

HEALTHY YOLO



Our Community  *Our Future*

COMMUNITY THEMES & STRENGTHS ASSESSMENT

YOLO COUNTY

Yolo County
Health Department



Public Health
Prevent. Promote. Protect.

2/20/2014

ACKNOWLEDGEMENTS

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INTRODUCTION

The Community Themes and Strengths Assessment (CTSA) is one of the four assessments proposed in the Mobilizing for Action through Planning and Partnerships (MAPP) model. The CTSA engaged community members by asking them to voice their thoughts, experiences, opinions, and concerns. Thus the CTSA provides valuable insight into the health issues residents feel are important, perceptions of the quality of life in our community, and community strengths and assets. The information collected helps identify themes that residents are interested in, concerned about, and would support. This information will help determine strategic health issues and identify strengths and assets in our community that will be incorporated in the strategies to address the prioritized health issues.

Communicating and listening to the members of our community are essential to the effectiveness and overall success of future public health initiatives. Furthermore, some have argued, “contemporary public health is as much about facilitating a process whereby communities use their voice to define and make their health concerns known as it is about providing prevention and treatment.” Healthy Yolo fully endorses the Institute of Medicines definition of a healthy community:

“A healthy community is a place where people provide leadership in assessing their own resources and needs, where public health and social infrastructure and policies support health, and where essential public health services, including quality health care, are available. In a healthy community, communication and collaboration among various sectors of the community and the contributions of ethnically, socially, and economically diverse community members are valued. In addition, the broad array of determinants of health is considered and addressed, and individuals make informed, positive choices in the context of health-protective and supportive environments, policies, and systems.” (p. 206)¹

METHODOLOGY

A CTSA subcommittee was established consisting of six members of our community in professional fields of healthcare delivery and senior care. The CTSA subcommittee was tasked to identify resources, approaches, and events; refine the survey tool used; assist in the design of community events; participate in community events; and provide ongoing overview. Several interns were involved in the design of the survey and community events and also participated in the community events. In Addition, the Healthy Yolo Steering Committee provided insight to the design of the community events and provided potential community events to participate.

The CTSA survey relied on previous CTSA surveys from other counties. The Healthy Yolo core team identified, modified, and drafted questions concerning community perceptions and assets. The final CTSA survey consisted of 21 questions for categories of health issues and contributing factors; perceptions of quality of life; strengths and assets; and demographics (see Appendix A for the complete survey).

Community events served as an opportunity for Healthy Yolo to present the CTSA survey to community members. In order to provide an opportunity to review health data prior to respondents filling out the survey, information was presented in

¹ Institute of Medicine. The Future of the Public’s Health in the 21st Century.
<http://www.iom.edu/~media/Files/Report%20Files/2002/The-Future-of-the-Publics-Health-in-the-21st-Century/Future%20of%20Publics%20Health%202002%20Report%20Brief.pdf> (November 2002)

booth set-ups, with preliminary health data (i.e. demographics, contributing factors, and health outcomes) and project information in both English and Spanish.

In addition to the CTSA survey, which was available in English, Spanish, and Russian, respondents were also asked to contribute to a health issues wall chart. In this exercise, they were asked to place stickers next to three health issues they felt needed to be addressed in their community. This exercise served as an attraction for participants and provided an instantaneous impression of the community's perception of its own health issues. A Spanish interpreter was available at six of the community events.

Figure 1: Community Open House Event



Healthy Yolo attended 20 community events from July 24, 2013 to November 17, 2013.

Table 1: List of Community Events

Date	Event	City
July 24, 2013	Farmers' Market	Davis
August 17, 2013	Yolo County Fair	Woodland
September 15, 2013	Mexican Independence Celebration	Knights Landing
September 19, 2013	Food Distribution	Winters
September 19, 2013	Let's Get Healthy Fair	West Sacramento
September 21, 2013	Farmers' Market	Woodland
September 22, 2013	Latino Health Fair	Woodland
September 23, 2013	Food Distribution	Esparto
September 28, 2013	Festival de la Comunidad	Winters
October 1, 2013	Food Distribution	Clarksburg
October 2, 2013	Food Distribution	Arbuckle/Dunnigan
October 2, 2013	Community Fair	Esparto
October 5, 2013	Multi-Cultural Event	West Sacramento
October 12, 2013	International Festival	Davis
October 15, 2013	Flu Clinic	Davis
October 17, 2013	Flu Clinic	Woodland
October 18, 2013	Community Health Fair	West Sacramento
October 18, 2013	Community Resource Fair	Woodland
October 19, 2013	Flu Clinic	Davis
November 17, 2013	Elementary School Event	West Sacramento

The CTSA survey was also available online from July 24, 2013 to December 1, 2013. The online CTSA survey was also available in English, Spanish, and Russian. Hard copies of the CTSA survey were distributed to the rural county libraries, senior centers, and community-based organizations' offices.

Healthy Yolo conducted outreach with flyers, press releases, online communications such as the Yolo County Health Department's Facebook, Healthy Yolo web page, and email blasts, and in-person communication by word of mouth and community presentations. In addition, an online ad was placed on with the Daily Democrat newspaper and an ad was placed in the Valley Voice newsletter.

Through the collective efforts of the CTSA Subcommittee, Healthy Yolo Core Team, Healthy Yolo Steering Committee, and community members a total of 900 surveys were completed (723 hard copies and 177 online). Nearly 500 people placed over 1,400 stickers on the health issues wall chart.

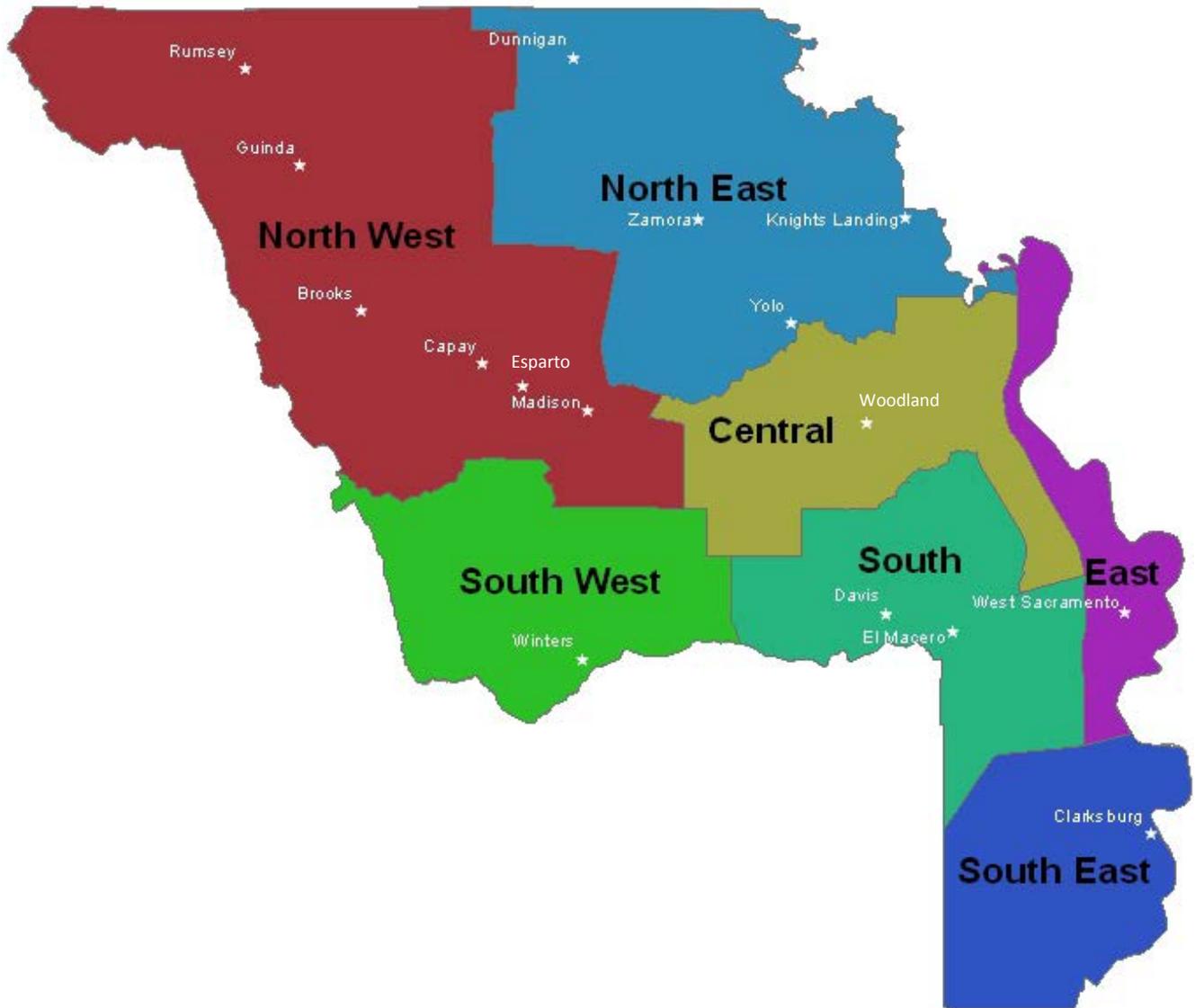
LOCATION IDENTIFICATION

In order to address the geographic and demographic diversity of Yolo County, Healthy Yolo divided the county into seven regions based on the U.S. Census subdivisions, allowing more comprehensive perspective on individual communities.

- The **Central** region includes the city of Woodland and the surrounding areas.
- The **East** Region includes West Sacramento and the area running north along the Sacramento River.
- The **South** region includes the city of Davis and El Macero and the surrounding areas.
- The **South West** regions include the city of Winters and the surrounding areas.
- The **South East** region includes Clarksburg and the surrounding areas.
- The **North East** region includes the towns of Dunnigan, Zamora, Yolo, and Knights Landing.
- The **North West** region stretches up the Capay Valley and the towns therein.

Map 1 displays the geographical regions.

Map 1: Regions



LIMITATIONS

Although great effort was put into disseminating the survey by different means, misrepresentation of community demographics is certainly plausible. With approximately three-fourths of the survey respondents being female, certain responses on the CTSA may become more significant than others may. Additionally, certain minority groups may not be accurately represented due to a low number of respondents.

For the qualitative portion of the assessment, questions may have been interpreted differently by respondents, which can lead to discrepancies in the responses. In addition, certain issues or topics may resonate stronger among certain community groups, thus creating a bias towards that issue or topic within the response set.

ASSESSMENT RESULTS

Results of the CTSA are categorized by survey theme and county region.

RESPONDENT DEMOGRAPHICS

RESPONDENTS COMPARED TO YOLO COUNTY POPULATION

The CTSA survey was designed for Yolo County residents 15 years and older. In total, 900 surveys collected; 88 surveys did not state a city of residence. The surveys from the county region are listed in Table 2.

Table 2: Number of Surveys by Region

Regions	CTSA Survey	Population
Central	163	58,085
East	215	47,349
North East	42	3,854
North West	68	5,000
South	245	75,164
South East	10	1,238
South West	69	8,199
Did not state city of residence	88	
Total	900	198,889

When compared with U.S. Census American Community Survey data, respondents were proportionally representative of the county in terms of age and race/ethnicity. However, higher than Census proportions of females and individuals with annual household income of less than \$15,000 were represented among the respondents. A possible explanation for this discrepancy is the number of community events held at food distributions sites.

Table 3: Respondent Demographics by Sex

Sex	CTSA Survey	ACS 2007-11
Male	28%	49%
Female	72%	51%

Table 4: Respondent Demographics by Household Income

Household Income	CTSA Survey	ACS 2007-11
< \$10K	17%	7%
\$10 - \$14.9K	11%	6%
\$15 - \$24.9K	11%	11%
\$25 - \$34.9K	10%	8%
\$35 - \$49.9K	14%	12%
\$50 - \$74.9K	11%	17%
\$75 - \$99.9K	9%	12%
\$100 - \$149K	10%	15%
\$150 - \$199.9K	4%	7%
\$200k or more	4%	6%

Table 5: Respondent Demographics by Age Group

Age Groups	CTSA Survey	ACS 2007-11
15-19*	13%	10%
20-24*	11%	14%
25-34	12%	14%
35-44	15%	12%
45-54	14%	12%
55-64	15%	10%
65-74	9%	5%
75-84	6%	3%
85+	5%	1%

*Survey age groups were 18 years and under; and 19 to 24 years

Table 6: Respondent Demographics by Ethnicity

Ethnicity	CTSA Survey	ACS 2007-11
Hispanic/Latino	28%	30%
Non Hispanic/Latino	72%	70%

Table 7: Respondent Demographics by Race

Race	CTSA Survey	ACS 2007-11
White	65%	67%
Black/African American	3%	3%
American Indian/Alaska Native	3%	1%
Asian	14%	13%
Native Hawaiian/ Pacific Islander	1%	1%
Some Other Race	15%	16%

RESPONDENT DEMOGRAPHICS BY REGION

The majority of respondents were long-time (10 years or more) Yolo County residents, English-speaking, non Hispanic/Latinos, white females, 44% of which were between the ages of 35 and 64; most respondents reported a household income of \$35,000 or more.

SEX

Survey respondents included nearly 600 females, 228 males, and 74 declining to state.

Figure 2: Count of Responses for Sex

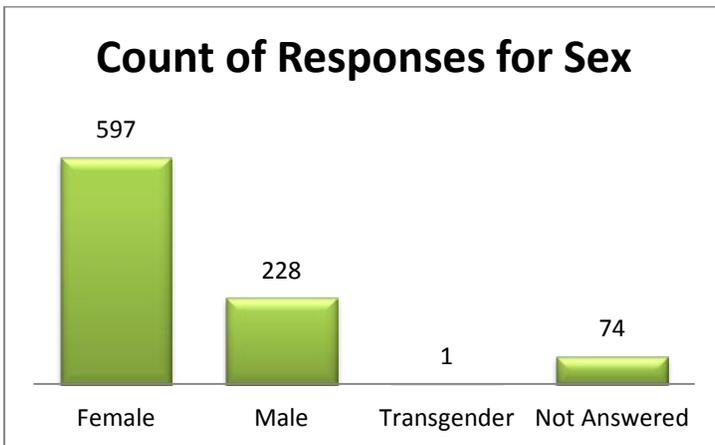
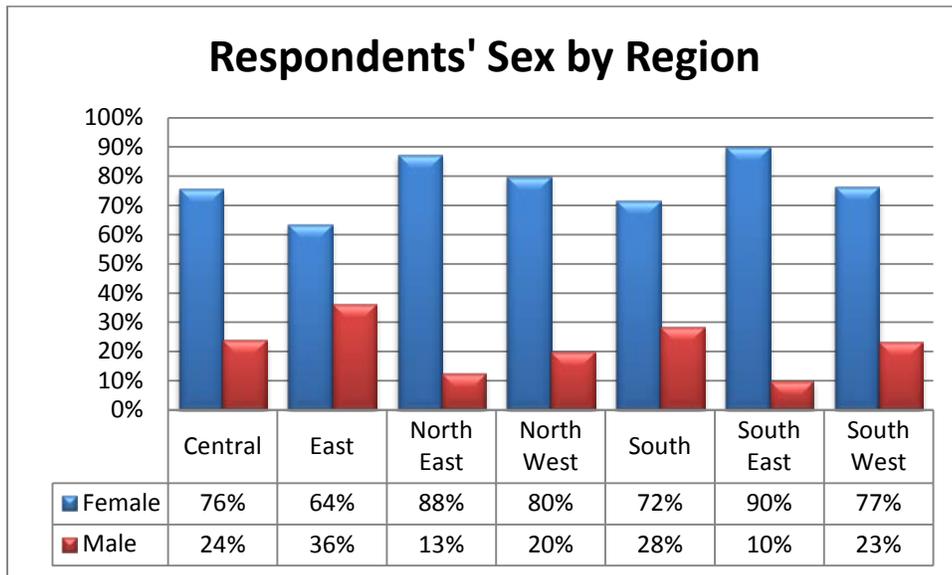


Figure 3: Respondents' Sex by Region



AGE

Overall, 56% of the survey respondents were between the ages of 25 to 64 years of age. Seventy-eight respondents chose not to answer this question. The East region had the largest youth and young adult (ages 15 – 24) response rate with 47%. Conversely, the North West and South regions had the largest senior (65 years and older) response rate with 34% each.

Figure 4: Count of Responses for Age Group

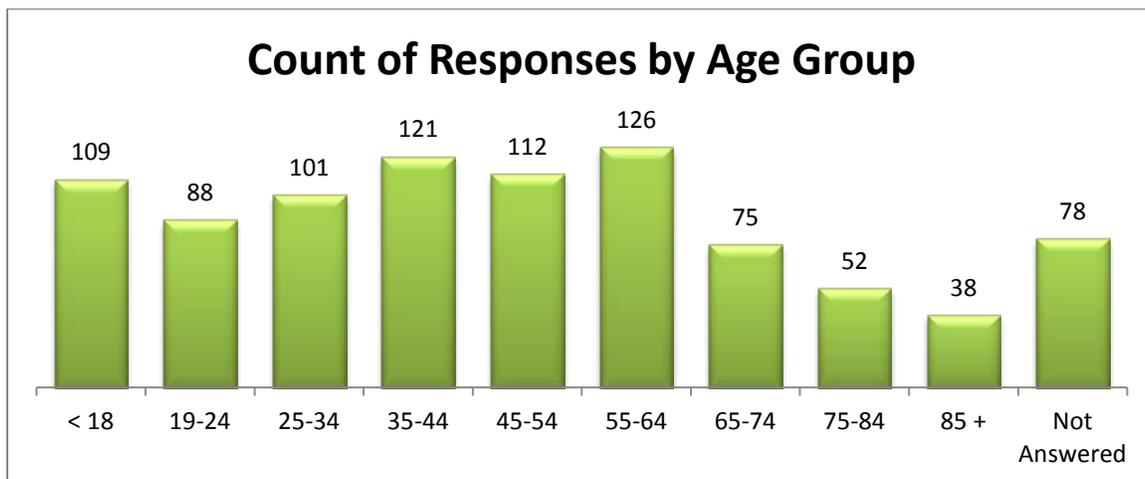
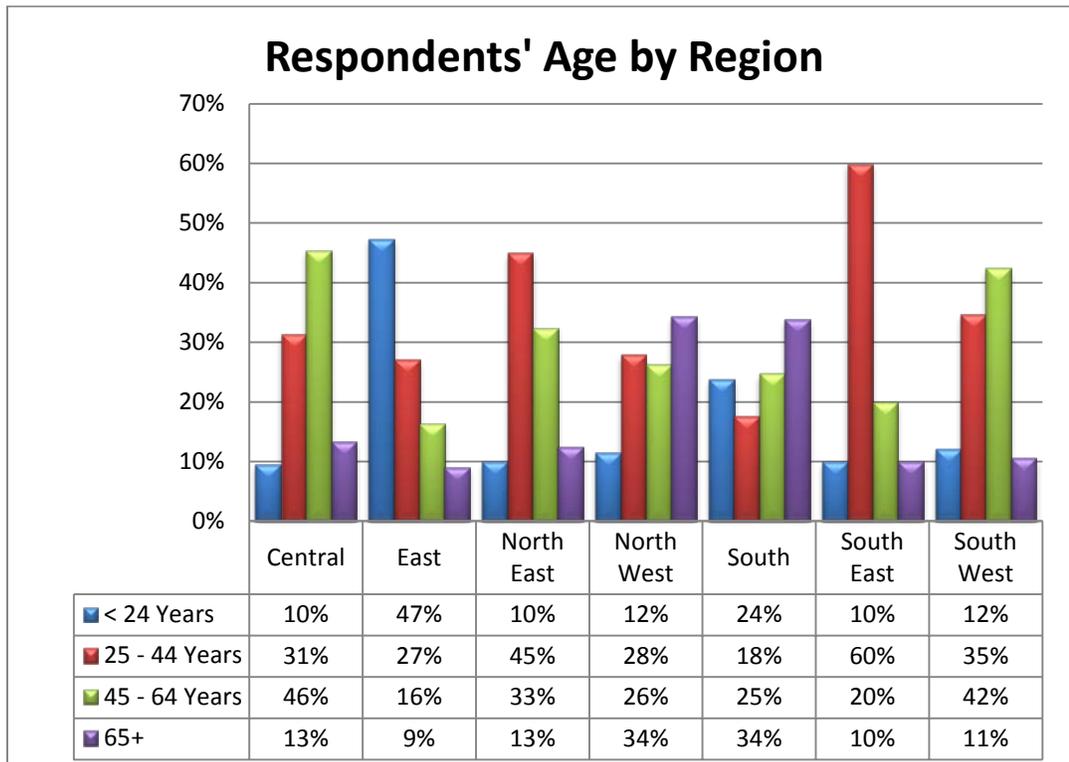


Figure 5: Respondents' Age by Region



RACE AND ETHNICITY

Approximately two-thirds of respondents as a whole were white; 14% declined to state. Similar percentages of respondents in the Central, South, and South West regions were White. The East region exhibited the highest level of diversity, including a considerable sized (29%) Asian population.

Approximately one-third of respondents were Hispanic/Latino, reflective of the percentage of the population as a whole. The largest proportions of Hispanic/Latino respondents were in the North East (81%), South East (60%), and North West (54%) regions; the smallest proportion was in the South region (10%).

