

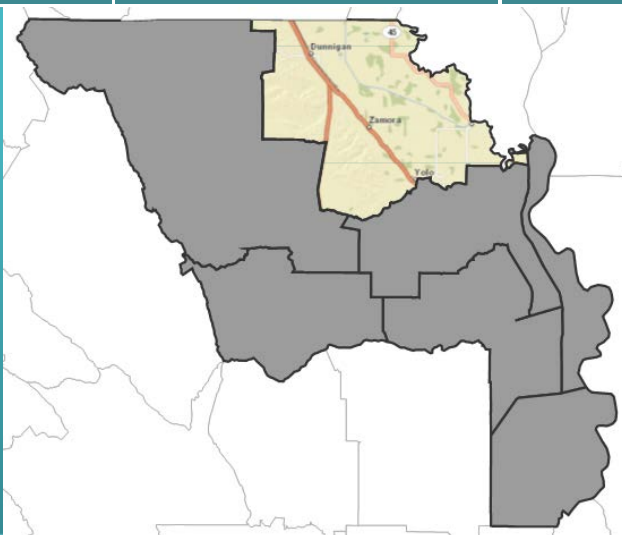
Healthy Yolo

Community Health Assessment Regional Report

North East Region

Yolo County Health Department

2014



Our Community, Our Future

INTRODUCTION

Healthy Yolo was created as a public health effort to describe health characteristics of our community, analyze causal factors of health, and devise and implement programs to maintain or improve the health and well-being of all Yolo County residents. Healthy Yolo recognizes the interconnectedness of our community – what affects people in one part of our county affects us all. We cannot truly succeed until all parts of our county are in good shape.

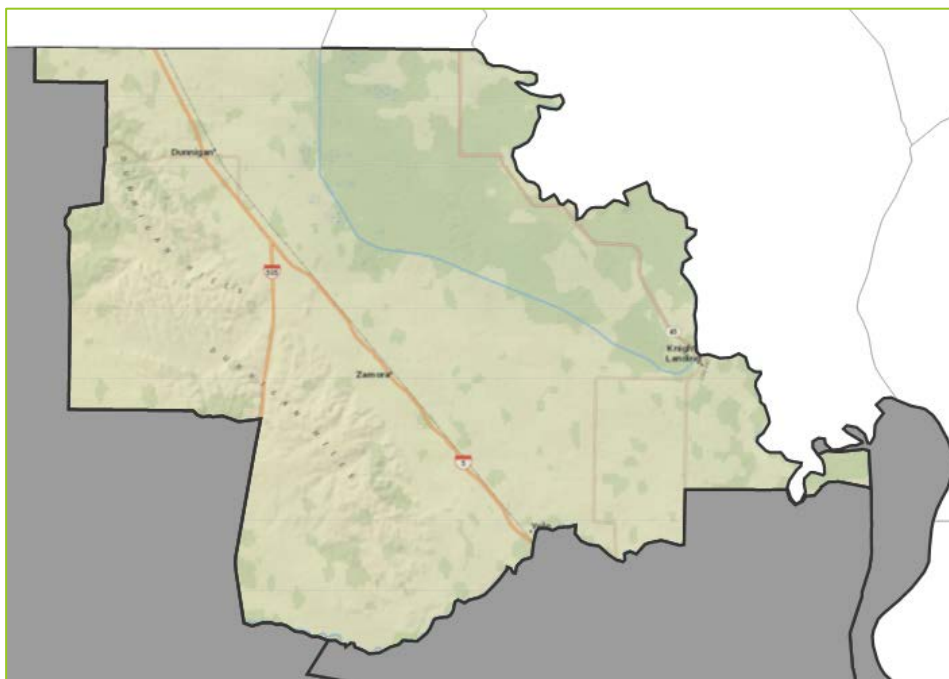
Healthy Yolo utilized the findings of four community health assessments, which are briefly described in this summary and are presented in further detail in the Community Health Assessment (CHA) available at www.HealthyYolo.org. The four community health assessments include:

- Community Health Status
- Community Themes and Strengths
- Local Public Health System
- Forces of Change

The intent of the CHA and this Regional Report is to provide a better understanding of the strengths, health issues, and contributing factors to health in our community. Understanding these components and how they influence health is critical to efforts aimed at improving the health of our community. This information will help prioritize strategic health issues and guide the development of goals and strategies to address these health issues.

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 perspective that is more comprehensive on individual communities.

The **North East** region includes the city of Knights Landing, Dunnigan, and the surrounding areas.



DEMOGRAPHICS

Current population demographics provide a snapshot of who we are as a community and changes in demographic structures over time play a determining role in the types of health and social services needed by communities.

POPULATION CHANGE

Changes in the population of specific age groups in our community is important to understand because specific age groups (e.g., children and seniors) have unique health needs that need to be considered separately from other age groups.

The population in Yolo County grew by 32,189 persons, a change of 19%. In comparison, the population change for the North East region increased by 409 during the same period, a change of 11%.

The age groups with the largest population change over the past decade are the older adults aged 55 to 64 years and 65-74 years.

Population Change from 2000 to 2010				
Report Area	2000 Population	2010 Population	Change	% Change
Yolo County	168,660	200,849	32,189	19%
North East Region	3,784	4,193	409	11%

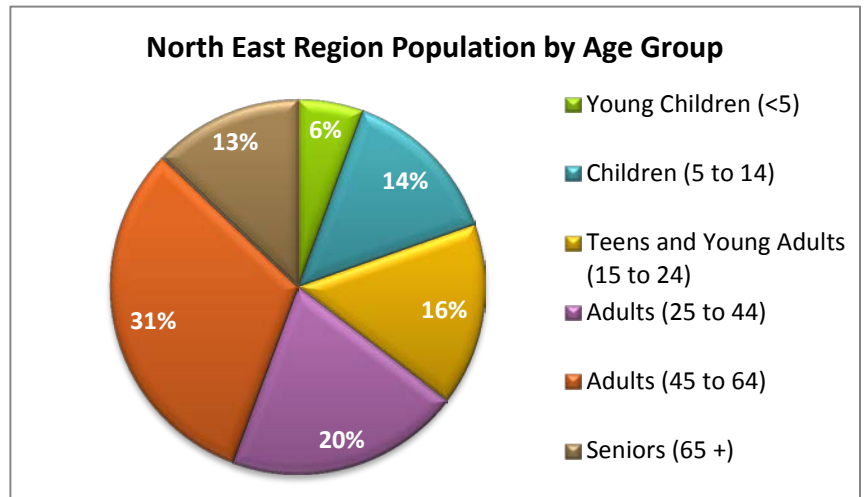
Population Change by age group North East Region: 2000 to 2010				
Age Group	2000 Population	2010 Population	Change	% Change
under 5	270	289	19	7%
5 - 9	306	289	-17	-6%
10 - 19	593	577	-16	-3%
20 - 24	210	241	31	15%
25 - 34	510	465	-45	-9%
35 - 44	521	476	-45	-9%
45 - 54	555	607	52	9%
55 - 64	348	608	260	75%
65 - 74	262	370	108	41%
75 - 84	171	204	33	19%
85 +	38	67	29	76%

AGE AND SEX

The population estimates are based on the U.S. Census Bureau American Community Survey, 5-year Estimate from 2007-2011.

Overall, males outnumber females 54% to 46% of the population.

The median age for the North East region is 38.4 years compared to 30.1 for Yolo County.

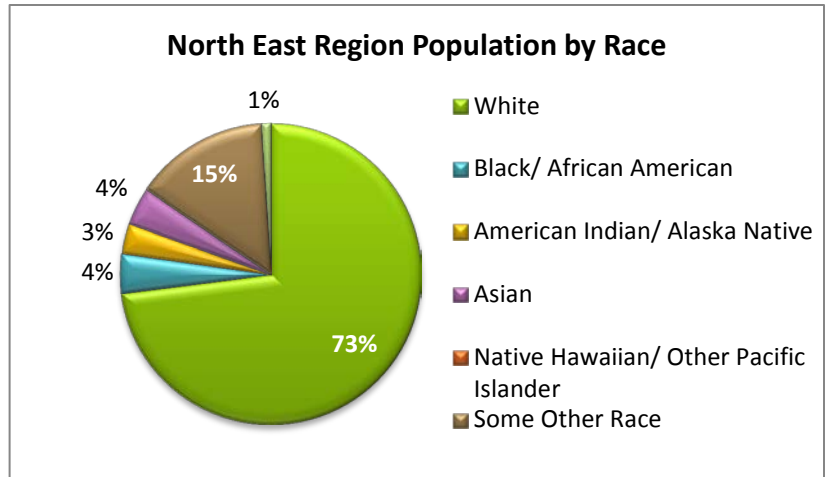
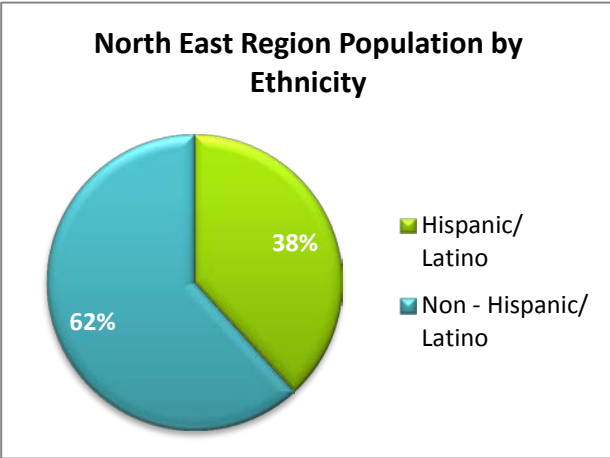


For data provided in tables, all figures in red indicate a percentage or rate that exceeds or is significantly lower than that of the county's rate.

RACE, ETHNICITY, AND LANGUAGE

The U.S. Census Bureau states that racial categories reflect a social definition and are based on self-identification. People who identify their origin as Hispanic, Latino, or Spanish may be of any race.

In the North East region, those who identify as White make up roughly 73% of the population, which is slightly higher than the county at 67%.



The estimated population of residents of Hispanic, Latino, or Spanish origin in North East Region is 1,471. This represents approximately 38% of the total population, which is more than the county rate of 30%.

In Yolo County, the population aged 5 and older who speak a language other than English at home is 64,337 persons, which represents 35% of the population aged 5 and older.

The North East region has a rate slightly higher at 40%, which represents 1,468 persons aged 5 and older who speak a language other than English at home.

Of the other languages spoken at home, Spanish represents 32% in the North East region. Of those North East region residents who speak a language other than English at home, 18% of those speak English less than “very well”.

