Community Health Status Report

PREMATURE DEATH and PREVENTABLE ILLNESS in SANTA BARBARA COUNTY

April 2011
Presented by Santa Barbara County Public Health Department

Santa Barbara County Board of Supervisors

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FOREWORD

Welcome to Santa Barbara County’s 2011 Community Health Status Report.

Monitoring the community’s health is a core function of public health and we hope that you will find this report helpful as a tool for both learning and planning. Collecting data and analyzing trends gives us a better understanding of where we are and how we, as a community and as the Public Health Department, should focus our attention and resources. The public’s health matters. It impacts each and every person who lives, works, studies, plays and prays in the county – regardless of age, gender, race, income or sexual orientation.

“The public’s health matters. It impacts each and every person who lives, works, studies, plays and prays in the county…”

The statistics in this report reveal that our County compares well in many health indicators. Our age-adjusted rates for death are better than the California average, as is our life expectancy. Our rates of death from heart disease, respiratory illnesses and diabetes are lower than the State, as is our rate of tobacco use. For the most part, our statistics related to the major causes of death are what we would expect – heart disease as the leading cause followed by cancers and strokes. When we look further at the impacts of premature deaths, however, we find that causes such as motor vehicle accidents, drug overdoses, liver disease and suicides, jump to the forefront just after heart disease. An even closer look at subsets of our population uncovers alarming data indicating vast disparities in health outcomes based on race, ethnicity and socioeconomic status.

Santa Barbara County is a wonderful place to live. Significant progress has been made to improve our health status, but there is more that can, and must, be done. We will continue to work with individuals, families and communities to promote healthy behaviors. We will continue to work on policies that make the healthy choice the easy choice. We will continue to do all that we can to protect the public’s health and give everyone the opportunity to live a long, healthy life.

Special thanks goes out to the public health staff that labored tirelessly to compile and analyze the data contained in this report.

Yours in health,

Takashi Michael Wada, MD, MPH
Director/ Health Officer
Santa Barbara County Public Health Department
EXECUTIVE SUMMARY

The 2011 Community Health Status Report presents information about the leading causes of death and disease among Santa Barbara County residents. The purpose of the report is to inform community leaders, local professionals, and the general public so they can take appropriate actions that support longer, healthier lives.

In 2008, 2,917 deaths were recorded in Santa Barbara County, approximately half of which were caused by heart disease and cancer. Over a quarter of all deaths were considered premature, that is occurred among people under age 75, totaling over 17,000 years of life lost. Many of these deaths were associated with preventable illness based on unhealthy behaviors.

Over 125,000 County residents were vaccinated as part of the Department’s H1N1 (Swine) flu prevention efforts…

Obesity posed the greatest threat to the health and lives of the largest number of County residents. Obesity-related illness such as heart disease, stroke, hypertension, diabetes, and various cancers contributed to hundreds of deaths, and thousands of years of life lost to premature death.

While smoking rates continued to decline, and while Santa Barbara County has one of the lowest smoking rates in the country (9% of adults), smoking-related illness such as heart disease, stroke, lung and other cancers, and respiratory diseases contributed to hundreds of premature deaths. Motor vehicle accidents, accidental drug overdose, liver disease, and suicide were other key causes of premature death, collectively accounting for over 4,000 years of life lost in 2008. Car accidents were the leading cause of death among teens and younger adults (15-44 years old).

County residents were healthier than the average Californian in terms of lower rates of smoking, lung cancer deaths, diabetes, sexually transmitted infections, and homicide. However, area residents were less healthy than state averages in terms of births to teens, late prenatal care, and higher rates of death due to stroke and liver disease.

Health disparities, or differences in the quality of health and health care across racial, ethnic, and socioeconomic groups, were evident among people with lower incomes and Latinos. These groups generally experienced more health problems and were less likely to have health insurance. Health service providers need to continue efforts to provide education, remove barriers to access, and provide social support to address these and other health disparities to improve the health of the community.

Substantial progress was made addressing several health concerns. Casualties from a pandemic flu (H1N1) outbreak were minimized through extensive outreach and vaccination efforts. A local ordinance restricting new tobacco retailers within 1,000 feet of schools in unincorporated areas of the county was passed. Designation of the Public Health Department clinics as Federally-qualified Community Health Centers will support the department’s ability to meet local health needs.

Over the years much progress has been made to improve the health status of local residents, yet there is clearly more to be done. The Public Health Department will continue to work with the many organizations that are committed to improving the health of our community. Together we can promote policy and lifestyle changes that will increase the quality and years of life in Santa Barbara County.
INTRODUCTION

Santa Barbara County Public Health Department

The mission of the Santa Barbara County Public Health Department is to improve the health of our communities by preventing disease, promoting wellness, and ensuring access to needed health care. Our vision is: Healthier communities through leadership, partnership, and science.

The Public Health Department works with community members and organizations to:

- Prevent epidemics and the spread of disease
- Protect against environmental hazards
- Prevent injuries
- Promote healthy behaviors
- Respond to disasters and assist communities in recovery
- Ensure the quality and accessibility of health services

The Santa Barbara County Public Health Department offers a number of programs and services designed to promote health, and prevent and treat disease. For a complete listing of programs and services, go to PHD website and click the Program and Services list or call 805-681-5100.

Information about other medical and social services in Santa Barbara County is available at www.211sbcounty.org or by calling 211. Information on a variety of health issues is available from the US National Library of Medicine at www.nlm.nih.gov, and from the Centers for Disease Control at www.cdc.gov.

Health Ranking

In the 2011 County Health Rankings produced by the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute, Santa Barbara County ranked 18th on Health Outcomes and 13th on Health Factors out of 56 counties in California. The County was ranked 13th on mortality or length of life, 6th on health behaviors of area residents, 7th in terms of the physical environment, 16th on social and economic conditions, and 23rd for clinical care. For more information go to http://www.countyhealthrankings.org/california/santa-barbara.

Recent Accomplishments of the Public Health Department

In the last two years the Santa Barbara County Public Health Department (PHD) successfully addressed several serious health issues. Highlights of these accomplishments are listed below.

- Over 125,000 County residents were vaccinated as part of the Department’s H1N1 (Swine) flu prevention efforts during the 2009-10 flu season. Combined with television, radio, bus, movie theater, and print flu prevention campaigns, the local impact of the pandemic was minimized.

“Over 125,000 County residents were vaccinated as part of the Department’s H1N1 (Swine) flu prevention efforts…”

- The Cancer Detection Program identified State restrictions on reimbursement for digital mammography as a barrier for lower-income women, leading to a change in State law allowing reimbursement for this service.

- To reduce the overwhelming number of unwanted animals in County animal shelters, the Board of Supervisors approved the Responsible Pet Owner ordinance which reinforces pet vaccination, and requires veterinarian exemption for licensure of unaltered dogs and cats.