Figure 6: Count of Responses for Race

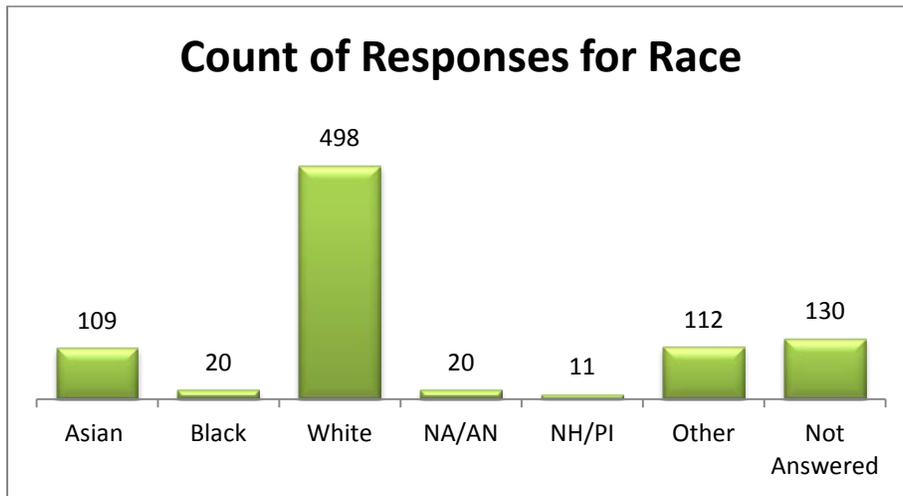
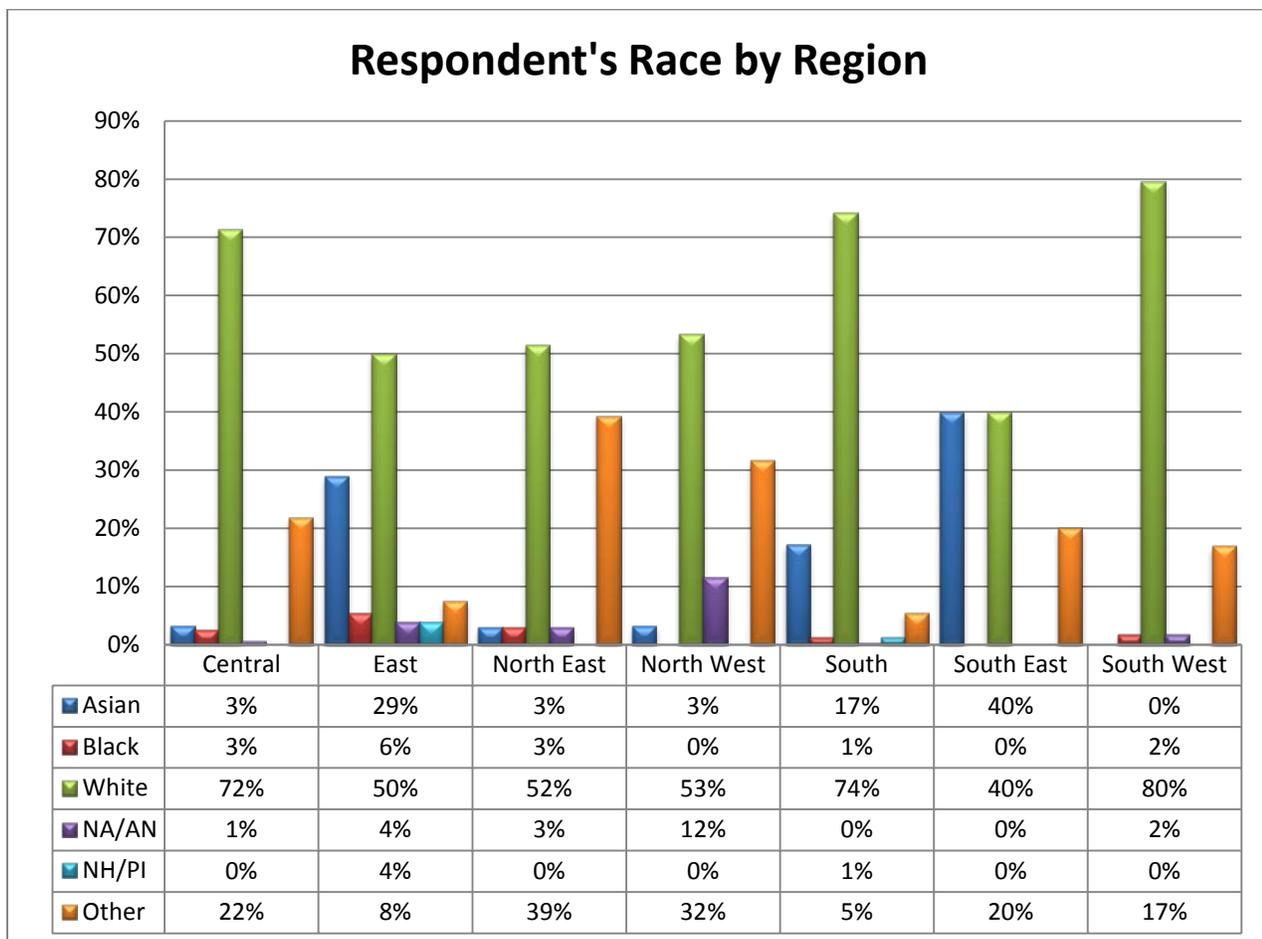


Figure 7: Respondent's Race by Region



Note: NA/AN (Native American and Indigenous Persons). NH/PI (Native Hawaiian or other Pacific Islander).

Figure 8: Count of Responses for Ethnicity

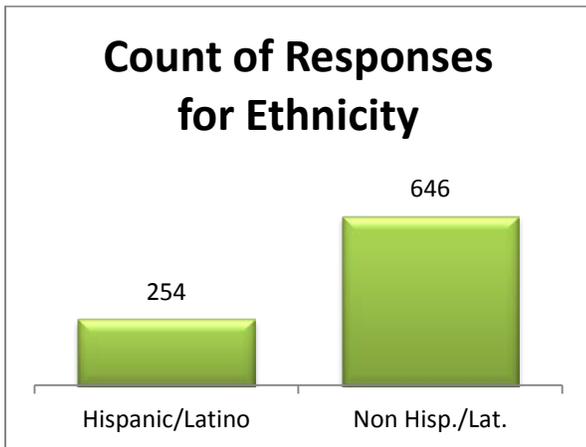
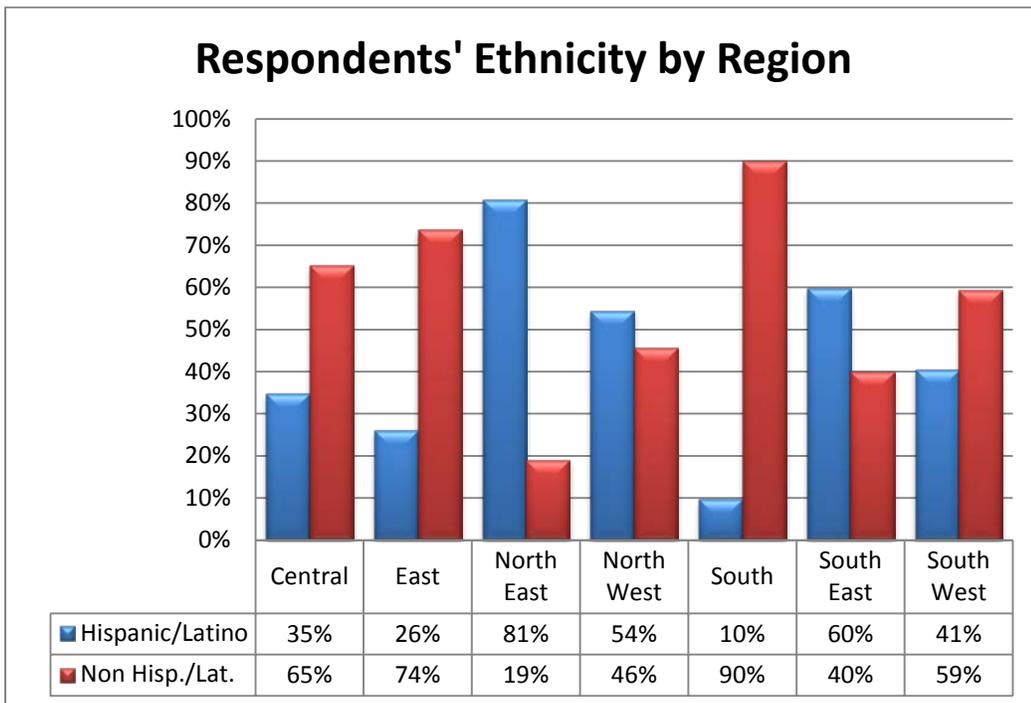


Figure 9: Respondents' Ethnicity by Region



HOUSEHOLD INCOME

While 17% of respondents declined to state their annual household income, 48% of respondents reported a household income of less than \$50,000, with 17% being under \$10,000. Respondents from the South exhibited the widest variety of household incomes, as well as the largest proportion of respondents with an annual household income of over \$75,000. Households with an annual income of less than \$35,000 were most represented in the North East (77%), North West (81%), and South East (89%) regions.

Figure 10: Count of Responses for Household Income

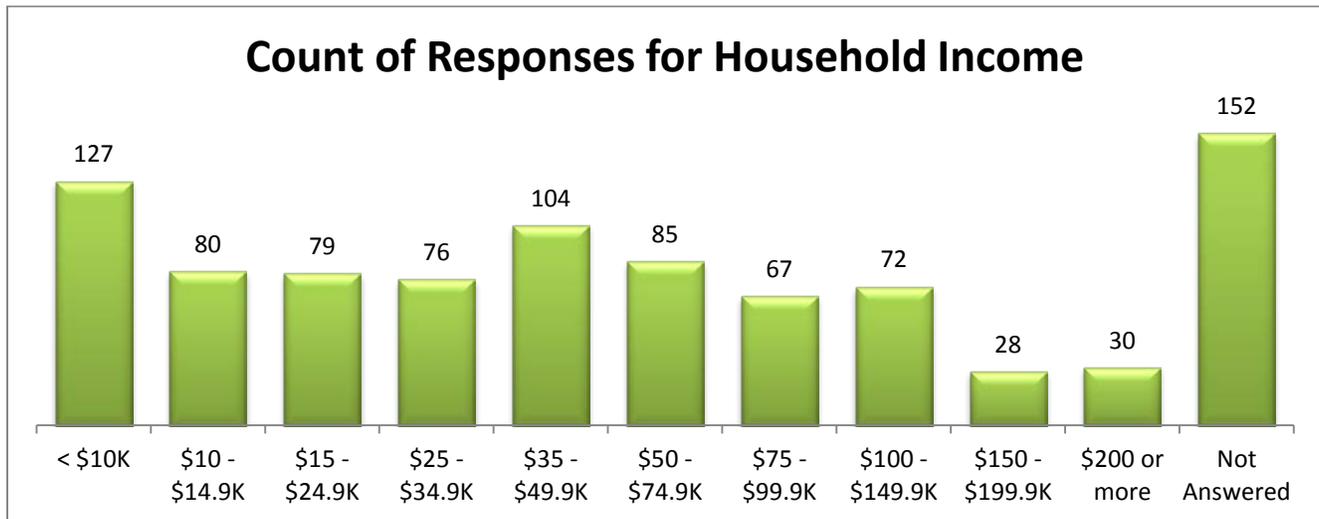
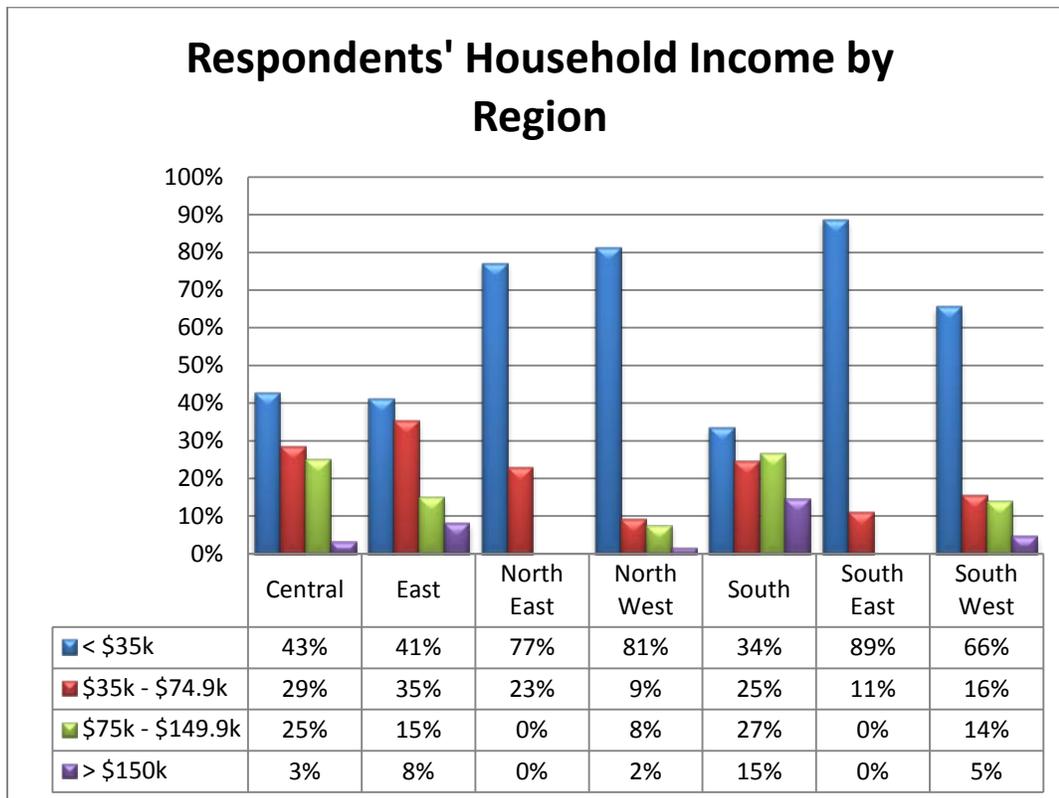


Figure 11: Respondents' Household Income by Region



LANGUAGE SPOKEN AT HOME

Overall, the language most frequently spoken at home by respondents was English (83%). However, in the North East and South East regions, the language most frequently reported spoken at home was Spanish. The East region also exhibited the highest percentage of respondents (10%) speaking a language other than English or Spanish at home.

Figure 12: Number of Responses for Languages Spoken at Home

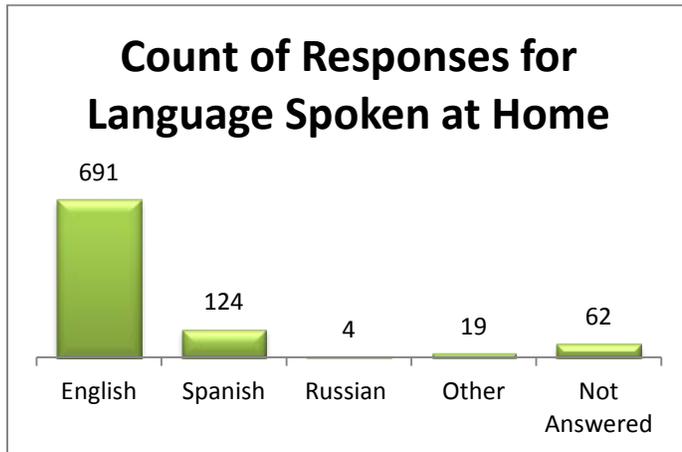
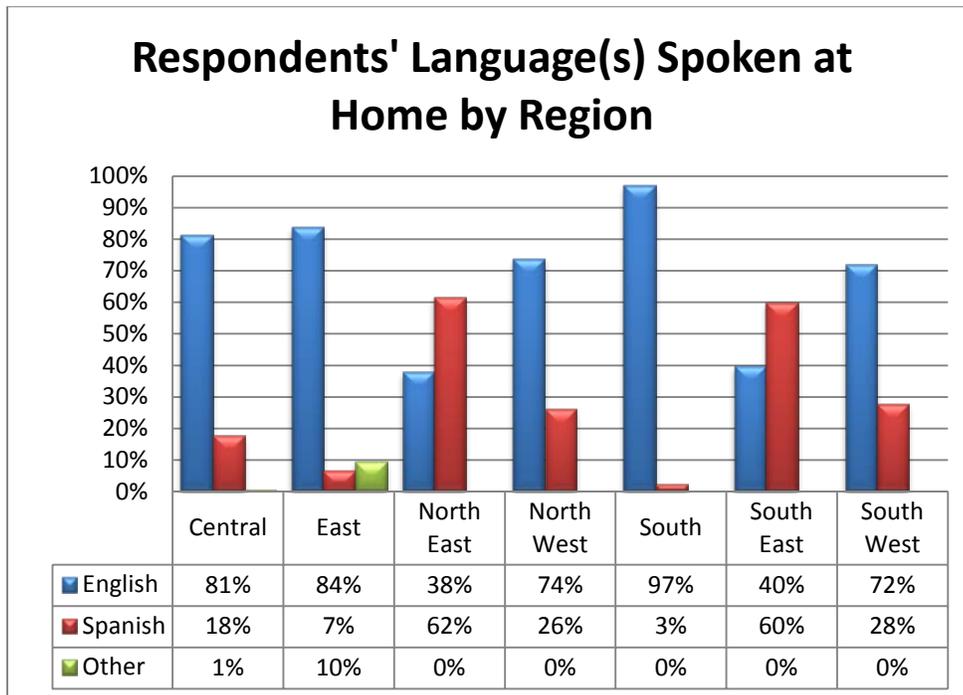


Figure 13: Respondents' Language(s) Spoken at Home by Region



YEARS LIVED IN YOLO COUNTY

A vast majority of respondents have lived in Yolo County for more than five years, with 14% of the respondents having lived in Yolo County their whole life. Specifically, over half of Central region respondents reported living in Yolo County either "more than 20 years" or their whole lives.

Figure 14: Count of Responses for Years Lived in Yolo County

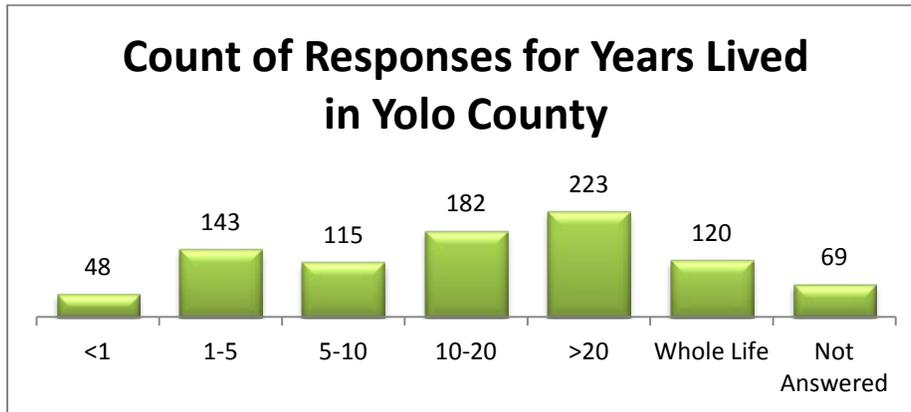
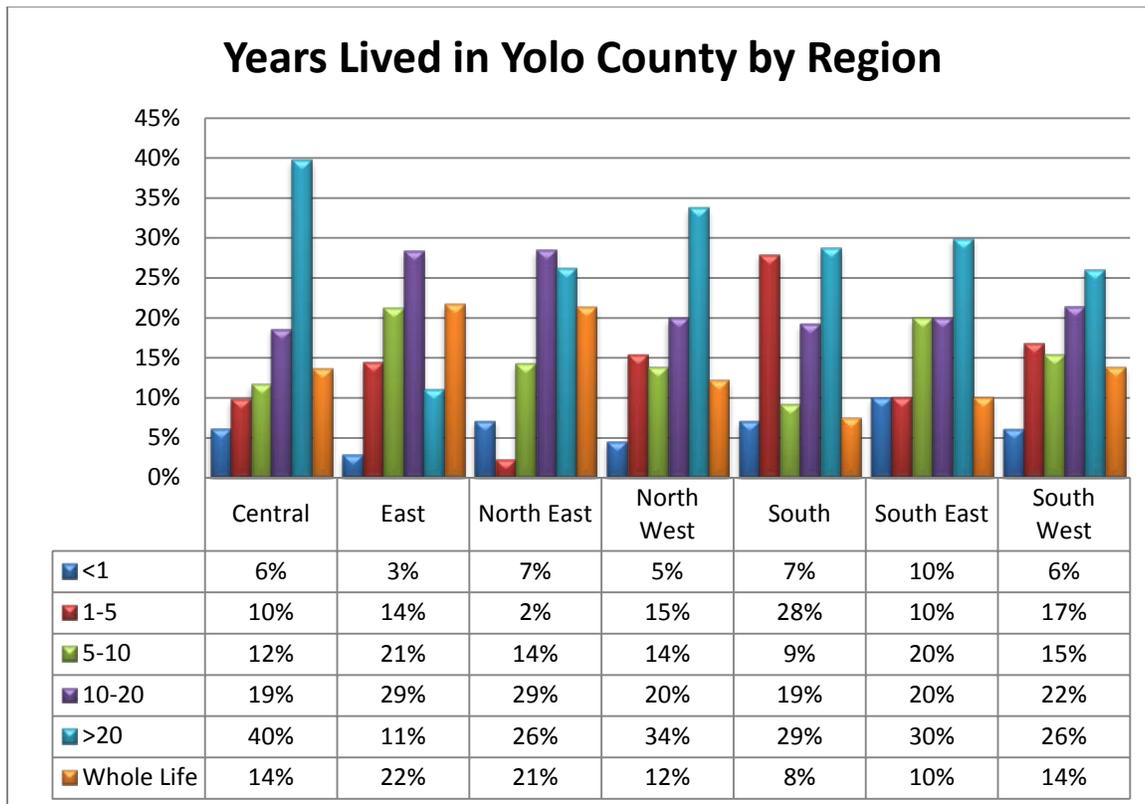


Figure 15: Years Lived in Yolo County by Region



PERCEPTIONS OF QUALITY OF LIFE

Survey respondents were asked to rate their perception of the quality of life in their community and that of Yolo County as a whole. Survey respondents were also asked to rate certain components of quality of life: place to live, community involvement, healthy community, and overall personal health. The responses are grouped by Yolo County and the local community. The responses for local community are stratified by sex, ethnicity, race, household income, and age. Due to the low number of responses from Native American/Indigenous Persons and Native Hawaiian or other Pacific Islander, these two race categories were combined (NA/IP & NH/PI).