North East Region Languages Spoken at Home	Language other than English	Speaks English less than “very well”
Spanish	32%	17%
Indo-European	6%	0.3%
Asian & Pacific Islander	2%	1%
Other	0%	0%

Students	Woodland JUSD
English Learner (Spanish)	25%
English Learner (Other Language)	2%
Not an English Learner	73%

In Yolo County’s public school system, English Learners are those students with a primary language other than English and who lack the defined English skills of listening comprehension, speaking, reading, and writing necessary to succeed in regular school instructional programs.

In 2012, Woodland Joint Unified School District had 27% of its student population as English Learners, which is more than the County rate of 20%.

Spanish is the most predominant language spoken among English Learners.

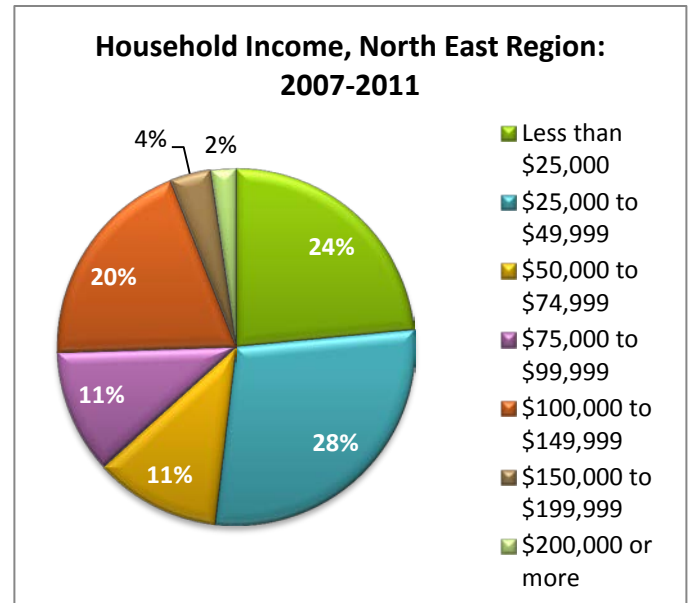
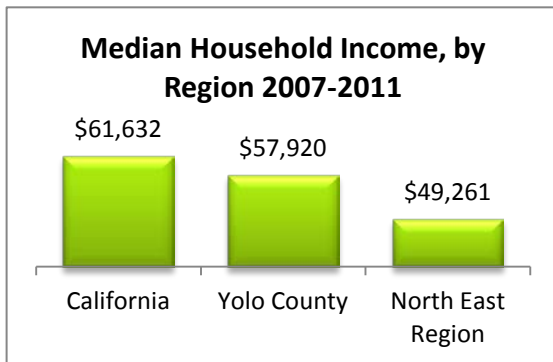
SOCIAL AND ECONOMIC CIRCUMSTANCES

Social and economic insecurity are often associated with poor health. Poverty, unemployment, and lack of educational attainment affect the ability of an individual or community to engage in healthy behaviors. For data provided in tables, all figures in red indicate a percentage or rate that exceeds that of the county's rate.

INCOME

Personal income is one of the major determinants of individual and community health.

Household income includes all reported income from wages and salaries as well as income from self-employment, interest or dividends, public assistance, retirement, and other sources.



The median household income level for the North East region is \$49,261, which is considerably lower than countywide.

POVERTY

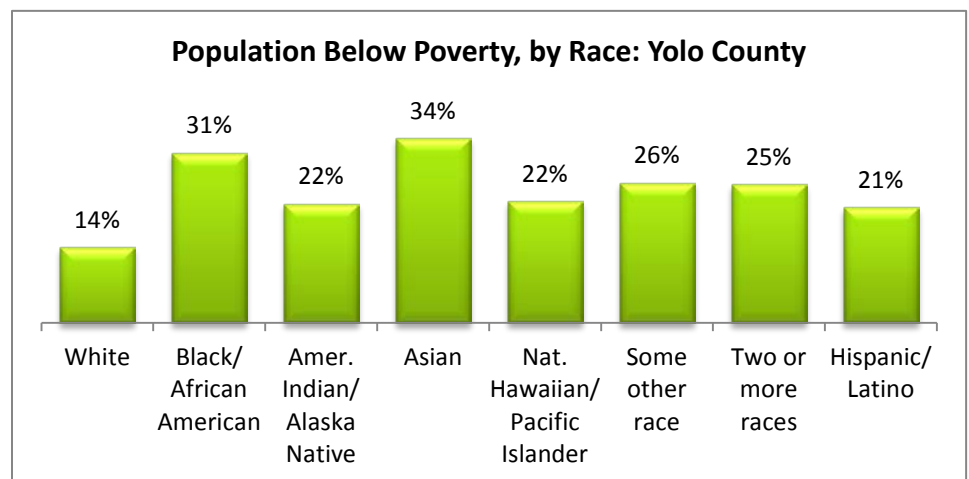
Within the North East region, 22% of individuals are living in households with incomes below the Federal Poverty Level, which is higher than the County at 19%. The North East region has the highest percentage of children living in poverty within the county.

The percentages of the different populations living below the federal poverty level are listed in the adjacent table.

Percent Below the Federal Poverty Level: 2007-2011				
Report Area	All People	Households	Families	Children
Yolo County	19%	16%	10%	18%
North East	22%	18%	17%	41%

Poverty is not experienced equally among all populations. Among the different races in Yolo County, Asians experience poverty more than any other race or ethnicity at 34% followed by Black/African Americans at 31%.

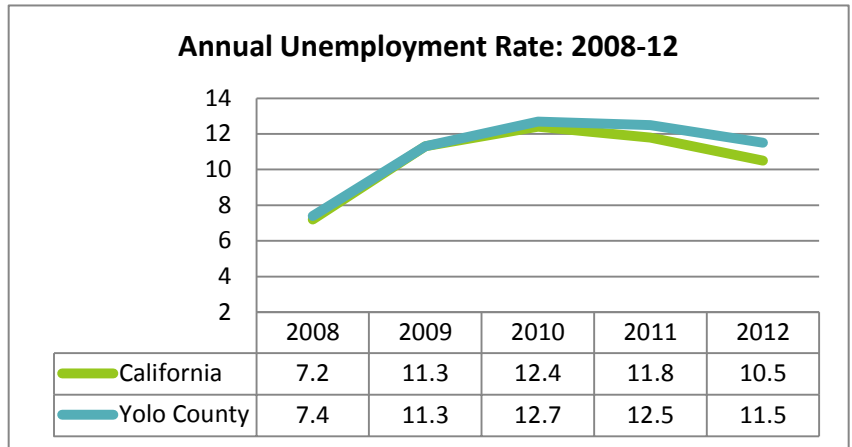
One's educational attainment has a dramatic effect on the likelihood one will experience poverty.



In Yolo County, 22% of those who do not have a high school education live in poverty. Conversely, only 4% of those with a bachelor's degree or higher live in poverty.

EMPLOYMENT

The unemployment rate from 2008 to 2012 of the civilian non-institutionalized population age 16 and over (non-seasonally adjusted), peaked in 2010 and has gradually declined over the past two years in Yolo County.



EDUCATIONAL ATTAINMENT

Increased educational attainment reduces the risk of chronic diseases compared to a lack of or limited educational attainment.

Twenty-four percent of residents age 25 years or older in the North East region have an educational attainment of a high school diploma and 17% have a bachelor's degree or higher.

Report Area	Less than a High School Diploma	High School Graduate	Bachelor's Degree or Higher
Yolo County	16%	19%	38%
North East	36%	24%	17%

However, 36% have less than a high school diploma, which is more than twice the countywide rate.

GRADUATION RATES

Within the Woodland Joint Unified School District (JUSD) for the class of 2011-2012, 88% of public school students received their high school diploma within four years. This is above the County rate of 86%. The dropout rate¹ for Woodland JUSD was 8% compared to 10% countywide.

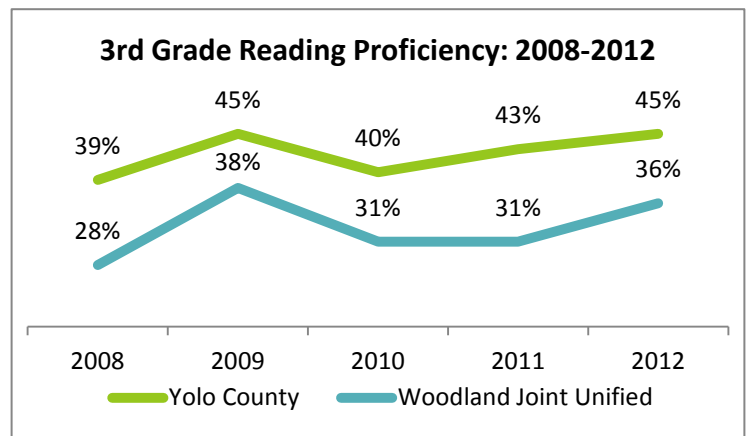
School District	Graduation Rate	Dropout Rate
Yolo County	85.7	10.4
Woodland Joint Unified	88	8

¹ Dropout rate is the rate of students that leave the 9-12 instructional system without a high school diploma, GED, or special education certificate of completion and do not remain enrolled after the end of the 4th year.

THIRD GRADE READING PROFICIENCY

Students with limited reading abilities have a harder time keeping up across multiple subjects and are at risk of falling behind academically.

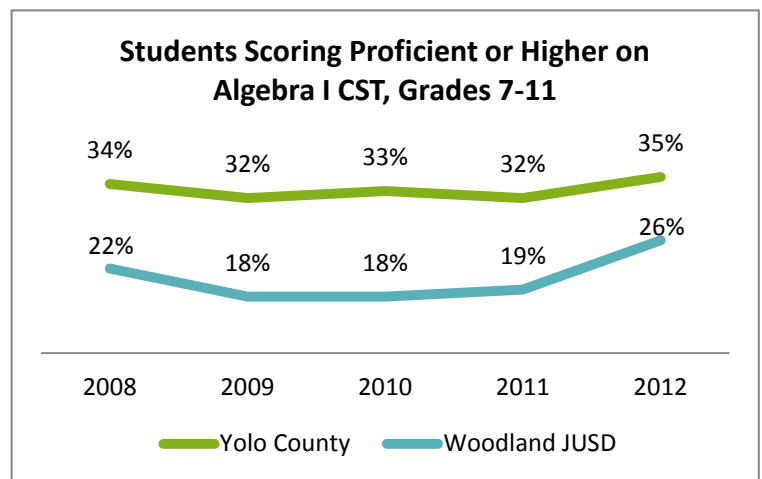
The percentage of third graders scoring proficient or higher in English Language Arts (reading) on the California Standards Test increased between 2008 and 2012 countywide. In 2012, 36% of Woodland JUSD third graders were proficient or advanced in English Language Arts, up from 28% in 2008.



