2016

Community Health Assessment

Santa Barbara County
Public Health Department
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Introduction – What is a Community Health Assessment?

The Santa Barbara County Public Health Department initiated a process to assess the health of our community and to identify priorities for improving health. A pattern of wellness or disease emerges as we examine our community one resident at a time. Information from the health assessment provides insights into local health problems, identifies resources to improve health outcomes, and informs policy decision-making.

Who is our community?

Our community includes all of the 437,643 people who live in Santa Barbara County.

What is health?

Health is more than the absence of illness, disease or disability. Health looks at the whole person including our physical, mental, social, and spiritual well-being. These elements are all involved in determining the status of our health. What we eat, our level of physical activity, whether we smoke, and our environment all impact aspects of our physical health, our mental health and our relationships with others in our community. For example, if there is mold in our home, if we do not eat healthy nutritious fresh food, or if we lead sedentary lives, we are prone to more chronic illness, more depression, and more isolation. Wellness, “the integration of mind, body and spirit,” is our ultimate goal.

How did we assess our community’s health?

For this community health assessment, the Public Health Department reached out into our community to ask our residents about their health and their priorities for our community’s health. A survey was provided in both electronic and hard copy form. It was available in both English and Spanish. Over 3,000 adults from all geographic areas of our county, economic levels, and racial groups participated. We asked them to respond to the question “What is important to your health, your family health and our community health?” Some residents were asked the questions verbally and their responses were captured by Promotoras’ or staff.

The survey data will be added to our traditional assessment methods of gathering and analyzing various sources of data about our residents.

* Lay community health workers specific to the Hispanic community
Why do we assess the health of the community?

The public’s health matters. Being healthy in mind, body and spirit allows us the opportunity to reach our fullest potential and to live our lives the way we want to our fullest capacity. 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. We want to better understand the current health status of our community so we can target areas for improvement, areas of strength for enhancement, and focus our energies towards common health goals.

What stands out for improving our community’s health?

There is an amazing amount of symmetry in the responses from our residents about their personal health priorities, the health priorities of their households, and their priorities for County health. For individuals, their households and their communities and across different populations in our county, our residents have the following health priorities:

- Healthy eating & active living
- Safe housing
- Mental healthcare
How do the priorities of our residents match the data?

The health priorities of regular exercise, healthy eating, safe housing, and mental healthcare are supported by science.

Healthy eating & active living

Physical activity and active transportation (human powered) can reduce the risk of heart disease, improve mental health, lower blood pressure, and reduce risk of overweight and obesity. Poor diet is one of the leading causes of death in the United States and in California. Diets high in processed, high calorie, low-nutrient food and low in fruits, vegetables, and whole grains contribute to obesity and being overweight, heart disease, high blood pressure, cancer, and musculoskeletal disorders such as muscle strain, tendonitis and Carpal Tunnel Syndrome.

Safe housing

Healthy housing is influenced by housing location, conditions, density, maintenance, design, location, and affordability. The location and design of housing can increase social interaction and provide economic opportunity. Housing location also affects access to resources such as parks, recreation, grocery stores with access to fresh produce, jobs, schools, and other community necessities. High density housing can increase stress and limit recreational opportunities, while low density housing can provide greater access to activities but require use of a personal vehicle for essential services and community activities.

Mental healthcare

Good mental health improves the quality of life for individuals, families and for our community. When we are free of depression, anxiety, excessive stress and worry, addictions, and other psychological problems, we are more able to live our lives to the fullest. Many research studies have shown that when people receive appropriate mental health care, their use of medical services declines.
Are these new priorities for our community?

These are well recognized local health needs. Most preventable health problems are caused by tobacco use, improper diet, lack of physical activity, alcohol misuse, microbial and toxic agents, firearm use, unsafe sexual behavior, motor vehicle accidents, and illicit use of drugs. These causes are chiefly a result of human behavior. Personal behavioral change has great potential to address the fundamental causes of health problems.

We know that three behaviors (poor diet, physical inactivity and tobacco use) contribute to four chronic diseases (vascular disease – heart disease and strokes, cancer, lung disease, and type 2 diabetes) that cause over 50 percent of all deaths in Santa Barbara County and nationwide. There are also ongoing concerns and data that support unmet mental health needs as a contributing factor. The lack of affordable housing is an issue that significantly impacts our County. Due to low rental vacancy rates and the high cost of housing, people are living in crowded housing and housing affected by safety issues (mold/asbestos/leaks). Rentals by private owners are difficult to regulate and enforce for these health risks.

What does this tell us?

There is a high level of agreement and understanding of the priority health needs in our community. Knowing something and effectively making changes to positively impact these high areas of need are two different things. Across our community we need to develop and implement realistic actions to make improvements in these key areas of our community’s health.

Since 1900, the average life expectancy of Americans has gone from 45 to 75 years – a 30 year increase. Public Health (through such measures as sanitation, immunization and education) is responsible for about 25 of those years. We are asking now. “What measures can we take to impact the community’s health in the next 25 years?”
Community Health Survey – What did we learn from community residents?

An important component of our local Community Health Assessment was a survey of our residents. Residents from across our county, representing diverse population groups, participated in the survey providing their opinions and perspectives on their own health, the health of our community and priorities for improving health.

Who completed the survey?

Three thousand and three (3,003) Santa Barbara County adult residents completed a Community Health Assessment Survey in an electronic or hard copy form. Although survey respondents do not match the percentage of adults living in Santa Barbara County in all categories, all segments of our community, including Spanish speaking and people indigenous to Mexico were included in this survey.

This was a self-report survey and not a randomized survey. These survey results are viewed as one piece of information to inform the health of our community. Note: Due to rounding, total percentages may not equal 100%.

**Gender**

Three quarters of the respondents were female.

**Race**

Sixty-five percent (65%) identified as White and 46% identified as Hispanic. Some respondents checked more than one category.

**Ethnicity**

Non-Hispanic, 1619, 54%

Hispanic, 1384, 46%

White, 1948, 65%

Two or More Races, 243, 8%

Asian, 75, 3%

Black, 43, 2%

Native American, 67, 2%

Indigenous to Mexico, 190, 6%
Age

Respondent ages ranged from 18 years old to over 85 years old, with 23% between the ages of 25-34, 19% 35-44, 21% 45-54 years old and 28% 55 or older.

How do the respondents describe their overall health?

Of the 2,967 adults who answered this question, 2,247 (76%) rated their own health as good, very good or excellent. 152 (5%) rated their health as poor or very poor. 568 (19%) rated their health as fair.

Opinions of Overall Wellness

N=2967

- Good, 1188, 40%
- Very Good, 793, 27%
- Fair, 568, 19%
- Poor, 122, 4%
- Excellent, 266, 9%
- Very Poor, 30, 1%
What is the body mass index (BMI) of the respondents?

Based on self-reports of height and weight, BMI was calculated. BMI is the measure of body fat based on weight in relation to height. Among all 2,657 adults, 37% were in the healthy BMI range, 33% were in the overweight category and 28% were in the obese category. Two percent (2%) were in the underweight category.

Thirty-five percent (35%) of Hispanics and 23% of non-Hispanics reported heights and weights in the obese category.
Who has health insurance and what types of coverage do they have?

In the survey, 1,715 (59%) had employer-base health insurance, 214 (7%) of 2,927 respondents reported no insurance, 447 (15%) had Medi-Cal, and 230 (8%) had Medicare. A number of respondents also had two or more types of health insurance coverage COBRA and Affordable Care coverage.

Who is getting tested for sexually transmitted diseases (STD’s) and infections?

Overall, three quarters of the adults who responded to the survey noted they have not been screened for sexually transmitted diseases. On the positive side, adults with more partners in the last six months are more likely to have been tested. In Santa Barbara County, we are seeing steady and significant increases in sexually transmitted infections. This is most evident in syphilis, chlamydia and gonorrhea. Testing for these diseases is important in order to identify and treat them.
How are our residents using transportation?

Our community is one dominated by a personal car. The personal car is the primary mode of transportation for 69% of adults surveyed with 21% stating they used 2 or more forms of transportation. There are important health benefits associated with increased physical activity, and there is great potential for active transportation to help our population meet federal physical activity guidelines while accessing essential destinations. Walking and biking are examples of active transportation.
What is the prevalence of smoking?

Seventeen percent of respondents to our survey indicated that someone in their household smoked. The percentage was slightly lower for Hispanics than non-Hispanics. In other studies and reports, the smoking rate in Santa Barbara County is lower than in the survey. There are growing concerns about e-cigarettes and vaping locally and nationally. Smoking and the use of tobacco products are the primary factors underlying many of the leading causes of death and premature death.
Community Priorities – What are the health priorities in Santa Barbara County?

