

Santa Clara County 2010

# Health Profile Report

## Executive Summary



Santa Clara County  
Public Health Department

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July 20, 2010

To the Residents of Santa Clara County:

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

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

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

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

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

Sincerely,



Dan Peddycord, RN, MPA/HA  
Public Health Director



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Santa Clara County Health Officer

# Santa Clara County Health Profile Executive Summary



## Introduction

The Santa Clara County Health Profile Report examines the health status of Santa Clara County residents. It provides a picture of overall health as well as insights into how well different segments of our population are faring, and some of the key factors that affect health.

Santa Clara County is a healthy county on the surface. But a deeper look reveals disparities that show certain populations are more at risk for poor health and disease than overall measurements would indicate. Disparities are differences in health status among subgroups defined by certain characteristics like race/ethnicity, income, or education levels.

The relative affluence and high education levels of Silicon Valley residents may contribute significantly to better health outcomes. Several key indicators show that County residents as a whole enjoy better health than most of California and the U.S.

Much of the data for adults was taken from the Behavioral Risk Factor Survey, conducted every other year in the County. Data for teens was mostly provided by the California Healthy Kids Survey, also administered every other year. This data has been combined with key statistics from a number of other sources that together create a health profile of Santa Clara County.

As with any report based on survey data and a compilation of other sources, there are limitations to the findings included in the Health Profile Report. For example, lack of consistent survey questions from year to year made it difficult to show health trends in many areas. Appendix E of the report details some of these limitations as well as the survey methodology and data sources.

## Demographics

Santa Clara County has 1.8 million residents. The County has experienced steady growth during the past decade, adding an average of 20,000 people per year.

The population is diverse: 38% of residents are White, 31% are Asian, 26% are Hispanic, slightly more than 2% are African American, and 3% are other races/ethnicities.

The County has a large foreign-born population, with 38% of its residents born outside the U.S. This represents the highest proportion of immigrants in any county in California.

The population is projected to grow to more than 2.3 million by 2050. The Hispanic and Asian populations are expected to steadily increase while the White and African-American populations are expected to decline.

Currently 1 in 10 County residents is ages 65 or older. By 2050, the number of seniors is expected to double.

A large segment of the population is affluent and well-educated. More than 4 in 10 County households have annual incomes of \$100,000 or more and nearly half the adults have a bachelor's degree or higher. However, nearly 1 in 10 children and 1 in 12 adults in the County live in poverty.

## Trends and Disparities

Although there are several positive trends, health disparities persist among certain subgroups. In addition, some health factors that increase the risk for chronic diseases are on the rise.

Chronic illnesses like heart disease, cancer, stroke, and diabetes continue to be the major causes of death and disease. For the past 10 years, heart disease and cancer have been the leading causes of death in Santa Clara County, accounting for more than half of all deaths.

### Positive Trends

**Santa Clara County residents are living longer.** Life expectancy in the County has increased from 76 years in 1980 to more than 80 years now.

**Fewer County residents are smoking.** The percentage of high school students who smoke decreased from 11% in 2001-02 to 9% in 2007-08. The percentage of adults who are current smokers dropped from 15% to 10% over the past decade.

**Teen birth rates are declining.** In Santa Clara County, the birth rate decreased from 37 per 1,000 teens ages 15-19 in 1999 to 24 per 1,000 in 2008.

**More children are getting their immunizations.** The immunization rate among kindergartners in the County increased from 72% in 1999 to 77% in 2006.

**More adults are practicing safe sex.** Condom use during the previous sexual intercourse among sexually active adults increased from 32% in 2000 to 38% in 2009.

### Areas to Improve

**Access to health care has declined in the past decade.** The percentage of uninsured adults in Santa Clara County increased from 8% in 2000 to 18% in 2009. The percentage of adults who could not see a doctor due to the cost or lack of insurance more than doubled from 5% in 2000 to 13% in 2009. In addition, the percentage of adults without dental insurance increased from 27% in 2000 to 34% in 2009.