- Federal designation of the Public Health Department clinics as a Community Health Center supported the department’s ability to meet local health needs.
• The CalREDIE automated system for tracking communicable diseases in Santa Barbara County was implemented.
• A bilingual health education television program, Healthy for Life/Una Vida Saludable is produced monthly and broadcast daily in Spanish and English on multiple TV stations.
• The Tobacco Prevention Program developed a Board-approved policy that prohibits smoking at County parks and beaches. The Board of Supervisors also approved a ban on licensing of new tobacco retailers within 1,000 of schools.

Community Health Status Report
Overview

The Community Health Status Report is produced every two years by the Public Health Department to provide current information about the health of Santa Barbara County residents to community leaders, the general public, and local professionals.

Understanding the health of the community informs critical decision making regarding program and policy development, resource allocation, and individual behavior. When we are well-informed with current information and scientific data, we can make better decisions and take more effective actions that support healthier and longer lives.

First the report looks at key characteristics of the population of Santa Barbara County, such as age distribution, ethnicity, education level, income and health insurance. Then it examines the leading causes of death and premature death among area residents. Key health factors that contribute to disease and premature death, and methods for preventing these deaths and diseases are explored.

Current efforts and resources to address these health concerns are also addressed. In some cases local numbers are compared to numbers in the state, and to the Healthy People 2020 (HP 2020) goals established by the U.S. Department of Health and Human Services. The data provided are for the most recent year available.

Health Factors

A variety of factors effect people's health and life span. As shown in the Factors Responsible for Population Health diagram, societal factors such as economic and living conditions, combined with local health and human services, and individual behaviors, have the greatest impact on people's health.

While genetic and other factors generally beyond people's control are significant, 70-80% of people's health is determined by environmental factors, medical and related services, and health behaviors.1 With supportive environments and healthy behavior, people can increase their length and quality of life.

Guidelines for Healthy Living

A checklist of Guidelines for Healthy Living or behaviors that promote health is available for your review at http://countyofsbgov/phd/healthed.aspx?id=31828. This checklist can be used as an assessment tool for evaluating the healthiness of your current lifestyle, and to identify health behaviors you would like to increase. Generally the more healthful behaviors you engage in the lower your chances of premature death and disease.
CHARACTERISTICS OF SANTA BARBARA COUNTY RESIDENTS

Age, education, income, and other factors influence health. Demographic information about the people of Santa Barbara County is provided below. This information provides a context for better understanding the health needs of our communities.

Population

The majority of Santa Barbara County residents live in the cities of Santa Maria and Santa Barbara, and the surrounding unincorporated areas. Santa Maria has grown at a faster rate than other cities in the County in recent years.

Population by City  
Santa Barbara County  
N = 423,895

Unincorporated 133,417 32%
Santa Maria 99,553 23%
Goleta 29,888 7%
Buellton 4,828 1%
Solvang 5,245 1%
Santa Barbara 88,410 21%
Guadalupe 7,080 2%
Carpinteria 13,040 3%
Lompoc 42,434 10%

Younger than 5 27,707 6%
5-24 years old 127,894 29%
25-44 years old 112,115 26%
45-64 years old 111,375 26%
65 and older 55,406 13%

California Census, 2010.
Ethnicity

While 48% of the Santa Barbara County population is White, the Latino population (43%) has grown significantly in recent years.\(^2\) The northern part of the County has a much higher percentage of Latinos, with 67% of Santa Maria city residents identified as Latino, compared to 34% of Santa Barbara City residents, from 2005-2009.

Population by Race/Ethnicity
Santa Barbara County
Census 2010
N = 423,895

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>203,122</td>
</tr>
<tr>
<td>Latino</td>
<td>181,687</td>
</tr>
<tr>
<td>Asian/PI*</td>
<td>20,271</td>
</tr>
<tr>
<td>Black</td>
<td>7,242</td>
</tr>
<tr>
<td>NA/AN**</td>
<td>1,843</td>
</tr>
<tr>
<td>Multi/Other</td>
<td>9,730</td>
</tr>
<tr>
<td>Total</td>
<td>423,895</td>
</tr>
</tbody>
</table>

Education

Education levels are moderately high in Santa Barbara County, with 61.6% of residents 25 and older having completed some college.\(^3\) People residing in the southern part of the County tend to have higher education levels. According to US Census data for 2005-2009, 85.3% of Santa Barbara city residents 25 and older have graduated from high school compared to 64.5% in Santa Maria.

Percentage by Education Level Attainment of Those Age 25 and Older
Santa Barbara County
2005 – 2009

<table>
<thead>
<tr>
<th>Education Level</th>
<th>Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than High School Grad</td>
<td>19%</td>
</tr>
<tr>
<td>High School Grad</td>
<td>19%</td>
</tr>
<tr>
<td>Some College</td>
<td>31%</td>
</tr>
<tr>
<td>Bachelor’s or Higher</td>
<td>31%</td>
</tr>
</tbody>
</table>

Income

In 2009, Santa Barbara County had a higher percentage of people living below the Federal Poverty Level (19%) than average for the State (17.8%). In 2009, almost one third of Latinos in the County (31.1%) were living below the poverty level, compared to 7.3% of Whites. Between 2007 and 2009 there was a significant increase in amount of people living below the Federal Poverty Level in Santa Barbara County.

Health Insurance

Health insurance is a key factor influencing people’s access to medical care. People with health insurance are more likely to access preventive and treatment services than those without. In 2009, 19.3% of County residents had no health insurance for all or part of the year. Latinos were much more likely than Whites to be uninsured, with 22.9% of Latinos ages 0-64 lacking health insurance at the time of the survey compared to 5.6% of Whites in this age group.

Health Insurance Status and Type During Past 12 Months For Those 0-64 Years Old Santa Barbara County, 2009

Uninsured All or Part Year 19%
Job-Based All Year 53%
Other All Year 12%
Medi-Cal / Healthy Families All Year 16%

Shana Alex Lavarreda, Y. Jenny Chia, Livier Cabezas, and Dylan Roby, August 2010.

Medi-Cal

Medi-Cal is a government program that provides health insurance to lower-income people. The number of beneficiaries of Medi-Cal in Santa Barbara County grew steadily from 2003-2009, with nearly 75,000 recipients, or 5.8% of the population, receiving this benefit in 2009.6

Medi-Cal Beneficiaries
Santa Barbara County
2003-2009

MIA

Medically Indigent Adults (MIA) is a program of the Public Health Department which funds medical services for eligible individuals with qualifying medical conditions. To qualify, individuals must be a US citizen or a Permanent Resident Alien, live in Santa Barbara County, be between the ages of 21-64, not a full-time student, and not qualify for Medi-Cal. In 2010, 3,532 County residents received medical services under the MIA program, 40% (1,403) of whom were in Santa Barbara, 39% (1,384) in Santa Maria and 21% (745) in Lompoc.7
A total of 2,917 deaths were recorded in Santa Barbara County in 2008. The age-adjusted death rate for the County (600/100,000 people) was lower than that of the State (650/100,000 people), indicating that proportionately fewer people in Santa Barbara County died in 2008 than the statewide average.