The survey asked respondents to identify health priorities in three ways: for themselves as individuals, for their households, and for the entire County. The responses were strikingly similar. In all categories, regular exercise, healthy eating/obesity, mental healthcare, and housing were listed in the top four. As noted earlier, these are statistically significant factors that contribute to the health of the whole person; including our physical, mental and social, and spiritual well-being.

![Individual Health Priorities Pie Chart]

N=2642
Household Health Priorities

N=2422

- Healthy Eating Habits, 920, 38%
- Regular Exercise, 758, 31%
- Housing, 172, 7%
- Mental Healthcare, 127, 5%
- Clean Living, 103, 4%
- Sufficient Food, 88, 4%
- Health Insurance, 95, 4%
- Quit Smoking, 50, 2%
- Substance Abuse Counseling, 27, 1%
- Domestic Violence Support, 10, 1%
- Healthy Eating Habits, 920, 38%
County Health Priorities

N=2628

- Regular Exercise, 567, 22%
- Housing, 423, 16%
- Obesity, 379, 14%
- Mental Healthcare, 304, 12%
- Sufficient Food, 252, 10%
- Health Insurance, 213, 8%
- Substance Abuse Counseling, 76, 3%
- Neighborhood Safety, 78, 3%
- Diabetes, 46, 2%
- Clean Living, 52, 2%
- Family Planning, 69, 3%
- Quit Smoking, 43, 2%
- Immunizations, 42, 2%
- Oral Health, 22, 1%
- Cancer, 19, 1%
- Dementia, 11, 0%
- Domestic Violence Support, 8, 0%
- Regular Exercise, 567, 22%
- Housing, 423, 16%
- Obesity, 379, 14%
Why is healthy eating & active living a priority?

Healthy nutrition and physical activity are the building blocks to healthy development and a lifetime of good health.

How does healthy eating impact health?

Food is essential to our physical health, development in children, maintaining immune systems, and our energy. People may not always be mindful of what we eat, but our bodies require essential nutrients. Even small diet deficiencies can have an enormously negative impact on our health. The most common health problem due to a lack of nutrients in the United States is iron deficiency. Many North Americans do not have a deficiency in their diet but suffer from an abundance of the wrong type of food that may make us feel full, but is too high in saturated fats for our lifestyle.

Specific eating behaviors and dietary patterns can reduce the risk for chronic disease and obesity. For example, diets rich in fruits, vegetables, nuts, beans, fish, and whole grains are shown to reduce the risk of vascular disease and cancers. Obesity is associated with many chronic conditions, a lower quality of life and a shortened lifespan.

How does physical activity impact health?

Regular physical activity that is performed on most days of the week reduces the risk of developing or dying from some of the leading causes of illness and death in the United States. Regular physical activity improves health in the following ways:

- Reduces the risk of dying prematurely
- Reduces the risk of dying from heart disease
- Reduces the risk of developing diabetes
- Reduces the risk of developing high blood pressure
- Helps reduce blood pressure in people who already have high blood pressure
- Reduces the risk of developing colon cancer
- Reduces feelings of depression and anxiety
- Helps control weight
- Helps build and maintain healthy bones, muscles, and joints
- Helps older adults maintain mobility and strength to reduce fall risk
- Promotes psychological well-being
- Helps us be part of our larger community when we get out in it

The Surgeon General Report on Physical Activity and Health1 made a key finding that people of all ages can improve the quality of their lives through a lifelong practice of moderate physical activity. You don’t have to be training for the Boston Marathon to derive real health benefits from physical activity. A regular, preferably daily regimen of at least 30–45 minutes of brisk walking, bicycling, or even working around the house or yard will reduce your risks of developing coronary heart disease, hypertension, colon cancer, and diabetes. The report also says that people who are already physically active will increase their benefit by increasing the intensity or duration of their activity.
Where does obesity fit in?

A poor diet combined with physical inactivity can result in obesity. Obesity is a major problem that contributes to many health problems including:

- Coronary Heart Disease
- High Blood Pressure
- Stroke
- Type 2 Diabetes
- Abnormal Blood Fats
- Metabolic Syndrome (biochemical and physiological abnormalities)
- Cancer
- Osteoarthritis
- Sleep Apnea
- Obesity Hypoventilation Syndrome (abnormal breathing)
- Reproductive Problems
- Gallstones

What data do we have about obesity in Santa Barbara County?

In the 2015 Community Health Survey completed by 3,003 community residents and referenced elsewhere in this report, 33% of adult respondents reported a body mass index in the overweight category and 28% of adult respondents reported a body mass index in the obese category.

We also have local obesity data from the Women Infants and Children (WIC) program. The WIC program provides supplemental foods, health care referrals, and nutrition education for low-income pregnant, breastfeeding, and non-breastfeeding postpartum women, and to infants and children up to age five who are found to be at nutritional risk. In Santa Barbara County, the WIC program serves more than 18,000 women and young children. In the recent March 2016 WIC population, we find the rates for overweight and obesity noted below.

<table>
<thead>
<tr>
<th>WIC Population</th>
<th>Percent Overweight</th>
<th>Percent Obese</th>
</tr>
</thead>
<tbody>
<tr>
<td>Approximately 11,000 children 2 – 5 years old</td>
<td>13.9%</td>
<td>13.7%</td>
</tr>
<tr>
<td>Approximately 1,600 prenatal women</td>
<td>29.1%</td>
<td>29.2%</td>
</tr>
</tbody>
</table>
What is the relationship between obesity and diabetes?

The single best predictor of type 2 diabetes is if an individual is overweight or obese. Almost 90% of people living with type 2 diabetes are overweight or obese. People who are overweight or have obesity have added pressure on their body’s ability to use insulin to properly control blood sugar levels, and are therefore more likely to develop diabetes.

What is the rate of diabetes in Santa Barbara County?

According to the California Health Interview Survey (a scientific study done by the state), between 2003 and 2014, between 5% and 9.3% of our county population has ever been diagnosed with diabetes. This percentage has been increasing over the past few years and have exceeded the levels found in the state.

Source: AskCHIS [http://ask.chis.ucla.edu](http://ask.chis.ucla.edu) 2016
Why is mental healthcare a priority?

Mental and emotional well-being is essential to overall health. Positive mental health allows people to realize their full potential, cope with the stresses of life, work productively, and make meaningful contributions to their communities.

What is mental health?

A person’s psychological and emotional well-being defines their mental health status. Our emotional and psychological well-being is dependent upon physical wellness, healthy relationships with other people (family, community, coworkers), and our ability to engage in our surroundings. Mental well-being is impacted by all aspects of our life!

What is the relationship between physical health and mental health?

There is a strong connection between mental health and physical health. Poor physical health can lead to an increased risk of developing mental health problems. Similarly, poor mental health can negatively impact physical health and mask physical health conditions that can be treated, leading to an increased risk of some conditions. Mental and physical health are inextricably linked.

There are various ways in which poor mental health has been shown to be detrimental to physical health. The 2012 National Survey on Drug Use and Health\(^4\) found:

- Combined 2008 and 2009 data indicate that adults aged 18 or older with any mental illness or major depressive episode in the past year were more likely than adults without these mental illnesses to have high blood pressure, asthma, diabetes, heart disease, and stroke
- Adults with serious mental illness in the past year were more likely than adults without serious mental illness to have high blood pressure, asthma, and stroke
- Those with any mental illness were more likely than adults without these mental illnesses to use an emergency room and to be hospitalized

How does mental health affect health behaviors?

People experiencing emotional distress often cope with behaviors that result in poorer health (The UK’s Faculty of Public Health):\(^5\)

- Obesity is more prevalent among people with mental illness
- Alcohol and drug misuse are commonly associated with mental illness
- Mental health problems in childhood predict the adoption of unhealthy lifestyles in adolescence
What is the prevalence of mental health disorders in the United States?

According to the 2012 National Survey on Drug Use and Health (NSDUH)\(^6\) an estimated 43.6 million (18.1\%) of Americans ages 18 and up experienced some form of mental illness. In the past year, 20.2 million adults (8.4\%) had a substance use disorder. Of these, 7.9 million people had both a mental disorder and a substance use disorder.

What is serious mental illness?

Serious mental illness among people ages 18 and older is defined as having, at any time in the past year, a diagnosable mental, behavior, or emotional disorder that causes serious functional impairment that substantially interferes with or limits one or more major life activities. Serious mental illnesses include major depression, schizophrenia, and bipolar disorder, and other mental disorders that cause serious impairment. Mild to moderate mental illnesses, in general, do not have associated serious functional impairments or life activity interference.

What is the estimated prevalence of serious mental illness and substance use disorder in Santa Barbara County?

