

EXECUTIVE SUMMARY

MENDOCINO COUNTY COMMUNITY HEALTH STATUS REPORT 2010

Mendocino County Health & Human Services Agency (HHSA), Community Health Services Branch continues to provide some answers to the question “How healthy is our community?” in the Community Health Status Report (CHSR). This eighth biennial report introduces Social Determinants of Health and Health Equity and updates a selection of health-related and demographic indicators. Traditional health indicators such as birth rates, death rates and numbers of reported cases for various communicable diseases as well as broader determinants of economic, social and environmental health are also included. Some of the key findings and points of interest are included in this summary.

WHAT MAKES US HEALTHY OR UNHEALTHY?

- Social determinants of health are the factors embedded in our social and physical environments that impact health either directly or indirectly and are often beyond the control of the individual. These include socioeconomic status, transportation, education, housing, access to services, discrimination, and environmental conditions.
- Health inequities arise from health differences that result from inequitable distribution of social determinants and are both preventable and unfair and affect groups of people who have systematically experienced greater obstacles to health based on their racial or ethnic group, socioeconomic status, education and other characteristics linked to discrimination.
- While lower income and educational levels and less access to services and health insurance generally translate into worse health status and earlier mortality, this is often not the case for Latino immigrants. This is called the Latino Paradox.
- Looking at County data by race/ethnicity for residents living in poverty, household income and education, it can be seen that residents of the White race do better overall than American Indians and somewhat better than Hispanics.
- Looking at age-adjusted death rates by race/ethnicity, Hispanics have the lowest death rate with Whites having the highest. Due to small numbers of population and deaths, American Indian death rates are unstable and trends not reliable.
- Looking at life expectancy by race/ethnicity, the opposite patterns can be seen: Hispanics have the highest life expectancy with Whites following and American Indians not reliable (sometimes high, sometimes low) due to small numbers.

COUNTY HEALTH STATUS

Mendocino County is compared the State across a sub-set of health status indicators that have been selected by the Centers for Disease Control and Prevention (CDC) and the National Center for Health Statistics (NCHS) as basic measures of the health of the nation called **Healthy People 2010 (HP 2010)** Objectives. Mendocino County rates for these indicators are compared with the HP 2010 objectives and with the State for the period 2005-2007 below.

Mendocino County rates

- were not significantly different than California death rates for motor vehicle crash, firearm injury, all cancers, lung cancer, female breast cancer, stroke, infant, and diabetes; and birth rates to teens aged 15-19 and % of low birth weight infants;
- were significantly better than California death rates for coronary heart disease;
- were significantly worse than California death rates for unintentional injury and suicide and % of late or no prenatal care;
- met the HP 2010 Objectives for death rates due to coronary heart disease, stroke, all cancers, lung cancer and female breast cancer and infants, but not for motor vehicle crashes, unintentional injuries, suicides, and % late prenatal care and % low birthweight infants.

Another look at County Health Indicator Rankings comes from the **Mobilizing Action Toward Community Health (MATCH)** project from the University of Wisconsin Population Health Institute. Health indicators for each county are ranked within each state giving an indication of how healthy counties are in relation to other counties in a state. Mendocino County had the following selected rankings compared to other California counties:

- overall health outcomes – 33rd out of 56 health jurisdictions
- mortality, including premature death – 49th out of 56
- health behaviors, including smoking, obesity, STDs, binge drinking, etc. – 17th out of 56
- clinical care, including insurance coverage, screenings, etc. – 21st out of 56
- social & economic factors, including unemployment, poverty, income inequality, etc. – 35th out of 56
- physical environment, including access to health foods, air pollution, etc. – 14th out of 56

DEMOGRAPHICS AND SOCIO-ECONOMIC ENVIRONMENT

Demographics

- The population of Mendocino County increased by 20% from 1980 to 1990 but only by 7% from 1990 to 2000. With a population projection of 93,166 in 2010, Mendocino County would show an increase of 7% from 2000 to 2010.

- State estimates for 2010 show that children and youth under the age of 18 make up 25.7% of Mendocino County's total population and children under the age of 10 made up 12.5% of Mendocino's population.
- In 2010 estimates, the age groups with the largest populations in Mendocino County were the 20-29 year-old group with 14,049 or 15% of the population and the 50-59 year-old group with 13,797 or 14.8% of the population. Residents over 60 made up 23% of the Mendocino County population.
- In 2010 estimates, 68.9% of Mendocino County residents were white, 20.6% were Hispanic and 6.3% were American Indian. The Hispanic population is expected to increase to 24% by 2015.
- According to the US Census Bureau, American Community Survey for 2008, 27.5% of Mendocino County residents were high school graduates, 24.9% had some college and 31.4% had a degree beyond high school.