ALGEBRA I PROFICIENCY

Basic math skills are essential to navigate through life. Basic arithmetic skills are required for everyday computations as well as success in our technology-based society. Mastering algebra is critical as it is a high school graduation requirement for all California students, and competence in mathematics is associated with readiness for college and the workplace.

The following data are the percentage of public school students tested in grades 7 through 11 who scored proficient or advanced on the Algebra I California Standards Test (CST). Years presented are the final year of a school year. Over the past five years, the county has outperformed the state, but the gap is narrowing.



The Woodland JUSD has had Algebra I proficiency scores dip slightly in recent years; however, in 2012 the scores have risen to 26%.

SOCIAL AND MENTAL HEALTH

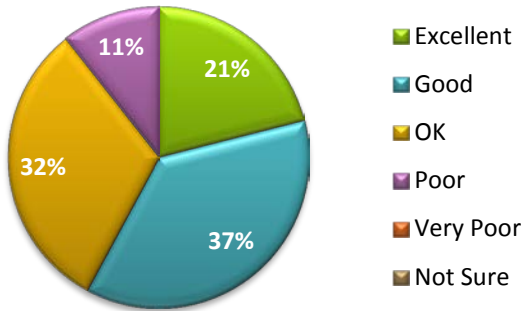
Mental health refers to the successful performance of mental function, resulting in productive activities, the ability to form and maintain fulfilling relationships with other people, and the ability to adapt to change and cope with adversity. Mental health affects our physical and social health.

PERCEPTIONS OF QUALITY OF LIFE

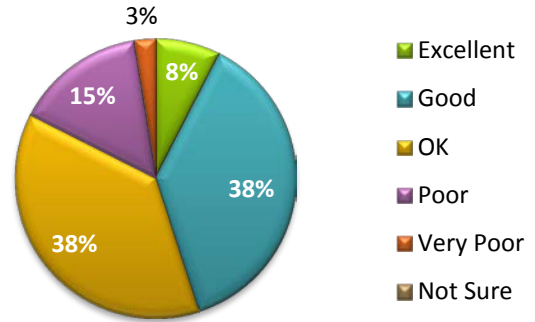
Survey respondents were also asked to rate certain components of quality of life: place to live, community involvement, healthy community, and overall personal health. Due to the low number of responses from Native American/Indigenous Persons and Native Hawaiian or other Pacific Islander, these two race categories were combined (NA/IP & NH/PI).

Of the 38 survey respondents from the North East region, 58% of respondents rated the North East region as a “good” or “excellent” place to live with 11% rating it as either “poor” or “very poor”. Community involvement in the North East region as a whole was perceived as “good” or “excellent” by 46% of respondents compared to 18% who perceived as either “poor” or “very poor”.

North East Region as a Place to Live

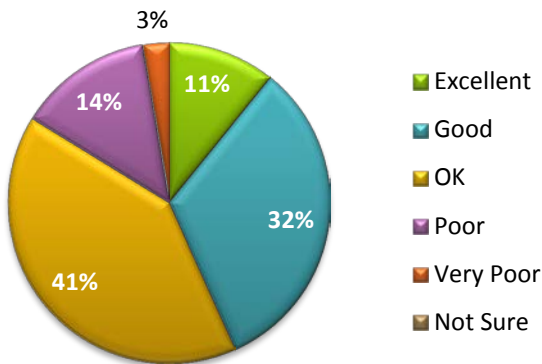


North East Region, Sense of Community Involvement

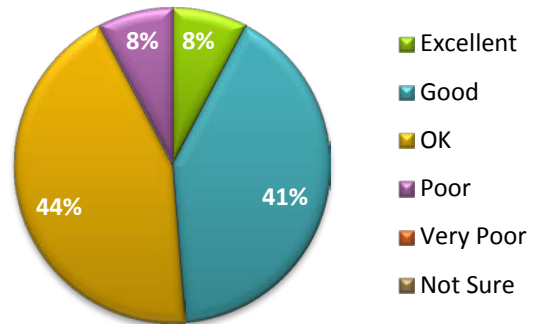


Respondents were asked to rate their local community as a “healthy community”. Only 43% of respondents rated the North East region as “good” or “excellent”, where as 16% rated their community as being “poor” or “very poor”. Though 41% of respondents rated the quality of life as “good” in the North East region, only 8% viewed the quality of life as “excellent”. Only 8% of respondents perceived quality of life in the North East region as "poor".

North East Region as a Healthy Community



North East Region Quality of Life

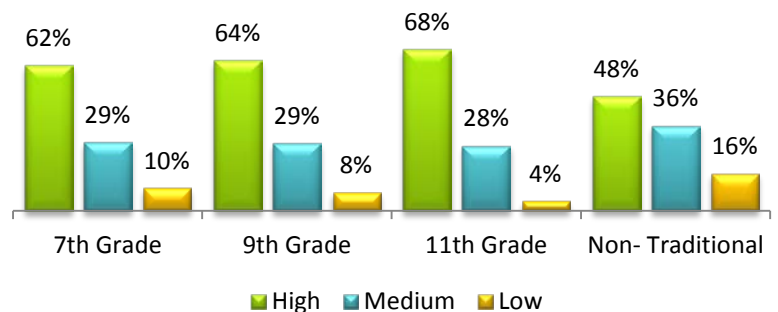


YOUTH CONNECTEDNESS

Community connectedness is a summary measure that includes student reports of caring adults, high expectations from adults, and meaningful participation in the community.

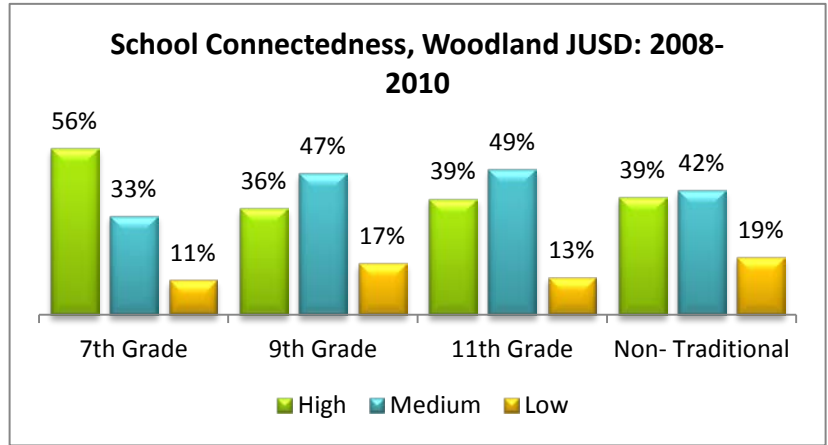
A majority of the students throughout the grade levels in the Woodland JUSD perceived high levels of community connectedness. Countywide, female students perceived high levels of agreement of community connectedness more frequently than their male counterparts did. However, students enrolled in non-traditional schools rated community connectedness much lower with 16% rating a low level of community connectedness.

Community Connectedness, Woodland JUSD: 2008-2010



School connectedness is a summary measure based on student reports of being treated fairly, feeling close to people, feeling happy, feeling part of, and feeling safe at school. When students feel connected to their schools, they are more likely to succeed academically and engage in healthy behaviors.

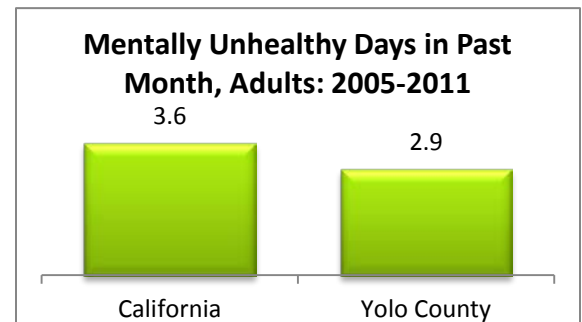
In Woodland JUSD, “high” levels of school connectedness in 7th grade is the second highest countywide at 56%. However, by 9th grade, the percentage of students in this school district reporting high connectedness falls by 20%.



DEPRESSION AND MENTAL HEALTH

“MENTALLY UNHEALTHY” DAYS

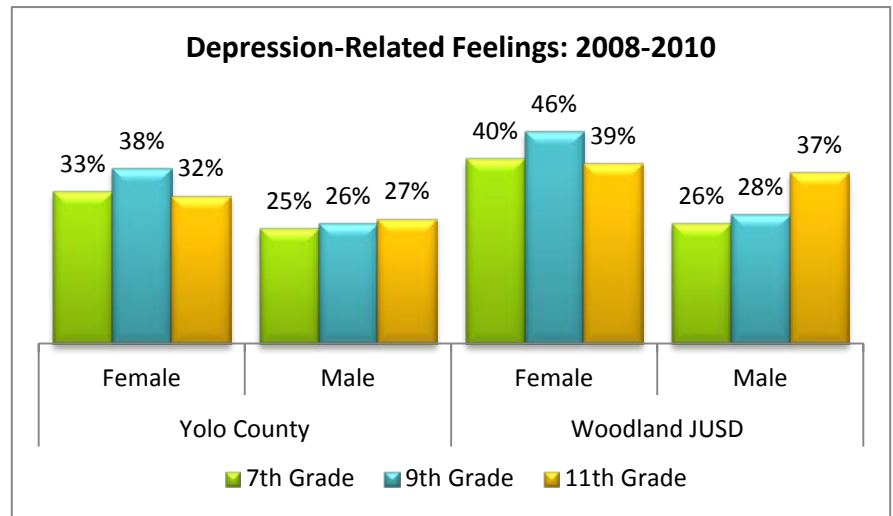
In regards to mental health, which includes stress, depression, and problems with emotions, respondents were asked how many days was their mental health not good during the past month. Yolo County adults reported fewer “mentally unhealthy” days in the past month than adults statewide did - countywide, 2.9 days where they considered their mental health “not good”, compared to statewide, 3.6.



DEPRESSION-RELATED FEELINGS

Mental and emotional health are critical to equipping young people for the challenges of growing up and living as healthy adults.

Woodland JUSD has a higher percentage of students experiencing depression-related feelings as compared to the county. More females than males experienced depression-related feelings.



REASON FOR SEEKING SERVICES

According to the California Health Interview Survey (CHIS) of 2011-2012, an estimated 12% of Yolo County residents felt that they might need to see a professional because of problems with their mental health or alcohol/drug use within the past year. This is slightly lower than the statewide estimate of 16% of the population.