**Risk factors that lead to chronic disease are on the rise.** The percentage of adults in Santa Clara County who are overweight or obese increased from 52% in 2000 to 56% in 2009. The percentage of adults with high blood pressure increased from 20% in 1997 to 26% in 2009.

**Obesity among teens is high.** The prevalence of overweight and obesity among middle and high school students in the County remains at 25%.

**The adult diabetes rate is up.** The percentage of adults who were told by a health professional that they have diabetes increased from 5% in 2000 to 8% in 2009.

**Air quality has worsened in the past decade.** The number of air quality days rated as good decreased in the County from 305 days in 1998 to 192 in 2008.

**Existing Disparities**

**More Hispanics and African Americans are uninsured.** While about 2 in 10 adults under age 65 did not have health insurance in 2009, more than 4 in 10 Hispanics and 3 in 10 African Americans were uninsured. In addition, while one-third of all adults did not have dental insurance, about half of Hispanics lacked insurance.

**Overweight and obesity rates are higher among adults with low incomes.** Sixty-eight percent (68%) of adults with annual household incomes less than \$20,000 are overweight or obese compared to 49% of those with annual household incomes of \$70,000 or higher.

**Hispanic adults have the highest rate of overweight and obesity.** Sixty-eight percent (68%) of Hispanic adults were overweight or obese compared to 55% of County residents overall in 2009. Thirty-seven percent (37%) of African-American and 36% of Hispanic middle and high school students were overweight or obese in 2007-08 compared to 25% of students overall.

**A higher proportion of Hispanic adults have been diagnosed with diabetes.** In 2009, 11% of Hispanics were diagnosed with diabetes compared to 7% of Whites and 5% of Asians. The overall County rate was 8%.

**Smoking rates are still high among some adults and teens.** Smoking prevalence is higher among adults with low incomes. Nineteen percent (19%) of adults with annual household incomes less than \$20,000 are current smokers compared to 9% of adults with annual household incomes of \$75,000 or higher. For teens, smoking rates are higher among Hispanics and African Americans (12% of middle and high school students) and Cambodian/Laotians (17% of high school students).

**The teen birth rate is highest among Hispanic females:** 35 per 1,000 for those ages 15-17 and 102 per 1,000 for those ages 18-19. In comparison, the overall County rates were 14 and 41 per 1,000 for those age groups, respectively.

**Tuberculosis (TB) rates are higher among Asian/Pacific Islanders and Hispanics.** Four in 5 TB cases in Santa Clara County were among Asian/Pacific Islanders (78%) in 2008. Hispanics accounted for 14% of the TB cases in the County.

**Certain racial/ethnic groups experience a disproportionate share of AIDS infection.** In 2008, African Americans represented less than 3% of the total County population, but accounted for 13% of the living AIDS cases. Similarly, 26% of the County population was Hispanic in origin in 2008, but Hispanics accounted for 34% of the living AIDS cases. The AIDS incidence rate for African Americans (26 per 100,000 people) and Hispanics (8) was higher than the County rate (6).

