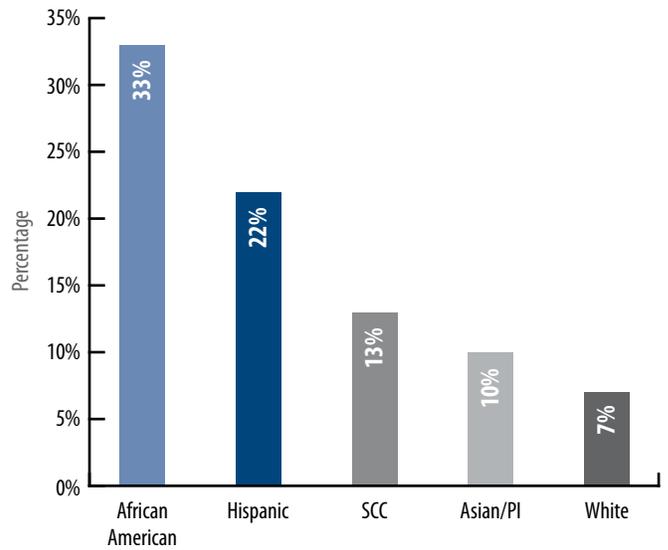
In 2009, 40% of adults in Santa Clara County reported that they needed to see a doctor because of illness or injury in the past 12 months.² A higher percentage of women (47%) reported that they needed to see a doctor because of illness or injury in the past 12 months than men (36%).²

A lower percentage of Asian/Pacific Islander (34%) and Hispanic (28%) adults reported that they needed to see a doctor because of illness or injury in the past 12 months than White (51%) and African-American (53%) adults.²

The percentage of adults reporting that they needed to see a doctor because of illness or injury in the past 12 months increased with age. Adults ages 65 and older were nearly twice as likely to report that they needed to see a doctor as adults ages 18-24 and 25-34.²

About 13% of adults reported that they could not see a doctor when needed in the past 12 months because of the cost or lack of insurance.² A higher percentage of men (15%) reported that they could not see a doctor when needed than women (10%).² More than one-third of African-American adults (33%) reported that they could not see a doctor when needed.²

Figure 3.3: Percentage of Adults Who Could Not See a Doctor When Needed in the Past 12 Months Because of Cost or Lack of Insurance by Race/Ethnicity



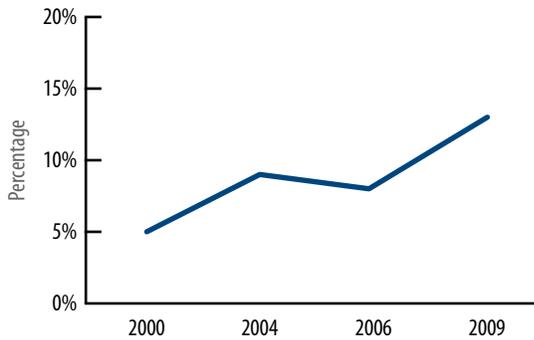
Source: Santa Clara County Public Health Department, 2009 Behavioral Risk Factor Survey

A higher percentage of adults with a high school education or less (20%) reported that they could not see a doctor when needed in the past 12 months because of the cost or lack of insurance than adults with a graduate degree or higher (5%).²

Twenty-six percent (26%) of adults ages 25-34 reported that they could not see a doctor when needed in the past 12 months because of the cost or lack of insurance compared to 3% of adults ages 65 and older.²

Overall, the percentage of adults who reported they could not see a doctor when needed in the past 12 months because of the cost or lack of insurance more than doubled from 5% in 2000 to 13% in 2009.²

Figure 3.4: Percentage of Adults Who Could Not See a Doctor When Needed in the Past 12 Months Because of Cost or Lack of Insurance, 2000–2009



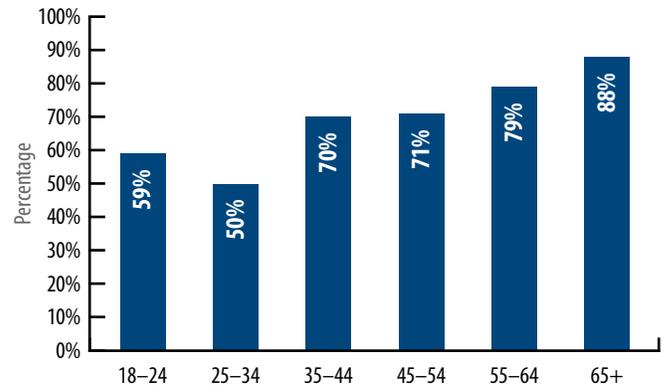
Source: Santa Clara County Public Health Department, 2000–2009 Behavioral Risk Factor Survey

Routine Checkups

In Santa Clara County, more than two-thirds of adults (68%) reported that they had visited a doctor for a routine checkup within the past 12 months.² A higher percentage of women (78%) reported that they visited a doctor for a routine checkup than men (61%).² A lower percentage of Hispanic adults (66%) reported that they visited a doctor for a routine checkup within the past 12 months compared to other racial/ethnic groups (69%).²

Fifty percent (50%) of adults ages 25–34 (lowest percentage) reported that they visited a doctor for a routine checkup within the past 12 months compared to 88% of adults ages 65 and older (highest percentage).²

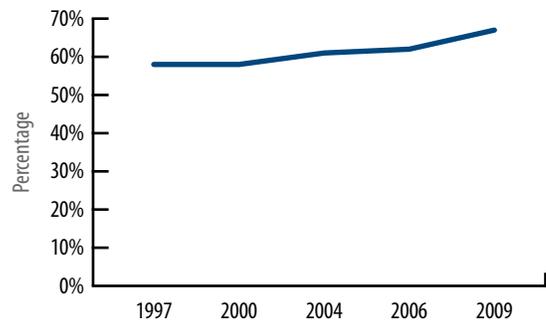
Figure 3.5: Percentage of Adults Who Visited a Doctor for a Routine Checkup Within the Past 12 Months by Age



Source: Santa Clara County Public Health Department, 2009 Behavioral Risk Factor Survey

The percentage of adults who visited a doctor for a routine checkup within the past 12 months increased from 58% in 1997 to 67% in 2009.²

Figure 3.6: Percentage of Adults Who Visited a Doctor for a Routine Checkup Within the Past 12 Months, 1997–2009



Source: Santa Clara County Public Health Department, 1997–2009 Behavioral Risk Factor Survey

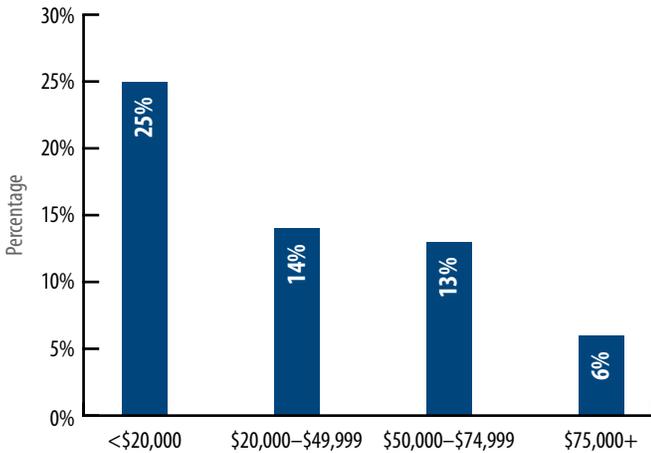
Unfilled Prescriptions

About 10% of adults in the County reported they delayed getting or did not get a medicine that a doctor prescribed in the past 12 months.² A higher percentage of Hispanics (12%) delayed or did not get a prescribed medicine in the past 12 months than Whites (9%) and Asian/Pacific Islanders (8%).² Data for African Americans is not presented due to the small sample size.

Fourteen percent (14%) of adults ages 18–24 (highest percentage) reported that they delayed or did not get a prescribed medicine in the past 12 months compared to 5% of adults ages 65 and older (lowest percentage).²

The percentage of adults who reported they delayed or did not get a prescribed medicine in the past 12 months decreased with increasing household income. Twenty-five percent (25%) of adults living in households with annual incomes of \$20,000 or less reported they delayed or did not get a prescribed medicine compared to 6% of adults living in households with annual incomes of \$75,000 or more.²

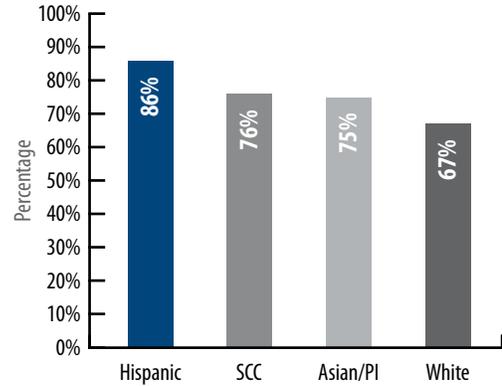
Figure 3.7: Percentage of Adults Who Delayed or Did Not Get a Prescribed Medicine in the Past 12 Months by Income



Source: Santa Clara County Public Health Department, 2009 Behavioral Risk Factor Survey

Among adults who delayed getting or did not get a prescribed medicine in the past 12 months, more than 3 in 4 (76%) reported it was due to cost or lack of insurance.² A higher percentage of Hispanics (86%) reported cost or lack of insurance as the reason than Asian/Pacific Islanders (75%) and Whites (67%).²

Figure 3.8: Percentage of Adults Who Delayed or Did Not Get a Prescribed Medicine in the Past 12 Months Due to Cost or Lack of Insurance by Race/Ethnicity



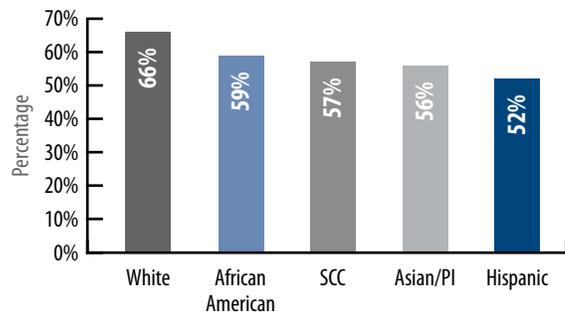
Source: Santa Clara County Public Health Department, 2009 Behavioral Risk Factor Survey

Health Care Use by Adolescents

In 2007–08, 57% of middle and high school students in Santa Clara County reported that they had a regular checkup with a doctor in the past 12 months.⁵ A higher percentage of female students (60%) reported that they had a regular checkup with a doctor in the past 12 months than male students (54%).⁵

Sixty-six percent (66%) of White students (highest percentage) reported that they had a regular checkup with a doctor in the past 12 months compared to 52% of Hispanic students (lowest percentage).⁵

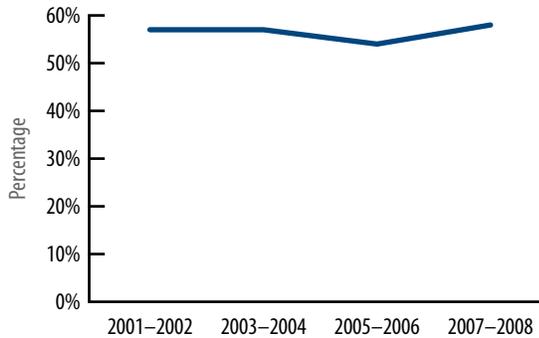
Figure 3.9: Percentage of Middle and High School Students Who Had a Regular Checkup With a Doctor in the Past 12 Months by Race/Ethnicity



Source: California Healthy Kids Survey, 2007–08

The percentage of middle and high school students who reported that they had a regular checkup with a doctor in the past 12 months decreased from 57% in 2001-02 to 54% in 2005-06, and then increased to 57% in 2007-08.⁵

Figure 3.10: Percentage of Middle and High School Students Who Had a Regular Checkup With a Doctor in the Past 12 Months, 2001–2008



Source: California Healthy Kids Survey, 2001–2008

Perception of Health

What is it?

The perception of health is a self-reported indicator of how an individual sees his or her own general health: excellent, very good, good, fair, or poor.

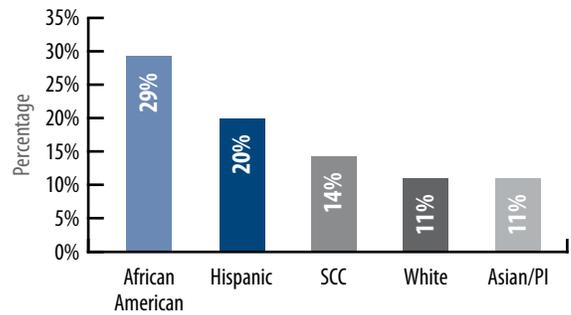
Why is it important?

Self-evaluation of health status seems to be a better predictor of mortality than the presence of health problems and lifestyle risk factors.⁵

What is Santa Clara County’s status?

In 2009, about 14% of adults reported their general health as fair or poor.² A higher percentage of African-American adults (29%) reported fair or poor general health, followed by Hispanic adults (20%).²

Figure 3.11: Percentage of Adults Who Reported Fair or Poor General Health by Race/Ethnicity



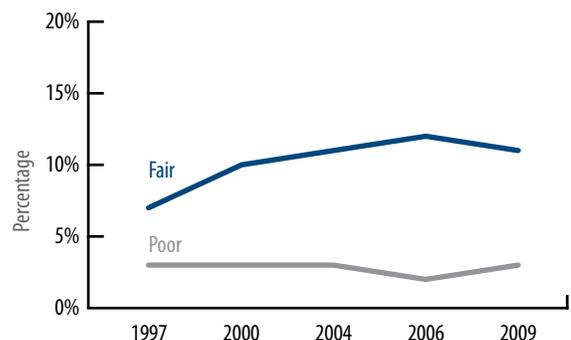
Source: Santa Clara County Public Health Department, 2009 Behavioral Risk Factor Survey

A higher percentage of older adults reported fair or poor general health than younger adults. The percentage of adults ages 45 and older who reported their general health as fair or poor was three to four times higher than that of adults ages 18–24.²

The percentage of adults who reported their general health as fair or poor decreased as annual household income increased. Thirty-five percent (35%) of adults living in households with annual incomes of \$20,000 or less reported their general health as fair or poor compared to 7% of adults living in households with annual incomes of \$75,000 or more.²

The percentage of adults who reported their general health as fair increased from 7% in 1997 to 11% in 2009.² However, the percentage of adults who reported their general health as poor remained fairly stable over the past decade.²

Figure 3.12: Percentage of Adults Who Reported Fair or Poor General Health, 1997–2009



Source: Santa Clara County Public Health Department, 1997–2009 Behavioral Risk Factor Survey

Days of Poor Physical or Mental Health

What is it?

Days of poor health is a subjective measure of an individual's perception of his or her own health. It is the number of days in the past 30 days in which physical health (physical illness and injuries) and/or mental health (stress, depression, and emotional problems) were reported as poor.

Why is it important?

As with perceptions of health, a person's own thoughts and feelings about how often they are in poor health is a stronger predictor of mortality than the presence of disease, other health factors, or disabilities.⁶ This may be useful in determining how mental health resources should be allocated.

What is Santa Clara County's status?

More than a quarter of adults (28%) reported their physical health was not good at least once in the past 30 days.² There were 2.3 mean (average) days of poor physical health during the past 30 days reported by adults.²

A higher percentage of women (30%) reported poor physical health at least once in the past 30 days than men (27%).² A lower percentage of Asian/Pacific Islander (24%) and Hispanic (27%) adults reported poor physical health at least once in the past 30 days than White (31%) and African-American (45%) adults.² A higher percentage of U.S.-born adults (32%) reported poor physical health at least once in the past 30 days than adults born outside the U.S. (21%).²

About one-third of adults (33%) reported their mental health was not good at least once in the past 30 days.² There were 3 mean (average) days of poor mental health during the past 30 days reported by adults.²

A higher percentage of women (35%) reported poor mental health at least once in the past 30 days than men (29%).² A higher percentage of adults ages 18–24 (54%) reported poor mental health at least once in the past 30 days than adults ages 65 and older (22%).² A lower percentage of Asian/Pacific Islander (25%) and White (33%) adults reported poor mental health at least once in the past 30 days than Hispanic (41%) and African-American (47%) adults.² A higher percentage of U.S.-born adults (35%) reported poor mental health at least once in the past 30 days than adults born outside the U.S. (30%).²

Mental Health Counseling

About 7% of adults in Santa Clara County reported that they are currently receiving counseling from a mental health professional.² A higher percentage of women (8%) reported currently receiving counseling from a mental health professional than men (5%).²

A higher percentage of adults ages 18–24 (9%) reported receiving counseling from a mental health professional than adults ages 65 and older (6%).² The percentage of White adults (9%) who reported receiving counseling from a mental health professional was nearly twice that of Asian/Pacific Islander (4%) and Hispanic (5%) adults.² Data for African Americans is not presented due to the small sample size. The percentage of U.S.-born adults (8%) who reported receiving counseling from a mental health professional was nearly three times that of adults born outside the U.S. (3%).²

More adults with lower household incomes reported currently receiving counseling from a mental health professional than adults with higher household incomes. The percentage of adults living in households with annual incomes of less than \$20,000 who reported receiving counseling (14%) was three times that of adults in households with annual incomes of \$75,000 or more (5%).²

Disability

What is it?

A disability is defined as an inability to participate fully in activities such as lifting, walking, climbing, talking, hearing, and seeing, or requiring routine help with everyday tasks like housework and bathing.⁷

Why is it important?

A disability can impact quality of life by imposing hardships that make it difficult to conduct daily activities. It is important to identify the types of disabilities that individuals have in order to provide appropriate accommodations to improve their quality of life.

What is Santa Clara County’s status?

In 2009, 28% of adults in Santa Clara County reported limited activities due to physical, mental, or emotional problems.² The major impairments or health problems that resulted in limited activity were:²

- Fractures, bone/joint injury, walking problems
- Back or neck problems
- Arthritis/rheumatism
- Depression, anxiety, emotional problems
- Diabetes

At least one such limitation was reported by 51% of those ages 65 and older, by 34% of those ages 45-64, and by 19% of those ages 18-44.²

Leading Causes of Hospitalization

What is it?

The leading causes of hospitalization are the most frequently identified health conditions that are considered the primary cause of admission into a hospital or acute care facility.

Why is it important?

Causes of hospitalization represent the most serious group of illnesses present in the community. Hospitalization also represents the part of the healthcare system that uses the greatest amount of resources.⁸ In 2007, the top three sources of payment for hospitalizations in Santa Clara County were private coverage (44%), Medicare (27%), and Medi-Cal (22%).⁹

What is Santa Clara County’s status?

More than one-third of hospitalizations in Santa Clara County (38%) are due to pregnancy-related conditions and newborn conditions in the perinatal period.⁹ Apart from pregnancy and newborn-related hospitalizations, diseases of the circulatory system, digestive system, and respiratory system are the major causes of hospitalizations (26%).⁹ One in 10 hospitalizations is due to circulatory system diseases and disorders (heart diseases).⁹ The vast majority (97%) of all hospitalizations are for the acute care of the patient.⁹

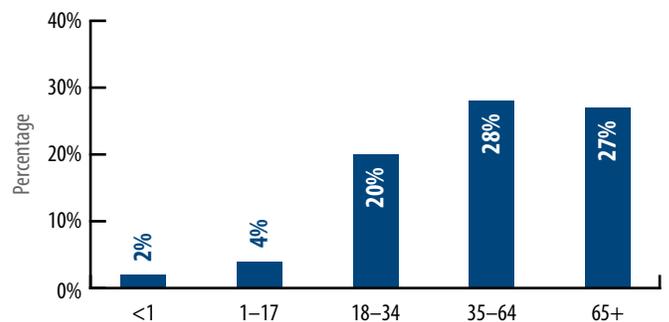
Table 3.1: Top 10 Causes of Hospitalizations in Santa Clara County

Causes of Hospitalization	Percentage
Pregnancy, childbirth, and the puerperium	19%
Newborns and neonatal conditions begun in perinatal period	19%
Circulatory system diseases and disorders	11%
Digestive system diseases and disorders	8%
Respiratory system diseases and disorders	7%
Musculoskeletal system and connective tissue diseases and disorders	7%
Nervous system diseases and disorders	5%
Kidney and urinary tract diseases and disorders	3%
Hepatobiliary system and pancreas diseases and disorders	3%
Endocrine, nutritional, and metabolic diseases and disorders	3%

Source: Office of Statewide Health Planning and Development, 2007 Patient Discharge Data

In 2007, more than half of hospitalizations in Santa Clara County were for people ages 35 and older.⁹

Figure 3.13: Percentage of Hospitalizations by Age



Source: Office of Statewide Health Planning and Development, 2007 Patient Discharge Data

Ambulatory Care Sensitive Conditions

What is it?

Ambulatory Care Sensitive Conditions are defined as conditions for which good outpatient care can potentially prevent the need for hospitalization, or for which early intervention can prevent complications or more severe disease.¹⁰ For example, hypertension (high blood pressure) is a condition that can be treated outside of a hospital with proper medication and management.

Why is it important?

These conditions serve as a marker for access to care. A hospital admission for an Ambulatory Care Sensitive Condition may indicate a weakness in the community healthcare system. It is likely due to problems with access to care, the cost of prescriptions, and/or personal behavior.¹⁰

What is Santa Clara County's status?

In 2007, there were 5,572 hospitalizations due to Ambulatory Care Sensitive Conditions in Santa Clara County.⁹ Hospitalizations for pneumonia and kidney/urinary tract infections were the most common.⁹

Table 3.2: Top 10 Ambulatory Care Sensitive Conditions

Ambulatory Care Sensitive Conditions	Percentage
Pneumonia	50%
Kidney/urinary tract infection	20%
Noninfectious gastroenteritis	6%
Iron deficiency anemia	5%
Chronic obstructive pulmonary disease	4%
Angina	3%
Severe ear, nose, and throat conditions	3%
Hypertension	3%
Pelvic inflammatory disease	2%
Grand mal status and epileptic convulsion	2%

Source: Office of Statewide Health Planning and Development, 2007 Patient Discharge Data

Chronic Condition Index

What is it?

The Adult Chronic Condition Index is computed from data gathered in the California Health Interview Survey among adults who reported one or more of the following conditions: active asthma, congestive heart failure, diabetes, hypertension, or psychological distress. The Child Chronic Condition Index is computed from the same survey among children ages 1-17 whose parents reported they have active asthma or poor or fair health status.

Why is it important?

Living with a chronic health condition reduces a person's overall quality of life, and increases morbidity and mortality. Although prevention is key to addressing the occurrence of new cases, healthcare services that are available, accessible, and affordable are essential for those living with a chronic health condition.¹¹

What is Santa Clara County's status?

In 2007, about one-third of adults living in Santa Clara County (33%) reported having one or more chronic conditions included in the Index.¹¹ Among adults with one or more of these chronic conditions, more than half (57%) reported frequent healthcare use and more than 1 in 5 (21%) reported barriers to healthcare use.¹¹ Frequent healthcare use refers to four or more doctor visits in the past 12 months or one or more emergency room visits in the past 12 months.

The percentage of adults with one or more chronic conditions who reported frequent healthcare use increased from 55% in 2005 to 57% in 2007, and those reporting barriers to healthcare use increased from 18% in 2005 to 21% in 2007.¹¹

In 2007, about 16% of children living in Santa Clara County were reported to have one or more chronic conditions included in the Index.¹¹ Among children with one or more chronic conditions, more than 2 in 3 (68%) reported frequent healthcare use and more than 1 in 3 (35%) reported barriers to healthcare use.¹¹ The percentage of children with one or more chronic conditions who reported frequent healthcare use increased from 62% in 2005 to 68% in 2007.¹¹

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Chapter 4: Maternal, Infant, and Child Health

Health issues of mothers and their infants and children are an important focus of the Public Health Department's prevention and intervention efforts. This Chapter explores the following aspects of maternal, infant, and child health:

- Overall birth rate
- Prenatal care
- Teenage birth rate
- Infant mortality
- Low birth weight
- Preterm births
- Breastfeeding
- Women, Infants, and Children Program (WIC)
- Childhood lead poisoning

Racial and ethnic disparities in the areas listed above are well established. Collaborative efforts by the Public Health Department and community organizations to address these disparities include additional assessment of risk factors and the development of programs to improve maternal, infant, and child health outcomes.



Key Findings for Santa Clara County

- Hispanic females have the highest birth rate in the County.
- Teen births are highest among Hispanic females and lowest among Asians.
- Infant mortality is lower in Santa Clara County than in other Bay Area counties.
- African Americans continue to have the highest rates of infant mortality, low birth weights, and preterm births.
- The trend for preterm birth has been steadily increasing since 2001.
- Hispanic mothers have the lowest first trimester prenatal care rate (76%) and have the second highest infant mortality rate (5.5 per 1,000 live births).

Overall Birth Rate

What is it?

The birth rate is defined as the number of live births during a year per 1,000 people in the population. The fertility rate is defined as the number of live births during a year per 1,000 females of a specific age group.

Why is it important?

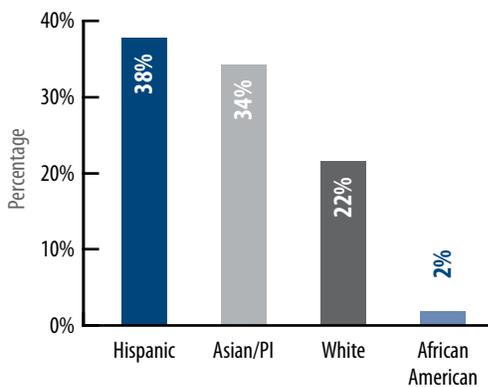
Birth rate is the dominant factor in determining the rate of population growth. It can also be associated with living standards, the status of women in relation to reproductive autonomy, and the level of education about contraceptives and family planning.

What is Santa Clara County's status?

Of the 551,567 live births in California in 2008, 5% were to Santa Clara County residents, representing the fifth largest share of births in the state.¹ There were 26,730 live births in the County in 2008, slightly lower than in 2007 (27,484).¹ The number of live births remained relatively stable from 1999 to 2008.¹

In 2008, of all live births in the County, 38% were to Hispanic females, 34% were to Asian/Pacific Islanders, 22% were to Whites, and 2% were to African Americans.¹

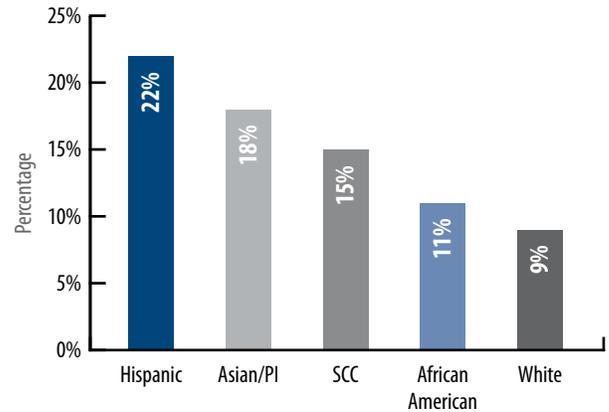
Figure 4.1: Percentage of Live Births by Race/Ethnicity



Source: California Department of Public Health, 2008 Vital Statistics

Hispanics (22 per 1,000 people) and Asian/Pacific Islanders (18) had birth rates higher than the Santa Clara County average (15), while African Americans (11) and Whites (9) had birth rates lower than the average.¹

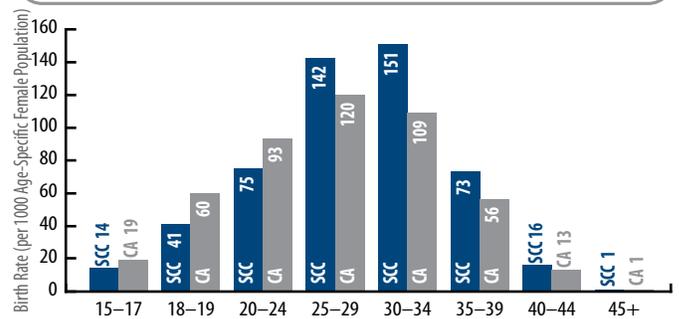
Figure 4.2: Birth Rates by Race/Ethnicity



Source: California Department of Public Health, 2008 Vital Statistics

In 2008, the age-specific birth rate was highest among women ages 25–29 and ages 30–34, both in Santa Clara County and the state.¹

Figure 4.3: Birth Rates by Age Compared to California



Source: California Department of Public Health, 2008 Vital Statistics

Type of Birth

More than two-thirds of the live births (70%) in 2008 were by vaginal delivery.¹ Primary (first-time) Cesarean-sections accounted for 18% of live births, and 12% were by repeat Cesarean-sections.¹

The County missed the Healthy People 2010 target of no more than 15% of births by primary Cesarean-section.²

Short-Interval Births

A short interval between pregnancies has been associated with adverse perinatal outcomes. In 2006, 11% of births to females ages 15-44 in Santa Clara County were short-interval births: births within 24 months of previous births.³ The percentage of short-interval births for teen mothers was 7%.³

In 2006, Santa Clara County had not met the Healthy People 2010 target of reducing the proportion of births occurring within 24 months of a previous birth to 6%.²

Parental Characteristics

In 2008, 61% of mothers in Santa Clara County were born outside the U.S.¹ In California, 45% of mothers were born outside the U.S.¹

In 2008, a higher percentage of mothers in Santa Clara County (83%) had a high school education or higher compared to mothers in California (73%).¹ Similarly in 2008, 83% of fathers in Santa Clara County had at least a high school education, compared to 73% statewide.¹ These statistics are indicative of higher education levels attained by Santa Clara County residents overall.

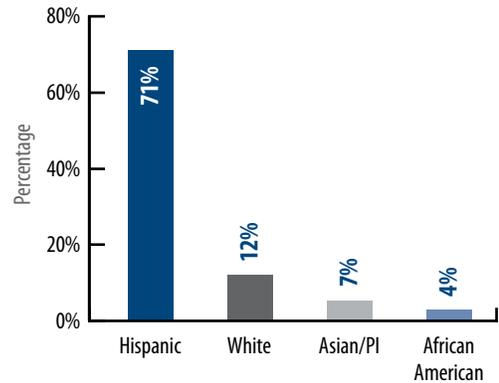
Table 4.1: Percentage of Births by Demographic Characteristics Compared to California

	Mothers ages 19 and younger	Mothers completing 12 years or more of school	Mothers born outside the U.S.	Fathers ages 19 and younger	Fathers completing 12 years or more of school
California	10%	73%	45%	4%	73%
Santa Clara County	5%	83%	61%	2%	83%

Source: California Department of Public Health, 2008 Vital Statistics

More than 1 in 4 births (27%) in Santa Clara County were to unmarried females in 2006.¹ Of these, 71% were to Hispanic, 12% to White, 7% to Asian/Pacific Islander, and 4% to African-American females.¹

Figure 4.4: Percentage of Live Births to Unmarried Females by Race/Ethnicity



Source: California Department of Public Health, 2006 Vital Statistics

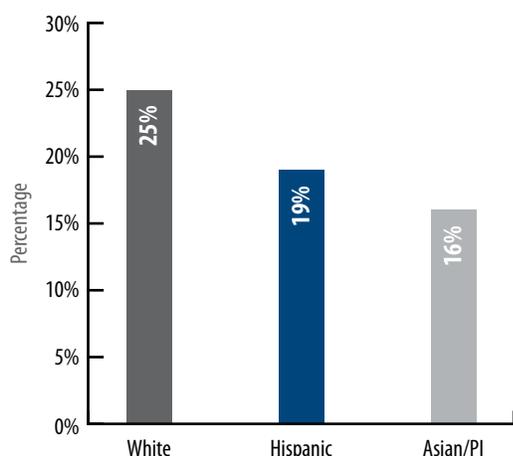


Postpartum Depression

Among females in the County who reported ever giving birth, 21% reported they had experienced postpartum depression.⁴ The percentage of mothers with annual household incomes of less than \$20,000 (33%) who reported they had experienced postpartum depression was nearly twice that of mothers with annual household incomes of \$75,000 or more who experienced postpartum depression (18%).⁴ A lower percentage of mothers born outside the U.S. (18%) reported postpartum depression than mothers born in the U.S. (24%).⁴

A higher percentage of White mothers (25%) experienced postpartum depression compared to Hispanic (19%) and Asian/Pacific Islander (16%) mothers.⁴ Data for African Americans is not presented due to the small sample size.

Figure 4.5: Percentage of Mothers Who Experienced Postpartum Depression by Race/Ethnicity



Source: Santa Clara County Public Health Department, 2009 Behavioral Risk Factor Survey

Prenatal Care

What is it?

Prenatal care is defined as the professional medical care mothers receive during pregnancy. The early prenatal care rate is the percentage of live-born infants whose mothers received prenatal care in the first trimester of pregnancy.

Why is it important?

Prenatal care is crucial for early diagnosis of pregnancy complications and fetal developmental problems. Prenatal care plays an important role in reducing maternal and infant death, miscarriages, birth defects, low birth weights, and other preventable problems among mothers and infants.

What is Santa Clara County's status?

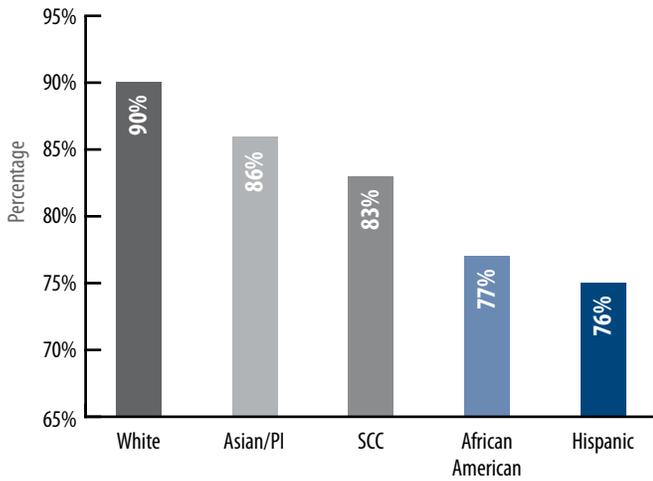
Of the 26,730 live births in Santa Clara County in 2008, 738 women had late (third trimester) or no prenatal care during their pregnancy.¹ These pregnancies accounted for 2.8% of all live births in the County, slightly lower than the state average of 3.2%.¹

During 2007, approximately 81% of pregnant females started prenatal care during the first trimester, missing the Healthy People 2010 target of 90% or higher.

In 2006, 90% of White mothers received first-trimester prenatal care, while only 76% of Hispanic mothers received first-trimester prenatal care.³



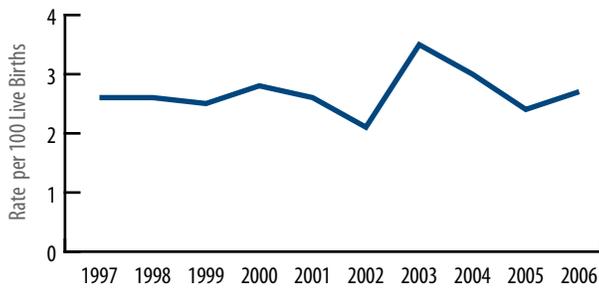
Figure 4.6: Early Prenatal Care Rates by Race/Ethnicity



Source: University of California, San Francisco, 2006 Family Health Outcomes Project

The percentage of mothers in Santa Clara County who received late or no prenatal care remained at about 2.5-3.5% from 1997 to 2006.³

Figure 4.7: Rates of Late or No Prenatal Care, 1997-2006



Source: University of California, San Francisco, 1997-2006 Family Health Outcomes Project

Teenage Birth Rate

What is it?

The teenage birth rate is the number of live births per 1,000 adolescent females ages 15-19 (based on age at delivery).

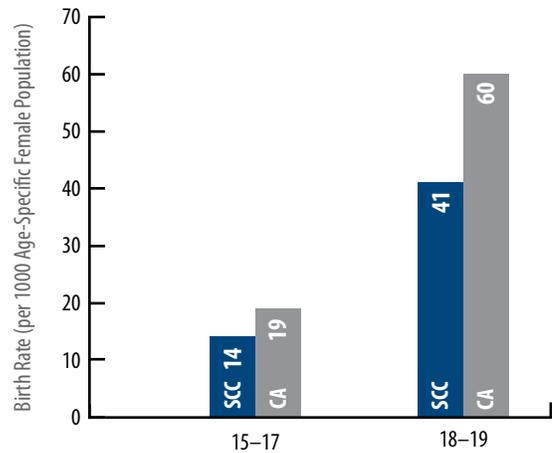
Why is it important?

The teenage birth rate can be an indicator of many risk factors, including low incomes, low maternal education, lack of effective contraceptive use or family planning practices, and the initiation of sexual activity at a young age.

What is Santa Clara County's status?

In 2008, the birth rate in Santa Clara County for females ages 15-17 was 14 per 1,000 girls in that age group; lower than the state average of 19 per 1,000.¹ The birth rate for teens ages 18-19 was 41 per 1,000 females in that age group in Santa Clara County and 60 in California.¹

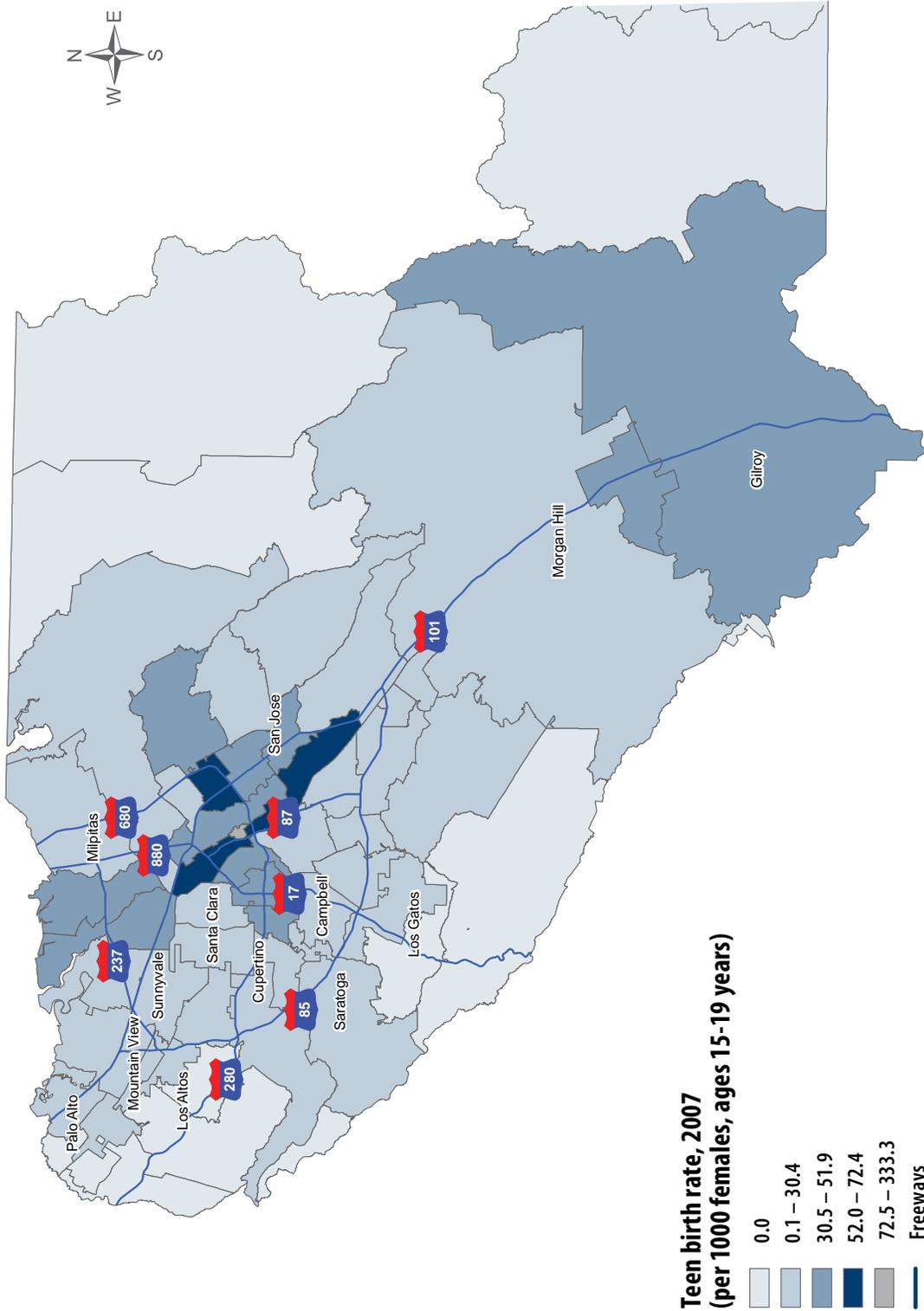
Figure 4.8: Rates of Live Births by Age of Mother Compared to California



Source: California Department of Public Health, 2008 Vital Statistics

In 2008, there were 507 live births to teenage mothers ages 15-19 in Santa Clara County.¹ This accounts for 1.9% of all live births in the County, which is lower than the state percentage of 3.1%.¹

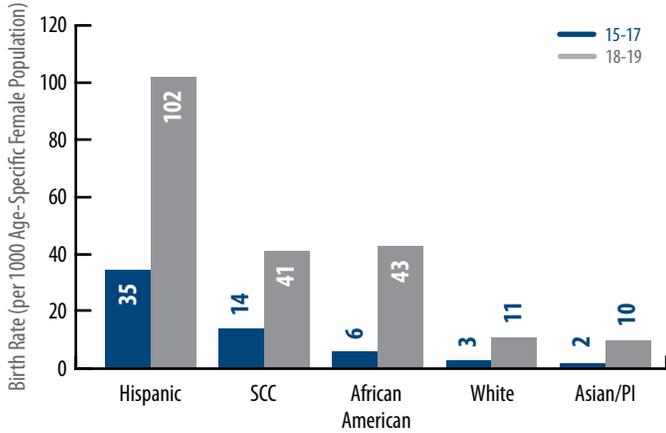
Map 4.1: Teen Birth Rate



Source: Santa Clara County Public Health Department, 2007 Birth Database

In 2008, Hispanics had the highest teen birth rate (35 per 1,000 for those ages 15-17 and 102 per 1,000 for those ages 18-19) in Santa Clara County of any racial/ethnic group.¹

Figure 4.9: Teen Birth Rates by Race/Ethnicity

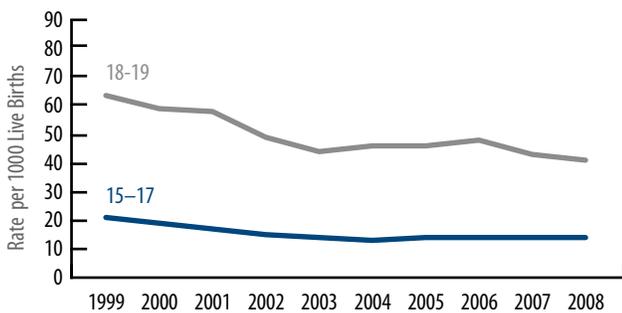


Source: California Department of Public Health, 2008 Vital Statistics

The Healthy People 2010 target of reducing pregnancies among adolescent females age 15-17 to 43 pregnancies or fewer per 1,000 females ages 15-17 years has been achieved for all racial/ethnic groups in the County.²

The birth rate among teens ages 15-17 in Santa Clara County decreased from 21 per 1,000 in 1999 to 14 per 1,000 in 2008.¹ The birth rate among teens ages 18-19 decreased from 61 per 1,000 in 1999 to 41 per 1,000 in 2008.¹ Overall, the birth rate among teens ages 15-19 decreased from 37 per 1,000 in 1999 to 24 per 1,000 in 2008.¹

Figure 4.10: Teen Birth Rates, 1999-2008



Source: California Department of Public Health, 1999-2008 Vital Statistics

Infant Mortality

What is it?

The infant mortality rate is the number of deaths occurring in infants younger than 365 days per 1,000 live births.

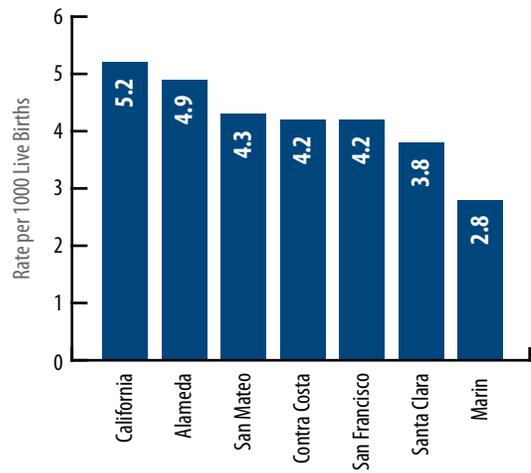
Why is it important?

The infant mortality rate serves as a general measure of the overall health of a population. It can be an indicator for risk factors such as prematurity, low birth weight, birth defects, maternal tobacco, alcohol and substance use, poor maternal nutrition, inadequate prenatal care, and maternal mental or physical health issues.

What is Santa Clara County's status?

In 2007, the infant mortality rate in Santa Clara County was 3.8 per 1,000 live births, a total of 105 infant deaths.¹ This was lower than the state average (5.2) and second lowest among Bay Area counties.¹

Figure 4.11: Infant Mortality Rates by Bay Area County



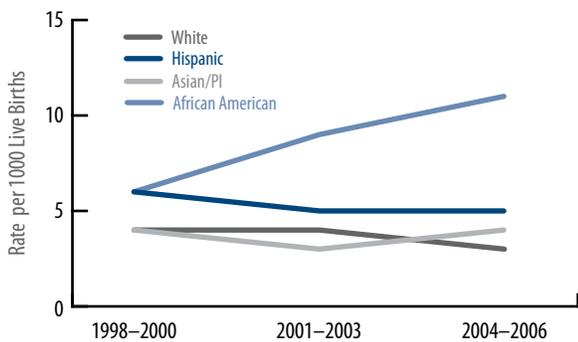
Source: California Department of Public Health, 2007 Vital Statistics

Santa Clara County achieved the Healthy People 2010 target of reducing infant deaths to 4.5 or fewer per 1,000 live births.²

In 2007, Hispanics had the highest number of infant deaths (43), followed by Asians (28), Whites (21), and African Americans (5).¹

Although based on small numbers, the infant mortality rate for African Americans continues to be two to three times higher than that of any other racial/ethnic group and of the County as a whole.³ The rate rose sharply over the eight-year period of 1998 to 2006 (from less than 6 per 1,000 live births to more than 11).³ Hispanics had the next highest infant mortality rate at 4.9 per 1,000 live births, which was higher than the Healthy People 2010 target of 4.5 or fewer.^{2,3}

Figure 4.12: Infant Mortality Rates, 1998–2006



Source: University of California, San Francisco, Family Health Outcomes Project, 1998–2006

The leading causes of death for infants during 2005 were congenital malformation/deformation and chromosome abnormalities (25% of all infant deaths), disorders of short gestation and low birth weight (21%), maternal complications of pregnancy (9%), and neonatal hemorrhage (5%).¹

Low Birth Weight

What is it?

Infants weighing less than 2,500 grams (5 pounds, 8 ounces) at birth are considered low birth weight. This only applies to live births.

Why is it important?

Achieving a healthy weight is critical for a newborn’s survival. Low birth weight can cause serious problems for infants during their developmental stages, and can even lead to infant mortality. In addition, low-birth-weight infants who survive their first year are at greater risk of long-term physical and developmental complications than infants of normal birth weight.

Low birth weight is associated with many risky behaviors by mothers such as smoking and substance abuse, especially during pregnancy.

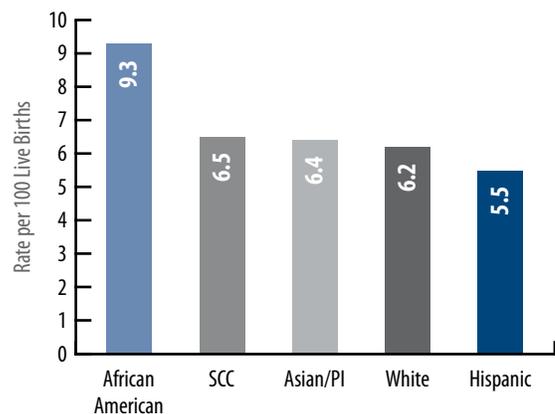
What is Santa Clara County’s status?

In 2008, there were 1,729 infants with low birth weights born in Santa Clara County.¹ This accounted for 6.4% of total live births in the County, slightly lower than the state average of 6.8%.¹ Among Bay Area counties, Contra Costa (6.4%) and Santa Clara (6.5%) have the lowest percentage of low-birth-weight infants.¹

In 2006, Santa Clara County missed the Healthy People 2010 target of reducing the proportion of low-birth-weight infants to 5% or lower.²

In 2008, the prevalence of low-birth-weight infants was highest among African Americans (9.3%), followed by Asians (6%).¹

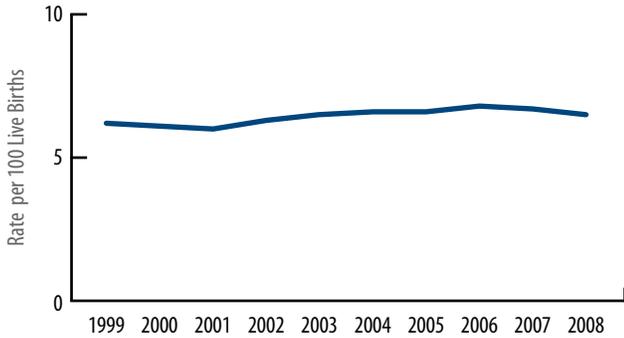
Figure 4.13: Low Birth Weights by Race/Ethnicity



Source: California Department of Public Health, 2008 Vital Statistics

The low-birth-weight rate in Santa Clara County remained fairly stable over the past decade (6–7%).¹

Figure 4.14: Low Birth Weight Rates, 1999–2008



Source: California Department of Public Health, 1999–2008 Vital Statistics

In 2008, less than 1% of live births had very low birth weight (less than 1,500 grams or 3 pounds, 5 ounces) and 5.6% of infants weighed 1,500–2,499 grams, which were similar to the statewide rates of 1.1% and 5.7% respectively.¹ Santa Clara County achieved the Healthy People 2010 target of reducing babies born with very low birth weight to 0.9% or less.²



Preterm Births

What is it?

Preterm birth is a live birth that occurs before the completion of 37 weeks of pregnancy, which is the time needed for the full development of the fetus.

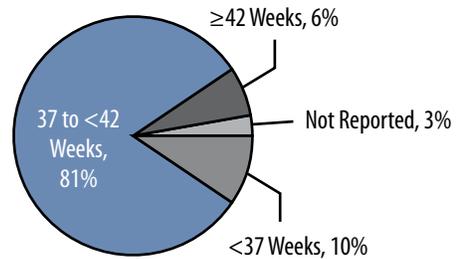
Why is it important?

Preterm birth can result in serious health complications for infants and is the leading cause of infant mortality. Preterm infants are at higher risk of neurological problems, cardiovascular complications, infections, and many other health problems.

What is Santa Clara County’s status?

In 2006, of the 26,942 live births in Santa Clara County, nearly 10% were delivered before 37 weeks (preterm), 81% were 37 to less than 42 weeks, and 6% were 42 weeks or more of gestational age.¹

Figure 4.15: Live Births by Weeks of Gestation

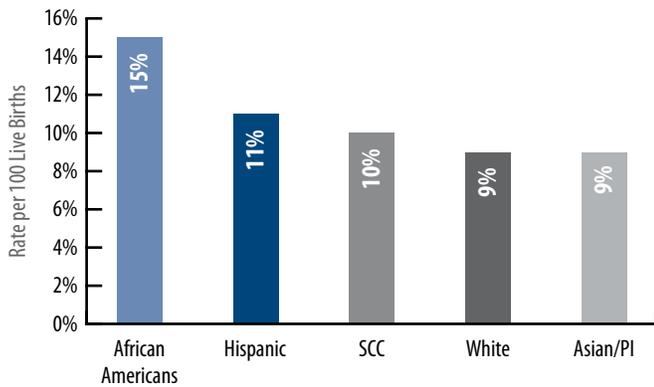


Source: California Department of Public Health, 2006 Vital Statistics

In 2006, the percentage of preterm births in Santa Clara County (10%) was lower than the state average of 11%.¹ Santa Clara County missed the Healthy People 2010 target of reducing preterm births to 7.6% or lower.²

In Santa Clara County in 2006, African Americans had the highest preterm birth rate (15%), followed by Hispanics (11%).³

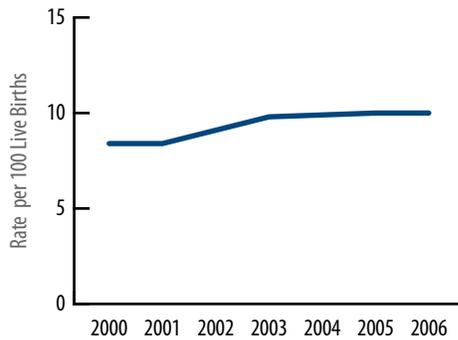
Figure 4.16: Preterm Birth Rate by Race/Ethnicity



Source: University of California, San Francisco, 2006 Family Health Outcomes Project

The preterm birth rate in Santa Clara County increased from 8 per 100 live births in 2000 to 10 per 100 live births in 2006.³

Figure 4.17: Preterm Birth Weights, 2000–2006



Source: University of California, San Francisco, 2000–2006 Family Health Outcomes Project

Breastfeeding

What is it?

Infants are considered breastfed if they begin receiving breast milk by the time they are discharged from the hospital.

Why is it important?

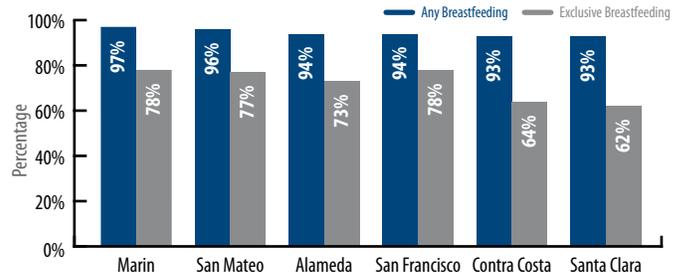
Breast milk is rich with nutrients and antibodies that help to boost an infant’s immune system. Breast milk changes over time to meet babies’ needs as they grow and develop. Babies who are not breastfed have a higher risk for impairments in the growth and development of the brain and nervous system as well as various infections.