PLACE TO LIVE

Overall, 57% of respondents view Yolo County as a good or excellent place to live compared to 70% for their local community. Slightly more respondents (811) answered regarding their local community compared to those who answered regarding Yolo County (771).

The perception of the respondents' local community as either "good" or "excellent" as a place to live ranged from a low of 53% in the East region to 100% for the South East region. It should be noted that the South East region consisted of a low number of responses (9). There were no large disparities between ethnicities regarding perception of their community as a place to live. Males and individuals above the age of 65 tended to rate their local communities more favorably. As household income increased, so did the positive perception of their local community as a place to live. Whites, Asians, and those who identified themselves as another race, showed more favorable perceptions of their local community as well.

Figure 16: Yolo County as a Place to Live

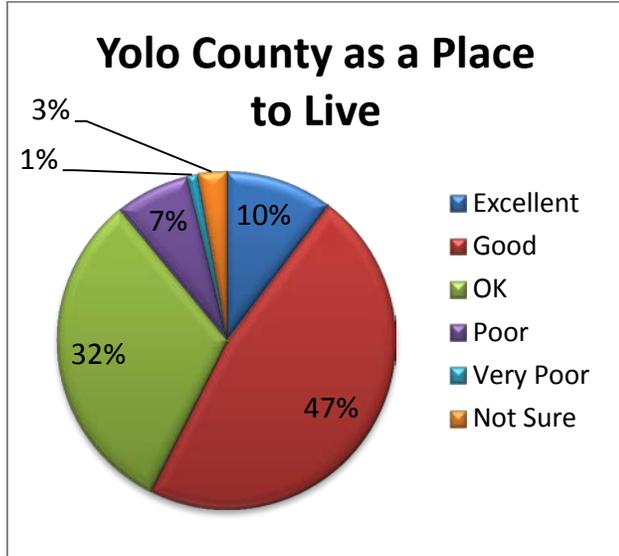


Figure 17: Local Community as a Place to Live



Figure 18: Local Community as a Place to Live by Region

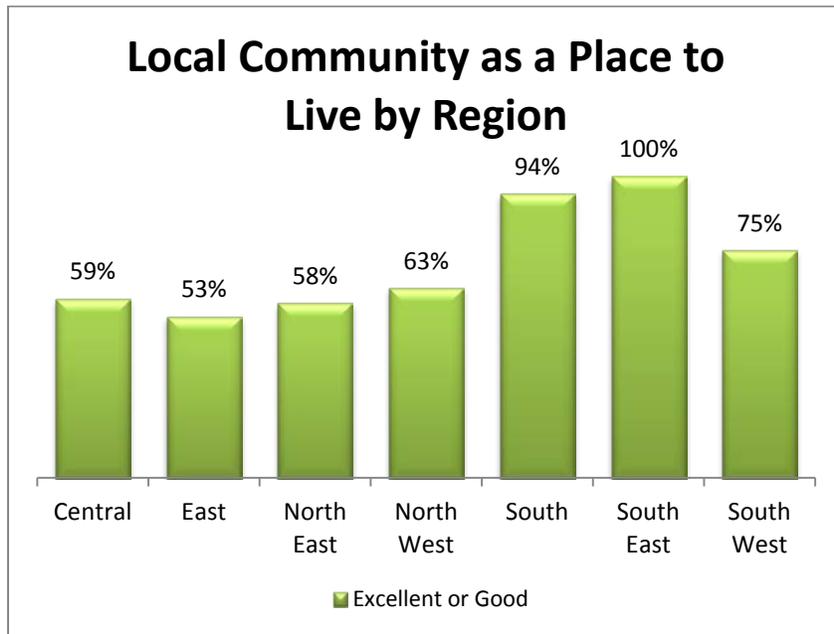


Figure 19: Local Community as a Place to Live by Sex



Figure 20: Local Community as a Place to Live by Ethnicity



Figure 21: Local Community as a Place to Live by Race

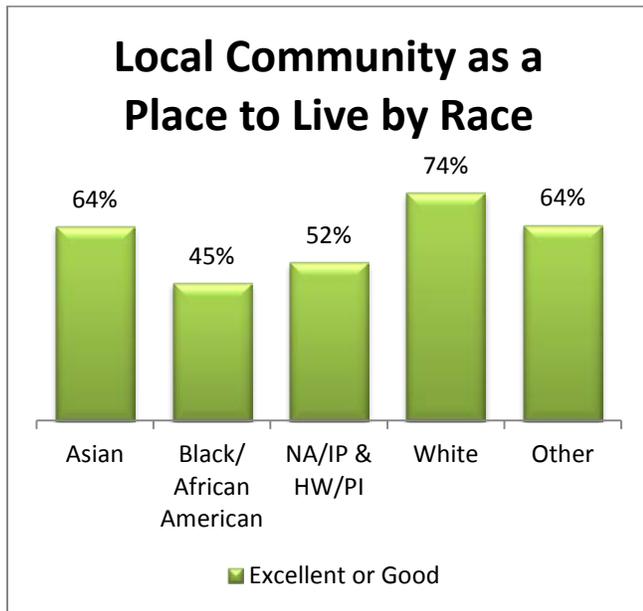


Figure 22: Local Community as a Place to Live by Age Group



Figure 23: Local Community as a Place to Live by Income



COMMUNITY INVOLVEMENT

Community involvement in Yolo County as a whole was perceived as “good” or “excellent” by 45% of respondents; 57% viewed their local community as having “good” or “excellent” community involvement. Respondents from the South (86%) and South East (90%) regions rated local community involvement most favorably, compared to 33% from the East region. The highest proportion of respondents rating local community involvement as “poor” came from the Central (26%) and East (19%) regions. Favorable levels of local community involvement were perceived differently between genders and ethnicities, 58% of females versus 53% of males, and 59% of Non-Hispanic respondents versus 51% of Hispanic respondents. Less than 50% of respondents of Black/African American, Native American/Indigenous Persons, Native

Hawaiian or other Pacific Islander descent rated their local community involvement as "good" or "excellent". Favorable perceptions tended to increase with income and age.

Figure 24: Yolo County Community Involvement

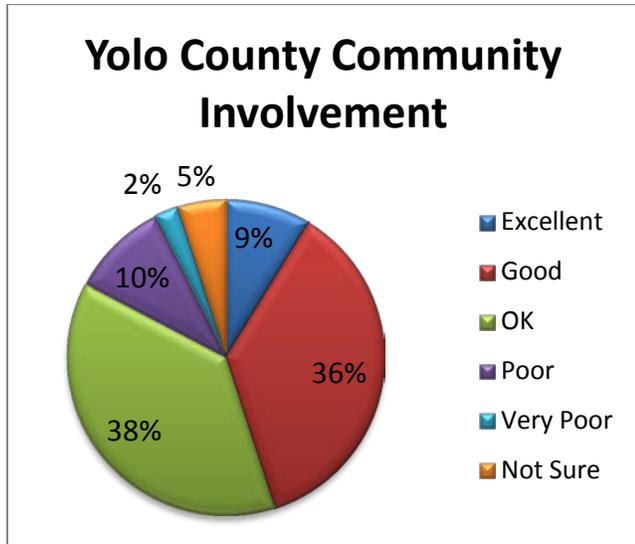


Figure 25: Local Community Involvement



Figure 26: Local Community Involvement by Region

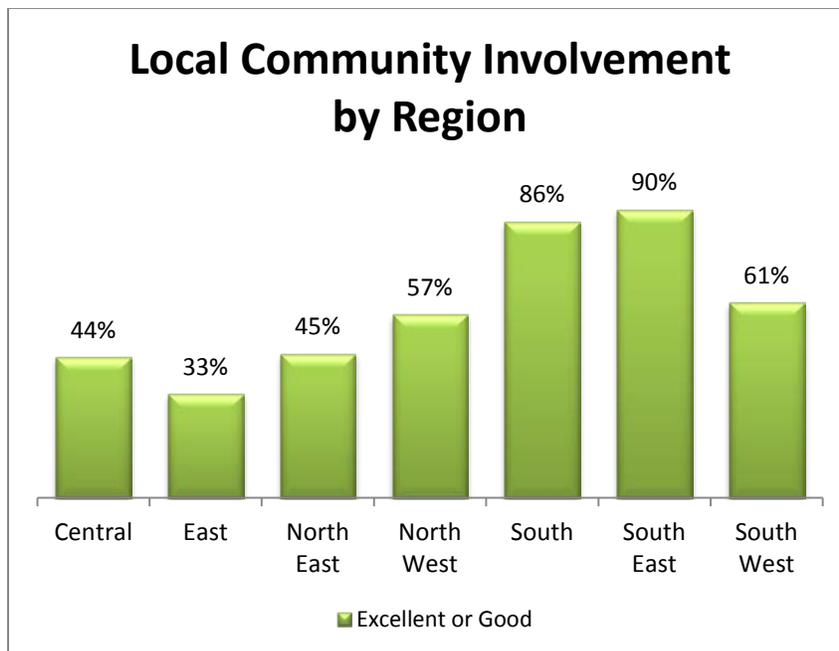


Figure 27: Local Community Involvement by Sex



Figure 28: Local Community Involvement by Ethnicity

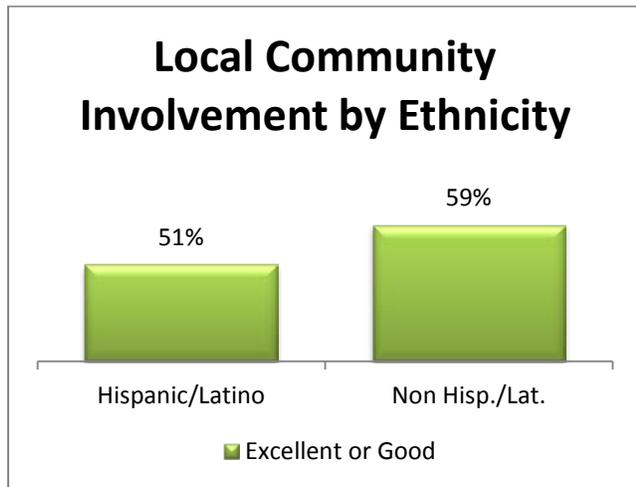


Figure 29: Local Community Involvement by Race

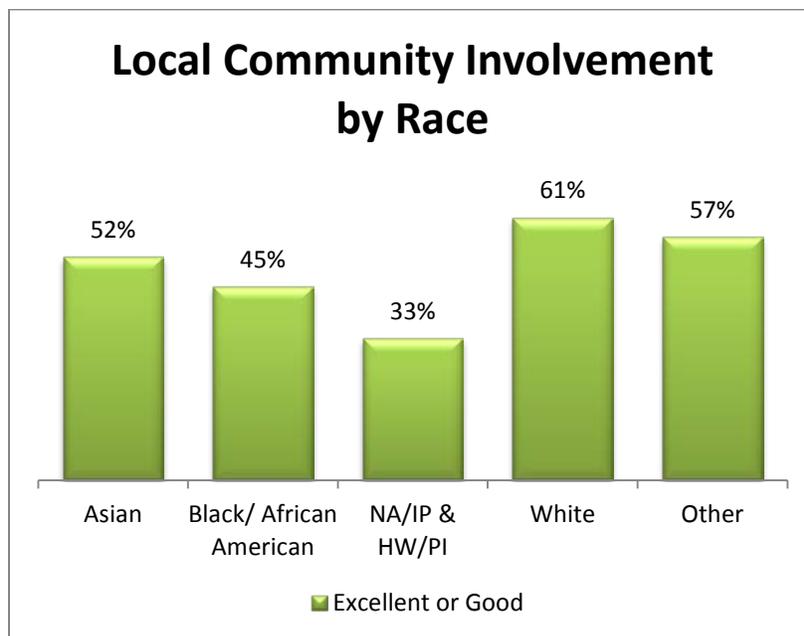


Figure 30: Local Community Involvement by Household Income

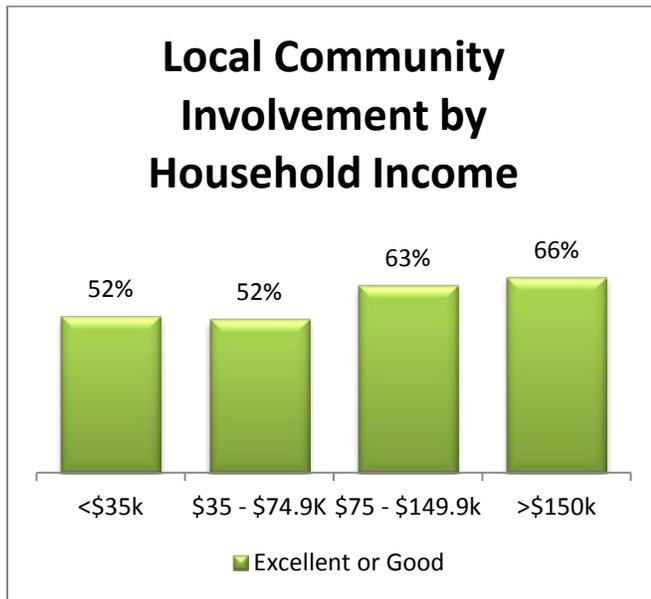


Figure 31: Local Community Involvement by Age



HEALTHY COMMUNITY

Respondents were asked to rate their local community and all of Yolo County as a “healthy community”. Only 37% of respondents rated Yolo County as “good” or “excellent”, where as 53% rated their local community as being “good” or “excellent”. The South and South East regions had the highest percentage of respondents viewing their local community as either “good” or “excellent” as a healthy community. The Central and East regions had the lowest percentage of respondents view their local community as a healthy community. However, 46% and 47% of the respondents from the Central and East regions, respectively, stated their local community was “OK” as a healthy community. There were slight differences between the sexes and ethnicities, with perceptions of community health as “good” or “excellent” higher among males and non Hispanic/Latino respondents. There was a fairly even distribution among the races ranging from 42% to 55% viewing their local community as being “good” or “excellent” as a healthy community. Perception also tended to be more favorable in respondents as age and household income increased.