Based on the Santa Barbara County (SBC) population of 437,643, and that 22.4\% of the population are children, Santa Barbara County mental illness estimated rates are noted below. Definitive local data on the prevalence of serious mental illness and substance use disorder isn’t available. National data show that between 5\% and 8\% of children have serious emotional disturbances, 4\% of adults have serious mental illness and 8\% of adults have substance use disorders.

<table>
<thead>
<tr>
<th>Category</th>
<th>National Prevalence Percentage</th>
<th>Estimated Number in SBC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Serious Mental Illness – Adults</td>
<td>4%</td>
<td>13,584</td>
</tr>
<tr>
<td>Serious emotional disturbance – children</td>
<td>5% - 8%</td>
<td>4,902 – 7,843</td>
</tr>
<tr>
<td>Substance Use Disorder</td>
<td>8%</td>
<td>27,169</td>
</tr>
</tbody>
</table>

Improvement in mental health improves the quality of life of an individual and their relationships in the community. Improvement in mental health treatment reduces medical costs. Mental health is also associated with higher productivity, better performance, more consistent work attendance, greater community engagement, and fewer workplace accidents.
Why is safe housing a priority?

Health and health problems are directly related to living in healthy and safe home environments. Safe housing includes access to clean air and water, efficient transportation, safe/walkable neighborhoods, affordable, healthy foods, violence-free places for recreation, and affordable, secure quality housing.

What key factors link housing and health?

There are three key areas that reflect impacts of housing on health. They are: affordability, stability and quality.

**Affordability**

The cost of housing directly impacts household income available for other subsistence needs, such as nutritious food, necessary health care expenses and transportation. Low income families tend to move more often in their search for an affordable home. Parents that have long commutes to and from work spend more sedentary time in a vehicle, and less time with their children.

**Stability**

Instability due to foreclosures, eviction and living in others’ homes all negatively impact mental health in all ages along with behavioral issues in children. When people become homeless, they experience physical and mental deprivation that can cause acute and chronic health problems.

**Quality**

Exposure to toxins such as lead, radon, molds, air pollution and extreme temperatures (due to a lack of heating and/or air conditioning) affects physical health. Housing conditions may also increase risk for personal falls or house fires. Some environmental conditions such as loud noise and inappropriate lighting affect sleep quality and mental health. Certainly overcrowded housing is associated with infectious diseases, such as influenza and tuberculosis. Overcrowding could also aggravate chronic diseases like asthma, cardiovascular disease and depression.
What do we know about housing affordability in Santa Barbara County?

In regards to affordability, we know that the average asking rent in Santa Barbara County was $1,619 a month in 2015 for a two bedroom apartment according to Housing California. An individual making minimum wage would earn $1,560 for full-time employment. For a family to spend 30% of their household income on rent, they would need to make the equivalent of $32 per hour to rent in the County. There are clearly many families who cannot afford rent in the County. As a result, 30,000 employees commute in and out of the city of Santa Barbara each day. These employees provide essential services that are at risk when main transportation corridors are impacted by obstacles, such as fires, disasters, road blockages, or accidents.

A home buyer must earn, on average, more than $77,903 a year to afford a $367,500 home, which was the median priced home in the entire county in 2012. In Santa Barbara County alone, there is a shortage of 12,960 homes available to meet the number of affordable homes needed. Santa Barbara County has been listed as one of the top 10 communities with the most disparity between income and cost of living.

What do we know about housing stability in Santa Barbara County?

We know that families with low incomes move 50 – 100% more frequently in search of a home they can afford. When families move, education is disrupted as children must move from school to school. The Common Ground Santa Barbara count in 2015 identified 1,455 homeless individuals in our County, including 132 families. Common Ground also found that 15% of the county’s homeless were veterans. “Without a stable living environment, California’s former servicemen and women have difficulty seeking needed care and treatment. Homeless veterans have disproportionate rates of Post-Traumatic Stress Disorder and substance abuse, along with hepatitis C, diabetes, prostate cancer, and HIV/AIDS, which can be life threatening without proper treatment and a stable home.”
What do we know about housing quality in Santa Barbara County?

In terms of environmental exposure and housing quality, we have limited data. However, older housing, especially that which is in need of rehabilitation, can be more affordable but is also more likely to contain lead-based paint or fixtures, which pose a health hazard for children and pregnant women. The California Department of Public Health includes the Childhood Lead Poisoning Prevention Branch (CLPPB). This is a children’s environmental health program offering multi-layered solutions to the complex problem of lead poisoning. Between 2009 and 2015, the Public Health Department Maternal Child Adolescent Health program received 37 referrals for potential lead poisoning in our County. There were 18 referrals for “At risk lead poisoning,” and 19 referrals for “High risk lead poisoning” which is based on blood lead levels.

Regarding ambient air quality, we have reports on air pollution from the Air Pollution Control District. County Health Rankings provides some information on particulate matter in Santa Barbara County, California and across the country. Since 2003, Santa Barbara County air pollution has decreased. This trend is in the right direction for safe environments and neighborhoods.

* CDC WONDER environmental data 2003-2011
Demographics – Who are the residents of Santa Barbara County?

There are 437,643 residents of Santa Barbara County according to the US Census for 2015. The largest portions of those residents live in unincorporated areas of the County. 44% of the population lives in one of the two major cities of Santa Maria (102,087) or Santa Barbara (91,088). There are eight cities within the County including, Buellton, Carpentaria, Goleta, Guadalupe, Lompoc, and Solvang.

Source: US Census, 2010-2014 American Community Survey 5-Year Estimates
What is the race/ethnicity of residents?

Almost equal numbers of residents identify themselves as white (199,806 or 46%) as the number who identify as Hispanic/Latino (198,941 or 45%). All other race/ethnicity categories are represented by less than 6% of the County population.

2015
SBC Population by Race/Ethnicity
N=439,082

- White, 199,806, 46%
- Hispanic/Latino, 198,941, 45%
- Asian, 20,480, 5%
- Black, 7,310, 2%
- American Indian, 1,975, 0%
- Not Hawaiian/Pacific Island, 750, 0%
- 2 or more Races, 9,820, 2%

Source: CA Department of Finance Demographics Unit, Report E-1

How does the population of Santa Barbara County look in terms of gender?

The numbers of men and women are statistically tied at 50% of the County population. There are actually 2,226 more men than women in our county.

2015
SBC Population by Sex
N=439,082

- Males, 220,654, 50%
- Females, 218,428, 50%

Source: CA Department of Finance Demographics Unit, Report P-3.
What is the age of County residents?

The two age groups with the highest representation are 15 – 24 year olds (17%) and 25 – 34 year olds (15%). This may be in part due to the number of colleges and universities in the County. Our oldest and youngest residents have the lowest level of representation with infants under one year at 1% and adults over age 85 at 2% of the population.

Do our residents have health insurance?

The Affordable Care Act (ACA) has significantly impacted a number of Santa Barbara County residents who have medical insurance. Before the ACA, 79,900 individuals were served in Medi-Cal. After the ACA, over 132,000 individuals are now served in Medi-Cal (65% growth). The County Department of Social Services projects an additional 10,000 Medi-Cal enrollments by December 2016. Additionally, 15,400 County individuals have been enrolled in health plans through Covered California.
What community factors impact health?

People who live in communities with more disadvantages have poorer health outcomes. Health disadvantage is the inability of people to fulfill basic human needs required for full social participation and optimal health and well-being. When we address community health disadvantages we improve: access to nutrition, health, safety, education, opportunities for employment, and engagement in society.

What are community health disadvantages?

Disadvantages that limit access to the fundamentals for a healthy life and safe community can have consequences for the individual over the course of their entire life. Limited economic and social resources, limited educational opportunities, health outcomes, environmental hazards, and neighborhoods where people do not have safe and convenient access to the goods and services needed in daily life stunt the lives and potential of the children and adults living there. Some specific examples of disadvantages are rates high of poverty, high housing costs, low high school education levels, high pedestrian injuries, and limited or unsafe park access. When multiple factors are combined, a disadvantaged community struggles to meet the fundamental needs of the residents.

How did we identify the level of disadvantage in Santa Barbara County?

The Public Health Alliance of Southern California, of which Santa Barbara County Public Health Department is a member, analyzed 27 individual indicators to reflect the level of health disadvantage for all census tracts in California. All census tracts in Santa Barbara County were combined for a countywide level of health disadvantage.

What does this information tell us?