What is Santa Clara County’s status?

Among the 58 counties in California, Santa Clara County ranks 16th in terms of breastfeeding rates starting in the early postpartum period based on the 2005 to 2007 three-year average, which was 93%.⁵

In 2007, Santa Clara County had the lowest percentage of newborns who were breastfed at some point or were exclusively breastfed during the postpartum period compared to other Bay Area counties.¹

Figure 4.18: Breastfeeding Percentages by Bay Area County



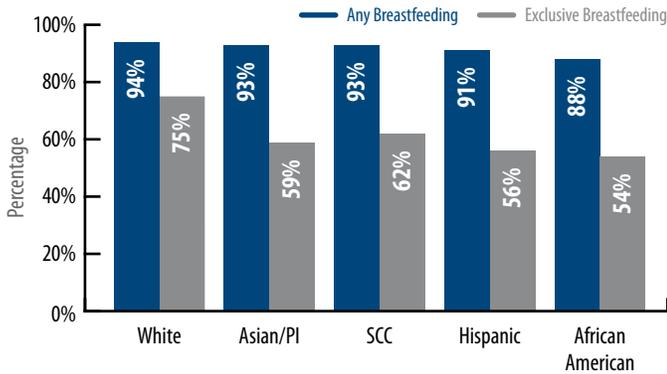
Source: California Department of Public Health, 2007 Vital Statistics

In 2007, 62% of newborns in the County were exclusively breastfed, while 93% of newborns were breastfed at some point during the early postpartum period.¹ In California, 43% of newborns were exclusively breastfed and 87% of newborns were breastfed in the early postpartum period in 2007.¹

Santa Clara County has achieved the Healthy People 2010 target of increasing the proportion of mothers who breastfed their babies in the early postpartum period to 75% or higher.²

In 2007, 94% of White newborns (highest percentage) were breastfed during the early postpartum period compared to 88% of African-American newborns (lowest percentage) in the County.¹

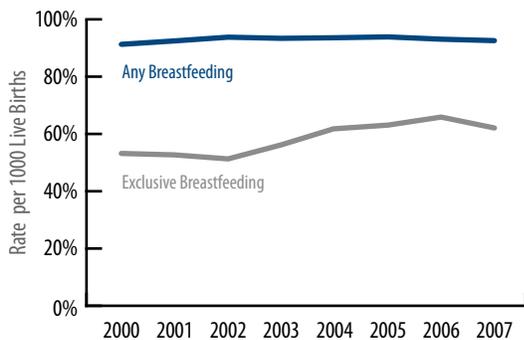
Figure 4.19: Percentage of Breastfed Newborns by Race/Ethnicity



Source: California Department of Public Health, 2007 Vital Statistics

The percentage of newborns who were breastfed at some point during the early postpartum period remained steady from 2000 (91%) to 2007 (93%).¹ However, the percentage of newborns who were exclusively breastfed during the early postpartum period increased from 53% in 2000 to 62% in 2007.¹

Figure 4.20: Percentage of Breastfed Newborns, 2000–2007



Source: California Department of Public Health, 2000-2007 Vital Statistics

Women, Infants, and Children Program (WIC)

What is it?

WIC is a federal program operated by the U.S. Department of Agriculture’s Food and Nutrition Service. WIC provides grants to states for supplemental food, healthcare referrals, and nutrition education for low-income pregnant, breastfeeding, and non-breastfeeding postpartum women, and to infants and children up to age 5. To be eligible for WIC, an applicant’s income must be below 185% of the Federal Poverty Level.⁶

Why is it important?

WIC food packages aim to promote and support the establishment of successful, long-term breastfeeding, provide a wide array of healthy foods, and accommodate cultural food preferences.

Other WIC programs include the WIC Farmers’ Market Nutrition Program, which provides fresh, nutritious, unprepared, and locally grown fruits and vegetables to WIC clients. Childhood immunization screening and referrals are also provided to WIC clients. WIC program regulations ensure program access and services to migrant farm workers.

What is Santa Clara County’s status?

During fiscal year 2008, there were 24,508 WIC clients in Santa Clara County and 228,238 food vouchers were distributed to WIC clients.⁷ An estimated 90% of the County’s eligible population is enrolled in the WIC program.⁸



Childhood Lead Poisoning

What is it?

Lead poisoning occurs when a child has elevated levels of lead in his or her blood. A child is considered to have lead poisoning when his or her blood lead level is more than 10 micrograms per deciliter of blood.

Why is it important?

Lead poisoning can affect nearly every system in the body, particularly the nervous, cardiovascular, and reproductive systems. Because lead poisoning often occurs with no obvious symptoms, it frequently goes unrecognized. Lead-based paint and lead-contaminated dust are the main sources of exposure to lead for children in the U.S.

Lead-based paints were banned for use in housing in 1978. All houses built before 1978 are likely to contain some lead-based paint. It is the deterioration of this paint that poses a health risk.

Although considerable progress has been made to reduce blood lead levels among children, lead poisoning remains a preventable environmental health problem in the United States. Culturally and linguistically appropriate information is needed to alert people to the dangers of lead poisoning.

What is Santa Clara County's status?

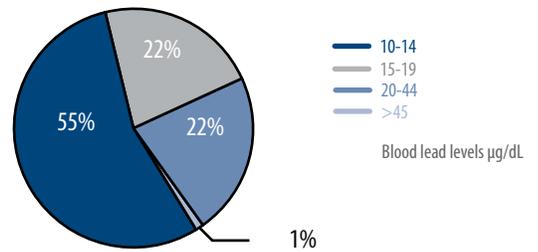
In Santa Clara County, 228 new cases of childhood lead poisoning among children ages 5 and younger were diagnosed during 2005 to 2009.⁹ Santa Clara County did not achieve the Healthy People 2010 target of eliminating elevated blood lead levels in children ages 5 and younger.²

More than two-thirds (68% or 155 children) of these childhood lead poisoning cases were diagnosed in the City of San Jose.⁹ Other cities with a substantial number of cases were Gilroy (21), Sunnyvale (12), and Santa Clara (11).⁹

Nearly 4 in 5 new cases of lead poisoning among children ages 5 and younger (79%) reported their ethnicity as Hispanic.⁹ Three in 5 new cases of childhood lead poisoning (60%) were diagnosed in children ages 2 and younger.⁹

Nearly half of new cases of childhood lead poisoning diagnosed during 2005 to 2009 in Santa Clara County had a very high maximum blood lead level recorded ($\geq 15\mu\text{g}/\text{dL}$).⁹

Figure 4.21: Blood Lead Levels in New Cases Among Children Ages 5 and Younger



Source: Santa Clara County Public Health Department, 2005–2008 Response and Surveillance System for Childhood Lead Exposures

References

- ¹ California Department of Public Health, Vital Statistics 2000–2008.
- ² U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion, Health People 2010 Objectives.
- ³ Family Health Outcomes Project, California MCAH resources, University of San Francisco, 1998–2006.
- ⁴ Santa Clara County Public Health Department, 2001–2009 Behavior Risk Factor Survey.
- ⁵ California Department of Public Health, County Health Status Profiles 2009.
- ⁶ U. S. Department of Agriculture, Food and Nutrition Service. Women, Infants, and Children.
- ⁷ Santa Clara County Public Health Department, WIC program, Food voucher data for fiscal year 2008 and WIC client data as of 07/20/2009.
- ⁸ California Department of Public Health, California Supplemental Nutrition Program for Women, Infants and Children (WIC), Estimated Percent of Eligible Population Enrolled, 2005.
- ⁹ Santa Clara County Public Health Department, Response And Surveillance System for Childhood Lead Exposures (RASSCLE), new cases, 2005–09.

Chapter 5: Oral Health



Poor oral health is a pervasive public health problem for people of all ages. During pregnancy, it increases the risk of delivering preterm and/or low-birth-weight babies.¹ In children, it is the most common chronic disease and is associated with pain, absence from school, difficulty speaking and chewing, and diminished self-esteem.² In adults, it is associated with a number of serious health conditions, including cardiovascular disease, stroke, and bacterial pneumonia.¹

This Chapter describes the following aspects of oral health:

- Tooth loss in adults
- Tooth decay (dental caries or cavities)
- Dental insurance
- Water fluoridation in the County

The Public Health Department is working to develop new resources to collect oral health data. The goal is to prevent oral health-related diseases and reduce disparities by building the knowledge, tools, and networks that promote healthy behaviors and more effective strategies for prevention.

Key Findings for Santa Clara County

- Tooth decay is the most common chronic disease among children.
- Half of elementary school children have experienced tooth decay.
- Racial disparities are apparent in adult tooth loss and child tooth decay rates, with minorities and those with lower incomes particularly affected.
- One in 3 adults has lost at least one permanent tooth due to tooth decay or gum disease.
- Twenty-one percent (21%) of the County population receives optimally fluoridated water.
- San Jose is the largest city in the U.S. that does not have a completely fluoridated water system.

Tooth Loss in Adults

What is it?

Tooth loss in adults refers to teeth that are lost due to a variety of factors, most commonly from gum disease (periodontal disease) followed by tooth decay and injuries. Periodontal disease causes tooth loss by pulling the gums away from the teeth and destroying the underlying bone.

Why is it important?

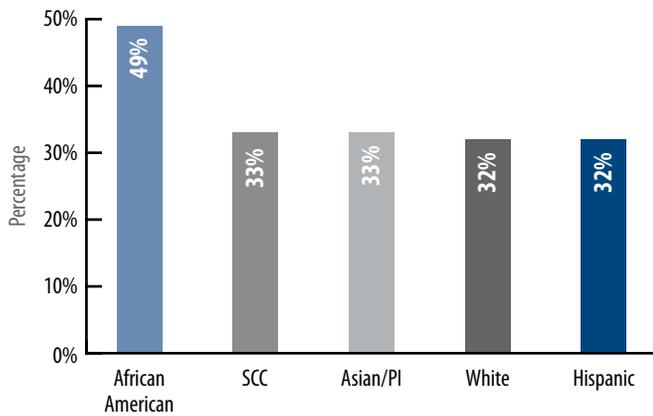
Increasing evidence suggests that poor oral health, including periodontal disease that causes tooth loss, is linked to heart disease, stroke, and bacterial pneumonia.¹ Good oral health is important for better overall health and wellness.

What is Santa Clara County's status?

In 2009, 1 in 3 adults in Santa Clara County (33%) reported they had lost at least one tooth due to gum disease or tooth decay.³ African-American adults had the highest rate of tooth loss (49%).³

More than 1 in 4 adults did not visit a dentist in the past year.³ The percentage of adults who did not visit a dentist in the past year increased from 23% in 2005-06 to 26% in 2009.³

Figure 5.1: Percentage of Adults With Tooth Loss Due to Gum Disease or Tooth Decay by Race/Ethnicity



Source: Santa Clara County Public Health Department, 2009 Behavioral Risk Factor Survey

Tooth Decay

What is it?

Tooth decay, also known as dental caries or cavities, is an infectious disease in which bacteria dissolve the enamel surface of the tooth. Untreated, bacteria may penetrate the underlying tooth structure and progress into the soft pulp tissue.

Why is it important?

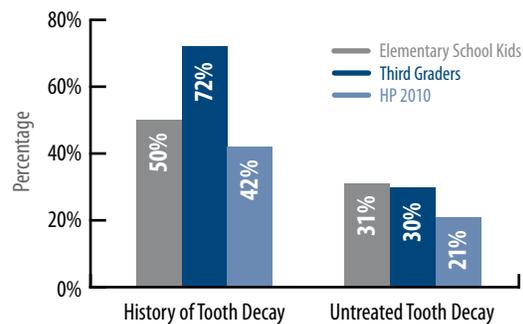
Although tooth decay is largely preventable, it remains the most common chronic disease among children in the U.S.² Tooth decay among children is five times more common than asthma.² Children living in poverty suffer twice as much from tooth decay as those from more affluent families.²

Untreated tooth decay causes infection, persistent pain, and additional problems such as the inability to eat well, difficulty speaking, distraction from learning and playing, and embarrassment due to discolored and damaged teeth.

What is Santa Clara County's status?

In 2001, half of elementary school children (50%) examined in Santa Clara County had a history of tooth decay and nearly one-third (31%) had untreated tooth decay.⁴ More than half of the economically disadvantaged elementary school children (52%) had untreated tooth decay as compared to only 20% of those with a higher socioeconomic status.⁴

Figure 5.2: Oral Health Status of Children

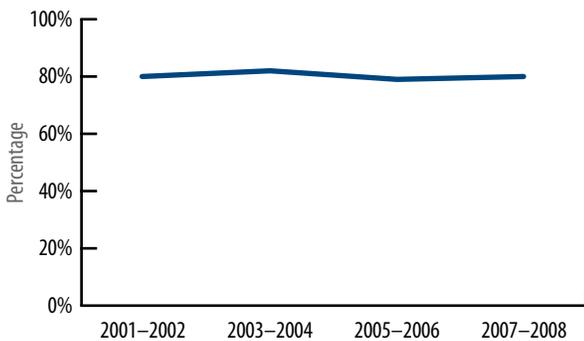


Source: The Health Trust, Oral Health Status of Children in Santa Clara County, 2001 Needs Assessment

Seven in 10 third-graders had a history of tooth decay and 3 in 10 had untreated tooth decay.⁴ A higher percentage of Hispanic children (26%) in third grade did not have dental insurance than Asian (9%) and White (9%) children.⁴ Similarly, a higher percentage of Hispanic children (43%) in third grade had untreated tooth decay than Asian (26%) and White (15%) children.⁴

In 2007–2008, 4 in 5 middle and high school students (80%) visited the dentist in the past 12 months for an examination, teeth cleaning, or dental work.⁵ This percentage did not change from 2001–02 to 2007–08.⁵

Figure 5.3: Dental Visits in the Past 12 Months by Middle and High School Students, 2001–2008



Source: California Healthy Kids Survey, 2001–2008

A lower percentage of African–American (72%) and Hispanic (72%) middle and high school students visited the dentist in the past 12 months than White (87%) and Asian/Pacific Islander (83%) students.⁵



Dental Insurance

What is it?

As with health insurance, dental insurance covers dental checkups and procedures at a set rate depending on the insurance plan.

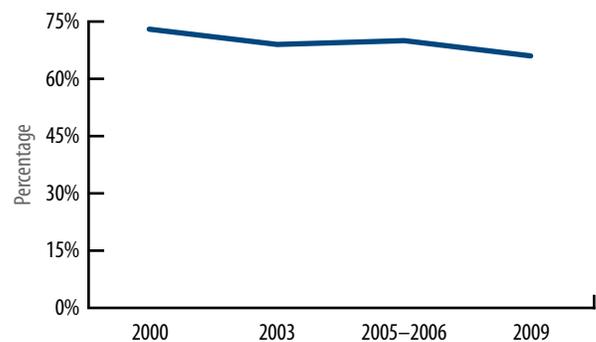
Why is it important?

Individuals with dental insurance tend to have better access to dental care, which means they are more likely to get regular checkups and visit the dentist when oral health issues arise, leading to better overall oral health.

What is Santa Clara County’s status?

One-third of Santa Clara County adults do not have dental insurance.³ The percentage of adults with dental insurance decreased from 73% in 2000 to 66% in 2009.³

Figure 5.4: Percentage of Adults with Dental Insurance, 2000–2009

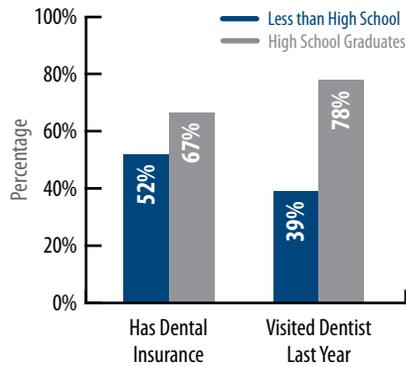


Source: Santa Clara County Public Health Department, 2000–2009 Behavioral Risk Factor Survey

A lower percentage of Hispanic adults (51%) have dental insurance and a lower percentage of Hispanic adults (61%) have visited a dentist in the past 12 months compared to other racial/ethnic groups.³

A higher percentage of adults with a graduate degree (81%) have dental insurance than those with a high school education or less (51%).³ A higher percentage of adults with a graduate degree (85%) have visited a dentist in the past 12 months than those with a high school education or less (60%).³

Figure 5.5: Oral Health Comparison for Adults by Educational Attainment



Source: Santa Clara County Public Health Department, 2009 Behavioral Risk Factor Survey

Water Fluoridation

What is it?

Water fluoridation is the process of increasing the amount of fluoride in the public water supply to a level that is sufficient enough to protect against tooth decay. Fluoride levels between 0.7 and 1.2 parts per million are considered optimal for preventing tooth decay. Fluoride strengthens tooth enamel and reduces the rate at which it breaks down.

Why is it important?

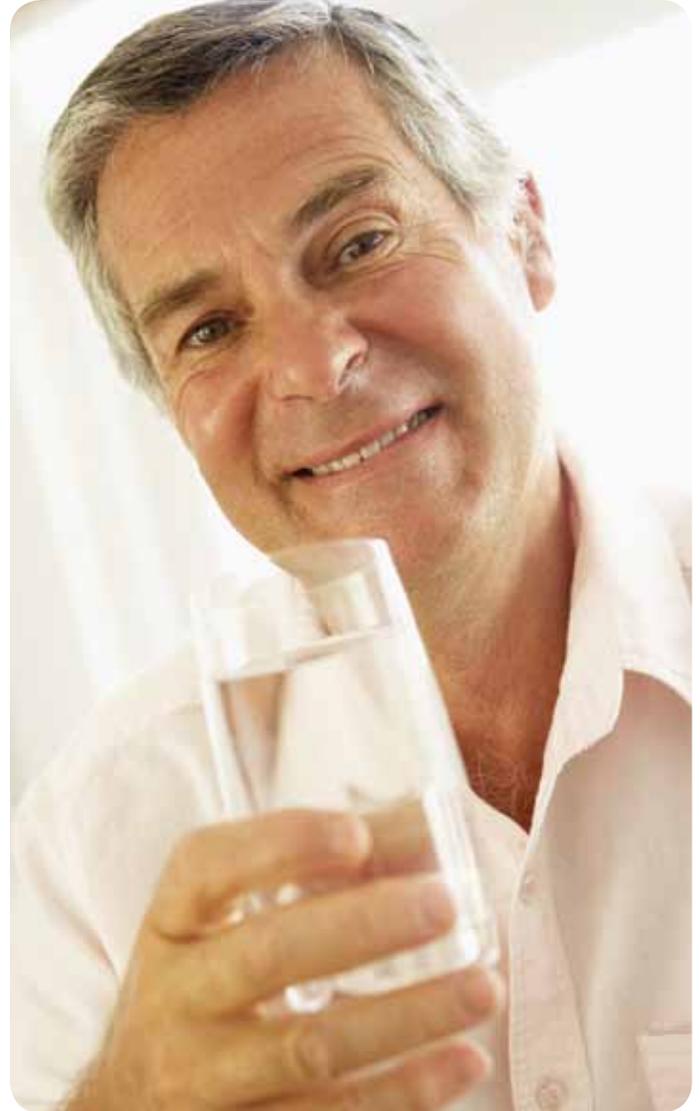
Water fluoridation is an inexpensive, effective, and safe way to prevent tooth decay in both children and adults and has been named one of the 10 great public health achievements of the 20th century.² In fact, every \$1 invested in water fluoridation saves approximately \$38 in dental treatment costs.²

What is Santa Clara County's status?

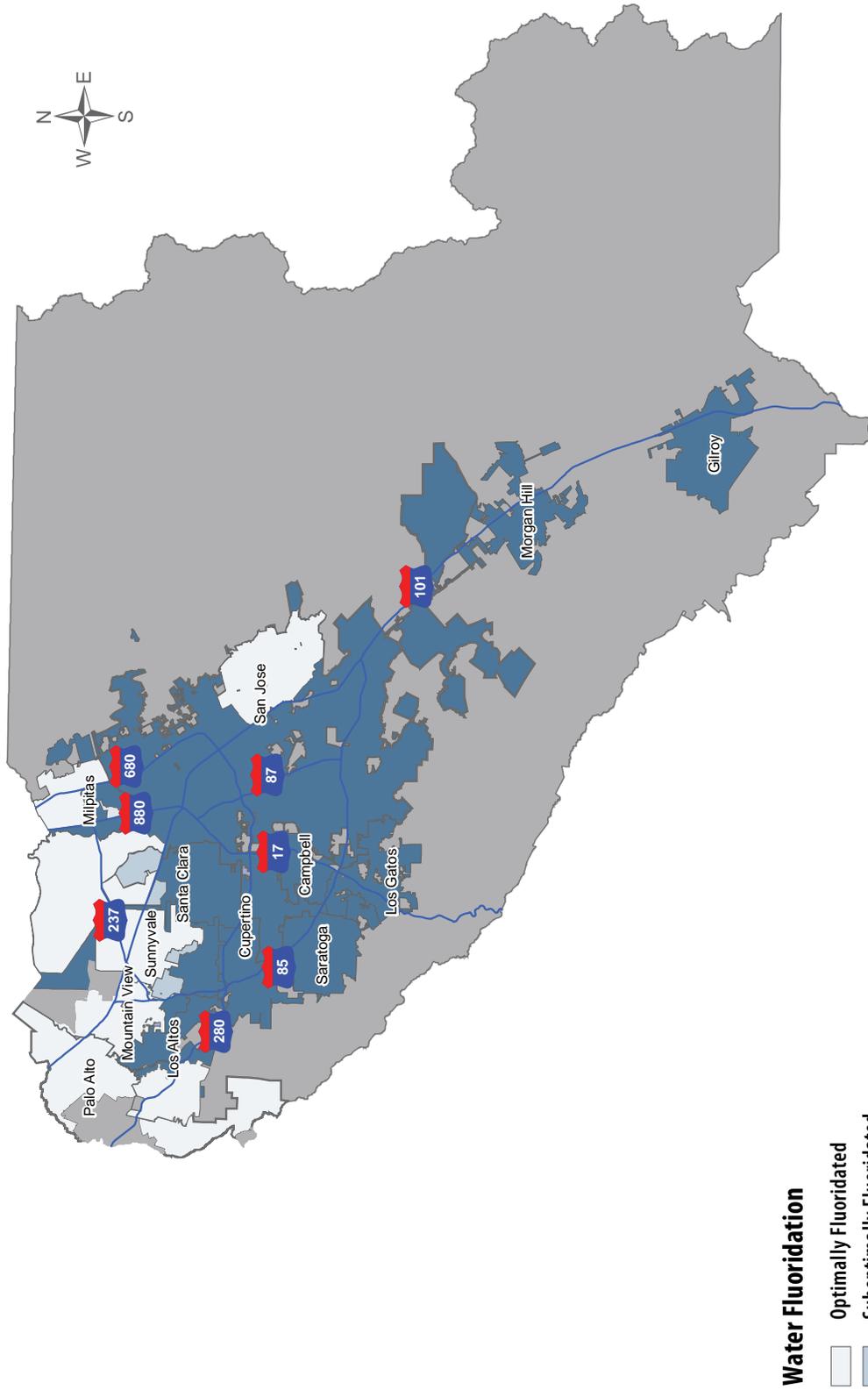
In Santa Clara County, 97% of adults reported that tap water in their homes comes from a city or community water system.³ Among adults who receive water from a city or community water system, 76% reported that their water supply is fluoridated.³ However, 21% of County residents on public water systems actually receive optimal fluoridation, compared to 27% across California and 69% nationwide.² San Jose is the largest city in the U.S. that does not have a completely fluoridated water system.

About 83% of adults in the County reported that they think water systems supplying homes should be fluoridated.³

Santa Clara County did not achieve the Healthy People 2010 target of providing the optimum level of fluoride to 75% of people on public water systems.⁶



Map 5.1: Water Fluoridation in Santa Clara County



Water Fluoridation

- Optimally Fluoridated
- Suboptimally Fluoridated
- Not Fluoridated
- Freeways

Sources: Santa Clara County Public Health Department

References

- ¹ American Dental Association, Oral Systemic Health.
- ² Centers For Disease Control and Prevention, Division of Oral Health, National Center for Chronic Disease Prevention and Health Promotion.
- ³ Santa Clara County Public Health Department, 2001- 2009 Behavioral Risk Factor Survey.
- ⁴ The Health Trust. Oral Health Status of Children in Santa Clara County, 2001 Needs Assessment.
- ⁵ California Healthy Kids Survey, 2001- 2008.
- ⁶ U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion, Healthy People 2010 Objectives, Oral Health.

Chapter 6: Lifestyle and Behavioral Risk Factors



Behavioral risk factors are lifestyle choices that affect an individual's health and can lead to illness, injury, or death. Some of the most common are physical inactivity (lack of exercise), poor nutrition, tobacco use, and excessive alcohol consumption. These behaviors are among the leading causes of disease and premature death in the U.S. and Santa Clara County.

This Chapter provides a comprehensive review of data on the effects of the following influential factors:

- Physical activity
- Nutrition
- Overweight and obesity
- Smoking and tobacco use
- Alcohol consumption
- Drug use
- Sexual health

Because the risk factors and behaviors of children and adolescents have such a strong effect on their health later in life, this Chapter provides a detailed review of the data by age group.

The Public Health Department monitors health risk factors in order to plan, support, and evaluate health promotion and disease prevention programs. The data gathered here is also important in the development of policies and legislation aimed at encouraging healthy behaviors.

Key Findings for Santa Clara County

- More than half of adults and a quarter of middle and high school students in the County are either overweight or obese.
- A higher percentage of Hispanic and African-American adults are overweight or obese compared to the rest of population.
- One in 7 adults eats the recommended five servings of fruits and vegetables daily, and 2 in 5 eat at a fast food restaurant at least once a week.
- Ten percent (10%) of adults and 9% of middle and high school students are current smokers.
- One in 4 adults and about 1 in 8 middle and high school students engage in binge drinking.
- More than 1 in 5 middle and high school students have been passengers in a vehicle driven by someone who has been drinking alcohol.
- Eight percent (8%) of adults used drugs in the past 12 months.

Physical Activity

What is it?

People of all ages benefit from regular physical activity, which is any body movement that requires the expenditure of energy, such as walking, bicycling, or dancing. This Chapter reports on moderate and vigorous levels of activity for both adults and adolescents.

Moderate physical activity uses large muscle groups in a way that is equivalent to brisk walking. In addition to walking, it includes gardening or yard work and various domestic and occupational duties. Adults meet the recommendation for moderate physical activity if they engage in it for at least 30 minutes per day five or more days a week.

Vigorous physical activity is rhythmic, repetitive physical activity that uses large muscle groups at 70% or higher of the maximum heart rate for the individual's age group. It includes jogging, running, swimming, dancing, skating, rowing, and competitive sports. The recommendation for vigorous physical activity is at least 20 minutes per day three or more days a week.

Why is it Important?

There are a number of chronic diseases associated with leading a sedentary lifestyle, and regular physical activity can help prevent or reduce the risk of many of them. For example, it has been shown to reduce the risk of premature death, coronary heart disease, colon cancer, and diabetes. Physical activity can also promote psychological well-being, reduce stress and anxiety, and prevent and control risk factors.

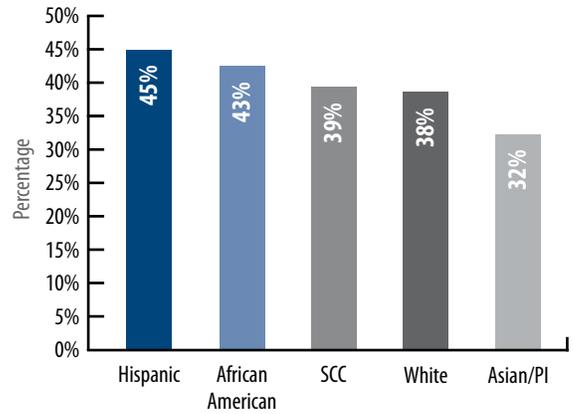
What is Santa Clara County's status?

Physical Activity of Adults - Moderate

In Santa Clara County, 39% of adults reported performing moderate physical activity for at least 30 minutes per day five or more days per week.¹

Forty-five percent (45%) of Hispanic adults (highest percentage) reported engaging in moderate physical activity compared to 32% of Asian/Pacific Islanders (lowest percentage).¹

Figure 6.1: Percentage of Adults Who Engaged in Moderate Physical Activity by Race/Ethnicity



Source: Santa Clara County Public Health Department, 2009 Behavioral Risk Factor Survey

A higher percentage of adults with a high school education or less (43%) reported engaging in moderate physical activity for at least 30 minutes per day five or more days per week than adults with a bachelor's degree or higher (37%).¹

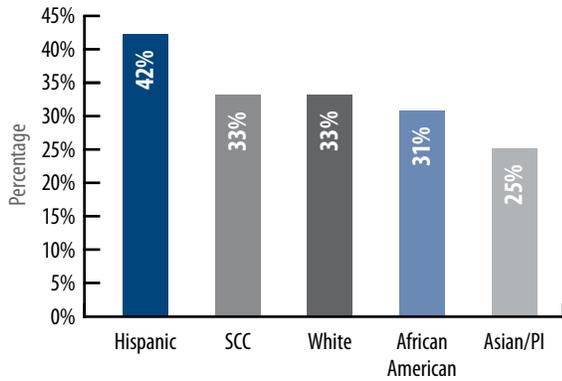
Physical Activity of Adults – Vigorous

In 2009, one-third of adults (33%) in the County reported performing vigorous physical activity 20 or more minutes per day three or more days per week.¹ By comparison, in 2007, 28% of adults nationwide and 31% of adults in California reported performing vigorous physical activity 20 or more minutes per day three or more days per week.²

A higher percentage of men (40%) reported performing vigorous physical activity for at least 20 minutes per day three or more days per week than women (23%) in the County.¹

Forty-two percent (42%) of Hispanic adults (highest percentage) reported engaging in vigorous physical activity compared to 25% of Asian/Pacific Islanders (lowest percentage).¹

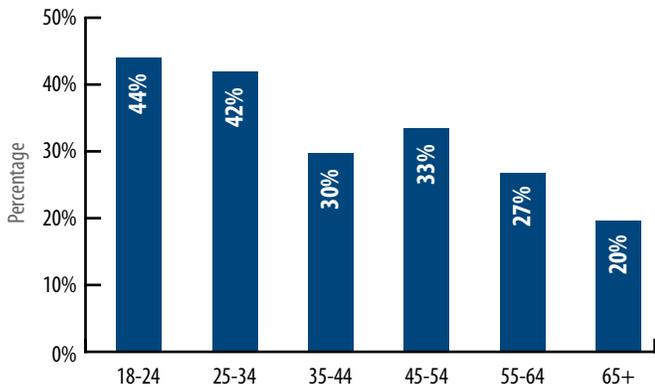
Figure 6.2: Percentage of Adults Who Engaged in Vigorous Physical Activity by Race/Ethnicity



Source: Santa Clara County Public Health Department, 2009 Behavioral Risk Factor Survey

A higher percentage of adults ages 18-24 (44%) reported performing vigorous physical activity for at least 20 minutes per day three or more days per week compared to adults ages 65 and older (20%).¹

Figure 6.3: Percentage of Adults Who Engaged in Vigorous Physical Activity by Age



Source: Santa Clara County Public Health Department, 2009 Behavioral Risk Factor Survey

The percentage of adults performing vigorous physical activity decreased as education levels increased. Thirty-six percent (36%) of adults with a high school education or less reported performing vigorous physical activity for at least 20 minutes per day three or more days per week, compared to 31% of adults with a bachelor's or advanced degree.¹

In the County, a higher percentage of adults born in the U.S. (36%) reported performing vigorous physical activity for at least 20 minutes per day three or more days per week than adults born outside the U.S. (28%).¹

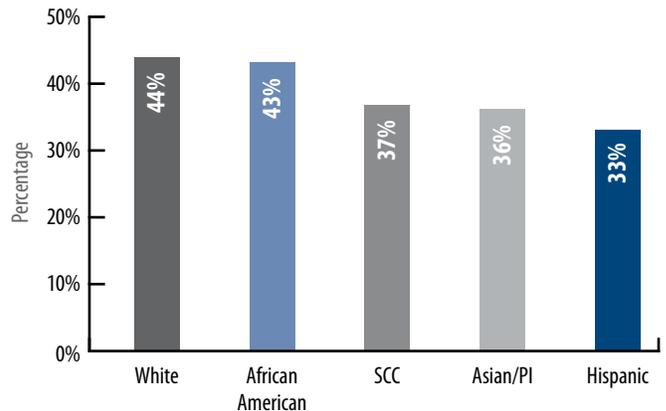
Physical Activity of Adolescents – Moderate

About 37% of middle and high school students reported performing moderate physical activity for at least 30 minutes five or more days a week.³ Santa Clara County achieved the Healthy People 2010 target of increasing the proportion of adolescents who perform moderate physical activity for at least 30 minutes five or more days a week to 35% or higher.⁴

A higher percentage of male students (41%) reported engaging in moderate physical activity for at least 30 minutes five or more days a week than female students (33%).³

A higher percentage of White (44%) and African-American (43%) students reported engaging in the recommended amount of moderate physical activity than Asian/Pacific Islander (36%) and Hispanic (33%) students.³

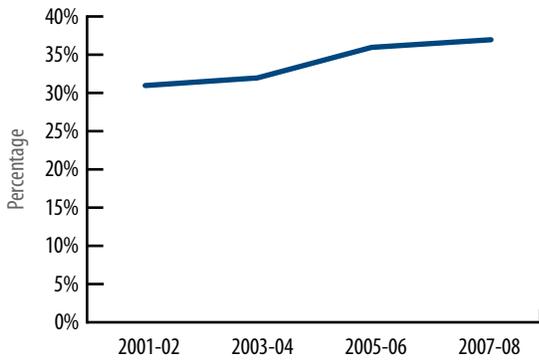
Figure 6.4: Percentage of Middle and High School Students Who Engaged in Moderate Physical Activity by Race/Ethnicity



Source: California Healthy Kids Survey, 2007-08

The percentage of middle and high school students who reported performing moderate exercise for at least 30 minutes per day increased from 31% in 2001-02 to 37% in 2007-08.³

Figure 6.5: Percentage of Middle and High School Students Who Engaged in Moderate Physical Activity, 2001–2008



Source: California Healthy Kids Survey, 2001-2008

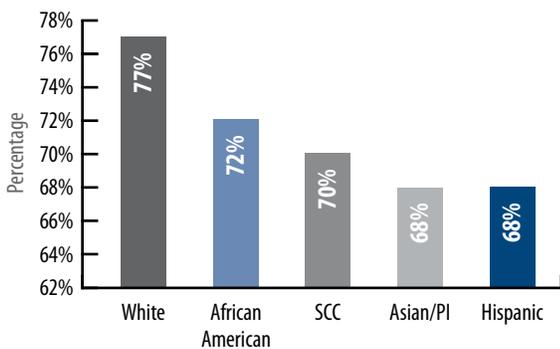
Physical Activity of Adolescents - Vigorous

Adolescents in Santa Clara County were also surveyed in 2007-08 about vigorous physical activity. Seventy percent (70%) reported that they engaged in vigorous physical activity three or more days a week for 20 or more minutes per occasion.³

The percentage of female students who reported engaging in vigorous physical activity for at least 20 minutes three or more days per week (65%) was higher than that of male students (55%).³

Seventy-seven percent (77%) of White students reported engaging in vigorous exercise (highest percentage), followed by African-American (72%), Asian/Pacific Islander (68%), and Hispanic (68%) students.³

Figure 6.6: Percentage of Middle and High School Students Who Engaged in Vigorous Physical Activity by Race/Ethnicity



Source: California Healthy Kids Survey, 2007-08

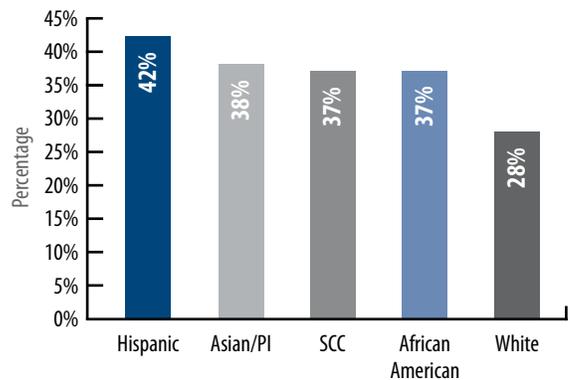
The percentage of students who reported engaging in vigorous exercise decreased with grade level: 79% for seventh-grade students compared to 59% for eleventh-grade students.³

Physical Education of Adolescents

Thirty-seven percent (37%) of middle and high school students in the County reported that they attended physical education classes five days a week at school.³ The percentage decreased with grade level, from 78% of seventh-graders to 15% of eleventh-graders.³ Santa Clara County did not achieve the Healthy People 2010 target of increasing the proportion of adolescents who participate in daily school physical education to 50% or higher.⁴

Twenty-eight percent (28%) of White students attended daily physical education classes (lowest percentage) compared to 42% of Hispanic students (highest percentage).³

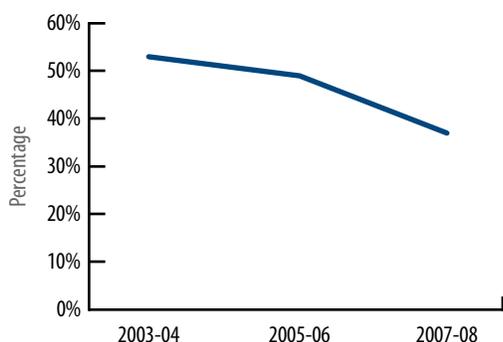
Figure 6.7: Percentage of Middle and High School Students Who Attended Daily Physical Education Classes by Race/Ethnicity



Source: California Healthy Kids Survey, 2007-08

The overall percentage of students who reported attending daily physical education classes decreased from 53% in 2003-04 to 37% in 2007-08.³

Figure 6.8: Percentage of Middle and High School Students Who Attended Daily Physical Education Classes, 2003–2008



Source: California Healthy Kids Survey, 2003–2008

TV and Video Game Use by Adolescents

Half of middle and high school students in the County reported that they watched TV or played video games two or more hours on an average school day.³

A higher percentage of male students (53%) reported that they watched TV or played video games for at least two hours on an average school day than female students (48%).³ Higher percentages of Hispanic (57%) and African-American (55%) students reported watching TV or playing video games for at least two hours than White (47%) and Asian/Pacific Islander (46%) students.³

A higher percentage of seventh-grade students (54%) reported watching TV or playing video games for at least two hours on an average day than ninth-grade (50%) and eleventh-grade students (48%).³



Nutrition

What is it?

Nutrition is the process by which the body takes in food. Examining dietary patterns provides an indication of the quality of a person's overall nutrition. Measures frequently used for evaluating nutrition are an individual's consumption of fruits and vegetables, breakfast, and fast food.

Why is it important?

There are numerous health benefits associated with nutritious eating, including decreasing the risk for and preventing chronic diseases, obesity, and micronutrient deficiencies. In addition, nutrition is essential for healthy growth and development.

Breakfast has long been considered the most important meal of the day. Research is now showing that those who skip breakfast eat more at other meals. In addition, skipping breakfast can affect children's intellectual potential.

Fast food tends to be inexpensive and highly processed. Research shows that fast food is associated with higher body mass index, which is a key indicator of being overweight and obese.

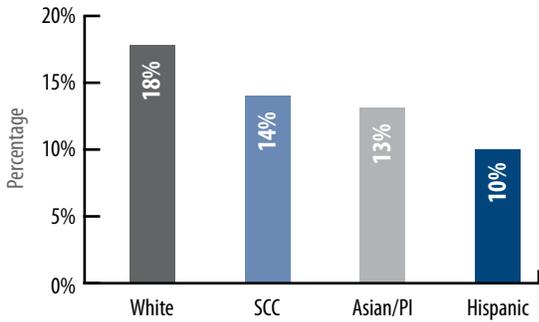
What is Santa Clara County's status?

Fruit and Vegetable Consumption by Adults

One in 7 adults in Santa Clara County reported eating at least five servings of fruits and vegetables the previous day.¹

A higher percentage of women (21%) ate at least five or more servings of fruits and vegetables on the previous day than men (9%).¹ A higher percentage of Whites (18%) ate five servings of fruits and vegetables than Asian/Pacific Islanders (13%) and Hispanics (10%).¹ Data for African Americans is not presented due to the small sample size.

Figure 6.9: Percentage of Adults Who Ate at Least Five Servings of Fruits and Vegetables on the Previous Day by Race/Ethnicity



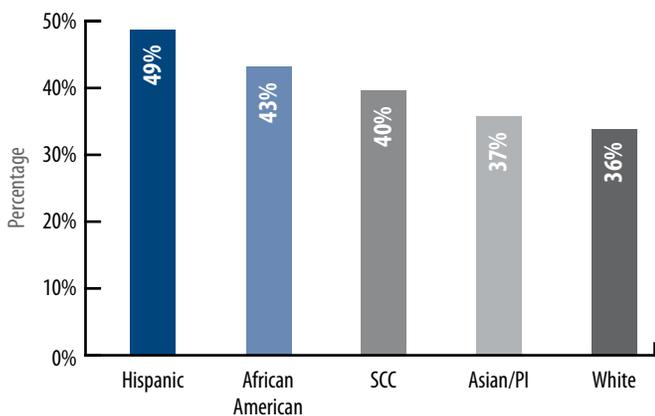
Source: Santa Clara County Public Health Department, 2009 Behavioral Risk Factor Survey

Consumption of fruits and vegetables increased with age: 6% of those ages 18-24 ate at least five servings of fruits and vegetables the previous day compared to 17% of those ages 65 and older.¹ Consumption also increased with educational level: 22% of adults with a graduate degree or higher compared to 11% with a high school education or less.¹

Fast Food Consumption by Adults

Two in 5 adults in the County reported that they eat at a fast food restaurant at least once a week.¹ A higher percentage of men (50%) reported eating at a fast food restaurant at least once a week than women (32%).¹ Forty-nine percent (49%) of Hispanics (highest percentage) reported eating fast food at least once a week, followed by African Americans (43%).¹

Figure 6.10: Percentage of Adults Who Ate at a Fast Food Restaurant at Least Once a Week by Race/Ethnicity



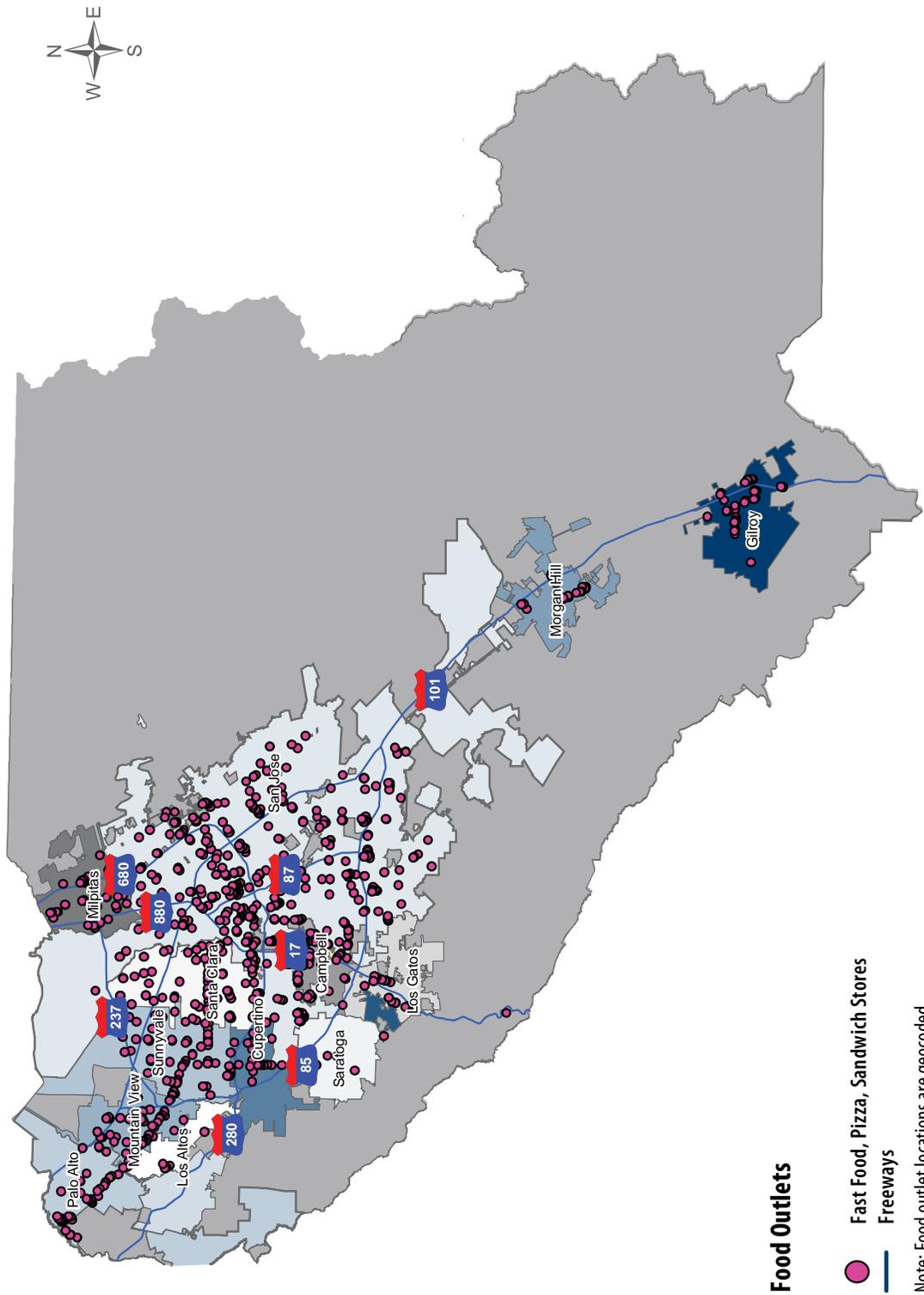
Source: Santa Clara County Public Health Department, 2009 Behavioral Risk Factor Survey

The proportion of adults who reported that they eat at a fast food restaurant at least once a week declined with increasing age: 51% of those ages 18-24 compared to 28% of those ages 65 and older.¹ The proportion also declined with increasing educational levels: 47% for adults with a high school education or less compared to 29% for adults with a graduate degree or higher.¹

Access to various types of food plays an important role in defining eating choices of people in a particular community. In Santa Clara County, access to fresh fruits and vegetables is geographically difficult compared to access to fast food. There are only 27 farmers’ markets and 35 produce stores in Santa Clara County compared to 918 fast food, pizza, and sandwich stores.

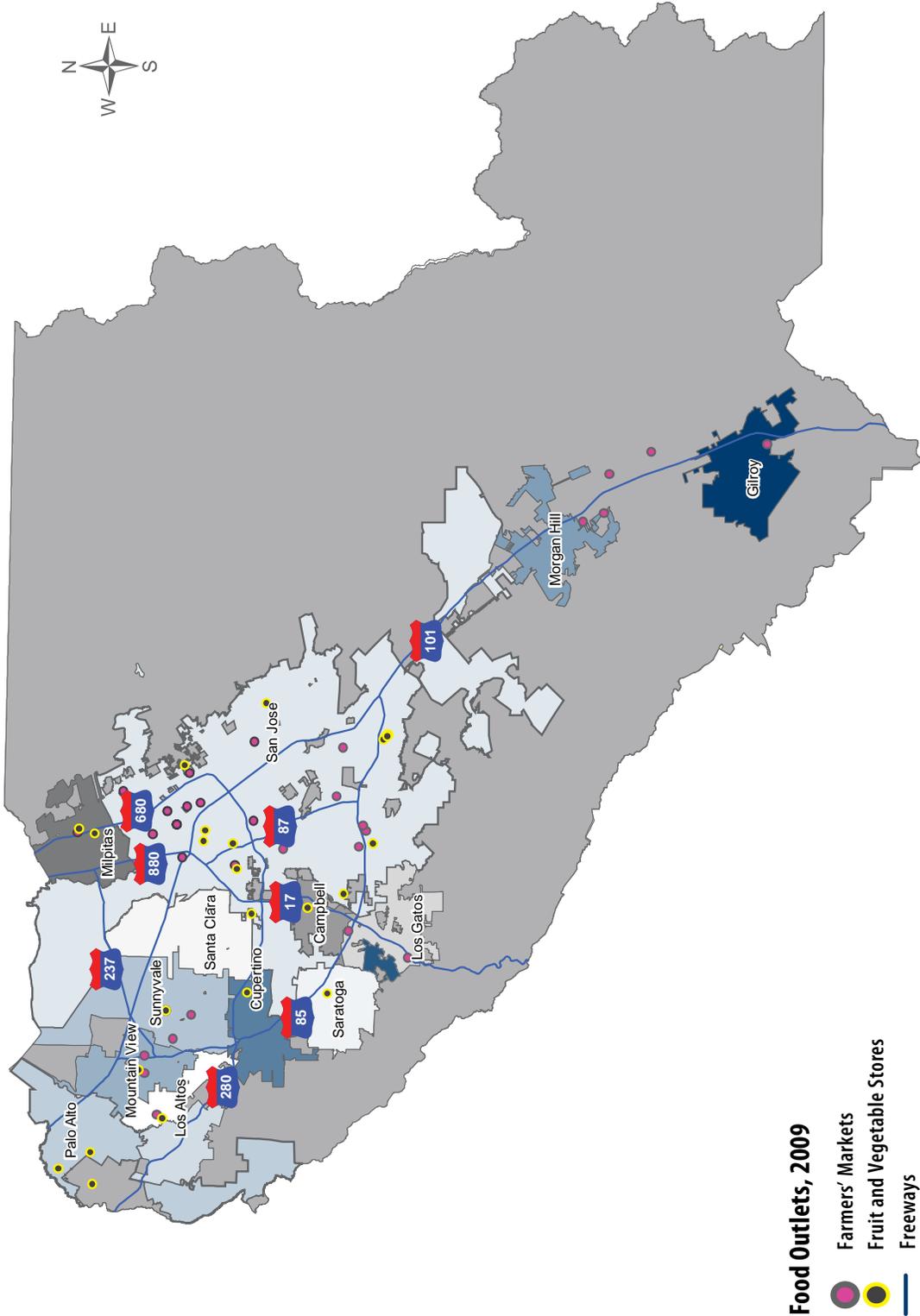


Map 6.1: Fast Food, Pizza, Sandwich Stores



Source: Santa Clara County Public Health Department, 2009 California Nutrition Network

Map 6.2: Farmers' Markets and Produce Stores



Source: Santa Clara County Public Health Department, 2009 California Nutrition Network

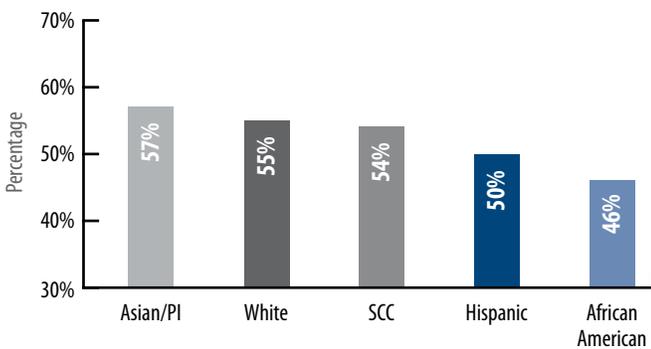
Fruit and Vegetable Consumption by Adolescents

In Santa Clara County, 54% of middle and high school students reported that they had eaten at least two servings of fruit the previous day.³

Similarly, 55% of middle and high school students in California reported that they had eaten at least two servings of fruit the previous day.³

A higher percentage of Asian/Pacific Islander students ate two servings of fruit the previous day than other racial/ethnic groups.³

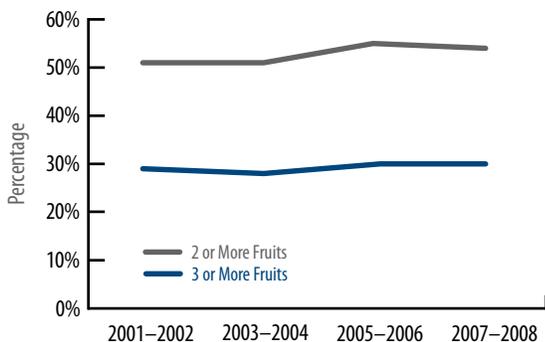
Figure 6.11: Percentage of Middle and High School Students Who Ate at Least Two Servings of Fruit the Previous Day by Race/Ethnicity



Source: California Healthy Kids Survey, 2007-08

Three in 10 middle and high school students (30%) reported that they ate at least three servings of vegetables the previous day.³ The percentage of middle and high school students who reported eating at least two servings of fruit daily increased from 51% in 2001-02 to 54% 2007-08.³ The percentage of students who reported eating at least three servings of vegetables remained at about 30% between 2001-02 and 2007-08.³

Figure 6.12: Percentage of Middle and High School Students Who Ate Fruits and Vegetables the Previous Day, 2001-2008

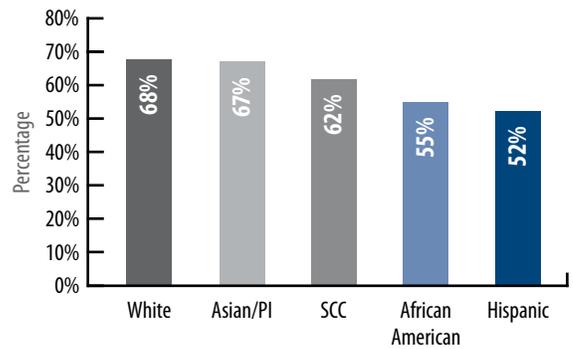


Source: California Healthy Kids Survey, 2001-2008

Breakfast Consumption by Adolescents

Sixty-two percent (62%) of middle and high school students in the County reported that they ate breakfast.³ Fifty-two percent (52%) of Hispanic students and 55% of African-American students reported eating breakfast, while more than two-thirds of White (68%) and Asian/Pacific Islander (67%) students ate breakfast.³

Figure 6.13: Percentage of Middle and High School Students Who Ate Breakfast by Race/Ethnicity



Source: California Healthy Kids Survey, 2007-08



Overweight and Obesity

What is it?