The 15 leading causes of all death and premature death in Santa Barbara County in 2008 are listed below. Deaths that occurred prior to the age of 75 were considered premature or preventable, as the average life span in the US is nearly 80 years. The number of Potential Years of Life Lost (PYLL) by premature death is the difference between the actual age of death and 75, and is a meaningful indicator of the impact of premature death. By understanding the leading causes of premature death and the contributing factors, we can help prevent premature death and disease, and increase both the quality and length of life in Santa Barbara County.

### Leading Causes of Death & Premature Death in Santa Barbara County in 2008

<table>
<thead>
<tr>
<th>Leading Causes of Death</th>
<th>No. of Deaths</th>
<th>Leading Causes of Premature* Death</th>
<th>PYLL</th>
<th>No. of Deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Heart Disease</td>
<td>735</td>
<td>Heart Disease</td>
<td>2,469</td>
<td>143</td>
</tr>
<tr>
<td>2. Stroke/Cerebrovascular Disease</td>
<td>202</td>
<td>Motor Vehicle Accidents</td>
<td>1,269</td>
<td>22</td>
</tr>
<tr>
<td>3. Lung Cancer</td>
<td>153</td>
<td>Accidental Drug Overdose</td>
<td>1,204</td>
<td>36</td>
</tr>
<tr>
<td>4. Chronic Lower Respiratory Disease**</td>
<td>149</td>
<td>Liver Disease/Cirrhosis/Hepatitis</td>
<td>884</td>
<td>28</td>
</tr>
<tr>
<td>5. Alzheimer’s Disease</td>
<td>146</td>
<td>Suicide</td>
<td>851</td>
<td>29</td>
</tr>
<tr>
<td>6. Mental/Behavioral Disorders***</td>
<td>105</td>
<td>Lung Cancer</td>
<td>776</td>
<td>73</td>
</tr>
<tr>
<td>8. Diabetes Mellitus (Type 2)</td>
<td>58</td>
<td>Stroke/Cerebrovascular Disease</td>
<td>476</td>
<td>32</td>
</tr>
<tr>
<td>9. Influenza and Pneumonia</td>
<td>55</td>
<td>Diabetes Mellitus (Type 2)</td>
<td>386</td>
<td>19</td>
</tr>
<tr>
<td>10. Liver Disease/Cirrhosis/Hepatitis</td>
<td>54</td>
<td>Diseases of the Nervous System****</td>
<td>353</td>
<td>22</td>
</tr>
<tr>
<td>11. Colon Cancer</td>
<td>54</td>
<td>Breast Cancer</td>
<td>305</td>
<td>22</td>
</tr>
<tr>
<td>12. Diseases of the Nervous System****</td>
<td>42</td>
<td>Mental and Behavioral Disorders***</td>
<td>280</td>
<td>13</td>
</tr>
<tr>
<td>12. Prostate Cancer</td>
<td>42</td>
<td>Chronic Lower Respiratory Disease**</td>
<td>279</td>
<td>30</td>
</tr>
<tr>
<td>12. Breast Cancer</td>
<td>42</td>
<td>Pancreatic Cancer</td>
<td>207</td>
<td>16</td>
</tr>
<tr>
<td>13. Suicide</td>
<td>40</td>
<td>Colon Cancer</td>
<td>198</td>
<td>17</td>
</tr>
<tr>
<td>14. Accidental Drug Overdoses</td>
<td>38</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15. Motor Vehicle Accidents</td>
<td>36</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* Among ages 1-75 years
** Chronic Obstructive Pulmonary Disease(COPD), Emphysema
*** Dementia, Schizophrenia, Mental Retardation
**** Meningitis, Multiple Sclerosis, Epilepsy
Heart disease was the leading cause of all death (735 deaths) and premature death (143 deaths among people under 75 years old), and accounted for 2,469 potential years of life lost. Cerebrovascular disease was the 2nd leading cause of all death (202 deaths) and the 8th leading cause of premature death (32 deaths under 75). Lung cancer was the 3rd leading cause of all death (153 deaths), and the 6th leading cause of premature death (73 deaths under 75). Lung disease was the 4th leading cause of all death (149 deaths), and the 13th cause of premature death (30 deaths under 75). Alzheimer’s disease was the 5th leading cause of death with 146 deaths. Motor vehicle accidents were the 2nd leading cause of premature death, accounting for 22 deaths among people under 75, and 1,269 years of life lost. Motor vehicle accidents were the leading cause of all death among people between 15-44 years old. Accidental drug overdose was the 3rd leading cause of premature death, with 36 deaths under age 75 accounting for 1,204 years of life lost. Accidental drug overdose was most common among 25-54 year olds who accounted for 26 deaths. Liver disease was the 4th leading cause of premature death (28 deaths under 75), responsible for 884 years of life lost. Suicide was the 5th leading cause of premature death, with 29 deaths under 75, and 851 years of life lost.

Death rates, adjusted to compensate for group differences in age, varied by ethnicity for some leading causes of death. For example, death rates due to diabetes and liver disease were significantly higher among Latinos than Whites. Death rates for most leading causes of death were higher among Whites, despite the fact that Latinos faced more health risk factors, such as higher rates of poverty and lower levels of health insurance, than Whites. This is a national as well as local phenomenon referred to as the Latino health paradox.

Many of the causes of premature death are preventable with lifestyle and environmental changes. For example, heart disease can be reduced through dietary changes, reductions in smoking, and increased physical activity. Motor vehicle deaths can be prevented through safer driving, not drinking or using drugs while driving, and use of seatbelts. Accidental drug overdose and liver disease can be reduced through reduced use of drugs and alcohol.

In 2010, a Homeless Death Review Team was created to review deaths in the homeless population. Their report identified 45 deaths among homeless individuals between January, 2009 and April, 2010. 87% of the deceased were male, and 52 was the average age of death. 53% were White males between the ages of 50 and 59. 20% of deaths were related to illicit drug use, and 18% were directly attributable to alcohol. Trauma caused 11% of the deaths, and one death occurred from exposure and hypothermia. The Public Health Department’s Healthcare for the Homeless program is working in conjunction with County Alcohol, Drug and Mental Health services, and local homeless shelters to reduce premature death and preventable disease among homeless people.
OBESITY-RELATED HEALTH PROBLEMS

Obesity is a key risk factor for heart disease, hypertension, stroke, diabetes, certain cancers, and other illness. Selected obesity-related health problems are examined in the following section.