Figure 32: Yolo County as a Healthy Community

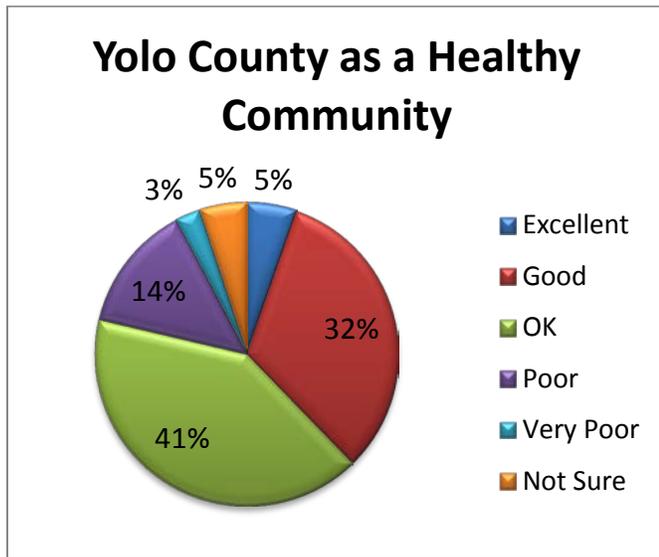


Figure 33: Local Community as a Healthy Community

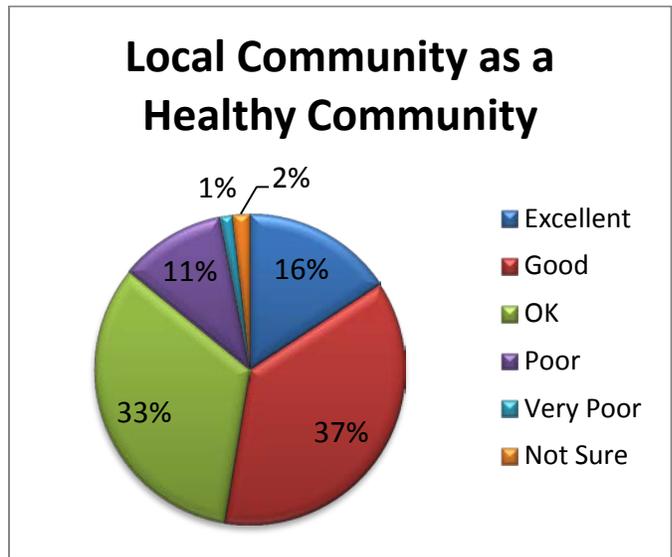


Figure 34: Local Community as a Healthy Community by Region

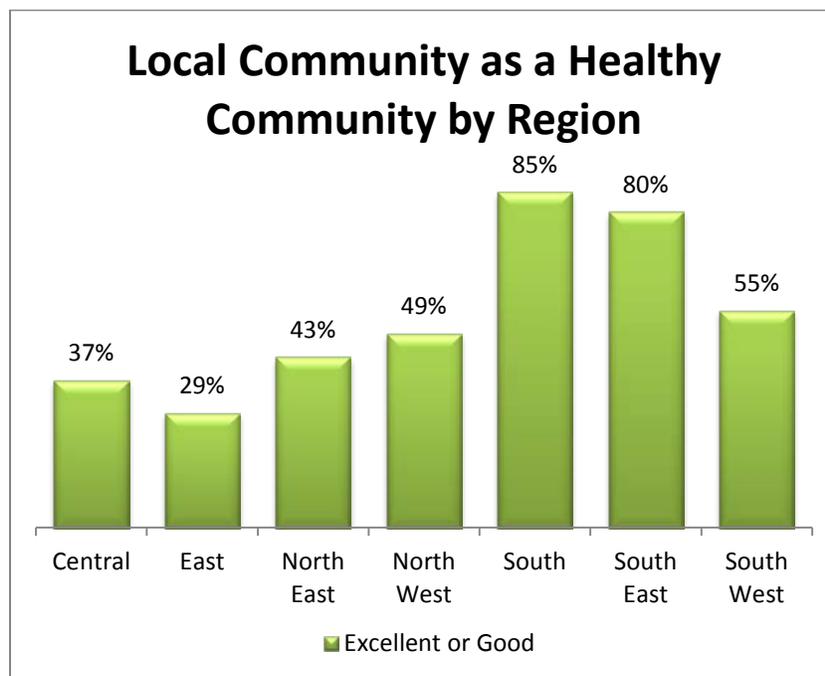


Figure 35: Local Community as a Healthy Community by Sex

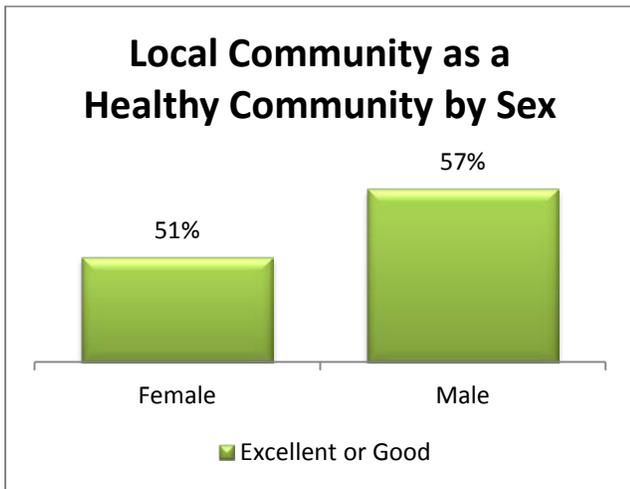


Figure 36: Local Community as a Healthy Community by Ethnicity

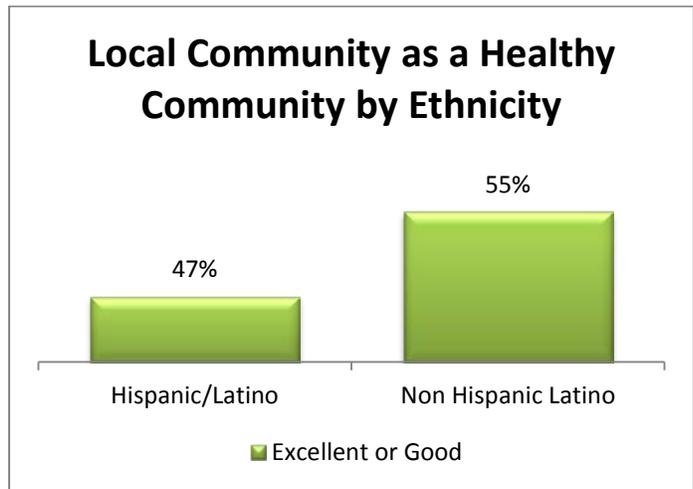


Figure 37: Local Community as a Health Community by Race

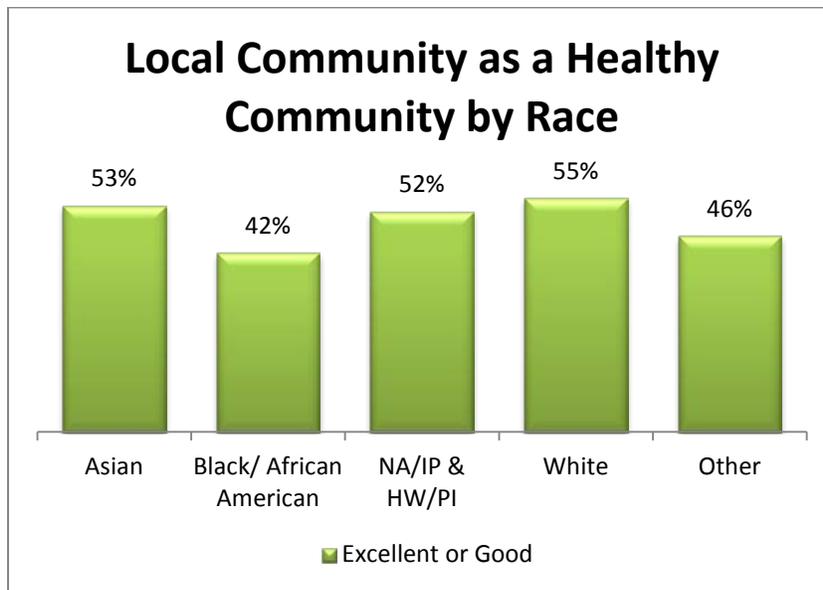


Figure 38: Local Community as a Healthy Community by Household Income

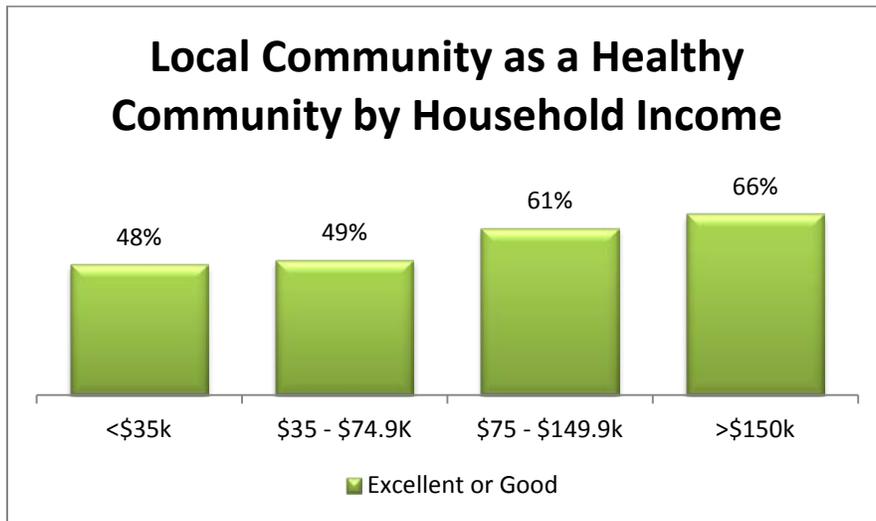
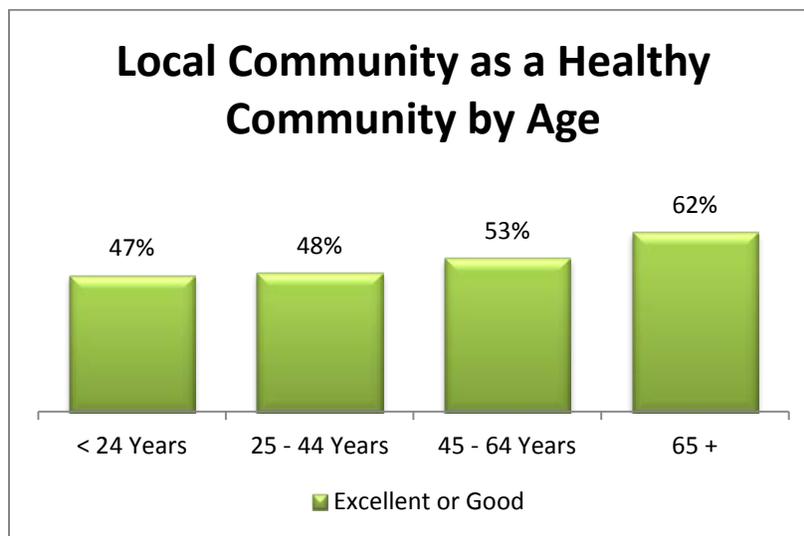


Figure 39: Local Community as a Healthy Community by Age



OVERALL HEALTH

Respondents were asked to rate their overall health. A majority of the respondents (53%) rated their overall health as “good”. Five percent of the respondents rated their overall health as either “poor” or “very poor”. The South region had the highest percentage of respondents (85%) state that their health was either good or excellent. The remaining regions were between 64% and 73%. There is a slight difference between the sexes and ethnicities. Males (77%) view their health as being good or excellent compared to 71% of females. Non Hispanic/Latinos (55%) view their health as being good or excellent compared to 47% of Hispanic/Latinos. White (77%) and Asian (73%) respondents viewed their health slightly better than the other races. Respondents who identified themselves as either Black/African American or other rated their health as “good” or “Excellent”: 68% and 64% respectively. Ninety percent of the respondents who have a household income of \$75,000 to \$149,999 rated their health as either “good” or “excellent”, compared to less than two-thirds of those

respondents with a household income of less than \$35,000. There were some slight disparities among the age groups, but generally the age groups ranged from 71% to 75% as being in “good” or “excellent” health.

Figure 40: Overall Health, Yolo County

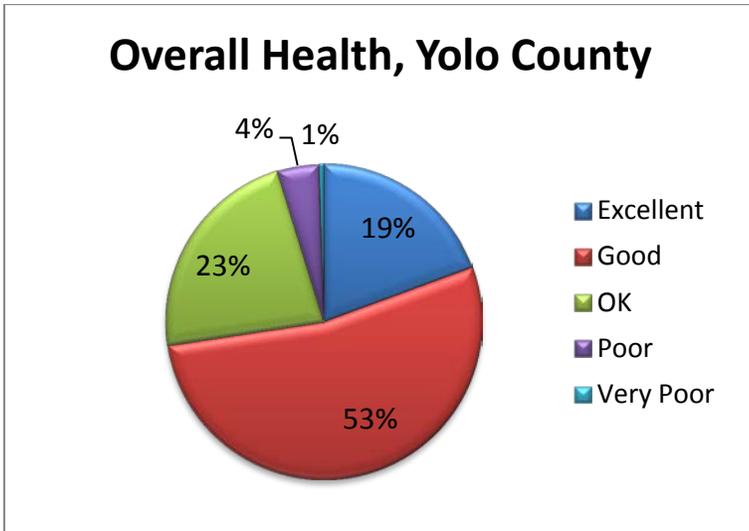


Figure 41: Overall Healthy by Region

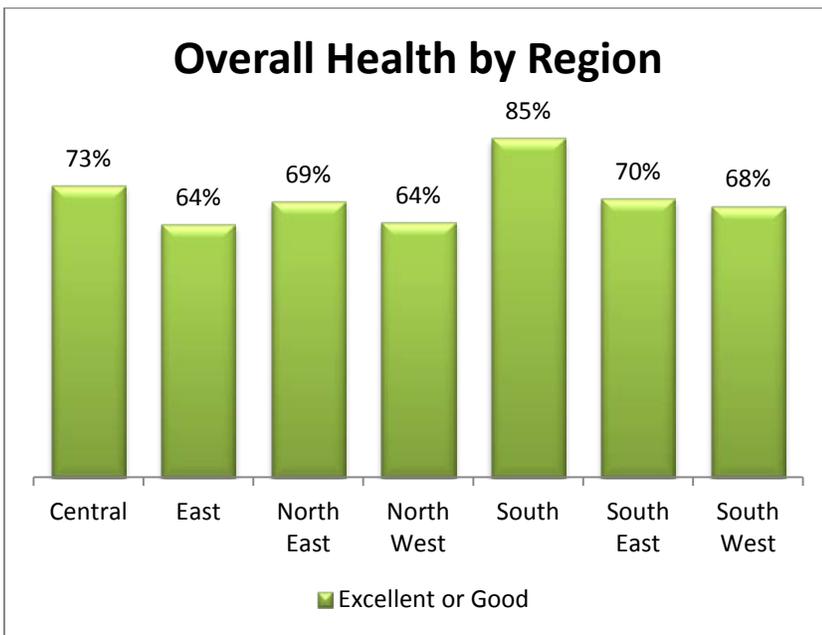


Figure 42: Overall Health by Sex



Figure 43: Overall Health by Ethnicity

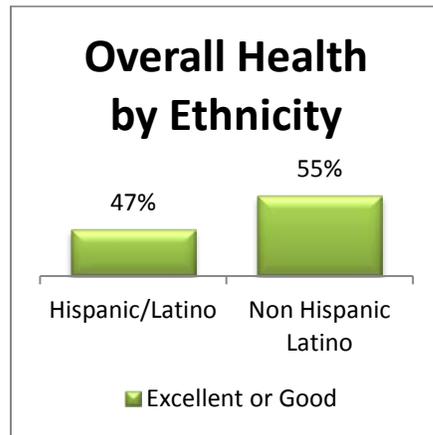


Figure 44: Overall Health by Race

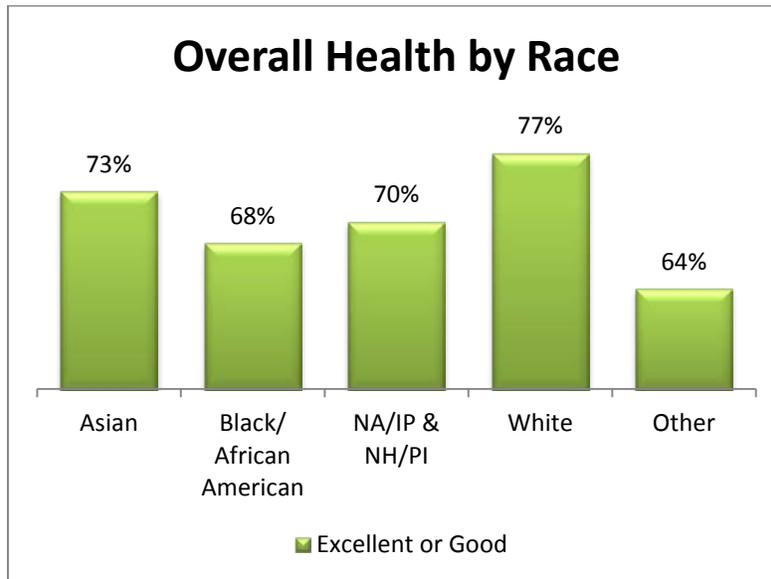


Figure 45: Overall Health by Household Income

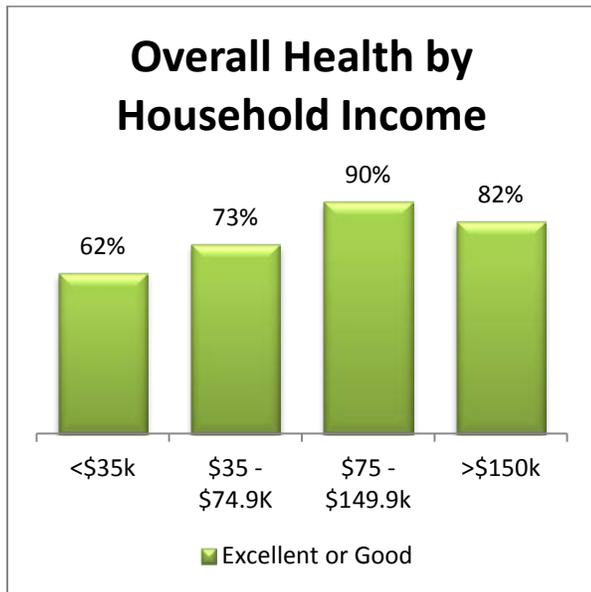
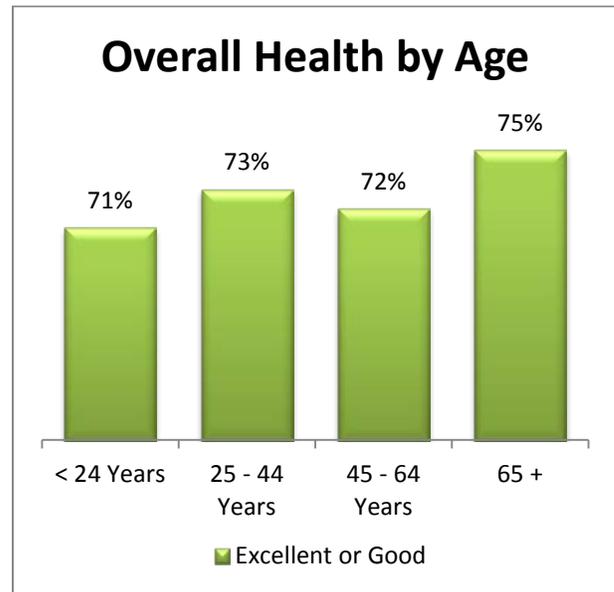


Figure 46: Overall Health by Age



QUALITY OF LIFE

Though 41% of respondents rated the quality of life as “good” in Yolo County and their local community, only 9% viewed the quality of life as “excellent” for Yolo County compared to 23% for their local community. Only 9% of respondents perceived quality of life in Yolo County as a whole as "excellent" though 41% rated countywide quality of life as "good". Perception of local quality of life among respondents was generally more favorable, with 64% rating quality of life favorably as either "good" or excellent". Local community quality of life was generally perceived most favorably in the South, South West, and South East regions. Perceptions of "poor" or "very poor" local quality of life were most common among respondents from the Central (9%), East (12%), and North East (8%) regions. Male respondents and respondents of Non-Hispanic/Latino descent also tended to view local quality of life more favorably. Perceptions were also generally favorable among respondents identifying as Asian, White, or Other; respondents identifying as black/African American, Native American/Indigenous Persons, and Native Hawaiian or other Pacific Islander generally perceived local quality of life as "OK". Additionally, as has been the case in other categories, perceptions of quality of life were generally more favorable with increased age and higher household income.

Figure 47: Quality of Live in Yolo County

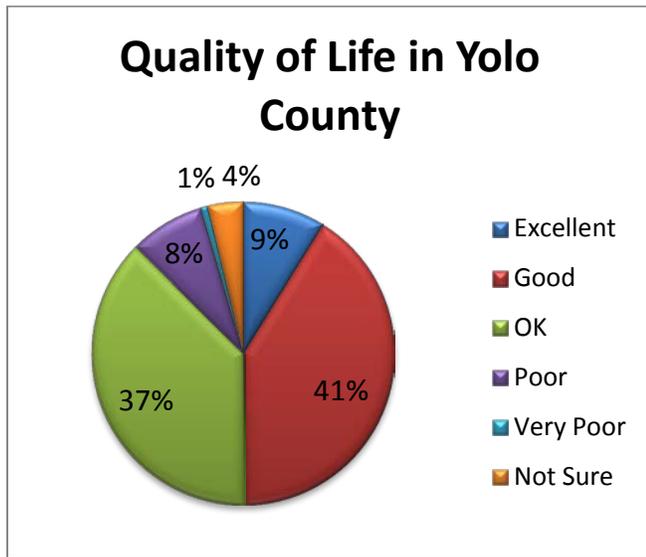


Figure 48: Quality of Life in Local Community



Figure 49: Quality of Life in Local Community by Region

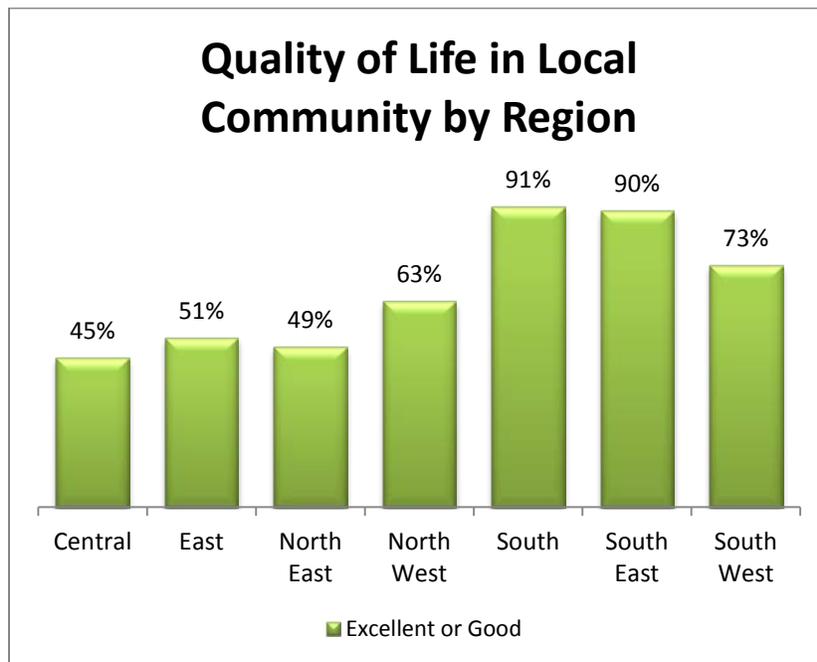


Figure 50: Quality of Life in Local Community by Sex



Figure 51: Quality of Life in Local Community by Ethnicity

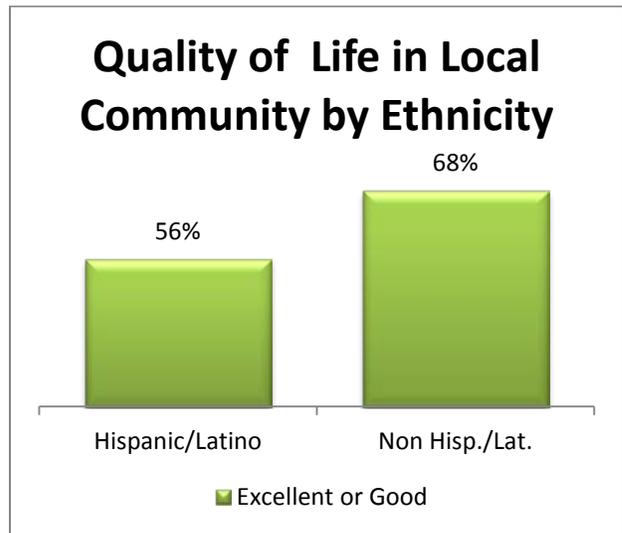


Figure 52: Quality of Life in Local Community by Race

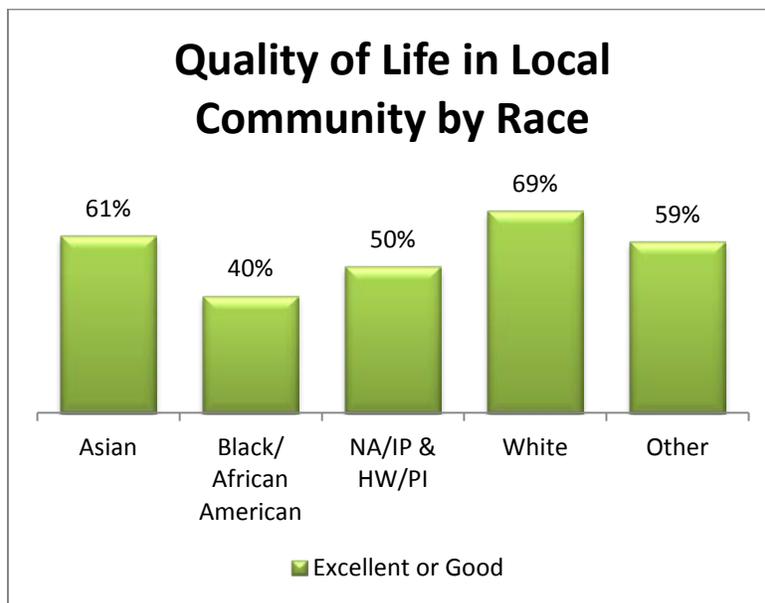


Figure 53: Quality of Life in Local Community by Household Income

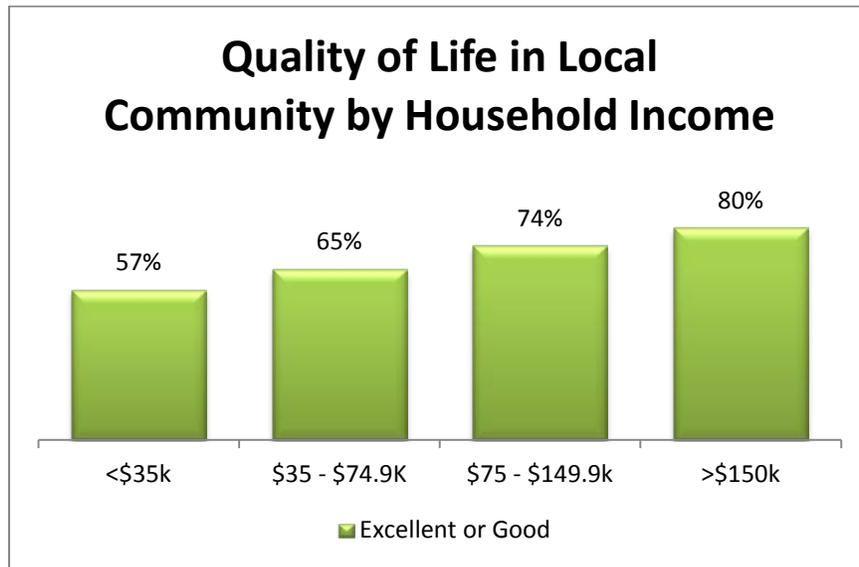


Figure 54: Quality of Life in Local Community by Age



DISCUSSION

Overall, respondents tended to have a more favorable perception of their individual communities than the county as a whole, with larger proportions selecting “not sure” in their ratings of the county than of their own communities. Across all measures of quality of life included in the survey, respondents from the South and South East regions generally viewed their communities most favorably, with over 80% of ratings being “excellent” or “good”. Conversely, respondents from the South and South East regions least frequently gave favorable ratings on their communities. Regional disparities in perceived quality of life may indicate scarcity of services, communication, and access in particular communities.

Other common patterns in the survey results were that favorable perceptions were most strongly associated with White and Asian descent, higher household income, and older age. Among measures in the survey, respondents were most likely

to view their own overall health favorably and least likely to view their local community as a whole favorably as a “healthy community”. Because the same disparities are seen across different measures of quality of life, it is critical to note how resources and information reach groups who view their quality of life unfavorably.