Being overweight or obese is measured using body mass index, which is the ratio of squared weight (in kg) to height (in meters). For adults, a body mass index of 18.5–25 indicates a healthy weight for that person's height. An adult with a body mass index of 25–29.9 is considered overweight, and a body mass index of 30 or above is considered obese. Adults with a body mass index under 18.5 are considered underweight.

Why is it important?

American society has become characterized by environments that promote increased food intake, unhealthy foods, and physical inactivity. Research has shown that as weight increases to the level of overweight or obesity, the risk for many diseases and adverse health conditions increases, including hypertension, diabetes, breast and colon cancer, and liver and heart disease.⁵

Obese adults in Santa Clara County were five times more likely to be told by a health professional that they have pre-diabetes, and nine times more likely to be told they have diabetes, compared to adults who have normal weights.¹ Obese adults were approximately twice as likely to be told by a health professional that they have high blood pressure, high cholesterol, stroke, heart attack, or coronary heart disease than adults who have normal weights.¹

Childhood obesity is a particular concern. A higher percentage of obese children and adolescents become obese as adults; one study found that approximately 80% of children who were overweight at ages 10–15 were obese adults at age 25.⁵ A higher percentage of obese children have cardiovascular risk factors such as high blood pressure, high cholesterol, and type 2 diabetes compared to other children.⁵

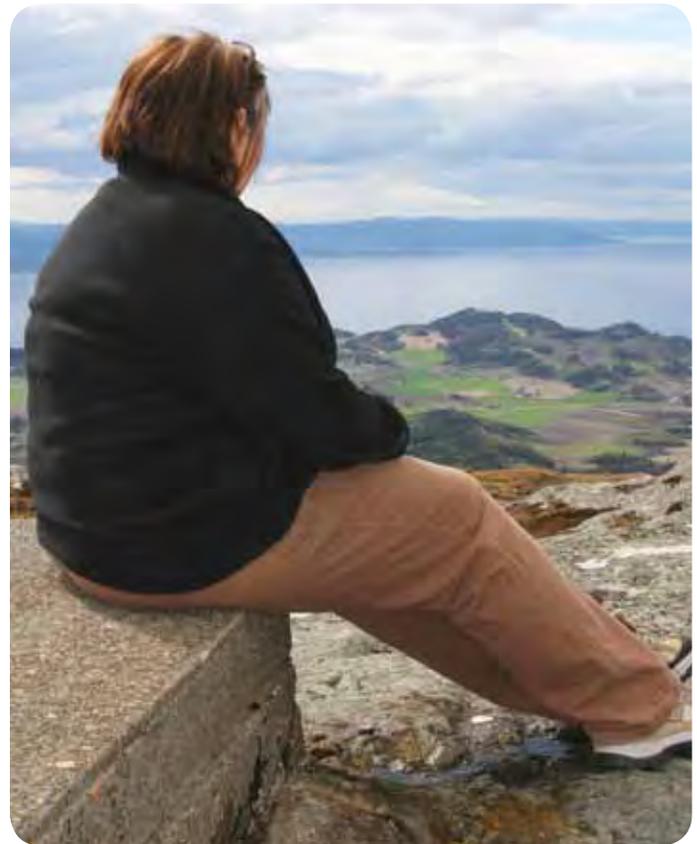
Nationwide, the prevalence of childhood obesity has increased in the past three decades from 7% to 17% for children ages 6–11, and from 5% to 18% for those ages 12–19.⁵ Similarly, for those ages 6–11 and 12–19, the prevalence of overweight has increased from 7% to 33% and 5% to 34%, respectively.⁶

Overweight-obesity poses a tremendous financial burden on society. The estimated total annual cost associated with overweight, obesity, and physical inactivity among adults in Santa Clara County was \$2.1 billion in 2006.⁷ Costs associated with overweight-obesity were \$917 million (46% for health care and 54% for lost productivity).⁷ Costs associated with physical inactivity were \$1.4 billion (20% for health care and 80% for lost productivity).⁷

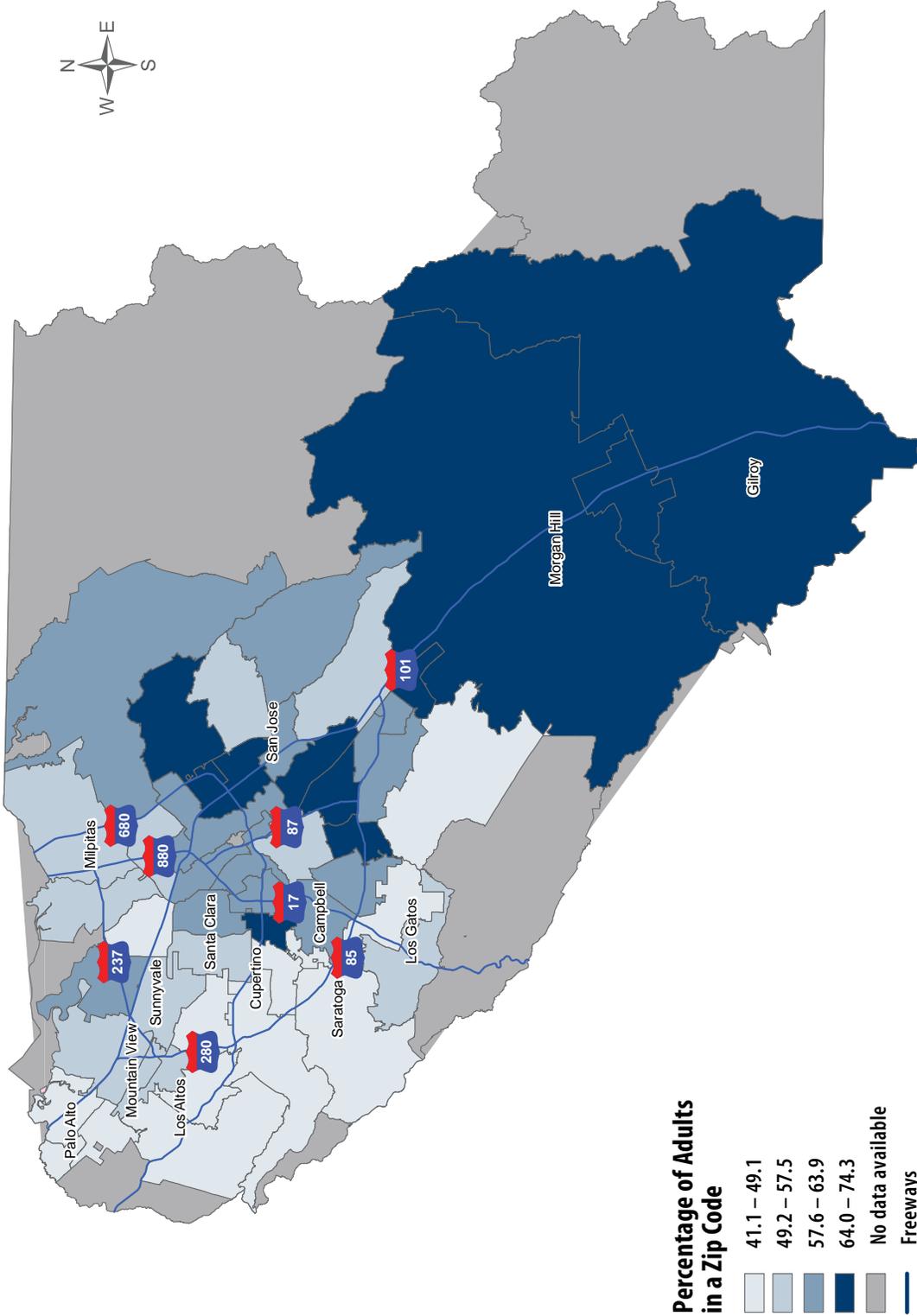
What is Santa Clara County's status?

Overweight and Obesity in Adults

In 2009, 43% of adults in Santa Clara County had healthy weights, which fell short of the Healthy People 2010 target of 60%.^{1,4} Fifty-five percent (55%) of adults were overweight (38%) or obese (17%).¹ The County did not achieve the Healthy People 2010 target of reducing the percentage of obese adults to 15% or lower.⁴

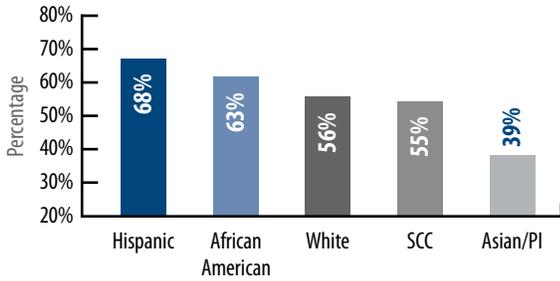


Map 6.3: Overweight-Obese Adults



A higher percentage of men (59%) were reported to be overweight or obese than women (49%).¹ Sixty-eight percent (68%) of Hispanic adults (highest percentage) were reported to be overweight or obese compared to 39% of Asian/Pacific Islander adults (lowest percentage).¹

Figure 6.14: Percentage of Adults Who Were Overweight or Obese by Race/Ethnicity



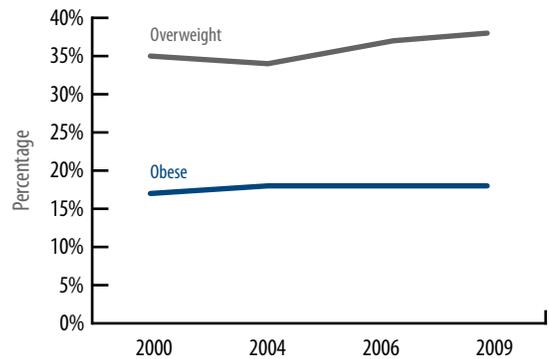
Source: Santa Clara County Public Health Department, 2009 Behavioral Risk Factor Survey

The prevalence of overweight-obesity was highest among adults ages 55-64 (64%) and lowest among adults ages 18-24 (37%).¹

The prevalence of overweight-obesity decreased as household income increased: 68% of adults with annual household incomes less than \$20,000, compared to 49% for those with annual household incomes of \$70,000 or higher.¹ Overweight-obesity prevalence was lower among adults with a graduate degree or higher (47%) than among adults with a high school education or less (62%).¹

The prevalence of overweight in adults increased from 35% in 2000 to 38% in 2009.¹ The prevalence of obesity increased from 17% in 2000 to 18% in 2009.¹

Figure 6.15: Percentage of Adults Who Were Overweight or Obese, 2000–2009



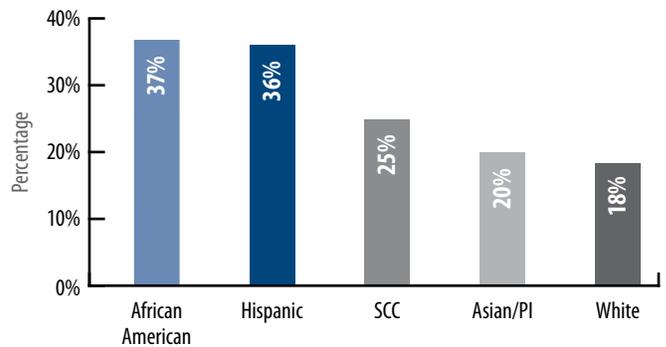
Source: Santa Clara County Public Health Department, 2000–2009 Behavioral Risk Factor Survey

Overweight and Obesity in Childhood and Adolescence

In 2007-08, 25% of middle and high school students in Santa Clara County were either overweight or obese.³ One in 10 (10%) middle and high school students was obese.³ In California, 28% of adolescents ages 12-17 were either overweight or obese in 2007.³

A higher percentage of male students (31%) were overweight or obese than female students (18%).³ Thirty-seven percent (37%) of African-American and 36% of Hispanic middle and high school students were overweight or obese, compared to 20% of Asian/Pacific Islander students and 18% of White students.³

Figure 6.16: Percentage of Middle and High School Students Who Were Overweight or Obese by Race/Ethnicity

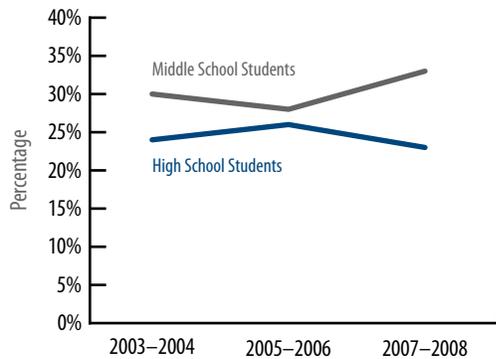


Source: California Healthy Kids Survey, 2007-08

The proportion of overweight or obese students declined with increasing grade level: 33% of seventh-grade students compared to 23% of eleventh-grade students.³

The prevalence of overweight–obesity among middle school students in the County increased from 30% in 2003–04 to 33% in 2007–08, while prevalence among high school students showed a slight decline during that same time period.³

Figure 6.17: Percentage of Middle and High School Students Who Were Overweight or Obese, 2003–2008



Source: California Healthy Kids Survey, 2003–2008

Smoking and Tobacco Use

What is it?

Tobacco use is the consumption of tobacco products by either smoking or chewing. This report only covers smoking and measures status through self-reported current or past smoking histories, the number of cigarettes smoked per day, and exposure to secondhand smoke.

Why is it important?

Cigarette smoking is the leading preventable cause of death.⁸ Smoking is associated with a higher incidence of respiratory diseases, including chronic obstructive pulmonary disease and lung cancer, as well as lip, kidney, pancreas, uterine, and cervical cancer. In addition, tobacco use causes coronary heart disease.

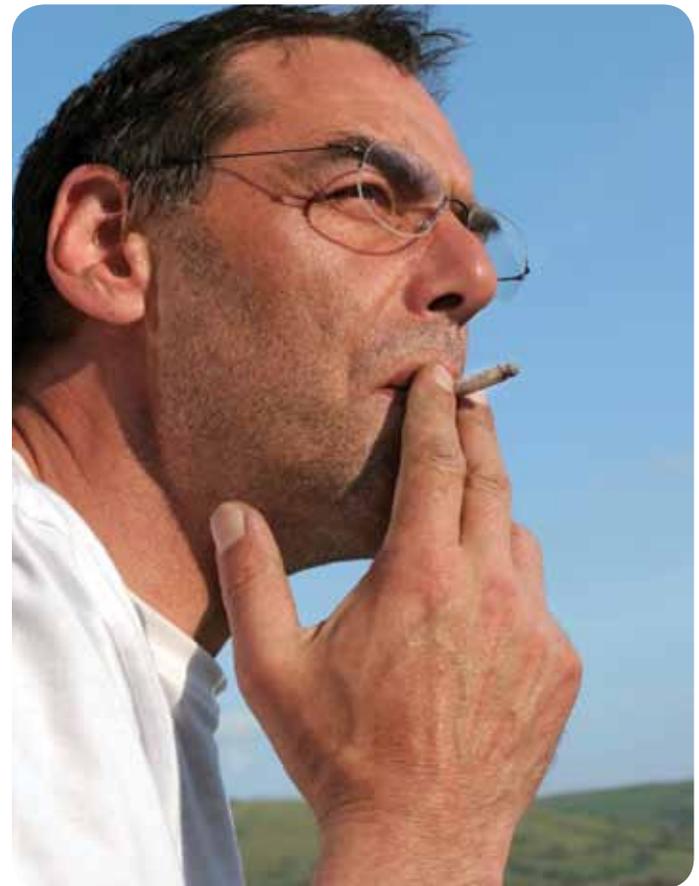
Tobacco use causes more deaths each year than all deaths from Human Immunodeficiency Virus (HIV), illegal drug use, alcohol use, motor vehicle injuries, suicides, and murders combined.⁸ Nearly 1 in 5 deaths each year (approximately 443,000) in the U.S. is attributed to cigarette smoking, and an estimated 49,000 tobacco-related deaths are the result of secondhand smoke exposure.⁸

Each year in the U.S., cigarette smoking costs more than \$193 billion (evenly divided between lost productivity and healthcare expenditures).⁸ Secondhand smoke costs more than \$10 billion in healthcare expenditures.⁸ Cigarette smoking and exposure to tobacco smoke resulted in approximately 5.1 million years of potential life lost in the U.S. between 2000 and 2004.⁸

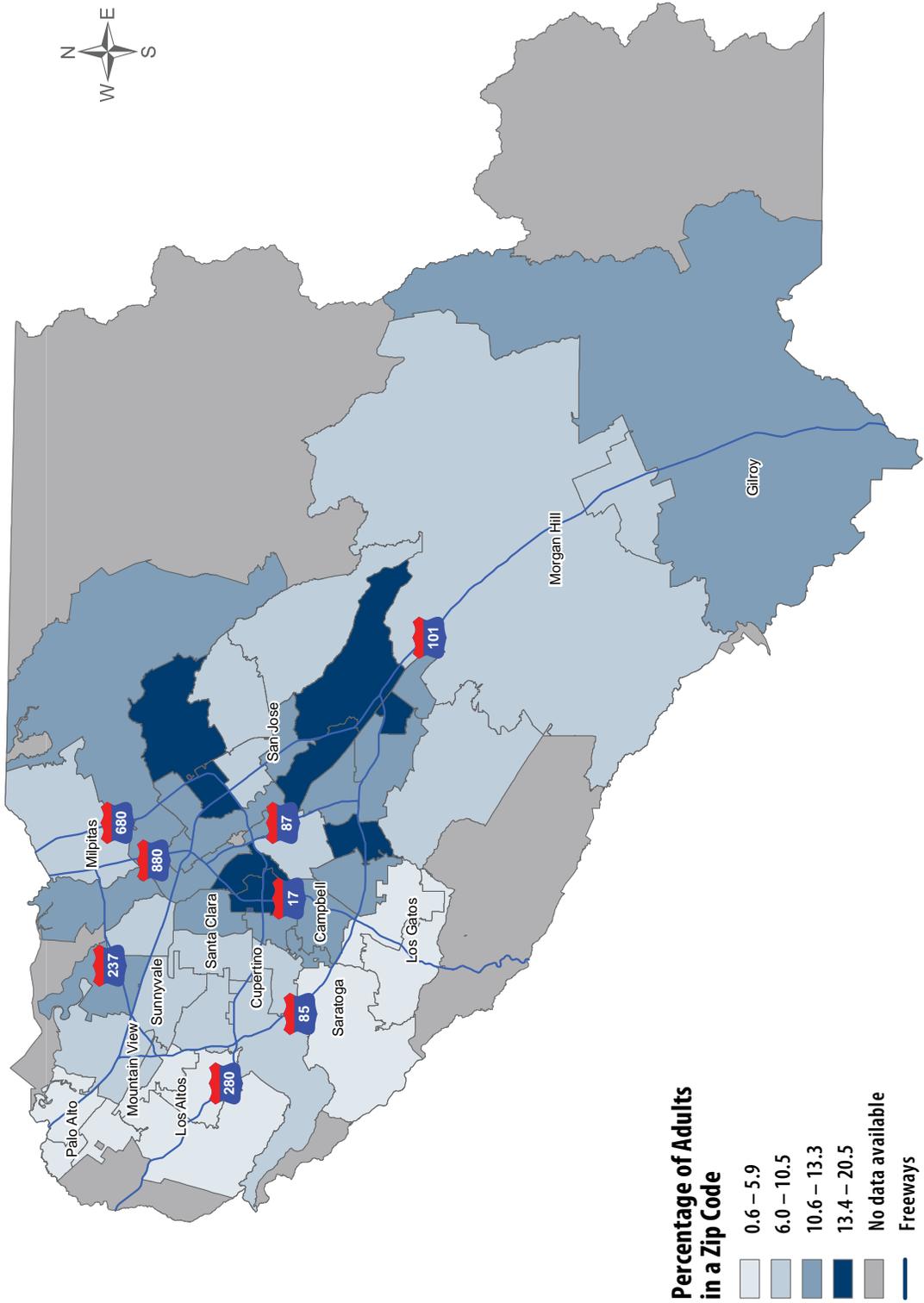
Smoking and Tobacco Use by Adults

In Santa Clara County, 31% of adults reported smoking at least 100 cigarettes in their lifetimes.¹ About 1 in 10 adults are current smokers.¹ Two in 3 current smokers reported that they have tried to quit smoking in the past 12 months.¹

By comparison, in 2008, 18% of adults in the U.S. and 14% of adults in California were current smokers.²



Map 6.4: Adults Who Are Current Smokers

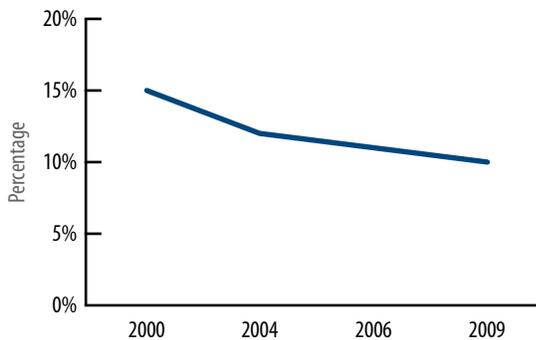


In terms of health risk, 6% of current smokers in Santa Clara County had a stroke compared to 3% of adults who do not smoke at all.¹ Twenty-three percent (23%) of current smokers had been told by a health professional that they had asthma compared to 14% of adults who do not smoke at all, and 5% of current smokers were told that they had chronic obstructive pulmonary disease or emphysema, compared to 4% of adults who do not smoke at all.¹

As annual household income increases, the prevalence of smoking decreases. Nineteen percent (19%) of adults with annual household incomes less than \$20,000 were current smokers compared to 9% of adults with annual household incomes of \$75,000 or higher.¹

The percentage of adults who have ever smoked cigarettes decreased from 41% in 1997 to 34% in 2009.¹ Among smokers, the percentage of adults who smoke cigarettes every day decreased from 30% in 1997 to 20% in 2009.¹

Figure 6.18: Trends in the Percentage of Adults Who Are Current Smokers, 2000–2009



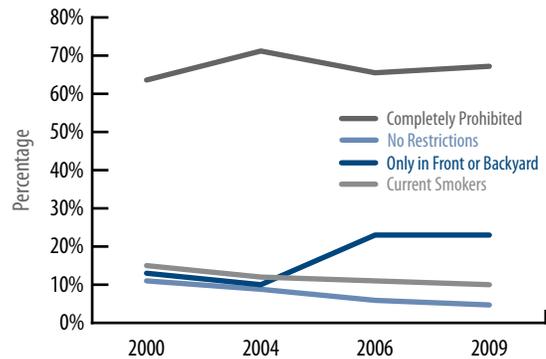
Source: Santa Clara County Public Health Department, 2000–2009 Behavioral Risk Factor Survey

Household Smoking Rules

Smoking inside the house was completely prohibited in more than two-thirds of the households (67%) in Santa Clara County.¹ Twenty-three percent (23%) of the households allowed smoking in the front or backyards, and 5% of the households had no restrictions on smoking inside the house.¹

While the number of current smokers continues to decline, it appears that fewer households in the County are placing any restrictions on smoking.¹

Figure 6.19: Trends in Household Smoking Rules by Adults, 2000–2009



Source: Santa Clara County Public Health Department, 2000–2009 Behavioral Risk Factor Survey

Smoking and Tobacco Use by Adolescents

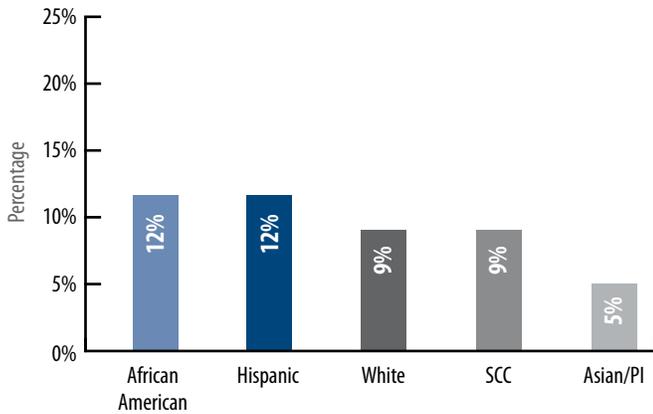
In 2007–08, 17% of middle and high school students in the County reported that they had smoked a cigarette in their lifetimes.³ Ages 13 and 14 were the most common ages at which students first smoked.³

About 9% of middle and high school students in Santa Clara County reported that they had smoked cigarettes during the past 30 days.³ By comparison, 16% of adolescents in California smoked cigarettes in the past 30 days.⁹ About 5% of students in Santa Clara County also reported that they had smoked at least one cigarette daily for a month.³

A higher percentage of male students (10%) reported that they smoked cigarettes in the past 30 days than female students (8%).³

Twelve percent (12%) of African-American students and 12% of Hispanic students reporting smoking cigarettes in the past 30 days compared to 9% of White students and 5% of Asian/Pacific Islander students.³

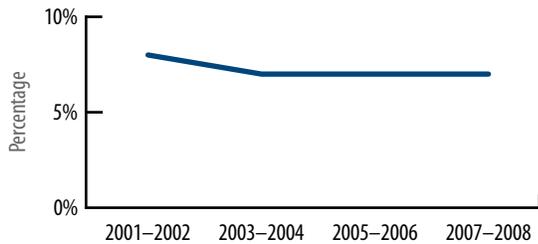
Figure 6.20: Percentage of Middle and High School Students Who Smoked Cigarettes in the Past 30 Days by Race/Ethnicity



Source: California Healthy Kids Survey, 2007-08

The percentage of middle and high school students who smoked cigarettes in the past 30 days declined from 8% in 2001-02 to 7% in 2007-08.³

Figure 6.21: Percentage of Middle and High School Students Who Smoked Cigarettes in the Past 30 Days, 2001-2008



Source: California Healthy Kids Survey, 2001-2008

Middle and high school students in Santa Clara County reported these common sources for cigarettes: obtaining them from a friend, making a purchase on their own, and giving someone else money to buy cigarettes for them.³

Alcohol Consumption

What is it?

Alcohol consumption in excess is considered heavy drinking or binge drinking. Heavy drinking is defined as at least one drink per day on average for women and two drinks for men. Alcohol consumption is usually considered to be binge drinking for a woman when she consumes four or more drinks during a single occasion and for a man when he consumes five or more drinks. However for this report, binge drinking in Santa Clara County is defined as five or more drinks on a single occasion for both men and women.

Why is it important?

Excessive alcohol use is the third leading lifestyle-related cause of death in the U.S.¹⁰ Approximately 79,000 deaths attributable to excessive alcohol use occur each year in the U.S.¹⁰ In 2005, more than 1.6 million hospitalizations and more than 4 million emergency room visits were due to alcohol-related conditions.¹⁰

Alcohol abuse has been associated with the following serious health problems and conditions:

- Unintentional injuries such as traffic injuries, falls, drowning, and burns
- Violence such as intimate partner violence or child maltreatment
- Risky sexual behaviors
- Miscarriage and still birth among pregnant women
- Birth defects
- Acute alcohol poisoning
- Dementia
- Stroke
- Neuropathy (damage to the nervous system)
- Heart disease
- Cancer
- Liver disease
- Pancreatitis
- Gastritis (inflammation of the stomach lining)
- Depression, anxiety, and suicide
- Social problems, including unemployment, lost productivity, and family problems

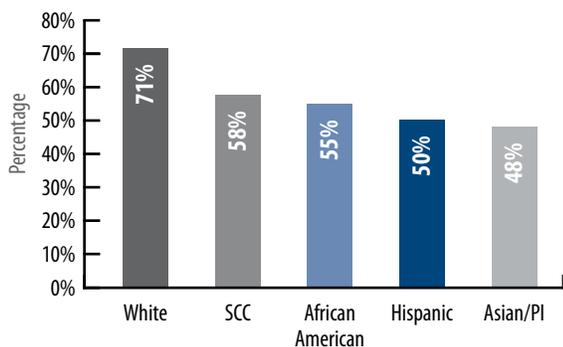
What is Santa Clara County's status?

Alcohol Use by Adults

In 2009, 58% of adults in Santa Clara County reported having at least one drink of alcohol in the past 30 days.¹ In 2008, 54% of adults in the U.S. and 52% of adults in California had at least one drink of alcohol in the past 30 days.²

A higher percentage of men (64%) in the County consumed alcohol at least once in the past 30 days than women (50%).¹ The proportion of Whites (71%) who reported they had consumed alcohol at least once in the past 30 days was higher than other racial/ethnic groups.¹

Figure 6.22: Percentage of Adults Who Consumed Alcohol at Least Once in the Past 30 Days by Race/Ethnicity



Source: Santa Clara County Public Health Department, 2009 Behavioral Risk Factor Survey

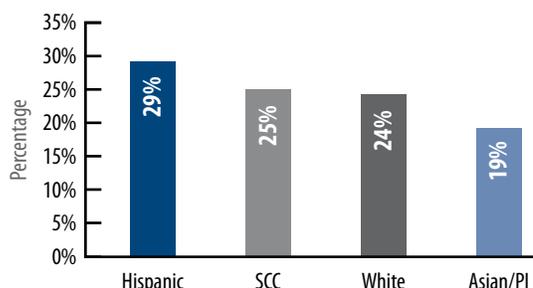
Alcohol consumption increases with household income. Thirty-five percent (35%) of adults with annual household incomes less than \$20,000 reported drinking alcohol at least once in the past 30 days compared to 71% of adults with annual household incomes of \$75,000 or more.¹

Heavy Drinking and Binge Drinking by Adults

In Santa Clara County, 40% of women and 32% of men reported drinking at least one drink per day on average.¹ Among these, 86% also reported engaging in binge drinking in the past 30 days.¹ One in 4 adults in the County reported binge drinking.¹ In comparison, about 16% of adults in the U.S. and California are binge drinkers.²

Twice the percentage of men (32%) in the County reported binge drinking compared to women (16%).¹ Twenty-nine percent (29%) of Hispanics reported binge drinking, followed by Whites (24%) and Asian/Pacific Islanders (19%).¹ Data for African Americans is not presented due to the small sample size.

Figure 6.23: Percentage of Adults Who Engaged in Binge Drinking by Race/Ethnicity



Source: Santa Clara County Public Health Department, 2009 Behavioral Risk Factor Survey

Binge drinking decreases with age. More than twice the percentage of adults ages 18-24 (32%) and ages 25-34 (35%) engaged in binge drinking than adults ages 55-64 (16%).¹ In comparison, 7% of adults ages 65 and older engaged in binge drinking.¹

Binge drinking also decreases with educational attainment. Nearly one-third of adults with a high school education or less (32%) reported binge drinking, compared to 17% of adults with a graduate degree or higher.¹

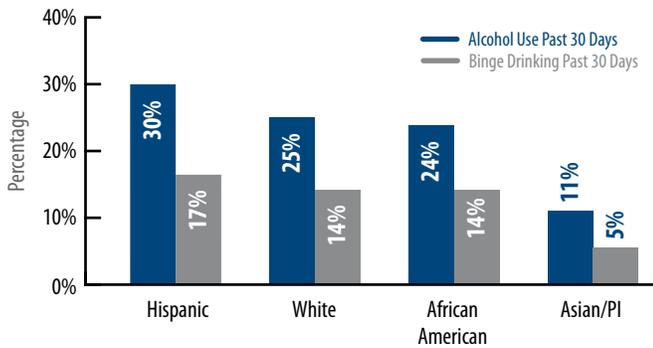
In Santa Clara County, binge drinking was less common among recent immigrants with five or fewer years in the U.S. (16%) than among immigrants who have lived in the U.S. more than five years (26%).¹

Alcohol Use by Adolescents

In 2007–08, 22% of middle and high school students in Santa Clara County reported that they had a drink of alcohol at least once during the past 30 days, compared to 25% in California and 45% in the U.S.^{3,11} About 1 in 8 middle and high school students (12%) in Santa Clara County reported binge drinking in the past 30 days, compared to 14% in California and 26% in the U.S.^{3,11}

Thirty percent (30%) of Hispanic students (highest percentage) reported alcohol use in the past 30 days, compared to 11% of Asian/Pacific Islander students (lowest percentage) in the County.³ Similar results were reported for binge drinking: 17% of Hispanic students and 5% of Asian/Pacific Islander students.³

Figure 6.24: Percentage of Alcohol Use by Middle and High School Students by Race/Ethnicity

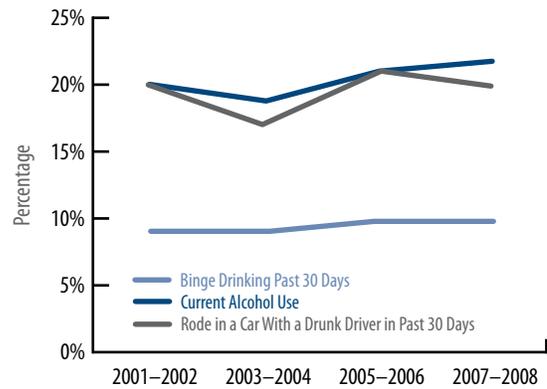


Source: California Healthy Kids Survey, 2007–08

In addition, approximately 6% of students reported having one drink of alcohol on school property in the past 30 days.³ More than half of students (55%) reported that it is easy for them to obtain alcohol.³ More than one-third of students (35%) reported that they had heard, read, or watched messages about alcohol, tobacco, or drugs in the past 12 months.³

Alcohol use and binge drinking among middle and high school students increased from 2001–02 to 2007–08.³

Figure 6.25: Alcohol Use by Middle and High School Students, 2001–2008



Source: California Healthy Kids Survey, 2001–2008

Alcohol and Driving

In Santa Clara County, 4% of adults reported that in the past 30 days they have driven a vehicle after having had too much to drink.¹ The 25–44 age group had the highest proportion of offenders.¹ Thirteen percent (13%) of binge drinkers and 1% of non-binge drinkers reported alcohol-impaired driving.¹

Alcohol-impaired driving decreases with educational attainment. Six percent (6%) of adults with a high school education or less reported alcohol-impaired driving in the past 30 days compared to 2% of adults with a graduate degree or higher.¹

A higher percentage of adults in the County who were born outside the U.S. (7%) reported alcohol-impaired driving in the past 30 days than adults born in the U.S. (3%).¹

One in 5 students reported riding in a vehicle in the past 30 days driven by someone who had been drinking alcohol.³ The percentage of middle and high school students (20%) who reported riding in a vehicle driven by a drunk driver in the past 30 days remained fairly stable between 2001–02 and 2007–08.³

Santa Clara County achieved the Healthy People 2010 target of reducing the proportion of adolescents who reported that they rode with a driver in the past 30 days who had been drinking alcohol to 30% or fewer.⁴

Drug Use

What is it?

Drug use is the misuse of prescription medications or use of marijuana, cocaine, heroin, methamphetamine, or any other illegal drug. Alcohol consumption is not considered drug use.

Why is it important?

Drug abuse disrupts a person’s relationships and daily functioning at work, home, and school. Use of illicit drugs is associated with increased rates of diseases such as TB and STDs. Injecting drugs is a well-established method of transmission for blood-borne infections such as HIV and hepatitis B and C.

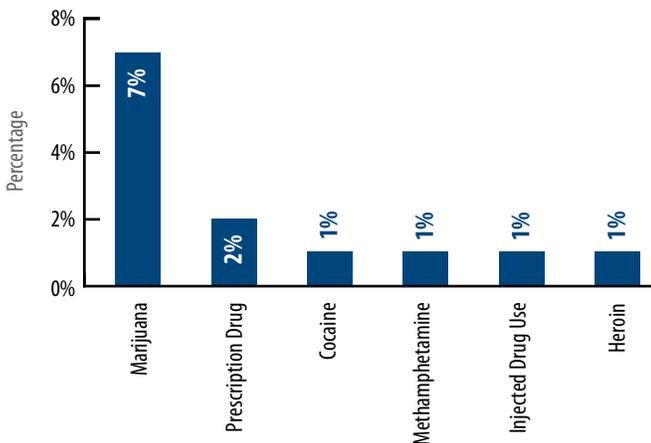
Nationwide, illicit drug users account for more than 500,000 costly emergency room visits each year for drug-related problems.¹² The economic burden of substance abuse to the U.S. economy is estimated at \$414 billion annually.¹²

What is Santa Clara County’s status?

Drug Use by Adults

About 8% of adults in Santa Clara County reported drug use in the past 12 months.¹

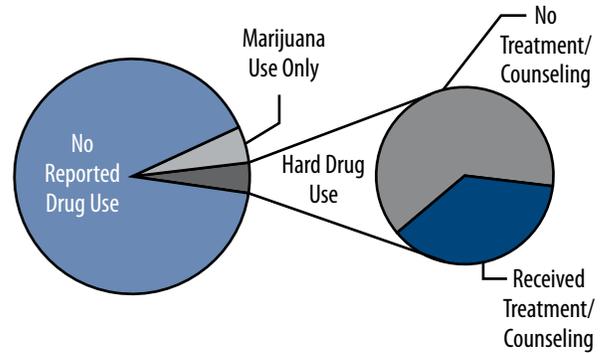
Figure 6.26: Percentage of Adults Who Used Drugs in the Past 12 Months



Source: Santa Clara County Public Health Department, 2009 Behavioral Risk Factor Survey

Treatment and counseling services for substance abuse and addiction are offered in Santa Clara County. However, among adults using any kind of drug, just 18% reported they received treatment or counseling in the past five years for substance abuse or addiction (related to alcohol, prescription medication or any other controlled substance, but excluding tobacco).¹ Among adults using hard drugs (not marijuana or tobacco), 36% reported they received treatment or counseling in the past five years for substance abuse or addiction.¹

Figure 6.27: Treatment or Counseling for Substance Abuse (Other Than Marijuana and Tobacco)



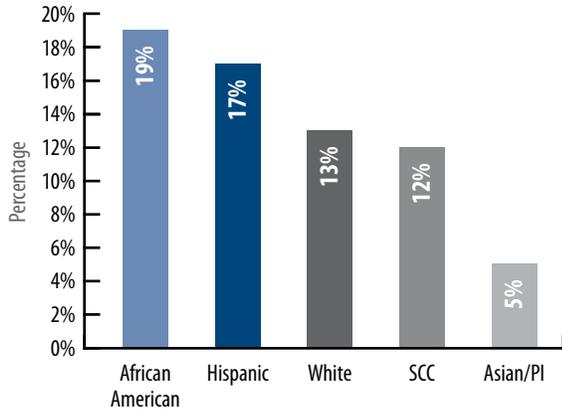
Source: Santa Clara County Public Health Department, 2009 Behavioral Risk Factor Survey

Drug Use by Adolescents

In 2007-08, 12% of middle and high school students in Santa Clara County reported using marijuana at least once in the past 30 days, compared to 11% in California.³

The percentage of male students (13%) in the County who reported using marijuana at least once in the past 30 days was higher than for female students (11%). Nineteen percent (19%) of African-American students (highest percentage) reported marijuana use in the past 30 days.

Figure 6.28: Percentage of Middle and High School Students Who Used Marijuana in the Past 30 Days by Race/Ethnicity



Source: California Healthy Kids Survey, 2007-08



Sexual Health

What is it?

Sexual health is the ongoing process of achieving physical, emotional, mental, and social well-being in relation to sexuality. It also involves the ability to have or enjoy sex, the absence or presence of diseases, and other behaviors related to sexuality.

A sexually active individual is one who reported having sex at least once within the past year. For the purposes of this report, data on the sexual behavior of adults is limited to ages 18-50.

Why is it important?

Achieving sexual health involves the prevention of sexually transmitted diseases such as HIV and herpes, the elimination of deficiencies that interfere with sexual and reproductive function, and the prevention of sexual violence and unintended pregnancies. Sexual health also impacts reproductive health and maternal and child health.

What is Santa Clara County's status?

Sexual Partners of Adults

In Santa Clara County, 74% of adults ages 18-50 reported that they had only one sexual partner in the past 12 months, and 11% reported that they had more than one sexual partner in the past 12 months.¹

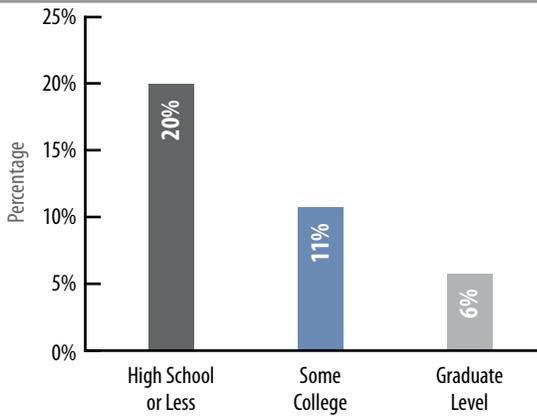
The percentage of men (17%) who reported having more than one sexual partner in the past 12 months was nearly three times that of women (6%).¹

Seventeen percent (17%) of Hispanics reported more than one sexual partner in the past 12 months compared to 11% of Whites and 5% of Asian/Pacific Islanders.¹ Data for African Americans is not presented due to the small sample size.

A higher percentage of younger adults reported having more than one sexual partner in the past 12 months compared to older adults: 22% of adults ages 18-24, 11% of adults ages 25-34, and 6% of adults ages 35-50.¹

A lower percentage of adults with a bachelor's degree or higher (6%) reported more than one sexual partner in the past 12 months than adults with some college education (11%) and adults with a high school education or less (20%).¹

Figure 6.29: Adults Who Had Multiple Sexual Partners by Educational Attainment

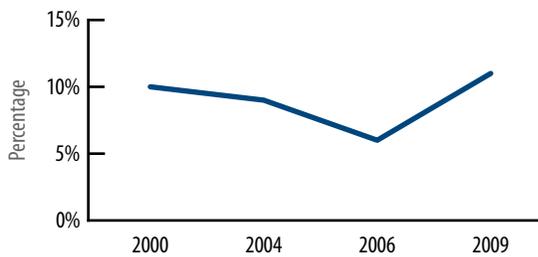


Source: Santa Clara County Public Health Department, 2009 Behavioral Risk Factor Survey

The percentage of County adults born in the U.S. (15%) who reported more than one sexual partner was more than double that of adults born outside the U.S. (7%).¹

The percentage of adults reporting more than one sexual partner in the past 12 months decreased from 10% in 2000 to 6% in 2006, but increased to 11% in 2009.¹

Figure 6.30: Percentage of Adults Who Had Multiple Sexual Partners, 2000–2009

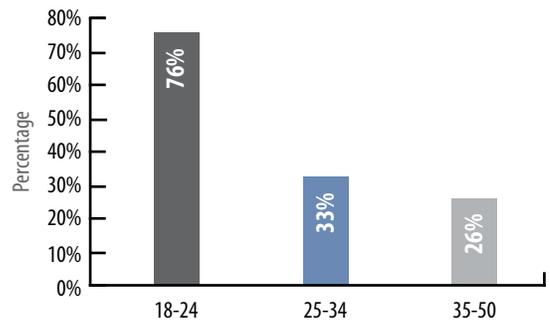


Source: Santa Clara County Public Health Department, 2000–2009 Behavioral Risk Factor Survey

Condom Usage by Adults

Among adults ages 18–50 who had sexual intercourse in the past 12 months, 38% reported using a condom during the previous sexual intercourse.¹ Reported condom use among sexually active adults decreases with age: 76% of adults ages 18–24 compared to 26% of adults ages 35–50.¹

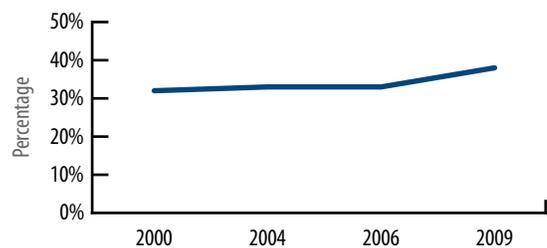
Figure 6.31: Percentage of Adults Who Used Condoms During the Previous Sexual Intercourse by Age



Source: Santa Clara County Public Health Department, 2009 Behavioral Risk Factor Survey

Reported condom use during the previous sexual intercourse among sexually active adults increased from 32% in 2000 to 38% in 2009.¹

Figure 6.32: Percentage of Adults Who Used Condoms During the Previous Sexual Intercourse, 2000–2009



Source: Santa Clara County Public Health Department, 2000–2009 Behavioral Risk Factor Survey

HIV/AIDS Prevention Education

Among adults ages 18-50 who were sexually active, 26% reported that they received HIV/AIDS prevention education messages and/or information in the past 12 months.¹ The most commonly reported sources of HIV/AIDS prevention education and/or information were doctors' offices, schools, community health centers, and television.¹

A higher percentage of men (25%) reported that they received HIV/AIDS prevention education and/or information than women (19%).¹ The percentage of sexually active Hispanic adults (38%) who reported receiving HIV/AIDS prevention education and/or information was nearly twice that of sexually active White (20%) and Asian/Pacific Islander (18%) adults.¹

A higher percentage of sexually active adults ages 18-24 (62%) reported that they received HIV/AIDS prevention education and/or information than sexually active adults ages 25-34 (20%) and ages 35-50 (16%).¹

Forty-six percent (46%) of the adults who received HIV/AIDS prevention education and/or information reported that they had changed their sexual behaviors in the past 12 months.¹

Among those who reported receiving HIV/AIDS prevention education and/or information, 79% of adults ages 18-24 reported that they changed their sexual behaviors in the past 12 months compared to 22% of adults ages 25-34 and 14% of adults ages 35-50.¹

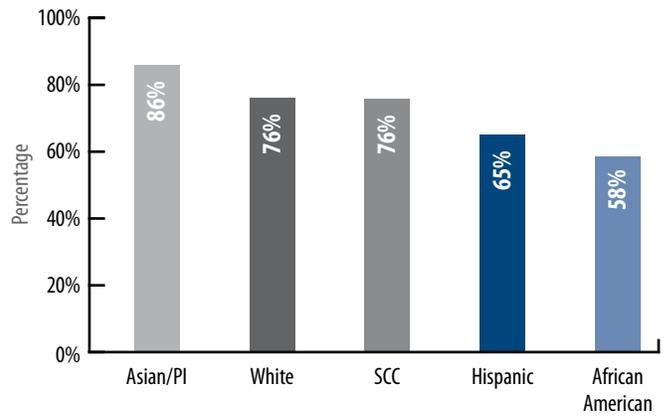
Among those who changed their sexual behaviors in the past 12 months, 22% decreased the number of sexual partners and 91% reported always using a condom.¹

Sexual Activity of High School Students

In 2007-08, 76% of high school students in the County reported that they had never had sexual intercourse.³ A higher percentage of female students (78%) reported that they had never had sexual intercourse than male students (73%).³

A higher percentage of Asian students (86%) reported that they had never had sexual intercourse compared to White (76%), Hispanic (65%), and African-American (58%) students.³

Figure 6.33: Percentage of Students Who Never Had Sex by Race/Ethnicity



Source: California Healthy Kids Survey, 2007-08

Eighty-two percent (82%) of ninth-graders and 70% of eleventh-graders reported that they had never had sexual intercourse.³

A higher percentage of female students (86%) reported that they had not engaged in sexual intercourse before age 15 than male students (81%).³ Thirty-two percent (32%) of African-American students (highest percentage) reported having sexual intercourse for the first time before age 15, followed by Hispanic students (26%).³

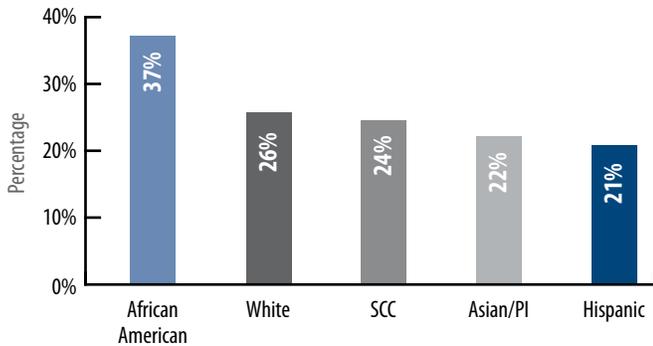
Sexual Partners of Adolescents

Among the high school students who reported that they had ever had sexual intercourse, nearly a quarter (24%) reported having sexual intercourse with more than one person in the past three months.³

A higher percentage of male students (29%) reported having sexual intercourse with more than one person in the past three months than female students (18%).³ A higher percentage of ninth-grade students (30%) reported having sexual intercourse with more than one person in the past three months than eleventh-grade students (21%).³

Among sexually active students, 37% of African-American students (highest percentage) had sexual intercourse with two or more people in the past three months, while 21% of Hispanic students had multiple partners (lowest percentage).³

Figure 6.34: Percentage of Sexually Active High School Students Who Have Had More Than One Partner in the Past Three Months by Race/Ethnicity



Source: California Healthy Kids Survey, 2007-08

Contraception Use by Adolescents

Among the high school students who reported that they had ever had sexual intercourse, 23% reported that no method was used to prevent pregnancy during the previous sexual intercourse.³

Twenty-seven percent (27%) of Hispanic students (highest percentage) reported no method was used to prevent pregnancy compared to 13% of White students (lowest percentage).³

A higher percentage of students in ninth grade (29%) reported that no method was used to prevent pregnancy during the previous sexual intercourse than students in eleventh grade (19%).³

Among the high school students who reported that they had ever had sexual intercourse, 59% reported that they or their partner used a condom during the previous sexual intercourse.³

Sixty-three percent (63%) of White students and 59% of Hispanic students (highest percentages) reported condom use during the previous sexual intercourse compared to 56% of African-American students and 54% of Asian students.³

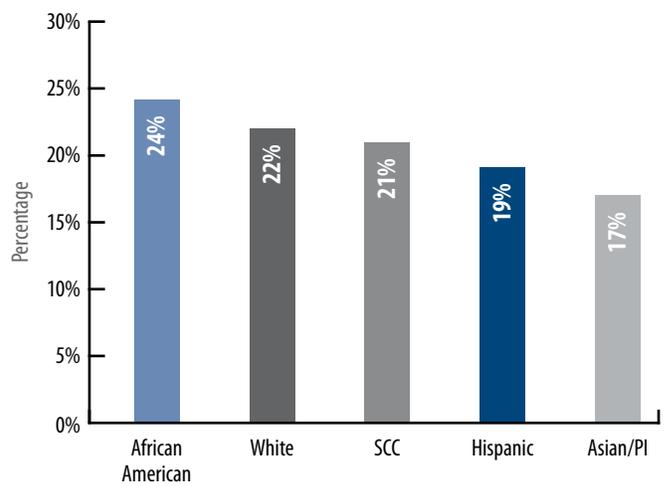
About 15% of high school students who ever had sexual intercourse reported they became pregnant or had gotten someone pregnant at least once.³

Alcohol and Drug Use Related to Sexual Activity of Adolescents

Among the high school students who reported that they had ever had sexual intercourse, 21% reported they drank alcohol or used drugs before the previous sexual intercourse.³

Higher percentages of African-American (24%) and White (22%) students reported alcohol or drug use before the previous sexual intercourse than Hispanic (19%) and Asian (17%) students.³

Figure 6.35: Percentage of High School Students Who Used Alcohol or Drugs Before the Previous Sexual Intercourse by Race/Ethnicity



Source: California Healthy Kids Survey, 2007-08

A higher percentage of ninth-grade students (23%) reported alcohol or drug use before the previous sexual intercourse than eleventh-grade students (19%).³

Sexual Violence Experienced by Adolescents

Among the high school students who reported that they had ever had sexual intercourse, 17% reported that they had ever been forced to have sexual intercourse when they did not want to.³ A higher percentage of female students (23%) reported having been forced to have sexual intercourse than male students (13%).³

Twenty-five percent (25%) of African-American students (highest percentage) reported that they had ever been forced to have sexual intercourse.³ A higher percentage of ninth-grade students (21%) reported that they had ever been forced than eleventh-grade students (15%).³

References

- ¹ Santa Clara County Department of Public Health, 1997–2009 Behavioral Risk Factor Survey.
- ² Centers for Disease Control and Prevention, 2000–2008 Behavioral Risk Factor Surveillance System.
- ³ California Healthy Kids Survey, 1997–2008.
- ⁴ U.S. Department of Health and Human Services, Office of Disease Prevention and Healthy Promotion, Healthy People 2010 Objectives.
- ⁵ Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Healthy Promotion, Division of Nutrition, Physical Activity and Obesity.
- ⁶ Centers for Disease Control and Prevention, National Center for Health Statistics, Health E-Stat. NHANES, Prevalence of Overweight Among Children and Adolescents: United States, 1976–1980 and 2003–2006.
- ⁷ California Center for Public Health Advocacy. The Economic Costs of Overweight, Obesity and Physical Inactivity among California Adults, 2006.
- ⁸ Centers for Disease Control and Prevention, Office on Smoking and Health, National Center for Chronic Disease Prevention and Health Promotion.
- ⁹ California Department of Public Health, Healthy California 2010 Progress Report (2009 update).
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- ¹² The Robert Wood Johnson Foundation. Substance Abuse: The Nation's Number One Health Problem. February 2001.

Chapter 7: Chronic Diseases



A chronic disease is one that persists for a long period of time. For the most part, chronic diseases can be controlled with medication and lifestyle changes, but usually not cured. Behavioral risk factors such as tobacco use, lack of physical activity, and poor eating habits are major contributors to the leading chronic diseases. Therefore, although these diseases are among the most common and costly of all health problems, they are also among the most preventable.

This Chapter provides data on the following chronic diseases:

- Cancers and their associated screening methods
- Heart disease and stroke
- Diabetes
- Asthma
- Arthritis

The Public Health Department supports health promotion activities and early detection efforts to help prevent chronic diseases, as well as strategies for the appropriate management of these illnesses.

Key Findings for Santa Clara County

- Half the deaths in the County are due to heart disease or cancer.
- Two in 5 adults (40%) have high blood pressure, high blood cholesterol, or diabetes.
- More than 2% of Santa Clara County residents have had a heart attack.
- Santa Clara County has a lower pediatric asthma hospitalization rate for children ages 17 and younger (9 per 10,000 people) than California (12).