Heart Disease

Heart disease was the leading cause of premature and all death in Santa Barbara County in 2008, accounting for 735 deaths and 2,469 years of life lost. Heart disease generally refers to clogging of arteries with cholesterol and fat deposits which restricts the flow of blood and oxygen to the heart. When the flow of blood to the heart is cut off, a heart attack results, causing permanent damage to the heart muscle. Heart disease is associated with high fat diets, lack of physical activity, and smoking. Family history of heart disease, age, and previous heart attack are also risk factors. 5.7% of local adults had been diagnosed with heart disease in 2009, slightly below the state average of 5.9%.

<table>
<thead>
<tr>
<th>Year</th>
<th>Santa Barbara County</th>
<th>California</th>
</tr>
</thead>
<tbody>
<tr>
<td>2001</td>
<td>6.3%</td>
<td>5.3%</td>
</tr>
<tr>
<td>2003</td>
<td>6.9%</td>
<td>5.4%</td>
</tr>
<tr>
<td>2005</td>
<td>5.8%</td>
<td>5.3%</td>
</tr>
<tr>
<td>2007</td>
<td>6.2%</td>
<td>5.3%</td>
</tr>
<tr>
<td>2009</td>
<td>5.9%</td>
<td>5.7%</td>
</tr>
</tbody>
</table>

Hypertension/High Blood Pressure

Hypertension or high blood pressure is associated with heart disease, as arterial stiffening and clogging tend to elevate blood pressure. Increased blood pressure increases the risk of heart attack and stroke. For Santa Barbara County in 2009, the percent of individuals reporting they had been diagnosed with hypertension was 25.7% which is below the Healthy People 2010 goal of 26.9.

Several factors contribute to hypertension, including smoking, obesity, diabetes, high cholesterol, being overweight, physical inactivity, excessive alcohol use, age, and family history. Hypertension can be managed with medication and lifestyle changes.

Percentage of Adults Ever Diagnosed with High Blood Pressure
Santa Barbara County and California

<table>
<thead>
<tr>
<th>Year</th>
<th>Santa Barbara County</th>
<th>California</th>
</tr>
</thead>
<tbody>
<tr>
<td>2001</td>
<td>21.6%</td>
<td>20.3%</td>
</tr>
<tr>
<td>2003</td>
<td>22.3%</td>
<td>23.5%</td>
</tr>
<tr>
<td>2005</td>
<td>21.9%</td>
<td>24.0%</td>
</tr>
<tr>
<td>2007</td>
<td>22.4%</td>
<td>26.1%</td>
</tr>
<tr>
<td>2009</td>
<td>26.6%</td>
<td>26.9%</td>
</tr>
</tbody>
</table>
Stroke/Cerebrovascular Disease

Stroke was the 2nd leading cause of all death (202 deaths) and the 8th leading cause of premature death (476 years of life lost) in Santa Barbara County in 2008. A stroke occurs when the blood supply to the brain is suddenly interrupted or when a blood vessel in the brain bursts, causing a lack of oxygen supply to the brain. Strokes can damage part of the brain causing various types of disability or impairment, and they can damage a sufficient part of the brain to cause death. High blood pressure, smoking, diabetes, high cholesterol, being overweight, physical inactivity, excessive alcohol use, older age, family history, and prior stroke or heart attack are risk factors for stroke. Age-adjusted stroke death rates in Santa Barbara County declined between 2004-2008, but were above the target Healthy People 2020 and statewide levels in recent years.10

Deaths Due to Cerebrovascular Disease
Age-Adjusted Rates
Santa Barbara County and California
2004 – 2008

Diabetes Mellitus (Type 2) was the 8th leading cause of all death and the 9th leading cause of premature death in Santa Barbara County in 2008, accounting for 58 deaths and 386 years of life lost. Type 2 diabetes is associated with being overweight or obese, lack of physical activity, and older age. Diabetes is manageable through dietary control and medication. Unmanaged, diabetes can cause blindness, kidney failure, circulatory problems, and death. In 2009, 5.6% of County adults reported they had been diagnosed with diabetes, with significantly higher rates among some sub-groups. For example, in 2008, Latinos had a 3.44 times greater age-adjusted death rate due to diabetes compared to Whites.8

Diabetes

Obesity

Over half of local adults (54.3%) and a third of area teens (34.4%) were overweight or obese in 2009. Among Latino adults, 73% were overweight or obese, compared to 49% of Whites. The percentage of overweight and obese adults in Santa Barbara County was relatively stable from 2001-2009.

Screening of lower-income preschool and kindergarten children by the County Education Office Health Linkages Program found a combined overweight/obesity rate of 43% in 2010-11. The national Pediatric Nutrition Surveillance System reported that 45.5% of local lower-income youth aged 5-20 were overweight or obese in 2009.
Eating Behavior

Low consumption of fruits and vegetables, and excessive consumption of high calorie foods have contributed to obesity and related health problems among youth and adults. In 2009, 51.5% of local children age 2-11 ate the recommended five or more servings of fruits and vegetables daily, and only 16.9% of teens age 12-17 ate the recommended serving levels.4 In 2009, 28.6% of teens drank two or more glasses of soda or other sugary drinks the preceding day, compared to 27.3% of teens in the state. Additionally, 64.8% of local children ate fast food one or more times per week, and 83.5% of teens ate fast food at least once per week in 2009.

Physical Activity

Lower than recommended levels of physical activity also contribute to obesity-related health problems. In 2009, 71.7% of local children reported engaging in vigorous activity 3 or more days per week.4 The rate of local children who were active for at least one hour every day was 38.7%, with 11.7% of children being completely sedentary. Only 23.2% of teens reported engaging in vigorous activity 3 or more days per week, compared to 35.3% of teens statewide in 2007. Further, in 2009 only 40.8% of local children and teens who could walk or bike to school within half an hour actually walked or biked to school, compared to 50.5% of children and teens in the state.

Related Factors

Environmental factors such as access to healthy foods and exercise opportunities significantly contribute to overweight and obesity. Santa Barbara County had three times as many fast food restaurants as supermarkets and produce vendors in 2007.13 Healthy foods such as fruits and vegetables are generally more expensive than processed foods high in fat and sugar. Between 1985-2000 the cost of fresh fruits and vegetables increased nearly 40%, while the cost of fats, oils, sweeteners, and soda decreased by as much as 20%.14 Santa Barbara County has the 11th highest rate of food insecurity in the state, indicating that many local families are having difficulty providing sufficient food for all family members.15

A recent needs assessment involving multiple focus groups with lower income parents around the county revealed key barriers and supports for healthy eating and physical activity.11 Key challenges to healthy eating and exercise include insufficient time for working parents, lack of knowledge about healthy cooking, limited funds for groceries, and unsafe neighborhoods that limit physical activities. Conditions and actions that support healthy eating and exercise include easier access to low-cost fruits and vegetables, limiting fast and junk foods, learning how to prepare healthy meals that appeal to children, limiting screen time (e.g., television, computer use, video games), and making time for walking, sports, and other physical activities.