Socio-Economic Environment

- The County unemployment rate followed the same decline as seen in the State rate through 2006 with both beginning to increase in 2007. By 2009, Mendocino County rates were at 10.1% unemployed with the State rate at 12.2%. By March 2010, Mendocino County rates were at 9.7% and California at 12.6%.
- The Census Bureau estimated that in 2008, 19% of Mendocino residents lived in poverty compared to 13.3% statewide. For persons with children under 18, the percents increased to 23.2% for Mendocino compared to 18.5% statewide.
- The median household income in 2008 for Mendocino was \$43,205 and \$61,021 for California.
- An estimated 8,260 (9.2% of the 2008 population) residents received public assistance which includes CalWORKS, Foster Care, Welfare to Work and Food Stamps.
- According to the 2009 Mendocino County Homeless Census, at any one point-in-time, an estimated 1,206 homeless people are on the streets or in emergency shelters.

PHYSICAL ENVIRONMENT

Healthy Behaviors, Access to Healthy Food, Physical Activity

- According to CHIS 2007, almost 3 in 4 Mendocino County residents were in excellent to good health, 2 in 5 got moderate to vigorous physical activity, half ate 5-a-day fruits and vegetables, 2 out of 5 were unable to afford enough food...
- The number of persons seeking food stamps in September 2009 was 19,356 (about 11.5% of the population). It is estimated that less than half of those eligible for food stamps receive them.

Alcohol Outlets, Tobacco Sales to Minors

- The number of retail liquor outlets in the County continues to be almost twice that of the State since 1992 (43 county outlets vs 19 state outlets per 10,000 residents).
- In October 2009, 15% of tobacco retailers in the County surveyed sold to underage youth.

Environmental Health

- Between 2008 and 2009, 1,248 routine inspections were conducted by the HHS Environmental Health (EH) Division.
- A total of 248 public nuisance complaints were lodged with EH with 27% involving septic systems, 32% involving food facilities and 7% involving food borne illness.
- The Redwood empire Hazardous Incident Team (REHIT) responded to and oversaw 13 illegal drug sites: 11 involving indoor marijuana gardens and 2 involving methamphetamine labs.
- A yearly average of 314 animals biting humans were reported between 2004 and 2008; only 2 of those tested positive for rabies.
- The highest reported application for pesticides in Mendocino County is sulfur on grape and pear crops. The annual usage of all pesticides increased by 44% from 2006 due to an increase in board feet of treated lumber in 2007.

AVAILABILITY AND UTILIZATION OF HEALTH SERVICES

Medical Facilities, Emergency Medical Service

- Health care resources available in Mendocino County include: 3 hospitals, 8 Federally Qualified Health Centers (Potter Valley Community health Center closed in 8/2009), and 10 Rural Health Clinics (95-210s).
- Acute care hospitalization remains the most costly form of health care in Mendocino County. During 2006-2008, almost 40% of all hospital discharges were paid through Medicare and more than 30% through Medi-Cal. A different pattern of payment is seen for ER visits where almost 40% were paid through Medi-Cal and almost 20% through Medicare. Other 3rd party insurance covered 23% for hospitalization and 23% for ER visits.
- Outpatient services at the 2 Indian Health Clinics were offered to 5,132 patients in 2008 with over 60% of all patients being American Indian. The Alliance for Rural Community Health (ARCH) Clinics saw a total of 41,283 patients in 2008 with 68% seen for medical visits, 25% for dental visits and 9.5% for mental health visits.
- In 2008, the Emergency Medical Services program in Mendocino County logged 11,202 requests for services by ambulance, an increase of 15% since 2006.

Health Insurance Coverage

- In Mendocino County in July 2008, 20,296 people (22.6% of the total population) were enrolled in the Medi-Cal program and 2,505 people (2.8% of the total population) were enrolled in the County Medical Services Program (CMSP).
- According to the California Health Interview Survey (CHIS) 2007, comparing Mendocino County to the State, 39.9% of County residents had job-based insurance compared to 69.6% statewide; 22.2% had Medi-Cal compared to 15.2% statewide; 15.8% were uninsured compared to 14.6% statewide.
- According to the Mendocino Children's health Initiative, it was estimated that there were between 2,500 and 3,000 uninsured children in Mendocino County, some of whom were eligible for Medi-Cal or the Healthy Families Program. Those not eligible for these programs, but still income eligible, can obtain CalKids coverage through Healthy Kids Mendocino. In December 2008, 387 kids were enrolled in CalKids.