HEALTH ISSUES AND CONTRIBUTING FACTORS

Survey respondents were asked to select the top three health issues that most affect their communities from a list of 20 health issues, as well as two write-in options. Respondents were also asked to identify contributing factors most responsible for health issues in our community: three for each contributing factor. The CTSA survey provided 16 individual behaviors; 10 social and economic circumstances; and 14 environmental issues. Each contributing factor had two write-in options available. Respondents selected three contributing factors for each category.

In addition, during the community open house events, Healthy Yolo provided a health issues wall chart where, out of 30 options, community members selected three priority health issues by placing a sticker after that health issue. The additional health issues provided specificity to the health issues on the CTSA survey.

YOLO COUNTY

HEALTH ISSUES

Obesity was selected as the health issue that most affects our community with 375 selections with mental health issues and diabetes following. The write-in responses primarily consisted of drug abuse (22) and other issues that are considered contributing factors. The 20 health issues and two write-in options, in rank order, are listed in table 8.

The top five health issues that respondents identified were stratified by sex, ethnicity, race, age, and household income. Female and Non Hispanic/Latino respondents were more likely to identify mental health issues as priorities in their communities. Hispanic/Latino residents most frequently expressed concern about diabetes. Obesity was general ranked high; respondents of Black/African American descent were the only racial subgroup among whom any other health issues, namely mental health issues and alcoholism, outranked obesity as a health issue. The percentage of respondents identifying heart disease a priority health issue was higher among Asians than in other racial

Table 8: Health Issues that Most Affect Our Community

Health Issues that Most Affect Our Community	#	%	Rank
Obesity	375	14%	1
Mental Health Issues	287	11%	2
Diabetes	272	10%	3
Health Problems assoc. with Aging	254	9%	4
Cancer	244	9%	5
Alcoholism	227	8%	6
Heart Disease	183	7%	7
Dental Problems	134	5%	8
Child Abuse and Neglect	134	5%	8
Teenage Pregnancy	105	4%	10
Respiratory Illnesses/Lung Disease/Asthma	92	3%	11
Motor Vehicle/Bicycle Accidents	85	3%	12
Sexually Transmitted Diseases	55	2%	13
Infectious Diseases	54	2%	14
Other 1	52	2%	15
Sexual Abuse	46	2%	16
Stroke	40	1%	17
Homicide	19	1%	18
Poor Birth Outcomes	18	1%	19
Other 2	3	0%	20
Total	2,686	100%	

subgroups. Additionally, concern about obesity appears to decrease with age, while concern about mental health issues and age-related health problems increases.

Stratified by household income, obesity is the most commonly identified issue across all income levels. However, lower-income respondents more frequently expressed concern about mental health issues, while higher-income respondents more frequently expressed concern about diabetes.

Table 9: Top 5 Health Issues, By Sex

Top 5 Health Issues, by Sex

Rank	Female	Male
1	Obesity 14% (257)	Obesity 14% (96)
2	Mental Health Issues 11% (211)	Health Problems assoc. with Aging 11% (77)
3	Diabetes 10% (178)	Diabetes 11% (74)
4	Alcoholism 9% (165)	Cancer 10% (66)
5	Health Problems assoc. with Aging 9% (162)	Heart Disease 10% (65)

Table 10: Top 5 Health Issues, by Ethnicity

Top 5 Health Issues, by Ethnicity

Rank	Hispanic/Latino	Non Hispanic/Latino
1	Diabetes 15% (120)	Obesity 14% (259)
2	Obesity 14% (116)	Mental Health Issues 13% (239)
3	Cancer 11% (88)	Health Problems assoc. with Aging 11% (207)
4	Alcoholism 7% (59)	Alcoholism 9% (168)
5	Dental Problems 7% (55)	Cancer 8% (156)

Table 11: Top 5 Health Issues, by Race

Top 5 Health Issues, by Race

Rank	White	Black	Asian	NA/IP & NH/PI	Other
1	Obesity 14% (212)	Mental Health Issues 16% (9)	Obesity 17% (57)	Obesity 12% (12)	Obesity 15% (51)
2	Mental Health Issues 12% (187)	Alcoholism 16% (9)	Diabetes 13% (43)	Alcoholism 9% (9)	Diabetes 15% (51)
3	Health Problems assoc. with Aging 11% (161)	Obesity 9% (5)	Heart Disease 11% (37)	Health Problems assoc. with Aging 9% (9)	Cancer 10% (34)
4	Cancer 9% (135)	Cancer 9% (5)	Alcoholism 11% (36)	Cancer 8% (8)	Alcoholism 9% (30)
5	Diabetes 8% (127)	Dental Problems 9% (5)	Health problems assoc. with aging 8% (27)	Mental Health Issues 8% (8)	Mental Health Issues 7% (26)

Table 12: Top 5 Health Issues, by Age Group

Top 5 Health Issues , by Age Group

Rank	< 24 Years	25 - 44 Years	45 - 64 Years	65 + Years
1	Obesity 16% (94)	Obesity 15% (101)	Mental Health issues 13% (92)	Health Problems assoc. with Aging 20% (100)
2	Alcoholism 10% (60)	Diabetes 12% (83)	Obesity 13% (92)	Mental Health Issues 12% (62)
3	Cancer 9% (53)	Mental Health Issues 11% (77)	Health Problems assoc. with Aging 11% (77)	Obesity 12% (60)
4	Diabetes 8% (50)	Cancer 10% (70)	Diabetes 9% (68)	Diabetes 9% (47)
5	Heart Disease 8% (49)	Alcoholism 9% (61)	Alcoholism 8% (59)	Cancer 9% (44)

Table 13: Top 5 Health Issues, by Household Income

Top 5 Health Issues, by Household Income

Rank	<\$35k	\$35-74.9k	\$75-149.9k	>\$150k
1	Obesity 12% (132)	Obesity 14% (82)	Obesity 18% (72)	Obesity 20% (35)
2	Mental Health Issues 11% (125)	Alcoholism 11% (65)	Alcoholism 16% (65)	Alcoholism 9% (16)
3	Health Problems assoc. with Aging 11% (122)	Mental Health Issues 10% (60)	Diabetes 12% (48)	Diabetes 9% (16)
4	Alcoholism 9% (96)	Diabetes 10% (58)	Mental Health Issues 10% (40)	Heart disease 9% (16)
5	Diabetes 8% (92)	Heart Disease 9% (55)	Heart Disease 7% (27)	Mental Health Issues 9% (15)

HEALTH ISSUES WALL CHART

Attendants of each community open house event had the opportunity to contribute to a health issues wall chart by selecting three health issues that matter most to them or most affect our community; providing an instantaneous impression of that community's individual concerns. Survey respondents were given three stickers after taking the survey and asked to place a sticker after three separate health issues. Stickers were also given to people who chose not to take the survey. There were 1,488 stickers placed onto the health wall charts at the community open house events by nearly 500 people.

The additional health issues listed on the wall chart provide further insight into the health issues that most affect our community. The three issues most selected in the wall chart exercise - diabetes, followed by obesity and mental health issues - corresponded with the survey responses, but in a different order. The next cluster of health issues were breast cancer, depression, and heart disease. The overall results are presented in figure 56.

Figure 55: Health Issues Wall Chart

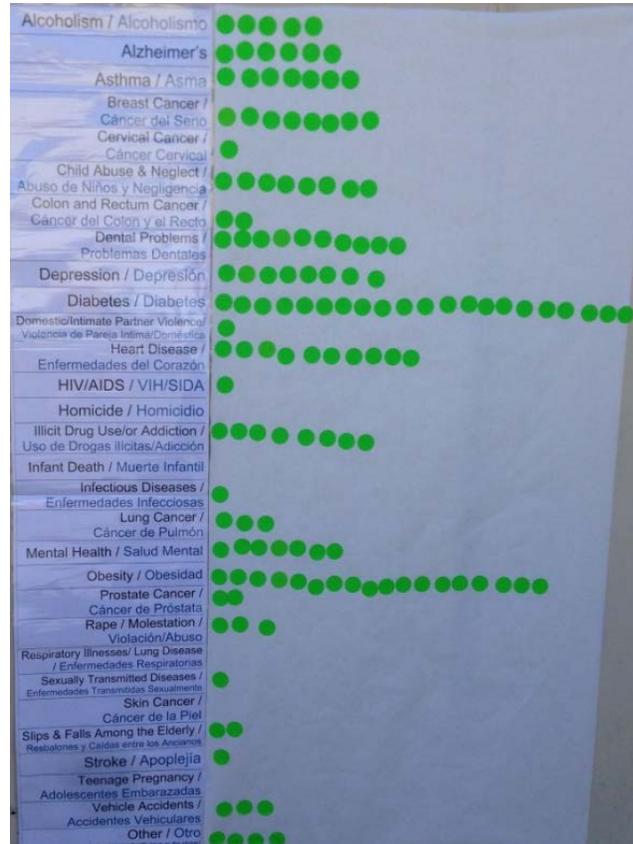
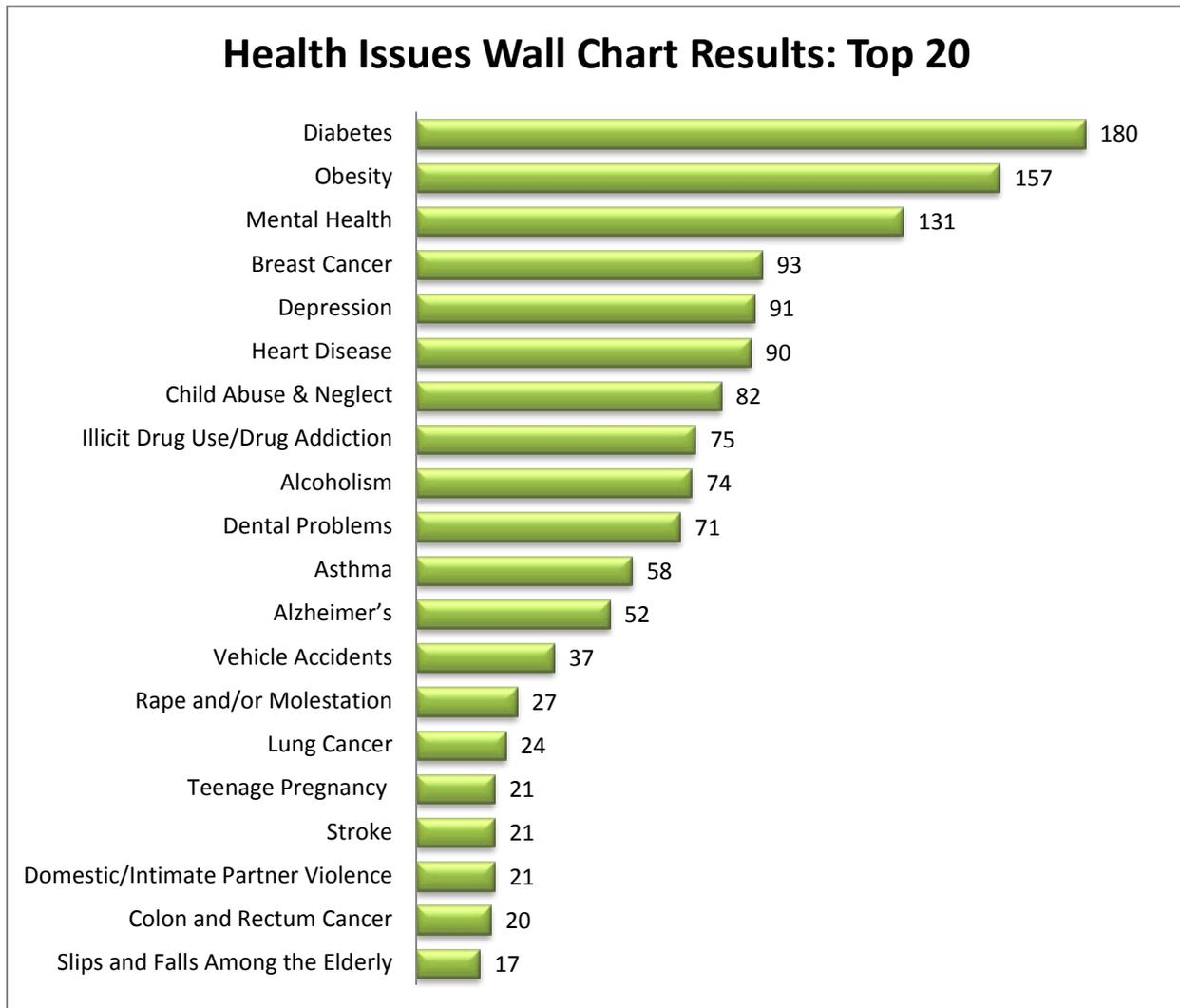


Figure 56: Health Issues Wall Chart Results



In particular, diabetes and obesity – both of which were identified as top priorities, are strongly associated with one another. Type 2 diabetes mellitus has been linked to weight gain; 85% of diabetics are overweight². Further, diabetes is associated with certain complications such as heart disease and stroke, hypertension, kidney disease, and dental disease³.

Mental health issues include a variety of diagnoses, including depression, anxiety, mood disorders, psychoses, and developmental disabilities. An estimated 26% of Americans ages 18 and older suffer from a diagnosable mental health issues (mental disorder)⁴. Depression is one of the most common mental health issues and encompasses several forms of depressive disorders. Alcohol and other substance abuse or dependence may also co-exist with depression⁵.

² Harvard Gazette. Obesity? Diabetes? We've been set up. March 7, 2012: <http://news.harvard.edu/gazette/story/2012/03/the-big-setup/>

³ Centers for Disease Control and Prevention. National Diabetes Fact Sheet, 2011: http://www.cdc.gov/diabetes/pubs/pdf/ndfs_2011.pdf

⁴ National Institute of Mental Health. The Numbers Count: Mental Disorders in America. <http://www.nimh.nih.gov/health/publications/the-numbers-count-mental-disorders-in-America/index.shtml#KesslerPrevalence>

⁵ National Institute of Mental Health. Depression. <http://www.nimh.nih.gov/health/publications/depression/index.shtml>

Changes associated with aging include physical and sensory limitations such as hearing and vision loss, arthritis, and osteoporosis (which increase risk of falls and the likelihood of sedentary lifestyle), as well as increased risk of chronic diseases such as diabetes, heart disease, and hypertension. Additionally, aging is associated with changes in memory and recollection, as well as an increased risk for dementia. Though many physical and mental changes are a natural part of the aging process, complications and illness can often be lessened or avoided through continued active lifestyle and social engagement.

CONTRIBUTING FACTORS

Numerous social, environmental, and other factors play a role in the health of communities and individuals. Among these factors are individual traits (e.g., sex, age, and genes), individual behavior, social and economic circumstances, and the environment, both built and natural. All of these factors interact in complex ways and vary in their impact depending upon individual traits and social circumstances.

Respondents were asked to identify the three most important contributing factors responsible for health issues in our community in each of three categories: individual behaviors, social and economic circumstances, and environmental issues.

INDIVIDUAL BEHAVIOR

The behaviors most frequently identified by respondents were poor nutrition/eating habits (diet) and lack of exercise (29%) and alcohol abuse and drug abuse (substance abuse). Life stress, lack of regular medical visits, driving under the influence, and tobacco use completed the top half of selections of individual behaviors most responsible for health issues.

Table 14: Individual Behaviors Most Responsible, Yolo County

Individual Behaviors Most Responsible for Health Issues in Our Community	#	%	Rank
Poor nutrition/eating habits	405	15%	1
Lack of exercise	355	14%	2
Alcohol abuse	317	12%	3
Drug abuse	238	9%	4
Life stress/lack of coping skills	236	9%	5
Not getting regular check-ups by a healthcare provider	233	9%	6
Driving while drunk/on drugs	183	7%	7
Smoking/tobacco use	173	7%	8
Unsafe sex	88	3%	9
Distracted driving	72	3%	10
Crime/violence	71	3%	11
Teenage sex	67	3%	12
Domestic or intimate partner violence	50	2%	13
Not getting “shots” (vaccines) to prevent disease	45	2%	14
Using weapons/guns	30	1%	15
Other 1	29	1%	16
Suicide	24	1%	17
Other 2	5	0%	18
Total	2,621	100%	

SOCIAL AND ECONOMIC CIRCUMSTANCES

Unemployment and lack of health insurance represented 38% of the selections for social and economic circumstances of health issues, followed by poverty, which represented 16% of selections. A possible contributor to these circumstances is the 2007 economic recession. Lack of education, homelessness, and food insecurity ranked fourth, fifth, and sixth respectively. These six factors, representing 79% of all selections, all share a strong association with poverty.

Table 15: Social and Economic Circumstances Most Responsible, Yolo County

Social and Economic Circumstances Most Responsible for Health Issues	#	%	Rank
Unemployment	490	19%	1
No health insurance	469	18%	2
Poverty	407	16%	3
Lack of education/no high school education	298	12%	4
Homelessness	208	8%	5
Not enough food (food insecurity)	134	5%	6
Single parenting	133	5%	7
Cultural barriers	126	5%	8
Language barriers	126	5%	8
Racism and discrimination	108	4%	10
Other 1	38	1%	11
Other 2	6	0%	12
Total	2,543	100%	

ENVIRONMENTAL ISSUES

Yolo County is mostly a rural, agricultural community and faces some different health issues due to its remoteness and exposure to chemicals used in farming. Air pollution was identified as the most responsible environmental issue that affects our health. Pesticide use ranked fourth with 10% of the selections. The lack of access to healthy foods, lack of access to places for physical activity, lack of safe walkways and bikeways, and lack of public transportation represented a combined 30% of the selections.

Table 16: Environmental Issues Most Responsible, Yolo County

Environmental Issues Most Responsible for Health Issues	#	%	Rank
Air pollution	351	15%	1
Lack of access to healthy foods	289	12%	2
Cigarette smoke	288	12%	3
Pesticide use	238	10%	4
Poor housing conditions	216	9%	5
Lack of access to places for physical activity	181	8%	6
Heat/hot days	160	7%	7
Lack of safe walkways and bikeways	127	5%	8
Lack of public transportation	127	5%	8
Contaminated drinking water	101	4%	10
Trash on streets & sidewalks	100	4%	11

Poor neighborhood design	63	3%	12
Traffic	63	3%	12
Other 1	39	2%	14
Flooding/drainage problems	36	2%	15
Other 2	5	0%	16
Total	2,384	100%	

REGIONS

The top health issues and contributing factors for each region are presented. The top ranked health issues and contributing factors are ranked and compared to the Yolo County rankings. Only the top six to ten issues and factors are shown for each region.

CENTRAL REGION

Nearly half of the respondents from the Central region identified obesity, mental health issues, health problems associated with aging, and diabetes as the health issues that most affect their community. Cancer and alcoholism both received 8% of the selections.

Table 17: Health Issues that Most Affect Our Community, Central Region

Rank	Health Issues that Most Affect Our Community	#	%	YC Rank
1	Obesity	69	14%	1
2	Mental Health Issues	68	14%	2
3	Health Problems assoc. with Aging	51	10%	4
4	Diabetes	47	10%	3
5	Cancer	39	8%	5
6	Alcoholism	39	8%	6
7	Heart Disease	33	7%	7
8	Child abuse and neglect	28	6%	8
9	Dental Problems	25	5%	8
10	Teenage pregnancy	22	4%	10

The Central region respondents identified contributing factors that most affect their community. Diet and exercise represented a combined 28% of the respondents' selections whereas alcohol and drug abuse represented a combined 23%. No health insurance, unemployment, and poverty represented a combined 52% of the social and economic circumstances selections. Of the environmental issues, air pollution, second hand cigarette smoke, and pesticide use represented a combined 36%; and access to healthy foods, access to physical activity, and safe walkways and bike paths represented a combined 29%.

Table 18: Individual Behaviors Most Responsible, Central Region

Rank	Individual Behaviors Most Responsible for Health Issues in Our Community	#	%	YC Rank
1	Poor nutrition/eating habits	72	15%	1
2	Alcohol abuse	68	14%	3
3	Lack of exercise	62	13%	2

4	Not getting regular check-ups by a healthcare provider	49	10%	6
5	Life stress/lack of coping skills	46	9%	5
6	Drug abuse	43	9%	4
7	Driving while drunk/on drugs	33	7%	7

Table 19: Social and Economic Circumstances Most Responsible, Central Region

Rank	Social and Economic Circumstances Most Responsible for Health Issues	#	%	YC Rank
1	No health insurance	89	19%	2
2	Unemployment	86	18%	1
3	Poverty	73	15%	3
4	Lack of education/no high school education	64	14%	4
5	Homelessness	35	7%	5
6	Cultural barriers	30	6%	8

Table 20: Environmental Issues Most Responsible, Central Region

Rank	Environmental Issues Most Responsible for Health Issues	#	%	YC Rank
1	Air pollution	56	13%	1
2	Cigarette smoke	53	12%	3
3	Lack of access to healthy foods	53	12%	2
4	Pesticide use	50	11%	4
5	Poor housing conditions	44	10%	5
6	Lack of access to places for physical activity	39	9%	6
7	Lack of safe walkways and bikeways	35	8%	8

EAST REGION

Respondents from the East region selected obesity and diabetes as the top two health issues in their community with a combined 26%. Alcoholism was more of a concern in the East region ranking third compared to sixth for all of Yolo County. Conversely, health problems associated with aging and mental health issues were less of a concern ranking ninth and fifth compared to fourth and second for all of Yolo County.

Table 21: Health Issues that Most Affect Our Community, East Region

Rank	Health Issues that Most Affect Our Community	#	%	YC Rank
1	Obesity	98	15%	1
2	Diabetes	71	11%	3
3	Alcoholism	66	10%	6
4	Cancer	63	10%	5
5	Mental Health Issues	49	7%	2
6	Heart Disease	44	7%	7
7	Child abuse and neglect	40	6%	8
8	Teenage pregnancy	39	6%	10
9	Health Problems assoc. with Aging	38	6%	4
10	Dental Problems	33	5%	8

The respondents of the East region ranked substance abuse slightly higher than the rest of the county with a combined 26%. Diet ranked the highest whereas exercise dropped slightly from a rank of second for all of Yolo County to fourth. Among all regions, the East region respondents ranked homelessness the highest. Unemployment and no health insurance combined for 40% of the selections. Due in part to the urban environment of the East region, pesticide use was less of a concern dropping from fourth countywide to seventh. Trash on the sidewalks and streets rose from eleventh county wide to sixth.

