THE COUNTY OF SANTA CRUZ
CALIFORNIA

THE STATE OF THE COUNTY'S HEALTH
2005

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INTRODUCTION

Thank you for the opportunity to present this annual report on the **State of the County's Health**. The overall health status of Santa Cruz County residents remains quite good relative to the state and nation – but with notable exceptions and always room for improvement. The most significant challenges we face are the disparities in health between our Latino and Caucasian populations, and the unhealthy life style choices and behaviors so many of us pursue.

In order to maintain and improve the health of the people, we must:

- improve greatly our health education and prevention efforts and our behavior modification programs; and
- develop more rational funding mechanisms and efficient and equitable uses of funds devoted to health.

These challenges are not solely local, but rather bedevil most of the nation, and their solution will require national and regional changes in the health care system. Santa Cruz County has demonstrated its capacity for health systems reengineering through its creation of the Healthy Kids universal health insurance plan, the Project Connect program to reduce unnecessary ER usage, and the new Coral Street Clinic and Shelter. The next step is to expand and apply the county's creative forces and energy to address the access obstacles of the adult population and the behavioral choices that shorten our lives.

HEALTH STATUS PROFILE OF COUNTY COMPARED WITH STATE AND NATION

The Santa Cruz County Health Status Profile for 2005, which covers data from prior years, is included at the end of this report, and a summary is also presented of our county's performance relative to the state and the national objectives for 2010. It shows indicators based on: ■most frequent causes of death; ■new cases of infectious diseases; ■Maternal and Child Health measurements; and ■ poverty data from the 2000 Census.

On 28 of the 30 health status indicators that were tracked for the Profile, Santa Cruz County fared better than the state as a whole – significantly better on many of them. Santa Cruz County ranked *worse* than the statewide average only for the same two indicators as last year – suicides and drug-induced deaths – and for both indicators the numbers of events were so small for our county as to be statistically unreliable. Compared to the state of California, our county had significantly lower rates of deaths from coronary heart disease and diabetes, and fewer cases of AIDS, tuberculosis, and chlamydia. We also had significantly lower rates of teen births, low birthweight infants, births with late or absent prenatal care, and children living in poverty.

The United States has long had a process for setting national health objectives for each decade. Santa Cruz County has already *exceeded* the goals for the national objectives for the year 2010 for: ■deaths from lung cancer and female breast cancer; ■coronary heart disease and stroke deaths; ■late or no prenatal care; and ■rate of breastfeeding initiation among new mothers. Undoubtedly the great success we have achieved in our county and state in reducing tobacco use explains many of our favorable health indicators relative to the nation.

CONTINUING HEALTH CONCERNS

The Uninsured

Santa Cruz County deserves to take great pride in its commitment to universal health and dental insurance for all children in the county through age 18 years, whose family incomes are less than 300% of the federal poverty level. As reported to your Board previously, the Summit on the Uninsured was held in 2002. Out of that Summit evolved a coalition of community agencies and leaders that designed and obtained funding for a universal health insurance plan that began on July 1, 2004. This Healthy Kids plan complements the Medi-Cal and Healthy Families programs, providing insurance for the estimated 2,300 children who do not qualify for those two programs. In its first 11 months of operation, the Santa Cruz County Health Care Outreach Coalition has enrolled 1,458 children in Healthy Kids, and another 2,000 in Healthy Families or Medi-Cal, reaching almost 70% of its goal in less than a year. Eventually the Coalition expects to enroll 2,300 children in Healthy Kids, at an annual cost of $2.6 million. The program is funded through contributions from a broad coalition of foundations, community agencies, hospitals, and the Health Services Agency.

This year the Homeless Persons Health Project created a new part-time medical clinic specializing in homeless health care, with exam rooms in the new Rebele Family Shelter Building, through an expansion to the County's federally funded Health Care for the Homeless grant. The new Coral St. Clinic operates four half-day clinics staffed by nurse practitioners, able to provide up to 3,000 visits per year for an estimated 800 homeless clients. The Coral St. Clinic is co-located with a number of community homeless service programs, providing improved access to care and new opportunities to integrate health, mental health, and case management services for single adults and families and to reduce inappropriate and costly use of hospital emergency departments.

Inappropriate use of emergency services in our county is also being addressed through a foundation grant – the only one in the state – to implement a case management system for frequent users. In the past year, Project Connect has enrolled 73 members, providing intensive, integrated case management and advocacy services. The project has fostered connections throughout the community, including access to housing and drug treatment programs. Among the enrolled members, there has been a dramatic decline in emergency room visits and time spent in jail. Many have qualified for insurance benefits and now have a primary home for medical care.