**Suicide rates are higher among Whites** at 9 per 100,000 people compared to 6 for Asians and 6 for Hispanics.

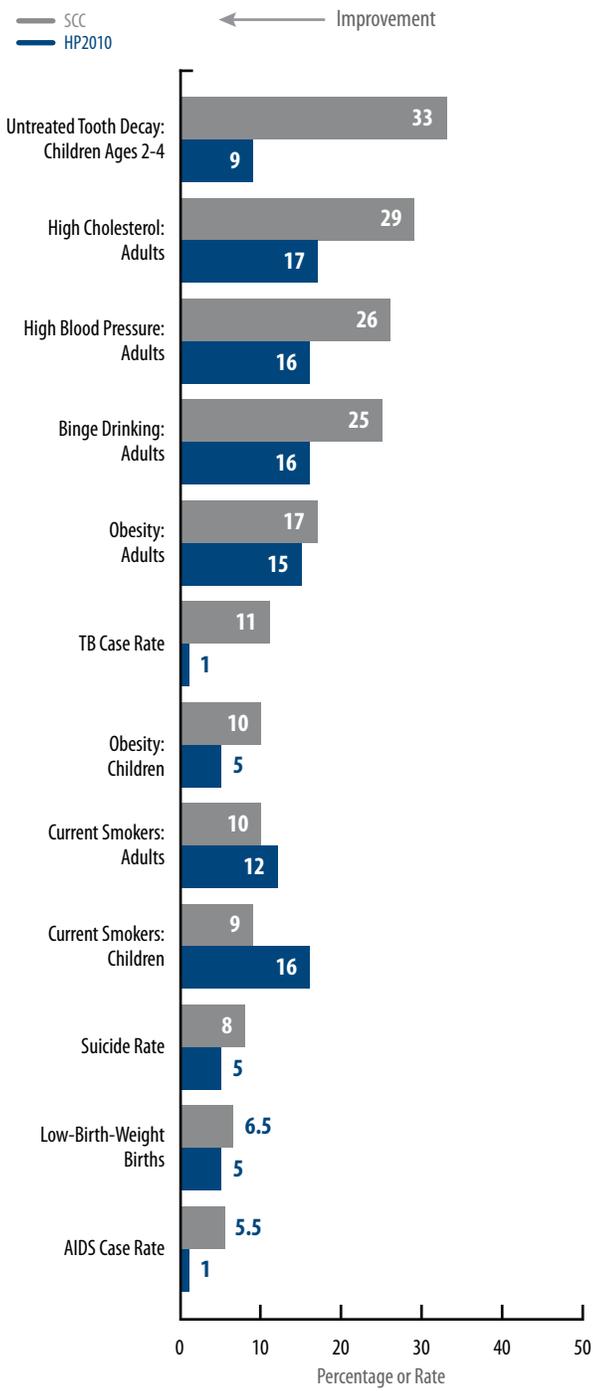
## Santa Clara County's Progress Meeting Healthy People 2010

The following charts provide an overview of Santa Clara County's health status in relation to Healthy People 2010 targets. The charts show how well the County is doing in each area compared to the target number. While residents enjoy overall good health, the County has not met some important Healthy People 2010 targets.

Managed by the U.S. Department of Health and Human Services, Healthy People are national goals and objectives for promoting health and preventing disease. They help guide public health efforts and measure the impact of prevention activities. The Health Profile Report provides Healthy People 2010 comparisons, and Healthy People 2020 when available. Appendix D includes a comprehensive table of Healthy People targets and results.

In order to meet the Healthy People 2010 targets, Santa Clara County needs to lower its numbers in several areas where lower numbers mean improved health, including lower cholesterol, blood pressure, obesity, and binge drinking rates. Lower numbers mean fewer people are facing these risks.

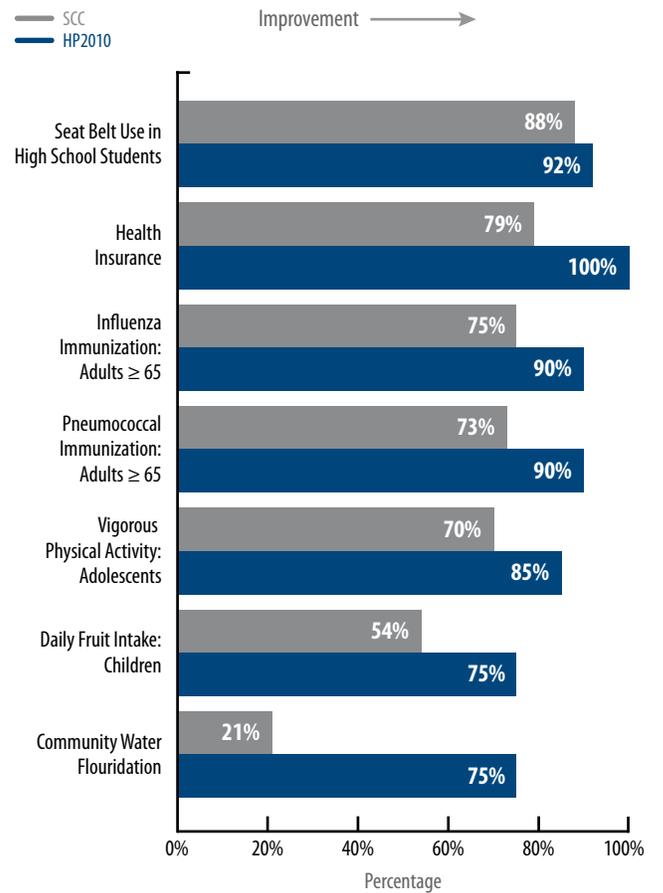
**Figure 1.1: Healthy People 2010 Targets Compared to SCC Indicators**