There are great differences in neighborhoods across Santa Barbara County, yet even at a countywide level, we see areas where there are significant health disadvantages. Santa Barbara County had a Health Disadvantage Index of 27%. The categories in Santa Barbara County with the highest percentage of disadvantages are renter households paying more than 30% of their income on rent, housing not occupied by property owners, and 3-4 year olds not enrolled in school.
## Economic Resources (50% of Total HDI score)

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage of the population aged 64 or less with household incomes below twice the Federal Poverty Line</td>
<td>37.20%</td>
</tr>
<tr>
<td>Percentage of households with more than 1 occupant per room</td>
<td>11.13%</td>
</tr>
<tr>
<td>Percentage of renter households paying more than 30% of income on rent</td>
<td>56.48%</td>
</tr>
<tr>
<td>Percentage of population aged 25-64 who are unemployed</td>
<td>7.44%</td>
</tr>
<tr>
<td>Percentage of households without access to an automobile</td>
<td>6.90%</td>
</tr>
<tr>
<td>Median annual household income</td>
<td>$64,513.64</td>
</tr>
<tr>
<td>Percentage of the population in homes lacking complete kitchen facilities</td>
<td>1.87%</td>
</tr>
</tbody>
</table>

## Social Resources (15% of Total HDI score)

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage of population over age 25 without a high school education</td>
<td>22.67%</td>
</tr>
<tr>
<td>Percentage of household where no person at least 14 years old speaks English well</td>
<td>10.29%</td>
</tr>
<tr>
<td>Percentage of occupied housing units not occupied by property owners</td>
<td>47.28%</td>
</tr>
<tr>
<td>Percentage of registered voters not voting in the 2010 general election</td>
<td>35.50%</td>
</tr>
<tr>
<td>Percentage of registered voters not voting in the 2012 general election</td>
<td>22.92%</td>
</tr>
<tr>
<td>Percentage of family households with children under 18 with only one parent</td>
<td>30.59%</td>
</tr>
</tbody>
</table>

## Educational Opportunity (10% of Total HDI score)

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage of 3 and 4 year olds not enrolled in school</td>
<td>52.28%</td>
</tr>
<tr>
<td>Percentage of 15-17 year olds not enrolled in school</td>
<td>7.75%</td>
</tr>
</tbody>
</table>

## Health Outcomes (10% of Total HDI score)

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age age-adjusted Rate of Asthma Emergency Room Visits per 10,000 population</td>
<td>24.94</td>
</tr>
<tr>
<td>Percentage of the non-institutionalized population with any disability</td>
<td>10.58%</td>
</tr>
</tbody>
</table>

## Environmental Hazards (10% of Total HDI score)

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>5-year (2006-2010) annual average rate of severe and fatal pedestrian injuries per 100,000 population</td>
<td>7.76</td>
</tr>
<tr>
<td>Three-year annual mean concentration of PM2.5 (air particulate matter)</td>
<td>5.50</td>
</tr>
<tr>
<td>Traffic density – Sum of traffic volumes adjusted by road segment length (vehicle-kph) divided by total road length (km) within 150 meters of the census tract boundary</td>
<td>784.37</td>
</tr>
</tbody>
</table>

## Complete Communities (5% of Total HDI score)

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage of the population living more than one mile from a supermarket or large grocery store</td>
<td>29.09%</td>
</tr>
<tr>
<td>Percentage of the population not living within a half-mile of a park, beach, or open space greater than 1 acre</td>
<td>26.80%</td>
</tr>
<tr>
<td>Gross retail, entertainment, and education employment density (jobs/acre) on unprotected land</td>
<td>1.10</td>
</tr>
<tr>
<td>Population-weighted percentage of the census tract lacking tree canopy</td>
<td>94.46%</td>
</tr>
</tbody>
</table>

## Total Health Disadvantage Index Score* (100% is most disadvantaged)

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Health Disadvantage Index Score*</td>
<td>27.45%</td>
</tr>
</tbody>
</table>

* California Health Disadvantage Index (HDI) by the Public Health Alliance of Southern California integrates 27 economic, social, and environmental indicators available publically in California and may have application for targeting and prioritizing public and private investments to economically, socially and health disadvantaged communities.

Source: American Community Survey 2012; Total Health Disadvantage Index Score defined by several factors: [http://phasocal.org/ca-hdi/hdi-definitions/](http://phasocal.org/ca-hdi/hdi-definitions/) and covers 2004-2013
How can this information be used?

Information on 27 indicators may have application for targeting and prioritizing public and private investments to economically, socially and health disadvantaged communities. Census tract data provides insights into specific neighborhoods where there are greater concerns. Concrete actions could be targeted to those neighborhoods. The investments we make in our community affect the lives of the people living there now, and will impact health outcomes for those residents for the rest of their lives. The health status and access to education and employment of one generation has direct repercussions on the health of the next generation.
Injury and Illness Data – Why do we look at serious health conditions?

Injuries and illness affect everyone, regardless of age, race, or economic status. Each year, millions of people are injured or become seriously ill and survive. They are faced with life-long mental, physical, and financial problems. Injuries and illness relate directly to long-term quality of life in addition to impacting economic stability.

What are the five leading causes of non-fatal hospitalized injuries?

By far, unintentional falls are the leading cause of non-fatal injuries in both Santa Barbara County and in California. Our county rate of falls is a little higher than the state rate (301.1 in SBC compared to 287.5 statewide per 100,000 persons). The remaining top cases of non-fatal injuries are attempted suicide, poisoning, motor vehicle accidents, and attempted homicide. In each of the four remaining categories, the rate in Santa Barbara County is lower than the California rate.

What are the five leading causes of non-fatal hospitalized injuries?

2014

Five Leading Causes of Non-Fatal Hospitalized Injuries in California and Santa Barbara

What are the reasons people are seen in hospital emergency departments in our County?

Santa Barbara County hospitals had almost 160,000 emergency department encounters in 2015. By far, the most frequent reasons for these visits are accidental falls environmental factors, and rail and motor vehicle accidents.

---

**2015**

**Santa Barbara County**

**Emergency Department Encounters by Cause of Injury***

N = 35411

- Accidental Falls, 11572, 33%
- Accidental Poisoning, 502, 1%
- Adverse Effects/Therapeutics, 616, 2%
- Fire Accidents, 50, 0%
- Inflicted By Others, 1305, 4%
- Late Effects of Injury, 180, 1%
- Misadventures/Complication, 840, 2%
- Natural/Environmental Factors, 3260, 9%
- Rail & Motor Vehicle, 3219, 9%
- Undetermined Injury, 179, 1%
- War and Terrorism, 1, 0%
- Suffocation, 16, 0%
- Submersion, Suffocation, Foreign Body, 602, 2%
- Self-Inflicted Injury, 431, 1%
- Other Accidents, 11674, 33%
- Other Vehicle/Transport, 964, 3%

---


* 78% (123,817/159228) of all ED Encounters had no principal cause of injury reported and were removed from the pie chart
Cancer

Cancer is a term used for diseases in which abnormal cells divide without control and can invade other tissues. Cancer is not just one disease, but many diseases. There are more than 100 kinds of cancer. The number of new cancer cases can be reduced and many cancer deaths can be prevented through screening, vaccination and a healthy lifestyle. Cancer is a leading cause of death in Santa Barbara County and across the nation.

How does the incidence of cancer in Santa Barbara County compare to the state of California?

When we look at the number of people per 100,000 that are diagnosed with cancer between the years of 2009 and 2013, we see that the County and state rates are fairly similar for many types of cancer.13

### Lung and Bronchus Incident Rates*

<table>
<thead>
<tr>
<th>Year</th>
<th>SBC Age-Adjusted Rate</th>
<th>CA Age-Adjusted Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>2009</td>
<td>47.05</td>
<td>51.9</td>
</tr>
<tr>
<td>2010</td>
<td>44.78</td>
<td>48.44</td>
</tr>
<tr>
<td>2011</td>
<td>38.1</td>
<td>45.43</td>
</tr>
<tr>
<td>2012</td>
<td>40.14</td>
<td>44.81</td>
</tr>
<tr>
<td>2013</td>
<td>40.63</td>
<td>42.8</td>
</tr>
</tbody>
</table>

*Rate per 100,000 population and age-adjusted to the 2000 U.S. Standard Population

### Colon and Rectum Incident Rates*

<table>
<thead>
<tr>
<th>Year</th>
<th>SBC Age-Adjusted Rate</th>
<th>CA Age-Adjusted Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>2009</td>
<td>33.65</td>
<td>42.08</td>
</tr>
<tr>
<td>2010</td>
<td>37.36</td>
<td>39.97</td>
</tr>
<tr>
<td>2011</td>
<td>37.32</td>
<td>38.1</td>
</tr>
<tr>
<td>2012</td>
<td>35.05</td>
<td>36.77</td>
</tr>
<tr>
<td>2013</td>
<td>29.87</td>
<td>35.27</td>
</tr>
</tbody>
</table>

*Rate per 100,000 population and age-adjusted to the 2000 U.S. Standard Population