The challenge remains to address the needs of more than 30,000 adults who do not have health insurance in this county – 19% of the total surveyed population in 2003, and 42% of the Latino population (CAP 2004). The county's indigent care program, MediCruz, has had level funding for many years, and cannot continue indefinitely to meet the needs of this growing number of people. Rationing of services has kept the MediCruz Program barely solvent to date, but any further rationing will mean turning away people with significant illnesses or disabilities. The Health Improvement Partnership is working to design a process to address the problems of access for our indigent adult population.

Overweight and Fitness

The California Center for Public Health Advocacy analyzed data from the 2001 California Physical Fitness Test of 5th, 7th, and 9th graders by Assembly Districts. After adjusting for changes in the grade-level and ethnicity of this population through 2002 and 2003, new estimates of overweight and fitness were published in early 2004. Santa Cruz County falls largely in Assembly Districts 27 and 28, wherein 25.5 - 31.7% of the children are overweight, and 29.6 - 34.5% of the children are physically unfit! In

general, African-American and Latino children have worse problems with overweight and fitness than Caucasians. Only two Districts – 52 (Los Angeles) and 79 (San Diego) – had worse overweight rates than our local District 28, while our percent unfit rate was "fairly good" compared to other Districts, if having one-third of children unfit is a laudable goal!

The Child Health and Disability Prevention Program (CHDP) is a state-federal screening and limited treatment program for low-income children. In the 2002 Pediatric Nutrition Surveillance System survey, 16.2% of Santa Cruz County children under five years of age who qualified for a CHDP examination were over the 95th percentile of Body Mass Index, ranking the county 51st out of 64 jurisdictions in the state (although the statewide rate was an identical 16.2%). This compares to the national rate of 13.1% in the prior year. Children in the 5-19 year age bracket ranked *57th* out of 61 jurisdictions, with 24.3% above the 95th percentile, compared to the statewide rate of 20.8%. And the situation is only getting worse, statewide – according to the 2003 PedNSS survey, 17.6% of California children under age 5 were above the 95th percentile. Of the 36 states reporting, only New Jersey had worse rates.

It is not clear how well these data on low-income families represent the entire county population; the figures differ substantially from the 2003 California Health Interview Survey results, but CHIS surveyed adolescents and not younger children. Based on the 2003 CHIS, 13.2% of 12-17 year olds in Santa Cruz County were *obese* (95th percentile of Body Mass Index for their age and gender), while 50.5% of adults (age 18 and over) were either *overweight or obese*, with BMI of 25 or greater.

The 2003 CAP survey showed a slowly improving trend in the proportion of adults who engage in daily exercise. Among Santa Cruz County adults, 77.5% exercised 30 minutes or more on three or more days each week, compared to 71.4% in 1999.

Overweight or obesity is a national epidemic, with 56% of Medicare patients being obese. The current cost of obesity to the nation is $93 billion per year, which extrapolates to over $81 million a year in Santa Cruz County – not so much less than the entire budget of the Health Services Agency!

Go for Health! is a local collaborative formed to address the problem of childhood overweight in Santa Cruz County. This coalition of 150 members from almost every area of the community has developed a 5-year plan incorporating the objectives of Healthy People 2010. The Go for Health! plan provides a blueprint for policy-makers, funding agencies, local schools, health care providers, service providers, business, and the media to take action to improve children's health through healthy eating, regular physical activity, and changing community norms. Several committees meet regularly to plan and implement the strategies set forth in the 5-year plan (see http://unitedwaysc.org/goforhealthplan.pdf).

Nutrition and Diabetes

Diet and nutrition, body weight, and physical activity all come together to influence many health outcomes, including heart disease, stroke, cancer, and diabetes. Perhaps only tobacco as a staple of the American "diet" exerts a more adverse impact on our life expectancies.

The 2003 California Health Interview Survey (CHIS) for Santa Cruz County counted 4.1% of adult residents with a diagnosis of diabetes, slightly up from the 3.9% in 2001, though well below the 6.6% statewide rate. This equals about 8,000 adults in our county with this serious disorder. Additionally, almost one-third of diabetics are undiagnosed, so another 3,000 people in our county probably fall into this category. The state's Diabetes Control Program estimates that there are about 100 youth under age 18 who have Type I diabetes, and there are 70-170 pregnant women per year who have gestational diabetes in our county. The trend in the incidence of diabetes throughout the nation has been alarmingly upwards

for decades, due to changes in lifestyles, dietary patterns, exercise, and changing ethnic composition of the population. The Latino population in our county bears a disproportionate share of the burden of this serious disease, with nearly twice the prevalence of white counterparts, while in other areas, Native Americans and African-Americans carry the largest burden.