Cancers and Screenings

What is it?

Cancer is a chronic disease caused by any large group of uncontrolled abnormal cells in the body. These abnormal cells tend to invade and destroy surrounding tissue and can spread, or metastasize, to other organs in the body.

Screening is the process of testing for disease when there are no symptoms. For example, mammograms and colonoscopies are tests that can detect the early signs of cancer.

Why is it important?

Cancer affects people of all ages, races, and socioeconomic levels. It is the second most common cause of death in the United States, associated with 1 in every 4 deaths.¹ During 2007, 559,650 Americans died of cancer, more than 1,500 people a day.¹ In 2009, an estimated 1,479,350 people in the U.S. were diagnosed with cancer, and 562,340 will die of it.²

Behavioral and environmental factors play a large role in reducing the nation’s cancer burden, along with the availability and accessibility of high-quality screening services. Cancer screening helps to detect the disease at its early stage, improving the chances of successfully treating and even curing it. Estimates of the premature deaths that could have been avoided through screening vary from 3% to 35% depending on the type of cancer and a variety of assumptions.

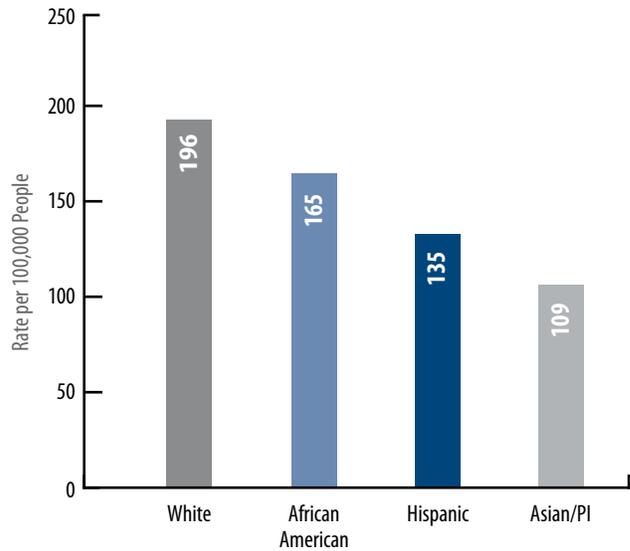
Beyond the potential for avoiding death, screening may reduce cancer morbidity because treatment for earlier-stage cancers is often less aggressive than that for more advanced-stage cancers.³

What is Santa Clara County’s status?

In Santa Clara County, 2,267 cancer deaths were reported during 2007.⁴ The top three leading causes of cancer deaths among County residents were prostate, breast, and lung and bronchus.⁴ Cancer mortality rates for Santa Clara County were lower than those of the state.⁴

For reasons that remain unclear, the overall cancer death rates were significantly higher in Santa Clara County for African Americans (196 per 100,000 people) and Whites (165) than for Hispanics (135), and Asian/Pacific Islanders (109).⁵ The prostate cancer death rate was highest among African-American men (47), followed by White men (25).⁵ Lung and bronchus cancer death rates were also highest among African Americans (44) and Whites (41).⁵

Figure 7.1: Age-Adjusted Cancer Death Rates by Race/Ethnicity



Source: California Department of Health Services, 2003–2007 California Cancer Registry

Cancer of the prostate was the most frequently diagnosed cancer among men, while cancer of the breast was the most frequently diagnosed cancer among women.⁴ These were followed by lung and bronchus cancer for both men and women.⁴ For the time period 2003–2007, overall cancer death rates were higher for men (175 per 100,000 people) than women (132) in the County.⁵

Table 7.1: Age-Adjusted Mortality Rates for Cancer in Santa Clara County and California by Gender

Sites	Gender	Santa Clara County	California
Cancer (All Sites)	Male	175	199
	Female	132	145
	All	148	167
Prostate	Male	21	24
Breast	Female	20	23
Lung and Bronchus	Male	42	51
	Female	30	35
	All	35	42

Source: California Department of Health Services, 2003–2007 California Cancer Registry

The overall cancer incidence rate in Santa Clara County (452) was lower than in the state (468).⁵ The female breast cancer incidence rate was slightly higher among Santa Clara County women (152) than among California women (149).⁵ The prostate cancer incidence rate was slightly higher among Santa Clara County men (149) than among California men (147).⁵ The incidence rate of lung and bronchus cancer was lower among Santa Clara County residents (46) than in the state (54).⁵

Table 7.2: Age-Adjusted Incidence Rates for Cancer in Santa Clara County and California by Gender, 2003–2007

Sites	Gender	Santa Clara County	California
Cancer (All Sites)	Male	502	524
	Female	424	432
	All	452	468
Prostate	Male	149	147
Breast	Female	152	148
Lung and Bronchus	Male	53	64
	Female	41	46
	All	46	54

Source: California Department of Health Services, 2003–2007 California Cancer Registry

Sigmoidoscopy and Colonoscopy Exams

About two-thirds of residents ages 50 and older (65%) reported that they had ever had a sigmoidoscopy or a colonoscopy exam to view the colon for signs of cancer or other health problems.⁶ This was higher than in California (60%) and in the U.S. (62%).⁷

Among adults ages 50 and older, higher percentages of Whites (69%) and African Americans (67%) in the County have had a sigmoidoscopy or colonoscopy than Hispanics (59%) and Asian/Pacific Islanders (59%).⁶

Among adults ages 50 and older, a lower percentage with annual household incomes under \$20,000 (47%) had ever had a sigmoidoscopy or colonoscopy than those with annual household incomes of \$50,000 or more (67%).⁶

Similarly, half of the adults ages 50 and older with a high school education or less (50%) reported that they had ever had a sigmoidoscopy or colonoscopy, compared to more than two-thirds of adults ages 50 and older with a bachelor's degree or higher (68%).⁶

Prostate-Specific Antigen Test

A prostate-specific antigen test is a blood test used to check men for prostate cancer. Among men ages 50 and older, about two-thirds (72%) reported that they had ever had the test.⁶ A higher percentage of men ages 50 and older with annual household incomes of \$75,000 or more (78%) have had a prostate-specific antigen test than those with annual household incomes under \$20,000 (59%).⁶

Mammogram

Mammograms are screening tests that can detect breast cancer. In 2007, about 84% of women ages 40 and older in Santa Clara County had a mammogram in the past two years.⁸ The percentage of women ages 40 and older who had a mammogram in the past two years was highest among Whites (87%), followed by Asians (83%), Hispanics (75%), and African Americans (69%).⁸

Santa Clara County achieved the Healthy People 2010 target of increasing the proportion of women ages 40 and older who received a mammogram within the past two years to 70%.⁹

Pap Test

A Pap test screens for cervical cancer. In 2007, about 85% of women ages 18 and older who had never had a hysterectomy reported that they had a Pap test in the past three years.⁸ The percentage was highest among African-American (91%) and Hispanic (91%) women, compared to White (87%) and Asian (78%) women.⁸

Santa Clara County failed to achieve the Healthy People 2010 target of increasing the proportion of women ages 18 and older who had received a Pap test within the past three years to 90%.⁹

Heart Disease and Stroke

What is it?

Heart disease, also called cardiovascular disease, includes conditions that affect the heart and the blood vessels in the heart. The most common types of heart disease are coronary heart disease, heart attack (also called a myocardial infarction), congestive heart failure, and congenital heart disease.

Stroke is sometimes called a brain attack. It is a disruption of the blood supply to any part of the brain causing the brain cells to die. Stroke can result in brain damage or even death.

Why is it important?

Heart disease is the leading cause of death and stroke is the third leading cause of death in the U.S.¹⁰ Heart disease and stroke are also major causes of disability.¹¹ In 2006, 631,636 people died of heart disease. It caused 26% of all deaths, more than 1 in every 4 in the U.S.¹⁰

There are a multitude of risk factors for heart disease. Some of the risk factors can be modified—including diet, physical activity, and smoking—to reduce the risk of developing heart disease.

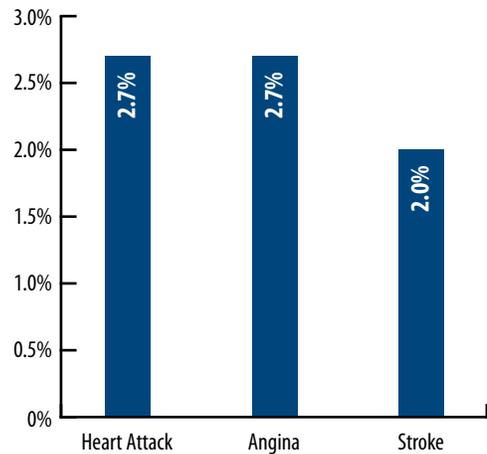
About 137,000 Americans die of stroke every year.¹⁰ The cost of stroke is not just measured in the billions of dollars lost in work or spent on hospitalization and the care of survivors in nursing homes; a major cost or impact of stroke is the loss of independence that occurs in 30% of survivors.¹¹

What is Santa Clara County's status?

In Santa Clara County, 2.7% of adults reported that they had ever been told that they had a heart attack.⁶ This is lower than the nationwide (4.2%) and statewide (3.2%) rates.⁷

In Santa Clara County, 2.7% of adults had ever been told they have angina or coronary heart disease, which is lower than in the U.S. (4.3%) and California (3.3%).^{6,7} The percentage of people in Santa Clara County who had ever been told they had a stroke (2%) was similar to percentages in the U.S. (2.6%) and California (2.2%).^{6,7}

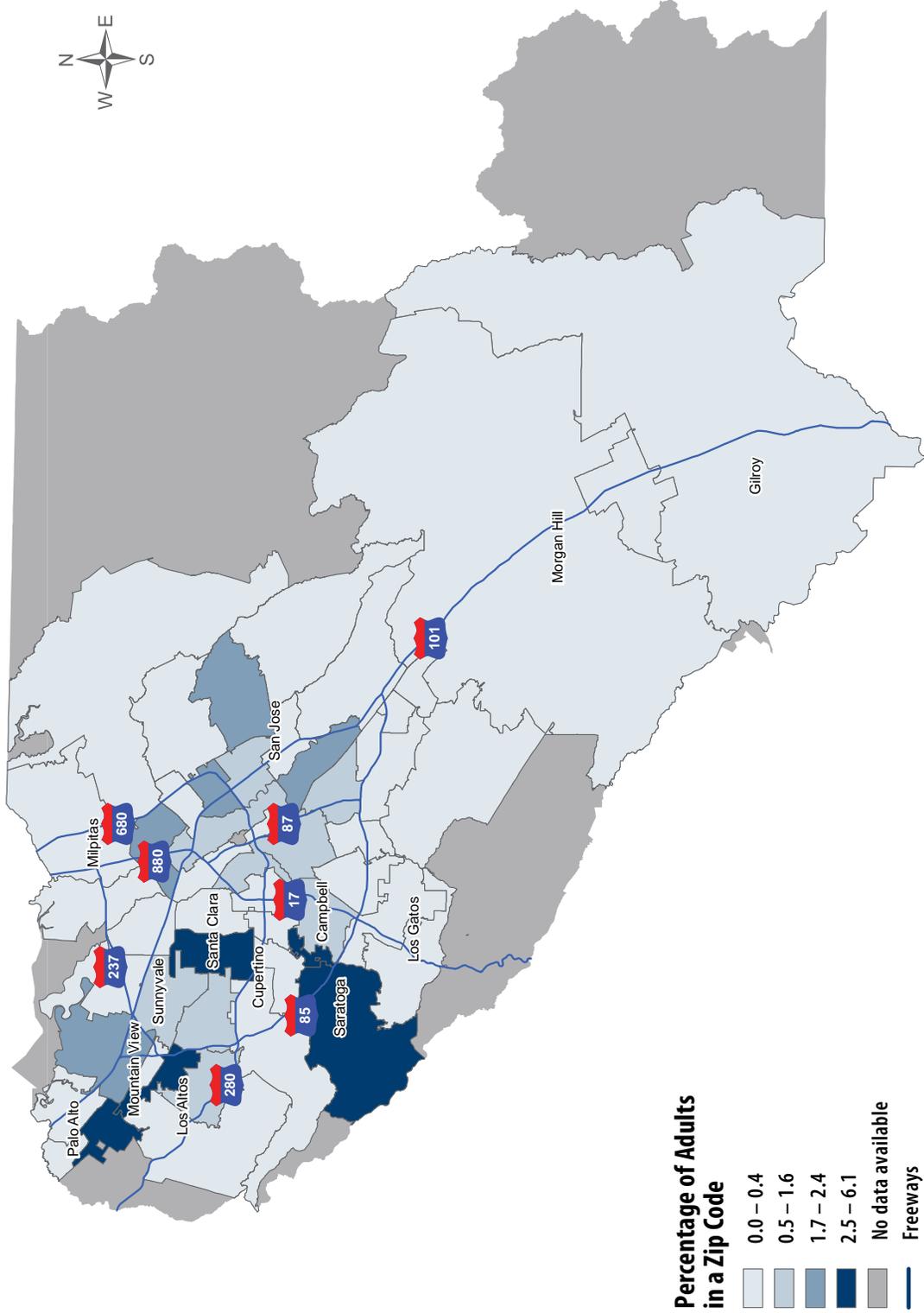
Figure 7.2: Percentage of Adults Who Have Ever Had a Heart Attack, Angina, or Stroke



Source: Santa Clara County Public Health Department, 2009 Behavioral Risk Factor Survey



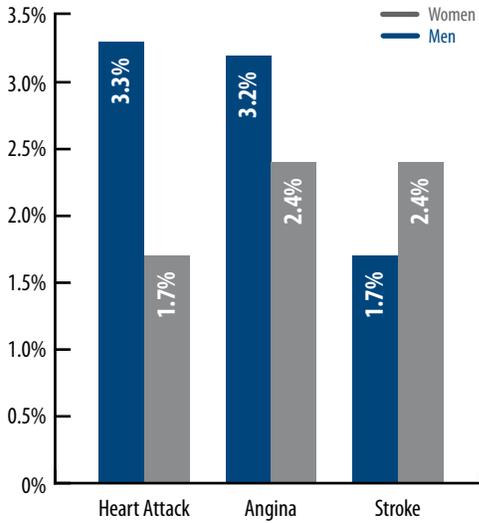
Map 7.1: Adults Who Ever Had a Heart Attack or Stroke



Source: Santa Clara County Public Health Department, 2004, 2005-06, 2009 Behavioral Risk Factor Survey

A higher percentage of men (3.3%) reported that they had ever had a heart attack than women (1.7%).⁶ Men also reported a higher percentage of angina (3.2%) than women (2.4%).⁶ However, a higher percentage of women reported that they had a stroke (2.4%) than men (1.7%).⁶

Figure 7.3: Percentage of Adults Who Have Ever Had a Heart Attack, Angina, or Stroke by Gender



Source: Santa Clara County Public Health Department, 2009 Behavioral Risk Factor Survey

A higher percentage of older adults reported that they had ever been told by a health professional that they had a heart attack than younger adults: 7.9% of adults ages 65 and older compared to 5.2% of adults ages 55-64 and 2.8% of adults ages 45-54.⁶

Approximately 11.3% of adults ages 65 and older reported that they had ever been told they have angina, compared to 5.8% of adults ages 55-64.⁶ Similarly, 6.2% of adults ages 65 and older had a stroke, compared to 3.8% of adults ages 55-64.⁶

Risk Factors

Among adults in Santa Clara County, the most common risk factors for heart disease and stroke were diabetes, high blood pressure (also known as hypertension), high blood cholesterol, overweight, obesity, smoking, and lack of vigorous physical exercise.

For example, among adults who reported that they had ever been told by a health professional that they had a heart attack, 35% had diabetes, 66% had high blood pressure, 69% had high blood cholesterol, 62% were either overweight or obese, 39% were current smokers, and 77% did not perform vigorous physical activity at least 20 minutes a day for three or more days per week.⁶

Among adults who reported that they had ever been told by a health professional that they have angina, 43% had diabetes, 77% had high blood pressure, 62% had high blood cholesterol, 57% were overweight or obese, 26% were current smokers, and 82% did not perform vigorous physical activity at least 20 minutes a day for three or more days per week.⁶

Among adults who reported that they had ever been told by a health professional that they had a stroke, 37% had diabetes, 83% had high blood pressure, 68% had high blood cholesterol, 63% were overweight or obese, 49% were current smokers, and 79% did not perform vigorous physical activity at least 20 minutes a day for three or more days per week.⁶

The risk of heart disease and stroke increased if there was more than one risk factor present. In Santa Clara County, 2 in 5 adults (40%) reported that they have high blood pressure, high blood cholesterol, or diabetes.⁶ Nearly 1 in 5 adults (18%) reported that they have at least two of these risk factors and approximately 4% have all three risk factors.⁶ A higher percentage of adults (16%) who have all three of these risk factors reported that they had ever been told they had a heart attack than adults who have only one of the risk factors (6%).⁶

High Blood Pressure

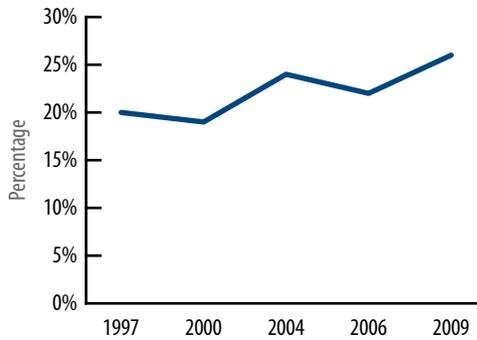
Although high blood pressure usually has no symptoms, it can damage the heart, blood vessels, kidneys, and other organs. High blood pressure often leads to coronary heart disease, heart failure, stroke, kidney failure, and other serious health problems.¹² Being overweight, a current smoker, or physically inactive increases the risk of developing high blood pressure and high blood cholesterol.

In 2009, more than 1 in 4 adults in Santa Clara County (26%) reported that they had ever been told by a health professional that they have high blood pressure.⁶ Santa Clara County did not achieve the Healthy People 2010 target of reducing the proportion of adults with high blood pressure to 16%.⁹

Lower percentages of Asian/Pacific Islander (24%) and Hispanic (15%) residents had high blood pressure than Whites (33%) and African Americans (37%).⁶ High blood pressure is also more prevalent among older residents: 62% of those ages 65 and older compared to 8% of those ages 18–24.⁶

The percentage of adults who reported that they had ever been told they have high blood pressure increased from 20% in 1997 to 26% in 2009.⁶

Figure 7.4: Percentage of Adults Who Have High Blood Pressure, 1997–2009



Source: Santa Clara County Public Health Department, 1997–2009 Behavioral Risk Factor Survey

High Blood Cholesterol

Cholesterol is found in every cell in the human body. It is used by the body to build healthy cells, as well as some vital hormones. High blood cholesterol can cause fatty deposits to build up in the blood vessels, which can restrict blood flow and increase the risk of a heart attack. Decreased blood flow to the brain can cause a stroke.

High blood cholesterol is largely preventable and treatable. Smoking, obesity, poor diet, lack of exercise, high blood pressure, diabetes, and a family history of heart disease are associated with the development of high blood cholesterol. A healthy diet, regular exercise, and sometimes medication can be helpful in reducing high blood cholesterol.

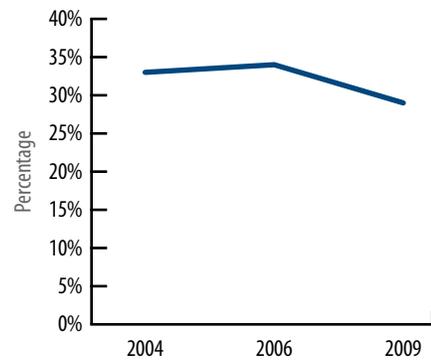
In 2009, nearly 3 in 10 adults in Santa Clara County (29%) reported that they had ever been told by a healthcare provider that they have high blood cholesterol.⁶ Santa Clara County missed the Healthy People 2010 target of reducing the proportion of adults with high blood cholesterol levels to 17%.⁹

A higher percentage of men (32%) had high blood cholesterol than women (26%).⁶ A lower percentage of Hispanic adults (20%) had high blood cholesterol than Asian/Pacific Islanders (30%), African Americans (31%), and Whites (36%).⁶

More than half of adults ages 65 and older (55%) reported that they had ever been told they have high blood cholesterol, compared to 6% of adults ages 18–24.⁶

The percentage of adults reporting that they had ever been told they have high blood cholesterol decreased from 33% in 2004 to 29% in 2009.⁶

Figure 7.5: Percentage of Adults Who Have High Blood Cholesterol, 2004–2009



Source: Santa Clara County Public Health Department, 2004–2009 Behavioral Risk Factor Survey

Diabetes

What is it?

Diabetes is a chronic disease that causes high blood sugar (glucose) levels. When food is digested, it is broken down into glucose, which the body uses for fuel. Insulin helps the body's cells absorb glucose. Normally, the body adjusts the amount of insulin based on the level of glucose. However, with diabetes, this process doesn't work properly and glucose accumulates in the blood.

Type 1 diabetes results from the body's inability to produce insulin, a hormone produced by the pancreas. Type 2 diabetes occurs when the body doesn't properly use insulin.

Pre-diabetes means that a person's blood sugar level is higher than normal, but it's not yet increased enough to be classified as type 2 diabetes. Pre-diabetes is likely to become type 2 diabetes. Research shows the long-term damage of diabetes — especially to the heart and circulatory system — may already be starting during the pre-diabetes stage. However, with healthy lifestyle changes such as eating healthy foods, including physical activity in a person's daily routine, and maintaining a healthy weight, it is possible to either delay or prevent the onset of type 2 diabetes.

Why is it important?

Diabetes is a serious, lifelong condition that is widely recognized as a leading cause of death and disability in the U.S. It is the leading cause of chronic kidney disease and can lead to heart attack, stroke, blindness, kidney failure, and loss of legs or feet.

An estimated 23.6 million people in the U.S., or 7.8% of the population, have diabetes.¹³ About 1.6 million new cases of diabetes are diagnosed in adults ages 20 and older each year.¹³

What is Santa Clara County's status?

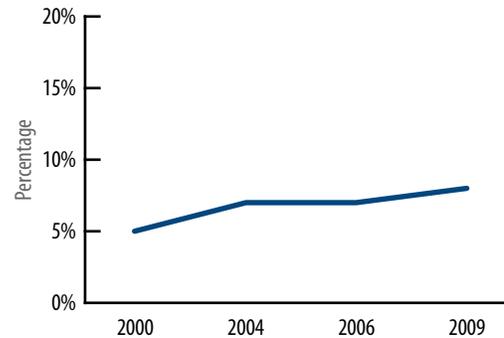
In 2009, 8% of adults in Santa Clara County reported that they had ever been told by a health professional that they have diabetes, and 15% of adults had been told they have pre-diabetes or borderline diabetes.⁶ In addition, 5% of women had been diagnosed with diabetes during pregnancy (gestational diabetes).⁶

Among adults who reported that they had ever been told they have diabetes, 4% reported that they were ages 10 or younger when diagnosed.⁶

A higher percentage of Asian/Pacific Islanders (16%) reported that they had been diagnosed with pre-diabetes than other racial/ethnic groups.⁶ However, a lower percentage of Asian/Pacific Islanders (5%) had been told they have diabetes than Whites (7%) and Hispanics (11%).⁶

In 2000, 5% of adults in Santa Clara County reported they had been told by a health professional that they have diabetes.⁶ By 2009, the rate had increased to 8%.⁶ The percentage of adults who had diabetes increased from 7% in 2004 to 8% in 2008 in the U.S., and from 7% to more than 8% in California during the same time period.⁷

Figure 7.6: Percentage of Adults Who Have Diabetes, 2000–2009



Source: Santa Clara County Public Health Department, 2000–2009 Behavioral Risk Factor Survey

Among adults with diabetes, a higher percentage of men (41%) than women (29%) take insulin.⁶ Nearly 3 in 4 Santa Clara County adults with diabetes (72%) have taken an educational course on how to manage their diabetes.⁶ Nationwide, more than half of adults with diabetes (55%) have taken a self-management class.⁷

Asthma

What is it?

Asthma is a chronic disease that affects the lungs. It inflames and narrows the airways, causing repeated episodes of wheezing, chest tightness, shortness of breath, and coughing.

Why is it important?

Asthma affects people of all ages, but for children it is one of the most common chronic diseases. The prevalence rate of asthma in children is 9.4% in the U.S.; it is the most frequent cause of pediatric emergency room use and hospital admission, and the leading cause of school absences. Asthma cannot be cured, but it can be controlled with appropriate treatments or medication.

What is Santa Clara County's status?

Asthma in Adults

In 2009, 14% of adults in Santa Clara County reported that they had ever been told by a health professional they have asthma, which is similar to the rate in the U.S. (14%) and California (14%).^{6,7}

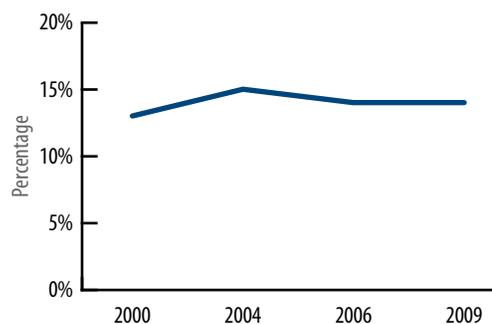
A higher percentage of women reported that they had asthma (16%) than men (13%).⁶ However, a higher percentage of men reported that they were ages 10 or younger when first told by a health professional that they have asthma (48%) than women (27%).⁶

Among adults who reported that they had ever been told they have asthma, 56% reported that they still have asthma.⁶ The percentage of women who reported that they still have asthma (60%) was higher than men (49%).⁶

Among the adults who still have asthma, 62% reported that they had visited a health professional for a routine checkup for asthma at least once in the past 12 months.⁶ More than 3 in 10 adults who still have asthma reported they took a prescribed asthma medication one or more times every day in the past 30 days (31%).⁶

The percentage of adults who had been told they have asthma remained relatively stable between 2000 and 2009.⁶

Figure 7.7: Percentage of Adults Who Have Asthma, 2000–2009



Source: Santa Clara County Public Health Department, 2000–2009 Behavioral Risk Factor Survey

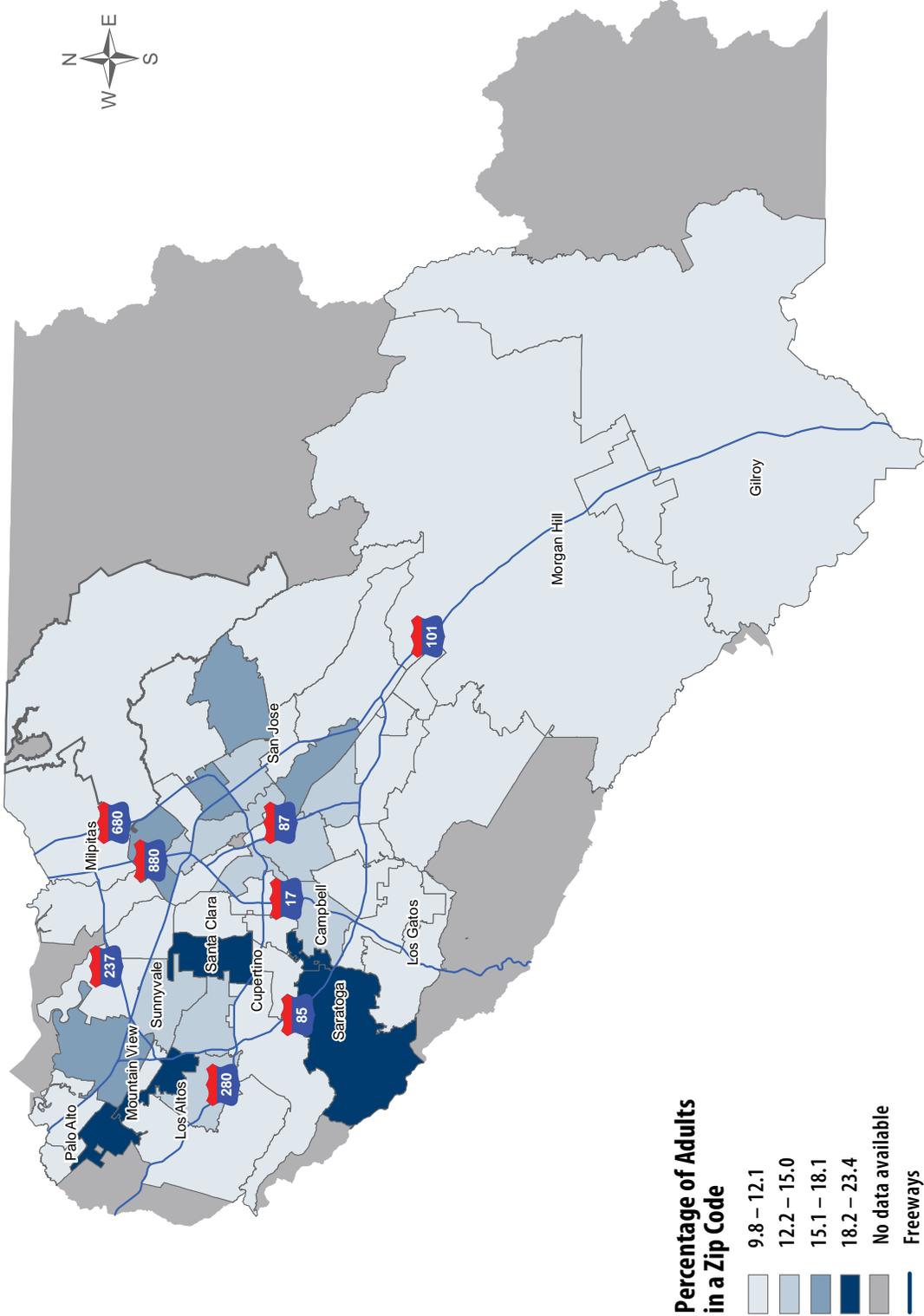
Asthma in Adolescents

About 8% of middle and high school students reported that they had an episode of asthma or an asthma attack in the past 12 months.¹⁴ A higher percentage of female students had an asthma attack in the past 12 months (9%) than male students (8%).¹⁴

A higher percentage of African-American (12%) and White (10%) students reported an asthma attack in the past 12 months than Hispanic (8%) and Asian/Pacific Islander (7%) students.¹⁴



Map 7.2: Adults Who Ever Had Asthma



Urgent Care and Hospitalizations for Asthma

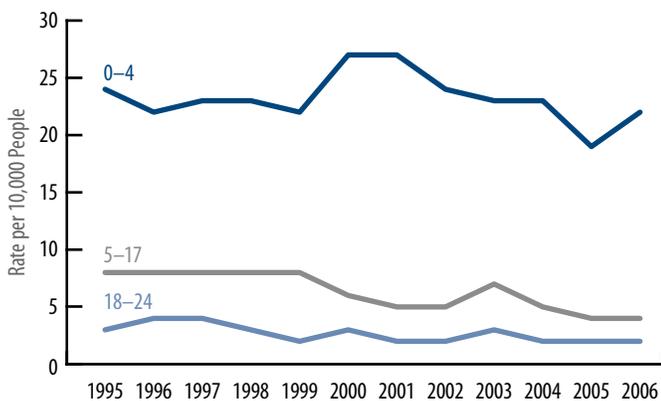
In 2009, 17% of adults who had asthma visited an emergency room or urgent care center at least once because of their asthma in the past 12 months.⁶ Among the middle and high school students who had an episode of asthma in the past 12 months, nearly 1 in 4 (23%) reported that they had visited an emergency room or stayed overnight in the hospital because of asthma.¹⁴

Among the middle and high school students who had an episode of asthma in the past 12 months, higher percentages of African-American (30%) and Hispanic students (29%) reported that they had visited an emergency room or stayed overnight in the hospital because of their asthma, compared to White (19%) and Asian (17%) students.¹⁴

Pediatric asthma (ages 0-4) hospitalization rates in Santa Clara County decreased from 23 per 10,000 people in 1995 to 22 in 1999, and increased to 27 in 2000-01.¹⁵ Pediatric hospitalization rates decreased from 27 per 10,000 people in 2001 to 22 in 2006.¹⁵

In Santa Clara County, the asthma hospitalization rate for children ages 5-17 decreased from 8.4 per 10,000 people in 1995 to 4.1 in 2006, and decreased for young adults ages 18-24 from 3.3 to 1.8 during the same time period.¹⁵

Figure 7.8: Asthma Hospitalization Rates by Age, 1995–2006



Source: University of California, San Francisco, 1995-2006 Family Health Outcomes Project

Santa Clara County achieved the Healthy People 2010 target of reducing pediatric asthma hospitalizations to 25 per 10,000 people or fewer.⁹ The County also achieved the Healthy People 2010 target of reducing asthma hospitalizations for those ages 5-24 to 7.7 per 10,000 people or fewer.⁹

Arthritis

What is it?

Arthritis is inflammation of one or more joints, which results in pain, swelling, stiffness, and limited movement.

Why is important?

Arthritis is the most common cause of disability in the U.S., limiting the activities of nearly 19 million adults.¹⁶ Arthritis can severely limit normal functioning, making it difficult to stay physically active or even perform everyday tasks such as dressing, bathing, and household chores. Arthritis sufferers have a higher risk of obesity, high blood cholesterol, and heart disease.

What is Santa Clara County's status?

In 2005, about 15% of Santa Clara County adults reported that they had ever been diagnosed with gout, fibromyalgia, or arthritis, compared to 19% of adults in California.⁶ A higher percentage of women (18%) reported that they had ever been diagnosed than men (11%).⁶

Four in 10 adults ages 65 and older (40%) had been diagnosed with these conditions, compared to 1 in 10 adults ages 65 and younger (11%).⁶



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Chapter 8: Communicable Diseases

Communicable diseases are infectious diseases that are primarily, though not exclusively, transmitted through direct contact with an infected individual or their discharge (such as blood or semen).

This Chapter provides detailed data about the following diseases and prevention measures:

- Tuberculosis (TB)
- HIV/AIDS
- Sexually transmitted diseases (STDs)
- Immunizations

Communicable diseases are closely monitored to identify outbreaks and epidemics, provide preventive treatment and/or targeted education programs, and to allocate limited resources effectively. The Public Health Department also works with community-based organizations to implement immunization programs to control vaccine-preventable diseases. In addition, the Department's community collaborations help provide culturally competent services to the County's diverse population.



Key Findings for Santa Clara County

- Santa Clara County has the third highest TB rate in California.
- Four in 5 TB cases are among Asian/Pacific Islanders.
- Nine in 10 TB cases are among foreign-born residents, and the majority of those are immigrants who have been in the U.S. for five years or longer.
- Santa Clara County is one of the 10 counties in California with the highest number of AIDS and HIV cases; men having sex with men is the most common mode of transmission.
- Racial and ethnic disparities exist in AIDS incidence rates; African Americans have the highest rates, followed by Hispanics.

Top 10 Communicable Diseases

Chlamydia is the most common communicable disease in Santa Clara County, followed by hepatitis C carrier infections.¹ Table 8.1 lists all 10 of the most common diseases, with case counts, rates, and the trend over time.

Table 8.1: Top 10 Communicable Diseases

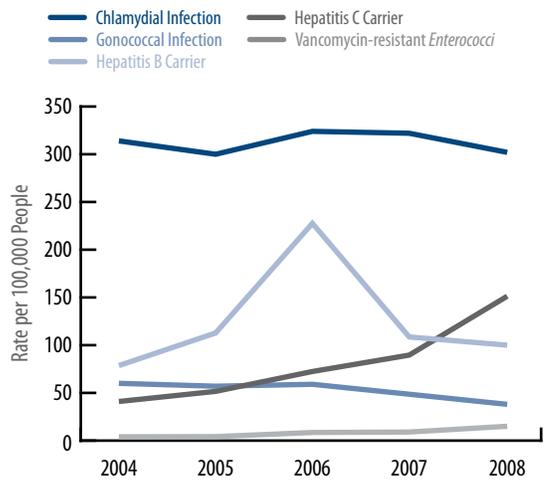
Communicable Diseases	Counts (2008)	Trend (2004-2008)	SCC rates (2008)
Chlamydial infection	5,464	↔	301.6
Hepatitis C carrier	2,741	↑	151.3
Hepatitis B carrier	1,809	↔	99.9
Gonococcal infection	688	↓	38.0
Vancomycin-resistant <i>Enterococci</i>	281	↑	15.5
Salmonellosis (non-typhoid)	279	↔	15.4
Campylobacteriosis	261	↔	14.4
Tuberculosis	197	↔	10.9
Giardiasis	139	↔	7.7
Syphilis (total)	112	↔	6.2

Sources: Santa Clara County Public Health Department, 2004–2008 Automated Vital Statistics System, Confidential Morbidity Reports, and Santa Clara County Public Health Department, 2004–2008 Tuberculosis Information Management System

The rate of hepatitis C carriers increased steadily from 41 per 100,000 people in 2004 to 151 in 2008.¹ The rate of hepatitis B carriers increased dramatically from 79 per 100,000 people in 2004 to 228 in 2006.¹ However, hepatitis B carrier rates decreased to 100 per 100,000 people in 2008.¹ Reasons for the 2006 spike are unclear.

The gonorrhea case rate decreased gradually from 59 per 100,000 people in 2004 to 38 people in 2008.¹ The case rate of Vancomycin-resistant *Enterococci* infections increased progressively from 4 per 100,000 people in 2004 to 16 people in 2008.¹

Figure 8.1: Occurrence of Top Five Diseases, 2004–2008



Source: Santa Clara County Public Health Department, 2004–2008 Automated Vital Statistics System, Confidential Morbidity Reports

Tuberculosis

What is it?

Tuberculosis (TB) is an infectious disease caused by the bacterium *Mycobacterium tuberculosis*. It is generally transmitted from person to person by inhaling or ingesting infected droplets that enter the air when a person with active TB coughs, speaks, sneezes, or spits.

TB usually attacks the lungs, but infection can also occur in other organs, including the lymph nodes, bones and joints, brain, kidneys, and intestines. Symptoms include coughing, chest pain, weakness, weight loss, and night sweats.

Why is it important?

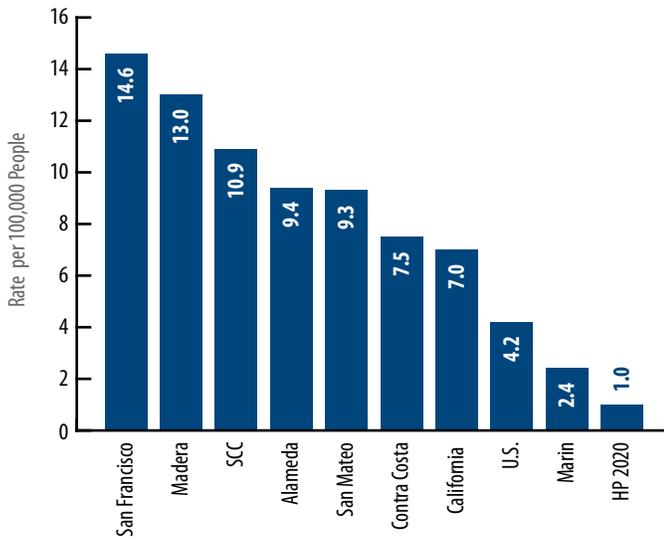
One-third of the world’s population is infected with TB; it is a major cause of disability and death.² Each year, there are nearly 2 million TB deaths worldwide.² It is also the leading killer of people who are HIV-infected.² Santa Clara County is home to many people who frequently travel to and from areas around the world with high TB rates, increasing the risk for TB in the County.

Recently, some parts of the world have experienced an increase in the incidence of TB that can no longer be treated with standard drug regimens. These TB strains are known as multi-drug-resistant and extremely drug-resistant TB.

What is Santa Clara County's status?

In 2008, Santa Clara County had the third highest TB case rate in California: 11 per 100,000 people, which is higher than the state average (7) and the national average (4).^{2,3,4}

Figure 8.2: Tuberculosis Case Rates by Selected Counties



Source: California Department of Public Health, 2008 Tuberculosis Control Branch

Santa Clara County did not achieve the Healthy People 2010 and 2020 targets of a TB case rate of 1 new case per 100,000 people.^{5,6}

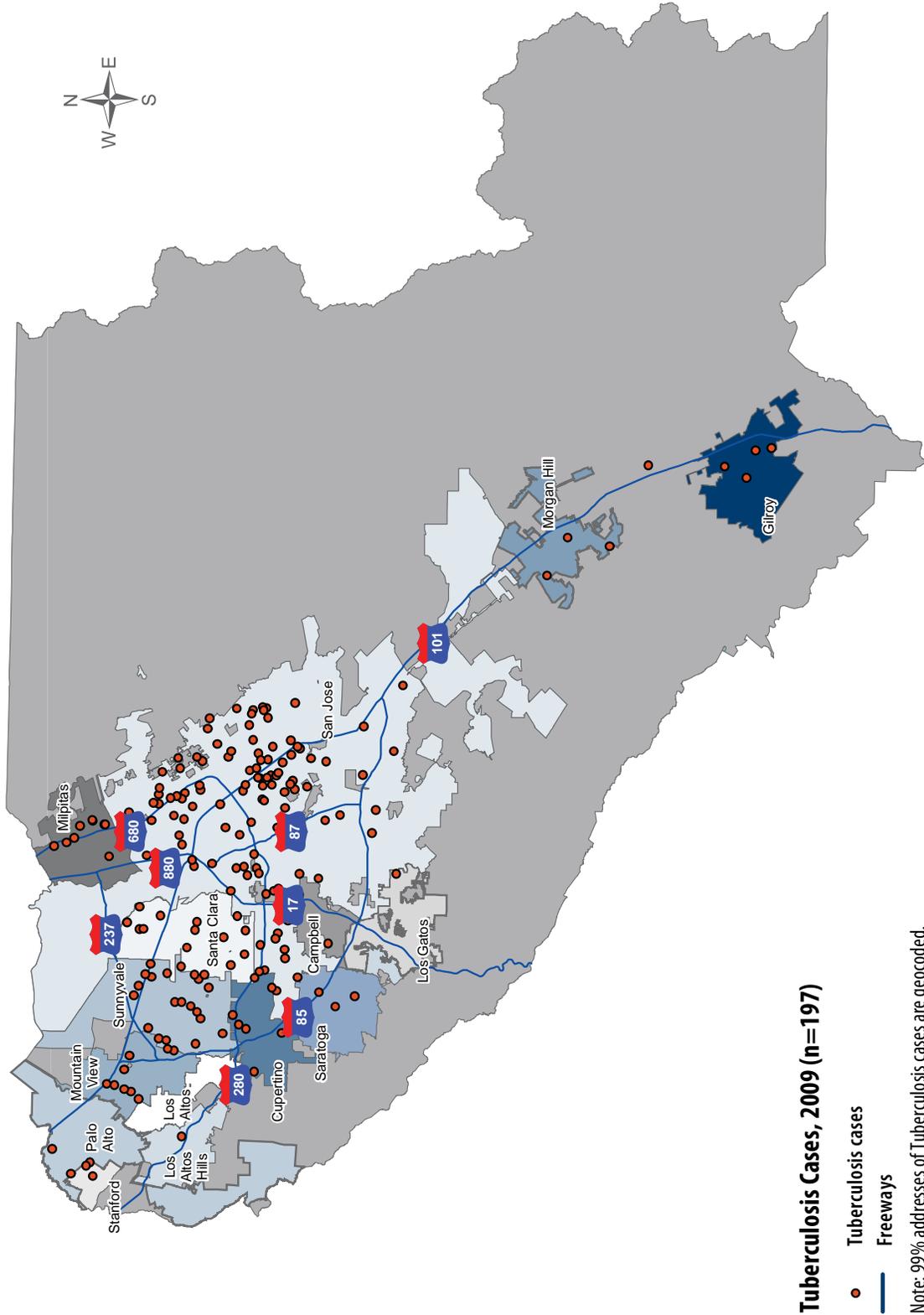
A total of 197 cases of TB were reported in 2008 in Santa Clara County.³ Three in 4 cases were pulmonary tuberculosis (TB of the lung).³ The most common non-pulmonary site was the lymph nodes in the neck (10% of cases).³

Multi-drug-resistant TB is resistant to the most commonly prescribed medications, Isoniazid and Rifampin. In Santa Clara County, there were two multi-drug-resistant TB cases in 2008.³

San Jose and Milpitas had the highest number of TB cases in the County in 2008.³



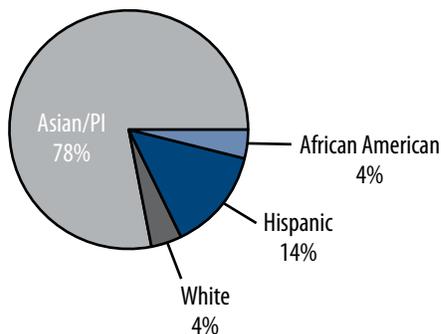
Map 8.1: Tuberculosis Cases



Source: Santa Clara County Public Health Department, 2008 Tuberculosis Information Management System Database

In 2008, 4 in 5 TB cases in Santa Clara County were among Asian/Pacific Islanders (78%).³ Hispanics accounted for 14% of the TB cases in the County, followed by Whites (4%) and African Americans (4%).³

Figure 8.3: Percentage of TB Cases by Race/Ethnicity



Source: Santa Clara County Public Health Department, 2008 Tuberculosis Information Management System

In 2008, only 10% of TB cases in the County were among those born in the U.S.; 90% were among the foreign-born.³ The top five countries of origin for foreign-born TB cases were Vietnam, Philippines, India, Mexico, and China.³ A majority (approximately 75%) of the TB cases were among immigrants who had been in the U.S. for five years or longer.³

In 2008, there were four County residents with tuberculosis who were also diagnosed with HIV infection; all were foreign-born.³

The TB case count in Santa Clara County decreased from 243 in 1999 to 197 in 2008.³ Similarly, the TB case rate also declined from 14 per 100,000 people in 1999 to 11 in 2008.³

TB Skin Tests

In 2009, 9% of adults reported that they had ever been told by a health professional that they had a positive TB skin test.⁷ About 4% of adults reported that they had been told that they had TB and that it was contagious.⁷ Only 3 in 10 adults who were told they had contagious TB ever completed medical treatment.⁷

Thirteen percent (13%) of Hispanics and 12% of Asian/Pacific Islander adults (highest percentages) reported a positive TB skin test.⁷ Four times as many adults in the County who were born outside the U.S. reported a positive TB skin test and about six times as many reported contagious TB as adults born in the U.S.⁷

HIV/AIDS

What is it?

Human Immunodeficiency Virus (HIV) is a viral infection that slowly weakens the body's immune system, making the individual susceptible to opportunistic infections and tumors. Acquired Immune Deficiency Syndrome (AIDS) is the final stage of HIV infection.

HIV is transmitted through sexual contact with an infected person, through sharing contaminated needles and syringes, from a pregnant mother to her baby, or through breastfeeding.⁸ Having multiple sex partners or the presence of other STDs increases the risk of contracting HIV during sexual activity.

Why is it important?

HIV/AIDS has affected millions of people worldwide since the 1980s. At the end of 2006, an estimated 1.1 million people in the U.S. were living with diagnosed or undiagnosed HIV infection.⁹ In 2007, there were more than 56,000 new cases of HIV/AIDS in adults, adolescents, and children diagnosed in the U.S.⁸ There were more than 14,000 deaths due to HIV/AIDS in the same period.⁸

Knowing HIV status is critical and it is recommended that people at high risk for HIV infection be screened for HIV at least annually. In fact, the CDC recommends routine HIV screening for patients ages 13-64 in all healthcare settings.

What is Santa Clara County's status?

Santa Clara County is one of the 10 counties in California with the highest number of AIDS and HIV cases.¹⁰ In 2008, the County had a cumulative total of 4,073 AIDS cases and 726 HIV cases.¹⁰

Santa Clara County did not achieve the Healthy People 2010 target of reducing AIDS cases to 1 new case per 100,000 people.⁵ In 2008, Santa Clara County had 6 new cases of AIDS per 100,000 people.¹¹

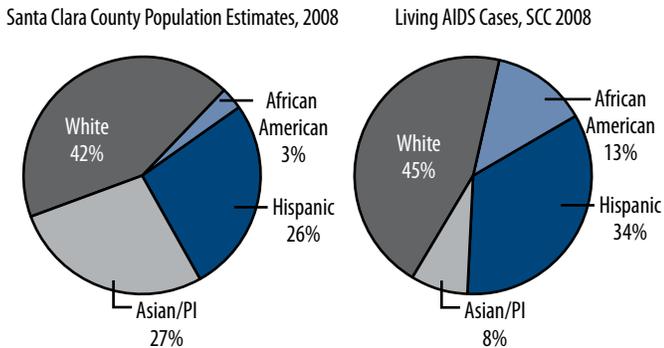
In Santa Clara County, 73% of males living with AIDS were exposed to HIV through MSM (men who have sex with men) contact and 52% of females living with AIDS were exposed to HIV through heterosexual sex.

Certain racial/ethnic groups in Santa Clara County experience a disproportionate burden of AIDS. In 2008, African Americans represented only 3% of the total County population, but accounted for 13% of the living AIDS cases in the County.^{11,12} Similarly, 26% of the County population was Hispanic in origin in 2008, but Hispanics accounted for 34% of the living AIDS cases.^{11,12}

Also, the AIDS incidence rate for African Americans (26 per 100,000 people) and Hispanics (9) was higher than the County rate (6).¹¹

In contrast, Asian/Pacific Islanders comprised 27% of the County population, but only accounted for 8% of the living AIDS cases.^{11,12} Asian/Pacific Islanders and Whites had the lowest AIDS incidence rates (both at 4 per 100,000 people) in the County.¹¹

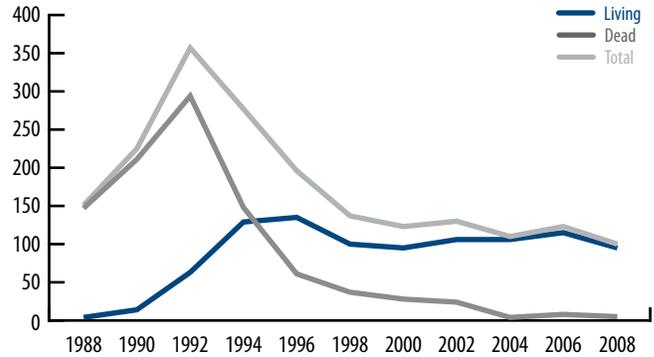
Figure 8.4: Distribution of Living AIDS Cases by Race/Ethnicity Compared to Total Population



Source: Santa Clara County Public Health Department, 2008 HIV/AIDS Surveillance and Reporting; California Department of Finance, 2008 County Population Estimates and Projections

The number of newly reported AIDS cases in Santa Clara County peaked in the early 1990s and has declined since 1993. The number of reported new AIDS cases in Santa Clara County decreased from 122 in 2007 to 95 in 2008.¹¹ In 2008, there were 5 deaths due to AIDS in Santa Clara County.¹¹

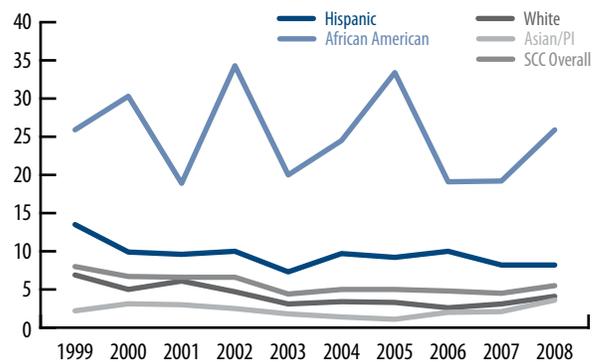
Figure 8.5: Reported Number of AIDS Cases, 1988–2008



Source: Santa Clara County Public Health Department, 1988–2008 HIV/AIDS Surveillance and Reporting

In Santa Clara County, the AIDS incidence rate decreased steadily from 8 per 100,000 people to 6 during the past decade.¹¹ African Americans had the highest AIDS incidence rate, followed by Hispanics.¹¹ However, the African-American incidence rate does not show a steady trend due to the small African-American population in the County.

Figure 8.6: AIDS Incidence Rates by Race/Ethnicity, 1999–2008



Source: Santa Clara County Public Health Department, 1999–2008 HIV/AIDS Surveillance and Reporting

The AIDS incidence rate among Hispanic residents decreased from 14 per 100,000 people in 1999 to 8 in 2008.¹¹ The AIDS incidence rate among Whites and Asian/Pacific Islanders (4 per 100,000 people) was lower than the County's rate in 2008 (6).¹¹

HIV/AIDS Testing

More than 2 in 5 adults (43%) in Santa Clara County reported that they had ever been tested for HIV.⁷ More than half of adults tested for HIV (55%) reported having their last HIV test between 2006 and 2009.⁷ Four in 5 adults who were tested for HIV reported having their last HIV test at a private doctor's office, HMO office, clinic, or hospital.⁷

Not including blood donations, the top three reasons reported by adults who were tested for HIV were: 1) it was required, 2) they wanted to find out whether they had HIV, or 3) as part of a routine medical checkup.⁷ Less than half of adults tested for HIV (48%) reported that they received counseling or talked with a health professional about the test result.⁷

The top problems identified in accessing HIV testing and counseling were healthcare costs or access (16%), lack of knowledge about where to find a testing center (14%), health insurance (9%), and inconvenient location of the testing center (9%).⁷ About 1 in 10 adults reported that they had been tested for a STD other than HIV in the past 12 months.⁷



Sexually Transmitted Diseases

What is it?

Sexually transmitted diseases (STDs) represent a group of more than 25 diseases that are contagious and transmitted through sexual intercourse (vaginal, oral, or rectal) with a person who is already infected with an STD. STDs can be bacterial, parasitic, or viral infections and include HIV, gonorrhea, and chlamydia. STDs can be transmitted between heterosexual or homosexual partners.

Why is it important?

STDs affect people of all ages, backgrounds, and economic levels. Most people are unaware of the risks and consequences of STDs. Nationwide, an estimated 19 million new infections occur each year, almost half of them among young people ages 15-24.¹³

STDs pose a serious public health problem because many individuals are asymptomatic and therefore are not diagnosed or treated. If left untreated, STDs can lead to other health problems. For example, STDs increase the risk of getting or spreading HIV and can lead to pelvic inflammatory disease in women. In addition, STDs are a major cause of perinatal complications.