Table 22: Individual behaviors Most Responsible for Health Issues in Our Community, East Region

Rank	Individual Behaviors Most Responsible for Health Issues in Our Community	#	%	YC Rank
1	Poor nutrition/eating habits	90	14%	1
2	Alcohol abuse	81	13%	3
3	Drug abuse	81	13%	4
4	Lack of exercise	79	12%	2
5	Smoking/tobacco use	44	7%	8
6	Not getting regular check-ups by a healthcare provider	44	7%	6
7	Life stress/lack of coping skills	44	7%	5

Table 23: Social and Economic Circumstances Most Responsible for Health Issues, East Region

Rank	Social and Economic Circumstances Most Responsible for Health Issues	#	%	YC Rank
1	Unemployment	140	22%	1
2	No health insurance	114	18%	2
3	Homelessness	90	14%	5
4	Poverty	88	14%	3
5	Lack of education/no high school education	67	10%	4
6	Single parenting	37	6%	7

Table 24: Environmental Issues Most Responsible for Health Issues, East Region

Rank	Environmental Issues Most Responsible for Health Issues	#	%	YC Rank
1	Cigarette smoke	96	15%	3
2	Lack of access to healthy foods	87	14%	2
3	Air pollution	76	12%	1
4	Poor housing conditions	76	12%	5
5	Lack of access to places for physical activity	55	9%	6
6	Trash on streets & sidewalks	47	7%	11
7	Pesticide use	33	5%	4
7	Lack of safe walkways and bikeways	33	5%	8

NORTH EAST

Diabetes ranked first among North East respondents with cancer and obesity tied for second. Dental problems ranked fourth in the region compared to eighth countywide. Mental health issues were ranked the lowest among all regions at seventh.

Table 25: Health Issues that Most Affect Our Community, North East Region

Rank	Health Issues that Most Affect Our Community	#	%	YC Rank
1	Diabetes	20	14%	3
2	Cancer	19	14%	5
3	Obesity	19	14%	1
4	Dental Problems	17	12%	8
5	Alcoholism	13	9%	6
6	Health Problems assoc. with Aging	10	7%	4
7	Mental Health Issues	9	7%	2
8	Heart Disease	6	4%	7
9	Child abuse and neglect	6	4%	8
10	Teenage pregnancy	5	4%	10

Diet and exercise were perceived as the individual behaviors most responsible for health issues with a combined 31% of the selections. Lack of regular check-ups was ranked higher, third, than the countywide ranking of sixth. Poverty, no health insurance, and unemployment were ranked as the most responsible social and economic circumstances with a combined 55%. Pesticide use and second hand cigarette smoke were selected as the two environmental issues most responsible for health issues. A lack of access to places for physical activity was ranked third compared to a ranking of sixth countywide.

Table 26: Individual Behaviors Most Responsible for Health Issues in Our Community, North East Region

Rank	Individual Behaviors Most Responsible for Health Issues in Our Community	#	%	YC Rank
1	Lack of exercise	19	16%	2
2	Poor nutrition/eating habits	18	15%	1
3	Not getting regular check-ups by a healthcare provider	15	12%	6
4	Drug abuse	13	11%	4
5	Alcohol abuse	12	10%	3
6	Driving while drunk/on drugs	12	10%	7
7	Smoking/tobacco use	8	7%	8

Table 27: Social and Economic Circumstances Most Responsible for Health Issues, North East Region

Rank	Social and Economic Circumstances Most Responsible for Health Issues	#	%	YC Rank
1	Poverty	23	19%	3
2	No health insurance	22	18%	2
3	Unemployment	21	18%	1
4	Homelessness	9	8%	5
5	Lack of education/no high school education	9	8%	4
6	Language barriers	9	8%	8

Table 28: Environmental Issues Most Responsible for Health Issues, North East Region

Rank	Environmental Issues Most Responsible for Health Issues	#	%	YC Rank
1	Pesticide use	19	16%	4
2	Cigarette smoke	17	14%	3

3	Lack of access to places for physical activity	16	14%	6
4	Air pollution	12	10%	1
5	Poor housing conditions	10	8%	5
6	Lack of access to healthy foods	10	8%	2
7	Lack of safe walkways and bikeways	7	6%	8

NORTH WEST

Diabetes and obesity rank as the top two health issues for the North West region respondents. Mental health issues was rated less of a concern while dental problems and respiratory illnesses were ranked higher than the countywide rankings.

Table 29: Health Issues that Most Affect Our Community, North West Region

Rank	Health Issues that Most Affect Our Community	#	%	YC Rank
1	Diabetes	25	12%	3
2	Obesity	23	11%	1
3	Health Problems assoc. with Aging	22	11%	4
4	Cancer	18	9%	5
5	Mental Health Issues	17	8%	2
6	Dental Problems	14	7%	8
7	Respiratory illnesses/lung disease/asthma	13	6%	11
7	Alcoholism	13	6%	6
9	Heart Disease	12	6%	7
10	Teenage pregnancy	11	5%	10

Respondents from the North West region identified diet as the behavior most responsible for health issues while lack of exercise was ranked fifth compared to second for the countywide rankings. Substance abuse issues, driving while intoxicated, alcohol and drug abuse garnered slightly more than a third of the selections. Income was a big concern among respondents as unemployment, no health insurance, and poverty combined for 54% of the selections. Language barriers were also seen as a concern ranking fifth. A lack of safe sidewalks and bike paths were ranked second, the highest among any region. Also of concern was the lack of access to places for physical activity.

Table 30: Individual Behaviors Most Responsible for Health Issues in Our Community, North West Region

Rank	Individual Behaviors Most Responsible for Health Issues in Our Community	#	%	YC Rank
1	Poor nutrition/eating habits	27	13%	1
2	Driving while drunk/on drugs	24	12%	7
3	Alcohol abuse	23	11%	3
4	Drug abuse	22	11%	4
5	Lack of exercise	22	11%	2
6	Not getting regular check-ups by a healthcare provider	19	9%	6
7	Life stress/lack of coping skills	17	8%	5

Table 31: Social and Economic Circumstances Most Responsible for Health Issues, North West Region

Rank	Social and Economic Circumstances Most Responsible for Health Issues	#	%	YC Rank
1	Unemployment	41	21%	1
2	No health insurance	37	19%	2
3	Poverty	27	14%	3
4	Lack of education/no high school education	24	12%	4
5	Language barriers	19	10%	8
6	Homelessness	15	8%	5

Table 32: Environmental Issues Most Responsible for Health Issues, North West Region

Rank	Environmental Issues Most Responsible for Health Issues	#	%	YC Rank
1	Air pollution	27	14%	1
2	Lack of safe walkways and bikeways	19	10%	8
3	Lack of access to places for physical activity	19	10%	6
4	Pesticide use	17	9%	4
5	Cigarette smoke	15	8%	3
6	Lack of access to healthy foods	15	8%	2
7	Traffic	13	7%	12

SOUTH

The top four health issues that most affect our community identified by South region respondents were similar to the countywide rankings with 50% of the selections; however, motor vehicle and bicycle accidents ranked five places higher at seventh than the countywide ranking of twelfth.

Table 33: Health Issues that Most Affect Our Community, South Region

Rank	Health Issues that Most Affect Our Community	#	%	YC Rank
1	Obesity	112	15%	1
2	Mental Health Issues	102	14%	2
3	Health Problems assoc. with Aging	97	13%	4
4	Diabetes	62	8%	3
5	Heart Disease	61	8%	7
6	Cancer	58	8%	5
7	Motor vehicle/Bicycle accidents	42	6%	12
8	Alcoholism	41	6%	6
9	Respiratory illnesses/lung disease/asthma	28	4%	11
10	Child abuse and neglect	25	3%	8

The South region identified diet and exercise as being the individual behaviors most responsible for health issues representing 37% of selections. The third highest ranked individual behavior was life stress and lack of coping skills. The social and economic circumstances reflect the countywide rankings with the exception that unemployment was ranked third by South region respondents compared to first overall. This may be due in part by the University of California, Davis being one of the largest employers in the county. Environmental issues associated with air quality, air pollution, and

pesticide use were of concern with a combined 32% of the selections. Lack of access to healthy foods was also of concern ranking second.

Table 34: Individual Behaviors Most Responsible for Health Issues in Our Community, South Region

Rank	Individual Behaviors Most Responsible for Health Issues in Our Community	#	%	YC Rank
1	Poor nutrition/eating habits	152	21%	1
2	Lack of exercise	116	16%	2
3	Life stress/lack of coping skills	83	11%	5
4	Alcohol abuse	69	9%	3
5	Not getting regular check-ups by a healthcare provider	68	9%	6
6	Driving while drunk/on drugs	46	6%	7
7	Smoking/tobacco use	43	6%	8

Table 35: Social and Economic Circumstances Most Responsible for Health Issues, South Region

Rank	Social and Economic Circumstances Most Responsible for Health Issues	#	%	YC Rank
1	No health insurance	137	20%	2
2	Poverty	129	18%	3
3	Unemployment	115	16%	1
4	Lack of education/no high school education	91	13%	4
5	Cultural barriers	49	7%	8
6	Not enough food (food insecurity)	45	6%	6

Table 36: Environmental Issues Most Responsible for Health Issues, South Region

Rank	Environmental Issues Most Responsible for Health Issues	#	%	YC Rank
1	Air pollution	125	20%	1
2	Lack of access to healthy foods	87	14%	2
3	Pesticide use	77	12%	4
4	Heat/hot days	66	10%	7
5	Cigarette smoke	60	9%	3
6	Poor housing conditions	43	7%	5
7	Lack of public transportation	36	6%	8

SOUTH EAST

The respondents from the South East region were low with only 10 completing the survey; this is considered a low number event and the results should be interpreted with caution. This region expressed most concern about respiratory illnesses, lung disease, and asthma, ranking importance fourth region-wide compared to eleventh overall. The top two issues, cancer and alcoholism, represented 38% of the selections.

Table 37: Health Issues that Most Affect Our Community, South East Region

Rank	Health Issues that Most Affect Our Community	#	%	YC Rank
1	Cancer	5	19%	5

1	Alcoholism	5	19%	6
3	Health Problems assoc. with Aging	4	15%	4
4	Respiratory illnesses/lung disease/asthma	3	11%	11
4	Diabetes	3	11%	3
6	Heart Disease	2	7%	7
7	Obesity	2	7%	1

Lack of exercise was perceived as the individual behavior most responsible for health issues with 25% of the selections. Also of concern was not getting regular check-ups ranking second. No health insurance and language barriers were ranked the highest among social and economic circumstances. Pesticide use and high temperatures were ranked highest among environmental issues.

Table 38: Individual Behaviors Most Responsible for Health Issues in Our Community, South East Region

Rank	Individual Behaviors Most Responsible for Health Issues in Our Community	#	%	YC Rank
1	Lack of exercise	7	25%	2
2	Not getting regular check-ups by a healthcare provider	5	18%	6
3	Alcohol abuse	4	14%	3
4	Drug abuse	2	7%	4
5	Poor nutrition/eating habits	2	7%	1
6	Life stress/lack of coping skills	2	7%	5

Table 39: Social and Economic Circumstances Most Responsible for Health Issues, South East Region

Rank	Social and Economic Circumstances Most Responsible for Health Issues	#	%	YC Rank
1	No health insurance	6	22%	2
1	Language barriers	6	22%	8
3	Unemployment	3	11%	1
4	Poverty	3	11%	3
5	Lack of education/no high school education	3	11%	4
6	Cultural barriers	2	7%	8

Table 40: Environmental Issues Most Responsible for Health Issues, South East Region

Rank	Environmental Issues Most Responsible for Health Issues	#	%	YC Rank
1	Pesticide use	5	22%	4
2	Heat/hot days	4	17%	7
3	Air pollution	2	9%	1
4	Poor housing conditions	2	9%	5
5	Cigarette smoke	2	9%	3
6	Lack of access to places for physical activity	2	9%	6
7	Lack of public transportation	2	9%	8

SOUTH WEST

Diabetes and obesity were ranked the highest among health issues with nearly one fourth of the selections. Alcoholism, cancer, and dental problems were all ranked higher than the countywide rankings. Mental health issues were considered less of a concern ranking sixth compared to third overall.

Table 41: Health Issues that Most Affect Our Community, South West Region

Rank	Health Issues that Most Affect Our Community	#	%	YC Rank
1	Diabetes	28	12%	3
1	Obesity	28	12%	1
3	Alcoholism	26	11%	6
4	Cancer	22	9%	5
5	Dental Problems	20	9%	8
6	Mental Health Issues	19	8%	3
7	Health Problems assoc. with Aging	13	6%	4
7	Heart Disease	13	6%	7
9	Respiratory illnesses/lung disease/asthma	12	5%	11
10	Child abuse and neglect	11	5%	8
10	Teenage pregnancy	11	5%	10

Diet and exercise combined for 25% of the selections, while substance abuse issues represented 21% of the selections. Unemployment, no health insurance and poverty combined for 56% of the social and economic circumstances, followed by lack of education. Air pollution and pesticide use were the top environmental issues of concern with a combined 28% of the selections. Lack of public transportation was more of a concern to South West region respondents, ranking third compared to eighth overall.

Table 42: Individual Behaviors Most Responsible for Health Issues in Our Community, South West Region

Rank	Individual Behaviors Most Responsible for Health Issues in Our Community	#	%	YC Rank
1	Lack of exercise	31	15%	2
2	Alcohol abuse	26	12%	3
3	Poor nutrition/eating habits	22	10%	1
4	Drug abuse	20	9%	4
5	Life stress/lack of coping skills	20	9%	5
6	Driving while drunk/on drugs	17	8%	7
7	Smoking/tobacco use	15	7%	8
7	Not getting regular check-ups by a healthcare provider	15	7%	6

Table 43: Social and Economic Circumstances Most Responsible for Health Issues, South West Region

Rank	Social and Economic Circumstances Most Responsible for Health Issues	#	%	YC Rank
1	Unemployment	45	23%	1
2	No health insurance	35	18%	2
3	Poverty	29	15%	3
4	Lack of education/no high school education	22	11%	4
5	Homelessness	12	6%	5
6	Language barriers	11	6%	8

Table 44: Environmental Issues Most Responsible for Health Issues, South West Region

Rank	Environmental Issues Most Responsible for Health Issues	#	%	YC Rank
1	Air pollution	28	15%	1
2	Pesticide use	24	13%	4
3	Lack of public transportation	23	12%	8
4	Cigarette smoke	22	12%	3
5	Lack of access to healthy foods	18	10%	2
6	Poor housing conditions	16	9%	5
7	Heat/hot days	13	7%	7

IMPORTANT FACTORS OF A “HEALTHY COMMUNITY”

Respondents were asked to identify three important factors of a healthy community. The respondents were provided with 17 aspects to choose from plus two write-in options.

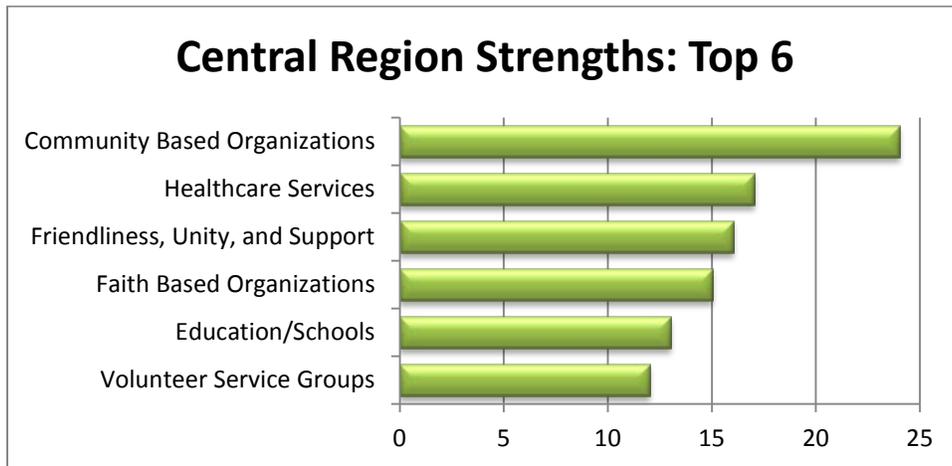
The most important factor of a healthy community cited by respondents was a safe place to raise kids (14%). This was cited as the most important factor for every region except for the South, which cited access to healthcare as the most important. Job opportunities, access to healthcare, good schools, and low crime round out the top five factors of a healthy community.

Table 45: Most Important Factors of a "Healthy Community"

Most Important Factors of a “Healthy Community”	#	%	Rank
Safe place to raise kids	361	14%	1
Job opportunities	316	12%	2
Access to healthcare	310	12%	3
Good schools	269	10%	4
Low crime/safe neighborhoods	154	6%	5
Access to healthy food	148	6%	6
Well-informed community about health issues	139	5%	7
Affordable housing	132	5%	8
Community involvement	115	4%	9
Parks and recreation facilities	112	4%	10
Green/open spaces	95	4%	11
Support agencies (faith-based organizations, support groups, social worker outreach)	82	3%	12
Time for family	75	3%	13
Elderly care	62	2%	14
Air quality	59	2%	15
Tolerance for diversity	58	2%	16
Other 1	42	2%	17
Access to childcare	31	1%	18
Other 2	4	0%	19
Total	2,564	100%	

STRENGTHS, SOURCES OF PRIDE, AND SUPPORTED POLICIES

Figure 58: Central Region Strengths

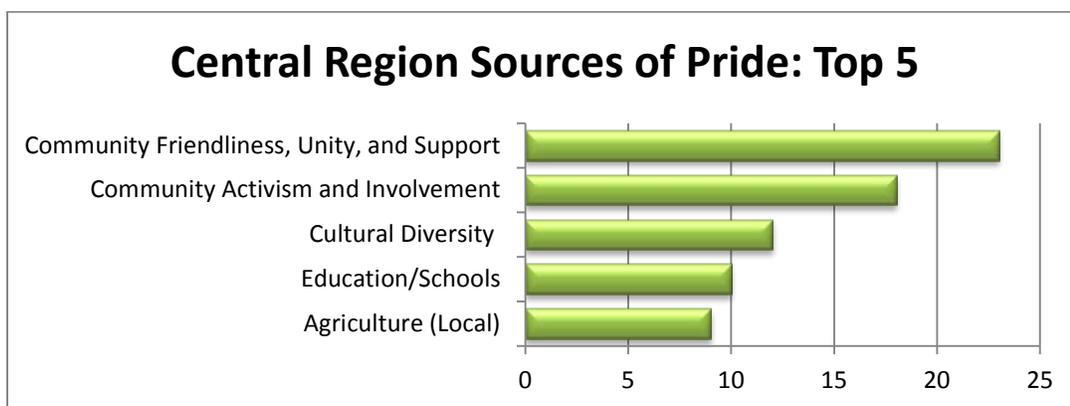


PROUD

Twenty-three responses mentioned aspects of community friendliness, unity, and support. Respondents also took pride in community involvement, the community's progressive mindset, and volunteerism. Responses reflected pride in cultural diversity and tolerance as well as in the "small-town feel".

The local agriculture and its heritage were often cited as well as schools and education. Respondents were also proud of the community's parks and outdoor spaces. Respondents also mentioned various healthcare services such as community facilities/clinics, senior care, and health education. Additionally, respondents also took pride in community events such as the Yolo County Fair.

Figure 59: Central Region Sources of Pride

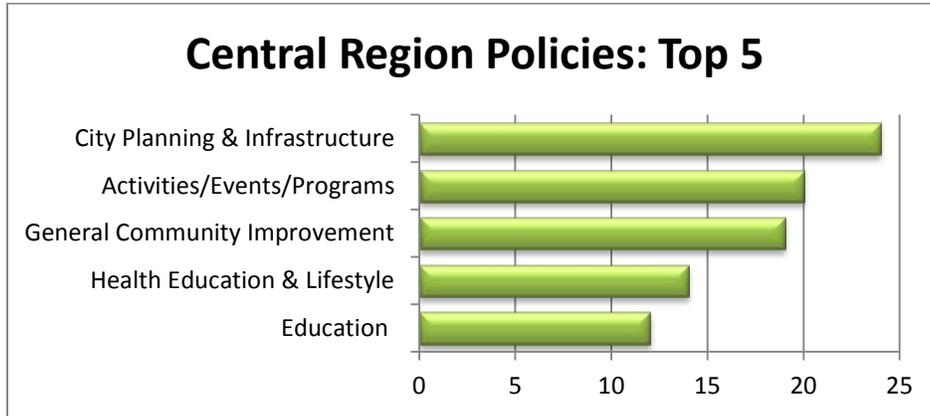


POLICY

When asked which actions, policies, or funding priorities would entice community members to become involved in building a healthier community, city planning and infrastructure garnered the most responses. Responses included improving public sanitation and transportation and constructing community facilities. Community activities/events/programs also received a high response rate. General community improvement had a wide range of responses that included policies to take care of

the homeless and addressing domestic/child abuse. Respondents also indicated promoting health education classes pertaining to nutrition and physical fitness. Finally, education ranked in the top five categories, as respondents indicated improving schools and providing funding for schools.