Overweight and obesity are so prevalent in our population that with current trends, the California Center for Public Health Advocacy estimates that 33-38% of all children and close to half of African-American and Hispanic children born in the year 2000 will develop diabetes. (February 2004)

Diabetes is not only a debilitating disease that causes blindness, heart attacks, amputations, and kidney failure, it is also very costly – over $132 billion a year nationally for direct and indirect costs. The extrapolated cost of diabetes for Santa Cruz County is $116 million per year. Ten percent of all the encounters in the county's general medical clinics have diabetes as at least one of the reasons for the visit.

The Santa Cruz County death rate from diabetes in 2001-2003 of 16.0/100,000 population was well below the California rate of 21.3, but still, about 36 people per year die in our county from diabetes as the primary cause of death. There are an estimated 135 deaths per year from diabetes and its complications. These figures will increase dramatically in the years ahead. Much can be done to prevent or delay the onset of diabetes, including diet, exercise, and weight control, but sadly there is little financial support throughout the nation for implementing effective programs. Locally, we are fortunate that the Pajaro Valley Community Health Trust has made diabetes one of its priorities, and a Diabetes Collaborative is now developing plans to address this health issue. A tri-county Diabetes Forum on May 7, 2004 helped to chart future actions. The Health Improvement Partnership is planning a community-wide diabetes registry that will help to improve the overall control of diabetes and its complications – thus setting a standard for the nation in diabetes management. Our local United Way Agency is leading the "Go for Health" consortium that has developed an extensive work plan dealing with lifestyle changes that will improve overall health and tip the scales against overweight.

Fluoridation and Oral Health

Santa Cruz County children (and adults) are at a great disadvantage compared to nearly two-thirds of people in the nation, who have a fluoridated public water supply. None of the water supplies in our county contains even half of the level of fluoride recommended by the Centers for Disease Control. A direct consequence is a high prevalence of dental decay and abscesses. Efforts to institute fluoridation of the public water supply in Watsonville to conform to state law have been stalled by a public referendum and ensuing litigation.

Dientes Community Dental Clinic, at its annual Give Kids a Smile Day in February, screened 1,031 children and found that 281 of them (27%) required "urgent" dental work (abscess, extraction, pulpotomy, or filling). Among kindergarten enrollees in the Pajaro Valley Unified School District in 2003, 12% of children had mild dental decay, and 10% had moderate to severe decay (n=878). In a survey of Watsonville school children several years ago, decay was present in 77% of the children examined, compared to 52% of children elsewhere in California, and 26% of children nationally. Add to this the lack of access to preventive and treatment dental services, especially for low-income Latino children, and we have the prescription for the current epidemic of dental disease in our county. Access to dental services among Latinos has been worsening in recent years as it has for all income groups, declining to only 45%, compared to 77% of the Caucasian population who have a regular source of dental care. (CAP 2002) In the 2003 CAP Survey, 27% of Latinos had not visited a dentist for two or more years, compared to 12% of Caucasians.

Emerging Communicable Diseases

Infectious and communicable diseases are an ever-present danger. Our concerns are heightened as emerging and re-emerging diseases stalk the earth. As reported in the San Jose *Mercury News* May 4, 2003 (Seth Borenstein, Knight Ridder Newspapers): "The nation's top scientists say that environmental, economic, social and scientific changes have helped to trigger an unprecedented explosion of more than 35 new infectious diseases that have burst upon the world in the past 30 years. The US death rate from infectious disease, which dropped in the first part of the 20th century and then stabilized, is now double what it was in 1980." (Institute of Medicine "Microbial Threats to Health: Emergence, Detection, and Response," March 2003)

Avian influenza ("bird flu") continues to devastate flocks of chickens and other fowl in Southeast Asia. Fewer than 100 human cases have been reported, but over half of those cases have been fatal. Actually, most cases probably go unnoticed and unreported, so the disease is probably far less deadly but far more common in humans than the reported 55% case fatality rate would indicate. Fortunately, the current avian flu strain is not yet easily transmitted from person to person; only a few cases have been reported as possible human-to-human transmissions. However, the World Health Organization considers this strain of avian flu to be a potentially catastrophic health threat, because of the likelihood that it will acquire genes that will allow human-to-human transmission and produce a worldwide pandemic as deadly as the 1918 flu pandemic that killed millions of people. No highly effective vaccine can be developed until the deadly new strain actually appears, and vaccine development at that point may be severely impeded because it may not be possible to grow the virus in chicken eggs as is done with current flu vaccines. The threat of a worldwide influenza pandemic is real and substantial, the only real uncertainty being how soon it will occur.