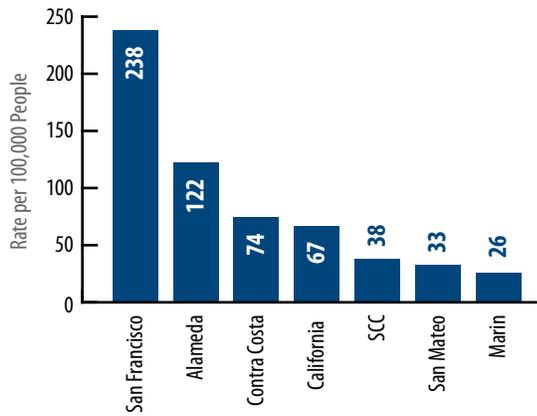
Gonorrhea

Gonorrhea is one of the 10 most common sexually transmitted diseases. Infection often results from sexual contact with an infected person whose secretions contain a bacterium called *Neisseria gonorrhoeae*. This bacterium grows and multiplies easily in a moist, warm environment (reproductive tract, cervix, mouth, eyes, and anus).

In the U.S. in 2006, 358,366 cases of gonorrhea were reported to the Centers for Disease Control and Prevention (CDC). However, the CDC estimates that only about half of these infections are actually reported, and in fact there are more than 700,000 new cases of gonorrhea in the U.S. each year.

In 2008, 700 gonorrhea cases were reported in Santa Clara County.¹⁴ The gonorrhea case rate (38 per 100,000 people) was lower than the state average (67) in 2008.¹⁴ In the Bay Area, only Marin and San Mateo counties had reported gonorrhea rates lower than Santa Clara County's.¹⁴

Figure 8.7: Gonorrhea Case Rates by Bay Area County



Source: California Department of Public Health, Sexually Transmitted Diseases Control Branch, 2008 STD Data

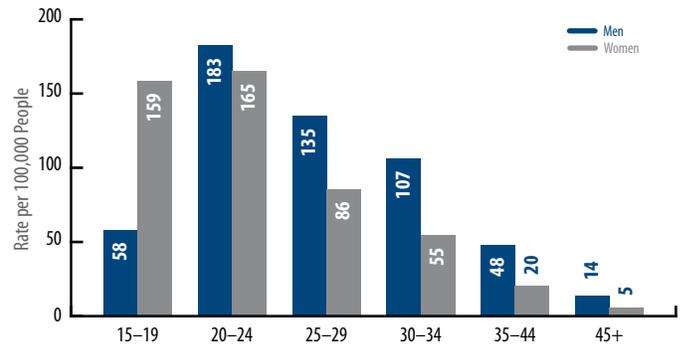
Santa Clara County did not achieve the Healthy People 2010 target of reducing the gonorrhea case rate to 19 per 100,000 people or fewer.⁵

In 2008, the gonorrhea case rate was higher among men (43 per 100,000 people) than among women (34) in Santa Clara County, with a total of 396 cases among men (57%) and 302 cases among women (43%).¹⁴

African Americans in the County had the highest gonorrhea case rate in 2008 (70 per 100,000 people), followed by Hispanics (15).¹⁴

Gonorrhea is more common among younger age groups. The gonorrhea case rate among women ages 15-19 was nearly three times higher than that of men in this age group.¹⁴ However, the gonorrhea case rate for men was higher than for women in all other age groups.¹⁴ Data for children ages 14 and younger is not presented due to the small sample size.

Figure 8.8: Gonorrhea Case Rates by Gender and Age



Source: California Department of Public Health, Sexually Transmitted Diseases Control Branch, 2008 STD Data

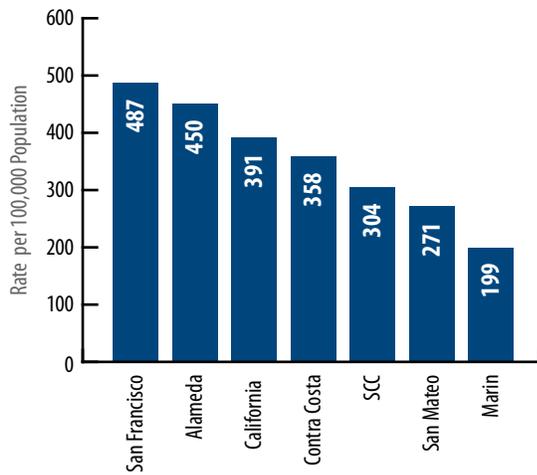
Chlamydia

Chlamydia is the most common sexually transmitted disease reported in the U.S. It is caused by the *Chlamydia trachomatis* bacterium, and affects both men and women. Chlamydia is easily spread because infected individuals often show no symptoms and are unaware of their disease status.

In 2006, there were more than 1 million chlamydia infections reported to the CDC nationwide. However, underreporting is substantial because most people with chlamydia are not aware of their infections and do not seek testing. Also, testing is often not done if patients are treated for their symptoms. Therefore, it is estimated that in the U.S., nearly 2.3 million people ages 14-39 are infected with Chlamydia.¹⁵

Chlamydia is the most commonly reported STD in Santa Clara County.¹⁴ In 2008, there were 5,616 cases reported.¹⁴ The County case rate (304 per 100,000 people) was lower than the state average (390) in 2008.¹⁴ In the Bay Area, only Marin and San Mateo counties had reported chlamydia case rates lower than Santa Clara County.¹⁴

Figure 8.9: Chlamydia Case Rates by Bay Area County

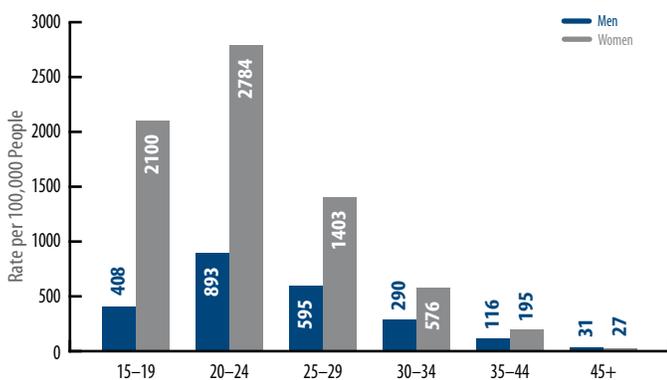


Source: California Department of Public Health, Sexually Transmitted Diseases Control Branch, 2008 STD Data

In 2008, the chlamydia case rate among women (457 per 100,000 people) was almost three times higher than among men (165) in Santa Clara County.¹⁴ There were 4,083 chlamydia cases among women (73%, or nearly three-fourths, of all cases), and 1,514 cases among men (27% of all cases).¹⁴

Chlamydia is more common among those ages 15-29.¹⁴ Data for children ages 14 and younger is not presented due to the small sample size.

Figure 8.10: Chlamydia Case Rates by Gender and Age



Source: California Department of Public Health, Sexually Transmitted Diseases Control Branch, 2008 STD Data

Immunizations

What is it?

Immunizations are given to children and adults to protect them against serious infectious diseases. Vaccines protect against disease by inducing immunity or strengthening an individual’s immune system.

Vaccine-preventable diseases are infectious diseases that can be prevented by getting the appropriate vaccine; examples include influenza, measles, polio, tetanus, pertussis, and diphtheria.

Why is it important?

The decrease in the incidence of vaccine-preventable diseases is the most significant public health achievement in the past 100 years that has improved quality of life and increased lifespan. However, these diseases are still a significant threat to public health. For example, the World Health Organization estimates that in 2002, 1.4 million deaths among children ages 4 and younger were due to diseases that could have been prevented by routine vaccination.¹⁶ This represents 14% of total global mortality in children ages 4 and younger.¹⁶

Increasing the number of people who are vaccinated can decrease the spread of potentially deadly diseases. When immunization levels in the community are high, the few people who cannot be vaccinated are protected because they are surrounded by immune people, and exposure risk is low. This is called “herd immunity.”

The California Department of Public Health assists local health departments in assessing the immunization status of kindergarten students through the Kindergarten Retrospective Survey and provides county-level data.

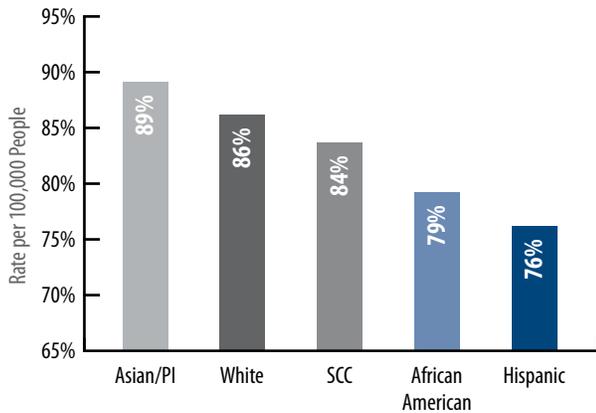
What is Santa Clara County’s status?

Childhood Immunizations

The California Department of Public Health reported that the immunization rate in 2008 among children in Santa Clara County was 84%, which was higher than in California (77%).¹⁷

Immunization coverage was highest among Asians (89%), followed by Whites (84%), African Americans (79%), and Hispanics (76%).¹⁷

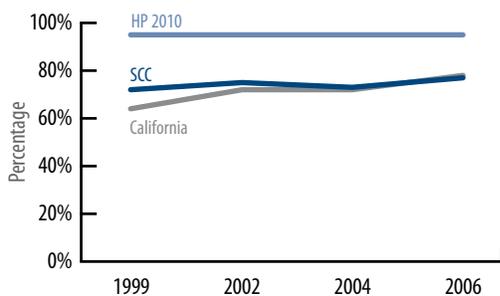
Figure 8.11: Immunization Rates by Race/Ethnicity



Source: Santa Clara County Public Health Department, Immunization Program, 2008 Expanded Kindergarten Retrospective Survey

County immunization program records show that in 2006 only 77% of kindergarten children in the County had received the immunization series required at age 24 months (the 4:3:1 vaccine series – 4 DPT, 3 Polio, and 1 MMR).¹⁷ In California, 78% of kindergarten children were immunized with the 4:3:1 series at age 24 months.¹⁷ The immunization rate in the County has increased steadily during the past decade, but remains short of the Healthy People 2010 target.¹⁷

Figure 8.12: Immunization Rates Among Kindergartners, 1999–2006



Source: Santa Clara County Public Health Department, Immunization Program, 1999–2006 Expanded Kindergarten Retrospective Survey

Adult Immunizations

In 2009, 73% of adults in Santa Clara County ages 65 and older had ever had a pneumonia shot.⁷ Santa Clara County did not achieve the Healthy People 2010 target of increasing the proportion of adults ages 65 and older who had ever been vaccinated against pneumococcal disease (pneumonia) to 90% or higher.⁵

In 2005–06, 3 in 4 adults ages 65 and older (75%) in the County had a flu shot (influenza vaccine) in the past 12 months.⁷ The County also did not achieve the Healthy People 2010 target of increasing the proportion of adults ages 65 and older who are vaccinated annually against influenza (flu) to 90% or higher.⁵



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- ¹⁷ Santa Clara County Public Health Department, Immunization Program, 1999–2008 Expanded Kindergarten Retrospective Survey.

Chapter 9: Injury and Violence



Any injury can result in death, disability, permanent scarring or disfigurement, and hospitalization. Injury and violence are leading causes of premature death both in the U.S. and Santa Clara County. As such, they pose a serious risk to public health.

Injuries are categorized based on intent. Unintentional injuries are most frequently due to motor vehicle crashes, poisoning, and falls. Intentional injuries are the result of violence such as suicide, homicide, and assault.

The Chapter provides data about the following factors related to injury and violence:

- Deaths from unintentional injuries
- Motor vehicle crashes
- Suicide
- Firearms and weapons
- Unintentional falls
- Intimate partner violence
- Homicides and assaults

The Public Health Department's approach to injury prevention includes defining the problem, identifying risk and protective factors, developing prevention strategies, and encouraging widespread adoption of these strategies. The Department partners with community organizations to raise awareness about the risk factors for injuries, develop prevention programs, and support legislation to improve public safety and reduce violence. Through these efforts, the Public Health Department aims to build community capacity to address the root causes of injuries in the County.

Key Findings for Santa Clara County

- About two-thirds of injury deaths are unintentional.
- One-third of unintentional injury deaths are due to motor vehicle crashes; young adults have the highest mortality rate due to motor vehicle crashes.
- Twelve percent (12%) of middle and high school students never or rarely wear a seat belt when riding in a car driven by someone else.
- One-third of middle and high school students never or rarely wear a helmet when riding a bike.
- There were 140 deaths from suicide in the County in 2007; 3 in 5 were among White residents.
- Three-fourths of homicide victims are Hispanic.

Leading Causes of Injury

In 2007, the leading cause of injury death in Santa Clara County was suicide.¹ In 2006, the leading cause of nonfatal injury resulting in hospitalization was unintentional falls.¹ Motor vehicle crashes were the second leading cause of both injury deaths and hospitalizations.¹

Table 9.1: Leading Causes of Injuries in Santa Clara County Resulting in Death or Hospitalization

Injury deaths, all ages, 2007	Percentage	Hospitalized nonfatal injuries, all ages, 2006	Percentage
Attempted Suicide	23%	Unintentional falls	44%
Unintentional motor vehicle traffic injuries, all categories	19%	Unintentional motor vehicle traffic injuries, all categories	12%
Unintentional poisoning	17%	Self-inflicted injuries	6%
Unintentional falls	17%	Unintentional poisoning	5%
Homicide/Assault	8%	Assaults	4%

Source: California Department of Public Health, EpiCenter, 2006–2007 California Injury Data Online

Unintentional Injury Deaths

What is it?

Unintentional injuries are defined as those not purposely inflicted. They are most often the result of what would be considered an accident. The most common unintentional injuries result from motor vehicle crashes, falls, poisonings, suffocations, and drowning.²

Why is it important?

Although most unintentional injuries are predictable and preventable, they are a major cause of premature death and lifelong disability. More adults ages 15–44 die as a result of unintentional injuries than from any other cause.² Unintentional injury is the fifth leading cause of death for all ages both in the U.S. and California.^{3,4}

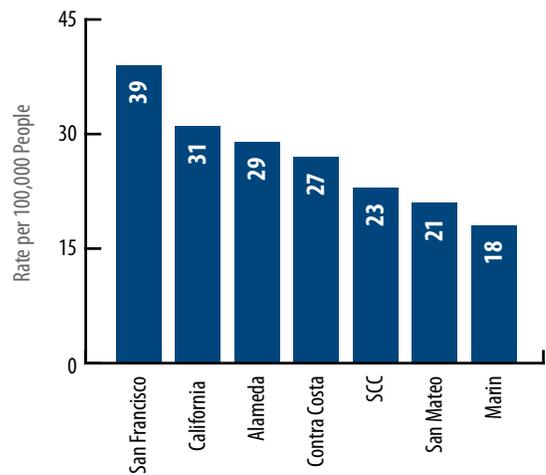
What is Santa Clara County's status?

In 2007, there were 606 deaths due to all injuries in Santa Clara County.¹ At 386 deaths, unintentional injuries accounted for 64% of the total injury deaths.¹ The top three causes of unintentional injury death were motor vehicle crashes (127 deaths), poisoning (106 deaths), and falls (104 deaths).¹

In Santa Clara County, the age-adjusted mortality rate due to unintentional injuries (23 per 100,000 people) was lower than the state average (31) in 2007.⁴ By comparison, the age-adjusted mortality rate due to unintentional injuries was 40 per 100,000 people in the U.S. in 2006.³

The age-adjusted mortality rate due to unintentional injuries for Santa Clara County was higher than the rates for Marin (18 per 100,000 people) and San Mateo (21) counties, but lower than San Francisco (39), Alameda (29), and Contra Costa (27) counties.⁴

Figure 9.1: Age-Adjusted Mortality Rates Due to Unintentional Injuries by Bay Area County



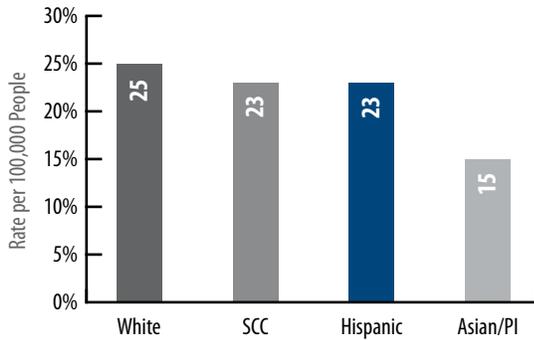
Source: California Department of Public Health, 2007 Vital Statistics

Santa Clara County did not meet the Healthy People 2010 target for age-adjusted mortality due to unintentional injuries of 17.5 per 100,000 people.⁵

The age-adjusted mortality rate due to unintentional injuries for men was twice as high (31 per 100,000 people) as for women (14) in Santa Clara County.⁴

Whites (25 per 100,000 people) and Hispanics (23) had higher rates of mortality due to unintentional injuries than the County rate.⁴ Asians had the lowest rate (15).⁴ Asians are the only ethnic group that has achieved the Healthy People 2010 target for mortality due to unintentional injuries. Data for African Americans is not presented due to the small sample size.

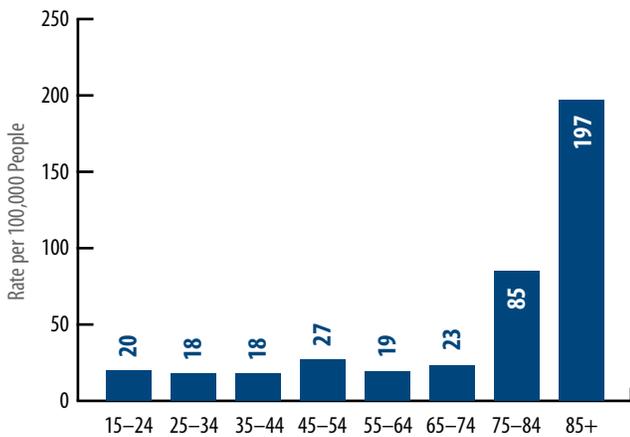
Figure 9.2: Age-Adjusted Mortality Rates Due to Unintentional Injuries by Race/Ethnicity



Source: California Department of Public Health, 2007 Vital Statistics

The mortality rate due to unintentional injuries increases sharply with increasing age. In 2007, the age-specific mortality rate due to unintentional injuries for adults ages 85 and older was more than 10 times higher than the rate for ages 15-44 and 55-64, and twice the rate for those ages 75-84.⁴ The rate for those ages 14 and younger is not presented due to the small sample size.

Figure 9.3: Age-Specific Mortality Rates Due to Unintentional Injuries by Age



Source: California Department of Public Health, 2007 Vital Statistics

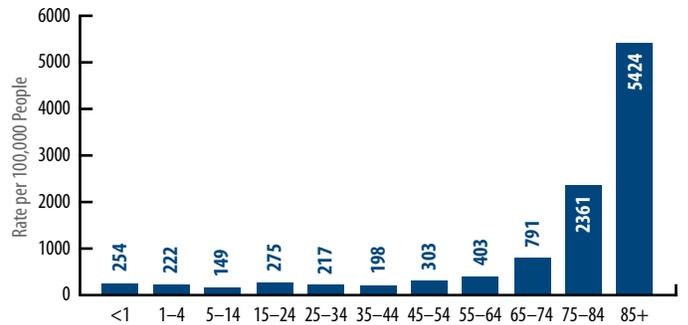
The age-adjusted mortality rate due to unintentional injuries in Santa Clara County increased from 21 per 100,000 people in 2000 to 23 in 2007.⁴

Injury-Related Hospitalizations

An injury-related hospitalization is an inpatient stay at a hospital as a result of an intentional or unintentional injury. In 2006, there were 9,033 nonfatal hospitalized injuries in Santa Clara County.¹ Unintentional injuries accounted for 82% of these nonfatal hospitalized injuries (7,441); more than half (54%) were due to falls.¹

Hospitalizations increased sharply with increasing age. The hospitalization rate for adults ages 85 and older was twice the rate for those ages 75-84 and seven times the rate for those ages 65-74.^{1,6}

Figure 9.4: Age-Specific Hospitalization Rates for Nonfatal Unintentional Injuries by Age



Source: California Department of Public Health, EpiCenter, 2006 California Injury Data Online

Motor Vehicle Crashes

What is it?

A motor vehicle collision, or traffic accident, is when a vehicle crashes with another vehicle, person, animal, or object. This can result in injury, property damage, and death. Motor vehicle traffic injuries include all injuries to vehicle occupants in a collision, as well as injuries to pedestrians or cyclists struck by a vehicle.

Why is it important?

In the United States, motor vehicle-related injuries are the leading cause of death for individuals ages 1-34, and nearly 5 million people annually sustain injuries that require a visit to a hospital emergency room.² The economic impact is also notable: motor vehicle crashes cost an estimated \$230 billion in 2000.²

In Santa Clara County, motor vehicle traffic injuries are the most common cause of death due to unintentional injuries.¹

What is Santa Clara County's status?

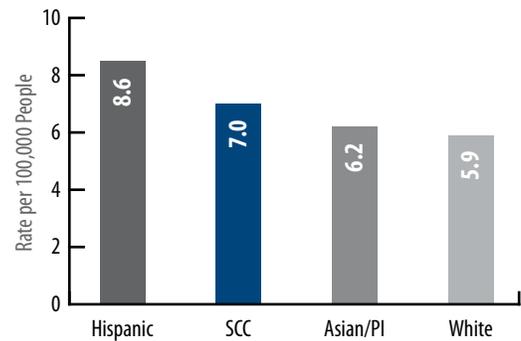
In 2007, one-third of the deaths due to unintentional injuries in the County (127 of 386 total) were caused by motor vehicle crashes.¹ The age-adjusted mortality rate due to motor vehicle traffic injuries of 7 per 100,000 people was lower than the state average of 11.⁴

Santa Clara County has achieved the Healthy People 2010 target of reducing the number of deaths by motor vehicle crashes to 9.2 per 100,000 people or fewer.⁵

In 2007, the age-adjusted mortality rate due to motor vehicle traffic injuries among men was nearly four times higher (11 per 100,000 people) than the rate for women (3).⁴

Hispanics had the highest age-adjusted mortality rate due to motor vehicle traffic injuries (9 per 100,000 people) in the County, followed by Asians (6) and Whites (6).⁴ The rate among African Americans is not presented due to the small sample size.

Figure 9.5: Age-Adjusted Mortality Rates Due to Motor Vehicle Traffic Injuries by Race/Ethnicity

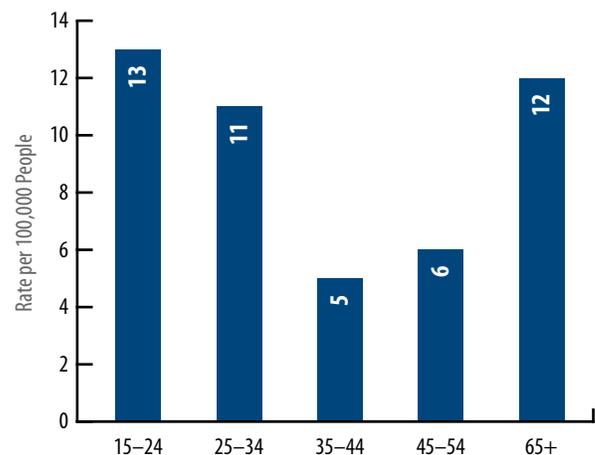


Source: California Department of Public Health, 2007 Vital Statistics

In 2007, adolescents and young adults ages 15-24 had the highest age-specific mortality rate due to motor vehicle traffic injuries in Santa Clara County at 13 per 100,000 people.⁴ Age groups 15-24 (13), 25-34 (11), and 65 and older (12) do not meet the Healthy People 2010 target of 9.2 per 100,000 people.⁴

The rates for those ages 15 and younger and ages 55-64 are not presented due to the small sample sizes. Age groups 65-74, 75-84, and 85 and older are collapsed into one group (65 and older) due to the small sample sizes.

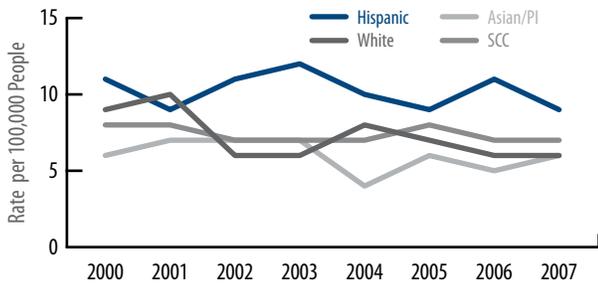
Figure 9.6: Age-Specific Mortality Rates Due to Motor Vehicle Traffic Injuries by Age



Source: California Department of Public Health, 2007 Vital Statistics

In Santa Clara County, the age-adjusted mortality rate due to motor vehicle traffic injuries decreased from 8 per 100,000 people in 2000 to 7 in 2007.⁴ The rate among Whites decreased from 8 in 2000 to 6 in 2007.⁴ The rate among Hispanics decreased from 11 to 9.⁴

Figure 9.7: Age-Adjusted Mortality Rates Due to Motor Vehicle Traffic Injuries by Race/Ethnicity, 2000–2007



Source: California Department of Public Health, 2000–2007 Vital Statistics

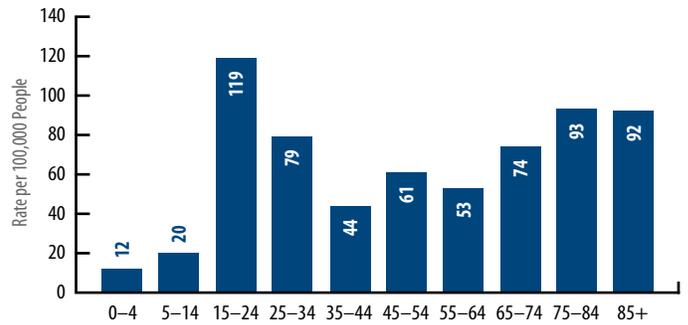
Hospitalization Due to Motor Vehicle Traffic Injuries

In 2006, there were 7,441 nonfatal hospitalized unintentional injuries in Santa Clara County; 1,068 (14%) were for nonfatal motor vehicle traffic injuries.¹ Two-thirds of the hospitalizations were for occupants involved in the collision.¹

With a rate of 60 per 100,000 people, Santa Clara County has achieved the Healthy People 2010 target of reducing nonfatal injuries caused by motor vehicle crashes to 933 per 100,000 people or fewer.⁵

In Santa Clara County, adolescents and young adults ages 15–24 had the highest age-specific hospitalization rate for nonfatal motor vehicle traffic injuries. In 2006, the rate for those ages 15–24 in the County was 119 per 100,000 people.^{1,6} Age groups 25–34 (79), 75–84 (94), and 85 and older (92) also had high rates.^{1,6}

Figure 9.8: Age-Specific Hospitalization Rates for Nonfatal Motor Vehicle Traffic Injuries by Age



Source: California Department of Public Health, EpiCenter, 2006 California Injury Data Online

Seatbelt Use by Adolescents

Seatbelts are an effective defense against traffic injuries and deaths. In 2007–08, 12% of middle and high school students in the County reported that they never or rarely wore a seatbelt when riding in a car driven by someone else.⁷ In 2007–08, 15% of male middle and high school students reported that they never or rarely wore a seatbelt when riding in a car driven by someone else compared to 10% of female students.⁷

Lower percentages of White (7%) and Asian/Pacific Islander (10%) students reported never or rarely wearing a seatbelt when riding in a car driven by someone else than African-American (18%) and Hispanic (19%) students.⁷

A higher percentage of ninth-grade students (14%) reported never or rarely wearing a seatbelt than seventh-graders (10%) and eleventh-graders (11%).⁷

Bicycle Helmet Use by Adolescents

Bike helmets have been proven to protect bike riders from possible injuries. For example, wearing a helmet lowers the risk of brain injury by 88%.⁸

In 2007–08, 35% of middle and high school students reported that they never or rarely wore a helmet when riding a bicycle in the past 12 months.⁷ A higher percentage of male students (41%) than female students (29%) reported not wearing a helmet.⁷

Higher percentages of African-American (40%) and Hispanic (45%) students reported never or rarely wearing a helmet than White (29%) and Asian/Pacific Islander (9%) students.⁷

Suicide

What is it?

Suicide is any purposely self-inflicted injury that is fatal. Methods used for committing suicide include hanging, strangulation, and suffocation; firearms; and exposure to drugs or other biological substances.

Why is it important?

Suicide is the 11th leading cause of death in the U.S.; more than 33,000 people kill themselves every year.³ It is the 10th leading cause of death in California.⁴ However, mortality is only part of the problem. In the U.S., about 400,000 people with self-inflicted injuries are treated in emergency rooms every year.² The consequences of nonfatal suicide attempts may include lifetime disability and mental health problems. In addition, the family and friends of people who commit suicide may suffer permanently from feelings of anger, guilt, and depression. Medical costs and lost wages are other problems associated with suicide.

What is Santa Clara County's status?

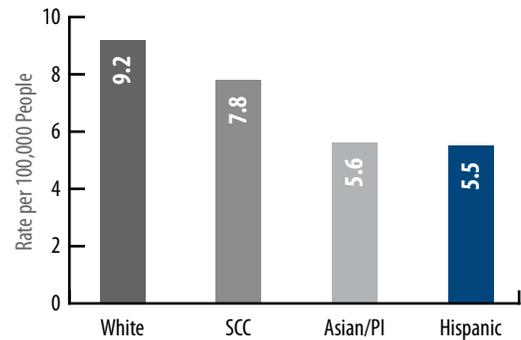
Suicide is the 10th leading cause of death in Santa Clara County.⁴ There were 140 deaths due to suicide in the County in 2007.⁴ The age-adjusted suicide rate in the County was 8 per 100,000 people, lower than both the national rate of 11 per 100,000 people in 2006 and the state rate of 9 per 100,000 people in 2007.^{3,4}

Santa Clara County missed the Healthy People 2010 target of reducing suicides to 5 or fewer per 100,000 people.⁵

In 2007, the age-adjusted suicide rate for men was more than double (11 per 100,000 people) the rate for women (5) in the County.⁴

Whites had the highest age-adjusted suicide rate in Santa Clara County: 9 per 100,000 people.⁴ In 2007, Whites committed more than half (57%) of the suicides in the County.⁴ The age-adjusted suicide rate among Asians and Hispanics was 6 per 100,000 people.⁴ The rate among African Americans is not presented due to the small sample size.

Figure 9.9: Age-Adjusted Suicide Rates by Race/Ethnicity

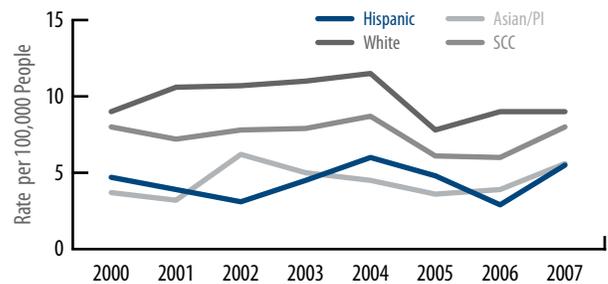


Source: California Department of Public Health, 2007 Vital Statistics

Adults ages 65 and older had the highest age-specific suicide rate (13 per 100,000 people), followed by those ages 45–54 (12), and ages 25–34 (10).⁴

The age-adjusted suicide rate in Santa Clara County increased from 7 per 100,000 people in 2000 to 9 in 2004. In 2005, it decreased to 6 but again increased to 8 in 2007.⁴ All race/ethnic groups in the County follow similar trends.

Figure 9.10: Age-Adjusted Suicide Rates by Race/Ethnicity, 2000–2007



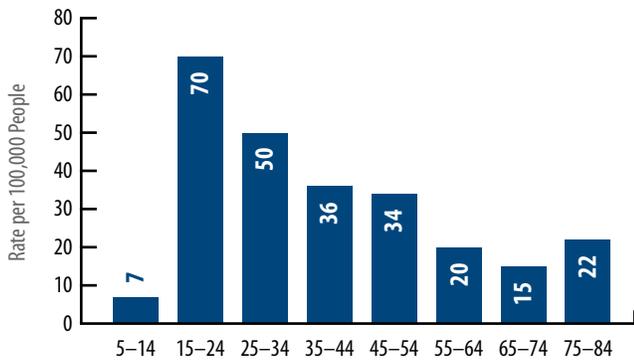
Source: California Department of Public Health, 2007 Vital Statistics

In Santa Clara County, the most common methods used for committing suicides were hanging, strangulation, and suffocation (37%); firearms (29%); and exposure to drugs or other biological substances (21%).⁴

Hospitalized Nonfatal Self-Inflicted Injuries

In 2006, there were 567 nonfatal hospitalized self-inflicted injuries in Santa Clara County.¹ Those ages 15-24 had the highest rate of nonfatal hospitalized self-inflicted injuries (70 per 100,000 people), followed by those ages 25-34 (50).¹

Figure 9.11: Age-Specific Nonfatal Hospitalized Self-Inflicted Injury Rates by Age



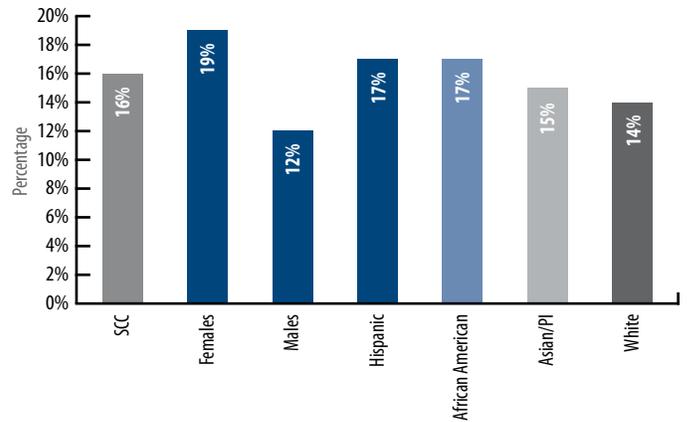
Source: California Department of Public Health, EpiCenter, 2006 California Injury Data Online

Students and Suicide

A survey of middle and high school students in 2007-08 found that 16% had seriously considered attempting suicide in the past 12 months.⁷ A higher percentage of female students (19%) reported that they had seriously considered attempting suicide than male students (12%).⁷

Among racial/ethnic groups, African-American (17%) and Hispanic students (17%) had the highest percentages of those who seriously considered attempting suicide in the past 12 months.⁷

Figure 9.12: Percentage of Students Who Considered Attempting Suicide in the Past 12 Months by Gender, Age, and Race/Ethnicity

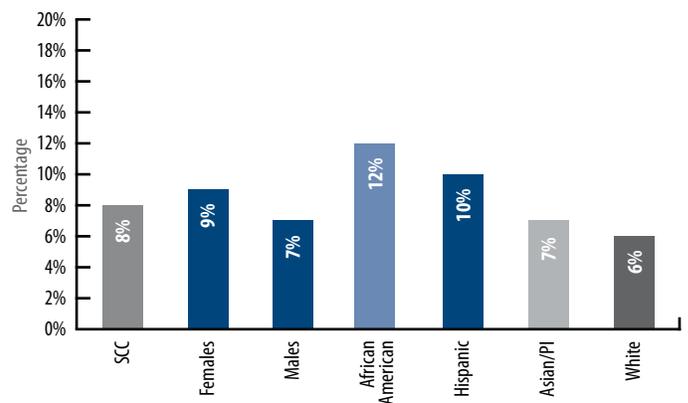


Source: 2007-08 California Healthy Kids Survey

In 2007-08, 8% of middle and high school students reported that they actually attempted suicide in the past 12 months.⁷ Santa Clara County did not achieve the Healthy People 2010 target of reducing the rate of suicide attempts by adolescents to 1% in the past 12 months.⁵

A higher percentage of female students (9%) attempted suicide than male students (7%).⁷ Among racial/ethnic groups, African-American students had the highest percentage (12%) of those who attempted suicide in the past 12 months, followed by Hispanic students (10%).⁷

Figure 9.13: Percentage of Students Who Attempted Suicide in the Past 12 Months by Gender, Age, and Race/Ethnicity



Source: 2007-08 California Healthy Kids Survey

The percentage of eleventh-graders who attempted suicide in the past 12 months (6%) was lower than the percentages of seventh- and ninth-graders (9% each).⁷

Firearms and Weapons

What is it?

Firearms are a commonly used method for causing intentional injury, both homicide and suicide. Firearm-related deaths refer to deaths that occur due to guns regardless of the intent (intentional, unintentional, or undetermined). Weapons refer to knives and clubs.

Why is it important?

In Santa Clara County, firearms were the most common mechanism used for homicides, and the second most commonly used mechanism for committing suicide in 2007.⁴ Firearms were used in 43% of homicides and 29% of suicides in the County.⁴

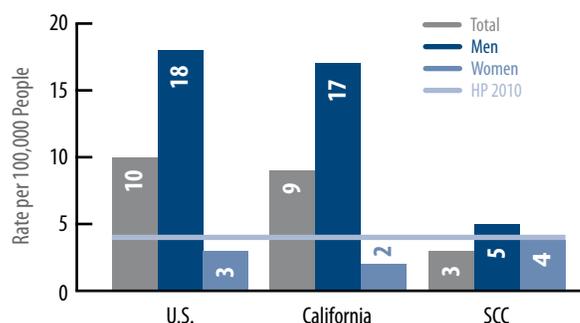
What is Santa Clara County's status?

The 2006 age-adjusted rate of firearm-related deaths in Santa Clara County was 3.3 per 100,000 people.⁹ By comparison, the age-adjusted rate of firearm-related deaths was 10 in the U.S. and 9 in California in 2006.^{3,9}

In 2007, the age-adjusted death rate was 1.3 per 100,000 people for homicides due to firearms and 2.3 for suicides due to firearms in the County.⁴

The age-adjusted rate of firearm-related deaths for men was six to eight times higher than the rate for women. In 2007, the death rate for firearm-related homicides among men was 2.3 per 100,000 people.⁴ The firearm-related suicide rate among men was 4.4 per 100,000 people.⁴ Data for women is not presented due to the small sample sizes.

Figure 9.14: Age-Adjusted Mortality Rates Due to Firearms by Gender



Source: Centers for Disease Control and Prevention, National Vital Statistics System, 2006 Death Data; Centers for Disease Control and Prevention, 2006 WONDER Online Database

Santa Clara County has achieved the Healthy People 2010 target of reducing firearm-related deaths to 4.1 per 100,000 people.⁵ However, the death rate for men in the County (5.4) did not meet the Healthy People 2010 target.^{5,9}

Firearms in the Home

In 2005–06, 15% of adults in Santa Clara County reported that they had firearms in or around their homes.¹⁰ Among those with firearms, 42% reported that the firearms were kept loaded and unlocked in the home.¹⁰

Student Firearm and Weapon Use

In 2007–08, 9% of middle and high school students reported that they carried a weapon such as a knife or club on school property at least once in the past 12 months.⁷

A higher percentage of male students (13%) reported that they carried a weapon on school property in the past 12 months than female students (5%).⁷ Lower percentages of White (6%) and Asian/Pacific Islander (6%) students carried a weapon on school property than African-American (13%) and Hispanic (13%) students.⁷

Santa Clara County did not achieve the Healthy People 2010 target of reducing weapons carrying by adolescents on school property to 4.9% of students or fewer.⁵

Unintentional Falls

What is it?

Fall injuries are injuries that occur due to a fall. They can be unintentional or intentional.

Why is it important?

Fatal fall injuries are more common among older adults. More than one-third of adults ages 65 and older fall each year in the U.S., and falls are the leading cause of injury-related deaths in this age group.² In addition, falls are the most common cause of traumatic brain injuries in the U.S.²

What is Santa Clara County's status?

In 2007, 18% of all fatal injuries in Santa Clara County were due to falls; 94% of the falls were unintentional.¹ The age-adjusted mortality rate due to falls was 6 per 100,000 people in the County.⁴

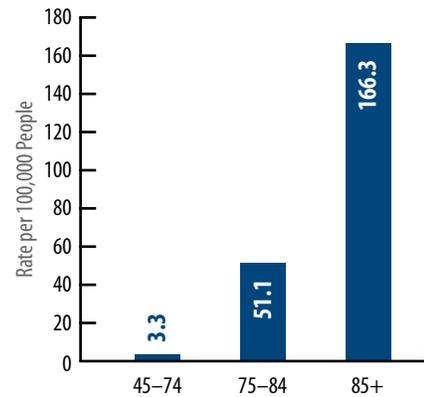
By comparison, in 2006, 12% of all fatal injuries in the U.S. were due to falls, the majority being unintentional (96%).³ In 2007, 12% of all fatal injuries in California were due to falls, 93% being unintentional.¹

Santa Clara County did not achieve the Healthy People 2010 target of reducing the deaths due to falls to 3 per 100,000 people.⁵

The age-adjusted mortality rate due to falls for men (7 per 100,000 people) was higher than for women (6) in the County.⁴ The age-adjusted mortality rate due to falls was 7 for Whites and 5 for Asians.⁴ The rates for Hispanics and African Americans are not presented due to the small sample sizes.

In 2007, the age-specific mortality rate due to falls for adults ages 85 and older was more than three times higher than the rate for those ages 75-84, and more than 50 times higher than for those ages 45-74.⁴ The rate for those ages 0-44 is not presented due to the small sample size.

Figure 9.15: Age-Specific Mortality Rates Due to Falls by Age

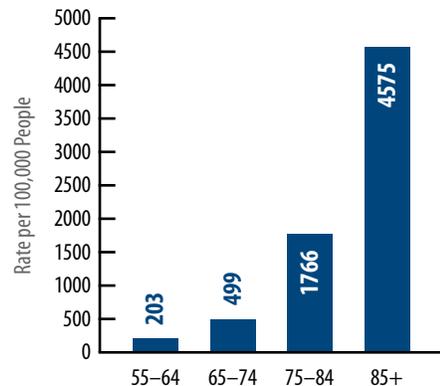


Source: California Department of Public Health, 2007 Vital Statistics

Hospitalized Unintentional Falls

Nonfatal hospitalized fall injuries were more common among older adults. The age-specific hospitalization rate for nonfatal fall injuries among adults ages 85 and older was nearly three times higher than the rate for those ages 75-84, more than nine times higher than for those ages 65-74, and more than 22 times higher than for those ages 55-64.¹

Figure 9.16: Age-Specific Hospitalization Rates Due to Nonfatal Fall Injuries by Age



Source: California Department of Public Health, EpiCenter, 2006 California Injury Data Online

Intimate Partner Violence

What is it?

Intimate partner violence is defined as physical and sexual violence, emotional abuse, and threats that occur between two people in a close relationship such as marriage or dating. Intimate partner violence can include a single episode of violence or ongoing battering.

Why is it important?

Every year in the U.S., about 4.8 million women and 2.9 million men experience intimate partner-related physical assaults.² In 2005, 1,510 of these assaults resulted in death.² Intimate partner violence cases are usually underreported because many victims think that others will not believe them.

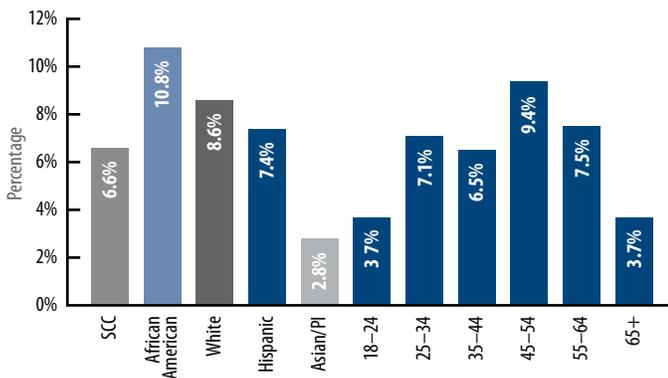
During 2003, the estimated cost of medical care, mental health services, and lost productivity resulting from intimate partner violence was \$8.3 billion.²

What is Santa Clara County's status?

In 2005–06, 7% of adults reported that they had ever been physically abused by an intimate partner in Santa Clara County.¹⁰ A higher percentage of women (11%) reported physical abuse than men (2%).¹⁰

Among racial/ethnic groups, African Americans reported the highest percentage (11%) of physical abuse by an intimate partner, and Asian/others reported the lowest (3%).¹⁰ The most common age group to report physical abuse by an intimate partner was ages 45–54 (9%).¹⁰

Figure 9.17: Percentage of People Who Have Been Abused by an Intimate Partner by Race/Ethnicity and Age

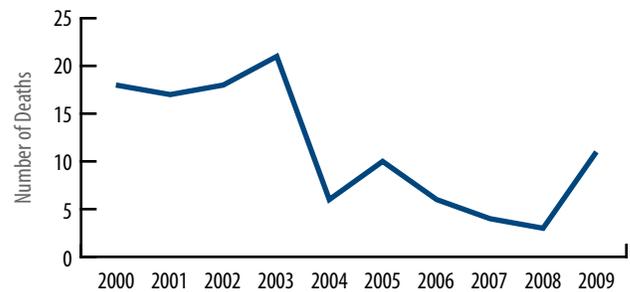


Source: Santa Clara County Public Health Department, 2005–06 Behavioral Risk Factor Survey

Santa Clara County did not achieve the Healthy People 2010 target for lowering the rate of physical abuse by an intimate partner to 3.1%.⁵ Only the Asian ethnic group met the Healthy People 2010 target for intimate partner violence.

The number of deaths due to intimate partner violence in Santa Clara County increased from 18 in 2000 to 21 in 2003.¹¹ From 2003 to 2008, the number of deaths decreased, but then increased again from 2008 (3) to 2009 (11).¹¹

Figure 9.18: Deaths Due to Intimate Partner Violence, 2000–2009



Source: Santa Clara County Domestic Violence Council, 2009 Death Review Committee Final Report



Homicides and Assaults

What is it?

Homicide is any intentionally caused fatal injury to another person. Assault is an intentionally caused injury to another person that may or may not involve intent to kill.

Why is it important?

Homicide is a serious public health problem in the U.S. It affects people of all ages, from infants to the elderly. In 2006, more than 18,000 people nationwide were victims of homicides.² Many others survive and suffer permanent physical and emotional scars.

In addition, violence negatively affects the community by reducing productivity, decreasing the sense of safety, and causing emotional disturbances among family and friends of the victims.

What is Santa Clara County's status?

In Santa Clara County, there were 51 deaths due to homicide in 2007.⁴ The age-adjusted homicide rate was 3 per 100,000 people, lower than both the national and state rates.⁴ In the U.S., homicide was the 15th leading cause of death, with an age-adjusted mortality rate of 6 per 100,000 people in 2006.³ In California, homicide was the 13th leading cause of death, with an age-adjusted mortality rate of 6 per 100,000 people in 2007.⁴

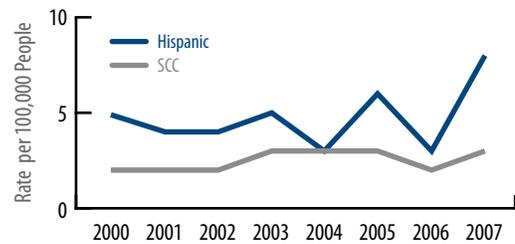
Santa Clara County has achieved the Healthy People 2010 target of reducing homicides to 3 per 100,000 people or fewer.⁵

In 2007, the age-adjusted homicide rate for men was 5 per 100,000 people.⁴ The rate for women is not presented due to the small sample size.

In 2007, Hispanics accounted for 3 in 4 deaths (38 deaths, or 75%) due to homicide in the County, with an age-adjusted homicide rate of 8 per 100,000 people.⁴ The rates for Asians, African Americans, and Whites are not presented due to the small sample sizes.

The age-adjusted homicide rate in Santa Clara County increased from 2 per 100,000 people in 2000 to 3 in 2007.⁴ Among Hispanics, the rate increased from 5 in 2000 to 8 in 2007.⁴

Figure 9.19: Age-Adjusted Homicide Rates for Hispanics Compared to the County, 2000–2007



Source: California Department of Public Health, 2000–2007 Vital Statistics

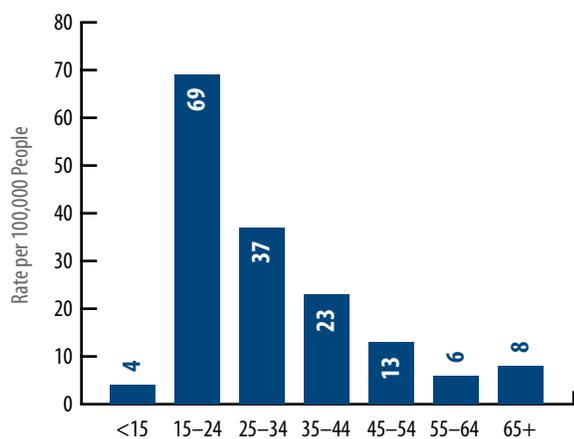
In Santa Clara County, the most common methods used for homicides were firearms (43%) and sharp objects (28%).⁴



Injury Due to Assault

In 2006, there were 389 nonfatal hospitalized injuries due to assaults in Santa Clara County.¹ Those ages 15–24 had the highest rate of nonfatal hospitalized assault injuries (69 per 100,000 people), followed by adults ages 25–34 (37).¹

Figure 9.20: Age-Specific Nonfatal Hospitalized Assault Injury Rates by Age



Source: California Department of Public Health, EpiCenter, 2006 California Injury Data Online

Fighting Among Adolescents

In 2007–08, 20% of middle and high school students had been in a physical fight at school at least once in the past 12 months.⁷ Santa Clara County has achieved the Healthy People 2010 target of reducing physical fights among adolescents to 32% or lower.⁵

A higher percentage of male students (26%) had been in a physical fight at school than female students (13%).⁷ Among racial/ethnic groups, Whites (14%) and Asian/Pacific Islanders (16%) had the lowest percentages of students who had been in a physical fight in the past 12 months.⁷

The percentage of students who had been in a physical fight in the past 12 months decreased with increasing grade level: 26% of seventh-graders, 20% of ninth-graders, and 15% of eleventh-graders.⁷



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- ⁹ Centers for Disease Control and Prevention, National Center for Health Statistics, Compressed Mortality File 1999–2006. CDC WONDER Online Database, compiled from Compressed Mortality File 1999–2006 Series 20 No. 2L, 2009.
- ¹⁰ Santa Clara County Public Health Department, 2005–2006 Behavioral Risk Factor Survey.
- ¹¹ Santa Clara County Domestic Violence Council, 2009 Death Review Committee Final Report.

Chapter 10: Healthy Environments



A healthy environment is a prerequisite for good health. It is especially important for “sensitive” population groups – the very young, the old, and those with chronic health conditions. Poor environmental quality is associated with poor quality of life, higher rates of hospitalizations, and increased mortality.

A healthy environment includes built environments, which are the human-made surroundings that provide the settings for human activity, from homes and neighborhoods to large-scale civic areas. Built environments influence individual behaviors and choices, and ultimately affect the health of residents and the well-being of the community as a whole.

This Chapter discusses the effects on health of two key factors:

- Air quality
- Conditions of neighborhoods in Santa Clara County, including safety and walkability

The Public Health Department supports policies and legislation to implement minimum air quality standards.

Key Findings for Santa Clara County

- In Santa Clara County, particulate matter and ground-level ozone are the primary sources of air pollution.
- The County ranked 34th out of 56 counties ranked in California for physical environment status due to air pollution and other factors.
- One-third of adults in Santa Clara County feel that crime, violence, and drug activity are not a problem at all in their neighborhood.
- More adults living in areas with lower annual household incomes feel that crime, violence, and drug activity are a problem in their neighborhoods, and fewer agree that it is easy to walk in their community.

Air Pollution

What is it?

Air pollution is when the air we breathe is contaminated with chemicals and biological material. There are a number of pollutants including ozone, the main ingredient in smog; particle pollution, which consists of tiny particles that can be inhaled into the lungs; and carbon monoxide, an odorless and colorless gas. Air pollution can be present indoors and outdoors.

The most common air pollutants found in the United States are known as “criteria pollutants.” Of the six criteria pollutants, particulate matter and ground-level ozone are the most widespread health threats. Particulate matter, also known as particle pollution or PM, is made up of a number of components, including acids (such as nitrates and sulfates), organic chemicals, metals, and soil or dust particles.

The third most widespread threat, carbon monoxide, is a mixture of gases and fine particles that is commonly found in combustion fumes produced by cars and trucks, generators, stoves, lanterns, burning charcoal and wood, gas ranges, and heating systems. It is also present in smoke from wildfires or burning debris after natural disasters.

Why is it important?

The smallest particles in air pollutants generally pass through the throat and nose and enter the lungs. Once inhaled, these particles can cause serious health effects. Numerous scientific studies have linked ozone and particle pollution to lung cancer, asthma attacks, heart attacks, strokes, and early death, as well as increased hospitalizations for breathing problems.

Those most at risk when air pollution occurs are children, the elderly, pregnant women, and people with asthma, emphysema, bronchitis, and heart disease. Research has shown that ozone air pollution may actually cause asthma in otherwise healthy children. Carbon monoxide can cause breathing difficulties or coughing and can harm the eyes. It can also cause sudden illness and death.

What is Santa Clara County’s status?

