HEALTHY YOLO

Our Community Our Future

COMMUNITY HEALTH STATUS ASSESSMENT

Yolo County Health Department

Public Health
Prevent. Promote. Protect.

YOLO COUNTY

2/21/2014

Acknowledgments

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INTRODUCTION

The Community Health Status Assessment (CHSA) is one of the four assessments proposed in the Mobilizing for Action through Planning and Partnerships (MAPP) model. The CHSA provides a comprehensive look at the health status and contributing factors within Yolo County as portrayed through quantitative data. By gathering and comparing our community's data to trend information and state data, specific health issues and contributing factors are identified. This information will help prioritize health issues and guide the development of goals and strategies to address these health issues.

Community health assessment plays a fundamental role in developing and evaluating policies for improving the health of the public. Health is affected by a wide range of components including social and economic circumstances, physical environment, behavior, and clinical care. Individual and community health are the byproducts of these components interacting in complex ways with each other and varies in their impact depending upon individual traits and circumstances operating both on the individual and societal level.

Public health must deal with the underlying components that affect individual and community health. The CHSA is intended to better understand these components so efforts to improve community health are more effective.

METHODOLOGY

HEALTH INDICATOR DATA

A CHSA subcommittee was established consisting of three members of our community in professional fields of healthcare delivery, epidemiology, and Health Council member. The CHSA subcommittee was tasked to identify the health indicators to be reviewed. The health indicators were selected primarily from the recommended list provided by the MAPP model. The subcommittee also reviewed health indicators from the Life Course Metrics Project and Community Commons. Health indicators were chosen due to their relevance to Yolo County, standard use, availability, and reliability of data, and the ability to track the health indicators over time. A list of the data sources is available in Appendix A.

Data are reported at the county level and where available, the data are reported at the city, region, or school district level. Additionally, where possible, they are stratified by sex, age, race/ethnicity, and/or income level. Looking at data at these levels allows for the identification of unique issues to facilitate targeted interventions. Appendix B provides data notes regarding proportions and rates, suppression of data, etc. For data provided in tables, all figures in red indicate a percentage or rate that exceeds that of the county's rate.

The qualitative data consist of more than 140 health indicators over 11 broad-based categories. These categories include:

- Demographics
- Social and Economic Circumstances
- Quality of Life
- Social and Mental Health
- Physical Environment
- Health Care and Preventive Services
- Maternal and Child Health
- Health Behaviors
- Communicable Diseases
- Health Outcomes
- Mortality

DESCRIPTION OF YOLO COUNTY REGIONS

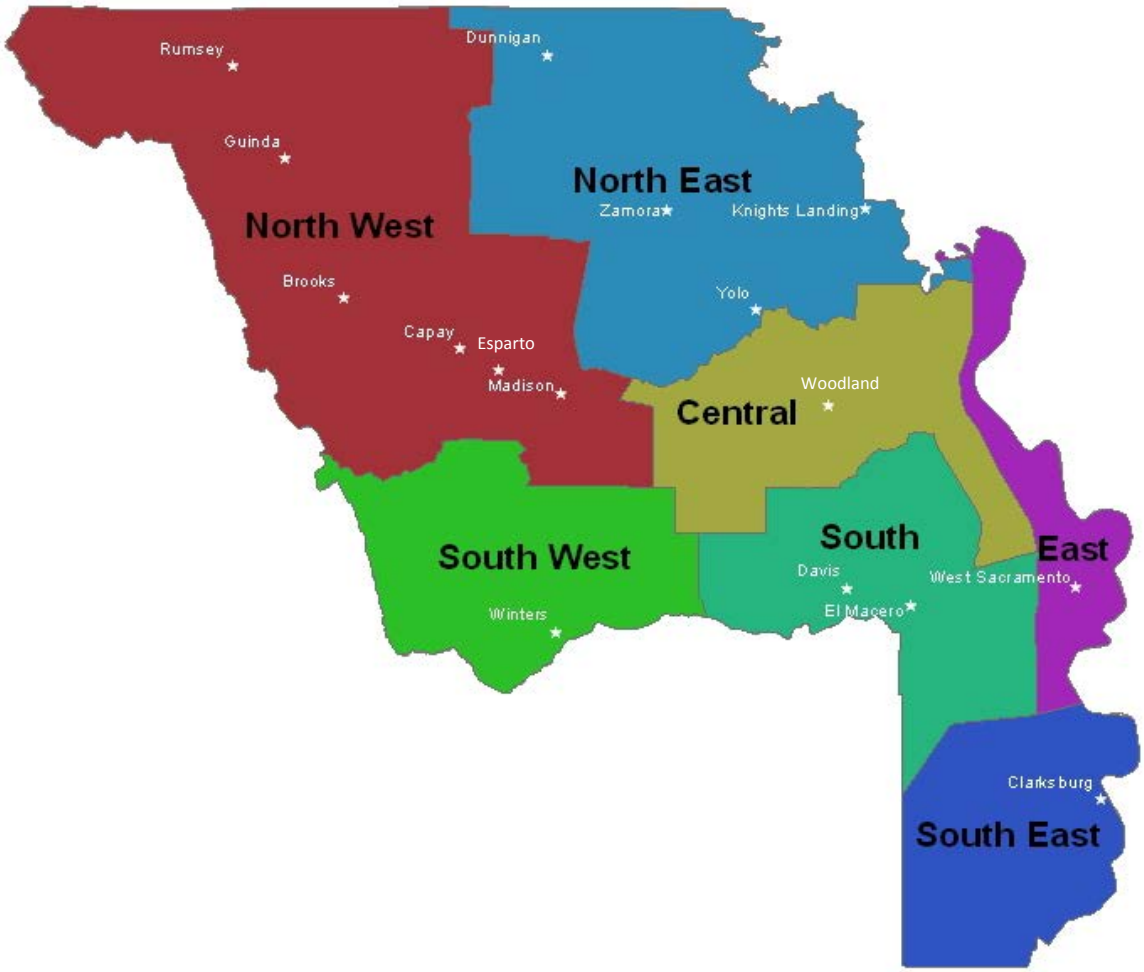
In order to address the geographic and demographic diversity of Yolo County, Healthy Yolo divided the county into seven regions based on the U.S. Census subdivisions, allowing perspective that is more comprehensive on individual communities.