Mental Health Services

- For FY 08-09, the County Mental Health services and its contractors served 2,736 people. Approximately 80% of the charges for these clients were paid by Medi-Cal.
- Total "out-of-home" child placements in 2009 were 269. Expanded mental health treatment within the County has reduced the number of children in placement and lowered many associated costs.
- Adult psychiatric placements for 2008 were 53 and psychiatric hospitalizations were 179. The number of placements has been reduced by improving crisis response and providing local support services and returning clients home as promptly as possible rather than into out-of-county placements or hospitalizations.
- The Mendocino County Office of Education provides the Special Education Local Plan Areas (SELPA) with special services for children with disabilities, including mental health. As of 12/1/08, 212 children between 6 and 18 had been identified with "emotional disturbance" in the school system and received interventions by staff.

HEALTH OF MOTHERS AND INFANTS

- Birth rates in the County and the State continue to decrease slowly with the greatest decrease in births to women of the white race. Total number of births in Mendocino County was 1,106 in 2006, 1,145 in 2007 and 1,168 in 2008. Birth rates by race have remained fairly constant for the past 5 years with proportions for 2008 being 53% of births to White, 38% to Hispanic and 5% to Native American mothers.
- The birth rate (per 1,000 teens) of teenage girls aged 15-17 in Mendocino County varies from year to year but generally dropped through 2002 and rose in 2007 and 2008. The numbers of births to teens dropped from 48 in 2002 to 29 in 2006 and increased to 40 in 2007 and 35 in 2008.
- The 2-year aggregate infant death rate (per 1,000 births) for Mendocino County fluctuated between 6.2 for 1999-2000 to a high of 10.3 during 2005-2006 and is often higher than the State.
- In 2008, low birth weight babies accounted for 6.2% of births to County residents, not significantly different from the State rate but an increase from 5.8% in 2007. The rise of this indicator is being closely monitored by Public Health.
- The percentage of women receiving prenatal care in the first trimester in Mendocino County has been slowly rising from a low of 58.7% in 1999 to 69.6% in 2008, but remains significantly lower than the State's 82.9% in 2007.
- Data from the perinatal substance abuse screening project for 2006-2009 of the MCAH program revealed that 52.5% of women reported using alcohol or other drugs in the month before they knew they were pregnant dropping to 26.9% after they knew they were pregnant.

HEALTH OF CHILDREN AND ADOLESCENTS

- In FY 2007-2008, 3,994 children received Child Health and Disability Prevention (CHDP) preventive health care services, providing regular preventive health assessments and immunizations to Medi-Cal eligible children 0-19 years old.
- During FY 2008-09, approximately 500 children with chronic illnesses or disabilities were enrolled in the California Children's Services (CCS) program in Mendocino County and received specialized medical care and rehabilitation.
- Data from the California Physical Fitness Test for school year 2008-09 revealed that over 73% of 5th graders, 75% of 7th and 76% of 9th graders achieved 4 out of 6 health standards, an increase since last reported.
- According to CHIS 2007, an estimated 84% of children in Mendocino County were normal weight for age, 69% of teens were normal weight, 51% of children ate 5 or more fruits & vegetables daily, 61% of teens ate fast food in past week, 86% of children engaged in physical activity at least 3 days per week and 39% of teens were physically active every day.
- From 2004 through 2006, injuries due to falls and motor vehicle accidents accounted for 42% of all nonfatal hospitalized injuries to children and youth 0-20 years old. Injuries also accounted for 44% of all deaths to children and youth from 0-20 years old.
- According to the Child Death Review Team (CDRT) information, 13 children under the age of 18 years died in 2008 in Mendocino County; 46% (6) by natural causes and 54% (7) by accident.
- Between 2004 and 2006, the number of hospitalized, nonfatal suicide attempts in the age group 13-15 was 3 and the number of suicide deaths was 1. However, a much higher number of suicide attempts show up in the ER each year.
- In 2008, a total of 1,699 children were reported to the Children's System of Care/Social Services Branch of HHS for suspected child abuse or neglect, which was a decrease of 15% from 2007.
- In January 2007, 252 children were in out-of-home placement including 42% in foster care, 16% in group homes, and 33% in a relative's home. More than 3/4ths of the cases reported were from general neglect.

- Results from the California Healthy Kids Survey of 2006-2008 indicates that 51% of 11th grade respondents reported past 30 day alcohol use while 83% of these respondents perceived alcohol use to be harmful; 27% of 11th grade respondents reported past 30 day marijuana use while 77% reported perceived harm on frequent marijuana use. These percents decreased for 8th graders and 7th graders.