County air quality was rated as good for 192 days, moderate for 76 days, unhealthy for sensitive population groups for six days, and unhealthy for everybody one day during 2008.¹ During the past decade, the number of air quality days rated as good decreased in the County from 305 days in 1998 to 192 in 2008.¹

In 2008, ground-level ozone was the main criteria pollutant in Santa Clara County, followed by fine particulate matter.¹ There were eight days with ground-level ozone concentrations exceeding the national 8-hour standard of 0.075ppm in Santa Clara Valley.^{2,3} According to the Air Quality Index (AQI) report, ground-level ozone was the main pollutant on 62% of the days in 2008 when the Index was measured.¹

The number of days when the fine particulate matter (PM 2.5) concentrations exceeded the national 24-hour standard of 35µg/m³ decreased from 12 days in 2008 to eight days in 2009 in the San Francisco Bay Area.^{2,4}

Table 10.1: Santa Clara County Air Quality Report, Criteria Air Pollutants, 2008

Criteria air pollutant	EPA Air Quality Standards	Santa Clara County Air Quality Report	Standard met or not
Carbon Monoxide	9 ppm (8-hour average)	1.9 ppm	Yes
Nitrogen Dioxide	0.053 ppm (annual mean)	0.015 ppm	Yes
Ozone	0.075 ppm (8-hour average)	0.074 ppm	Yes
PM 2.5	15µg/m ³ (annual mean)	10.31µg/m ³	Yes
PM 10	50µg/m ³ (annual mean)	22µg/m ³	Yes

Source: U.S. Environmental Protection Agency, Air Data, County Air Quality Report – Criteria Air Pollutants, Santa Clara County, 2008

California County Health Rankings show that Santa Clara County ranked 34th out of 56 in the physical environment status measurements.⁵ This ranking was assigned because of unhealthy air pollution days due to ozone and particulate matter, as well as lack of access to healthy foods and a higher density of liquor stores.

Neighborhood Conditions

What is it?

Neighborhood conditions include the safety, walkability, and overall look and feel of a neighborhood. The safety of any neighborhood can be measured by residents’ perception of safety as well as crime statistics for the neighborhood.

Walkability is the degree of ease with which people can walk in the area, and includes safety, comfort, and convenience. Perceived neighborhood safety is associated with higher rates of regular walking.

Why is it important?

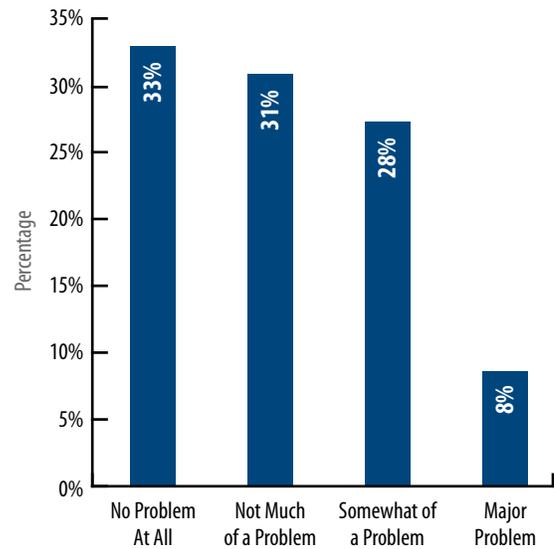
Neighborhood safety is important to maintain and promote social cohesion and quality of life. Neighborhood crime creates fear and distrust among residents. Although no neighborhood is completely immune to crime, it is essential for the health and well-being of a community to have a safe atmosphere. Physical activities and psychological health are supported and promoted in a safe neighborhood.

Walkability provides a variety of benefits such as basic mobility, savings on transportation costs, improved fitness and public health, cleaner air, and a greater sense of community.

What is Santa Clara County’s status?

In 2009, one-third of adults in Santa Clara County reported that crime, violence, and drug activity were not a problem in their neighborhood.⁶ However, 8% of adults reported that these constituted a major problem in their neighborhood.⁶

Figure 10.1: Percentage of Adults Reporting on Neighborhood Safety

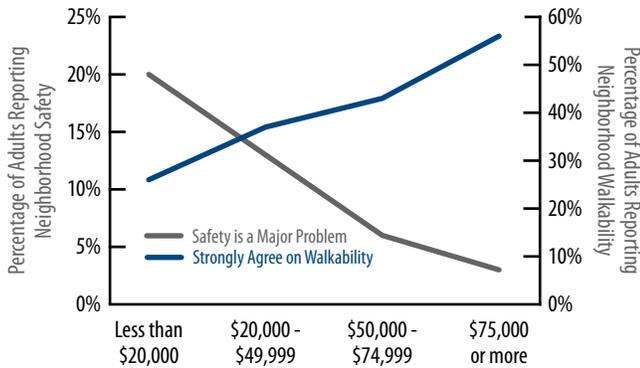


Source: Santa Clara County Public Health Department, 2009 Behavioral Risk Factor Survey

Neighborhood safety was a major problem in areas with lower household incomes. The percentage of adults living in households with annual incomes of less than \$20,000 (20%) who reported that crime, violence, and drug activity were a major problem in their neighborhood was six times higher than the percentage of adults living in households with annual incomes of \$75,000 or more (3%) who reported these activities were a major problem.⁶

Walkability was better in neighborhoods with higher incomes. The percentage of adults living in households with annual incomes of \$75,000 or more who strongly agreed that it was easy to walk in their neighborhood (56%) was about twice the percentage of adults living in households with annual incomes of less than \$20,000 (26%) who strongly agreed that it was easy to walk in their neighborhood.⁶

Figure 10.2: Percentage of Adults Reporting Neighborhood Conditions by Household Income



Source: Santa Clara County Public Health Department, 2009 Behavioral Risk Factor Survey

Overall, more than 9 in 10 adults in Santa Clara County (92%) agreed or strongly agreed that it was easy to walk in their local community.⁶ More than 3 in 4 adults (77%) reported that their neighborhood cleanliness was either excellent or good.⁶

When asked to identify changes that would most improve the health and wellness of people in their neighborhood, 1 in 4 adults suggested adding a public park, bike lane, or sidewalk.⁶ Other common changes suggested were adding better access to fresh produce or farmers’ markets (17%), improving neighborhood safety (15%), improving rundown housing (9%), and vector-control services for rats, flies, and mosquitoes (8%).⁶

References

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Appendix A: Seniors

This report assesses the health status and health behaviors of seniors, and includes comparisons that examine key indicators of older adult health. Adults are considered to be “seniors” when they are ages 65 and older. This segment of the population is growing as people live longer than ever before. In 2009, seniors constituted 11% of the Santa Clara County population. The senior segment in the County is projected to nearly double by 2050 to 21% of the population.

Key Findings for Santa Clara County

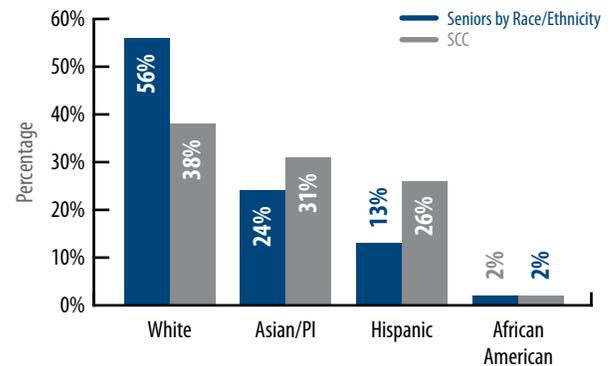
- Seniors comprise 11% of the total population; the number of seniors is projected to double by 2050.
- A higher percentage of male seniors (10%) reported that their health was poor than female seniors (5%).
- The age-specific suicide rate among seniors is 13 per 100,000 people compared to 8 in the total County population.
- Less than half of seniors (48%) reported having dental insurance.
- Half of seniors (49%) reported that they have no major health limitations.
- The age-specific mortality rate due to falls among the oldest group (ages 85 and older) was three times higher than for those ages 75–84, and 50 times higher than for those ages 45–74.

Demographics

Seniors (ages 65 and older) comprise 11% of the total County population. This is comparable to the senior populations of California (11%) and the U.S. (13%).

Of about 192,000 seniors, 56% are women.¹ In terms of race and ethnicity, the senior population is different from the County as a whole, with a considerably higher proportion of Whites and a lower proportion of Hispanics.

Figure A.1: Percentages of Seniors by Race/Ethnicity Compared to Total County Population



Source: U.S. Census Bureau, 2008 American Community Survey 1-Year Estimates

Access to Health Care

Most seniors ages 65 and older are eligible for Medicare coverage offered by the federal government. When Santa Clara County seniors were asked if they had healthcare coverage, 96% reported they were insured.

Among seniors, 3% reported that they did not see a doctor when needed during the past year due to cost or lack of insurance, compared to 13% of all adults in the County. This difference is likely due to the near-universal coverage among seniors. Similarly, 5% of seniors reported that they delayed or did not get medicine when prescribed during the previous year, compared to 10% of adults overall.

When asked whether they had insurance coverage that pays for some or all of their routine dental care, less than half of seniors (48%) stated that they had some dental coverage compared to nearly two-thirds of adults (64%) in the County.

Physical Health Conditions

While 68% of seniors reported that they did not suffer any days of poor physical health or injury in the past 30 days, 12% reported that they had more than 15 days of poor physical health. A higher proportion of men (10%) than women (5%) reported that their health was poor.

Mental Health Conditions

Approximately 5% of seniors reported that they had more than 15 days of poor mental health. About 6% of seniors reported that they were currently receiving counseling from a mental health professional.

Overall, 2% of seniors reported that they had seriously thought about attempting suicide. The actual age-specific suicide rate among seniors is 13 per 100,000 people, compared to 8 for the total population. About 18% of all suicides in Santa Clara County are committed by seniors.²

Nutrition and Physical Activity

A higher percentage of seniors (17%) reported eating at least five servings of fruits and vegetables a day compared to Santa Clara County adults in general (14%). The percentage of female seniors who reported eating five servings of fruits and vegetables a day (23%) was more than double that of male seniors (10%).

In Santa Clara County, nearly 2 in 5 (39%) adults reported performing moderate physical activity for at least 30 minutes per day five or more days per week. Similarly, 38% of seniors reported performing moderate physical activity for at least 30 minutes per day five or more days per week.

Chronic Conditions

Nearly half of seniors (49%) reported that they had no major health limitations. The most frequently reported health limitations were arthritis, walking problems, back or neck problems, and diabetes.

Table A.1: Most Common Health Problems Reported by Seniors

Health Problem	Percentage Reporting
Arthritis	9%
Walking problems	6%
Back or neck problems	5%
Diabetes	5%

Source: Santa Clara County Public Health Department, 2009 Behavioral Risk Factor Survey

Diabetes

While 5% of seniors claimed diabetes as a major problem, 1 in 5 seniors (20%) reported being told by a doctor that they have diabetes. A higher proportion of male seniors (29%) reported being told they have diabetes than female seniors (14%). On average, seniors had been told of their diabetes at age 59.

Proper diabetes management by patients and their health professionals is key to reducing serious complications.

Table A.2: Diabetes Management Practices of Seniors

Diabetes Management Practices	Percentage Reporting
Take insulin	33%
Take diabetes pills	86%
Have taken a course on managing their diabetes	62%
Had been checked for A1C	69%
Check their glucose at least daily	65%
Have seen a health professional about diabetes in the past year	88%

Source: Santa Clara County Public Health Department, 2009 Behavioral Risk Factor Survey

Retinopathy (damage to the retina of the eye) is a complication of diabetes, and vigilant monitoring of the eyes and appropriate treatment is recommended. Of seniors with diabetes, 24% reported some visual consequence to their diabetes and 81% reported undergoing an eye exam during the past year.

Other Morbidities

Seniors in Santa Clara County reported on other major morbidities, including angina, coronary heart disease, heart attack, stroke, high blood pressure, and high blood cholesterol.

Table A.3: Major Morbidities of Seniors

Major Morbidities	Percentage Reporting
Had been told they have high blood pressure	62%
Had been told they have high blood cholesterol	56%
Had been told they have angina or coronary heart disease	11%
Had been told they had suffered a heart attack	8%
Had been told they have had a stroke	6%

Source: Santa Clara County Public Health Department, 2009 Behavioral Risk Factor Survey

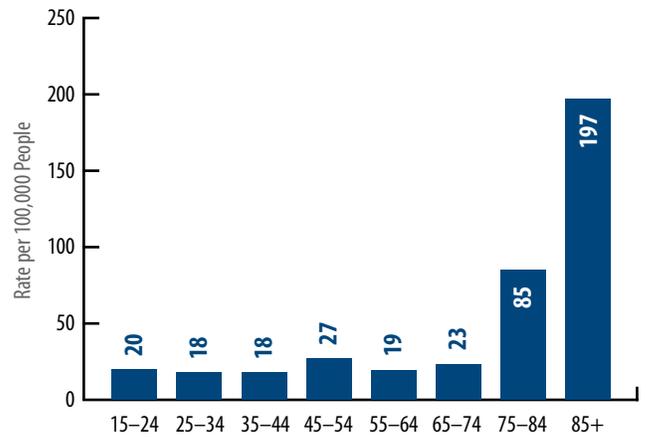
Cancer Screening

Seventy-five percent (75%) of seniors reported that they had ever had a sigmoidoscopy or colonoscopy, and 90% of male seniors reported receiving a prostate-specific antigen test.

Injuries

The mortality rate due to unintentional injuries increased sharply with age. In 2007, the age-specific mortality rate due to unintentional injuries for adults ages 85 and older was more than 10 times higher than the rate for ages 15-44 and 55-64, and twice the rate for those ages 75-84.³

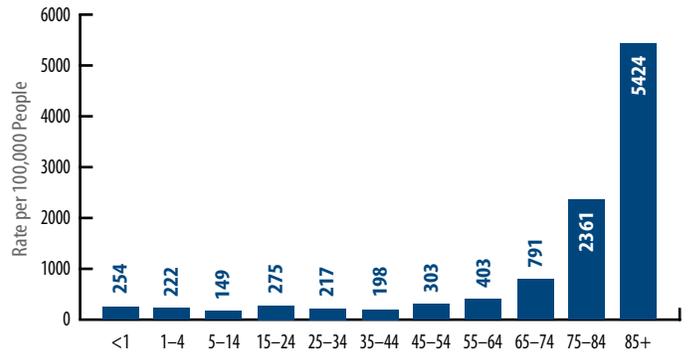
Figure A.2: Age-Specific Mortality Rates Due to Unintentional Injuries by Age



Source: California Department of Public Health, 2007 Vital Statistics

Similarly, hospitalizations due to unintentional injuries increased sharply with age. The hospitalization rate for adults ages 85 and older was twice the rate for those ages 75-84 and seven times the rate for those ages 65-74.²

Figure A.3: Age-Specific Hospitalization Rates for Nonfatal Unintentional Injuries by Age

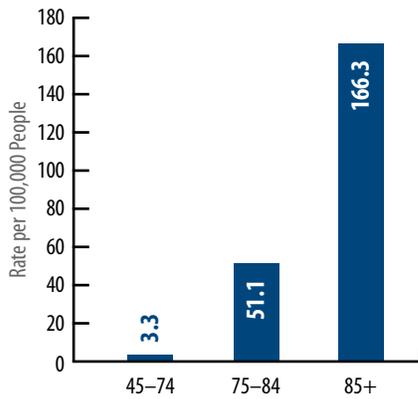


Source: California Department of Public Health, EpiCenter, 2007 California Injury Data Online

Unintentional Falls

Fatal fall injuries are more common among older adults. In 2007, the age-specific mortality rate due to falls among adults ages 85 and older was more than three times higher than among those ages 75-84 and more than 50 times higher than among those ages 45-74.³

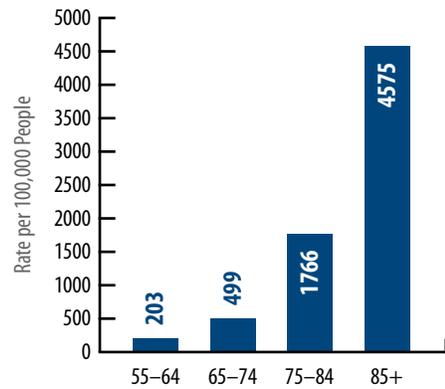
Figure A.4: Age-Specific Mortality Rates Due to Falls by Age



Source: California Department of Public Health, 2007 Vital Statistics

In 2006, unintentional falls were the most common nonfatal hospitalized injuries in Santa Clara County (44%). Also, more than half (54%) of all unintentional nonfatal injuries were due to falls. Nonfatal hospitalized fall injuries are more common among older adults. The age-specific hospitalization rate for nonfatal fall injuries among adults ages 85 and older was nearly three times higher than for those ages 75-84, and 10 to 20 times higher than among other age groups.²

Figure A.5: Age-Specific Hospitalization Rates Due to Nonfatal Fall Injuries by Age

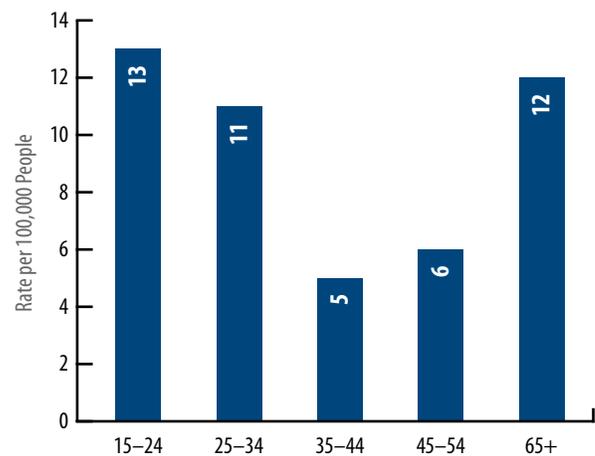


Source: California Department of Public Health, EpiCenter, 2007 California Injury Data Online

Motor Vehicle Traffic Injuries

In 2007, young adults had the highest age-specific mortality rate due to motor vehicle traffic injuries in Santa Clara County, followed closely by the senior population. The age-specific mortality rate due to motor vehicle traffic injuries for ages 15-24 was 13 per 100,000 people and 12 for ages 65 and older.³

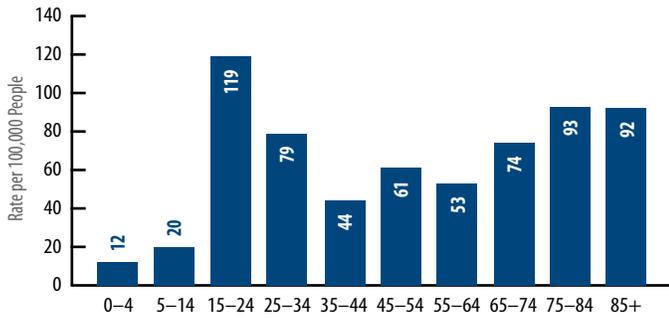
Figure A.6: Age-Specific Mortality Rates Due to Motor Vehicle Traffic Injuries by Age



Source: California Department of Public Health, 2007 Vital Statistics

In Santa Clara County, the highest age-specific hospitalization rate for nonfatal motor vehicle traffic injuries was among teens and young adults ages 15-24, followed closely by the senior population. In 2006, the age-specific hospitalization rate for nonfatal motor vehicle traffic injuries for those ages 15-24 was 119 per 100,000 people. The rates for seniors were 93 for ages 75-84 and 92 for ages 85 and older.²

Figure A.7: Age-Specific Hospitalization Rates for Nonfatal Motor Vehicle Traffic Injuries by Age



Source: California Department of Public Health, EpiCenter, California Injury Data Online

References

- ¹ U.S. Census Bureau, 2008 American Community Survey 1-Year Estimates.
- ² California Department of Public Health, EpiCenter, California Injury Data Online.
- ³ California Department of Public Health, 2007 Vital Statistics.

Appendix B: Asian Populations

The primary goal of this section is to identify and highlight the health disparities that exist among the diverse Asian/Pacific Islander subgroups, which are otherwise not apparent when they are categorized together.

The term “Asian” refers to individuals who have origins in any of the countries of the Far East, Southeast Asia, or the Indian subcontinent, while the term “Pacific Islander” refers to individuals who have origins in Hawaii, Guam, Tonga, Samoa, or other Pacific Islands. Therefore, the term “Asian/Pacific Islander” is broadly used to describe a very culturally and genetically heterogeneous group.

When categorized as a single group, Asian/Pacific Islanders typically have better health outcomes compared to the other major racial and ethnic groups (White, African American, and Hispanic). However, that is not necessarily accurate for the subsets of this population group.

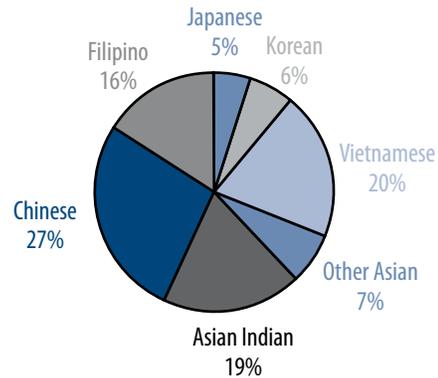
Key Findings for Santa Clara County

- Asians in Santa Clara County enjoy higher economic status and better health than other racial/ethnic groups; however, this is often not the case for Pacific Islanders.
- Chinese, Japanese, and Asian-Indian residents have better health outcomes than the other major racial/ethnic groups.
- Health disparities between Asian/Pacific Islander subgroups are more extreme than among the major racial/ethnic groups.
- Filipinos report generally lower overall health, are less likely to eat fruits and vegetables, are at higher risk for binge drinking, and are more likely to be overweight or obese than other Asian/Pacific Islander subgroups.
- Vietnamese are most likely to lack health insurance and to experience food insecurity and homelessness compared to other Asian/Pacific Islander subgroups.
- The rate of suicide attempts among Pacific Islander youth was higher than for any other subgroup, and they have the highest rates of overweight and obesity.
- Cambodian youth report higher rates of current cigarette use and sexual activity compared to other subgroups.

Demographics

In 2008, Asians made up 31% of the County population and Pacific Islanders represented 0.3% of the County population. Among residents of Santa Clara County’s Asian community, 27% were Chinese, 20% Vietnamese, 19% Asian Indian, and 16% Filipino.

Figure B.1: Percent Distribution of Asian/Pacific Islander Ethnicities in Santa Clara County



Source: U.S. Census, 2008 American Community Survey 1-Year Estimates

More than 7 in 10 Asian/Pacific Islanders in Santa Clara County were born outside the U.S. and more than 20% of the total County population spoke an Asian language at home.¹

Hunger and Homelessness

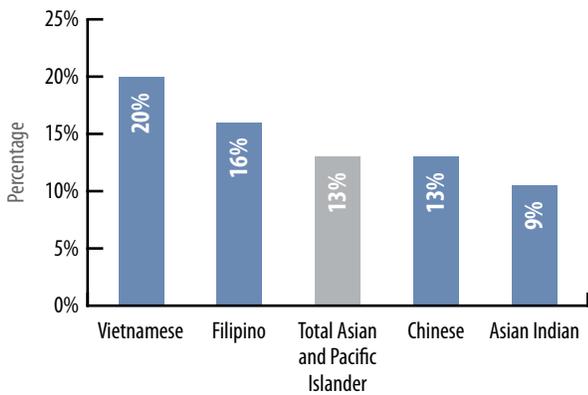
In 2009, 3% of Asian/Pacific Islander adults reported that there was a time in the past year when they were hungry but could not afford enough food, compared to 4% of Whites and 6% of Hispanics. However, 9% of Vietnamese adults reported not being able to afford food and being hungry.

Less than 1% of Asian/Pacific Islander adults reported being homeless or displaced due to a variety of reasons, including foreclosure; however, more than 3% of Vietnamese reported this.

Access to Health Care

A lower percentage of Asian/Pacific Islander adults (13%) were uninsured compared to Hispanics (37%), while 8% of White adults lacked health insurance of any kind. Among Asian/Pacific Islanders, Vietnamese (20%) and Filipino (16%) adults reported the highest percentage of uninsured residents while Asian-Indian adults reported the lowest percentage (9%).

Figure B.2: Percent Distribution of Residents Without Healthcare Coverage by Asian/Pacific Islander Subgroup



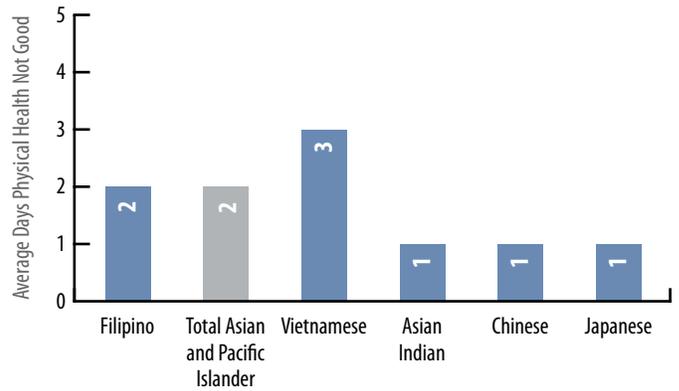
Source: Santa Clara County Public Health Department, 2009 Behavioral Risk Factor Survey

In 2009, 1 in 3 Asian/Pacific Islander adults (34%) reported that they needed to see a doctor because of illness or injury in the past 12 months compared to Whites (51%) and Hispanics (28%). Overall, a lower percentage of Asian/Pacific Islander adults (9%) reported that they needed to see a doctor but could not because of cost or lack of insurance during the past six months compared to Hispanics (22%). However, this was slightly higher than for Whites (7%).

Perception of Health

Asian/Pacific Islander adults reported fewer average days in the past 30 days when their health was “not good” compared to other ethnic groups. Filipinos reported the highest mean (average) number of days that their health was not good (2.8), while Japanese reported the lowest (0.8).

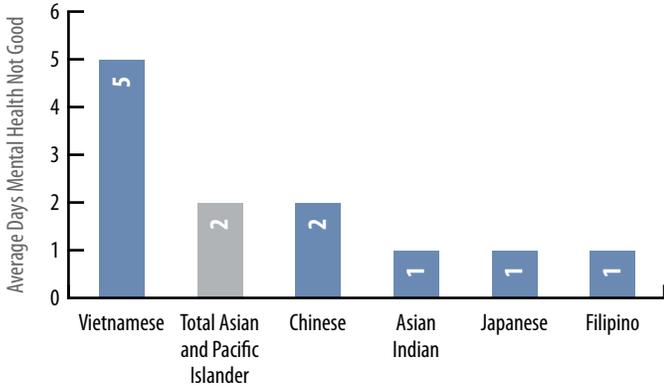
Figure B.3: Average Days in the Past Month When Physical Health Was Not Good by Asian/Pacific Islander Subgroup



Source: Santa Clara County Public Health Department, 2009 Behavioral Risk Factor Survey

Vietnamese adults reported a higher mean (average) number of days (5.1) that their mental health was not good for reasons of stress, depression, and emotional problems.

Figure B.4: Average Days in the Past Month When Mental Health Was Not Good by Asian/Pacific Islander Subgroup

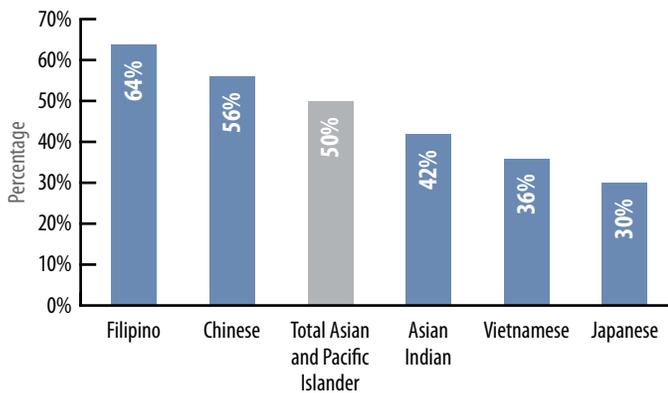


Source: Santa Clara County Public Health Department, 2009 Behavioral Risk Factor Survey

Nutrition

A higher percentage of Asian/Pacific Islander adults consumed fewer than three servings of fruits and vegetables the previous day (50%) compared to Whites (43%). Among the Asian subgroups, Filipinos reported the highest percentage of those who consumed fewer than three servings of fruits and vegetables (64%).

Figure B.5: Percent Distribution of Residents Who Consumed Less Than Three Servings of Fruit and Vegetables the Previous Day by Asian/Pacific Islander Subgroup

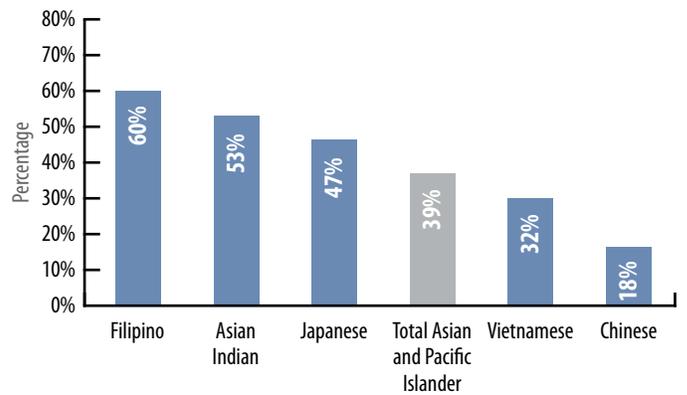


Source: Santa Clara County Public Health Department, 2009 Behavioral Risk Factor Survey

Overweight and Obesity

A lower percentage of Asian/Pacific Islander adults (39%) were overweight or obese than adults in the County overall (55%). Among all Asian/Pacific Islander subgroups, Chinese adults had the lowest percentage of those who were overweight or obese at 18%, while Filipinos had the highest percentage at 60%.

Figure B.6: Percent Distribution of Residents Who Were Overweight or Obese by Asian/Pacific Islander Subgroup



Source: Santa Clara County Public Health Department, 2009 Behavioral Risk Factor Survey

Smoking and Tobacco Use

A lower percentage of Asian/Pacific Islander adults (8%) smoke cigarettes compared to Hispanics (9%), and Whites (11%).

Alcohol Consumption

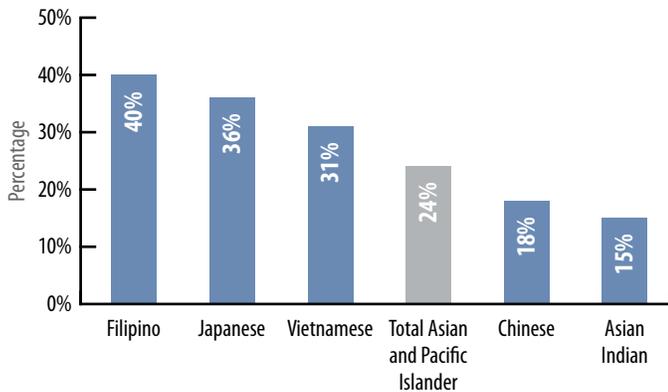
About half (52%) of Asian adults reported that they had not had any alcoholic beverages during the past 30 days. This is higher than the percentage of White adults (29%) and similar to that of African Americans (45%) and Hispanics (51%).

Filipinos are most at risk for binge drinking. Nearly half of Filipino adults said they had consumed five or more drinks on one occasion in the past 30 days (48%).

High Blood Pressure

A lower percentage of Asian/Pacific Islander adults have high blood pressure (24%) than Whites (33%), although the percentage was higher than that of Hispanics (15%). Filipino (40%), Japanese (36%), and Vietnamese (31%) adults had the highest rates of high blood pressure among Asian/Pacific Islanders.

Figure B.7: Percent Distribution of Adults Diagnosed with High Blood Pressure by Asian/Pacific Islander Subgroup



Source: Santa Clara County Public Health Department, 2009 Behavioral Risk Factor Survey

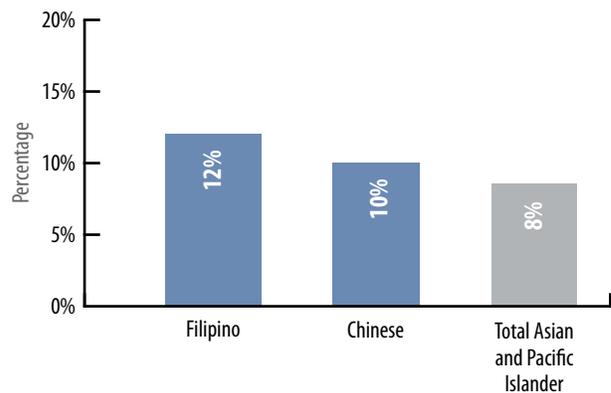
Diabetes

In 2009, 16% of Asian/Pacific Islander adults reported that they have pre-diabetes. This was a higher percentage than for Whites (13%) and Hispanics (15%). A total of 5% of Asian/Pacific Islander adults had been diagnosed with diabetes compared to 7% of Whites and 11% of Hispanics.

Asthma

In 2009, a smaller percentage of Asian/Pacific Islander adults had been diagnosed with asthma (9%) than Whites (20%) or Hispanics (10%).

Figure B.8: Percent Distribution of Adults Diagnosed with Asthma by Asian/Pacific Islander Subgroup



Source: Santa Clara County Public Health Department, 2009 Behavioral Risk Factor Survey

Asian Youth Profile

Data in this section is taken from the 2007–08 California Healthy Kids Survey, in which more than 11,000 Asian/Pacific Islander youth in the ninth and eleventh grades participated.

With this information on Asian/Pacific Islanders, service providers and policymakers can develop and support linguistically and culturally appropriate strategies to better serve the needs of specific subgroups of Asian/Pacific Islander youth. As resources run scarce, stakeholders need to strategically collaborate to ensure comprehensive prevention and treatment services for all Asian/Pacific Islander residents, particularly the most at risk in our communities.

Demographics

In 2008, there were more than 82,000 Asian/Pacific Islander children and youth enrolled in Santa Clara County public schools, which represents a 30% increase since 1997. They make up the second highest percentage of English Language Learners in Santa Clara County after Hispanics.²

Access to Health Care

Lower percentages of Cambodian/Laotian (42%) and Korean (46%) youth reported having routine checkups in the past 12 months, whereas more than 60% of Asian-Indian, Chinese, and Japanese youth had a routine checkup.

In addition, lower percentages of Cambodian/Laotian (68%), Pacific Islander (68%), and Korean (70%) youth had a dental check up in the past 12 months compared to other Asian/Pacific Islander subgroups.

Nutrition and Physical Activity

In 2007–08, a higher proportion of Pacific Islander youth (48%) was obese or overweight (with a BMI \geq 25) than Hispanic (34%) and African-American (36%) youth. The percentage for Pacific Islander youth was nearly 10 times higher than the Healthy People 2010 target of 5%.

Higher percentages of Japanese (78%) and Pacific Islander (75%) youth engaged in vigorous physical activity three or more days a week for 20 or more minutes. Chinese (36%), Korean (35%), and Asian Indians (33%) were least likely to watch TV or play video games for two hours or longer on an average school day.

Asian-Indian youth reported the highest rate (45%) of consumption of three or more vegetables per day; however, this was still below the Healthy People 2010 target of 50%. Filipino youth had the lowest rate of daily vegetable (28%) and fruit (48%) consumption. Chinese (61%) and Korean (65%) youth had the highest rate of consumption of at least two or more fruits daily, still below the Healthy People 2010 target of 75%.

Asthma

In 2007–08, higher percentages of Filipino (26%), Japanese (22%), and Pacific Islander (24%) youth had asthma as reported by a doctor, whereas Korean youth (7%) had the lowest percentage.

Substance Abuse

Cambodian/Laotians and Pacific Islanders had the highest rates of substance use in the past 30 days compared to any other subgroup: marijuana use (11% and 14%), alcohol use (28% and 33%), and binge drinking (13% and 16%). Asian-Indian and Chinese youth generally had the lowest rates of current substance use. Cigarette smoking was the highest among Cambodian/Laotians (17%), followed by Filipinos (10%).

Alcohol consumption remained relatively stable for Asian/Pacific Islanders as a group, although it has been rising since 2003 among Pacific Islander, Japanese, and Cambodian youth.

Suicide

Nearly 13% of Pacific Islander youth had attempted suicide in the past year, higher than any other Asian/Pacific Islander subgroup, and higher than the overall County rate of 8%. Asian-Indian (4%) and Chinese (4%) youth had the lowest rates of attempted suicide, but their percentages were still much higher than the Healthy People 2010 target of 1%. For each subgroup, the percentage of students who seriously considered suicide in the past year (11–21%) was nearly twice the percentage of students who actually attempted suicide.

References

¹ U.S. Census Bureau, 2008 American Community Survey 1-Year Estimates.

² Santa Clara County Office of Education, Facts About Santa Clara County Public Schools.

Appendix C: City Reports

This Appendix presents a snapshot of demographics, health behaviors, and key health indicators for residents of San Jose, Gilroy, Mountain View, and Sunnyvale. To get a clearer picture of the health status of residents who live there, Community Benefits Coalition partners provided the support needed to oversample residents in Gilroy, Mountain View, and Sunnyvale. The sample size from the City of San Jose was already sufficient to create a health report for that city. This information is intended to encourage discussion about actions to improve the health of these communities.

San Jose

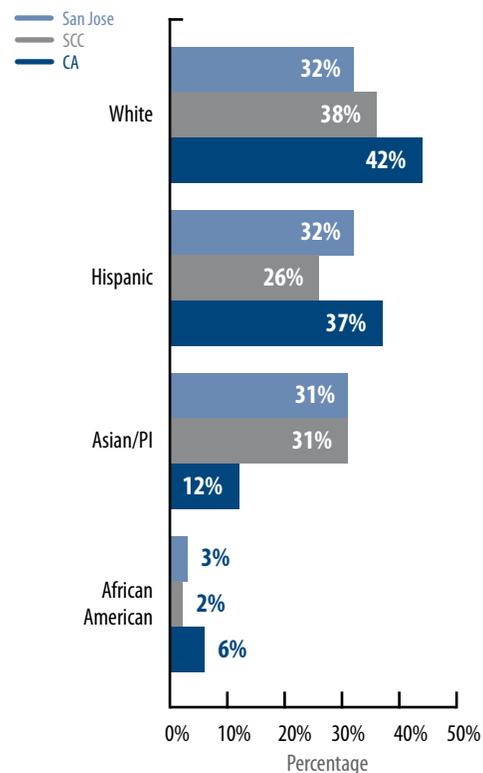
Key Findings

- More than half of San Jose residents speak a language other than English at home.
- Income is lower and poverty rates are higher for San Jose residents compared to residents of the rest of the County.
- San Jose has a higher percentage of births to low-income mothers and teen mothers compared to the County.
- Fifty-eight (58%) percent of adults in San Jose are overweight or obese.
- Nine in 10 residents surveyed agree that it is easy to walk in their San Jose neighborhood, and 4 in 5 reported their neighborhood cleanliness as “good” or “excellent.”

Demographics

San Jose’s 1 million residents make up more than half the population of Santa Clara County. San Jose’s Asian residents comprise 31% of the city’s population, Whites 32%, African Americans 3%, and Hispanics 32%.

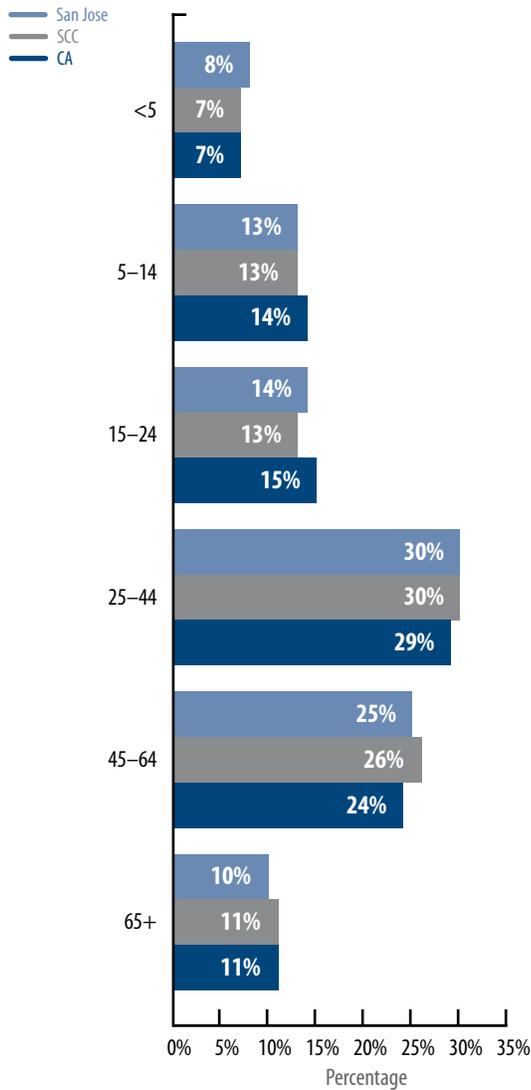
Figure C.1: Population of San Jose by Race/Ethnicity Compared to Santa Clara County and California



Source: U.S. Census Bureau, 2008 American Community Survey 1-Year Estimates

The population age distribution is similar to that of the County and California: 15% are ages 15-24, 30% are ages 25-44, and 25% are ages 44 and older. One in 10 San Jose residents is ages 65 and older.

Figure C.2: Population of San Jose by Age Compared to Santa Clara County and California

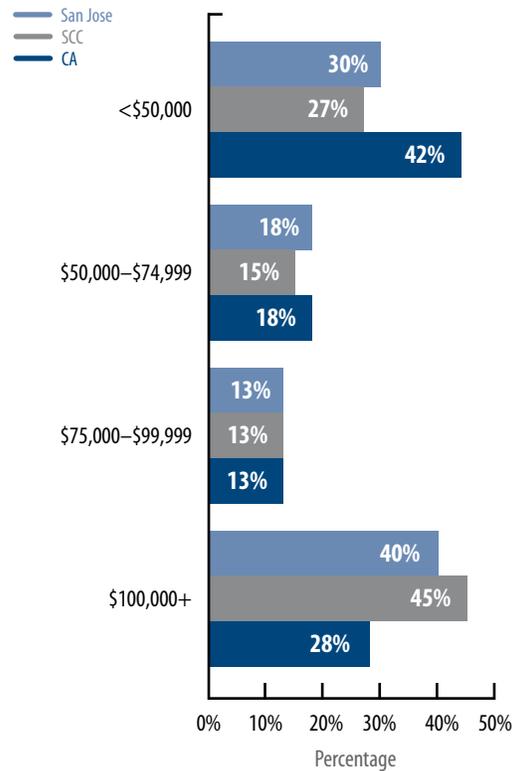


Source: U.S. Census Bureau, 2008 American Community Survey 1-Year Estimates

In 2008, San Jose’s median household income was \$80,616, which was lower than the County median household income of \$88,846. Forty-eight percent (48%) of the households in San Jose earned annual incomes of less than \$75,000 in the past 12 months, compared to 42% in the County and 60% in California.

Nearly 1 in 4 San Jose residents (23%) lived below 200% of the Federal Poverty Level compared to 19% in the County and 32% in California. About 3 in 10 children in San Jose ages 17 and younger (29%) lived below 200% of the Federal Poverty Level, compared to 22% in the County and 41% in California.

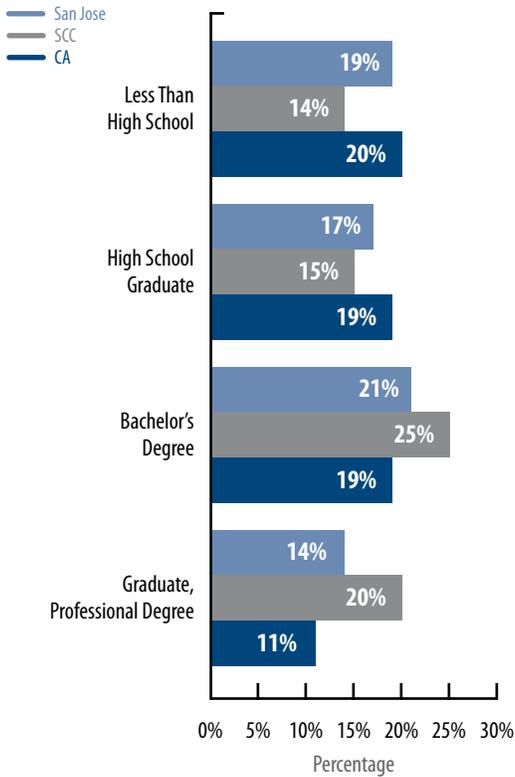
Figure C.3: Household Income in San Jose Compared to Santa Clara County and California



Source: U.S. Census Bureau, 2008 American Community Survey 1-Year Estimates

In San Jose, more than one-third of adults (36%) had a high school education or less in 2008, compared to 29% in the County and 39% in California.

Figure C.4: Educational Attainment in San Jose Compared to Santa Clara County and California



Source: U.S. Census Bureau, 2008 American Community Survey 1-Year Estimates

Thirty-eight (38%) percent of San Jose residents were born outside the United States. Among San Jose’s foreign-born residents, 58% were born in Asia and 33% were born in Latin America. Among residents ages 5 and older, more than half (54%) spoke a language other than English at home and 26% reported that they did not speak English “very well.”

Access to Health Care

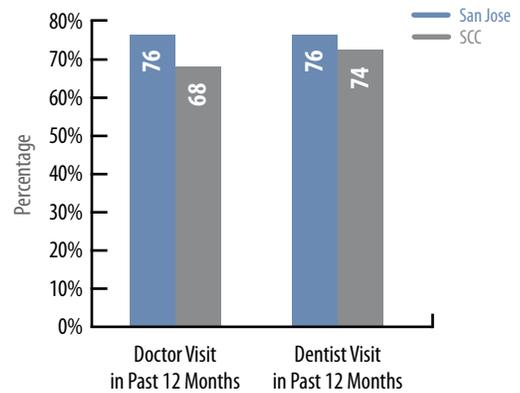
In 2009, about 15% of San Jose adults ages 64 and younger reported that they do not have any healthcare insurance, compared to 21% in the County and 20% in California. Three-quarters of adults in San Jose (76%) reported that they had visited a doctor for a routine checkup within the past 12 months compared to 68% of adults in the County.

A lower percentage of adults in San Jose (8%) reported that there was a time in the past 12 months when they needed to see a doctor but couldn’t because of the cost or lack of insurance compared to 13% in the County overall.

A lower percentage of adults in San Jose (8%) reported that they delayed or did not get a medicine that a doctor prescribed in the past 12 months compared to 10% in the County overall. Among those adults, more than 2 in 3 (68%) reported that the reason for delaying or not getting the prescription was cost or lack of insurance.

In 2009, 64% of the adults in San Jose reported that they had dental health coverage. Three in 4 adults in San Jose (76%) reported that they had visited the dentist or a dental clinic within the past 12 months.

Figure C.5: Percentage of Adults in San Jose Who Visited a Doctor or Dentist in the Past 12 Months Compared to Santa Clara County



Source: Santa Clara County Public Health Department, 2009 Behavioral Risk Factor Survey

Maternal, Infant, and Child Health

In 2005, 3 in 5 babies born in Santa Clara County were born to mothers living in San Jose.

Table C.1: Health Status Indicators of New Mothers and Infants in San Jose Compared to Santa Clara County and Healthy People 2010 Targets

Health Status Indicator	San Jose	Percentage	SCC	Percentage	HP2010
Total births	15,632	17 per 1,000 people	26,533	15 per 1,000 people	-
Births to mothers <18 years	352	2.3%	461	1.7%	-
Low-income deliveries	5,347	34%	7,374	28%	-
Race/ethnicity of mother					
White	3,103	20%	6,351	24%	-
African American	354	2%	536	2%	-
Hispanic	7,158	46%	9,566	36%	-
Asian	4,499	29%	8,505	32%	-
Preterm births (<37 weeks of gestation)	1,896	12%	3,186	12%	7.6%
Inadequate prenatal care	3,874	25%	6,435	25%	10%
Low birth weight (<2.5 kg)	1,016	7%	1,739	7%	5%
Received prenatal care during first trimester	13,240	85%	23,141	87%	90%

Source: Santa Clara County Public Health Department, 2005 Birth Database

Behavioral Risk Factors and Health

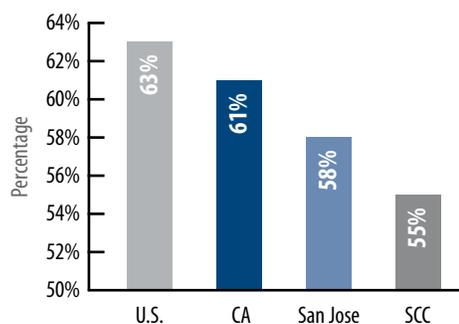
In 2009, more than half of the adults in San Jose (57%) reported their health as “very good” or “excellent.” However, 36% reported having a major impairment or health problem that limits their activities.

Adults in San Jose reported fewer average days when their physical health was “not good” (2.2) compared to adults in the County (2.3). They also reported fewer average days when their mental health was “not good” (2.8) compared to the County (3).

A lower percentage of adults living in San Jose (38%) reported eating at a fast food restaurant at least once a week compared to adults in the County (40%). Twelve percent (12%) reported they consumed five or more servings of fruits and vegetables a day compared to 14% of adults in the County.

More adults in San Jose reported not performing any vigorous physical activity (57%) compared to adults in the County (46%). More than half of adults in San Jose are overweight or obese (58%).

Figure C.6: Percentage of Overweight or Obese Adults in San Jose Compared to Santa Clara County, California, and the U.S.



Source: Santa Clara County Public Health Department, 2009 Behavioral Risk Factor Survey

In several risk categories measured, San Jose adults demonstrated a slightly higher risk profile than people in the County overall; however, San Jose adults may be less at risk in terms of binge drinking, drunk driving, and asthma.

Table C.2: Health Risks of San Jose Residents Compared to Santa Clara County, California, and the Healthy People 2010 Targets

Health Risk	San Jose (2009)	SCC (2009)	California (2008)	HP2010
Binge drinking, past month	19%	25%	16%	6%
Ever told have diabetes	12%	8%	9%	-
Ever told have asthma	13%	14%	14%	-
Ever had heart attack	3.4%	2.7%	3.2%	-
Ever told have high blood pressure	30%	26%	25% (2007)	16%
Ever told have high blood cholesterol	30%	29%	22% (2005)	17%
Drove after drinking, past month	2%	4%	-	-
Smoked 100 cigarettes, lifetime	37%	31%	-	-
Current smokers	11%	10%	14%	12%

Source: Santa Clara County Public Health Department, Behavioral Risk Factor Survey, 2009; Centers for Disease Control and Prevention, 2007-08 Behavioral Risk Factor Surveillance System; UCLA Center for Health Policy Research, 2005 California Health Interview Survey; Healthy People 2010

Healthy Environments

Four in 5 adults in San Jose reported the cleanliness of their neighborhoods as “good” or “excellent.” Nearly 9 in 10 (88%) agree that it is easy to walk in their local community. However, 6% of those surveyed reported that crime, violence, or drug activity is a major problem in their neighborhood.

One in 4 adults in San Jose stated that adding a public park, bike trail, or sidewalk would bring the most improvement in the health and wellness of people in their neighborhood. Other reported factors that would improve the health and wellness of residents were better access to fresh produce or farmers’ markets (16%) and improving neighborhood safety (14%).

Gilroy

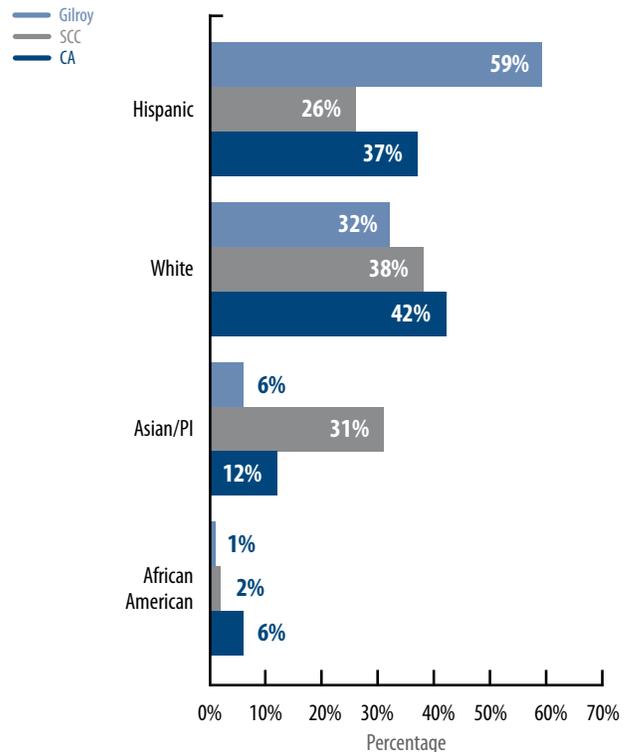
Key Findings

- Gilroy has a relatively young population, with 27% of residents ages 14 and younger.
- Hispanics represent 59% of Gilroy’s population and 68% of newborns.
- The educational and income levels of Gilroy residents are low compared to the County population as a whole.
- Sixty-six percent (66%) of Gilroy adults are overweight or obese.
- Gilroy adults report higher rates of asthma, smoking, binge drinking, diabetes, high blood pressure, and high blood cholesterol than the County population as a whole.

Demographics

About 52,000 people, or 2.8% of the County population, lived in Gilroy in 2009. Gilroy has a larger Hispanic population (59%) than the County (26%) and California (37%). Gilroy has a lower percentage of Whites (32%) than the County (38%) and California (42%). Gilroy has a lower percentage of Whites (32%) than the County (38%) and California (42%).

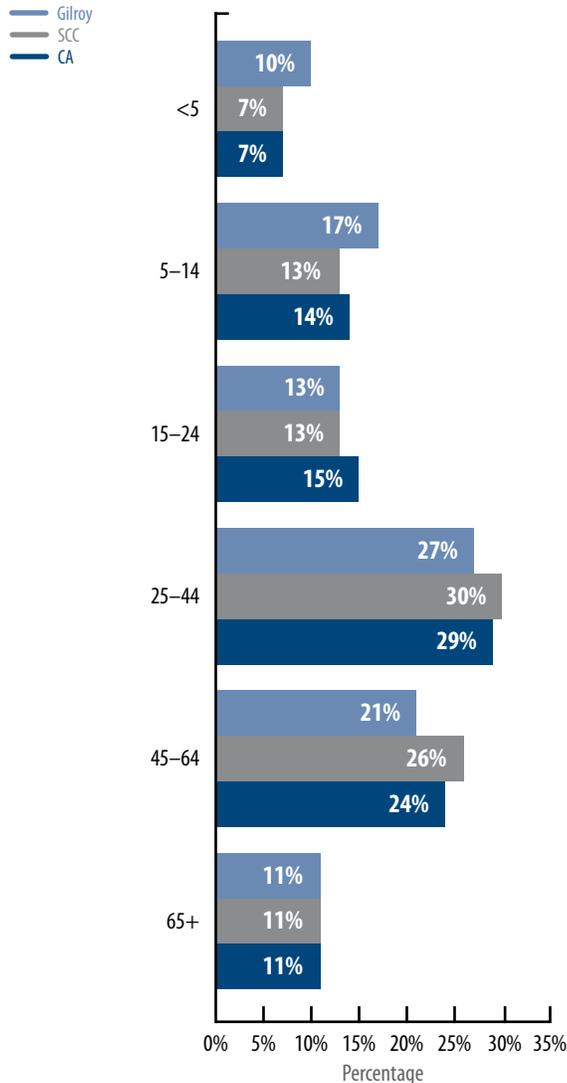
Figure C.7: Population of Gilroy by Race/Ethnicity Compared to Santa Clara County and California



Source: U.S. Census Bureau, 2006-2008 American Community Survey 3-Year Estimates

Gilroy's population age distribution shows that the city has a younger population than Santa Clara County and California. Forty percent (40%) are ages 24 and younger, and about one-third (32%) are ages 45 and older. About 1 in 10 Gilroy residents (11%) is age 65 and older.