Interventions & Resources

To effectively reduce obesity and related health problems, sustained, coordinated efforts among individuals, organizations, and institutions are needed. A combination of personal change strategies and policy and environmental design approaches will be necessary to maximize the promotion of healthy eating and physical activity. Sample obesity prevention activities include:

- Nutrition education including hands-on activities (e.g., food tasting, cooking demonstrations)
- Increased physical education
- Providing healthy meals through food service programs
- Policies that promote healthy food choices and discourage unhealthy ones
- Increasing the number and proximity of healthy food outlets
- Increasing community walk/bike-ability through urban planning, public transportation, housing density, infrastructure improvements, and policing in high crime areas
- Routine screening for overweight and obesity
- Prescriptions, education & follow-up for healthy diet & exercise

The Public Health Department is part of the Partners for Fit Youth coalition that is developing a strategic plan for obesity prevention in Santa Barbara County. The department offers several programs that help prevent and treat obesity related illness.

The Network for a Healthy California, WIC, the Children’s Health and Disability Prevention (CHDP) program, and the Maternal Child and Adolescent Health (MCAH) programs promote healthy diets and physical activity. Key community agencies that help prevent and treat heart disease, diabetes, and related health problems include the Public Health Department Health Care Centers, the American Heart Association, the Diabetes Resource Center, and Sansum Diabetes Research Institute.
CANCER AND SELECT CHRONIC DISEASES

Considered as a whole, cancer was the 2nd leading cause of death in Santa Barbara County in 2008, responsible for 702 local deaths. Five types of cancer were responsible for approximately half of all cancer-related deaths. Lung cancer was responsible for the greatest number of cancer-related deaths, with 153 deaths. Colon cancer was the 2nd most common type of deadly cancer, with 54 deaths, followed by pancreatic cancer with 44 deaths. Breast and prostate cancers were the fourth most common types of deadly cancer, each responsible for 42 local deaths in 2008. Many of the most common types of cancer are preventable with a healthy lifestyle and routine cancer screenings.

Cancer Deaths
Santa Barbara County and California
2008

Age-Adjusted Mortality Rates
Lung and Bronchus Cancer
Santa Barbara County and California
2004 – 2008

Lung Disease

Lung cancer was the 3rd leading cause of all death, and the 6th leading cause of premature death, responsible for 153 deaths and 776 years of life lost in Santa Barbara County in 2008. Smoking is the major cause of lung cancer, but exposure to secondhand smoke, and other carcinogens such as radon and asbestos, are also risk factors for lung cancer.

Between 2004 and 2008, Santa Barbara County had lower rates of lung cancer and related deaths than California. Both the State and County had lower rates of death due to lung cancer than the Healthy People 2020 objective. In 2008 there were 196 new cases of lung cancer diagnosed in Santa Barbara County. Lung cancer deaths were probably less common locally because smoking rates are lower in Santa Barbara County than in the rest of the state.

Lung Disease or Chronic Obstructive Pulmonary Disease (COPD) including chronic bronchitis and emphysema, was the 4th leading cause of death in Santa Barbara County in 2008 with 149 deaths. There is no cure for COPD, although medications can assist with breathing difficulties. Not smoking is the best prevention for COPD.

Deaths due to Chronic Obstructive Pulmonary Disease
in Santa Barbara County
2004 – 2008

* ICD-10 J40-J47 Source: Center for Vital Statistics Query System
Smoking

Smoking is the primary factor underlying many of the leading causes of death and premature death, including heart disease, stroke, lung cancer and COPD. In 2009, 9% of adults in Santa Barbara County smoked, below the Healthy People 2020 objective and the state average of 12.5%. Smoking among local adults declined significantly from 2001 to 2009. Smoking was more common among males, and males were more likely than females to die from lung cancer. Smoking during pregnancy and exposure to secondhand smoke has been linked to premature and low birth weight babies, respiratory infections, Sudden Infant Death Syndrome, asthma, and other diseases. In 2009, 2.45% of pregnant women in Santa Barbara County smoked during their pregnancy, down from 3.34% in 2008.

Asthma

Asthma is a chronic inflammatory disease of the airways, characterized by airflow obstruction, wheezing, coughing, chest tightness, and shortness of breath. The causes of asthma are not known but environmental and genetic factors are believed to play a role. Allergies often are associated with asthma, but not all people with allergies suffer from asthma. Environmental risk factors include maternal smoking during pregnancy, smoking and exposure to second hand smoke, and air pollutants. Asthma diagnoses in Santa Barbara county increased from 2001-2005, but decreased from 2005-2009, with 10.4% of area residents over one year old diagnosed with asthma in 2009. Asthma can generally be managed with medication and regular medical care.
Colon Cancer

Colon cancer was the 10th leading cause of all death (54 deaths) in Santa Barbara County in 2008. Also in 2008, there were 171 new cases of colorectal cancer diagnosed in Santa Barbara County. Risk factors include older age, family history, inflammatory bowel disease, physical inactivity, being overweight, alcohol use, diet high in fat and low in fruits and vegetables, and smoking. Prevention steps include eating a diet low in fat and high in fruits and vegetables, getting regular exercise, and having colorectal exams, including colonoscopy, for people 50 and older.

Prostate Cancer

In 2008, prostate cancer was the 7th leading cause of death among men in Santa Barbara County, with 42 related deaths. There were 251 new cases of prostate cancer diagnosed in locally in 2008. Older age, race (African-American men are generally at higher risk), diet, family history, and possibly inactivity are risk factors for developing prostate cancer. Local age-adjusted rates of death due to prostate cancer in 2008 were comparable to the state average and below the Healthy People 2020 goal. While prostate cancer cannot be prevented, eating a diet low in fat and high in fruits and vegetables may help reduce the risk of it developing. Black men and men with a family history of prostate cancer should begin having annual Prostate Specific Antigen (PSA) tests at age 40. Men with no clear risk factors should consult their doctors about when to have digital rectal exams and/or PSA blood tests.
**Breast Cancer**

Breast cancer was the 8th leading cause of death among women, responsible for 42 female deaths in Santa Barbara County in 2008.18 412 new cases of breast cancer were diagnosed among local women in 2008.18 While men can get breast cancer, it is very rare. Statewide, breast cancer is the most frequently diagnosed type of cancer among women, and it is second only to lung cancer in cancer-based deaths among women.18 Risk factors for developing breast cancer include older age, family history, race, early radiation of the chest area, beginning menstruation before age 12 or menopause after age 55, treatment with the drug DES, not bearing children, excessive alcohol use, being overweight, physical inactivity, and postmenopausal hormone therapy for more than five years.