HEALTH OF ADULTS AND OLDER ADULTS

- According to the estimates from the State DOF, the senior population, 60 and older, in Mendocino County will increase by almost 26% between 2000 and 2010. Seniors were estimated as 22.8% (more than 1 in 5) of the county population.
- Falls to seniors 65 and over account for the largest number of non-fatal hospitalized injuries. During the period 2004-2006, there were 713 nonfatal hospitalized falls of seniors out of 1,080 total hospitalizations (66%).
- According to CHIS 2007, an estimated 25% of adults in Mendocino County were obese.
- Mendocino County adult (ages 18-69) felony and misdemeanor drug-related arrest rates per 1,000 continue to be consistently higher than State rates. Adult arrest rates for driving-under-the-influence (DUI), which are also higher for the County than the State, were fairly consistent for the County and the State from 2001 through 2005 and then increased in 2006 due to an increase in patrols for DUIs in Ukiah from 2006 to 2007.
- Alcohol-related hospitalizations (not including ER data) for Mendocino County averaged 635 between 2003 and 2007 while drug-related hospitalizations averaged 530 between 2003 and 2007.
- Domestic Violence-related calls to law enforcement in Mendocino County began to decrease in 2005 with 594 calls through 2008 with 485 calls. However, the number of arrests for spousal abuse has remained fairly constant over the past 5 years with an average of 168 per year, about the same as the last 5 year period.
- In Mendocino County during fiscal year 08-09, a total of 649 elderly and dependent adults were reported as victims of suspected abuse and neglect, a decrease from the 676 reports in FY 07-08.

INFECTIOUS DISEASE

- Chlamydia is the most frequently reported Sexually Transmitted Disease (STD) in Mendocino County. Of the 216 reported cases of chlamydia in Mendocino in 2009, 32% (almost 1/3 of all cases) were teens.
- A total of 7 active TB cases in Mendocino County were reported to the Health Department in 2008-09.
- A total of 12 confirmed cases of Neisseria meningitis were reported in Mendocino County to the Health Department in 2008 and 2009.
- In 2009 4 residents of Mendocino County died from the H1N1flu virus. Many other residents were ill with the virus but recovered. At the end of 2009, approximately 30,000 does of vaccine had been disseminated.
- Hepatitis C is the fastest growing infection in the County with 945 new cases reported between 2005 and 2009.
- As of July 2009, HIV staff in the County had knowledge of 575 individuals with HIV infection or AIDS who have used services since 1982. Of those, 24 are living.
- In the ninth (and last) year of operation (FY 08-09), the Mendocino County Needle Exchange Program has exchanged over 500,000 needles and syringes.

CHRONIC DISEASE

- Cancer was the primary cause of death in Mendocino County for the 3-year period 2005-2007 with a rate of 163.4 per 100,000 population compared to the State rate of 159.3 for the same time period.
- Coronary Heart Disease (CHD), one of the many "Diseases of the Heart", has historically been the 2nd leading cause of death, behind Cancer. When adjusted for age and averaged over 3 years, death rates for CHD were 123.0 per 100,000 population for 2005-2007 in Mendocino County, which was lower than the State rate of 145.2.
- Lung cancer continues to be the most common cause of death due to cancer with female breast cancer a distant second. Related to this is the 2007 CHIS estimate of the population current smokers: 25% in Mendocino, 13% statewide.
- For the 3-year period 2005-2007, Mendocino had a yearly average of 44 deaths from lung cancer, followed by colon cancer with 18 deaths and breast cancer with 13 deaths.
- According to CHIS 2007, an estimated 27.7% of Mendocino County residents have been diagnosed with arthritis. Related to this is the 2007 CHIS estimate of 25% of Mendocino County residents who are obese.
- CHIS 2007 estimates 7.5% of Mendocino County resident have been diagnosed with diabetes. In 2008, 5% of clients seen at the ARCH clinics and 29% of clients seen at the Indian Health Centers were diagnosed with diabetes.

DEATHS FROM ALL CAUSES

- Between 2005 and 2007, a yearly average of 794 residents of Mendocino County died.
- All cancer deaths account for 22% of all deaths in 2005-2007, whereas, Coronary Heart Disease accounts for 16.2% of all deaths for the same time period.

THE COMPLETE REPORT IS NOW AVAILABLE. CHECK THE PUBLIC HEALTH WEB SITE AT <http://www.co.mendocino.ca.us/hhsa/newsletters.htm> FOR ADDITIONAL COPIES IN PDF FORMAT.