Figure C.8: Population of Gilroy by Age Compared to Santa Clara County and California

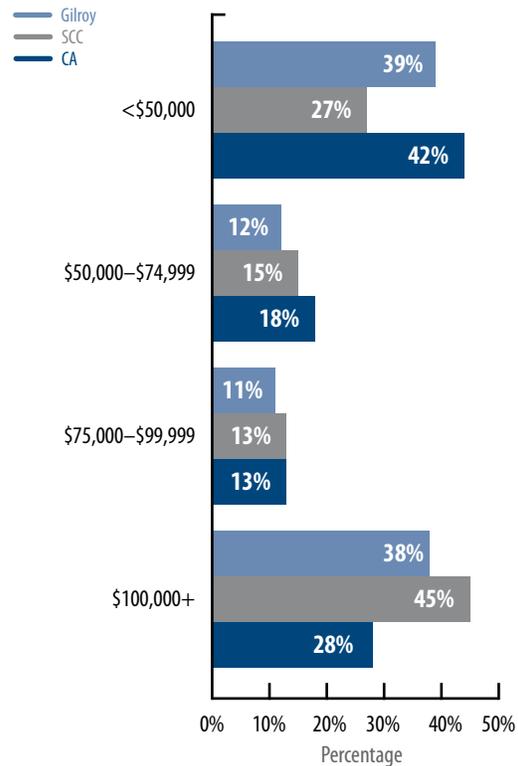


Source: U.S. Census Bureau, 2006-2008 American Community Survey 3-Year Estimates

In 2006-08, Gilroy's median household income was \$71,707, lower than the County's median household income of \$88,846. More than half of the households in Gilroy (51%) earned annual incomes of less than \$75,000 in the past 12 months, compared to 42% in the County and 60% in California.

About 3 in 10 residents in Gilroy (29%) lived below 200% of the Federal Poverty Level compared to 19% in the County and 32% in California. More than one-third of the children ages 17 and younger in Gilroy (35%) lived below 200% of the Federal Poverty Level, compared to 22% in the County and 41% in California.

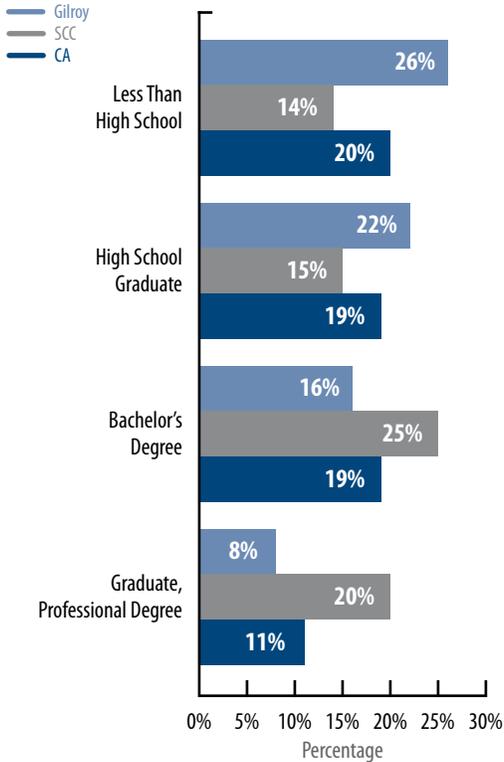
Figure C.9: Household Income in Gilroy Compared to Santa Clara County and California



Source: U.S. Census Bureau, 2006-2008 American Community Survey 3-Year Estimates

Formal educational attainment in Gilroy is lagging relative to the County and state: nearly half of Gilroy adults ages 25 and older (48%) have a high school education or less.

Figure C.10: Educational Attainment in Gilroy Compared to Santa Clara County and California



Source: U.S. Census Bureau, 2006-2008 American Community Survey 3-Year Estimates

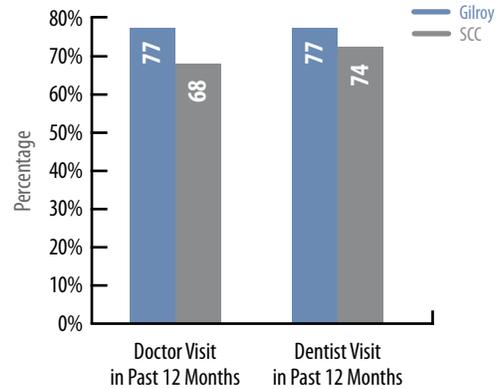
About a quarter of Gilroy residents (24%) were born outside the United States. Among residents ages 5 and older, about 44% spoke a language other than English at home.

Access to Health Care

In 2009, about 19% of Gilroy adults ages 64 and younger reported that they do not have any healthcare insurance compared to 21% in the County and 20% in California. More than two-thirds of adults in Gilroy (77%) reported that they visited a doctor for a routine checkup within the past 12 months compared to 68% of adults in the County. About 1 in 10 adults in Gilroy reported that they had delayed or did not get a medicine that a doctor prescribed in the past 12 months (10%).

In 2009, 68% of adults in Gilroy reported they had dental health coverage. Seventy-seven percent (77%) reported they had visited the dentist or a dental clinic within the past 12 months compared to 74% of adults in the County.

Figure C.11: Percentage of Adults in Gilroy Who Visited a Doctor or Dentist in the Past 12 Months Compared to Santa Clara County



Source: Santa Clara County Public Health Department, 2009 Behavioral Risk Factor Survey

Maternal, Infant, and Child Health

In 2005, about 4% of babies born in Santa Clara County were born to mothers living in Gilroy. Gilroy had a higher percentage (3.6%) of teenage mothers (ages 17 and younger) than the County (1.7%). Gilroy had higher percentage of births to Hispanic mothers (68%) than the County (36%).

More births to low-income mothers were also reported in Gilroy (48%) than in the County (28%). A higher percentage of mothers in Gilroy (18%) did not receive any prenatal care during the first trimester compared to mothers in the County (13%).

Table C.3: Health Status Indicators of New Mothers and Infants in Gilroy Compared to Santa Clara County and Healthy People 2010 Targets

Health Status Indicator	Gilroy	Percentage	SCC	Percentage	HP2010
Total births	942	21 per 1,000 people	26,533	15 per 1,000 people	-
Births to mothers <18 years	34	3.6%	461	1.7%	-
Low-income deliveries	449	48%	7,374	28%	-
Race/ethnicity of mother					
White	213	23%	6,351	24%	-
African American	11	1.2%	536	2%	-
Hispanic	636	68%	9,566	36%	-
Asian	63	6.7%	8,505	32%	-
Prenatal care during first trimester	773	82%	23,141	87%	90%
Inadequate prenatal care	238	26%	6,435	25%	10%
Low birth weight (<2.5 kg)	64	6.8%	1,739	7%	5%
Preterm births (<37 weeks of gestation)	126	13%	3,186	12%	7.6%

Source: Santa Clara County Public Health Department, 2005 Birth Database

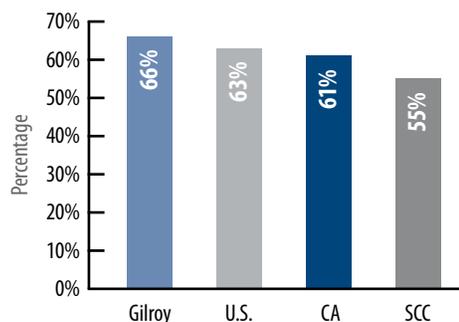
Behavioral Risk Factors and Health

In 2009, more than half of the adults in Gilroy (58%) reported their health as “very good” or “excellent,” which was lower than the percentage of adults in the County (61%) but higher than the percentage of adults in California (52%). A higher percentage of adults in Gilroy (37%) reported having a major impairment or health problem that limited their activities than adults in the County (28%). Adults in Gilroy reported more average days when their physical health was “not good” (3.3) than adults in the County (2.3).

A lower percentage of adults living in Gilroy (37%) reported eating at a fast food restaurant at least once a week compared to the County (40%). Seventeen percent (17%) reported that they consumed five or more servings of fruits and vegetables a day compared to 14% of adults in the County.

More adults in Gilroy reported not performing any vigorous physical activity (52%) than adults in the County (46%). Two-thirds of the adults in Gilroy (66%) are overweight or obese; this is higher than the County’s overall rate (55%).

Figure C.12: Percentage of Overweight or Obese Adults in Gilroy Compared to Santa Clara County, California, and the U.S.



Source: Santa Clara County Public Health Department, 2009 Behavioral Risk Factor Survey

In 2009, a higher percentage of adults in Gilroy (25%) reported that they had ever been told by a health professional they had asthma than adults in the County (14%). A higher percentage of adults in Gilroy (14%) reported that they had ever been told by a doctor they had diabetes than adults in the County (8%). A higher percentage of adults in Gilroy (43%) reported that they had ever been told by a health professional they had high blood pressure than in the County (26%).

In 2009, a higher percentage of adults in Gilroy (29%) reported engaging in binge drinking at least once in the past 30 days than in the County (25%). Both Gilroy and Santa Clara County failed to achieve the Healthy People 2010 target of reducing the proportion of adults engaging in binge drinking during the past month to 6% or less.

In Gilroy, 41% of adults reported that they had smoked at least 100 cigarettes in their lifetime compared to 31% of adults in the County. About 13% of the adults in Gilroy reported that they are current smokers compared to 10% of adults in the County.

Table C.4: Health Risks of Gilroy Residents Compared to Santa Clara County, California, and the Healthy People 2010 Targets

Health Risk	Gilroy (2009)	SCC (2009)	California (2008)	HP2010
Binge drinking, past month	29%	25%	16%	6%
Current smokers	13%	10%	14%	12%
Ever told have diabetes	14%	8%	9%	-
Ever told have asthma	25%	14%	14%	-
Ever told have high blood pressure	43%	26%	25% (2007)	16%
Ever told have high blood cholesterol	40%	29%	22% (2005)	17%

Source: Santa Clara County Public Health Department, 2009 Behavioral Risk Factor Survey; Centers for Disease Control and Prevention, 2007-08 Behavioral Risk Factor Surveillance System ; UCLA Center for Health Policy Research, 2005 California Health Interview Survey; Healthy People 2010

Healthy Environments

Eighty-five percent (85%) of adults in Gilroy reported the cleanliness of their neighborhoods as “good” or “excellent.” About 11% of adults in Gilroy reported that crime, violence, or drug activities were major problems in their neighborhood, compared to 8% of adults in the County. About 92% of the adults in Gilroy agree or strongly agree that it is easy to walk in their local community.

One in 5 adults in Gilroy (20%) reported that adding more access to fresh produce or farmers’ markets would most improve the health and wellness of people in their neighborhood. Other reported factors that would improve the health and wellness of residents were adding a public park, bike trail, or sidewalk (16%); vector control services for rats, flies, and mosquitoes (12%); and improving neighborhood safety (12%).

Mountain View

Key Findings

- As a proportion of the population, fewer young people live in Mountain View than in other parts of the County.
- Mountain View’s racial composition is 50% White.
- Mountain View adults have higher educational attainment compared to the County; 57% had a bachelor’s degree or higher.
- Forty-one percent (41%) of adults in Mountain View are overweight or obese compared to 55% of adults in the County.
- Ninety-three percent (93%) of those surveyed in Mountain View report a clean neighborhood, but 10% do not find it easy to walk in their community.

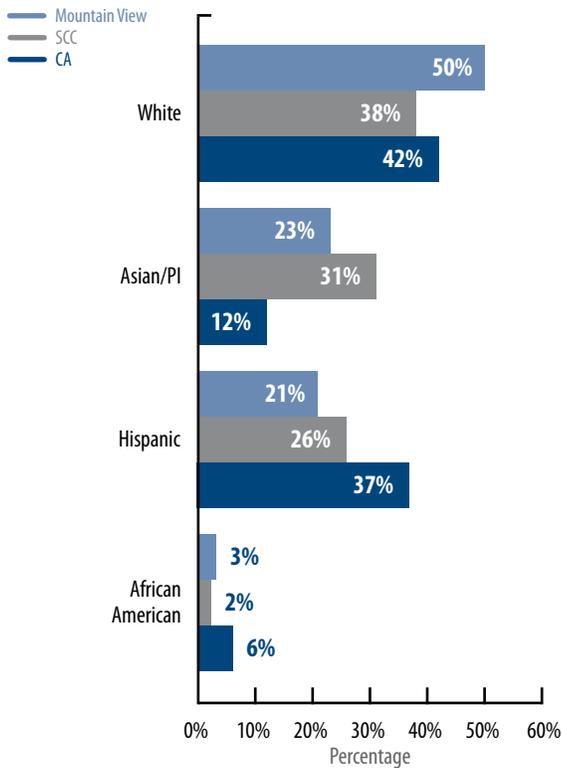
Demographics

About 75,000 people, or 4% of the County’s population, lived in Mountain View in 2009.

Mountain View has a larger White population (50%) than the County (38%) and California (42%). Mountain View has lower percentages of Hispanics (21%) than the County (26%) and California (37%).

Asians account for about one-fourth of the population of Mountain View (23%) compared to 31% in the County.

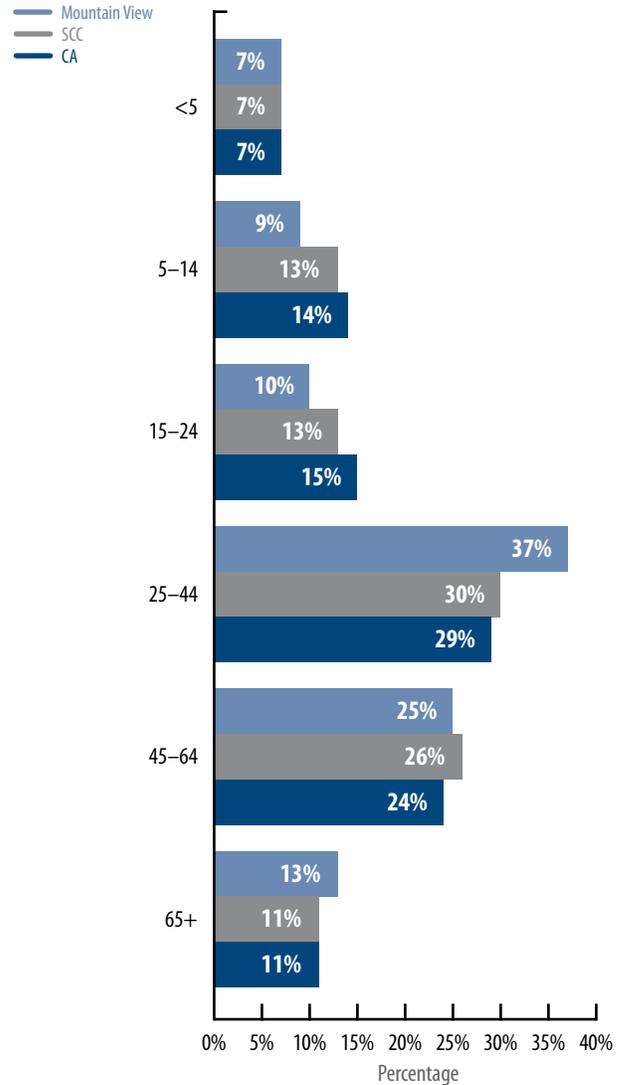
Figure C.13: Population of Mountain View by Race/Ethnicity Compared to Santa Clara County and California



Source: U.S. Census Bureau, 2006-2008 American Community Survey 3-Year Estimates

Mountain View's population distribution shows that the city has a larger adult population than Santa Clara County or California. More than a quarter (26%) are ages 24 and younger, and 38% are ages 45 and older. About 13% of Mountain View residents are ages 65 and older.

Figure C.14: Population of Mountain View by Age Compared to Santa Clara County and California

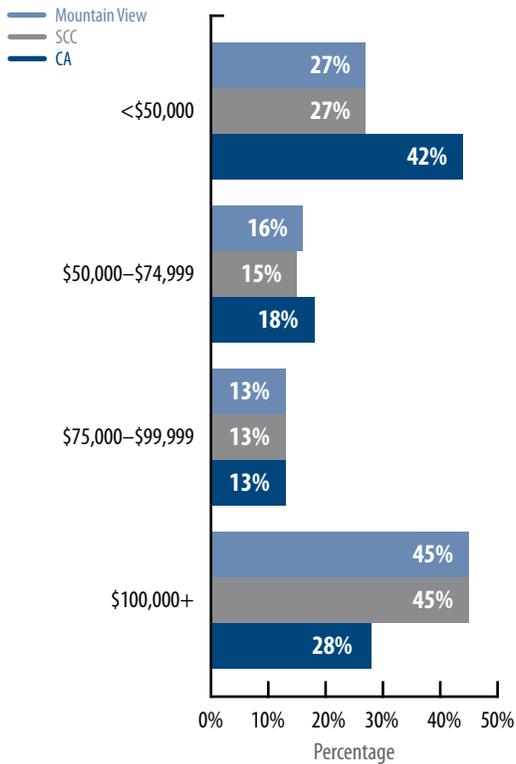


Source: U.S. Census Bureau, 2006-2008 American Community Survey 3-Year Estimates

During 2006-08, Mountain View's median household income was \$88,637, similar to the County's median household income of \$88,846. About 43% of the households in Mountain View earned annual incomes of less than \$75,000 in the past 12 months, compared to 42% in the County and 60% in California.

Nearly 1 in 5 residents of Mountain View (18%) lived below 200% of the Federal Poverty Level compared to 19% in the County and 32% in California. More than 1 in 5 children ages 17 and younger in Mountain View (21%) lived below 200% of the Federal Poverty Level, compared to 22% in the County and 41% in California.

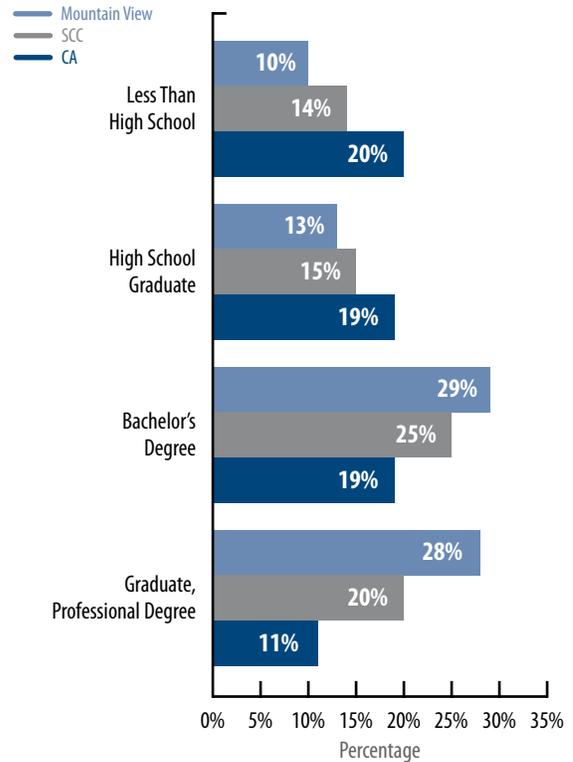
Figure C.15: Household Income in Mountain View Compared to Santa Clara County and California



Source: U.S. Census Bureau, 2006–2008 American Community Survey 3-Year Estimates

Nearly 3 in 5 adults ages 25 and older (57%) in Mountain View had a bachelor’s degree or higher, compared to 45% in the County and 30% in California.

Figure C.16: Educational Attainment in Mountain View Compared to Santa Clara County and California



Source: U.S. Census Bureau, 2006–2008 American Community Survey 3-Year Estimates

Four in 10 Mountain View residents (40%) were born outside the United States. Among residents ages 5 and older, about 46% spoke a language other than English at home.

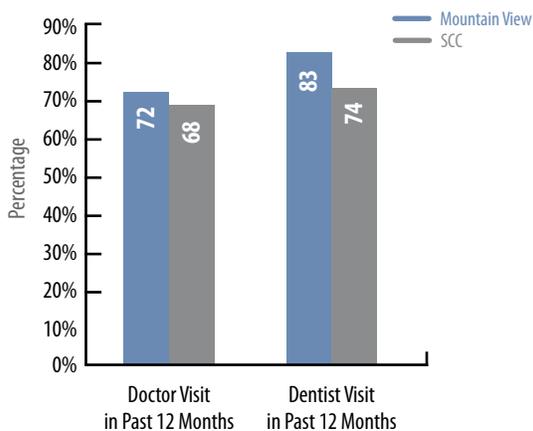
Access to Health Care

In 2009, about 91% of Mountain View adults ages 64 and younger reported that they had healthcare insurance compared to 79% in the County and 80% in California. Seventy-two percent (72%) of adults in Mountain View reported that they had visited a doctor for a routine checkup within the past 12 months compared to 68% of adults in the County.

A lower percentage of adults in Mountain View (11%) reported that there was a time in the past 12 months when they needed to see a doctor but couldn't because of the cost or lack of insurance compared to adults in the County (13%). Ten percent (10%) of adults in Mountain View reported they delayed or did not get a medicine that a doctor prescribed in the past 12 months.

In 2009, 68% of adults in Mountain View reported they had dental health coverage. More than 4 in 5 adults in Mountain View (83%) reported they had visited the dentist or a dental clinic within the past 12 months compared to 74% of adults in the County.

Figure C.17: Percentage of Adults in Mountain View Who Visited a Doctor or Dentist in the Past 12 Months Compared to Santa Clara County



Source: Santa Clara County Public Health Department, 2009 Behavioral Risk Factor Survey

Maternal, Infant, and Child Health

In 2005, about 5% of the babies born in Santa Clara County were born to mothers living in Mountain View. A higher percentage of mothers in Mountain View (94%) received prenatal care during the first trimester compared to mothers in the County (87%).

Table C.5: Health Status Indicators of New Mothers and Infants in Mountain View Compared to Santa Clara County and Healthy People 2010 Targets

Health Status Indicator	Mountain View	Percentage	SCC	Percentage	HP2010
Total births	1,216	17 per 1,000 people	26,533	15 per 1,000 people	-
Low-income deliveries	272	22%	7,374	28%	-
Race/ethnicity of mother					
White	401	33%	6,351	24%	-
African American	26	2.1%	536	2%	-
Hispanic	277	23%	9,566	36%	-
Asian	304	25%	8,505	32%	-
Prenatal care during first trimester	1,146	94%	23,141	87%	90%
Inadequate prenatal care	248	21%	6,435	25%	10%
Low birth weight (<2.5 kg)	74	6.4%	1,739	7%	5%
Preterm births (<37 weeks of gestation)	148	12%	3,186	12%	7.6%

Source: Santa Clara County Public Health Department, 2005 Birth Database

Behavioral Risk Factors and Health

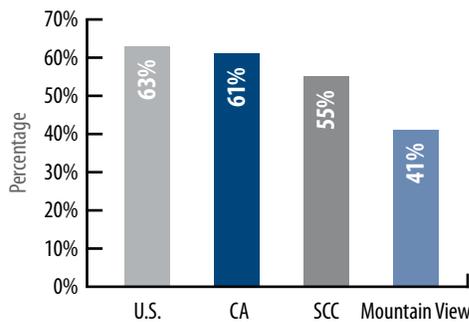
In 2009, more than 3 in 5 adults in Mountain View (62%) reported their health as "very good" or "excellent," which was higher than adults in the County (61%) and California (52%). However, a higher percentage of adults in Mountain View (33%) reported having a major impairment or health problem that limited their activities than adults in the County (28%).

Adults in Mountain View reported more average days when their physical health was “not good” (3.2) compared to adults in the County (2.3), but fewer average days when their mental health was “not good” (2.5) compared to the County (3).

A lower percentage of adults living in Mountain View (27%) reported eating at a fast food restaurant at least once a week than adults in the County (40%). More than 1 in 5 adults in Mountain View (22%) reported that they consumed five or more servings of fruits and vegetables a day compared to 14% of adults in the County.

Nearly half of the adults in Mountain View (49%) reported not performing any vigorous physical activity compared to 46% of adults in the County. More than 4 in 10 adults in Mountain View are overweight or obese (41%), which is lower than the County’s rate (55%).

Figure C.18: Percentage of Overweight or Obese Adults in Mountain View Compared to Santa Clara County, California, and the U.S.



Source: Santa Clara County Public Health Department, 2009 Behavioral Risk Factor Survey

In 2009, a higher percentage of adults in Mountain View (17%) reported that they had ever been told by a health professional they had asthma compared to adults in the County (14%). More than a quarter of adults in Mountain View (26%) reported that they had ever been told by a health professional they had high blood pressure. More than one-third of adults in Mountain View (34%) reported that they had ever been told by a health professional they had high blood cholesterol compared to 29% of adults in the County.

In 2009, a lower percentage of adults in Mountain View (19%) reported engaging in binge drinking at least once in the past 30 days compared to adults in the County (25%). Both Mountain View and Santa Clara County failed to achieve the Healthy People 2010 target of reducing the proportion of adults engaging in binge drinking during the past month to 6% or less. In Mountain View, 30% of adults reported that they had smoked at least 100 cigarettes in their lifetime.

Table C.6: Health Risks of Mountain View Residents Compared to Santa Clara County, California, and the Healthy People 2010 Targets

Health Behavior	Mountain View (2009)	SCC (2009)	California (2008)	HP2010
Binge drinking, past month	19%	25%	16%	6%
Current smokers	11%	10%	14%	12%
Ever told have diabetes	8%	8%	9%	-
Ever told have asthma	17%	14%	14%	-
Ever told have high blood pressure	26%	26%	25% (2007)	16%
Ever told have high blood cholesterol	34%	29%	22% (2005)	17%

Source: Santa Clara County Public Health Department, 2009 Behavioral Risk Factor Survey; Centers for Disease Control and Prevention 2007-08 Behavioral Risk Factor Surveillance System; UCLA Center for Health Policy Research, 2005 California Health Interview Survey; Healthy People 2010

Healthy Environments

A higher percentage of adults in Mountain View (93%) reported the cleanliness of their neighborhoods as “good” or “excellent” compared to 77% of adults in the County. Two in 5 adults in Mountain View (40%) reported that crime, violence, and drug activity is not a problem at all in their neighborhood, compared to 33% in the County. However, fewer adults in Mountain View (90%) agreed or strongly agreed that it is easy to walk in their local community compared to the County (92%).

Nearly 1 in 5 adults in Mountain View (18%) reported that adding more access to fresh produce or farmers’ markets would bring the most improvement in the health and wellness of people in their neighborhood. Other reported factors that would improve the health and wellness of residents in the neighborhood were adding a public park, bike trail, or sidewalk (17%); and vector control services for rats, flies, and mosquitoes (12%).

Sunnyvale

Key Findings

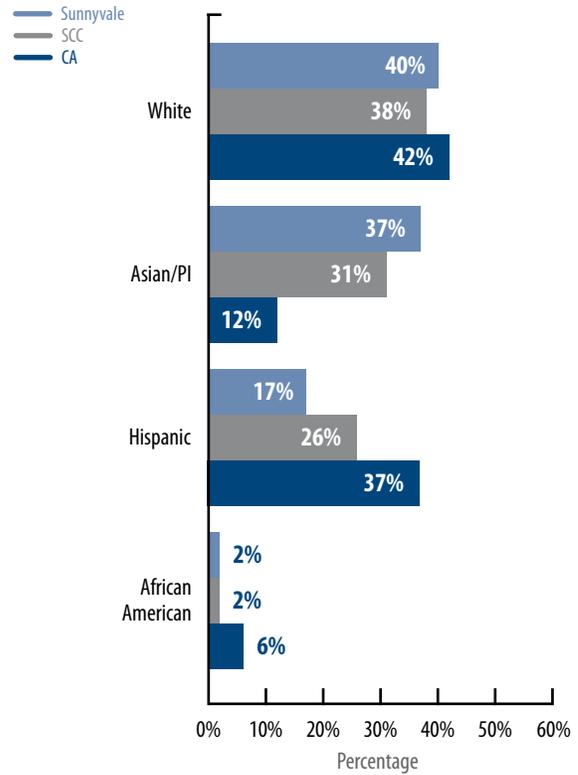
- Sunnyvale includes a higher percentage of Asians and a lower percentage of Hispanics than in the County. Forty-six percent (46%) of births are to Asian mothers.
- Sunnyvale residents have high educational attainment compared to the County; 55% of adults had a bachelor’s degree or higher.
- Forty-three percent (43%) of Sunnyvale residents were born outside the United States.
- Just 8% of residents lack health insurance, compared to 21% in the County.
- Rates of high blood pressure and cholesterol levels are slightly higher among Sunnyvale residents than countywide rates for these conditions.
- Ninety-two percent (92%) report clean neighborhoods and 95% agree that it’s easy to walk in their community.

Demographics

About 139,000 people, or 7.5% of the County’s population, lived in Sunnyvale in 2009.

Sunnyvale has a lower percentage of Hispanic residents (17%) than in the County (26%), and a higher percentage of Asians (37%) than in the County (31%).

Figure C.19: Population of Sunnyvale by Race/Ethnicity Compared to Santa Clara County and California



Source: U.S. Census Bureau, 2006-2008 American Community Survey 3-Year Estimates

Sunnyvale’s population distribution shows that about 3 in 10 residents (29%) are ages 24 and younger, and more than one-third (35%) are ages 46 and older. Eleven percent (11%) of adults are ages 65 and older.

Figure C.20: Population of Sunnyvale by Age Compared to Santa Clara County and California

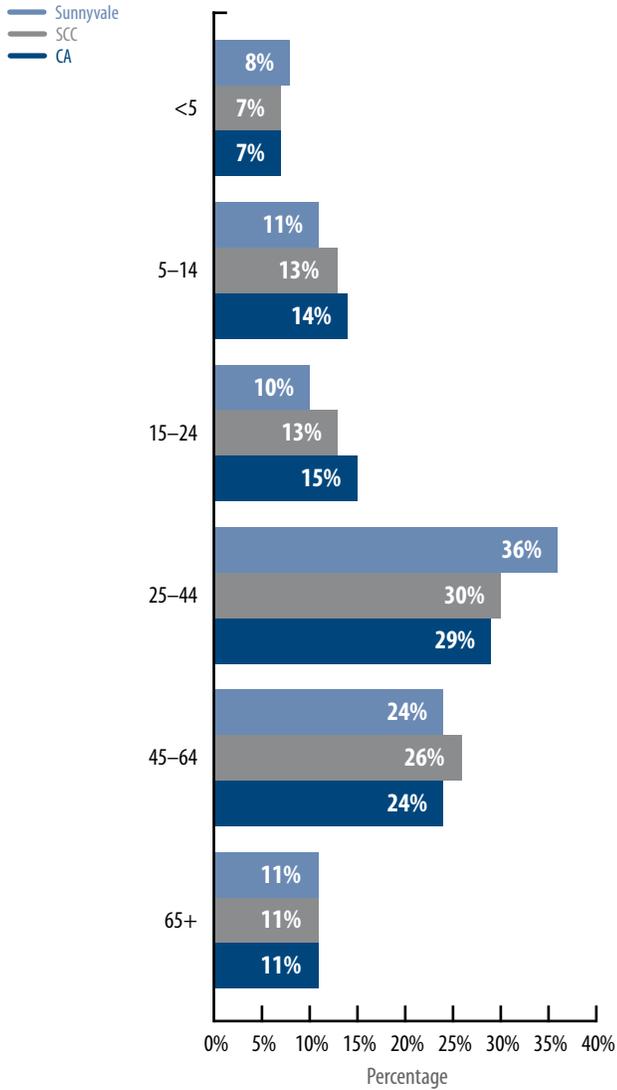
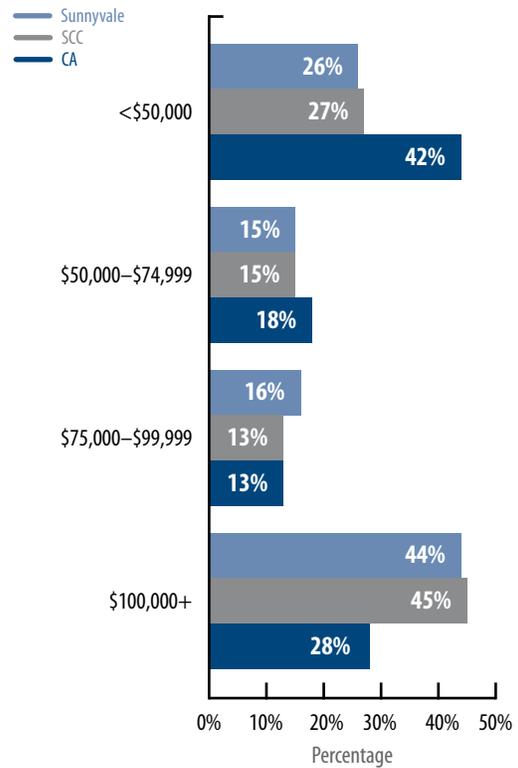


Figure C.21: Household Income in Sunnyvale Compared to Santa Clara County and California



Source: U.S. Census Bureau, 2006-2008 American Community Survey 3-Year Estimates

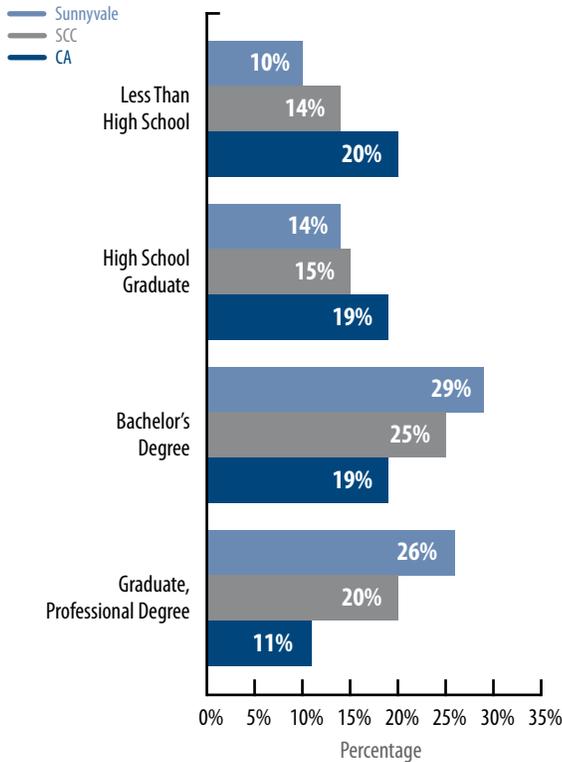
In Sunnyvale, more than half of adults (55%) had a bachelor’s degree or higher compared to 45% in the County and 30% in California.

Source: U.S. Census Bureau, 2006-2008 American Community Survey 3-Year Estimates

During 2006-08, Sunnyvale’s median household income was \$88,297, slightly lower than the County median household income of \$88,846. About 41% of the households in Sunnyvale earned annual incomes of less than \$75,000 in the past 12 months, compared to 42% in the County and 60% in California.

About 16% of the residents in Sunnyvale lived below 200% of the Federal Poverty Level compared to 19% in the County and 32% in California. One in 5 children ages 17 and younger (20%) in Sunnyvale lived below 200% of the Federal Poverty Level, compared to 22% in the County and 41% in California.

Figure C.22: Educational Attainment in Sunnyvale Compared to Santa Clara County and California



Source: U.S. Census Bureau, 2006-2008 American Community Survey 3-Year Estimates

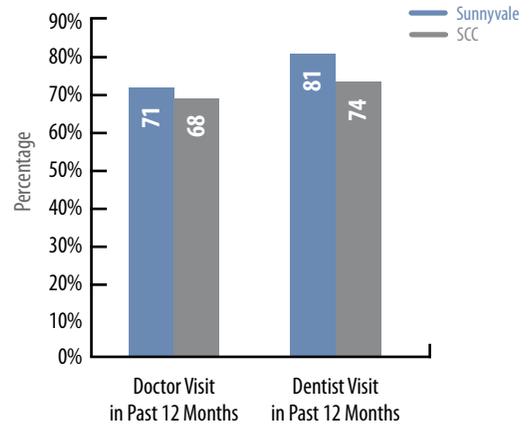
More than 4 in 10 Sunnyvale residents (43%) were born outside the United States. Among residents ages 5 and older, more than half (52%) spoke a language other than English at home.

Access to Health Care

In 2009, about 92% of Sunnyvale adults ages 64 and younger reported that they had healthcare insurance compared to 79% in the County and 80% in California. More than 88% of adults in Sunnyvale reported that they had at least one personal doctor or healthcare provider compared to 80% of adults in the County. More than 7 in 10 adults in Sunnyvale (71%) reported that they had visited a doctor for a routine checkup within the past 12 months compared to 68% of adults in the County.

In 2009, 77% of adults in Sunnyvale reported that they had dental health coverage. More than 4 in 5 adults in Sunnyvale (81%) reported that they had visited the dentist or a dental clinic within the past 12 months compared to 74% of adults in the County.

Figure C.23: Percentage of Adults in Sunnyvale Who Visited a Doctor or Dentist in the Past 12 Months Compared to Santa Clara County



Source: Santa Clara County Public Health Department, 2009 Behavioral Risk Factor Survey

Maternal, Infant, and Child Health

In 2005, about 9% of the babies born in Santa Clara County were born to mothers living in Sunnyvale. Sunnyvale had a lower percentage (1.1%) of teenage mothers (ages 17 and younger) than in the County (1.7%).

Sunnyvale had a higher percentage of babies born to Asian mothers (46%) compared to the County (32%). A higher percentage of mothers in Sunnyvale (93%) received prenatal care during the first trimester than in the County (87%).

Table C.7: Health Status Indicators of New Mothers and Infants in Sunnyvale Compared to Santa Clara County and Healthy People 2010 Targets

Health Status Indicator	Sunnyvale	Percentage	SCC	Percentage	HP2010
Total births	2,372	18 per 1,000 people	26,533	15 per 1,000 people	-
Births to mothers <18 years	27	1.1%	461	1.7%	-
Low-income deliveries	416	18%	7,374	28%	-
Race/ethnicity of mother					
White	508	21%	6,351	24%	-
African American	26	1.1%	536	2%	-
Hispanic	453	19%	9,566	36%	-
Asian	1,098	46%	8,505	32%	-
Prenatal care during first trimester	2,204	93%	23,141	87%	90%
Inadequate prenatal care	527	22%	6,435	25%	10%
Low birth weight (<2.5 kg)	148	6.2%	1,739	7%	5%
Preterm births (<37 weeks of gestation)	294	18%	3,186	12%	7.6%

Source: Santa Clara County Public Health Department, 2005 Birth Database

Behavioral Risk Factors and Health

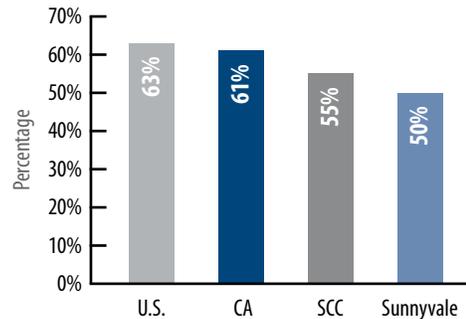
In 2009, about two-thirds of the adults in Sunnyvale (64%) reported their health as “very good” or “excellent,” which was higher than adults in the County (61%) and California (52%). About 3 in 10 adults in Sunnyvale (29%) reported having a major impairment or health problem that limited their activities compared to 20% of adults in the County.

Adults in Sunnyvale reported fewer average days when their physical health was “not good” (2.1) than adults in the County (2.3). They also reported fewer average days when their mental health was “not good” (2.3) compared to adults in the County (3).

A lower percentage of adults living in Sunnyvale (31%) reported eating at a fast food restaurant at least once a week than adults in the County (40%). Eighteen percent (18%) reported that they consumed five or more servings of fruits and vegetables a day compared to 14% of adults in the County.

More adults in Sunnyvale reported not performing any vigorous physical activity (55%) compared to adults in the County (46%). Half of the adults in Sunnyvale (50%) are overweight or obese, which was lower than the County rate (55%).

Figure C.24: Percentage of Overweight or Obese Adults in Sunnyvale Compared to Santa Clara County, California, and the U.S.



Source: Santa Clara County Public Health Department, 2009 Behavioral Risk Factor Survey

In 2009, a lower percentage of adults in Sunnyvale (8%) reported that they had ever been told by a health professional they had asthma than adults in the County (14%). A higher percentage of adults in Sunnyvale (29%) reported that they had ever been told by a health professional they have high blood pressure than adults in the County (26%).

More than one-third of the adults in Sunnyvale (36%) reported that they had ever been told by a health professional they have high blood cholesterol compared to 29% of adults in the County.

In 2009, a lower percentage of adults in Sunnyvale (19%) reported engaging in binge drinking at least once in the past 30 days than adults in the County (25%). Both Sunnyvale and Santa Clara County failed to achieve the Healthy People 2010 target of reducing the proportion of adults engaging in binge drinking during the past month to 6% or less. In Sunnyvale, 32% of adults reported that they had smoked at least 100 cigarettes in their lifetime compared to 31% of adults in the County.

Table C.8: Health Risks of Sunnyvale Residents Compared to Santa Clara County, California, and the Healthy People 2010 Targets

Health Risk	Sunnyvale (2009)	SCC (2009)	California (2008)	HP2010
Binge drinking, past month	19%	25%	16%	6%
Current smokers	7%	10%	14%	12%
Ever told have diabetes	7%	8%	9%	-
Ever told have asthma	8%	14%	14%	-
Ever told have high blood pressure	29%	26%	25% (2007)	16%
Ever told have high blood cholesterol	36%	29%	22% (2005)	17%

Source: Santa Clara County Public Health Department, 2009 Behavioral Risk Factor Survey; Centers for Disease Control and Prevention 2007-08 Behavioral Risk Factor Surveillance System; UCLA Center for Health Policy Research, 2005 California Health Interview Survey; Healthy People 2010

Healthy Environments

A higher percentage of adults in Sunnyvale (92%) reported the cleanliness of their neighborhoods as “good” or “excellent” than in the County (77%). About 44% of adults in Sunnyvale reported that crime, violence, and drug activity were not problems at all in their neighborhood, compared to 33% in the County. A higher percentage of adults in Sunnyvale (95%) agreed that it is easy to walk in their local community compared to the County (92%).

More than 1 in 5 adults in Sunnyvale (22%) reported that adding a public park, bike trail, or sidewalk would bring the most improvement in the health and wellness of people in their neighborhood. Other reported factors that would improve health and wellness were better access to fresh produce or farmers’ markets (19%); vector control services for rats, flies, and mosquitoes (13%); and improving neighborhood safety (12%).

Appendix D: Healthy People 2010 (HP2010)

	SCC	CA	US	HP 2010	HP2020	SCC and HP 2010	Sources
Access to Healthcare							
Proportion of persons 18-65 years with health insurance	79% (2009)	80% (2008)	83% (2008)	100%	100%	not met	BRFS09, BRFSS08
Proportion of persons with a usual primary care provider	80% (2009)	73% (2008)	80% (2008)	85%	85%	not met	BRFS09, BRFSS08
Maternal, Infant, and Child Health							
Proportion of births by primary c-section	18% (2008)	18% (2008)	24% (2003)	15%	15%	not met	ViStat08, CDCVital03
Proportion of births occurring within 24 months of a previous birth	11% (2006)	13% (2006)	21% (2002)	6%	Retained but modified	not met	FHOP06, CDCVital02
Infant death rate per 1,000 live births	3.8 (2007)	5.2 (2007)	6.8 (2007 preliminary)	4.5	Retained but modified	met	ViStat07, CDCVital07
Proportion of pregnant women who receive prenatal care beginning in first trimester of pregnancy	83% (2008)	82% (2008)	83% (2006)	90%	90%	not met	FHOP08, CDCVital06
Proportion of low-birth-weight infants	6.5% (2008)	6.8% (2008)	8.2% (2007 preliminary)	5%	5%	not met	FHOP08, CDCVital07
Proportion of babies born with very low birth weight	0.9% (2008)	1.1% (2008)	1.5% (2007 preliminary)	0.90%	0.90%	met	FHOP08, CDCVital07
Proportion of preterm births	9.1% (2008)	10.7% (2008)	12.7% (2007 preliminary)	7.6%	7.6%	not met	FHOP08, CDCVital07
Proportion of mothers who breastfed their babies in early postpartum period	93% (2007)	87% (2007)	67% (2002)	75%	75%	met	ViStat07, CDCVital02
Eliminating elevated blood lead levels in children less than 6 years of age (% of total children under 6 years of age)	0.2% (2005-09)	0.06% (2007)	0.13% (2007)	0%	Retained but modified	not met	SCC PHD RASSCLE 2005-09, CDC Childhood Lead Poisoning Data, Statistics, and Surveillance 2007

	SCC	CA	US	HP 2010	HP2020	SCC and HP 2010	Sources
Oral Health							
Proportion of children (2-4 years) who have dental caries experience in their primary teeth.	48% (2001)	na	18% (1994)	11%	Retained but modified	not met	Oral01
Proportion of children (2-4 years) with untreated dental decay	33% (2001)	na	16% (1994)	9%	Retained but modified	not met	Oral01
Proportion of adults who have never had a permanent tooth extracted because of dental caries or periodontal disease	67% (2009)	57% (2008)	56% (2008)	42%	Retained but modified	met	BRFS09, BRFSS08
Proportion of older adults (65-74 years) who have had all their natural teeth extracted	10% (2009)	10% (2008)	19% (2008)	20%	Retained but modified	met	BRFS09, BRFSS08
Proportion of children who use the oral healthcare system each year	80% (2007-08)_	72% (2006-08)	44% (1996)	56%	56%	met	CHKS07-08, CHKS06-08
Proportion of adults who use the oral healthcare system each year	74% (2009)	70% (2008)	71% (2008)	56%	56%	met	BRFS09, BRFSS08
Proportion of children (8 years) who have received dental sealants on their molar teeth	22% (2001)	28% (2004-05)	na	50%	Retained but modified	not met	Oral01, CDC National Oral Health Surveillance System
Proportion of people on public water systems receiving optimum level of fluoride	21% (2009)	27% (2006)	69% (2006)	75%	75%	not met	SCC PHD, CDC National Oral Health Surveillance System

	SCC	CA	US	HP 2010	HP2020	SCC and HP 2010	Sources
Chronic Diseases							
Pediatric asthma hospitalizations under 5 years /10,000 population	21.5 (2006)	24.3 (2006)	na	25	25	met	FHOP06
Asthma hospitalizations for age groups 5-17 years of age /10,000 population	4.1 (2006)	6.7 (2006)	na	7.7	7.7	met	FHOP06
Asthma hospitalizations for age groups 18-24 years of age /10,000 population	1.8 (2006)	2.3 (2006)	na	7.7	7.7	met	FHOP06
Proportion of adults with high blood pressure	26% (2009)	25% (2007)	28% (2007)	16%	Retained but modified	not met	BRFS09, BRFS08
Proportion of adults with high cholesterol levels	29% (2009)	35% (2007)	38% (2007)	17%	17%	not met	BRFS09, BRFS08
Overall cancer deaths/100,000 population	148 (2003-07)	167 (2003-07)	181 (2006)	159.9	159.9	met	CCR03-07, CDCVital06
Lung cancer deaths/100,000 population	35 (2003-07)	42 (2003-07)	52 (2006)	44.9	44.9	met	CCR03-07, CDCVital06
Female breast cancer deaths/100,000 females	20 (2003-07)	23 (2003-07)	23 (2006)	22.3	22.3	met	CCR03-07, CDCVital06
Prostate cancer deaths/100,000 males	21 (2003-07)	24 (2003-07)	24 (2006)	28.8	28.8	met	CCR03-07, CDCVital06
Proportion of women 18 years and older who received a Pap test within 3 preceding years	85% (2007)	84% (2008)	83% (2008)	90%	Retained but modified	not met	CHIS07, BRFS08
Proportion of women 40 years and older who have received a mammogram within the preceding 2 years	84% (2007)	79% (2008)	76% (2008)	70%	Retained but modified	met	CHIS07, BRFS08

	SCC	CA	US	HP 2010	HP2020	SCC and HP 2010	Sources
Lifestyles							
Proportion of children consuming at least 2 servings of fruit daily	54% (2007-08)	55% (2006-08)	na	75%	Retained but modified	not met	CHKS07-08, CHKS06-08
Proportion of adolescents who perform vigorous physical activity for at least 20 minutes for 3 or more days a week	70% (2007-08)	65% (2007)	64% (2005)	85%	Retained but modified	not met	CHKS07-08, CHIS07, YRBSS05
Proportion of adolescents who perform moderate physical activity for at least 30 minutes for 5 or more days a week	37% (2007-08)	36% (2006-08)	27% (2005)	35%	Retained but modified	met	CHKS07-08, YRBSS05
Proportion of adolescents who view television 2 or fewer hours on a school day	71% (2007-08)	68% (2006-08)	63% (2005)	75%	Retained but modified	not met	CHKS07-08, YRBSS05
Proportion of adolescents who participate in daily school physical education	37% (2007-08)	48% (2006-08)	30% (2007)	50%	50%	not met	CHKS07-08, YRBSS07
Proportion of adults who engage in moderate physical activity for at least 30 minutes per day 5 or more days per week	39% (2009)	34% (2007)	34% (2007)	30%	Retained but modified	met	BRFS09, BRFS08
Proportion of adults who engage in vigorous physical activity 3 or more days per week for 20 or more minutes per day	33% (2009)	31% (2007)	28% (2007)	30%	Retained but modified	met	BRFS09, BRFS08
Proportion of middle and high school students who are obese	10% (2007-08)	13% (2007)	13% (2007)	5%	Retained but modified	not met	CHKS07-08, CHIS07, YRBSS07
Percentage of adults with normal weight	43% (2009)	35% (2007)	34% (2008)	60%	60%	not met	BRFS09, BRFS08
Percentage of obese adults	17% (2009)	24% (2008)	27% (2008)	15%	15%	not met	BRFS09, BRFS08
Cigarette smoking by adults	10% (2009)	14% (2008)	18% (2008)	12%	Retained but modified	met	BRFS09, BRFS08
Smoking cessation attempts by adult smokers	64% (2009)	59% (2008)	58% (2008)	75%	Retained but modified	not met	BRFS09, BRFS08

	SCC	CA	US	HP 2010	HP2020	SCC and HP 2010	Sources
Lifestyles - Continued							
Cigarette smoking among high school students	9% (2007-08)	11% (2006-08)	20% (2007)	16%	Retained but modified	met	CHKS07-08, YRBSS07
Binge drinking in the last 30 days among adults	25% (2009)	16% (2008)	16% (2008)	16%	16%	not met	BRFS09, BRFS08
Binge drinking in the past month among adolescents	12% (2007-08)	14% (2006-08)	26% (2005)	2%	2%	not met	CHKS07-08, YRBSS05
Proportion of adolescents who report that they rode, in the last 30 days, with a driver who had been drinking alcohol	20% (2007-08)	26% (2006-08)	29% (2007)	30%	30%	met	CHKS07-08, YRBSS07
Proportion of adolescents using marijuana in the last 30 days	12% (2007-08)	11% (2006-08)	20% (2007)	0.70%	0.70%	not met	CHKS07-08, YRBSS07
Proportion of adolescents who have never engaged in sexual intercourse before age 15 years	84% (2007-08)	na	na	88%	Retained but modified	not met	CHKS07-08
Condom use among sexually active females ages 18-44 years	28% (2009)	na	na	50%	Retained but modified	not met	BRFS09

	SCC	CA	US	HP 2010	HP2020	SCC and HP 2010	Sources
Communicable Diseases							
TB case rate/ 100,000 population	10.9 (2008)	7.0 (2008)	4.2 (2008)	1	1	not met	TIMS08, CDPH08, CDC08
AIDS case rate/ 100,000 population	5.5 (2008)	13.2 (2008)	12.3 (2007)	1	1	not met	HASR09, http://www.statehealthfacts.org/ , http://www.sbcphd.org/documents/dcp/2008SummerHIV-AIDSMorbidityReport.pdf
Gonorrhea case rate/100,000 population	38 (2008)	67 (2008)	112 (2008)	19	Retained but modified	not met	STD08, CDC STD08
Proportion of adults age 65 years and older who are ever vaccinated against pneumococcal disease	73% (2009)	63% (2008)	67% (2008)	90%	Retained but modified	not met	BRFS09, BRFS08
Proportion of adults age 65 years and older who are vaccinated annually against influenza	75% (2005-06)	70% (2008)	71% (2008)	90%	Retained but modified	not met	BRFS09, BRFS08

	SCC	CA	US	HP 2010	HP2020	SCC and HP 2010	Sources
Injury							
Death rate due to unintentional injuries /100,000 population	23 (2007)	31 (2007)	40 (2006)	17.5	Retained but modified	not met	ViStat07, CDCVital06
Death rate caused by motor vehicle crashes/100,000 population	7 (2007)	11 (2007)	14 (2007)	9.2	Retained but modified	met	ViStat07, CDCVital06
Nonfatal injuries caused by motor vehicle crashes/100,000 population	60 (2006)	85 (2006)	1,181 (1998)	933	Retained but modified	met	CaInj07, DOF06
Seat belt use among high school students	88% (2007-08)	88% (2006-08)	89% (2007)	92%	92%	not met	CHKS07-08, YRBSS07
Homicide rate/100,000 population	3 (2007)	6 (2007)	6 (2006)	3	3	met	ViStat07, CDCVital06
Physical fights among high school students	18% (2007-08)	20% (2006-08)	36% (2007)	32%	32%	met	CHKS07-08, YRBSS07
Suicide rate/100,000 population	8 (2007)	9 (2007)	11 (2006)	5	5	not met	ViStat07, CDCVital06
Rate of suicide attempts by high school students	8% (2007-08)	N/A (2006-08)	7% (2007)	1%	1%	not met	CHKS07-08, YRBSS07
Firearm-related deaths/ 100,000 population	3 (2006)	9 (2006)	10 (2006)	4.1	4.1	met	ViStat06, CDCVital06
Proportion of persons living in homes with firearms that are loaded and unlocked	6% (2005-06)	15% (2004)	14% (2004)	16%	archived	met	BRFS09, BRFS08
Weapon carrying by high school students on school property	10% (2007-08)	6% (2006-08)	18% (2007)	4.90%	4.90%	not met	CHKS07-08, YRBSS07
Death rate due to falls/100,000 population	6 (2007)	5 (2007)	7 (2006)	3	Retained but modified	not met	ViStat07, CDCVital06

Appendix E: Technical Notes

This Appendix contains the following information:

- A brief review of methodology of the Santa Clara County Behavioral Risk Factor Survey, which is the source of most of the data presented in this report.
- Demographic characteristics of the respondents to the Behavioral Risk Factor Survey.
- Case definitions that explain the variables used.
- Limitations of, and potential bias in, the Behavioral Risk Factor Survey.
- A glossary of terms used in the Health Profile Report.
- A list of major data sources for the Health Profile Report.