Local age-adjusted death rates due to female breast cancer from 2004-2008 were comparable to the state rates.16 The incidence rate in Santa Barbara County increased above the state rate in 2008. Breast cancer prevention steps include getting annual breast exams and mammograms for women over 40, limiting alcohol consumption, maintaining a healthy weight, and getting regular exercise. The Public Health Department offers free and low-cost breast exams through its health care centers, and the Cancer Detection Program supports education and screening for eligible women.

**Chronic Liver Disease**

Chronic liver disease was the 4th leading cause of premature death (884 years of life lost) and the 10th leading cause of all death (54 deaths) in Santa Barbara County in 2008.8 In that year, local Latinos had a nearly two times greater age-adjusted death rate due to chronic liver disease than Whites. Chronic liver disease includes permanent scarring (cirrhosis) of the liver, and swelling and irritation of the liver (hepatitis). Excessive alcohol and drug use, prolonged exposure to certain chemicals and medications, and viral hepatitis infection are risk factors for chronic liver disease. Hepatitis A is spread through ingesting food or another substance contaminated with feces from an infected person, while Hepatitis B is spread through sexual contact, and Hepatitis C is spread through contact with the blood of an infected person.

Vaccinations for Hepatitis A and B have significantly reduced the incidence of these infections. However, no vaccination for Hepatitis C is available. Reported cases of Hepatitis C increased in Santa Barbara County from 2005-2008 and have declined since then.19 This apparent increase may have reflected increased testing and reporting rather than an increase in actual disease incidence. Steps for preventing chronic liver disease include limiting alcohol use, not sharing needles or other products that may contain another person’s blood, washing hands thoroughly after exposure to feces, use of condoms during sexual activity, following instructions when using medications and toxic chemicals, and getting hepatitis vaccinations. The Public Health Department clinics provide Hepatitis vaccinations and low-cost treatment for chronic liver disease.
COMMUNICABLE DISEASES

Communicable diseases are infections that are spread from one person to another or through contamination of food, water, or other shared resources. While not necessarily fatal, these infections can cause serious health problems. Because communicable diseases can spread easily and quickly, the Public Health Department monitors and intervenes with many communicable diseases to prevent mass infections and epidemics.

Flu & Pneumonia

Influenza, commonly known as ‘the flu,’ can be a relatively minor illness which the body’s immune system fends off within a few days of infection, or it can become a life threatening condition that leads to more serious illness such as pneumonia. In 2008, the flu and related pneumonia was the 9th leading cause of all death in Santa Barbara County, with 55 reported deaths. Very young and older people are generally at higher risk from influenza based on lower immunity, smaller airways, and other health problems. There is no cure for the flu or pneumonia, although antibiotics can help combat bacterial flues and pneumonia. Flu prevention includes frequent and thorough hand washing, covering sneezes and coughs, keeping fingers out of mouth, nose and eyes, and avoiding contact with infected people.

From 2004-2008, the number of deaths due to flu and pneumonia declined in Santa Barbara County. In 2009 Santa Barbara, along with the rest of the nation and much of the world, experienced the H1N1 (Swine) flu pandemic. Santa Barbara County had a total of 65 hospitalizations and nine deaths due to H1N1 between the spring of 2009 and March of 2010. Each of the individuals who died had an underlying medical condition. The Public Health Department conducted an extensive public information campaign focusing on preventing the spread of the flu. The Department coordinated vaccination and treatment services with private medical providers. Over 125,000 county residents were vaccinated through this effort, including nearly 28,000 vaccinations administered directly by the Public Health Department. These initiatives minimized the negative impact of H1N1 in our community.

Tuberculosis

Tuberculosis (TB) is a bacterial lung infection spread through inhalation of airborne bacteria expelled by a person with active TB infection when they cough, sneeze or breathe. Over the past 10 years, TB rates for California have been declining, and in Santa Barbara County they have been more variable. TB rates at both the state and local level are above the Healthy People 2020 target level.

From 2000 to 2009, tuberculosis cases per 100,000 population were:

- Santa Barbara County: 8.00
- California Rate: 6.40

TB was overrepresented among Latinos, accounting for 66.6% of cases, but only 43% of the county population, and Asian-Pacific Islanders (7% of cases vs. 5% of population). The increase in TB cases in 2008 was related to an outbreak among homeless people. TB is treatable with medication. The spread of TB can be reduced through testing for TB, treating people who are infected, and limiting close contact with people with active TB.

*ICD 10 J09-J18 Source: Center for Vital Statistics Query System

Intestinal Disease and Food-Borne Illness

Intestinal or enteric infections are caused by ingestion of food or water contaminated with bacteria (e.g., *E. coli*), virus, or protozoa (e.g., Giardia) present in human or animal feces. With broader distribution of food supplies, there is a greater risk of widespread food-borne illness. As a group, enteric disease cases have generally declined in Santa Barbara County over the past 10 years, although salmonella and Shigella cases have remained relatively stable during this period. Hepatitis A has been nearly eliminated due to the introduction of the related vaccine in 1999.

The spread of enteric infections can be reduced through the proper handling of raw and prepared foods, hygiene procedures among food service personnel, and not drinking untreated lake or river water. The Public Health Department’s Environmental Health Services program inspects and monitors drinking water, swimming pools, restaurants and other food service facilities to minimize enteric infections.
Sexually Transmitted Infections

Sexually transmitted infections or diseases (STI/STD) are spread from person to person through contact with either bodily fluids exchanged during sexual activity (e.g. semen, vaginal fluid) or tissues in the genital area (i.e., skin in or around the penis, scrotum, vulva, vagina, anus). The risk of transmission of STIs can be reduced through condom use, STI testing, and limiting number of sexual partners and high-risk sexual activities. The Public Health Department Health Care Centers and other medical providers offer STI testing, treatment, and prevention services.

Chlamydia

Chlamydia is the most frequently reported bacterial STI locally and in the nation. Although Chlamydia increased from 2003-2009, rates in Santa Barbara County remained below the State rates. In 2009, 1,256 cases of Chlamydia were reported in Santa Barbara County. Chlamydia was most common among teens and young adults, with 83% of cases among 15-29 year olds. Females were 3.8 times more likely to be diagnosed with Chlamydia than were males. Chlamydia was about three times more common among Latinos and African-Americans than Whites.