Source: Santa Clara County Public Health Department

Other areas are improved when a higher number is obtained, such as the number of people with health insurance or the amount of physical activity performed each week.

**Figure 1.2: Healthy People 2010 Targets Compared to SCC Indicators**



Source: Santa Clara County Public Health Department

## Factors That Influence Health

The Health Profile Report looks at the health of Santa Clara County residents in 10 areas. A variety of health indicators are examined in each of these 10 areas by gender, age, race/ethnicity, income, and education, which provides a clearer picture of how different segments of the population are doing.

The following is a summary of each area covered in the report as well as select key findings.

### Social Determinants of Health

Social determinants of health are the conditions in which people are born, grow, live, work, and age, including the health system. These conditions play a significant role in determining health status, and they may even have a greater impact on how long and how well a person lives than medical care alone. Understanding demographic changes and the social and environmental factors that affect County residents will help to determine what health programs and policies are needed – now and in the future.

### Key Findings

- More than 1 in 10 Santa Clara County residents are ages 65 and older and the number of seniors is expected to double by 2050.
- Nearly 2 in 5 of the County's 1.8 million residents were born outside the U.S.
- Nearly half of adults ages 25 and older (44%) have a bachelor's degree or higher.
- Santa Clara County has one of the highest median incomes in the nation, and yet 1 in 10 children and 1 in 12 adults live below the Federal Poverty Level.



### Mortality Rates

While various factors contribute to mortality rates in different age groups, the leading causes of death in Santa Clara County are due to behavioral risk factors such as smoking, poor diet, and physical inactivity. Measuring the rates and causes of death is important for understanding the true burden of disease and injury, and monitoring trends. This information is useful for creating strategies to improve overall health and to lower the risk for premature death in Santa Clara County.

### Key Findings

- Santa Clara County has the lowest mortality rate from all causes of any county in the Bay Area.
- The leading causes of death are cancer and heart disease, which account for half of all deaths.

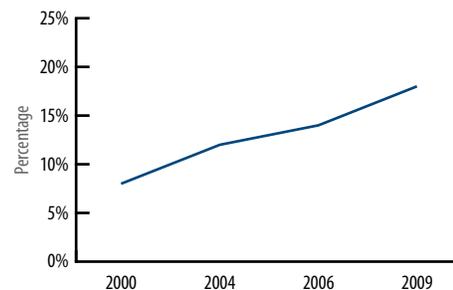
### Healthcare Access and Health Burdens

Access to health care is often determined by whether a person has health insurance. Having no or limited access to health care is associated with poor perception of health, poor overall productivity, increases in hospital admissions for conditions that can be managed with outpatient care, and increases in premature death. This information will help the Public Health Department and its community partners address barriers to accessing healthcare services and the disparities that exist among various population groups in Santa Clara County.

### Key Findings

- About 2 in 10 adults ages 18–64 do not have health insurance in Santa Clara County, including 3 in 10 African Americans and 4 in 10 Hispanics.
- Over the past decade, the percentage of uninsured adults has more than doubled.