Reason for Seeking Treatment	California	Yolo County
Mental-emotional Problem	91%	92%
Alcohol-drug Problem	4%	5%
Both	5%	3%

For those respondents who did not seek treatment, the reasons for not seeking treatment were not clarified in the survey. Of those seeking treatment, 92% sought treatment for mental-emotional problems, 5% for alcohol-drug problems, and 3% for both; all of these estimates coincide with the statewide estimates.

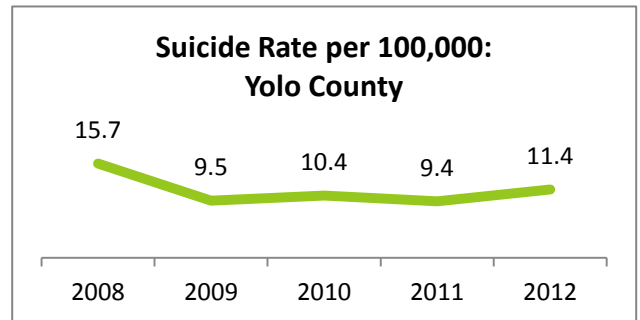
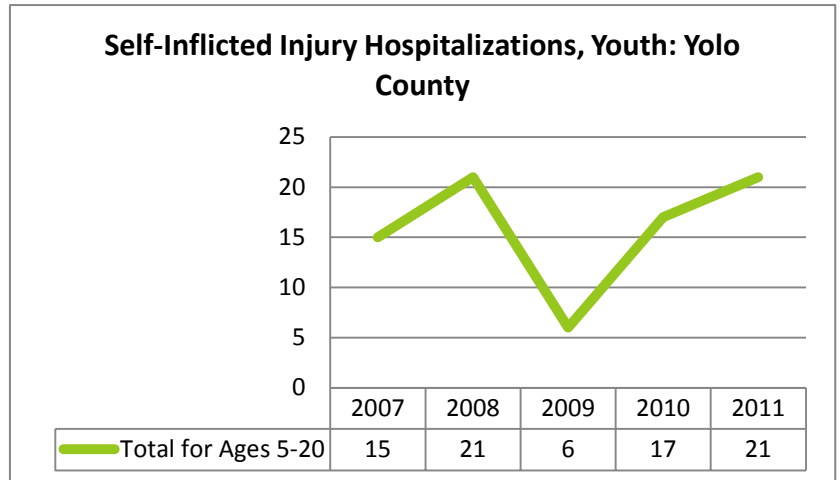
SUICIDE AND SELF-INFLICTED INJURY

In Yolo County, an estimated 18% of high school freshmen and 11% of high school juniors stated they had seriously considered attempting suicide in the past month.

In Yolo County, there has been a net increase in hospitalizations of youth aged 5 to 20 for self-inflicted injuries. Compared to adults, adolescents are at heightened risk for self-injurious behavior (e.g., cutting, scratching, etc.), but these behaviors typically are not suicide attempts. The reasons for adolescent self-injurious behavior are not fully understood, though it may occur for a variety of reasons, such as coping with intense psychological distress².

Tracking of suicidal ideation is important because it serves as an early warning sign of poor coping skills, and the need for immediate intervention to help prevent subsequent and more serious suicidal attempts.

Overall, the suicide rate in Yolo County including adults has decreased, with the highest number of suicides apparently among Black/African Americans and Whites.



PHYSICAL ENVIRONMENT

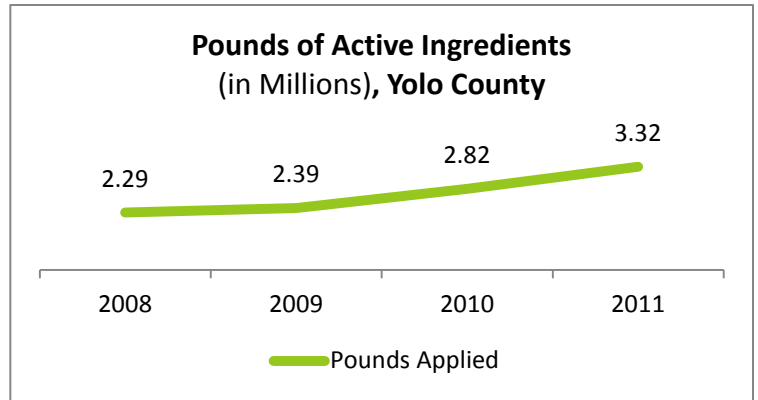
The physical environment of a community refers to two dimensions: the natural environment, which includes the quality of natural resources such as air and water, and the built environment, which includes roads, buildings, and other man-made resources. A community's health is affected by the physical environment. These factors are crucial in assessing the overall health of a community, as these parts of the environment represent the resources to which the community has access, and the risks to which they are exposed.

NATURAL ENVIRONMENT

AIR QUALITY

² Nock, M. K., & Prinstein, M. J. (2005). Contextual features and behavioral functions of self-mutilation among adolescents. *Journal of Abnormal Psychology*. Retrieved from: http://www.wjh.harvard.edu/~nock/nocklab/Nock_Prinstein_JAbP2005.pdf

From 2007 to 2011, Yolo County has generally followed the statewide trend of improvements in air quality, reducing the number of days with an ozone concentration above the national standard from 3 to 1. The countywide average particulate matter concentration – a measure of the presence of particles such as smoke, dust, and other pollutants in the air over time – has decreased from 8.3 to 7.6 micrograms of particles per cubic meter of air.



However, since 2008, Yolo County has also increased its usage of pesticides. Among counties in California in 2008, Yolo County ranked 19th highest in consumption of pesticides;

by 2011, Yolo County was ranked 14th highest, applying 3,324,649 pounds of active pesticide ingredient. The agricultural application of pesticides has also increased from 2008 to 2011 from 24,708 to 32,101. For comparison, the highest-ranking county – Fresno – applied 36,784,255 pounds, while the lowest ranked county – Alpine – applied 621 pounds.

WATER QUALITY

Unfortunately, the county has followed the statewide trend of increasing the number of water violations – specifically, maximum contaminant level (MCL) violations – since 2007. Levels of contamination that exceed the maximum allowed for drinking water, and documented failure to monitor drinking water contamination, indicate a higher risk of exposure to toxic levels of bacteria, metals, and chemical residue.

The California Reportable Disease Information Exchange (CalREDIE) contained 13 cases of reportable waterborne disease in 2012.

BUILT ENVIRONMENT

FOOD ACCESS

Fast food restaurant access in Yolo County is slightly lower than statewide: 68.7 establishments per 100,000 population, compared to 69.9 per 100,000 statewide.

Liquor store access in Yolo County is considerably lower: five establishments per 100,000 compared to 10 per 100,000 statewide.

An estimated 18% of Yolo County residents qualify as having low food access – living over a mile from a large supermarket or grocery store in urban areas, or 10 miles in rural areas. This is greater than the statewide figure of 14%.

“WALKABILITY” AND PEDESTRIAN SAFETY

“Walkability” refers to the proximity of and ability to travel safely on foot to services and amenities such as schools, grocery store, and pharmacies. On a scale of 0 to 100, the city of Knights Landing scored 38 while Dunnigan scored a 14, being car-dependent where most errands require a car.

In Yolo County, 79% of the population lives within half a mile of a park, compared to only 58% statewide. Proximity to parks and other recreational amenities encourages a more active, healthy lifestyle.

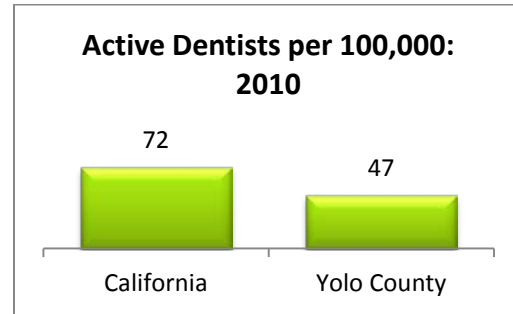
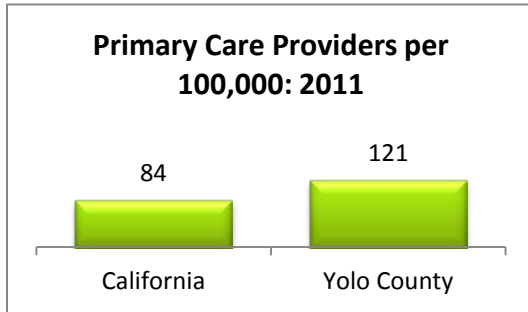
HEALTH CARE AND PREVENTIVE SERVICES

An important aspect of the health status of any community is the availability of healthcare services to its population, especially primary and preventive care.

SERVICES AND FACILITIES

With a rate of 121 licensed primary care physicians per 100,000 population, Yolo County surpasses the statewide rate of 84 per 100,000.

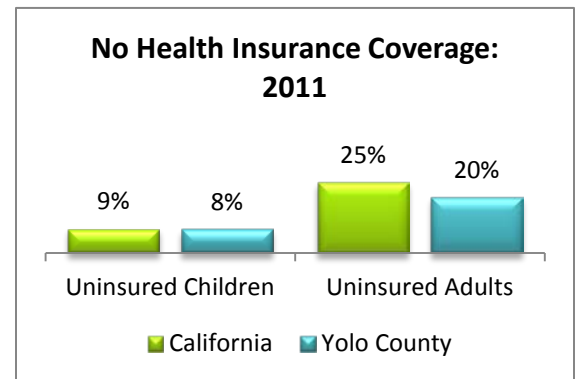
The number of dentists per 100,000 population statewide is 72.3, but only 47.3 in Yolo County.



COVERAGE AND ACCESS

In 2011, nearly 20% of Yolo County adults, aged 18 to 64 were without health insurance, compared to approximately 25% statewide. However, in the same period while the statewide percentage of uninsured children fell by about 1%, the percentage in Yolo County rose by approximately the same amount.