Gonorrhea & Syphilis

Gonorrhea is a bacterial STI, similar in nature to Chlamydia. Gonorrhea has generally been declining in Santa Barbara County and statewide since 2005. In 2009 there were 61 reported cases in Santa Barbara County which is a rate of 14.1 cases/100,000 population. This is significantly lower than the state rate of 62 cases/100,000. Gonorrhea was most common among males, young adults, and African-Americans.

Syphilis is a multi-stage bacterial STI that causes open lesions and rash during the early stages, and progressive neural, cardiac and other organ disorders in later stages. Syphilis rates in Santa Barbara County have been consistently low over the past several years, with seven active cases reported in 2009, all among males. Syphilis was more common among Latinos and middle-aged (30-44 year old) adults. The syphilis case rate in Santa Barbara County (1.6 cases/100,000 people) was well below the state rate (5.2 cases/100,000 people).
Human Papilloma Virus (HPV)

Human Papilloma Virus (HPV) is a viral STI that can cause potentially lethal cervical, penile, anal, and throat cancer. While HPV is one of the most widespread STIs, cervical cancer and related deaths have declined nationally during the past 40 years due to greater numbers of women obtaining annual pelvic exams. Fifteen women died from cervical and uterine cancer in Santa Barbara County in 2008.8

Women are encouraged to have an annual pelvic exam beginning at age 21 or when they become sexually active. The pelvic exam includes the Pap test which screens for abnormal cells caused by HPV. Once identified, women with HPV can be treated before the disease can progress to cervical cancer. Limiting the number of sex partners and using condoms consistently can reduce the risk of transmission of HPV. A relatively new vaccine (Gardasil) that prevents the most common types of HPV associated with cervical cancer is recommended for boys and girls prior to becoming sexually active. In 2007 19% of 12-26 year old females in Santa Barbara County reported having received the vaccine.4

HIV/AIDS

The Human Immunodeficiency Virus (HIV) that causes AIDS (Acquired Immune Deficiency Syndrome) continues to be a significant public health issue. HIV is spread through sexual contact, needle sharing, breastfeeding, and during pregnancy and birth. The number of new AIDS cases declined significantly in the 1990s after the introduction of anti-retroviral medications.

However, the number of new AIDS cases diagnosed each year has been fairly stable since the late 1990s. The number of people living with AIDS and HIV has increased significantly over the past 10 years, as more people are living longer because of treatment with the new medications. As of the end of 2009, a total of 1,020 cases of HIV and AIDS had been diagnosed in Santa Barbara County. 507 persons have died of AIDS or HIV, and 513 people are currently with HIV or AIDS.22

Men having unprotected sex with men is still the primary mode of HIV transmission, although transmission through heterosexual contact has been increased steadily.22 Transmission through injection drug use declined from 27.3% of AIDS cases diagnosed in 1988 to 5% of the cases diagnosed in 2009. Of the cases diagnosed in 2009, 29% were among Latinos, 24% were among African-Americans, and 43% were among Whites.

HIV prevention steps include using condoms during sexual activity, use of clean needles for injection drug use, testing of people who have unprotected sex and pregnant women, and avoiding breastfeeding by women with HIV. The Public Health Department provides medical care, and assistance with housing and medication costs. Santa Barbara Neighborhood Clinics, Planned Parenthood and other reproductive health providers offer HIV testing. Pacific Pride Foundation provides case management, food pantry, syringe exchange, and other support services for people with HIV or AIDS.
ACCIDENTS, OVERDOSE, SUICIDE & ASSAULT

Motor vehicle accidents, accidental drug overdose, and suicide attempts were leading causes of premature death in Santa Barbara County in 2008. Homicide and non-fatal assaults were also significant health concerns.

Motor Vehicle Accidents

After heart disease, motor vehicle accidents (MVA) were the 2nd leading cause of premature death in the county in 2008, accounting for 36 deaths and 1,269 years of life lost. MVA were the leading cause of all death among people between 15-44 years old, responsible for 22 deaths in this age group.


MVA are generally caused by dangerous driving behavior, such as speeding and driving under the influence of alcohol or other drugs. Out of a total of 6,607 local MVAs in 2007, driving at an unsafe speed accounted for 28% of accidents, and improper turning accounted for 19%. While only 9.6% of all MVA were associated with alcohol or drug use, 34.8% of fatal MVA involved alcohol or drug use. Deaths due to MVAs in Santa Barbara County in 2008 were much more common among male drivers (69.4%), and among drivers 24 and younger (33.4%).

Prevention steps that policy makers can take to reduce MVA include enforcement of traffic laws, promoting seat belt use, child car seats, safe driving, availability of low-cost transportation for people who have been drinking alcohol, and supporting national safety standards for car design. Steps individuals can take to reduce the risk of MVA include abiding by traffic laws, especially the posted speed limit, not driving after using alcohol or drugs, always wearing seat belts, placing children in age-appropriate properly installed car seats, and having children under 12 ride in the back seat.
Accidental Drug Overdose

Accidental drug overdose was the 3rd leading cause of premature death (36 deaths among people under 75 years old), accounting for 1,204 years of life lost in Santa Barbara County in 2008. Two additional drug overdoses occurred among people 75 and older. Accidental drug overdose refers to deaths among people who unintentionally ingest sufficient quantities of prescription, over-the-counter, or illegal drugs, or alcohol to cause death. Risk factors for accidental drug overdose include use of illegal drugs, particularly injection drugs, mixing legal or illegal drugs with alcohol or other drugs, prescription drug use, and family history of alcohol or substance abuse.

Accidental drug overdose was most common among 25-64 year olds, who accounted for 32 of the 38 deaths. Accidental drug overdoses were most common among Whites who accounted for 81.6% (31) of these cases. About two-thirds of accidental overdose deaths occurred among males (29). An additional 149 county residents were hospitalized for accidental drug overdose in 2008.

Steps that policy makers can take to help prevent accidental drug overdose include setting age restrictions for frequently abused over-the-counter medications, promoting substance abuse prevention and treatment programs, and addressing the misuse of prescription and over-the-counter medications. Steps individuals can take to reduce the risk of accidental drug overdose include not using illegal drugs, not drinking excessive amounts of alcohol, especially when taking prescription or other drugs, keeping track of prescription and over-the-counter medications at home, disposing of all medications properly, educating family members about the risks of taking prescription and other drugs, and using medications only as directed. Santa Barbara County Department of Alcohol, Drugs & Mental Health Services, the Council on Alcoholism and Drug Abuse, and other community-based organizations offer a number of substance abuse treatment and prevention programs.
Suicide

Suicide was the 5th leading cause of premature death in Santa Barbara County in 2008, with 40 total suicides and 851 years of life lost. Mental illness, substance abuse, family history, and access to firearms are risk factors for suicide. Suicide rates were higher among males and Whites. In 2008, 148 non-fatal suicide attempts leading to hospitalization were reported in Santa Barbara County.