Figure 60: Central Region Policies



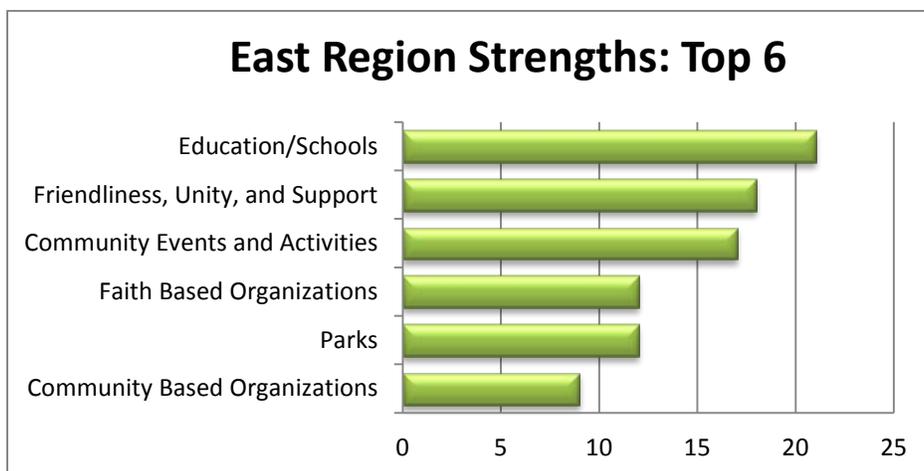
EAST REGION

In total, 138 responses were recorded for the Strengths component of the survey; 154 responses for the Proud component; and 131 responses for the Policy component were collected for the East region.

STRENGTHS

Education and schools were seen as a major strength in the community along with Friday Night Live events. Respondents also had positive views about the community. Community friendliness, unity, and support often referred to the helpful and trusting people in their community. Parks and community events, in particular cultural festivities, were also highly regarded. Faith-based organizations and community-based organizations (e.g., BB Can and Family Resource Center) also rank in the top six strengths of the East region. Additionally, respondents indicated local fitness facilities, safe environment, and local food markets, the library, and teen center as strengths.

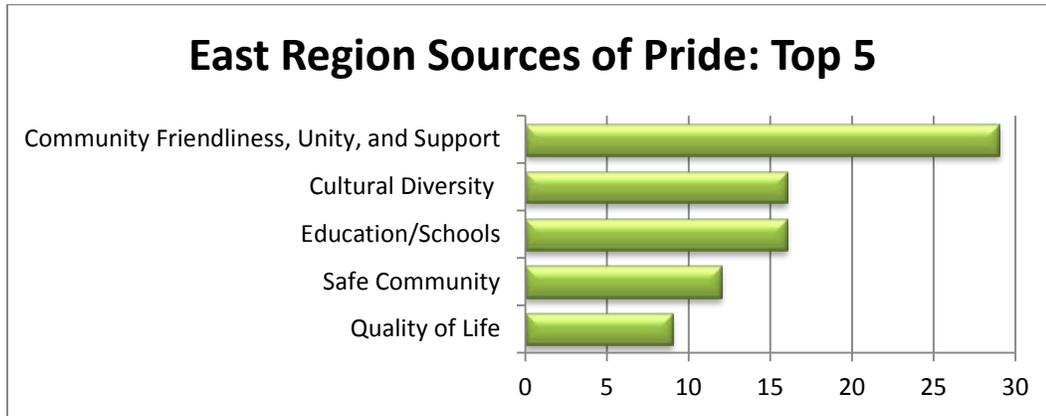
Figure 61: East Region Strengths



PROUD

Personal components of the community were mentioned most frequently as a source of pride in the East region and mentioned that the community is improving. Respondents frequently commented on how friendly people are and how they are willing to work together. Respondents appreciated the cultural diversity of their community and that they feel safe in their community. Education and schools also ranked in the top five responses of pride for the East region.

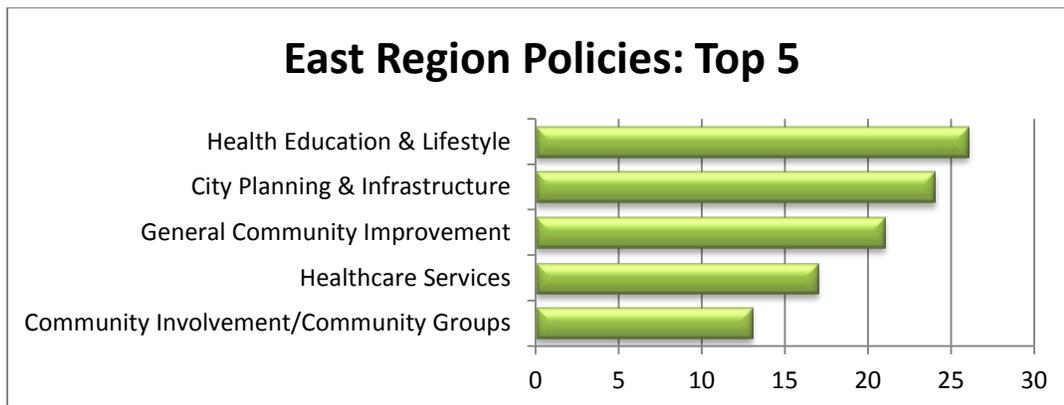
Figure 62: East Region Sources of Pride



POLICY

Respondents would support policies to increase health education at health fairs and to establish community groups for healthy activities. City planning and infrastructure received the second most responses, which included responses such as improving public sanitation and transportation, maintaining parks and running trails, and constructing community facilities. The general community improvement had a wide range of responses, in particular to increase police involvement, clean up the streets, and employment opportunities. Improving healthcare services was mentioned in the response set. Finally, respondents would support efforts to improve community involvement to promote a healthy environment.

Figure 63: East Region Policies



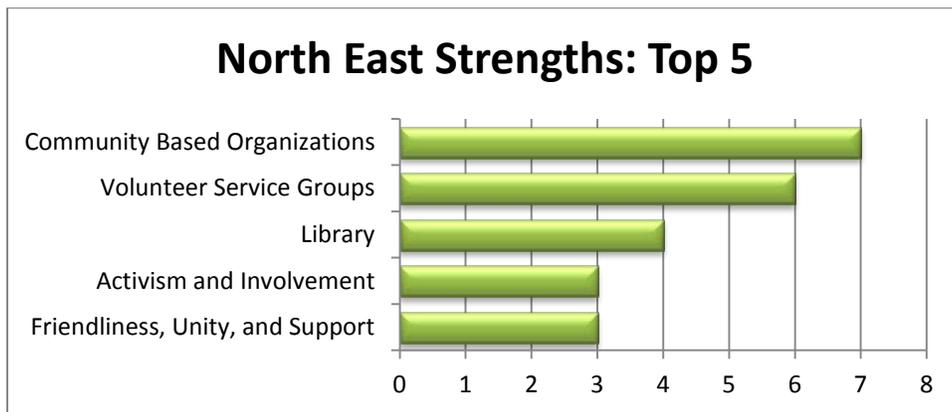
NORTH EAST REGION

In total, 26 responses were recorded for the Strengths component of the survey; 31 responses for the Proud component; and 23 responses for the Policy component were collected for the North East Region.

STRENGTHS

Community-based organizations, in particular the Family Resource Center, were indicated by respondents as a major strength in the community. Volunteer service groups were also indicated as a top strength in the community as was the library. Respondents had positive views about their community, frequently citing community unity and involvement. In addition, the fire department and schools were indicated as strengths in the community.

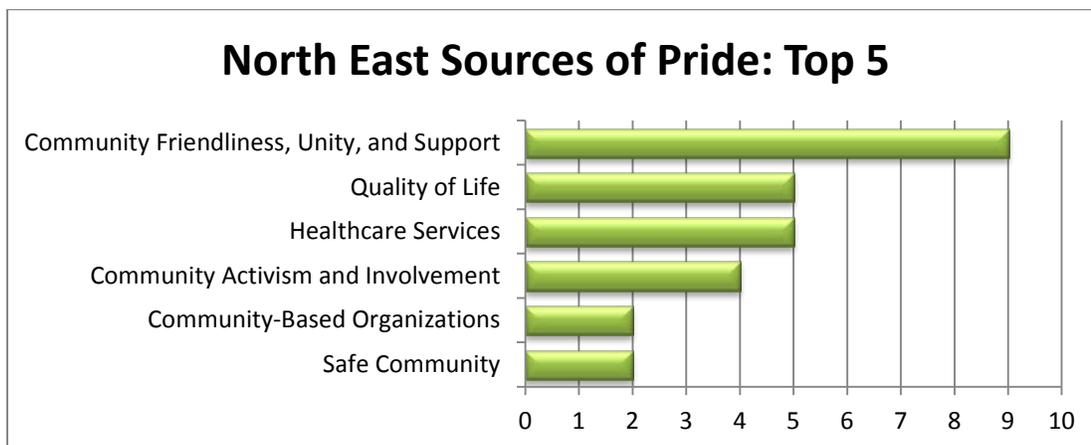
Figure 64: North East Strengths



PROUD

Personal components of the community were mentioned most frequently as a source of pride in the North East region, in particular the close-knit community and its overall unity. Quality of life referred to the tranquil and peaceful atmosphere. Community activism and involvement and safe environment were also mentioned in the top five sources of pride. CommuniCare and the Family Resource Center were seen as sources of pride in the community.

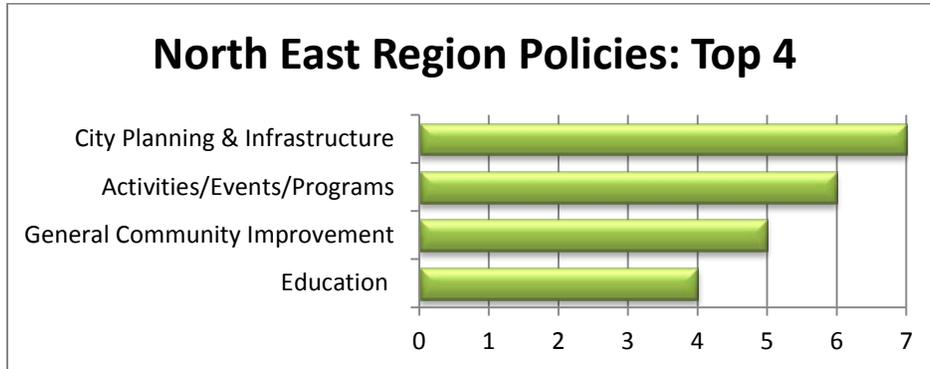
Figure 65: North East Sources of Pride



POLICY

City planning and infrastructure garnered the most responses for Policy. Responses within this category include improving public transportation and constructing community facilities, in particular a fitness facility. Community activities for children and teens would be a policy respondents were willing to promote. General community improvement had a wide range of responses from policies to address poverty prevention to offering childcare services. Finally, education ranked in the top four categories, as respondents indicated improving schools and providing funding among the responses.

Figure 66: North East Region Policies



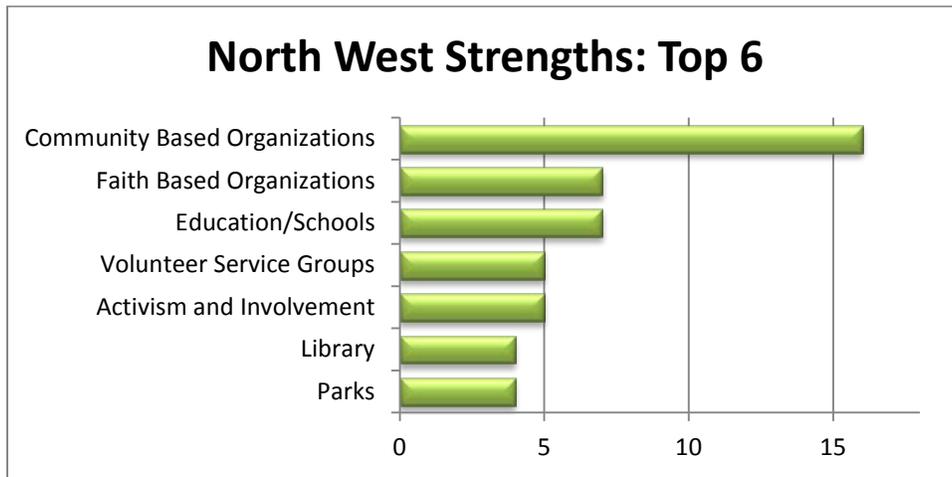
NORTH WEST REGION

In total, 41 responses from the North West Region were recorded for the Strengths component of the survey; 54 responses for the Proud component; and 31 responses for the Policy component.

STRENGTHS

Community-based organizations were seen as a strength in the community, specifically, Rise, Inc. (15). Faith-based organizations, schools, and volunteer service groups in general were indicated as top strengths in the community. Respondents also mentioned community activism and involvement. Libraries and parks round out the top six strengths for the North West region. Additionally, respondents identified government programs/services and food banks as strengths in their community.

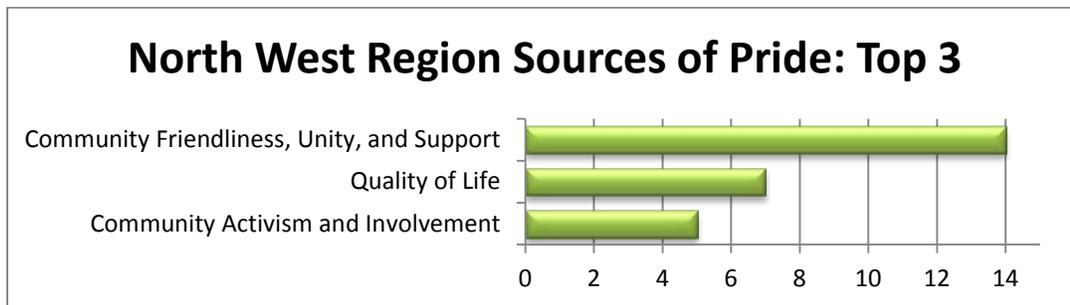
Figure 67: North West Strengths



PROUD

Personal components of the community were mentioned most frequently as a source of pride in the North West region. Fourteen responses pertained to community friendliness, unity, and support. Respondents referred to their community as a quiet and tranquil town. Community activism and involvement were also mentioned as a source of pride. Rise, Inc., local agriculture, and schools are sources of pride for the North West region.

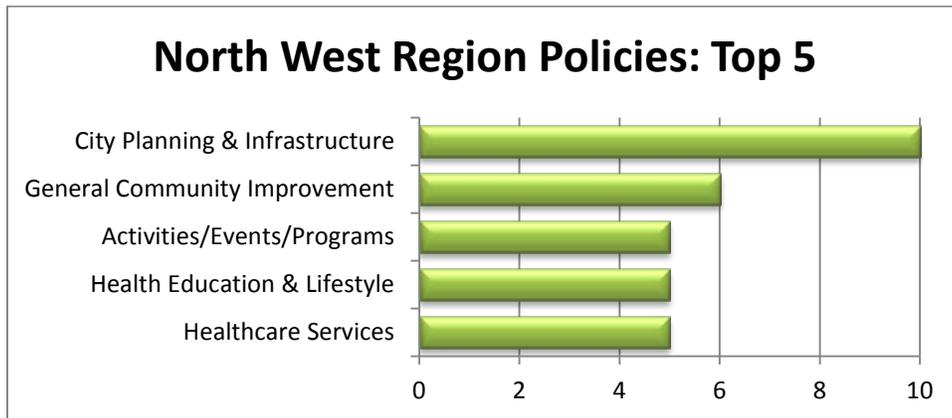
Figure 68: North West Region Sources of Pride



POLICY

Improving sidewalks/roads and constructing community facilities were several of the policies respondents would support. Policies to reduce taxes and business regulations and addressing public safety were mentioned. Respondents indicated health education, particularly about healthy nutrition and fitness as well as improved healthcare services for the North West region as being policy issues.

Figure 69: North West Region Policies



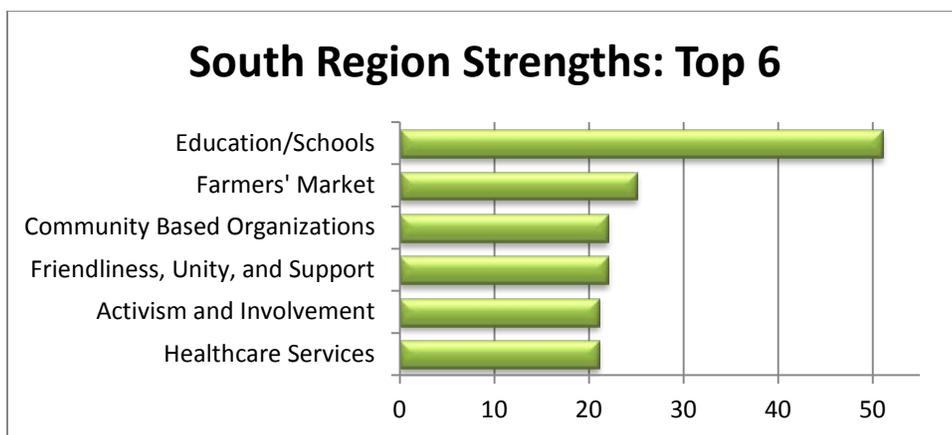
SOUTH REGION

Overall, the South Region represents the highest number of respondents for the CTSA survey. In total, 166 responses were recorded for the Strengths component of the survey; 194 responses for the Proud component; and 125 responses for the Policy component.

STRENGTHS

Education and schools were seen as a major strength in the community. The University of California, Davis (UCD) was cited 27 times. Farmer’s markets were indicated as a strength in the community. Respondents also cited community-based organizations and volunteer service groups such as Davis Community Meals, Rotary Club, and the League of Women Voters. Community friendliness, unity and support, and community activism and involvement were both mentioned. Additionally, respondents indicated parks, bike paths, and greenbelts as strengths.

Figure 70: South Region Strengths

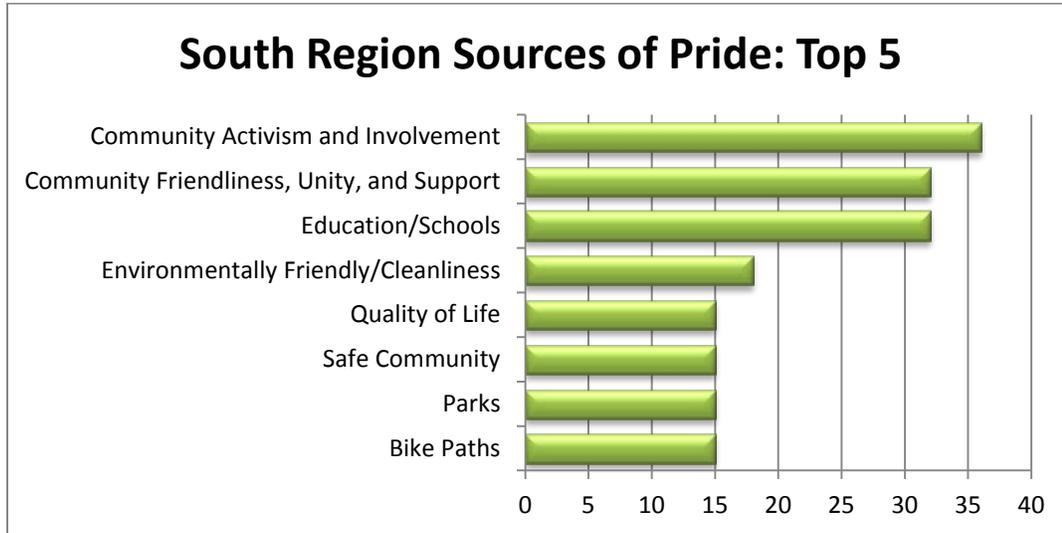


PROUD

Thirty-six responses pertained to community activism and involvement, citing volunteerism and a progressive mindset. Community friendliness, unity, and support garnered 32 responses including environmentally friendly, cleanliness, safety,

and good surroundings and conditions. A strong educational system and the UCD are seen as sources of pride. Bike paths and parks ranked in the top five sources of pride within the community. Other sources of pride identified within the South region include cultural diversity, healthcare services, and public transportation, in particular green transit.

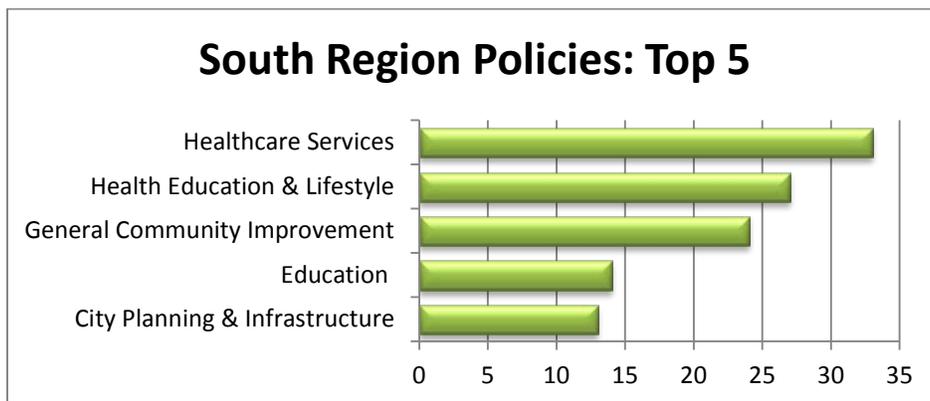
Figure 71: South Region Sources of Pride



POLICY

Respondents indicated increasing access to healthcare services as a policy measure they would become more involved in, while a significant number of responses indicated mental health awareness/programs/services. Health education responses focused on nutrition and physical fitness education. General community improvement had a wide range of responses, which included policy actions regarding poverty prevention, overall care for the homeless, and help for migrant workers and undocumented individuals. Finally, city planning and infrastructure included improving public transportation and overall city planning.