SARS was brought under control by an extraordinary public health response, but the virus is endemic in animal reservoirs in Asia and we should expect that it will be seen again.

West Nile Virus first arrived in the Western Hemisphere in New York State in 1999. Nationally, the incidence of West Nile infection peaked in 2003, when 9,862 people were reported to be infected, resulting in 264 deaths. California reported its first three cases that year, then led the nation with 830 cases in 2004, including 28 deaths. Santa Cruz County has not yet reported any human case. However, the behavior of West Nile Virus as it has spread across the U.S. gives strong reason to expect that the disease will hit our county hard in 2005, before subsiding in subsequent years. While most infected people show no symptoms and are not clinically identified, many patients require weeks or months to recover from the disease. Colorado, hard hit in 2003, reported that among patients hospitalized for neuroinvasive West Nile disease, the course of the illness brought back images of the days of polio, with paralysis rates among this group of patients comparable to those among polio patients. West Nile virus is now established in the mosquito and bird populations of all counties in the state. Monitoring of chicken flocks and mosquito pools in the southern portion of the county are underway. There is a statewide program to engage the public in helping to identify dead birds that might be infected, to help in targeting mosquito control efforts. Balloting is currently underway on a proposal to expand the Mosquito & Vector Control District to cover all currently unserved areas of the county. Both the Health Services Agency and the Mosquito District have conducted extensive programs to educate the public about mosquito control and avoidance measures they can take. Mosquito control and avoidance are the only effective ways to deal with West Nile, since there is no human vaccine and no specific treatment.

The number of new illness reports in the County's Track & Field data system increased from 1409 in 2003 to 1601 in 2004. The increase is due in considerable part to an increase in multi-drug-resistant staphylococcus aureus, or MRSA. Staph aureus is not a new disease organism, but during the last decade,

a new drug-resistant strain has emerged and its incidence has been growing explosively. Previously, MRSA had been an uncommon infection seen mainly in hospitals, but in recent years the new strain has moved out into the general community, causing serious skin infections that are difficult to treat.

Traditional Communicable Diseases

Tuberculosis is one of the world's leading killers. Improved public health activities once reduced the disease to very low levels in the U.S., but when public health efforts were reduced, TB returned, and the AIDS epidemic made a bad situation worse. Now, multi-drug-resistant strains of TB are not uncommon. Santa Cruz County has lower rates of TB than the state as a whole, but California has the third-highest TB rates in the country. County rates in 2004 were similar to recent years, but in early 2005 there have been an unusually high number of cases to investigate; time will tell whether there is a real increase in TB, or just a brief peak of activity. The number of TB cases remains modest, but case management requires intensive follow-up of contacts and long-term public health involvement in order to prevent transmission, so that tuberculosis consumes a substantial fraction of public health disease control resources.

Hepatitis C is primarily a blood-borne disease. Most of the cases being reported today are people who were infected long ago through contaminated intravenous drug paraphernalia, and to a lesser extent through blood transfusions, organ transplants, sexual transmission, and from mother-to-infant. The initial infection is rarely severe, and most patients do not know they are infected until many years later. Detections usually occur through screening programs, which are of very limited extent due to lack of funding. The number of identified cases continues to increase rapidly, as the infected population ages and begins to show the delayed symptoms. Hepatitis C represents a huge personal, social, and economic challenge to all of society. In Santa Cruz County, estimates of those infected with this virus range from 5,000-8,000, although only a few hundred reports are submitted to the health department each year (323 reports in 2004).

Sexually transmitted diseases have been increasing rapidly statewide and locally, disproportionately affecting adolescents and young adults. There were 636 cases of chlamydia reported in 2004, 83 cases of gonorrhea, 8 cases of syphilis, and 3 cases of pelvic inflammatory disease. Contact investigation is critical to prevent the continuing spread of disease, and this is a labor-intensive process. Control of sexually transmitted diseases is one of the oldest state mandates for local health departments.