Age-Adjusted Death Rates due to Suicide*
Santa Barbara County and California
2004 – 2008

Methods for reducing the risk of suicide include limiting access to firearms and stockpiles of prescription medication, providing mental health counseling services, and staying with people who are suicidal. The ‘211’ suicide helpline provides 24-hour support for people who are considering suicide. Santa Barbara County Alcohol, Drug and Mental Health Services operates the crisis inpatient Psychiatric Health Facility, and the Crisis Recovery and Emergency Services (CARES) program which provides 24-hour crisis intervention through a hotline (888-868-1649) and mobile psychiatric assessment team (805-884-6850).

Assault & Homicide

In 2008 there were 11 homicides in Santa Barbara County. There were an additional 151 non-fatal hospitalizations due to assault in Santa Barbara County in 2008. The victims of homicide were most often male (8 of 11) and Latino (5 of 8 males).

Age-Adjusted Death Rates Due to Homicide
Santa Barbara County and California
2004 – 2008

* Suicide is defined by ICD-10 codes U03, X60-X84, Y87.0

Source for CA data: CDPH Center for Health Statistics - Vital Statistics Query System and the PHD Statistical Master Death Files, 2004-2008
MATERNAL AND CHILD HEALTH

Maternal and child health influences the overall health of the community, and sets the course for each individual’s future health. Women who receive no or late prenatal care, babies born to teen mothers, low birth weight infants, and children who do not receive recommended vaccinations are at increased risk for health problems. The Maternal, Child and Adolescent Health programs of the Public Health Department offer a variety of services to pregnant and parenting women and their children.

Teen Births

In 2009, 685 births to teens 19 and younger were reported in Santa Barbara County, with 12 of these births to teens under age 15. Births to teens have declined since 2007, although the local teen birth rate is higher than the statewide average.

Births to teens were most common in the northern part of the County, with the highest teen birth rates in the cities of Guadalupe and Santa Maria.

Number of Births to Mothers Age 15-19
By Region (N=673)
Santa Barbara County
2009*

<table>
<thead>
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<th>Region</th>
<th>Number of Births</th>
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PHD Birth Statistical Master Files, 2005-2009
* Teen Birth Rate for California is estimated for 2009

While the birth rate among Latina teens has declined since 2007, it remains over 12 times higher than the birth rate among White teens.

Number of Births to Mothers Age 15-19
By Ethnicity (N=673)
Santa Barbara County
2005 – 2009

<table>
<thead>
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</table>

PHD Birth Statistical Master Files, 2005-2009
Prenatal Care

In 2009, 29% of women in Santa Barbara County did not begin prenatal care during their first trimester of pregnancy, exceeding the 22% Healthy People 2020 goal and the state average of 16.3% in 2006-08. The percentage of pregnant women who do not receive early prenatal care has been increasing since 2005. In 2005-08 more White women (83.4%) in Santa Barbara County began prenatal care during their first trimester than did Latinas (65.1%).

Low Birth Weight

Low birth weight babies are at greater risk for health problems, including lung infections, learning difficulties, and death. Risk factors for low birth weight include poor prenatal nutrition, exposure to toxins such as tobacco, drugs, and alcohol, and premature birth. In 2009, 6.2% of infants born in the county were low birth weight, slightly lower than the state average of 6.9% in 2006-08 and the Healthy People 2020 goal of 7.8%.
**Infant Mortality**

Infant mortality refers to the death of an infant before one year of age. In 2008, 36 infants died before the age of one in Santa Barbara County. The local age-adjusted infant death rate was 5.7 per 1,000 live births, higher than the state infant death rate (5.1 per 1,000 births) but lower than the Healthy People 2020 objective (6 per 1,000 births).25

**Infant Mortality Rates**  
Santa Barbara and California  
2004 – 2008

**Childhood Immunization and Vaccine-Preventable Diseases**

In 2010, 93% of 5,926 children entering kindergarten in Santa Barbara County received all required immunizations.26 Correspondingly, once-common childhood diseases (e.g., measles, mumps, rubella) have been reduced to very low levels.

Pertussis (whooping cough) continues to circulate because the immunity from vaccination decreases over time, and pertussis booster vaccination rates in adolescents and adults have been low. In 2010 there was a statewide pertussis outbreak with a related increase in pertussis in our county (61 cases).17 To help protect children and others from pertussis, a new state law requires that beginning in July of 2011, incoming 7th-12th grade students show proof that they have received a pertussis booster shot. The Public Health Department’s Immunization Program works with the media, local schools, health care providers and local agencies to promote vaccination and minimize vaccine-preventable outbreaks.

**Oral Health**

Oral and dental health are key health concerns in Santa Barbara County, particularly among lower-income children. In 2007, 19% of all local children, and 25.7% of Latino children ages 2-17 had never been to a dentist.4 Further, 13.2% of all families, and 20% of Latinos, said they could not afford needed dental care. Of a sample of over 1,200 lower income children in State-subsidized childcare, preschools, and kindergartens in Santa Barbara screened by the Health Linkages program in 2010, 28% of children had untreated cavities, and 7% had dental emergencies, including 10 or more cavities and/or oral abscesses.11 Health Linkages, the County WIC program, Head Start and other community organizations are providing fluoride varnishing and dental health education to reduce the extent of dental disease among area children.
As a whole, the residents of Santa Barbara County are somewhat healthier than the average Californian, with lower rates of smoking, lung cancer, diabetes, and other health problems than those reported statewide. However, Santa Barbara residents are still affected by several preventable health problems such as heart disease, stroke, and liver disease that lead to premature death. While some health problems (e.g., diabetes, liver disease, and higher rates of teen birth) disproportionately impact Latinos, they have lower age-adjusted death rates in most disease categories.

The Public Health Department is working to address many of the health concerns noted in this report. For example, the Department is working with the State to expand services to residents without health insurance, and to be prepared to implement reforms in the health care system. The Department is partnering with community groups to develop a long-term, strategic plan for obesity prevention in Santa Barbara County. A *promotores* peer outreach program for providing health education and referral for Latinos at greatest risk is under development.

The Department is working with cities around the County to support adoption of health-promoting policies such as a ban on smoking in parks and beaches, restricting youth access to tobacco products, and improvements in community design that encourage physical activity. A new Electronic Health Record system that will increase the efficiency of patient recordkeeping, improve the quality of care, and facilitate communication between service providers and patients is being implemented in County Health Care Centers.

Working in partnership with other public and private organizations, the Public Health Department will continue to promote health and prevent premature death and disease among the people of Santa Barbara County.

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**Public Health Department Mission**

To improve the health of our communities by preventing disease, promoting wellness, and ensuring access to needed health care.
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