How does the incidence of cancer in Santa Barbara County compare to the state of California? - Continued

**Prostate Incident Rates***

<table>
<thead>
<tr>
<th>Year</th>
<th>SBC Age-Adjusted Rate</th>
<th>CA Age-Adjusted Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>2009</td>
<td>131.63</td>
<td>135.35</td>
</tr>
<tr>
<td>2010</td>
<td>133.08</td>
<td>132.31</td>
</tr>
<tr>
<td>2011</td>
<td>118.9</td>
<td>127.17</td>
</tr>
<tr>
<td>2012</td>
<td>88.75</td>
<td>105.46</td>
</tr>
<tr>
<td>2013</td>
<td>87.03</td>
<td>97.99</td>
</tr>
</tbody>
</table>


*Rate per 100,000 population and age-adjusted to the 2000 U.S. Standard Population

**Pancreas Incident Rates***

<table>
<thead>
<tr>
<th>Year</th>
<th>SBC Age-Adjusted Rate</th>
<th>CA Age-Adjusted Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>2009</td>
<td>12.98</td>
<td>11.58</td>
</tr>
<tr>
<td>2010</td>
<td>12.26</td>
<td>11.93</td>
</tr>
<tr>
<td>2011</td>
<td>12.3</td>
<td>11.56</td>
</tr>
<tr>
<td>2012</td>
<td>9.51</td>
<td>11.6</td>
</tr>
<tr>
<td>2013</td>
<td>11.78</td>
<td>11.45</td>
</tr>
</tbody>
</table>


*Rate per 100,000 population and age-adjusted to the 2000 U.S. Standard Population
How does the incidence of cancer in Santa Barbara County compare to the state of California? - Continued

The breast cancer rate has traditionally been a little higher in Santa Barbara County than in the state. The rates of invasive cancer and leukemia were also higher than the state in 2013.

*Rate per 100,000 population and age-adjusted to the 2000 U.S. Standard Population

The breast cancer rate has traditionally been a little higher in Santa Barbara County than in the state. The rates of invasive cancer and leukemia were also higher than the state in 2013.

*Rate per 100,000 population and age-adjusted to the 2000 U.S. Standard Population
How does the incidence of cancer in Santa Barbara County compare to the state of California? – Continued

**Invasive Cancer Incidence Rates***

Santa Barbara County 2009-2013

<table>
<thead>
<tr>
<th></th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>SBC Age-Adjusted Rate</td>
<td>443.29</td>
<td>440.37</td>
<td>419.66</td>
<td>399.95</td>
<td>430.25</td>
</tr>
<tr>
<td>CA Age-Adjusted Rate</td>
<td>438.45</td>
<td>429.01</td>
<td>418.86</td>
<td>408.39</td>
<td>398</td>
</tr>
</tbody>
</table>


*Rate per 100,000 population and age-adjusted to the 2000 U.S. Standard Population

**Lukemia Incident Rates***

Santa Barbara County 2009-2013

<table>
<thead>
<tr>
<th></th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>SBC Age-Adjusted Rate</td>
<td>13.22</td>
<td>14.63</td>
<td>12.71</td>
<td>14.94</td>
<td>18.96</td>
</tr>
<tr>
<td>CA Age-Adjusted Rate</td>
<td>12.85</td>
<td>13.11</td>
<td>12.39</td>
<td>12.5</td>
<td>12.29</td>
</tr>
</tbody>
</table>


*Rate per 100,000 population and age-adjusted to the 2000 U.S. Standard Population
What types of cancer are most frequently the causes of death in Santa Barbara County?

In the past two years, lung cancer was by far the most frequent cause of cancer deaths in Santa Barbara County, accounting for about one-fifth of the cancer deaths. Out of 666 cancer deaths in 2014, 115 were from lung cancer and out of 603 cancer deaths in 2015, 132 were from lung cancer. Other types of cancer that were prevalent in cancer deaths across both years were pancreatic and breast cancer.

**2015 Cancer Deaths**

N=603

- **Lung, bronchus, trachea (C33-34)**: 132, 22%
- **Pancreas (C25)**: 48, 8%
- **Breast (C50)**: 53, 9%
- **Colon (C18)**: 26, 4%
- **Prostate (C61)**: 24, 4%
- **Bladder & Urinary Tract (C64-C68)**: 34, 6%
- **Leukemia (C91-95)**: 31, 5%
- **Non-Hodgkin’s lymphoma (C82-C85)**: 30, 5%
- **Stomach (C16)**: 10, 2%
- **Kidney (C64-65)**: 13, 2%
- **Esophagus (C15)**: 7, 1%
- **Liver (C22.0, C22.2-C22.9)**: 22, 4%
- **Neoplasms of the female genital organs (C51-58)**: 32, 5%
- **Neoplasms of the skin (C43-44)**: 27, 4%
- **Other**: 114, 19%
Sexually Transmitted Diseases

What is the trend with sexually transmitted diseases?

Sexually transmitted diseases and infections, including chlamydia, gonorrhea and syphilis have been rising significantly in Santa Barbara County. These diseases can have negative short and long term impacts without identification and treatment. These diseases can be cured with timely treatment.

What do we see with Chlamydia?

Chlamydia has been steadily rising in California and Santa Barbara County a number of years, with the majority of cases diagnosed in the female population. Chlamydia can initially go unnoticed. However, untreated chlamydia can spread to the uterus and fallopian tubes and can cause permanent damage to a woman’s reproductive system and lead to long-term pelvic pain, inability to get pregnant and potentially deadly ectopic pregnancy. Testing and treatment can avoid such long-term health impacts.

Chlamydia Case Rates
Santa Barbara County and California 2009-2015

Source: STD Control Branch/CalREDIE. California County Pop. Estimates and Components of Change by Year, July 1, 2000-2020, CA Dept. of Finance
What do we see with Chlamydia? – Continued

Chlamydia Cases by Gender
Santa Barbara County 2009-2015

<table>
<thead>
<tr>
<th>Year</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>2009</td>
<td>330</td>
<td>925</td>
</tr>
<tr>
<td>2010</td>
<td>385</td>
<td>1034</td>
</tr>
<tr>
<td>2011</td>
<td>462</td>
<td>1300</td>
</tr>
<tr>
<td>2012</td>
<td>447</td>
<td>1297</td>
</tr>
<tr>
<td>2013</td>
<td>563</td>
<td>1321</td>
</tr>
<tr>
<td>2014</td>
<td>617</td>
<td>1395</td>
</tr>
<tr>
<td>2015</td>
<td>723</td>
<td>1579</td>
</tr>
</tbody>
</table>

Source: STD Control Branch/CalREDIE
What do we see with Gonorrhea?

Gonorrhea infections have increased in the past couple of years, and in 2015 Santa Barbara County experienced an especially large increase in gonorrhea. The predominance of gonorrhea cases are diagnosed in the male population. Untreated gonorrhea can cause serious and permanent health problems in both women and men. We need to ensure people get medical treatment before long-term problems are caused and to minimize the spread to others. In rare cases, this may cause a man to be sterile, or prevent him from being able to father a child. Rarely, untreated gonorrhea can also spread to the blood or joints. This condition can be life-threatening.

![Gonorrhea Case Rates](chart1.png)

Gonorrhea Case Rates
Santa Barbara County and California 2009-2015

![Gonorrhea Cases by Gender](chart2.png)

Gonorrhea Cases by Gender
Santa Barbara County 2009-2015

Source: STD Control Branch/CalREDIE, California County Pop. Estimates and Components of Change by Year, July 1, 2000-2020, CA Dept. of Finance
How is syphilis different?

Historically, there have been small numbers of syphilis cases in the County. However, in the past three years the number of syphilis cases went from 9 to 35. This is an alarming increase in a short period of time. Almost all of the syphilis cases are in the male population. Syphilis has been called ‘the great imitator’ because it has so many possible symptoms, many of which look like symptoms from other diseases. Syphilis can also affect vision and can lead to permanent blindness, called ocular syphilis. One could also be infected with syphilis and have very mild symptoms or none at all. Although there is standard testing for syphilis for women who receive prenatal care, if that care is delayed or not provided a child can be born with congenital syphilis. Congenital syphilis can have serious sensory and cognitive deficiencies and may even result in the death of the child.