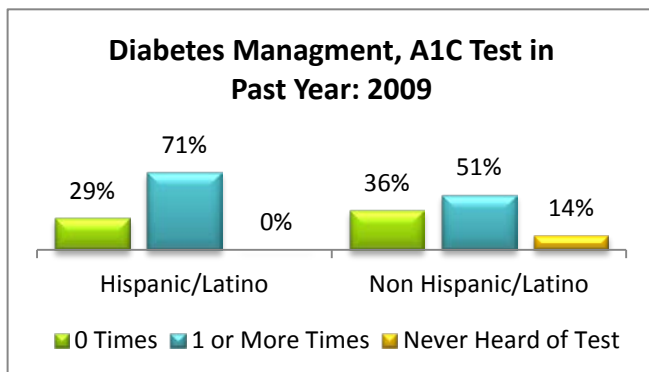
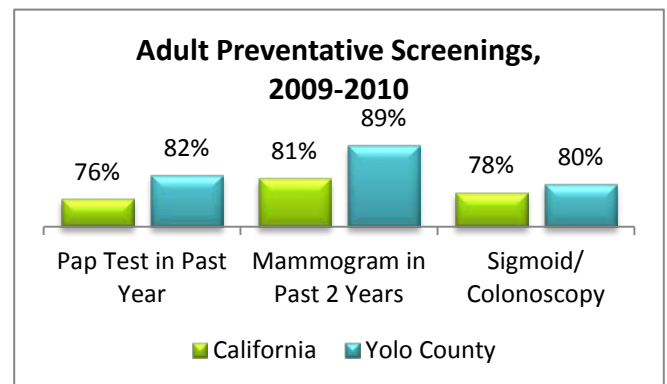
A higher percentage of Yolo County residents also utilized migrant health centers as a source of primary care.



SCREENING AND PREVENTION

Yolo County surpasses the state in terms of performing preventive screenings for adults such as Pap smears, mammograms, colonoscopies, and sigmoidoscopies, all of which are diagnostic early screening tools for cervical, breast, and colon cancers, respectively.

Hypertension (or high blood pressure) and Diabetes Mellitus are two chronic health conditions which are linked to poor health outcomes such as heart disease and stroke.



Among surveyed individuals diagnosed with high blood pressure, 62% of Yolo County respondents reported managing their condition with medication, compared to 70% of respondents statewide.

Among surveyed individuals with a diagnosis of diabetes, 60.3% reported a hemoglobin A1C test, which measures how effectively

blood sugars are controlled over long periods, being performed by their doctor at least once in the past 12 months.

A considerably higher proportion of Hispanic/Latino versus non-Hispanic/Latino respondents – 71.7% and 50.5% respectively – reported having their hemoglobin A1C levels checked.

MATERNAL AND CHILD HEALTH

Maternal and child health focuses on pregnancy and prenatal care, birth data, and infant mortality within Yolo County.

ACCESS TO PRENATAL CARE

Timely prenatal care (i.e., in the first trimester) is important as it lowers the risk of other adverse birth outcomes, such as low birth weight, developmental delays, and premature birth³.

Between 2007 and 2011, the percentage of mothers statewide entering prenatal care within the first trimester of pregnancy showed little fluctuation, remaining close to 83%. Countywide, the percentage rose from 77% to 83% within the same period.

The live birth rate in Yolo County has been declining slightly since 2007 from 2,522 live births to 2,340 in 2011.

TEEN BIRTHS

The teen birth rate indicates the number of live births per 1,000 females 15 to 19 years old.

The teen birth rate in California and in Yolo County has decreased over the past five years.

The teen birth rate among mothers aged 15 to 19 is significantly highest within the county among Hispanic/Latino and American Indian women. The repeat birth rate to teen mothers was 2.3 instances per 1,000 women aged 15 to 19 countywide.

Teen Birth Rate per 1,000: Yolo County					
Age of Mother	2007	2008	2009	2010	2011
15 - 17	15.5	15.9	12.2	15.8	12.9
18 - 19	26.7	26.5	22.2	18.5	18.9

INFANT AND CHILD MORTALITY

The 2009 infant mortality rate in Yolo County, 2.4 per 1,000 live births overall, is lower than the statewide rate of 5.0 per 1,000 and meets the Healthy People 2020 objective of 6 or lower.

However, among Hispanic/Latino mothers in Yolo County, the infant mortality rate is 5.7 per 1,000, higher than the statewide rate of 4.7 per 1,000 for the same ethnic subgroup. This applies to neonatal and post neonatal mortality rates.

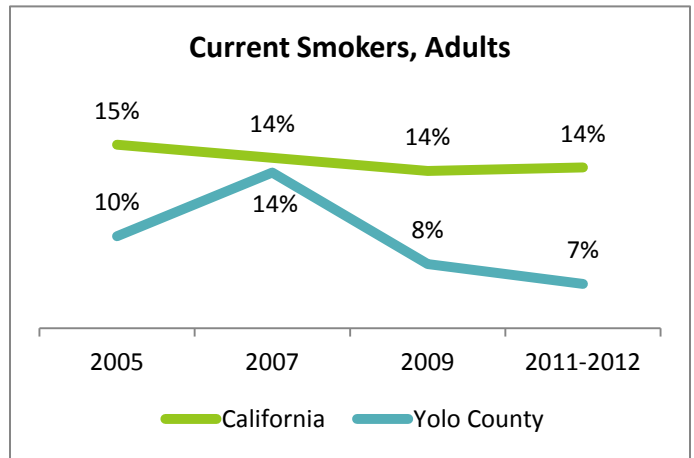
HEALTH BEHAVIORS

Behaviors such as diet, exercise, and substance use provide meaningful insight in to the community's specific strengths, needs, and risk factors.

SMOKING AND TOBACCO USE

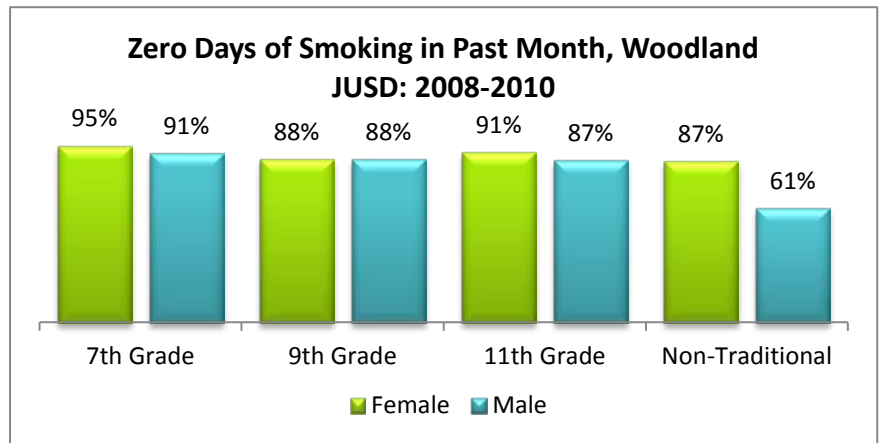
³ Centers for Disease Control and Prevention. Pediatric and Pregnancy Nutrition Surveillance System. Retrieved from: http://www.cdc.gov/pednss/what_is/pnss_health_indicators.htm (2011)

Each year approximately 443,000 premature deaths can be attributed to smoking nationwide. Cigarette smoking is identified as a cause of various cancers, cardiovascular disease, and respiratory conditions, as well as birth weight and other adverse health conditions. Among Yolo County adults, the prevalence of smoking and tobacco usage is consistently lower than the statewide rate and has decreased by almost 3% between 2005 and 2012.



Among youth, slightly higher than statewide percentages of students in grades 7 through 11, as well as in non-traditional schools, report being non-smokers.

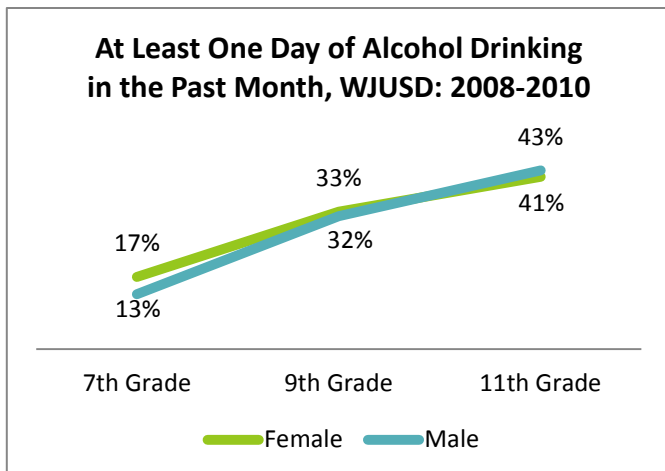
Countywide among 9th and 11th graders, approximately 90% of students report zero days of smoking. However, as early as 7th grade, 1-2% more males than females in most school districts reported having smoked at least one day in the past 30 days.



In Woodland JUSD, the gender disparity is wider, with four percentage points fewer males than females in both 7th and 11th grades reporting zero days of smoking in the past month.

ALCOHOL USE

In Yolo County, more adults than statewide figures reported excessive drinking between 2008 and 2010. "Excessive drinking" is defined by the California Health Interview Survey as consumption of an average of more than 2 drinks daily for men or 1 drink daily for women; 5 or more drinks on a single occasion for men, or 4 on a single occasion for women.



Youth alcohol use in Yolo County also exhibits higher prevalence compared to the state. Higher percentages of 9th and 11th graders in Yolo County compared to the state reported having consumed alcohol at least once in the past 30 days: 29% of 9th graders compared to 25% statewide, and 38% of 11th graders compared to 34% statewide.

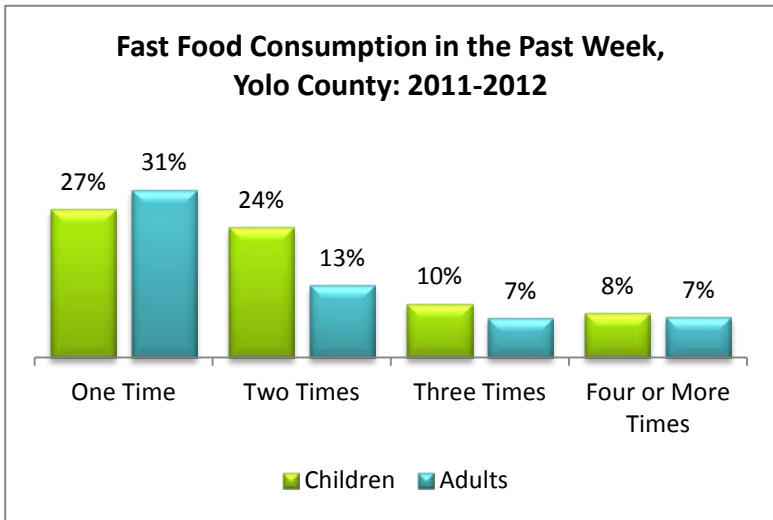
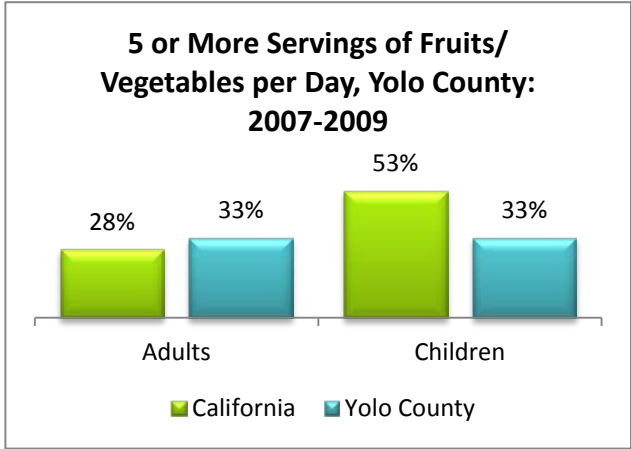
In the Woodland JUSD, the percentage of students reporting at least one day of alcohol consumption in the past month is greater than the countywide rates.