**Figure 1.3:** Percentage of Adults Ages 18–64 Without Healthcare Coverage, 2000–2009



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

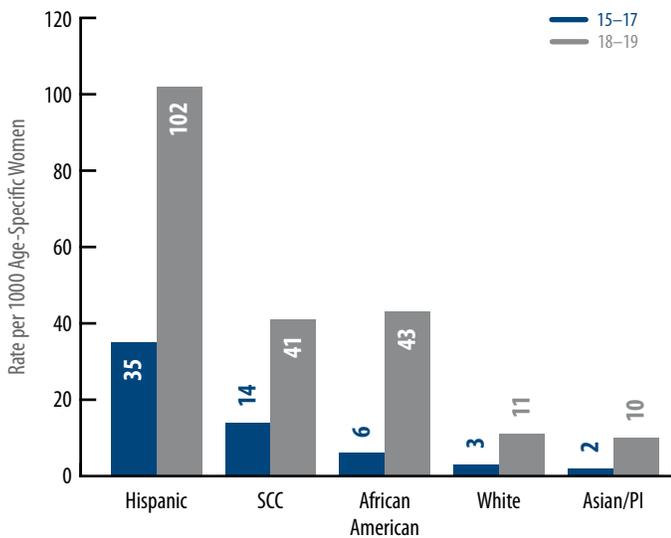
### Maternal, Infant, and Child Health

The health of mothers, infants, and children is an important indicator of the health of the population as well as a predictor of the next generation's health. This data is useful for collaborative efforts by the Public Health Department and community organizations to address these disparities through the assessment of risk factors and the development of programs to improve maternal, infant, and child health outcomes.

#### Key Findings

- Hispanic females have the highest birth rate in the County and teen births are highest among Hispanic females.
- African Americans continue to have the highest rates of infant mortality, low birth weights, and preterm births.

**Figure 1.4: Teen Birth Rates by Race/Ethnicity**



Source: California Department of Public Health, 2008 Vital Statistics

### Oral Health

Poor oral health is associated with a number of serious health problems. In children, it is the most common chronic disease and is associated with pain, absence from school, difficulty speaking and chewing, and diminished self-esteem. This information supports the Public Health Department's efforts to prevent oral health-related diseases and reduce disparities by building the knowledge, tools, and networks that promote healthy behaviors and more effective strategies for prevention.

#### Key Findings

- Half of elementary school children have experienced tooth decay.
- Seventy-nine percent (79%) of the County population does not receive optimally fluoridated water.



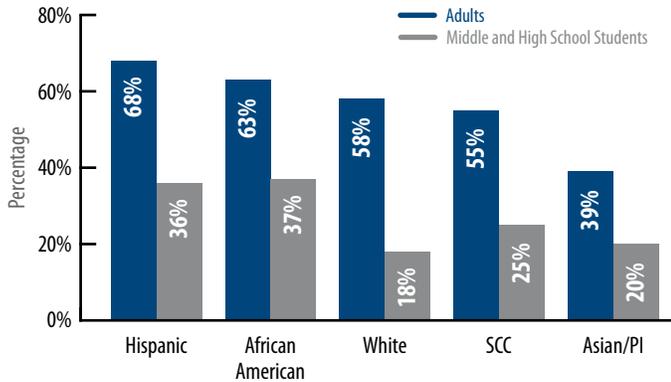
### Lifestyle and Behavioral Risk Factors

Behavioral risk factors are lifestyle choices that affect an individual’s health and can lead to illness, injury, or death. Some of the most common are tobacco use, poor diet, inactivity, and excessive alcohol consumption. Measuring these behavioral risk factors helps in the development of health promotion and disease prevention programs as well as policies aimed at encouraging healthy behaviors.

#### Key Findings

- More than half of adults and a quarter of middle and high school students in the County are either overweight or obese.
- Ten percent (10%) of adults and 9% of middle and high school students are current smokers.
- One in 4 adults and nearly 1 in 8 middle and high school students engage in binge drinking.

**Figure 1.5: Percentage of Adults and Middle and High School Students Who are Overweight or Obese**



Source: Santa Clara County Public Health Department, 2009 Behavioral Risk Factor Survey, 2007-08 California Healthy Kids Survey

### Chronic Diseases

Behavioral risk behaviors such as tobacco use, lack of physical activity, and poor eating habits are major contributors to the leading chronic diseases. This data will help guide health promotion activities and early detection efforts to prevent chronic diseases, as well as strategies for appropriate management of these illnesses.