![Primary & Secondary Syphilis Case Rates](chart1.png)

**Primary & Secondary Syphilis Case Rates**
Santa Barbara County and California 2009-2015

<table>
<thead>
<tr>
<th>Year</th>
<th>SBC</th>
<th>CA</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>2009</td>
<td>1.7</td>
<td>5.5</td>
<td>4.6</td>
</tr>
<tr>
<td>2010</td>
<td>0.9</td>
<td>5.5</td>
<td>4.5</td>
</tr>
<tr>
<td>2011</td>
<td>0.9</td>
<td>6.5</td>
<td>4.5</td>
</tr>
<tr>
<td>2012</td>
<td>2.1</td>
<td>7.8</td>
<td>5.0</td>
</tr>
<tr>
<td>2013</td>
<td>5.1</td>
<td>9.3</td>
<td>5.5</td>
</tr>
<tr>
<td>2014</td>
<td>5.3</td>
<td>9.9</td>
<td>6.3</td>
</tr>
<tr>
<td>2015</td>
<td>8.9</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

Source: STD Control Branch/CalREDIE. California County Pop. Estimates and Components of Change by Year, July 1, 2000-2020, CA Dept. of Finance

![Primary & Secondary Syphilis Cases by Gender](chart2.png)

**Primary & Secondary Syphilis Cases by Gender**
Santa Barbara County 2009-2015

<table>
<thead>
<tr>
<th>Year</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>2009</td>
<td>7</td>
<td>0</td>
</tr>
<tr>
<td>2010</td>
<td>4</td>
<td>0</td>
</tr>
<tr>
<td>2011</td>
<td>4</td>
<td>0</td>
</tr>
<tr>
<td>2012</td>
<td>9</td>
<td>0</td>
</tr>
<tr>
<td>2013</td>
<td>21</td>
<td>0</td>
</tr>
<tr>
<td>2014</td>
<td>21</td>
<td>2</td>
</tr>
<tr>
<td>2015</td>
<td>35</td>
<td>4</td>
</tr>
</tbody>
</table>

Source: STD Control Branch/CalREDIE.
HIV/AIDS

AIDS (Acquired Immunodeficiency Syndrome) is the most severe phase of HIV disease (Human Immunodeficiency Virus). With AIDS, people have such badly damaged immune systems that they get an increasing number of severe illnesses, called opportunistic infections. There have been significant changes in treatment to prevent the progression of HIV to become AIDS.

How many new cases of HIV and AIDS are identified in Santa Barbara County annually?

Traditionally, we identify the number of new HIV and AIDS cases as separate categories. Newly diagnosed HIV cases have varied over the past 7 years, yet the range has remained mostly stable over the past 4 years.15

Newly Diagnosed HIV Cases by Region
Santa Barbara County 2009-2015

![Graph showing the number of newly diagnosed HIV cases by region in Santa Barbara County from 2009 to 2015.](image)

Source: Office of AIDS-CDPH

Similarly, the number of newly diagnosed AIDS cases has remained within a consistent range. Almost 1/5 of the newly diagnosed HIV cases in 2015 were also classified by laboratory tests as having AIDS at the time of diagnosis. That is, they were not diagnosed in the early stages of infection prior to changes in their immune systems. Efforts to increase testing and allow for early diagnosis are key to reducing the progression of AIDS.
Who is living with HIV/AIDS?

In addition to those who are newly diagnosed, there are many residents who have been living with HIV/AIDS for an extended period of time. As treatments improve, the longevity and quality of life for persons living with HIV has improved. In 2015, there were 577 Santa Barbara County residents living with HIV or AIDS.

<table>
<thead>
<tr>
<th>Living Residents of SBC</th>
<th>2014</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIDS</td>
<td>377</td>
<td>366</td>
</tr>
<tr>
<td>HIV</td>
<td>221</td>
<td>211</td>
</tr>
<tr>
<td>Total</td>
<td>598</td>
<td>577</td>
</tr>
</tbody>
</table>

What is new in the treatment of HIV/AIDS?

Scientific advances have resulted in the use of medications that prevent the transmission of HIV. Medications are now given for individuals who are at high risk for acquiring HIV based on their behaviors and lifestyle as well as for individuals who have been sexually assaulted and may have been exposed by the perpetrator. More information about Post-Exposure Prophylaxis (PEP) and Pre-Exposure Prophylaxis (PrEP) can be found at www.cdc.gov/hiv. The use of these medications to prevent HIV transmission is changing the world of public health.
Birth Data – Why do we look at the health of pregnant women and infants?

Beginning life as a healthy infant provides a tremendous advantage for lifelong health. Factors that may be barriers to health at birth are considered areas for improvement. Some of these areas closely monitored include the birthweight of babies, premature birth, births to teens, and prenatal care.

What is a low birthweight baby?

Low birthweight is when a baby is born weighing less than 5 pounds, 8 ounces. About 1 in every 12 babies in the United States is born with low birthweight. The primary cause of low birthweight is premature birth. Other factors include a uterine restriction, the mother’s health and birth defects.

Why is low birthweight important?

Some low birthweight babies are healthy, even though they’re small. But being low birthweight can cause serious health problems for some babies. Some need special care in a hospital’s newborn intensive care unit (also called NICU) to treat medical problems like respiratory distress syndrome and bleeding in the brain.

What is the trend of low birthweight babies born in Santa Barbara County?

The percent of low birthweight babies in Santa Barbara County has consistently been lower than the Healthy People objective of 7.8%. Healthy People 2020 is a national health promotion and disease prevention initiative bringing together many individuals and agencies to improve the health of all Americans. The percentage of low birthweight babies has been slowly decreasing in Santa Barbara County, with the most dramatic decrease in 2014.
How does the rate of low birthweight babies compare with other counties of similar size?

Between 2011 and 2013, Santa Barbara County had a 6.2% rate of low birthweight babies for every 100 live births. This is in the range of 5.6 to 7.1 for similar size counties in California.
What is premature birth?

A premature birth is a birth that takes place more than three weeks before the baby is due. In other words, a premature birth is one that occurs before the start of the 37th week of pregnancy. Normally, a pregnancy lasts about 40 weeks. Several factors are associated with premature birth including personal characteristics of the mother (e.g. low or high maternal age) and medical characteristics (e.g. high blood pressure).

Why are premature births important?

Premature birth gives the baby less time to develop. Premature babies, especially those born earliest, often have complicated medical problems. Preterm birth is the most common cause of death among infants worldwide.

What is the trend in premature births in Santa Barbara County?

The rate of premature births has decreased from 13.9% in 2005 to 7.6% in 2014. This is a consistent trend in a positive direction.
Why is it important to look at births to teenage mothers?

The majority of births to teenage mothers are not planned. Teenage mothers, defined as 15 to 19 years of age, frequently lack support of the child’s father in addition to limited individual, family and community resources to provide a healthy start and quality care for infants.
What is the trend with teenage mothers in California and Santa Barbara County?

The number of births to teenage mothers is decreasing in California and in Santa Barbara County. This is also a national trend. There are now less than 25 births to teenage mothers for every 1,000 births in the state and in the County.¹⁸

*Teenage mothers are defined as 15-19 years of age at time of childbirth.
Source: Vital Statistics Query System - cdph.ca.gov
Population projections - Department of Finance Demographic Unit, 2016
What is the trend with teenage mothers in California and Santa Barbara County? – Continued

**Birth Rates to Mothers 15-19 years old by Ethnicity**
Santa Barbara County and California,
2005-2014

- **SBC - White**
- **SBC - Hispanic**
- **CA - White**
- **CA - Hispanic**


**Why is prenatal care recommended?**

Prenatal care is provided through regular check-ups to treat and prevent potential health problems throughout the course of the pregnancy while promoting healthy lifestyles that benefit both mother and child. Prenatal care is recommended to begin during the first trimester of pregnancy.
What percentage of women in Santa Barbara County do not receive prenatal care in the first trimester?

In 2005, 18% of pregnant women in Santa Barbara County did not receive prenatal care in the first trimester. Since that period of time, the rate increased, peaking in 2009. In 2014, the most recent year for which data is available, Santa Barbara County had 22.3% of pregnant women who did not receive care in the first trimester. This is one of the highest rates among similar California Counties. Increased outreach is needed to increase the percentage of pregnant women receiving early prenatal care.

Are there differences by ethnicity among mothers who receive prenatal care in the first trimester in Santa Barbara County?

When looking at the population of mothers who receive prenatal care in the first trimester between 2005 and 2014, there is consistently a lower rate of prenatal care among Hispanics than of Whites.

Why is breastfeeding important to health?

Both babies and mothers gain many benefits from breastfeeding. Breast milk is easy to digest and contains antibodies that can protect infants from bacterial and viral infections. A baby’s risk of becoming an overweight child goes down with each month of breastfeeding. Also, women who breastfeed may have lower rates of ovarian cancer and certain types of breast cancer.19

What percentages of mothers are breastfeeding in the hospital?