DIET AND NUTRITION

A slightly higher than statewide percentage of Yolo County adults ate at least five servings of fruits and vegetables daily: 33% countywide compared to 28% statewide.

However, the estimated percent of children eating five or more servings in Yolo County was far below the statewide estimate, 33% compared to 53%.

Between 2007 and 2012, fast food consumption among children has neither increased nor decreased. During this period, a slightly higher than statewide percentage of Yolo County youth under 18 reported no consumption of fast food within the past 7 days; 29% compared to 32%.



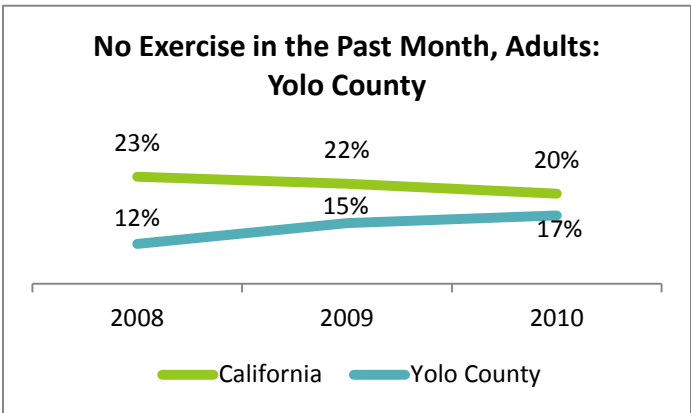
In the same time period, the percentage of Yolo County adults reporting no fast food consumption in the past 7 days increased by just over 4%. Typically, children eat fast food more frequently than adults.

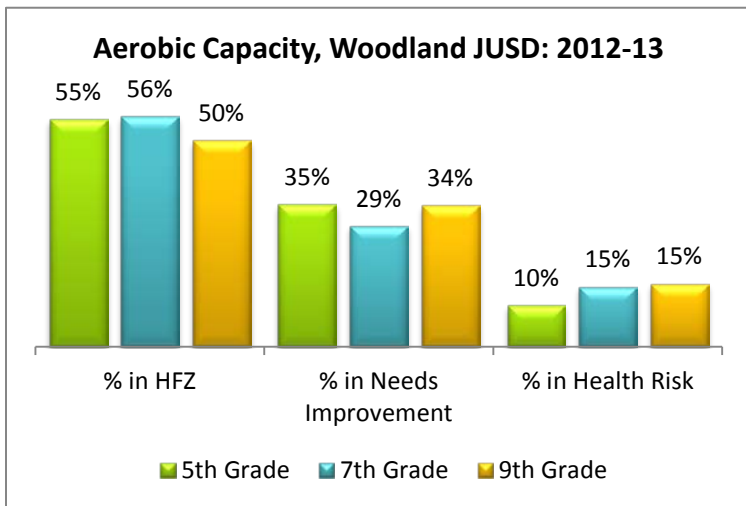
The percentage of Yolo County children and teens consuming 2 or more sugary drinks within a day more than doubled between 2007 and 2012.

Among ethnic groups, Hispanic/Latinos consume two or more sugary drinks within a day is slightly higher than non-Hispanic/Latinos, 21% compared to 17%.

EXERCISE AND PHYSICAL ACTIVITY

While the percentage of Yolo County adults who report no physical activity or exercise within the past month was consistently lower than statewide between 2008 and 2010. However, the percentage of adults reporting no physical activity increased by almost 5% in this time period, while the percentage decreased by almost 3% statewide.





The California Department of Education monitors physical fitness in terms of aerobic capacity with a fitness test that determines whether a student is within a Healthy Fitness Zone (HFZ).

Additionally, the test also determines if a student below the HFZ, needs improvement, or is at increased health risk based on their performance on the fitness test. Aerobic capacity assesses the capacity of the cardiorespiratory system by measuring endurance.

In general, higher percentages of Woodland JUSD students fell below the HFZ in 7th and 9th grades than countywide percentages. All grades exhibit higher percentages than countywide as being at a health risk based on their capacity

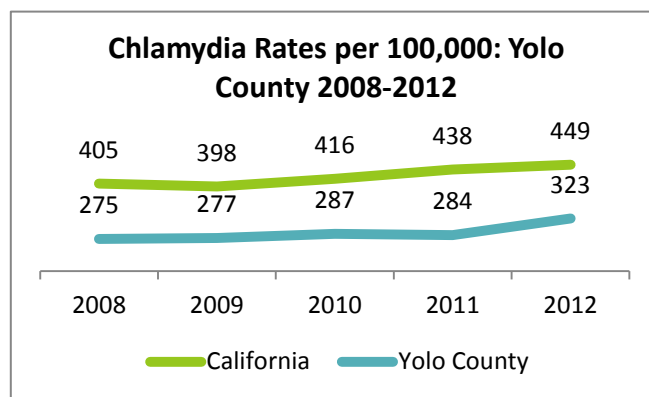
for aerobic exercise.

SEXUALLY TRANSMITTED DISEASES

Between 2007 and 2013, there has been a steady and significant increase in the chlamydia rate in Yolo County from 261 to 309 cases per 100,000 persons. Chlamydia rates are highest among young adults, aged 20 to 29 years, and decline steadily thereafter. Rates were higher in some areas of the cities of West Sacramento and Woodland, and one area southwest of Davis.

Between 2007 and 2013, the Yolo County rate almost doubled from 35 to 61 cases per 100,000. The rate was significantly declining from 2007 to 2011 but significantly increased between 2011 and 2013, a trend that was not observed statewide. Like chlamydia, gonorrhea was most commonly diagnosed in young adults between the ages of 20 and 29.

Over 75 percent of gonorrhea cases were geographically concentrated in the cities of West Sacramento and Woodland.

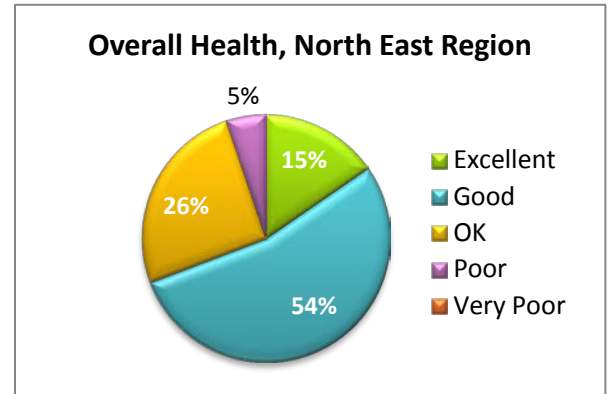


HEALTH OUTCOMES

Health outcomes represent how healthy a community is. Measuring prevalence of certain health outcomes and comparing this with the prevalence of indicators and risk factors is a useful mechanism of assessing a community's overall health, as it creates the opportunity to identify relationships and disparities.

OVERALL HEALTH

Respondents of the CTSA survey were asked to rate their overall health. A majority of the respondents (54%) from the North East region rated their overall health as “good” as compared to 53% countywide. Seven percent of the respondents rated their overall health as either “poor” or “very poor”.

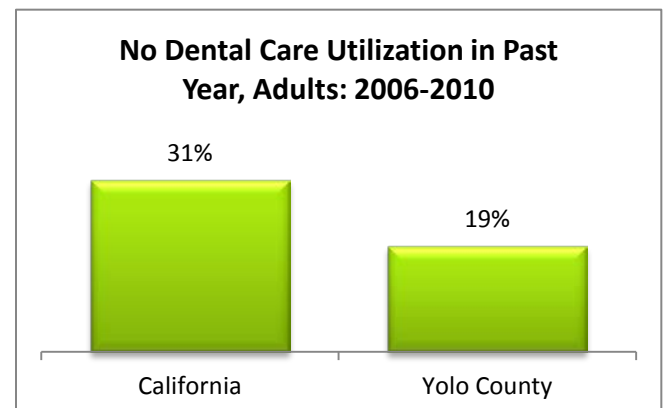


DENTAL HEALTH

Despite a lower-than-statewide ratio of dental care providers in Yolo County, a lower percentage of county adults report poor dental health (i.e., having six or more permanent teeth removed due to tooth decay, gum disease, or infection).

Almost 19% of Yolo County adults reported receiving no dental care within the past 12 months, much lower than the statewide percentage of 31%.

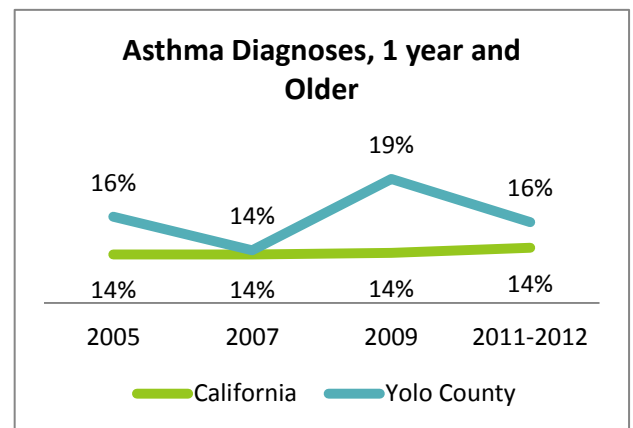
In addition, a lower-than-statewide percentage of Yolo County adults (9%) reported having lost six or more permanent teeth due to tooth decay, gum disease, or infection.



ASTHMA

Between 2005 and 2012, Yolo County had a similar percentage to the state of residents aged 1 year and older with a formal diagnosis of asthma from a doctor. Most recent data indicates 16% countywide compared to 14% statewide.

A lower than statewide percentage of asthma patients in Yolo County reported having visited an emergency room or urgent care facility because of their asthma within the past 12 months, and the countywide number of hospitalizations due to asthma has declined since 2007. The decrease in hospitalizations, however, was observed predominantly in adults, as the number of hospitalizations for asthma among youth below 18 years of age increased from 18 to 33 between 2007 and 2010 before decreasing again to 18 in 2011.