The number of *reported* cases of pertussis ("whooping cough") dropped in 2004, reversing the steady growth it had shown since 2000. This may have been due to the uncertainties of pertussis diagnosis, rather than a real decline in incidence; throughout the nation, pertussis rates have continued to skyrocket. Pertussis is not a benign disease; it causes a protracted period of devastating coughing spells, often with vomiting and lasting for weeks, and it causes occasional deaths, usually of infants. There is a reasonably protective vaccine for children, but the immunity wears off after about ten years, and no booster shot has been available for teens and adults. Perhaps the best public health news of the year is that in May 2005, the CDC approved a booster vaccine for teens (the same antigen used for children, but in a much smaller dose), which will be included with the teen diphtheria-tetanus booster, replicating the combined DTaP vaccine given to infants. This could dramatically reduce the incidence of pertussis again.

Another item of good news was a continuing reduction in new AIDS reports. Only 8 new AIDS cases were diagnosed in 2004, the fewest since 1986. There were 10 cases in 2003, 18 in 2002, 23 in 2001 and 21 in 2000. The incidence of new infection with HIV was estimated at about 25 cases, based on CDC's national incidence estimates and Santa Cruz County's lower-than-national-average AIDS incidence.

Gastrointestinal infections like salmonella, shigella, giardia, E. coli O157:H7, and campylobacter generated 156 case reports in our county last year, similar to recent years. This is likely only the tip of the iceberg, since in some studies, only 10-20% of such infections are recognized and reported to local health agencies. Insurance plans discourage testing to identify the cause of most cases of gastrointestinal infections, so patients are treated empirically, and the real burden of these illnesses remains underestimated.

Immunizations

Immunizations are a safe and highly effective way to prevent many infectious diseases among children and adults. Unfortunately, Santa Cruz County lags the state in immunization rates among various age groups of children.

Only 87-88% of children enrolled in child care centers or kindergartens countywide were up to date for all required immunizations, compared to about 93% statewide. For seventh grade entrants, both state and county have a long way to go to meet the target, as over 25% of this age group in our county needed one or more immunizations in 2003. When the varicella (chickenpox) vaccine requirement was added in 2001, immunization completeness rates dropped, as expected when any new vaccine is added; but in our county the rates have continued slightly downward, rather than rebounding as is expected and as happened statewide.

The county has one of the highest "personal belief exemption" rates in the state for otherwise mandatory immunizations for day care and school entry, affecting up to 5.0% of children in various settings compared to about 1.5% statewide.

Annual influenza and pneumococcal ("pneumonia shot") vaccinations prevent numerous deaths and hospitalizations annually. Unfortunately, use of these vaccines is at such low levels that many cases continue to occur each year. The CHIS data show that 74.2% of Santa Cruz County adults 65 years and older received flu shots in 2003, but the rates decline rapidly in younger age groups. The unexpected shortage of influenza vaccine during the 2004-2005 flu season threatened to allow catastrophic outbreaks. The Health Services Agency devoted considerable resources to ensuring distribution of the available vaccine supply to those at highest risk of serious illness, and carried out mass vaccination clinics in Santa Cruz and in Watsonville, and the season turned out no worse than usual.

Substance Abuse

Tobacco is the leading cause of death in the developed world. Fortunately, Santa Cruz County eschews tobacco – only 13.8% of county adults were smokers, based on CHIS interviews in 2003, compared to 16.5% statewide and even higher levels in almost all other states. Tobacco use among students in grades 7, 9, and 11 is significantly lower in Santa Cruz County than statewide.

Illicit drug-related death rates in Santa Cruz County (10.9/100,000 population) continue to be somewhat higher than the state average (9.4/100,000) and much higher than the Year 2010 Objective (1.0/100,000). Similarly, suicide death rates in this county (13.0/100,000) are higher than the state (9.5/100,000) or Year 2010 Objective (5.0/100,000). Drug use complicates the treatment of mental illnesses and reduces the level of control of mental illness with medications.

The 2002 Santa Cruz County Youth Drug and Alcohol Survey contains the most recent data on substance use by 7th, 9th and 11th grade students. Although local rates of teen alcohol and drug use have declined considerably since the survey was first conducted in 1994, this improvement has slowed in recent years,

or in some instances reversed. Even with these reductions over time, current local alcohol and drug use rates remain above state and national averages in many categories.