Breastfeeding rates for Santa Barbara County and the state of California reflect rates for exclusive breastfeeding and any breastfeeding in the hospital.20 This data is for up to 48 hours after delivery in the hospital. Santa Barbara County exceeds the state rate for any breastfeeding and is less than the state rate for exclusive breastfeeding.
In addition to hospital data on breastfeeding, we have local data for breastfeeding mothers in our WIC program. This program that serves low-income families reflects a relatively high rate of breastfeeding compared with WIC programs statewide. The average exclusive breastfeeding rate for the Santa Barbara County WIC program between October 2014 and September 2015 was 36.58%. During that same time period, the average exclusive breastfeeding rate for the California WIC program was 20.9%.

* Source: California In-Hospital Breastfeeding as Indicated on the Newborn Screening Test Form Statewide and Maternal County of Residence, 2010-2014. [http://www.cdph.ca.gov/data/statistics/Pages/BreastfeedingPriorYearData.aspx](http://www.cdph.ca.gov/data/statistics/Pages/BreastfeedingPriorYearData.aspx)
Death Data – Why do we look at deaths for health information?

Data on deaths, also called mortality data, help us understand the reasons people die and at what ages. Mortality data can be compared across counties. This data is one of the few sources of health-related data that are comparable for small geographic areas and are available for a long time period in the United States.

More than 50% of deaths in Santa Barbara County and nationally are caused by four diseases: heart disease and stroke, cancer, lung disease, and type 2 diabetes. These four chronic diseases are directly impacted by three behaviors (poor diet, physical inactivity and tobacco use). Most importantly, we can change our behaviors and directly impact the chronic diseases that impact the quality of life and result in premature death for many of our residents.

What are the leading causes of death in Santa Barbara County?

In 2015, there were 2,877 deaths recorded in Santa Barbara County. The vast majority of those deaths were due to cancer or heart disease. Historically, heart disease has been the leading cause of death in our County. In 2015, for the first time, cancer exceeded heart disease.

Are there differences by race/ethnicity in the causes of death?

In 2015, there were some identifiable differences in the leading causes of death between Whites and Hispanics. Hispanics had lower rates of Alzheimer’s, lower rates of respiratory disease and suicide. Hispanics had higher rates of deaths caused by accidents.

Source: Statistical Master Death File, Office of Vital Records
What is premature death?

Premature deaths are deaths that occur before a person reaches life expectancy of 75 years old. Many of these deaths are considered to be preventable. We calculate the number of years between the early death and the age of 75 to determine the potential of years of life lost. The younger a person is at the age of death, the more potential years of life lost for that individual. The burden of premature deaths is an important measure of a population’s health. There were 989 premature deaths in Santa Barbara County in 2015. Those 989 deaths equal to 18,344 potential years of life lost (PYLL).

<table>
<thead>
<tr>
<th>Potential Years of Life Lost (PYLL) 2015</th>
<th>Number of Deaths</th>
<th>PYLL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other Cancer</td>
<td>166</td>
<td>2439</td>
</tr>
<tr>
<td>Other Accidents (unintentional injuries) (V01-X59, Y85-Y86)*</td>
<td>67</td>
<td>2150</td>
</tr>
<tr>
<td>Diseases of the heart (I00-I09, I11,I13,I20-I51)</td>
<td>146</td>
<td>1835</td>
</tr>
<tr>
<td>Intentional self-harm (U03, X60-X84, Y87.0)</td>
<td>53</td>
<td>1383</td>
</tr>
<tr>
<td>Motor Vehicle Accidents**</td>
<td>29</td>
<td>1184</td>
</tr>
<tr>
<td>Chronic Liver Disease (K70, K73-K74)</td>
<td>40</td>
<td>669</td>
</tr>
<tr>
<td>Lung Cancer (C33-34)</td>
<td>62</td>
<td>633</td>
</tr>
<tr>
<td>Breast Cancer (C50)</td>
<td>42</td>
<td>447</td>
</tr>
<tr>
<td>Diabetes mellitus (E10-E14)</td>
<td>32</td>
<td>413</td>
</tr>
<tr>
<td>Diseases of the digestive system (K00-K92)**</td>
<td>22</td>
<td>387</td>
</tr>
<tr>
<td>Influenza and pneumonia (J09-J18)</td>
<td>10</td>
<td>376</td>
</tr>
<tr>
<td>Cerebrovascular diseases (I60-I69)</td>
<td>33</td>
<td>355</td>
</tr>
<tr>
<td>Chronic lower respiratory diseases (J40-J47)</td>
<td>39</td>
<td>355</td>
</tr>
<tr>
<td>Pancreatic Cancer (C25)</td>
<td>28</td>
<td>264</td>
</tr>
<tr>
<td>Mental and behavioral disorder (F01-F99)</td>
<td>13</td>
<td>246</td>
</tr>
<tr>
<td>Other Premature Deaths</td>
<td>207</td>
<td>5208</td>
</tr>
<tr>
<td>Total</td>
<td>989</td>
<td>18344</td>
</tr>
</tbody>
</table>

* Accidents not including Motor Vehicle Accidents which is defined below.

** Motor Vehicle Accidents = V02-V04, V09.0, V09.2, V12-V14, V19.0-V19.2, V19.4-V19.6, V20-V79, V80.3-V80.5, V81.0-V81.1, V82.0-V82.1, V83-V86, V87.0-V87.8, V88.0-V88.8, V89.0, V89.2
What are the causes of premature death?

Early death can occur for a number of reasons. Sometimes the reasons for premature death correspond to personal behaviors or actions taken. One category of preventable premature deaths are other accidents. Accidental drug overdose is included in the other accidents category. Accidental drug overdose deaths occur across age ranges and overdose deaths have been increasing in recent years in Santa Barbara County.

Accidental Drug Overdoses* in Santa Barbara County 2011-2015, Crude Rate**

* Accidental Drug Overdose defined ICD10: X40-X44.
Source: Santa Barbara County - Death Certificates, VRBIS 2016.

** Crude death rate is the total number of deaths to residents of Santa Barbara County divided by the total population of the county. This rate is not age-adjusted and therefore should not be used to compare across other geographical areas.
Another leading cause of premature death is motor vehicle accidents. This is an area where there has been a downward trend in the number of deaths over time. It is believed this consistent decline is due in part to seat belt use, which has been increasing since 2000.²¹

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**Accidental Drug Overdose**

*Number of Deaths by Age Group (N=44)*

**Santa Barbara County, 2015**

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Number of Deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td>15-24</td>
<td>9</td>
</tr>
<tr>
<td>25-34</td>
<td>9</td>
</tr>
<tr>
<td>35-44</td>
<td>9</td>
</tr>
<tr>
<td>45-54</td>
<td>6</td>
</tr>
<tr>
<td>55-64</td>
<td>8</td>
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<tr>
<td>65-74</td>
<td>2</td>
</tr>
<tr>
<td>75-84</td>
<td>0</td>
</tr>
<tr>
<td>85+</td>
<td>1</td>
</tr>
</tbody>
</table>

*Accidental Drug Overdose defined ICD10: X40-X44.
Source: Santa Barbara County - Death Certificates, VRBIS 2016.

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**Age-adjusted Death Rates due to Motor Vehicle Accidents**

*Santa Barbara County and California 2004-2013*

<table>
<thead>
<tr>
<th>Year</th>
<th>Santa Barbara</th>
<th>California</th>
</tr>
</thead>
<tbody>
<tr>
<td>2004</td>
<td>12.1</td>
<td>11.9</td>
</tr>
<tr>
<td>2005</td>
<td>15.0</td>
<td>11.8</td>
</tr>
<tr>
<td>2006</td>
<td>11.7</td>
<td>10.8</td>
</tr>
<tr>
<td>2007</td>
<td>11.1</td>
<td>10.8</td>
</tr>
<tr>
<td>2008</td>
<td>9.3</td>
<td>8.3</td>
</tr>
<tr>
<td>2009</td>
<td>8.7</td>
<td>8.2</td>
</tr>
<tr>
<td>2010</td>
<td>7.2</td>
<td>7.0</td>
</tr>
<tr>
<td>2011</td>
<td>7.1</td>
<td>7.1</td>
</tr>
<tr>
<td>2012</td>
<td>7.9</td>
<td>7.5</td>
</tr>
<tr>
<td>2013</td>
<td>9.3</td>
<td>6.8</td>
</tr>
</tbody>
</table>

*ICD10 RANGE: V02-V04, V09.0, V09.2, V12-V14, V19.0-V19.2, V19.4-V19.6, V20-V79, V80.3-V80.5, V81.0-V81.1, V82.0-V82.1, V83-V86, V87.0-V87.8, V88.0-V88.8, V89.0, V89.2- Source: Center for Vital Statistics Query System
Other causes of death that frequently lead to premature death include suicide and homicide. The suicide and homicide rates in Santa Barbara County remain below the state average and the three year average is below most comparable counties in both of these categories.