Figure 72: South Region Policies



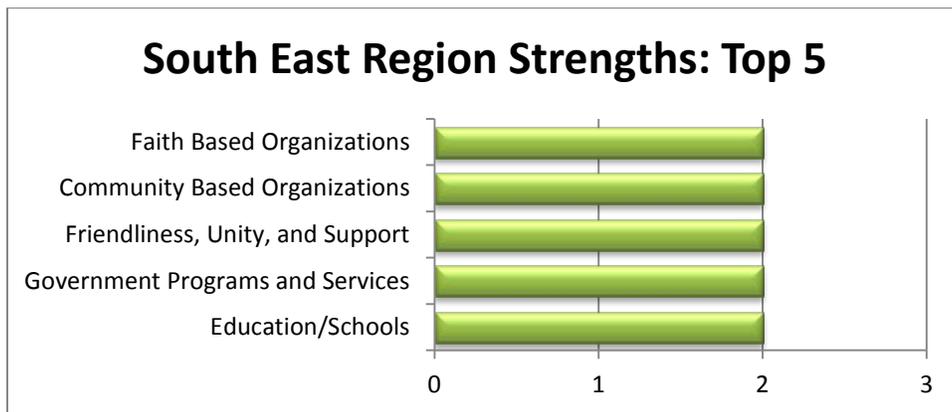
SOUTH EAST

Overall, the South East Region represents the lowest number of respondents for the CTSA survey. In total, eight responses were recorded for the Strengths component of the survey; eight responses for the Proud component; and three responses for the Policy component.

STRENGTHS

Community-based organizations and faith-based organizations were indicated as strengths in the community. Education and schools; and government programs and services were indicated as top strengths in the community. Respondents also had positive views about community support and a tranquil environment.

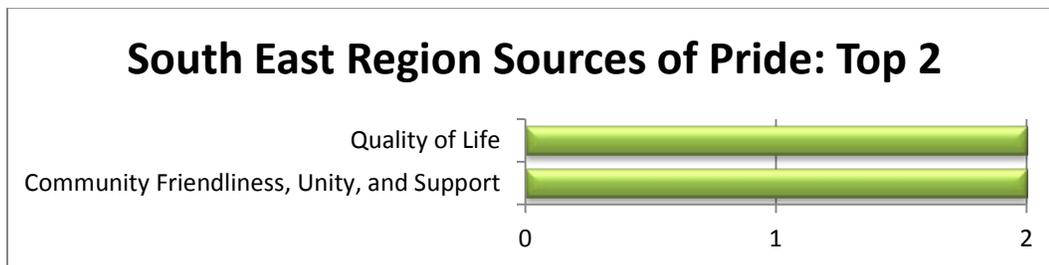
Figure 73: South East Region Strengths



PROUD

Respondents cited the tranquil, healthy community and a sense of community and unity.

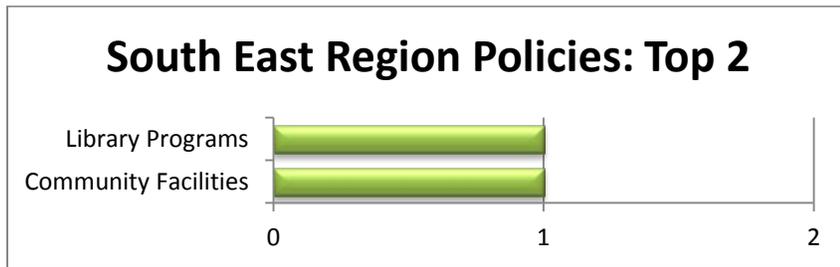
Figure 74: South East Region Sources of Pride



POLICY

As mentioned previously, only three responses were collected for Policy. Library programs and a family sport hall were each mentioned once.

Figure 75: South East Region Policies



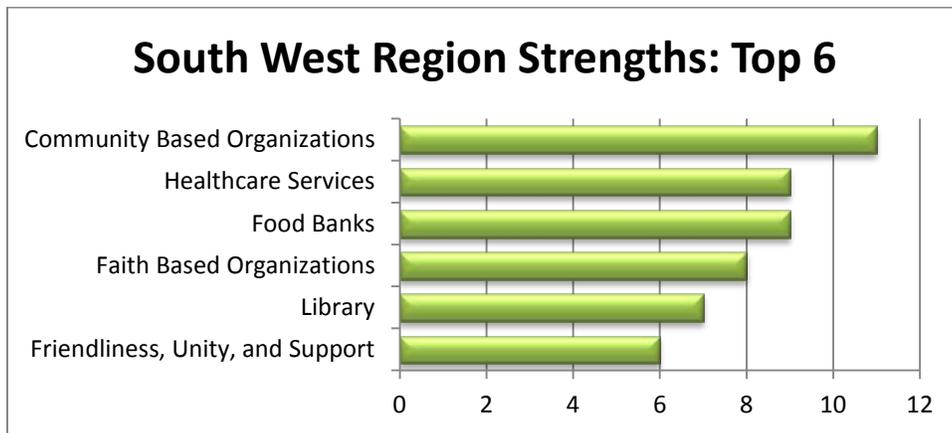
SOUTH WEST

In total, 41 responses were recorded for the Strengths component of the survey; 54 responses for the Proud component; and 38 responses for the Policy component.

STRENGTHS

Community-based organizations were seen as a strength in the community, in particular Rise, Inc. and the local Family Resource Center. Winters Healthcare, food banks, and faith-based organizations also received a significant number of responses. Community friendliness, unity, and support were mentioned as a top strength in the community, as was the local library. In addition, respondents identified community events and recreational activities as strengths within their communities.

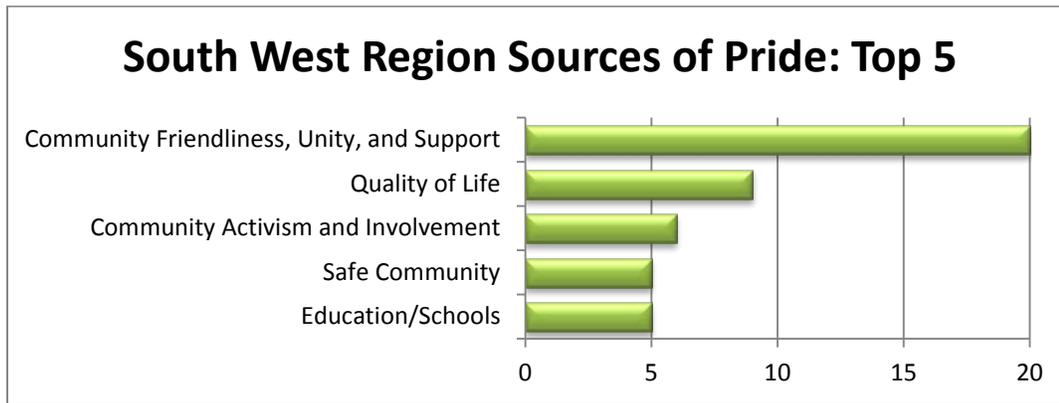
Figure 76: South West Region Strengths



PROUD

Twenty responses pertaining to community friendliness, unity, and support stated that their community has a small town atmosphere and is very tranquil, happy, and a good place to live. Community activism and involvement, and a safe community were mentioned as sources of pride. Education and schools also ranked in the top five sources of pride for the South West region.

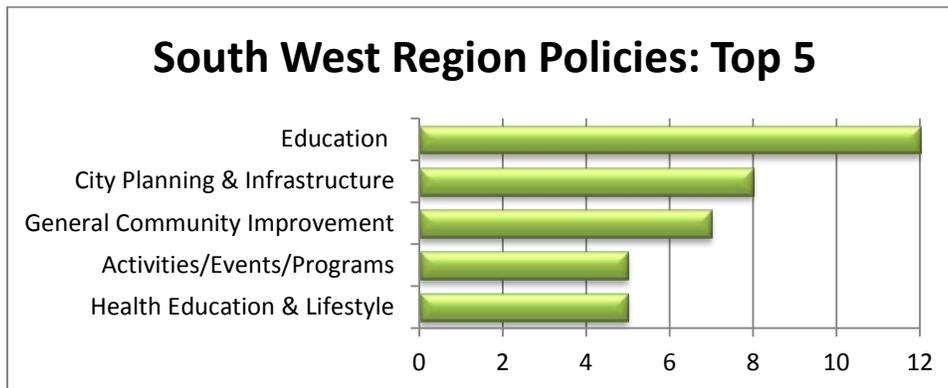
Figure 77: South West Region Sources of Pride



POLICY

Respondents were most supportive of improving schools and offering youth leadership development. City planning and infrastructure included support for community parks, gardens, and recreation facilities. Responses included policies to reduce police harassment and offer drug/alcohol abuse services. Increasing health education classes and health fairs were also policies that would be supported.

Figure 78: South West Region Policies



SUMMARY

Surveying community members revealed that there are indeed areas in which more can be done to improve health and well-being than has been done in the past, especially to address the needs of diverse groups. The following trends and issues are worth reiteration:

- The young and the economically disadvantaged generally express poorer perceptions of their quality of life than their older and more affluent counterparts do.
- A growing proportion of individuals require resources and services for mental health issues such as substance abuse and depression.
- The aging population has distinct concerns, dealing with the physical and mental effects of aging, and the need to maintain autonomy and engagement in their later years.

- Many concerns across communities can be traced back to economic inequality: access to good schools, food, and needed services.

The results of this assessment reveal a great deal about the concerns and issues that stand out in each individual community. Perhaps more importantly, they are telling in terms of the diversity present within the county. This diversity spans several dimensions: racial and ethnic, economic, geographic, ideological, and many others. However, it is vital to keep in mind that the health status of a community is greater than the sum of any set of named health issues. As we learned in our solicitation of the community's voice, there is a vast array of strengths and sources of pride in each community that could serve as potential assets and allies in the pursuit of improving public health. While many of the larger and well-known staples of Yolo County such as the County Fair and University of California, Davis, were frequently recognized, community members also recognized community organizations and libraries, as well as qualities of the community itself such as acceptance of diversity, safety, and friendliness.

Approaching community members as partners rather than subordinates, health professionals and government officials can proceed with a greater understanding of the public's needs and the circumstances that shape them. Rather than focusing solely on identified issues individually, we must allow communities many opportunities to voice their concerns. This will allow for an interchange between communities and the local public health system where each is changed through coming together. Doing so will help make connections, such as the link between poor health (e.g., diabetes, heart disease, and obesity), strengths of the community (e.g., libraries, community-based organizations), and environmental factors (e.g., lack of parks and bike paths or lack of access to health foods). Moving forward, the field of public health cannot neglect the complex interplay between environment and behavior. The resources available and the barriers that stand in the way are major determinants in health outcomes that are frequently beyond individual control and require a community effort.

The fact that local communities were largely regarded more positively than the county as a whole suggests that in order to effect positive change, we cannot adopt blanket solutions for individual communities based solely on external perspectives and analyses. Effective public health practice requires a paradigm shift in our approach to creating change in our communities. Valuable information is attainable not by stepping outside, but rather by stepping inside communities, particularly those which have generally been isolated from the public discourse.

This shift to collaborative health efforts creates the opportunity to educate and empower community members, approaching them as active partners who play a role in identifying health issues, advocating for their concerns, and creating community change from within.

HEALTHY YOLO SURVEY

Please take a moment to complete the survey below. The purpose of this survey is to better understand your opinions about community health issues in Yolo County. The **HEALTHY YOLO** project will use this survey and other information to collaborate with the community to prioritize public health issues, and determine goals and strategies to achieve a healthier Yolo County. If you have any questions, please contact us.

1. What do you think are the three health issues that most affect our community?

Choose three (3):

- | | | |
|--|--|--|
| <input type="checkbox"/> Health problems associated with aging | <input type="checkbox"/> Child abuse and neglect | <input type="checkbox"/> Stroke |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Motor vehicle/Bicycle accidents | <input type="checkbox"/> Teenage pregnancy |
| <input type="checkbox"/> Dental problems | <input type="checkbox"/> Poor birth outcomes | <input type="checkbox"/> Sexual abuse |
| <input type="checkbox"/> Heart disease | <input type="checkbox"/> Respiratory illnesses/lung disease/asthma | <input type="checkbox"/> Alcoholism |
| <input type="checkbox"/> Infectious diseases (e.g., hepatitis, tuberculosis, etc.) | <input type="checkbox"/> Sexually transmitted diseases | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Mental health issues | <input type="checkbox"/> Homicide | <input type="checkbox"/> Obesity |
| | | <input type="checkbox"/> Other _____ |
| | | <input type="checkbox"/> Other _____ |

2. What do you think are the three individual behaviors that are most responsible for health issues in our community? **Choose three (3):**

- | | | |
|--|---|--|
| <input type="checkbox"/> Alcohol abuse | <input type="checkbox"/> Unsafe sex | <input type="checkbox"/> Teenage sex |
| <input type="checkbox"/> Driving while drunk/on drugs | <input type="checkbox"/> Using weapons/guns | <input type="checkbox"/> Domestic or intimate partner violence |
| <input type="checkbox"/> Drug abuse | <input type="checkbox"/> Not getting regular check-ups by a healthcare provider | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Lack of exercise | <input type="checkbox"/> Distracted driving | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Poor nutrition/eating habits | <input type="checkbox"/> Crime/violence | |
| <input type="checkbox"/> Not getting "shots" (vaccines) to prevent disease | <input type="checkbox"/> Suicide | |
| <input type="checkbox"/> Smoking/tobacco use | <input type="checkbox"/> Life stress/lack of coping skills | |

3. What do you think are the three social and economic circumstances that are most responsible for health issues in our community? **Choose three (3):**

- | | | |
|---|--|--------------------------------------|
| <input type="checkbox"/> Unemployment | <input type="checkbox"/> Racism and discrimination | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Poverty | <input type="checkbox"/> No health insurance | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Homelessness | <input type="checkbox"/> Language barriers | |
| <input type="checkbox"/> Lack of education/no high school education | <input type="checkbox"/> Not enough food (food insecurity) | |
| <input type="checkbox"/> Cultural barriers | <input type="checkbox"/> Single parenting | |



4. What do you think are the three **environmental** issues that are most responsible for health issues in our community? **Choose three (3):**

- | | | |
|---|---|--|
| <input type="checkbox"/> Air pollution | <input type="checkbox"/> Cigarette smoke | <input type="checkbox"/> Lack of public transportation |
| <input type="checkbox"/> Pesticide use | <input type="checkbox"/> Trash on streets & sidewalks | <input type="checkbox"/> Traffic |
| <input type="checkbox"/> Poor housing conditions | <input type="checkbox"/> Flooding/drainage problems | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Poor neighborhood design | <input type="checkbox"/> Contaminated drinking water | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Heat/hot days | <input type="checkbox"/> Lack of access to healthy foods | |
| <input type="checkbox"/> Lack of safe walkways and bikeways | <input type="checkbox"/> Lack of access to places for physical activity | |

5. What do you think are the three most important factors of a “healthy community”? **Choose three (3):**

- | | | |
|---|---|--|
| <input type="checkbox"/> Safe place to raise kids | <input type="checkbox"/> Parks and recreation facilities | <input type="checkbox"/> Well-informed community about health issues |
| <input type="checkbox"/> Green/open spaces | <input type="checkbox"/> Affordable housing | <input type="checkbox"/> Community involvement |
| <input type="checkbox"/> Job opportunities | <input type="checkbox"/> Support agencies (faith-based organizations, support groups, social worker outreach) | <input type="checkbox"/> Time for family |
| <input type="checkbox"/> Good schools | <input type="checkbox"/> Tolerance for diversity | <input type="checkbox"/> Access to childcare |
| <input type="checkbox"/> Access to healthcare | <input type="checkbox"/> Air quality | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Access to healthy food | <input type="checkbox"/> Elderly care | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Low crime/safe neighborhoods | | |

6. How would you rate your local community and Yolo County as a place to live?

	Excellent	Good	OK	Poor	Very Poor	Not Sure
Local Community:	<input type="radio"/>					
Yolo County:	<input type="radio"/>					

7. How would you rate the sense of community involvement and responsibility in our local community and in all of Yolo County?

	Excellent	Good	OK	Poor	Very Poor	Not Sure
Local Community:	<input type="radio"/>					
Yolo County:	<input type="radio"/>					

8. How would you rate the quality of life in our community and in all of Yolo County?

	Excellent	Good	OK	Poor	Very Poor	Not Sure
Local Community:	<input type="radio"/>					
Yolo County:	<input type="radio"/>					



9. How would you rate our community and all of Yolo County as a “healthy community”?

	Excellent	Good	OK	Poor	Very Poor	Not Sure
Local Community	<input type="radio"/>					
Yolo County:	<input type="radio"/>					

10. How would you rate your overall health?

Excellent	Good	Fair	Poor	Very Poor
<input type="radio"/>				

11. What are the strengths in our community (community groups, organizations, places) that you think most improve quality of life for our entire community?

12. What makes you most proud of our community?

13. What actions, policies, or funding priorities would excite you enough to become involved (or more involved) in building a healthier community?

14. What is your age?

- | | | |
|-----------------------------------|--------------------------------|--------------------------------------|
| <input type="checkbox"/> Under 18 | <input type="checkbox"/> 35-44 | <input type="checkbox"/> 65- 74 |
| <input type="checkbox"/> 19-24 | <input type="checkbox"/> 45-54 | <input type="checkbox"/> 75-84 |
| <input type="checkbox"/> 25-34 | <input type="checkbox"/> 55-64 | <input type="checkbox"/> 85 or older |

15. What language(s) do you speak at home?

- English Spanish Other: _____

16. How long have you lived in Yolo County?

- | | |
|---|--|
| <input type="checkbox"/> Less than 1 year | <input type="checkbox"/> 10 – 20 years |
| <input type="checkbox"/> 1 - 5 years | <input type="checkbox"/> Over 20 years |
| <input type="checkbox"/> 5 – 10 years | <input type="checkbox"/> I have lived here all my life |

17. Please indicate your gender:

- Female Male Transgender



18. What city do you live in?

- | | |
|-------------------------------------|---|
| <input type="checkbox"/> Clarksburg | <input type="checkbox"/> Knights Landing |
| <input type="checkbox"/> Davis | <input type="checkbox"/> West Sacramento |
| <input type="checkbox"/> Dunnigan | <input type="checkbox"/> Winters |
| <input type="checkbox"/> Esparto | <input type="checkbox"/> Woodland |
| <input type="checkbox"/> Guinda | <input type="checkbox"/> Other (please specify) _____ |

19. What race do you most identify with?

- | | |
|---|--|
| <input type="checkbox"/> Asian | <input type="checkbox"/> Native American/Indigenous Persons |
| <input type="checkbox"/> Black/African American | <input type="checkbox"/> Native Hawaiian or other Pacific Islander |
| <input type="checkbox"/> White/Caucasian | <input type="checkbox"/> Other _____ |

20. Are you Hispanic or Latino?

- Yes No

21. What is your annual household income?

- | | | |
|---|---|---|
| <input type="checkbox"/> Less than \$10,000 | <input type="checkbox"/> \$35,000 to \$49,999 | <input type="checkbox"/> \$150,000 to \$199,999 |
| <input type="checkbox"/> \$10,000 to \$14,999 | <input type="checkbox"/> \$50,000 to \$74,999 | <input type="checkbox"/> \$200,000 or more |
| <input type="checkbox"/> \$15,000 to \$24,999 | <input type="checkbox"/> \$75,000 to \$99,999 | |
| <input type="checkbox"/> \$25,000 to \$34,999 | <input type="checkbox"/> \$100,000 to \$149,000 | |

If you would like to be entered to win a gift card, please enter your name and e-mail address below.

Name: _____

E-Mail: _____

THANK YOU!

Please hand this survey in before you leave or you may take it with you to complete later and mail or fax the survey to the Yolo County Health Department.

137 N. Cottonwood Street, Suite 2100
Woodland, CA 95695
Fax: (530) 666-7337



APPENDIX B: QUALITATIVE CATEGORIZATION

Responses were sorted into three major categories per discussion with the Healthy Yolo Core Team: Infrastructure, Community Perception, and Community Environment. Responses were further sorted and organized into sections under these three categories as needed, for which the definitions and explanations are listed below.

Strengths and Proud Responses

- I. **Infrastructure**
 - a. Food System such as gardens, farmers' markets, local food, etc.
 - b. Education such as public schools and higher education
 - c. Healthcare Services
 - d. Public Transportation
 - e. Housing
 - f. Government Offices and Services
 - g. Physical Environment such as bike paths, parks, etc.
 - h. Public Safety
- II. **Characteristics & Perceptions of the Community**
 - i. Community Characteristics such as friendly, united, etc.
 - ii. Community Activism and Involvement
 - iii. Community Friendliness, Unity, and Support
 - iv. Environmentally Friendly/Cleanliness
 - v. Safe Community
 - vi. Quality of Life Components
 - vii. Cultural Diversity
- III. **Community Environment**
 - a. Community Facilities such as pools, gyms, and recreation centers and other community centers
 - b. Community Events
 - c. Community-Based Organizations (CBOs)
 - d. Volunteer Service Groups (VSG's) such as bike clubs, senior groups, Lions Club, Kiwanis, etc.
 - e. Faith Based Organizations
 - f. Recreational Activities such as youth sports

Policy Responses

- I. **City Planning and Infrastructure:** regarding infrastructure, improving and/or informing the public about specific components of a community's infrastructure.
- II. **General Community Improvement:** responses cover a wide range of policy topics and issues.
- III. **Elderly:** includes all responses pertaining to the Elderly/Senior Community.
- IV. **Education:** includes responses involving schools, education, educational funding, and other education related responses.
- V. **Healthcare Services:** includes responses related to healthcare, healthcare services, and healthcare access.
- VI. **Health Education & Lifestyle:** includes responses that pertain to health education and promoting a healthy lifestyle.
- VII. **Food System:** includes all responses that pertain to aspects of the Food System, from healthier food options to distribution of food.
- VIII. **Support Groups/Community Involvement/Community Groups:** pertains to responses involving community life and involvement.
- IX. **Activities/Events/Programs:** pertains to all responses regarding activities, events, and programs.

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