The seven regions are as follows:

- 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 **North East** region includes the towns of Dunnigan, Zamora, Yolo, and Knights Landing.
- The **North West** region stretches up the Capay Valley and includes all of the towns therein.
- The **South** region includes the city of Davis and El Macero.
- The **South East** region includes Clarksburg and the surrounding areas.
- The **South West** regions include the city of Winters and surrounding Areas.

Map 1 displays the geographic regions of Yolo County.

Map 1: Yolo County Regions



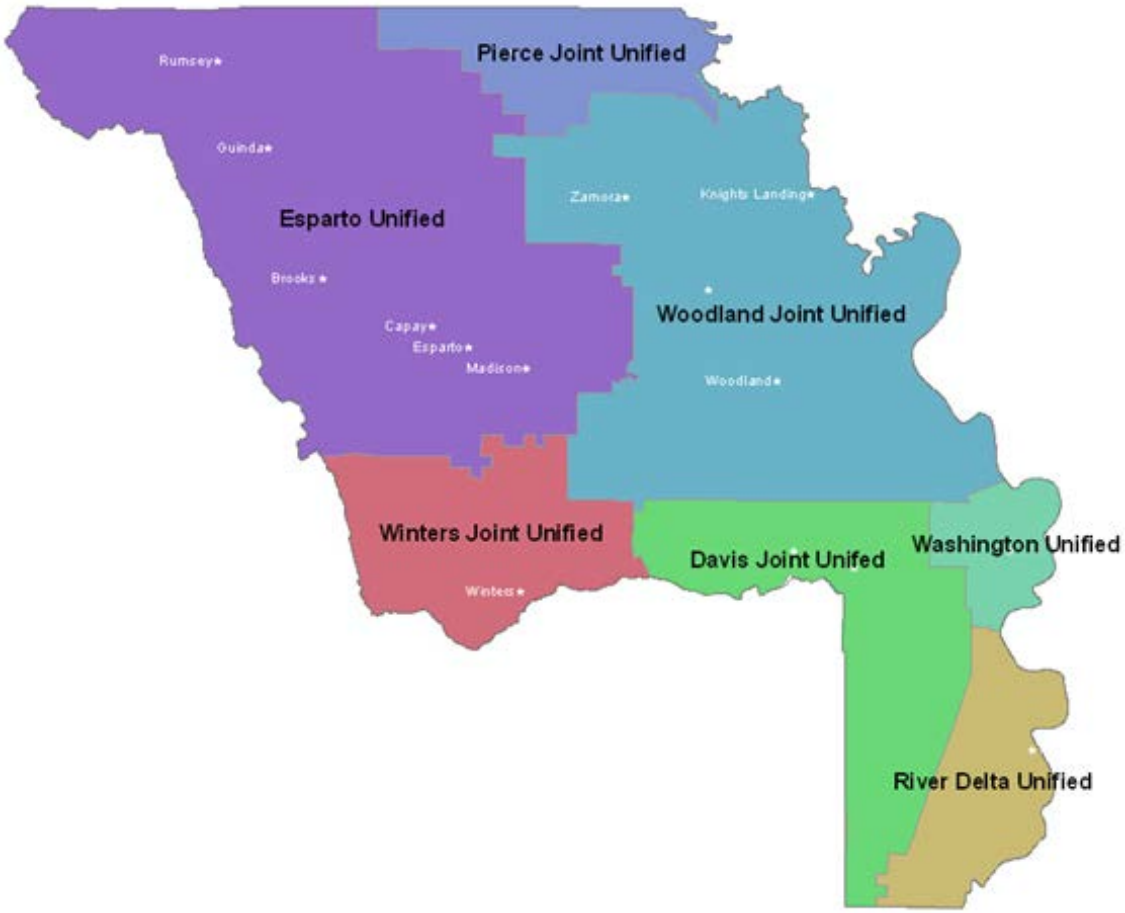
YOLO COUNTY SCHOOL DISTRICTS

The health indicator data that refers to students are separated by school district. There are seven school districts in Yolo County: Esparto Unified; Winters Joint Unified; Woodland Joint Unified; Davis Joint Unified; Washington Unified; River Delta Unified; and Pierce Joint Unified. The school districts roughly align with the regional boundaries, though there are some slight differences. Woodland Joint Unified covers both the Central and North East Regions.

The school districts of Pierce Joint Unified and River Delta Unified overlap several county lines. The students of Dunnigan attend the Pierce Joint Unified where the schools are located in Colusa County. River Delta Unified encompasses Solano,

Yolo, and Sacramento Counties, though there are schools in Clarksburg. Data for health indicators at the school district level do not include students who attend Pierce Joint Unified and River Delta Unified. Whenever possible, data from schools in the Clarksburg area were used.

Map 2: Yolo County School Districts



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. A significant positive or negative shift in total population over time affects healthcare and the utilization of community resources. Commonly examined demographic data include age, sex, race, ethnicity, language, and even location.

POPULATION CHANGE