**Age-adjusted Death Rates due to Suicide** - Three-year Average
Selected California Counties
2011-2013

**Suicide is defined by ICD-10 codes U03, X60-X84, Y87.0**
Age-adjusted Death Rate due to Homicide* - Three-year Average
Selected California Counties
2009-2011

* Homicide is defined by ICD-10 codes U01-U02, X85-Y09, Y87.1
What do we know about infant mortality in Santa Barbara County?

Infant mortality is defined as the death of a child within 365 days of birth. Five-year averages of infant mortality deaths in Santa Barbara County do not reveal a clear trend.

Santa Barbara County Infant Mortality Rate

Source: VRBIS - Vitals Statistic Database for Santa Barbara County
Community Health Improvement Plan – What are the next steps?

Information from this Community Health Assessment can be a powerful tool to educate our community, inform the development of strategic plans to improve health, inform decision makers, and track improvement of health care outcomes. Strategic communication of the Community Assessment data is an important next step.

What is the next step for the Public Health Department?

In addition to sharing the information included in this Community Health Assessment, the Public Health Department will be bringing community partners and County residents together to develop a Community Health Improvement Plan. Our Community Health Improvement Plan will use Community Health Assessment data to identify priority issues, develop and implement strategies for action, and establish accountability to ensure measurable health improvement. Our plan and process will look outside of the performance of an individual organization serving a specific segment of a community to the way in which the activities of many organizations contribute to community health improvement. Please see our Strategic Plan at:

http://cosb.countyofsb.org/phd/phdadmin.aspx?id=51926
Who will be involved in the development of the Community Health Improvement Plan?

The Public Health Department will engage a range of community stakeholders in the development of the Community Health Improvement Plan including hospital and academic partners, non-profits, health plans and healthcare providers. We will also engage providers of a wide range of community services including schools and businesses, residents representing various populations in our community, and local experts.

How can I participate in the Community Health Improvement Plan?

Any resident of Santa Barbara County is invited to volunteer to participate in the process of developing the community plan. Please contact Susan Klein-Rothschild at sklein@sbcphd.org or call 805-681-5435.

County Resources – What county departments provide health services?

There are a number of departments within County government that provide services supporting health in the broad sense. Three agencies that provide core health related services are the Public Health Department, Department of Behavioral Wellness and Department of Social Services.
What health related services are provided through the Public Health Department in Santa Barbara County?

The Public Health Department provides two primary types of services. First, we provide direct health care to individuals through Health Care Centers that are located throughout the County. Our Federally Qualified Health Care Centers offer quality healthcare to residents who have Medi-Cal and Medicare health coverage as well as residents who have no health insurance benefits. Second, we perform healthcare services that impact the health of the entire community. These are population based services to prevent disease, promote wellness and maintain a safe and healthy environment for all County residents.

http://cosb.countyofsb.org/phd/

What services are provided through the County-based Health Care Centers?

There are five Public Health Department Federally Qualified Health Centers located throughout Santa Barbara County offering a wide variety of services for adults, teens, children and infants. The following clinics/services are provided:

- Primary Care, Internal Medicine and Specialty Services
- Clinical Laboratory
- Pharmacy
- Immunizations
- Women’s Services including Obstetrics, Family Planning, Gynecology
- Well Child Exams
- Physicals (school, DMV, specialty)
- Health Care Reform Enrollment
Where are the Health Care Centers?

In addition to the five health care center locations, shelter clinic services for individuals experiencing homelessness are provided through three homeless shelters including PATH, Good Samaritan and Santa Barbara Rescue Mission.

HTTP://WWW.SBCPHD.ORG
What community-based or population-based services are provided through the Public Health Department?

There are a wide variety of services provided to protect the health of our community including those listed below. In addition to specific programs, we collaborate with key stakeholders on issues impacting health such as homelessness, environmental sustainability, and sexually exploited children.

- **Animal Services** – Provides dog licensing, animal shelter, pet adoption, lost animal reunification, and rabies control for most cities and the unincorporated areas of the County.

- **Cancer Detection** – Supports education and screenings for breast and cervical cancer for income-eligible women.

- **Disease Control & Prevention** – Monitors and initiates measures to prevent and control communicable diseases like pertussis, tuberculosis, sexually transmitted infection, and outbreaks; Promotes immunizations against vaccine-preventable diseases such as influenza and measles; Works closely with healthcare facilities, providers, and hospitals within the County.

- **Emergency Medical Services and Public Health Preparedness** – Plans the emergency medical care system and oversees the care provided by the 9-1-1 dispatcher, paramedics, fire departments, ambulance providers, hospital trauma center, and specialty care centers; Promotes readiness to respond to large scale emergencies like epidemics, wildfires, and other disasters.

- **Environmental Health Services** – Protects the public from food-borne illness and contaminated water by inspecting restaurants, grocery stores, and other food facilities and by testing water supplies, public pools and ocean water; Protects the public and the environment from potentially hazardous processes and materials such as landfills, septic systems, and petroleum products.

- **HIV/AIDS** – Coordinates care to individuals with HIV or AIDS including medical care, case management, education, and testing.

- **Maternal Child Adolescent Health** – Provides case management and home visits by public health nurses to support mothers and their children who are at high risk for adverse outcomes or have barriers to health.

- **Nutrition Education and Obesity Prevention** – Collaborates with community partners to educate the community and promote health eating and active living.
- **Sexual Assault Response Team** – Provides medical-legal examinations and supports individuals who have been sexually assaulted or sexually abused.

- **Tobacco Prevention and Control** – Provides a variety of prevention, cessation, and policy-related services to prevent smoking, and protect the public from the harmful effects of secondhand smoke.

- **Vital Records** – Processes and provides copies of birth certificates, death certificates and burial permits for those who were born or died in Santa Barbara County.

- **Women, Infants, and Children (WIC)** – Provides nutrition and breastfeeding education and checks to buy healthy foods for low-income women who are pregnant, breastfeeding, or recently gave birth and for their children up to age five.
What mental health services are provided through the Department of Behavioral Wellness?

The Department of Behavioral Wellness promotes the prevention of, and recovery from, addiction and mental illness among individuals, families, and communities. The Department provides specialty mental health services for children with serious emotional disorders and for adults with severe mental illness. The Department also provides a spectrum of alcohol drug and related services from prevention to treatment and aftercare. During fiscal year 2014-15, the Department of Behavioral Wellness served 8,325 mental health clients and 3,285 Alcohol and Drug Program clients.  
http://www.countyofsb.org/behavioral-wellness

What health insurance options are offered through the Department of Social Services?

The Department of Social Services determines if individuals are eligible for free or low-cost health coverage from Medi-Cal or affordable insurance through Covered California. Medi-Cal is a public insurance program for those with limited incomes or another qualifying factor. Applications are accepted year-round. Covered California is the state’s online health insurance marketplace where individuals can comparison-shop for private health insurance, with assistance available based on income to reduce the cost of purchasing private insurance. Generally, applications must be submitted during the annual Open Enrollment period unless a qualifying life event occurs outside of that timeframe.  
http://cosb.countyofsb.org/social_services/

The federal Health Care Reform law now requires most Americans and legal residents to have health insurance coverage. The coverage can be from an employer, the individual market (like Covered California), or a public program (like Medi-Cal or Medicare)."
References


2. The Obesity Society, 1110 Bonifant Street, Suite 500, Silver Spring, MD, 20910, http://www.obesity.org/content/weight-diabetes


5. U.K.’s Faculty of Mental Health, Relationship with physical health and healthy lifestyles, http://www.fph.org.uk/relationship_with_physical_health_and_healthy_lifestyles


7. Southern California Association of NonProfit Housing, 501 Shatto Place, Suite 403, Los Angeles, CA 90020, Presentation to the Public Health Alliance of Southern California, March 2016, Lisa Payne, Policy Director, www.scanph.org


11. California Department of Finance Demographic Unit, 2016


Healthy People 2020, https://www.healthypeople.gov/2020/topics-objectives


California Department of Public Health, California In-Hospital Breastfeeding as Indicated on the Newborn Screening Test Form, Statewide and Maternal County of Residence, 2010-2014, http://www.cdph.ca.gov/data/statistics/Pages/BreastfeedingPriorYearData.aspx

Santa Barbara Health Care Center
345 Camino Del Remedio
Santa Barbara, CA 93110
805-681-5488

Santa Maria Health Care Center
2115 Centerpointe Pkwy.
Santa Maria, CA 93455
805-346-8410

Franklin Health Care Center
1136 E Montecito St.
Santa Barbara, CA 93102
805-568-2099

Lompoc Health Care Center
301 N R St.
Lompoc, CA 93437
805-737-6400

Carpinteria Health Care Center
931 Walnut Ave.
Carpinteria, CA 93013
805-560-1050