#### Key Findings

- Half the deaths in the County are due to heart disease or cancer.
- Two in 5 adults (40%) have high blood pressure, high blood cholesterol, or diabetes.



### Communicable Diseases

Communicable diseases are infectious diseases that can be transmitted to another individual through direct or indirect contact. Communicable diseases are closely monitored to identify outbreaks and epidemics, provide preventive treatment and/or targeted education programs, and to allocate limited resources effectively. This information will help the Public Health Department in its effort to work with community-based organizations to implement immunization programs and provide culturally competent services to the County’s diverse population.

#### Key Findings

- Santa Clara County has the third highest tuberculosis rate in California and 4 in 5 TB cases are among Asian/Pacific Islanders.
- Racial and ethnic disparities exist in newly diagnosed cases of AIDS; African Americans have the highest rates, followed by Hispanics.

## Injury and Violence

Injury and violence are leading causes of premature death in Santa Clara County, posing a serious public health risk. Unintentional injuries are most frequently due to motor vehicle crashes, poisoning, and falls. Intentional injuries are the result of violence such as suicide, homicide, and assault. This data will help to define the problems and guide efforts to develop prevention strategies and policies that improve public safety, reduce violence, and build the community's capacity to address the root causes of injuries.

### Key Findings

- One-third of unintentional injury deaths are due to motor vehicle crashes; young adults have the highest mortality rate due to motor vehicle crashes.
- Three in 5 suicide deaths are among Whites; 3 in 4 homicide victims are Hispanic.
- Among adults ages 65 and older, falls are the leading cause of injury death and unintentional falls are the most common cause of hospitalization due to nonfatal injuries.
- The rates of fall-related deaths among adults ages 65 and older rose steadily over the past decade.

## Healthy Environments

A healthy environment is a prerequisite for good health. Poor environmental quality is associated with poor quality of life, higher rates of hospitalizations, and increased mortality. Built environments, which are the human-made surroundings such as homes and buildings, influence individual behaviors and choices, and ultimately affect the health of residents and the well-being of the community as a whole.

### Key Findings for Santa Clara County

- The County ranked 34th out of 56 counties ranked in California for physical environment status based on air pollution levels, access to healthy foods, and the number of liquor stores.
- More adults living in areas with lower annual household incomes feel that crime, violence, and drug activity are a problem in their neighborhoods.

## Conclusion

As a community, we should be proud of the areas where Santa Clara County is doing well, such as life expectancy, mortality rates, and certain risk factors. However, we should pay special attention to those areas where we are not meeting the national standards and where there are disparities in health status. We need to address some of the social, economic, and environmental factors that significantly impact health. The Health Profile Report helps us to better understand where there are health disparities so we can work together as a community to improve the health of all Santa Clara County residents.

The data included in the report provides a launching point for further inquiry and action. The Public Health Department and Community Benefits Coalition will use this information in four key ways:

- 1) As an integral part of our overall mission to monitor and communicate the health status of our community to the general public, community-based organizations, healthcare providers, and policymakers.
- 2) To mobilize new and existing community partners around common priority areas aimed at improving the health of our residents.
- 3) To further align our services with key health priorities and apply strategies that address all levels of prevention.
- 4) Together with our community partners and leaders, to begin a comprehensive assessment of the social determinants of health and forge a long-term commitment to achieving health equity for every resident of Santa Clara County.



# Acknowledgements

## **Santa Clara County Board of Supervisors**

Supervisor Ken Yeager, President, District 4  
Supervisor Donald F. Gage, District 1  
Supervisor George Shirakawa, District 2  
Supervisor Dave Cortese, District 3  
Supervisor Liz Kniss, District 5

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FIRST 5 Santa Clara County  
Hospital Council of Northern & Central California  
Kaiser Permanente Santa Clara  
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The Health Trust  
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The Executive Summary and comprehensive 2010 Health Profile Report are available on the Santa Clara County Public Health Department's website at [www.sccphd.org](http://www.sccphd.org) and on the websites of the hospitals and organizations that have participated in the development of this report. For more information, contact the Public Health Department at (408) 792-5040.

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