Methodology

The Santa Clara County Behavioral Risk Factor Survey (BRFS) is a random-digit, dial landline telephone survey initiated in 1997 by the Public Health Department and supported by the Behavioral Surveillance Branch of the Centers for Disease Control and Prevention (CDC). The County conducted previous BRFS studies in 1997, 2000, 2004, and 2006.

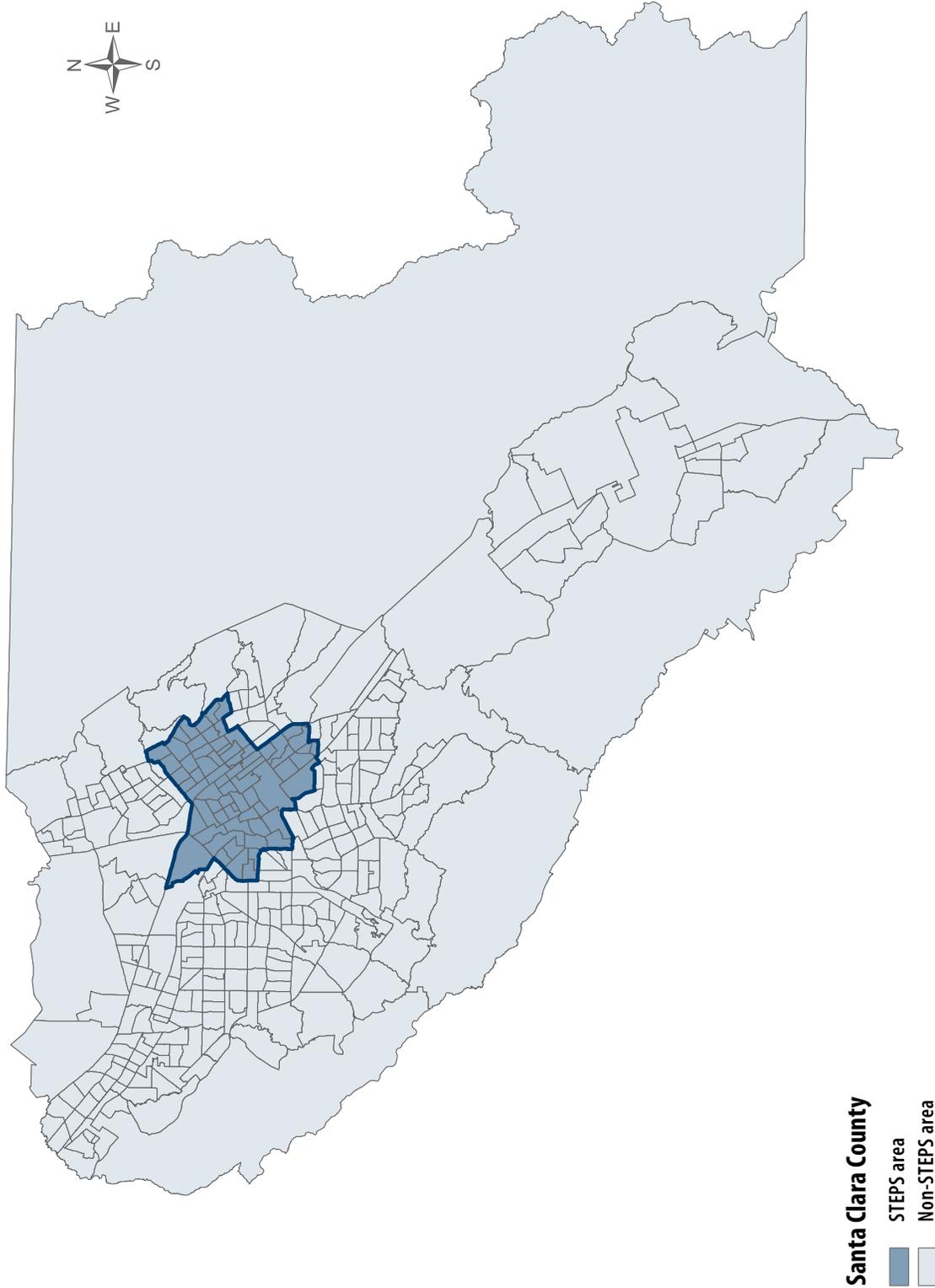
The objective of the BRFS is to collect county-level data on preventive health practices and risk behaviors that are linked to chronic diseases, injuries, and preventable infectious diseases in the adult population (ages 18 and older).¹

The questionnaire was adapted from the CDC's 2008 Behavioral Risk Factor Surveillance System (BRFSS).¹ It was designed to maximize comparability with previous survey administrations as well as CDC and state-level BRFSS data, and to address a number of contemporary health topics.

The target population for the BRFS is all adult residents of Santa Clara County. The BRFS uses a stratified random sampling design. The sample generated for the Santa Clara County BRFS was divided into two geographic areas: Steps to a Healthier Santa Clara County (STEPS) communities and the remaining areas of the County, or "non-STEPS." STEPS is a federally funded, CDC initiative lead by community partners and the Santa Clara County Public Health Department.²

The goal of the sampling approach was to obtain population-level measurements of adult residents of the County overall and of the STEPS area. The STEPS area was oversampled to ensure significant sample size in the area. CDC provided the sample for the STEPS area, as well as the weighting calculations for the sample.

Map E.1: Behavioral Risk Factor Survey Sampling Strata



Source: Santa Clara County Public Health Department

STEPS and non-STEPS areas are defined by census tract; however, telephone exchanges do not perfectly reflect the boundaries of census tracts. The CDC chose the exchanges that most closely corresponded to the STEPS area, and the non-STEPS area consisted of the remaining exchanges.

Once the initial sampling was complete, additional over-sampling was conducted in order to gain reliable insights into the cities of Sunnyvale, Gilroy, and Mountain View. Interviewing continued in these cities until at least 200 respondents were interviewed in each of these three cities. In all, 4,197 interviews were conducted for this study. The following tables show the unweighted number of interviews in each sample stratum.

Table E.1: Number of Interviews in Each Sample Stratum, BRFS 2009

Stratum	Number of Interviews
STEPS	1,500
Non-STEPS	2,500
Supplemental	197
Total	4,197

Source: Santa Clara County Public Health Department, 2009 Behavioral Risk Factor Survey

Table E.2: Number of Interviews in Each City Receiving Supplemental Sample, BRFS 2009

Total Interviews in Supplemental Samples:	Number of Interviews
Gilroy	211
Mountain View	221
Sunnyvale	258
San Jose	2,186

Source: Santa Clara County Public Health Department, 2009 Behavioral Risk Factor Survey

Marketing System Group’s GENESYS sampling system generated a random sample for all of the strata surveyed. A Disproportionate Stratified Sample (DSS) was generated by placing blocks of telephone numbers into two strata based on the density (high or low) of residential telephone numbers. The BRFS sample is drawn from blocks that have at least one residential telephone number.

The sample was also stratified by listed status, with listed telephone numbers oversampled at a rate of 1.5 relative to unlisted numbers. Finally, GENESYS electronically identified and purged business, nonworking, and cell phone numbers.

Interviews were conducted in English and Spanish and lasted approximately 25 minutes on average.

In compiling the County Health Profile, responses of “don’t know” and “declined to answer” were not included for the purpose of calculating percentages. However, in the 2009 Behavioral Risk Factor Survey Data Tables, responses of “don’t know” and “declined to answer” were included for the purposes of calculating percentages, but were removed from the reported charts and tables. This might result in discrepancy between the percentages reported in the County Health Profile and the Data Tables.

Results are not reported for those categories in which there were less than 20 respondents. Suppressed data are listed in the tables as shaded grey with data not displayed (data is statistically unreliable).

Survey Demographics

A total of 4,197 residents were interviewed for the BRFS 2009 survey. The sample was weighted in order to estimate the margin of error with the sampling process and to match the demographics of the Santa Clara County population.

Data was weighted by gender, age, and race/ethnicity. The weighted and unweighted BRFS sample demographics are shown below, along with the CLARITAS 2008 demographic projections of the County population.

Table E.3: Demographic Characteristics of the BRFs Sample and Santa Clara County Population Projections

	Unweighted BRFs 2009		Weighted BRFs 2009		Santa Clara County (Claritas 2008)	
	Sample Size	Percentage	Sample Size	Percentage	Population Estimate	Percentage
	4,197	100.0%	4,197	100.0%	1,330,398	100.0%
Gender						
Male	1,689	40.3%	2,175	51.8%	678,666	51.0%
Female	2,507	59.7%	2,022	48.2%	651,732	49.0%
Age Group						
18-24	149	3.6%	580	13.8%	155,192	11.7%
25-34	413	9.8%	838	20.0%	237,195	17.8%
35-44	742	17.7%	882	21.0%	297,244	22.3%
45-54	973	23.2%	784	18.7%	265,236	19.9%
55-64	913	21.8%	536	12.8%	183,950	13.8%
65 and older	1,006	24%	577	13.8%	191,581	14.4%
Race/Ethnicity						
White	2,537	60.5%	1,578	37.6%	357,142	26.8%
African American	86	2.0%	75	1.8%	34,286	2.6%
Hispanic	675	16.1%	1,179	28.1%	306,920	23.1%
Asian/PI	634	15.1%	1,143	27.2%	416,164	31.3%

Source: Santa Clara County Public Health Department, 2009 Behavioral Risk Factor Survey, CLARITAS 2008 Population Projections

Limitations of Data

Every sampling methodology and survey administration has limitations and potential bias. A telephone survey can only reach those with telephones. Households without telephones are more likely to include low-income, elderly, or transient residents. In order to minimize this bias, a question was included in the survey to assess the percentage of households that have been temporarily without service during the past year in order to estimate the percentage without service during the survey administration period.

The survey was administered in both English and Spanish. County residents who spoke neither English nor Spanish were not interviewed. This may lead to some underrepresentation of immigrant residents. In addition, residents who were too ill to speak on the phone or take the survey could not be interviewed, leading to a potential bias toward healthier individuals.

The number of people who live in “cell phone-only” households has increased dramatically over the past few years. Currently, these households are not required to be included in the BRFSS, although the CDC is in the process of piloting a cell phone-based BRFSS.

Current research has found no significant difference between cell-only and landline households when age is controlled.^{3,4} It should be noted, however, that an estimated 12% of adults nationwide reported living in cell phone-only households in 2006. More than half of all adults living with unrelated roommates and 1 in 4 adults ages 18–34 lived in cell phone-only households.⁵ The CDC is currently exploring alternative approaches to including these individuals in the BRFSS methodology.

Those who are homeless were also excluded from the sampling methodology.

Case Definitions

Case definitions explain certain variables used for BRFSS data analysis and the criteria used to define or derive variables for analysis.

The Santa Clara County BRFSS 2009 included an assessment of respondents' income relative to 200% of the Federal Poverty Level (FPL). Interviewers asked respondents if their household income fell within a range of incomes. If the respondent's household income and household size determined that he or she might be within the 200% FPL guidelines, interviewers then asked “is your income below. . .” and read the cut-off amount. If the respondents answered “yes,” they were classified as under 200% FPL; if they answered “no,” they were not.

Because it is readily calculated, Body Mass Index (BMI) is the measurement of choice as an indicator of healthy weight, overweight, and obesity.⁶ BMI is calculated as weight (in pounds) divided by the square of height (in inches) x 704.5. Overweight is defined as a BMI between 25.0 and 29.9, and obese as a BMI of 30 or greater. Healthy weight was defined as a BMI equal to or greater than 18.5 and less than 25.⁷ BMI was computed for each respondent, based on their self-reported height and weight.

In this report, racial and ethnic groups are categorized as Whites, Hispanics, Asians, Pacific Islanders, and African Americans. Following the CDC's BRFSS convention, respondents were first asked if they were of Hispanic origin. All respondents were then asked if they would categorize their race as White, African American, Asian, Pacific Islander, American Indian, Alaska Native, or something else.

Race was then recoded to include non-Hispanic White, Hispanic, and the other race categories. Because this report does not include results for groups of less than 20 individuals and these groups represent a small percentage of the County population, results are often omitted for Pacific Islander, American Indian, Alaska Native, and African American respondents.

References

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- ⁴ Lavrakas, Paul J. et al., Guidelines and Considerations for Survey Researchers When Planning and Conducting RDD and Other Telephone Surveys in the U.S. With Respondents Reached via Cell Phone Numbers, AAPOR Cell Phone Task Force, April 2008.
- ⁵ Centers for Disease Control and Prevention, CDC In the News, CDC Health Survey System Meets the Cell Phone Challenge, www.cdc.gov.
- ⁶ U.S. Department of Health and Human Services, January 2000.
- ⁷ National Heart Blood and Lung Institute, Obesity Education Initiative, Calculate Your Body Mass Index, www.nhlbisupport.com.

Glossary

Acquired immunodeficiency syndrome (AIDS): The most severe phase of infection with the Human Immunodeficiency Virus (HIV). People infected with HIV are said to have AIDS when they get certain opportunistic infections or when their CD4+ cell count drops below 200. (U.S. Department of Health and Human Services, January 2000)

Age-adjusted mortality rate: A weighted average of the age-specific mortality rates, where the weights are the proportions of persons in the corresponding age groups of a standard 1 million population. The potential confounding result of age is reduced when comparing age-adjusted rates computed using the same standard 1 million population. This method allows communities/populations with different age structures to be compared. (National Cancer Institute, April 2010)

Air Quality Index (AQI): A number used by government agencies such as the EPA (U.S. Environmental Protection Agency) to characterize the quality of the air at a given location. It provides timely information about air quality to the public and whether air pollution levels pose a health concern. As the AQI increases, a larger section of the population is more likely to experience adverse health effects. Also known as the Air Pollution Index (API) or Pollutant Standard Index (PSI). (Agency for Toxic Substances and Disease Registry, Centers for Disease Control, March 2010)

Alcohol abuse: A maladaptive pattern of alcohol use that leads to clinically significant impairment or distress, as manifested by one or more of the following occurring within a 12-month period: 1) recurrent alcohol use resulting in a failure to fulfill major role obligations at work, school, or home; 2) recurrent alcohol use in physically hazardous situations; 3) recurrent alcohol-related legal problems; and/or 4) continued alcohol use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of alcohol. In the literature on economic costs, alcohol abuse means any cost-generating aspect of alcohol consumption; this definition differs from the clinical use of the term, which involves specific diagnostic outcomes. (U.S. Department of Health and Human Services, January 2000)

Asthma: A lung disease characterized by airway constriction, mucus secretion, and chronic inflammation, resulting in reduced airflow and wheezing, coughing, chest tightness, and difficulty breathing. (Department of Health and Human Services, January 2000)

Behavioral Risk Factor Survey (BRFS): Part of a national surveillance system that comprises the largest health survey in the world. It is the primary source of state and county-specific estimates for behaviors, conditions, and preventive health practices that are associated with the leading causes of morbidity and mortality. It is especially relevant to public health as it measures risk factors that are preventable. (Centers for Disease Control and Prevention, May 2010)

Binge drinker: An individual who reports drinking at least five alcoholic beverages (any combination of beer, wine, or liquor) on at least one or more occasions within the past month. (U.S. Department of Health and Human Services, January 2000)

Birth rate (age-specific): Number of live births to resident women of a specific age group in a defined geographic area divided by the total resident female population of that specific age group and area, then multiplied by 1,000 to generate the birth rate per 1,000. (Healthy Michigan 2010)

Birth rate (crude): Number of live births to resident women of a defined geographic area divided by the area's total resident population, and then multiplied by 1,000 to generate the birth rate per 1,000. (California Maternal Child, and Adolescent Health Resources, May 2010)

Body mass index (BMI): A measure that adjusts body weight for height. Weight (in kilograms) divided by the square of height (in meters), or weight (in pounds) divided by the square of height (in inches) multiplied by 704.5. Because it is readily calculated, BMI is the measurement of choice as an indicator of healthy weight, overweight, and obesity. (U.S. Department of Health and Human Services, January 2000)

Cancer: A term for diseases in which abnormal cells divide without control. Cancer cells can invade nearby tissue and can spread through the bloodstream and lymphatic system to other parts of the body. Also called "malignant neoplasm." (U.S. Department of Health and Human Services, January 2000)

Centers for Disease Control and Prevention (CDC): Recognized as the lead federal agency for protecting the health and safety of people (at home and abroad), providing credible information to enhance health decisions, and promoting health through strong partnerships. The CDC serves as the national focus for developing and applying disease prevention and control, environmental health, and health promotion and education activities designed to improve the health of the people of the U.S. (Centers for Disease Control and Prevention, 2002)

Confidence interval (CI): The computed interval with a given probability in which the true value of a variable such as a mean, proportion, or rate is contained within the interval. (International Epidemiological Association, Inc., 1995)

Chronic illness: 1) Suffering from a disease or ailment marked by long duration, by frequent recurrence over a long time, and often by slow progression. 2) A disease or ailment having a slow progressive course of indefinite duration — used especially for degenerative invasive diseases, some infections, psychoses, and inflammations. 3) Being infected with a disease-causing agent (such as a virus) and remaining infectious over a long period of time, but not necessarily expressing symptoms. Carriers may remain healthy but still transmit the virus. (World Health Organization, May 2010)

Chronic lower respiratory disease (CLRD): Includes bronchitis, emphysema, and chronic obstructive pulmonary disease.

Chronic obstructive pulmonary disease (COPD): A lung ailment that is characterized by a persistent blockage of airflow from the lungs. It is a life-threatening lung disease that interferes with normal breathing and generally worsens with time. The common symptoms are breathlessness, excessive sputum production, and chronic cough. COPD-related deaths are likely to increase in the coming 20 years, making it the third-leading cause of death in the world. (World Health Organization, May 2010)

Clinically diagnosed diabetes: A group of diseases characterized by high levels of blood glucose resulting from defects in insulin production, insulin action, or both. (World Health Organization, May 2010)

Colonoscopy: An endoscopic examination of the inside of the rectum and entire colon using a flexible, lighted instrument (a colonoscope) that is inserted into the rectum. If polyps are found they can be removed at the same time. (Centers for Disease Control and Prevention, May 2010)

Crude birth rate: See birth rate (crude)

Diabetes (mellitus): A chronic disease due to either insulin deficiency, resistance to insulin action, or both, and associated with hyperglycemia (elevated blood glucose levels). Without proper preventive treatment, organ complications related to diabetes develop over time, including heart, nerve, foot, eye, and kidney damage. Problems with pregnancy also occur. Diabetes is classified into four major categories:

- **Type 1 diabetes:** Represents clinically about 5% of all people with diagnosed diabetes. Its clinical onset is typically before age 30. Most often this type of diabetes represents an autoimmune destructive disease in beta (insulin-producing) cells of the pancreas in genetically susceptible individuals. Insulin therapy is always required to sustain life and maintain diabetes control. Previously called “insulin-dependent diabetes mellitus” (IDDM) or “juvenile-onset diabetes” (JODM).
- **Type 2 diabetes:** Most common form of diabetes in the U.S. and the world, especially in certain racial and ethnic groups and in elderly people. In the U.S., approximately 95% of all people with diagnosed diabetes (estimated 10.5 million) and almost 100% of all people with undiagnosed diabetes (estimated 5.5 million) probably have Type 2 diabetes. Previously called “non-insulin-dependent diabetes mellitus” (NIDDM) or “adult-onset diabetes” (AODM).
- **Gestational diabetes mellitus (GDM):** Refers to the development of hyperglycemia during pregnancy in an individual not previously known to have diabetes. Approximately 3% of all pregnancies are associated with GDM. GDM identifies health risks to the fetus and newborn and future diabetes in the mother and offspring.
- **Other types:** Include genetic abnormalities, pancreatic diseases, and medication use.

(U.S. Department of Health and Human Services, January 2000)

Diphtheria: An acute febrile contagious disease marked by the formation of a false membrane, especially in the throat. It is caused by a bacterium that produces a toxin, which causes inflammation of the heart and nervous system. (Centers for Disease Control and Prevention, May 2010)

DTaP vaccine: Vaccination to protect against diphtheria, tetanus, and pertussis. (Centers for Disease Control and Prevention, May 2010)

Disability: General term used to represent the interactions between individuals with a health condition and barriers in their environment. The term disability is operationalized as self-reported activity limitations or use of assistive devices or equipment related to an activity limitation. (U.S. Department of Health and Human Services, January 2000)

Federal Poverty Level (FPL): In February of each year, the Federal Government releases an official income level for poverty. The benefit levels of many low-income assistance programs are based on these poverty figures. (U.S. Census Bureau, May 2010)

Fibromyalgia: A syndrome characterized by chronic pain, stiffness, and tenderness of muscles, tendons, and joints without detectable inflammation. (Centers for Disease Control and Prevention, May 2010)

General fertility rate: The number of live births per 1,000 women of childbearing age (ages 15–44). (California Department of Public Health, April 2010)

Gestational age: Measured from the first day of a woman's last menstrual cycle to the current date, measured in weeks. A normal human pregnancy can range from 38 to 42 weeks. (MedlinePlus, April 2010)

Gonorrhea: A sexually transmitted disease caused by a bacterium of the genus *Neisseria*. (Centers for Disease Control and Prevention, May 2010)

***Haemophilus influenzae* type B (HIB):** A serotype of a bacterium of the genus *Haemophilus* that causes bacterial meningitis and pneumonia, especially in children. (Centers for Disease Control and Prevention, May 2010)

Health: A state of physical, mental, and social well-being, and not merely the absence of disease and infirmity. (World Health Organization, 2002)

Healthcare coverage: 1) The method an individual uses to cover most of the cost of medical care. 2) Referral or linkage to assure access to health services. 3) The type of healthcare coverage (whether paid by public or private sector) of those individuals who report only one type of healthcare coverage, or the healthcare coverage used to pay most of the cost of medical care among those individuals who reported that they had more than one plan. (U.S. Department of Health and Human Services, January 2000)

Health education: Any planned combination of learning experiences designed to predispose, enable, and reinforce voluntary behavior conducive to health in individuals, groups, or communities. (U.S. Department of Health and Human Services, January 2000)

Health insurance: Any type of third-party payment, reimbursement, or financial coverage for an agreed-upon set of healthcare services. Includes private insurance obtained through employment or purchased directly by the consumer, or health insurance provided through publicly funded programs, including Medicare, Medicaid, CHAMPUS/CHAMPVA, or other public hospital or physician programs. (U.S. Department of Health and Human Services, January 2000)

Health promotion: Any planned combination of educational, political, regulatory, and organizational supports for actions and conditions of living conducive to the health of individuals, groups, or communities. (U.S. Department of Health and Human Services, January 2000)

Healthy People 2010 Objectives: The Healthy People Year 2010 (Y2010) Objectives are a national set of benchmarks developed by a consortium of groups in association with the U.S. Department of Health and Human Services. Objectives were developed for some special populations based on baseline national statistics. On a cautionary note, since the racial/ethnic composition of Santa Clara County is different than the U.S., Y2010 objectives may not always provide appropriate measures for our County. Not all indicators presented in this report were compared to Y2010 objectives; a number of indicators did not have a corresponding objective; and/or the comparison was not appropriate for the population that was presented. (U.S. Department of Health and Human Services, January 2000)

Healthy weight: Defined as a Body Mass Index (BMI) equal to or greater than 18.5 and less than 25. (U.S. Department of Health and Human Services, January 2000)

Heart disease: The leading cause of death and a common cause of illness and disability in the U.S. Coronary heart disease and ischemic heart disease are specific names for the principal form of heart disease, which is the result of atherosclerosis, or the buildup of cholesterol deposits in the coronary arteries that feed the heart. (U.S. Department of Health and Human Services, January 2000)

Hemorrhagic stroke: Accounts for 10 to 15% of all cases of stroke where bleeding in the brain (intracerebral hemorrhage) or between the brain and the skull (subarachnoid hemorrhage) disrupts brain function. Bleeding usually occurs due to a rupture in arterial walls that are already weakened by high blood pressure. A pool of blood compresses brain tissue in its vicinity preventing adequate amounts of fresh blood from reaching the area. (Centers for Disease Control and Prevention, May 2010)

Hepatitis B Virus (HBV): Caused by a virus that attacks the liver. It can cause lifelong infection, cirrhosis (scarring) of the liver, liver cancer, liver failure, and death. (Centers for Disease Control and Prevention, May 2010)

High blood pressure (Hypertension): A systolic blood pressure of 140 mmHg or greater or a diastolic pressure of 90 mmHg or greater. With high blood pressure, the heart has to work harder, resulting in an increased risk of heart attack, stroke, heart failure, kidney and eye problems, and peripheral vascular disease. (U.S. Department of Health and Human Services, January 2000)

Human Immunodeficiency Virus (HIV): A virus that infects and takes over certain cells of the immune system that are important in fighting disease. (U.S. Department of Health and Human Services, January 2000)

Illicit drugs: Drugs not sanctioned by custom or law; unlawful drugs. (U.S. Drug Enforcement Administration, May 2010)

Immune-compromised: Having the immune system impaired or weakened by drugs or illness. (Medical Dictionary, May 2010)

Incidence: The number of occurrences, typically of an illness, during a period of time among a specific population. This term is sometimes used to mean “incidence rate”; however, incidence rate is the rate of new occurrences, over time, in a population. The number of new occurrences during this given period of time (often one year) is divided by the number in the population at risk experiencing the occurrences during the same time period. (Epidemiology Glossary, May 2010).

Injury: Unintentional or intentional damage to the body resulting from acute exposure to thermal, mechanical, electrical, or chemical energy, or from the absence of such essentials as heat or oxygen. (U.S. Department of Health and Human Services, January 2000)

Intimate partner(s): Refers to spouses, ex-spouses, boyfriends, girlfriends, and former boyfriends and girlfriends, including same-sex partners. Intimate partners may or may not be cohabitating and need not be engaging in sexual activities. (U.S. Department of Health and Human Services, January 2000)

Intimate partner violence: 1) Actual or threatened physical or sexual violence or psychological and emotional abuse by an intimate partner. (U.S. Department of Health and Human Services, January 2000.) 2) Actual or threatened physical or sexual violence, or psychological/emotional abuse by a spouse, ex-spouse, boyfriend/girlfriend, ex-boyfriend/ex-girlfriend, or date. (CDC, 2001)

Kotelchuck Index (prenatal care): A two-factor index that utilizes two independent and distinct dimensions: Adequacy of Initiation of Prenatal Care and Adequacy of Received Services. The month in which care is initiated is grouped not by trimester, but into four adequacy groupings. The expected number of visits is based on the American College of Obstetricians and Gynecologists (ACOG) standard and is shown as the ratio of actual visits to recommended number of visits. Also known as the Adequacy of Prenatal Care Index (APNCU). Kotelchuck Index measurements include:

- **Adequate plus:** Prenatal care begun by the fourth month and 110% or more of recommended prenatal visits were received.
- **Adequate prenatal care:** Prenatal care begun by the fourth month and 80% to 109% of recommended prenatal visits were received.
- **Intermediate prenatal care:** Prenatal care begun by the fourth month and 50% to 79% of recommended prenatal visits were received.
- **Inadequate prenatal care:** Prenatal care begun after the fourth month or less than 50% of recommended prenatal visits were received.

The index uses information readily available on the standard U.S. birth certificates (number of prenatal care visits, month prenatal care began, and gestational length of pregnancy). (Healthy Michigan 2010)

Life expectancy: A hypothetical calculation of the average age at death for a cohort of people subject to the age-specific mortality rates observed over a given time period. (World Health Organization, March 2010).

Low income: Defined by the Healthy People Year 2000 Objectives as annual family income less than \$10,000 or annual family income less than \$20,000 depending on the objective. This concept is different from the threshold poverty level established by the federal government, which takes into account the size of the family when examining income. Neither definition of low income adjusts for the cost of living in a particular area. (U.S. Department of Health and Human Services, January 2000)

Mammogram: An x-ray of the breast. (U.S. Department of Health and Human Services, January 2000)

Measles-mumps-rubella (MMR) vaccine: Vaccination to protect against measles, mumps, and rubella. (Centers for Disease Control and Prevention, May 2010)

Measles: An acute and highly contagious viral disease characterized by fever, runny nose, cough, red eyes, and a spreading skin rash. (Centers for Disease Control and Prevention, May 2010)

Moderate physical activity: Activities that cause small increases in breathing or heart rate, including brisk walking, bicycling, vacuuming, or gardening. (Centers for Disease Control and Prevention, May 2010)

Morbidity: A departure from a state of physiological or psychological well-being. (Epidemiology Glossary, May 2010)

Mortality: The number of deaths per 100,000 people per year, age adjusted to a U.S. standard population. (National Cancer Institute, May 2010)

Multi-drug-resistant tuberculosis: A specific form of TB that is resistant to Isoniazid and Rifampicin, the two most powerful anti-TB drugs. It can occur due to improper use of antibiotics during the chemotherapy of drug-susceptible TB patients. The treatment of multi-drug-resistant TB requires extensive chemotherapy for up to two years, unlike drug-susceptible TB, which can be cured within six months. (World Health Organization, May 2010)

Mumps: An acute contagious disease caused by a paramyxovirus (genus *Rubulavirus*), marked by fever and especially swelling of the parotid gland. Also called "epidemic parotitis." (Center for Disease Control and Prevention, May 2010)

National Health and Nutrition Examination Survey (NHANES): Conducted by the National Center for Health Statistics, Centers for Disease Control (NCHS/CDC), and designed to assess the health and nutritional status of adults and children in the U.S. through interviews and direct physical examinations. (Centers for Disease Control and Prevention, May 2010)

Neural tube defects (NTDs): A set of birth defects that resulted from failure of the neural tube to close in utero. Two of the most common NTDs are anencephaly (absence of the majority of the brain) and spina bifida (incomplete development of the back and spine). (U.S. Department of Health and Human Services, January 2000)

Obesity: Refers specifically to having an abnormally high proportion of body fat or having a body mass index (BMI) of 30 or greater. (Centers for Disease Control and Prevention, April 2010)

Overweight: Refers to an excess of body weight compared to set standards or having a body mass index (BMI) greater than 25 but less than 30. A person can be overweight without being obese; however, many people who are overweight are also obese. (Centers for Disease Control and Prevention, April 2010)

Pap (Papanicolaou) test: Microscopic examination of cells collected from the cervix. The Pap test is used to detect cancer, changes in the cervix that may lead to cancer, and noncancerous conditions, such as infection or inflammation. (U.S. Department of Health and Human Services, January 2000)

Perinatal period: Period from birth to within the first seven days of life. (California Maternal Child, and Adolescent Health Resources, May 2010).

Person-years of life lost: The years of life lost due to early death from a particular cause or disease; calculated as the difference between the actual age of death and the expected age of death. (National Cancer Institute, May 2010).

Pertussis (whooping cough): An infectious disease, especially of children, marked by a convulsive spasmodic cough sometimes followed by a crowing intake of breath. (Centers for Disease Control and Prevention, May 2010)

Polio: Acute infectious viral diseases caused by the polio virus, characterized by fever, motor paralysis, and atrophy of skeletal muscles often resulting in permanent disability and deformity, and marked by inflammation of nerve cells in the ventral horns of the spinal cord. (Centers for Disease Control and Prevention, May 2010)

Postnatal: Occurring or existing after birth. (California Maternal Child, and Adolescent Health Resources, May 2010)

Prevalence: The number of events or instances of a given disease or other condition in a given population at a designated time. (International Epidemiological Association, Inc., 1995)

Prostate-specific antigen (PSA) test: A blood test that measures the level of PSA in the blood. PSA is a substance made by the prostate. The levels of PSA in the blood can be higher in men who have prostate cancer. The PSA level may also be elevated in other conditions that affect the prostate, like an enlarged prostate, a prostate infection, or certain medical procedures. As a rule, the higher the PSA level in the blood, the more likely a prostate problem is present. But many factors, such as age and race, can affect PSA levels. (Centers for Disease Control and Prevention, May 2010)

Quality of life: Reflects a general sense of happiness and satisfaction with our lives and environment. It encompasses all aspects of life including health, recreation, culture, rights, values, beliefs, aspirations, and the conditions that support a life containing these elements. "Health-related quality of life" reflects a personal sense of physical and mental health and the ability to react to factors in the physical and social environments. Health-related quality of life is more subjective than life expectancy and therefore can be more difficult to measure, though some tools have been developed to measure health-related quality of life. (U.S. Department of Health and Human Services, January 2000)

Race/ethnicity: Different categories are used when referring to race or ethnicity. Assumptions regarding these categories change over time in response to greater awareness of the meaning and relevance of race, ethnicity, and geographical origin. The following list shows the race/ethnicity categories recommended by the Office of Management and Budget (OMB); however in this report, ethnic groups represented are Whites, Hispanics, Asian/Pacific Islanders, and African Americans.

- **American Indian or Alaska Native:** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
- **Asian:** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- **Black or African American:** A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black" or "African American."
- **Native Hawaiian or Other Pacific Islander:** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands. Categorized under "Asian/Pacific Islander" in this report.
- **Hispanic or Latino:** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term, "Spanish origin" can be used in addition to "Hispanic" or "Latino."
- **Other:** "Other" and refused to state/unknown race.
- **White:** A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

(Office of Management and Budget, December, 2000)

Rate: The basic measure of disease occurrence that most clearly expresses the probability of risk of disease in a defined population over a specified period of time. A rate is defined as the number of events in a specified period divided by population at risk during that period. (U.S. Department of Health and Human Services, January 2000)

Rubella: An acute contagious disease caused by a togavirus, which is milder than typical measles but is damaging to the fetus when occurring early in pregnancy. Also called "German measles." (Centers for Disease Control and Prevention, May 2010)

Secondhand smoke: A mixture of the smoke exhaled by smokers and the smoke that comes from the burning end of the tobacco product. (U.S. Department of Health and Human Services, January 2000)

Sexual assault: Unwanted sexual contact or forced sex that includes oral, anal, or vaginal intercourse in situations when threats, physical force, or a weapon is used; also includes situations when a person is unable to give consent due to age, drugs, alcohol, sleep, or mental disability. (U.S. Department of Health and Human Services, January 2000)

Smallpox: An acute, highly infectious, often fatal disease caused by a pox virus and characterized by high fever and aches with subsequent widespread eruption of pimples that blister, produce pus, and form pockmarks. (Centers for Disease Control and Prevention, May 2010)

Sigmoidoscopy: An exam where a doctor looks inside the rectum and lower half of the colon through a lighted tube. (Centers for Disease Control and Prevention, May 2010)

Sexually transmitted diseases (STDs): Infections that are passed from one person to another during sexual contact. These infections often do not cause any symptoms. Also called “sexually transmitted infections.” (Planned Parenthood, April 2010).

Substance abuse: The problematic consumption or illicit use of alcoholic beverages, tobacco products, and drugs, including misuse of prescription drugs. (U.S. Department of Health and Human Services, January 2000)

Teenage birth rate: Number of resident live births to teens of a specific age group (most often ages 15-17 or 15-19), divided by total resident female population of that age group x 1,000. (California Maternal Child, and Adolescent Health Resources, May 2010)

Tetanus: An acute infectious disease, also called “lockjaw,” characterized by tonic spasm of voluntary muscles and especially of the muscles of the jaw. Caused by neuro-toxin Tetanospasmin, which is usually introduced through a wound. (Centers for Disease Control and Prevention, May 2010)

Varicella (chicken pox): An acute contagious disease, especially of children, that is marked by low-grade fever and formation of vesicles. Caused by a herpes virus. (Centers for Disease Control and Prevention, May 2010)

Vigorous physical activity: Activities that cause a large increase in breathing or heart rate. Examples include running, aerobics, and heavy yard work. (Centers for Disease Control and Prevention, May 2010)

Violence: The intentional use of physical force or power, threatened or actual, against another person, against oneself, or against a group of people, which results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment, or deprivation. (U.S. Department of Health and Human Services, January 2000)

WIC (Women, Infants, and Children Program): Federal program operated by the U.S. Department of Agriculture’s Food and Nutrition Service. WIC provides grants to states for supplemental food, healthcare referrals, and nutrition education for low-income pregnant, breastfeeding, and non-breastfeeding postpartum women, and to infants and children up to age 5. To be eligible for WIC, an applicant’s income must be below 185% of the Federal Poverty Level. (United States Department of Agriculture, April 2010)

Years of potential life lost (YPLL): A public health measure that reflects the impact of deaths occurring in years preceding a conventional cutoff year of age, usually 65 years. (Centers for Disease Control and Prevention, April 2010)

Youth Risk Behavior Survey (YRBS): A survey developed by the CDC to track the extent of health-risk behaviors among the nation’s youth. The survey was launched in 1990 and has been implemented among the nation’s youth every other year since 1991. A majority of the states, as well as some cities, conduct a YBRS based on the national survey.

Data Sources

Behavioral Risk Factor Survey (BRFS)	Surveys adults in Santa Clara County randomly by telephone on behavioral and health risk behaviors. Administered every other year.	http://www.cdc.gov/brfss/
California Health Kids Survey (CHKS)	Surveys fifth, seventh, ninth, and eleventh-graders in participating Santa Clara County schools on health-related behaviors. Administered every other year.	http://www.wested.org/cs/chks/print/docs/chks_home.html
California Health Interview Survey (CHIS)	Population-based telephone survey of California residents that collects extensive information for all age groups on health and health-related issues. Administered every other year.	http://www.chis.ucla.edu/
Youth Risk Behavior Surveillance System (YRBSS)	Monitors priority health-risk behaviors and the prevalence of obesity and asthma among youth and young adults. Administered every other year.	http://www.cdc.gov/HealthyYouth/yrbs/index.htm
National Health and Nutrition Examination Survey (NHANES)	Combines interviews and physical examinations of the participants to assess the health and nutritional status of adults and children in the U.S. Administered every other year.	http://www.cdc.gov/nchs/nhanes.htm
Demographics		
U.S. Census and American Community Survey (ACS)	Collects economic and demographic information on every household in the U.S. every 10 years. ACS supplements the census and collects the same information from about 3 million addresses each year.	http://www.census.gov/ http://www.census.gov/acs/
California Department of Finance - Population Estimates	Detailed population estimates for each county by age, gender and race/ethnicity. Compiled annually.	http://www.dof.ca.gov/research/demographic/reports/#estimates
Births		
Santa Clara County Birth Records	Records all births to residents and births that occur in Santa Clara County.	
California Vital Statistics Query System	Queryable online system of births and deaths in California.	http://www.applications.dhs.ca.gov/vsq/default.asp
Morbidity		
Surveillance Epidemiology and End Results (SEER)	Surveillance system maintained by the National Cancer Institute to collect information on incidence, prevalence, and survival of all cancers.	http://www.seer.cancer.gov/
Santa Clara County Confidential Morbidity Reports (CMR)	Confidential morbidity reports for about 80 reportable diseases from healthcare providers located throughout the County.	http://www.sccphd.org/portal/site/phd/agencychp?path=%2Fv7%2FPublic%20Health%20Department%20%28DEP%29%2FCommunicable%20Disease%20Reporting
California HIV/AIDS Reporting System (HARS/EHARS)	Statewide surveillance system that tracks HIV/AIDS infection using data from participating County healthcare providers and laboratories.	
California Office of Statewide Health Planning and Development Patient Discharge Database (OSPHD)	Includes records for each patient discharged from a California licensed hospital.	http://www.oshpd.ca.gov/HID/DataFlow/HospMain.html
California Highway Patrol Statewide Integrated Traffic Reporting System (SWITRS)	Data on all reported fatal and injury collisions that occurred on California's state highways and all other roadways excluding private property.	http://www.chp.ca.gov/switrs/
Tuberculosis Information Management System (TIMS)	TB data entered at the local level and cleaned by the state.	

EpiCenter, California Injury Data Online	California data provided by a queryable online system of fatal and nonfatal injury data.	http://www.applications.dhs.ca.gov/epicdata/default.htm
Healthy People 2010 and 2020	Decennial objectives related to health developed by the U.S. Department of Health and Human Services.	http://www.healthypeople.gov/ http://www.healthypeople.gov/hp2020/Comments/default.asp
Mortality		
Santa Clara County Death Records	Records all resident deaths and deaths that occur in Santa Clara County.	
California Vital Statistics Query System	California data provided by a queryable online system of births and deaths	http://www.applications.dhs.ca.gov/vsq/default.asp

Santa Clara County Health Profile Report Sponsors

We would like to thank the following agencies for helping to make this report possible.

Council on Aging Silicon Valley

Council on Aging Silicon Valley is an independent nonprofit organization and the State-designated Area Agency on Aging (AAA) for Santa Clara County. Our mission is to improve the lives of older adults and people with disabilities to help them achieve their desire to age in-place by remaining in their chosen homes and communities as long as they can. Council on Aging also offers an array of support services to those who are caring for elder loved ones.

El Camino Hospital

El Camino Hospital is a 542-bed, acute-care, not-for-profit, and locally governed organization with campuses in Mountain View and Los Gatos. Key medical specialties across both campuses include cancer care, heart and vascular, neuroscience, genomic medicine, orthopedic and spine, urology, robotic surgery and women's health. Through its community benefit program, the hospital provides nearly \$6 million in funding each year to a variety of community health improvement projects and partnerships, including many hospital-based programs such as the onsite RotaCare Clinic, as well as more than 40 nonprofit organizations in its service area. In addition, the hospital's generous charity care policy ensures that vulnerable populations in the area receive care regardless of their ability to pay. While El Camino Hospital's primary focus is on providing excellent medical care to its patients, the investment in community benefit programs is helping to improve the health and well-being of every individual in our community.

FIRST 5 Santa Clara County

FIRST 5 Santa Clara County is committed to the healthy development of children in their first five years. Research shows that a child's brain develops most dramatically in the first five years, and what parents and caregivers do during these years to support their child's growth will have a meaningful impact throughout life. Established in 1998 through funding from California's Proposition 10, FIRST 5 Santa Clara County distributes approximately \$25 million in tobacco tax revenues annually to health, education, family, and community programs and services that positively impact the lives of children and families in Santa Clara County. For more information on FIRST 5 Santa Clara County and its services, please call (408) 260-3700 or visit www.first5kids.org.

Kaiser Permanente Santa Clara

The Kaiser Permanente Santa Clara Medical Center is composed of a tertiary level hospital with 327 licensed beds and three satellite clinics in Milpitas, Campbell, and Mountain View. Services are provided by more than 485 physicians and 4,300 staff. Regional specialty centers include cardiovascular services, ambulatory surgery, stroke care, and inpatient pediatric services for the south Bay Area. It is the nation's first hospital to feature an innovative concrete-and-steel brace construction to provide superior earthquake protection. We serve northwestern Santa Clara County including Campbell, Cupertino, Los Altos, Los Gatos, Milpitas, Mountain View, San Jose, Santa Clara, Saratoga, and Sunnyvale. As a value-driven, not-for-profit integrated healthcare organization, we are dedicated to improving the health of our communities. This is a longstanding mission fulfilled by our Community Benefit program: planned, measurable investments to improve community health, with emphasis on vulnerable and at-risk populations, in partnerships with public-private organizations. We provide grants, and also share our expertise and time by volunteering in our community. For more information, visit www.kpsantaclara.org.

Kaiser Permanente San Jose

Kaiser Permanente San Jose Medical Center is comprised of a full-service, 242 licensed-bed hospital and outpatient medical offices in both San Jose and Gilroy. Our more than 400 physicians and nearly 2,000 nurses and other healthcare professionals serve more than 190,000 members from San Jose to Gilroy and beyond. We offer specialized service, such as a fully accredited sleep-disorder clinic, weight-loss management, chemical-dependency treatment, spine care, chronic pain management, and cardiac care. Kaiser Permanente San Jose is also home to the Genetics and Autism Spectrum Disorders regional referral centers for specialty care. Kaiser Permanente San Jose extends its clinical care and total health focus through community partnerships, volunteerism, and generous Community Benefit funding and services aimed at providing health care for vulnerable populations. Our physicians and practitioners contribute their time and expertise to help build healthier lives, stronger communities, and better conditions in the neighborhoods we serve. For more information, visit www.kpsanjose.org.

Kids in Common

Kids in Common advocates for policies, partnerships and investments that improve children’s lives in Santa Clara County. Children need a strong public voice — a voice that promotes and protects their best interests. Kids in Common is that voice and challenges leaders and decision-makers in our community to act in the best interest of our children. Our vision is that every child in Santa Clara County will be safe, healthy, successful in learning, successful in life. The foundation of our work is the Santa Clara County Children’s Agenda, a focused, integrated initiative that utilizes data and research to inform decision-making, guide program improvement, and drive results. The Children’s Agenda has identified community goals and 13 indicators to track our progress in achieving those goals. The Children’s Agenda provides a basis for action, makes it easier to seek and allocate resources, and allows our stakeholders to develop powerful strategies for change. For more information, visit www.kidsincommon.org.

Lucile Packard Children’s Hospital at Stanford

Lucile Packard Children’s Hospital at Stanford, although a nationally ranked hospital that cares for complex pediatric and obstetric patients from throughout the nation, takes seriously its obligation to also address the less complex needs of children, adolescents, and expectant mothers in its immediate neighborhood of Santa Clara and San Mateo counties. The hospital focuses on working with existing community resources to address unmet health needs. A demonstration initiative to put nurses back into schools is an example. The hospital and the Lucile Packard Foundation for Children’s Health are funding a five-year project with:

- San Jose Unified School District, which has placed full-time nurses into four high-need schools in central San Jose.
- School Health Clinics of Santa Clara County, providing a medical home for children and supports the nurses to care for children with chronic conditions.
- Stanford University School of Medicine, which is providing outcomes evaluation to build an evidence-based case for putting healthcare back into schools.

O’Connor Hospital

O’Connor Hospital, the only Catholic hospital in San Jose, is a 358-bed, acute-care, not-for-profit community hospital located in the heart of San Jose, and has served the South San Francisco Bay longer than any other hospital in the region. Established in 1889 by the Daughters of Charity of St. Vincent de Paul, O’Connor Hospital (OCH) is a values-driven organization dedicated to providing comprehensive, excellent healthcare that is attentive and compassionate to the whole person: body, mind and spirit. Upholding the mission of its founders, O’Connor Hospital dedicates itself to improving the health of the communities we serve, placing special emphasis on serving vulnerable populations in the community, including the poor and underserved, ethnic populations, the elderly, and children. OCH sponsors the Pediatric Center for Life, Family Health Center, Parish Nursing programs, and the Stanford-affiliated Family Medicine Residency Program. For more information, visit www.oconnorhospital.org.

Palo Alto Medical Foundation

The not-for-profit Palo Alto Medical Foundation (PAMF) for Health Care, Research and Education is a pioneer in the multispecialty group practice of medicine. PAMF’s 950 affiliated physicians and 4,300 employees serve more than 655,000 patients at its medical centers and clinics in Alameda, San Mateo, Santa Clara, and Santa Cruz counties. PAMF is recognized as a national leader in clinical quality and the use of state-of-the-art technology, including electronic health records, to provide patients with the very best care in a healing environment. PAMF is part of the Peninsula Coastal Region of Sutter Health, one of the nation’s leading not-for-profit networks of community-based healthcare providers. Sutter Health’s Peninsula Coastal Region also includes Mills-Peninsula Health Services. For more information, visit www.pamf.org.

Saint Louise Regional Hospital

Saint Louise Regional Hospital (SLRH) is a 93-bed, acute-care facility that has been providing the growing communities of south Santa Clara County and north San Benito County with many distinct programs and services since 1989. Committed to being the center for health and healing in the community, we strive to increase community outreach and health education. We offer Diabetes Education classes in English and in Spanish through a specially designed Promotores program. SLRH offers free health screenings at various locations and businesses, and provides flu shots to community businesses and seniors free of charge. SLRH also sponsors and participates in community events such as the Gilroy Community Health Day, the Celebración del Campo, and the Cinco de Mayo and Halloween events at Arteagas Market. For more information, visit www.saintlouisregionalhospital.org.

Santa Clara County Public Health Department

The Santa Clara County Public Health Department prevents disease and injury and creates environments that promote and protect the community's health. The Public Health Department has a variety of programs and services with multiple funding streams and legislative mandates. Broadly, the Public Health Department is governed by the California Health and Safety Codes, and specifically programs are established and regulated by a number of federal and state regulations. By virtue of both its mandates and mission, the Public Health Department offers services that are very diverse. In turn, these diverse public health services are provided to a wide range of clients and audiences, very purposefully and deliberately strategic, based both on data and proven best practices. The Public Health Department also develops partnerships with public and private healthcare providers and institutions, other government agencies engaged in services that affect health, community-based organizations, and others to collectively identify, alleviate, and act on the sources of public health problems.

Santa Clara Family Health Plan

Santa Clara Family Health Plan (SCFHP) is a public, not-for-profit organization dedicated to providing affordable, low-cost health coverage for children, adults, and small businesses in Santa Clara County. SCFHP's Medi-Cal and Healthy Families programs offer health care services for low-income eligible children, parents, and pregnant mothers, as well as seniors and people with disabilities. The Healthy Kids program, which is locally and foundation funded, provides low-cost health, dental, and vision care for children from birth to age 18. Healthy Workers provides a health plan to Santa Clara County small businesses that have not offered healthcare coverage to their employees in the past year and whose employees make less than \$18 per hour. To promote the health and well-being of our members, Santa Clara Family Health Plan offers local customer service, free health education classes, support groups, and reading materials. For more information, visit www.scfhp.com.

Stanford Hospital & Clinics

Stanford Hospital & Clinics (SHC), a non-profit hospital, is consistently recognized as one of "America's Best Hospitals" by *U.S. News and World Report* and known internationally for advanced treatment of complex disorders in areas such as cardiac care, cancer treatment, neurosciences, and organ transplants. SHC also maintains a strong commitment to the health of its community, defined as San Mateo and Santa Clara counties, dedicating considerable resources to community benefits. In FY09, SHC invested more than \$124 million, excluding unreimbursed Medicare, in improving the health of its community with more than 75 percent of those dollars allocated to vulnerable populations. The focus of SHC's commitment to community health over the last several years has been on improving access to health care. In 2008, SHC developed a strategic plan that expanded that focus to include reducing cancer-related health disparities and added a second initiative: improving the health and well-being of older adults.

The Health Trust

The mission of The Health Trust is to lead the Silicon Valley community to advance wellness. With an emphasis on prevention, The Health Trust focuses its work through three initiatives. The Healthy Living initiative aims to reduce obesity by creating changes in our environment to increase residents' access to nutrition and physical activity. The Healthy Aging Initiative helps older adults spend more years in good health, engaged as vital members of their communities. The Healthy Communities Initiative aspires to achieve health equity, so that social and economic circumstances are not barriers to good health. For more information, visit www.healthtrust.org.

United Way Silicon Valley

We create lasting and measurable change by focusing on the three key building blocks of life: income, education and health. United Way Silicon Valley brings stakeholders together to generate philanthropy from all segments of the community. We marshal resources, forge community consensus, and build coalitions and partnerships. The combined result is far greater than the sum of each individual component. It takes everyone in the community working together to create a brighter future for all. We are proud to partner again with the Coalition on this report. We share the commitment for access to age-appropriate, culturally proficient health care for uninsured adults, seniors, and families. For more information, visit www.uwsv.org.

YMCA of Silicon Valley

The YMCA of Silicon Valley formed from the union of the YMCA of Santa Clara Valley and the YMCA of the Mid-Peninsula effective January 1, 2009. This new union serves nearly 190,000 members from communities that span from Gilroy to Redwood City and from the Pacific Coast to the San Francisco Bay. The Y is for youth development, healthy living, and social responsibility for all. Today, through our 12 branches and 103 afterschool sites, the YMCA of Silicon Valley offers programs tailored to the needs of an ever growing and changing community. Programs for all ages center around health and wellness, skill building, youth development, asset development, and healthy family relationships. For more information, visit www.ymcasv.org.

Acknowledgements

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Cover Design: Gamaliel Galindo

Formatting and Production: Métier Marketing Communications, Inc.

Survey Administration and Analysis: Amy Flowers, Analytic Insight, LLC

The Executive Summary and comprehensive 2010 Health Profile Report are available on the Santa Clara County Public Health Department's website at www.sccphd.org and on the websites of the hospitals and organizations that have participated in the development of this report. For more information, contact the Public Health Department at (408) 792-5040.

This report was supported by the Steps to a Healthier US Cooperative Agreement Program of the U.S. Department of Health and Human Services (HHS).

Funding has been made available through grants from the U.S. Department of Health and Human Services, Health Resources and Services Administration under the Ryan White HIV/AIDS Program and the California Department of Public Health.

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