Mental Health Services

CHIS data from 2001 indicate that 17.1 % of our county residents needed help with emotional or mental health problems in the prior year compared to 15.1% of California residents. In addition, 13.3 % of our residents compared to 7.6 % statewide had visited a specialist in the prior year for an emotional or mental health problem, while 41.6% of county residents compared to 36.8% of adults statewide had discussed an emotional or mental health issue with a medical person. The higher need for and utilization of such services by our county residents may simply reflect more willingness to admit the need for and seek care for emotional and mental illnesses, or may indicate a greater prevalence of these problems in our community. Our high suicide rates and drug-related death rates may suggest a higher prevalence of mental illness in our community.

The CAP survey indicates a fairly constant proportion of adults who report fair to poor mental health including stress, depression, and problems with emotions. The rates range from a low of 5.5% in 1999 to a high of 13.0% in 1997. It was 10.8% in 2003. Rates in these years have tracked fairly closely with broad economic conditions.

CONCLUSIONS

Santa Cruz County residents continue to enjoy good health status compared to statewide averages and even compared to many of the 2010 Objectives for the nation. But population dynamics and lifestyle choices are very likely to have a serious detrimental effect on our community's health status in the years ahead. This will cost us dearly, but many of the deleterious effects are preventable.

Minority populations suffer from many health disparities, and their growing numbers will adversely affect the overall health status of our community unless these populations have equal access to health services. A growing elderly population will require an increasing proportion of our health and care resources unless we take steps to assure healthier old ages for all of us. Obesity, diabetes, hepatitis C, dementias, and possibly mental illness pose great challenges to our future. Infectious diseases and emerging infectious diseases are becoming a greater threat to the world, while our local aversion to immunizations could place our population in great jeopardy.

The national, state, and local health systems, including our public health system, are all in disarray. Rising costs, continuing access problems, staffing shortages, dissatisfaction of providers, the aging of the public health workforce, costly legal entanglements, the "profitization" of the system, and its misuse all are leading to a sinking ship. Comprehensive reform is needed, but the political will does not appear to be there…yet.

The encouraging news is that local communities like ours can tackle these sorts of problems, and while solutions are not easy, they are possible – witness the new homeless shelter and clinic, and the success of Healthy Kids, our universal health insurance system for the children in our county, and Project Connect, our case management service to reduce unnecessary ER usage. Our challenge is to harness our own local creativity and cooperative spirit to better marshal existing resources in order to reform our own system piece by piece if necessary…and that commitment is happening now. Overburdened emergency departments and on-call physicians in various specialties may obtain some relief through current efforts to remove the reimbursement inequity in our county under Medicare, an inequity replicated in most private insurance plans. This would greatly improve the recruitment and retention of physicians in our county. A

hospitalist study is underway and individual medical groups are hiring hospitalists to reduce the burden and fatigue for physicians who must operate their outpatient practices and simultaneously care for their hospital inpatients. Santa Cruz County has demonstrated the will, determination, cooperative spirit, and capacity needed to continue to improve our health and public health systems. Progress is being made, as reflected throughout this report – but many challenges remain.

Adapted from
California Department of Health Services

Health Status Profile
County of Santa Cruz – 2005

INDICATOR	SANTA CRUZ COUNTY RATE: *BETTER* than Statewide Average	*WORSE* than Statewide Average	*BETTER* than National Objective 2010	*WORSE* than National Objective 2010
MORTALITY 2001-2003				
All Causes (2001-2003 Average)	x		none established	
Motor Vehicle Deaths	x			x
Unintentional Injury Deaths	x			x
Firearm Injury Deaths	x			x
Homicide Deaths	x			x
Suicide Deaths		x		x
All Cancers, Deaths	x			x
Lung Cancer Deaths	x		x	
Breast Cancer Deaths, Women	x		x	
Coronary Heart Deaths	x		x	
Cerebrovascular Dis. (Stroke) Deaths	x			x
Drug-Related Deaths		x		x
Diabetes Deaths	x		none established	
MORBIDITY 2001-2003 Average				
Hepatitis C Incidence	x		x	
AIDS Incidence	x			x
Tuberculosis Incidence	x			x
Chlamydia Incidence	x		none established	
Syphilis Incidence	x			x
MATERNAL & CHILD HEALTH 2001-2003				
% Low Birth Weight Infants	x			x
% Late or No Prenatal Care	x		x	
% Adequate Prenatal Care	x			x
Teen Pregnancy Rates	x		none established	
% Breastfeeding/Early Postpartum	x		x	
CENSUS				
Persons under 18 in Poverty 2002	x		none established	

Data reformatted by County of Santa Cruz Health Services Agency 5/31/2005