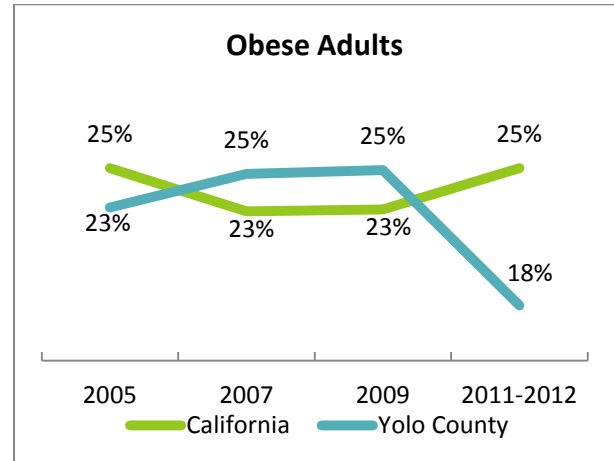
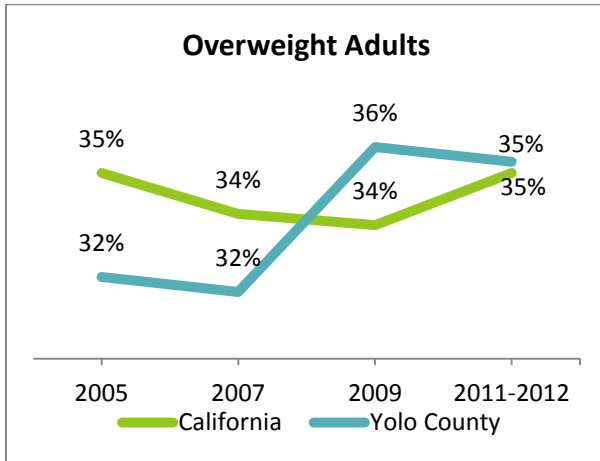


Asthma Hospitalizations: Yolo County 2007 - 2011

Age Group	2007	2008	2009	2010	2011
Children	18	28	27	33	18
Adults	77	57	55	46	51
Total	95	85	82	79	69

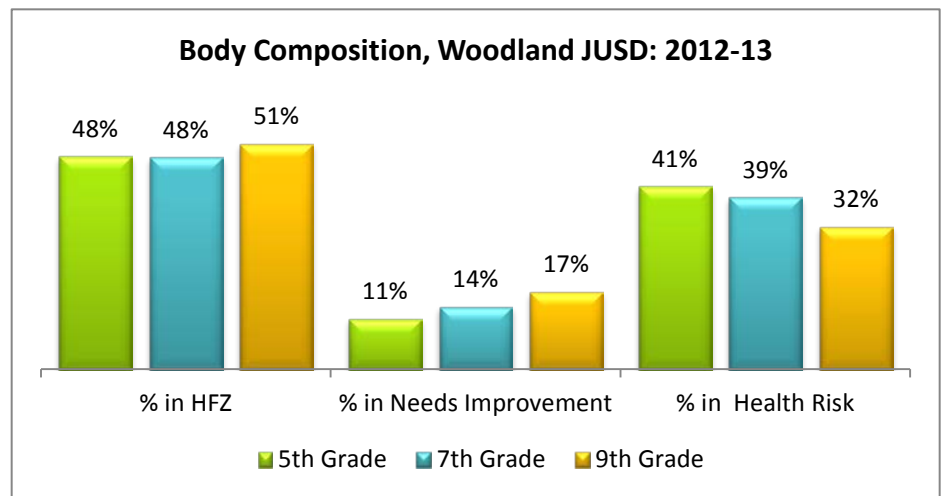
OBESITY

Both statewide and countywide, the percentage of adults who are obese (i.e., having a body mass index of 30 or greater) has consistently met the Healthy People 2020 target of 30.5% or fewer percentage of adults. However, an increasing percentage of Yolo County adults are reported as being overweight (i.e., having a body mass index between 25 and 30). In Yolo County, obesity is more common among males and Hispanic/Latinos.



The California Department of Education (CDE) monitors physical fitness in terms of body composition, which provides an estimate of the percent of a student's weight that is fat in contrast to body mass made up of muscles, bones, and organs.

Woodland JUSD students exhibit lower percentages within a healthy fitness zone (HFZ) based on their body composition; higher percentages of these students fall into the "Needs Improvement" and "Health Risk" categories as compared to the county rates.

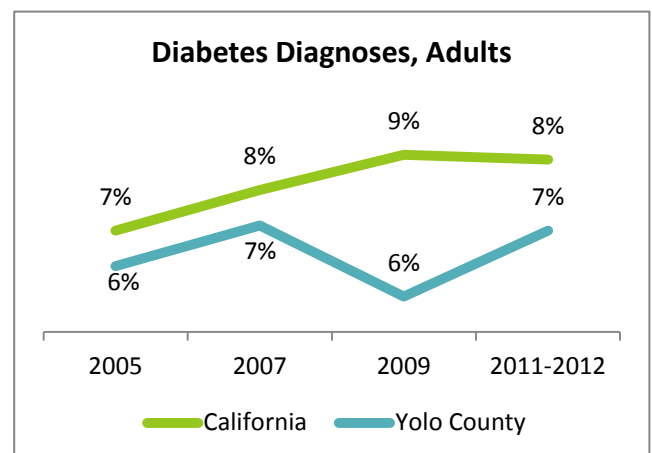


DIABETES

Between 2005 and 2012, the percentage of adults diagnosed with diabetes has been slightly lower than statewide, but has also been slowly increasing.

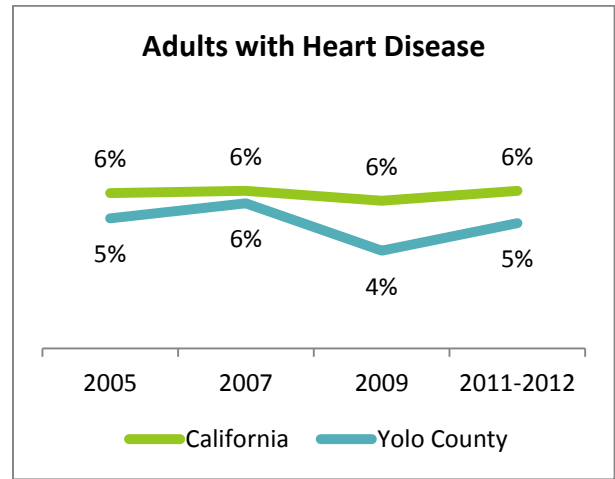
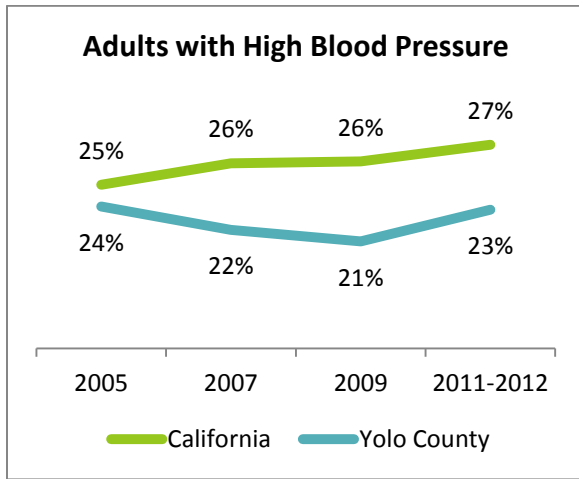
In particular, while the percentage of non-Hispanic/Latino adults with diabetes has fallen, the percentage of Hispanic/Latino adults diagnosed with diabetes has more than doubled.

Other groups exhibiting comparatively higher prevalence of diabetes are males and individuals in households with an annual income below \$50,000.



HEART DISEASE AND HIGH BLOOD PRESSURE

Poor heart health is a leading cause of death nationwide and has been linked to high cholesterol, high blood pressure, and heart attacks. A consistently lower-than-statewide percentage of Yolo County adults reported having a diagnosis of heart disease (i.e. coronary heart disease or angina) since 2005.



The prevalence of hypertension, or high blood pressure, has shown minimal change since 2005 within Yolo County, despite moderate increases in its prevalence statewide.

CHRONIC LUNG DISEASE

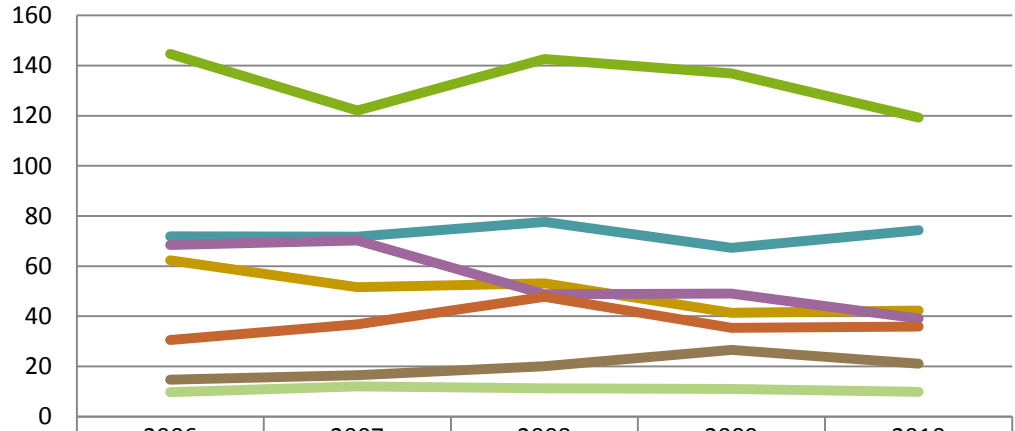
Across all age groups, sexes, and ethnic groups, the number of emergency room visits for chronic lung disease (e.g., COPD, asthma, emphysema, etc.) in Yolo County between 2008 and 2012 has significantly increased, though the number of hospital admissions decreased within the same timeframe.

CANCER

Both countywide and statewide, the age-adjusted rate of cancer in all sites of the body has decreased. Below are the incidence rates, or new cases of cancer that are diagnosed.

The countywide age-adjusted rates of colorectal, lung/bronchus, prostate, and female reproductive cancers have been decreasing in prevalence, the age-adjusted rates of breast and pancreatic cancers have remained relative stable, and the age-adjusted rate of urinary bladder cancers has increased. The following graph compares these trends:

Cancer Diagnoses Age-Adjusted Rate by Site: Yolo County



	2006	2007	2008	2009	2010
Prostate	145	122	143	137	119
Breast	72	72	78	67	74
Female Genital System	62	52	53	41	42
Lung & Bronchus	68	70	49	49	39
Colorectal	31	37	48	35	36
Urinary Bladder	14.8	16.6	20.1	26.6	21.1
Pancreas	9.7	12.0	11.2	11.0	9.9

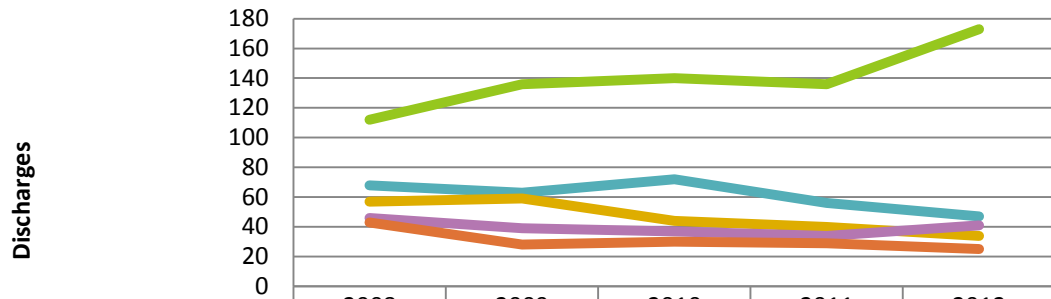
HOSPITALIZATIONS

Both countywide and statewide, the top three leading causes of hospitalization overall based on primary diagnosis listed at time of discharge were mental diseases and disorders, asthma/bronchitis, and pneumonia/pleurisy.

Compared to statewide figures, Yolo County exhibits lower rates of hospitalization for asthma, bronchitis, and pneumonia, but considerably higher rates of hospitalization due to mental diseases and disorders; mental illness constitutes 10.5% of hospitalizations statewide, but 13.2% of hospitalizations within Yolo County.

For children ages 0 to 17, the most common primary diagnosis in 2012 was for mental diseases and disorders, which consisted of nearly 17% of all hospital dischargers; much greater than the statewide rate of 12%. Mental diseases and disorders have been trending upwards over the past five years, going from 112 in 2008 to 173 in 2012.

Hospital Discharges, by Primary Diagnosis, Ages 0-17: Yolo County



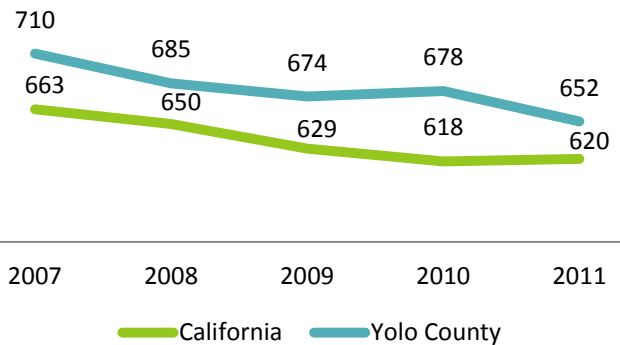
Mental Diseases and Disorders	112	136	140	136	173
Asthma/Bronchitis	68	63	72	56	47
Pneumonia/Pleurisy	57	59	44	40	34
Fractures	46	39	37	34	41
Seizures/Headaches	43	28	30	29	25

MORTALITY

The life expectancy in 2010 for Yolo County residents mirrors that of the state. Males in Yolo County have a life expectancy of 78 years and females have a life expectancy of 82.1 years. The life expectancy is slightly below that of the state with males at 78.2 years and females at 82.5 years.

The overall death rate is a measure of the number of deaths per 100,000 persons per year; a higher overall death rate indicates that deaths are more frequent in that population. The overall age-adjusted death rate in Yolo County in 2011 was 652.3 deaths per 100,000 persons, a risk of dying equivalent to approximately one death for every 153 persons per year. Yolo County's overall death rate is higher than California's at 620.4, a risk of dying equivalent to approximately one death for every 161 persons.

Age-Adjusted Death Rates (per 100,000) All Causes



The age-adjusted mortality rates for all causes of death have been steadily decreasing over the past five years for both the state and Yolo County. Yolo County's death rate has consistently been higher than the state's death rate, but the gap is narrowing.

Males typically have a higher death rate than females; however, the female death rate in Yolo County compared to the state show a 10% increase and only a 2% increase for males. The death rate for American Indians in Yolo County is 97% higher than the state rate and the Hispanic/Latinos' death rate is nearly 20% higher. Asians and Pacific Islanders have a death rate roughly 20% lower than the statewide death rate.

LEADING CAUSES OF DEATH

In 2010, the five leading causes of death in Yolo County based on grouped cause of death codes were cancers (22%), diseases of the heart (20%), chronic lower respiratory diseases (8%), cerebrovascular diseases (7%), and Alzheimer's disease (6%).

Among the leading causes of death for females and males 25 years and older in Yolo County are lung cancer, heart disease, COPD, and heart attack (myocardial infarction).

For the period of 2001 to 2005 Alzheimer's disease ranked seventh and eighth, respectively, whereas in the period of 2006 to 2010 Alzheimer's disease has risen to the number one leading cause of death for women and the fifth leading cause for men.

2006-10 Rank	Cause of Death: Females	Age-Adjusted Rate	2001-05 Rank	Change in Rank
1	Alzheimer's disease	59.3	7	↑
2	Cancer - Bronchus or lung, unspecified	55.7	2	↔
3	Chronic obstructive pulmonary disease (COPD)	45.0	4	↓
4	Atherosclerotic heart disease	43.5	1	↓
5	Acute myocardial infarction	42.7	5	↔
6	Stroke, not specified as hemorrhage or infarction	39.2	3	↓
7	Pneumonia	34.8	6	↓
8	Cancer - Breast	33.5	8	↔
9	Unspecified dementia	21.6	10	↑
10	Congestive heart failure	19.4	9	↓

2006-10 Rank	Cause of Death: Males	Age-Adjusted Rate	2001-05 Rank	Change in Rank
1	Atherosclerotic heart disease	86.5	1	↔
2	Cancer - Bronchus or lung, unspecified	74.8	3	↑
3	Acute myocardial infarction	64.8	2	↓
4	Chronic obstructive pulmonary disease (COPD)	57.9	4	↔
5	Alzheimer's disease	43.2	8	↑
6	Stroke, not specified as hemorrhage or infarction	42.4	6	↔
7	Pneumonia, unspecified	40.0	5	↓
8	Cancer of prostate	35.0	7	↓
9	Congestive heart failure	28.4	11	↑
10	Cancer - Colon	21.4	13	↑

Both ethnicities are experiencing high death rates for heart disease and lung cancer. Non-Hispanic/Latinos have a higher death rate for Alzheimer's disease (56.2) compared to Hispanic/Latinos (34.2). Hispanic/Latinos have had an increase in the death rates for cirrhosis of the liver, colon, and pancreatic cancers. In 2001 to 2005, these were not listed in the top ten causes of death. Also of note, unspecified diabetes mellitus is listed as the eighth cause of death for Hispanic/Latinos.

06-10 Rank	Cause of Death: Hispanic/Latino	Age-Adjusted Rate	01-05 Rank	Change in Rank
1	Atherosclerotic heart disease	64.3	2	↑
2	Cancer - Bronchus or lung	42.5	3	↓
3	Acute myocardial infarction	38.0	1	↓
4	Stroke, not specified as hemorrhage or infarction	38.3	4	↔
5	Pneumonia, unspecified	35.0	5	↔
6	Alzheimer's disease	34.2	8	↑
7	Alcoholic cirrhosis of liver	Unreliable	N/R	↑
8	Unspecified diabetes mellitus, without complications	Unreliable	6	↓
9	Cancer - Colon	Unreliable	N/R	↑
10	Cancer - Pancreas	Unreliable	N/R	↑

06-10 Rank	Cause of Death: Non-Hispanic/Latino	Age-Adjusted Rate	01-05 Rank	Change in Rank
1	Cancer - Bronchus or lung	68.1	2	↑
2	Atherosclerotic heart disease	62.3	1	↓
3	Chronic obstructive pulmonary disease (COPD)	56.9	3	↔
4	Alzheimer's disease	56.2	7	↑
5	Acute myocardial infarction	55.2	4	↓
6	Stroke, not specified as hemorrhage or infarction	42.1	5	↓
7	Pneumonia	36.8	6	↓
8	Congestive heart failure	25.5	8	↔
9	Unspecified dementia	23.3	9	↔
10	Cancer - Breast	19.5	11	↑

PRIORITIZED HEALTH ISSUES AND CONTRIBUTING FACTORS

CTSA 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 2 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.

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.

Rank	Health Issues that Most Affect Our Community	Number	Percent	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

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.

Rank	Individual Behaviors Most Responsible for Health Issues in Our Community	Number	Percent	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

Rank	Social and Economic Circumstances Most Responsible for Health Issues	Number	Percent	YC Rank
1	Poverty	23	19%	3
2	No health insurance	22	18%	2
3	Unemployment	21	18%	1

Rank	Environmental Issues Most Responsible for Health Issues	Number	Percent	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

COMMUNITY STRENGTHS AND SUPPORTED POLICIES

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.

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.

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.

CONCLUSION

The Community Health Assessment has helped illuminate the powerful influences that shape the health of individuals and our community. The health issues that arose from this assessment are many. The results reveal a great deal about the concerns and issues that stand out in the North East Region. 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.

Protecting and promoting the health and well-being of our community requires changing the conditions in which we live, improving the quality of the environment, both natural and built, and reforming public policy. The physical, social, and political environments must be the primary level of intervention. The solutions require collective action and the acknowledgement that we are all interconnected as community. What affects people in one part of our county affects us all and that we will only succeed when all communities within Yolo County are in good shape.

NEXT STEPS

Healthy Yolo has made the Community Health Assessment (CHA) available to the public for review and comment during the month of April 2014. The CHA along with the seven regional reports will be available on the Healthy Yolo website. In addition, Healthy Yolo will present the CHA information to the city councils and conduct community forums throughout Yolo County.

During the community forums, the CHA information will be presented and community members will be able to find out more information about health issues and help identify strategic issues. As defined in the MAPP model, strategic issues are those fundamental policy choices or critical challenges that must be addressed in order for a community to achieve its vision. Strategic issues are important and forward thinking and seize on current opportunities.

Healthy Yolo will collect the input from community members and incorporate them into the final draft of the CHA. This information will help determine the strategic issues that will be addressed for each region. Once the strategic issues are determined, Healthy Yolo will drill down further into the health issue to understand the root causes, what other organizations are doing, and best practices for addressing the health issue.

After the strategic issues have been identified, the next phase involves community members and local public health system representatives in the formation of goal statements related to each strategic issue and identify strategies for achieving each goal. Action plans will be developed for each public health issue identified culminating in a Community Health Improvement Plan.