According to the U.S. Census Bureau Decennial Census, between 2000 and 2010 the population in Yolo County grew by 32,189 persons, a change of 19%. In comparison, the population change for the state of California increased by 10% during the same period.

The region to experience the most population growth was the East region accounting for more than half of the population change for the entire county during this time span. The South East region was the only region with a negative change in population.

Table 1: Population Change by Region

Report Area	2000 Population	2010 Population	Change	% Change
Yolo County	168,660	200,849	32,189	19%
Regions				
East	31,799	48,921	17,122	54%
North West	4,552	5,325	773	17%
Central	51,641	58,695	7,054	14%
North East	3,784	4,193	409	11%
South	67,939	74,334	6,395	9%
South West	7,572	8,106	534	7%
South East	1,373	1,275	-98	-7%

CHANGE IN POPULATION BY AGE GROUP

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 age groups with the largest population change over the past decade are the young adults aged 20 to 24 years, and the older adults aged 55 to 64 years.

Table 2: Change in Population by Age Group: 2000-2010

Age Group	2000 Population	2010 Population	Change	% change from 2000 to 2010
under 5	10,964	12,577	1,613	15%
5 - 9	12,363	12,258	-105	-1%
10 - 19	29,605	31,638	2,033	7%
20 - 24	20,797	27,185	6,388	31%
25 - 34	23,677	28,168	4,491	19%
35 - 44	23,866	23,913	47	0.2%
45 - 54	20,301	24,830	4,529	22%
55 - 64	11,613	20,159	8,546	74%
65 - 74	8,056	10,570	2,514	31%
75 - 84	5,753	6,227	474	8%
85 +	1,973	2,974	1,001	51%

POPULATION DENSITY

A total of 200,849 people live in the 1,014 square miles of Yolo County according to the U.S. Census Bureau Decennial Census 2010. The population density, the number of persons per square mile, is estimated at 198 persons per square mile. This is greater than the national average of 87 persons per square mile and less than the state average of 239 persons.

Table 3: Total Population: 2010

Report Area	Total Population 2010	Total Land Area (Sq. Miles)	Population Density (Per Sq. Mile)
Yolo County	200,849	1,014	198
California	37,253,956	155,738	239

United States	308,745,538	3,530,998	87

AGE AND SEX

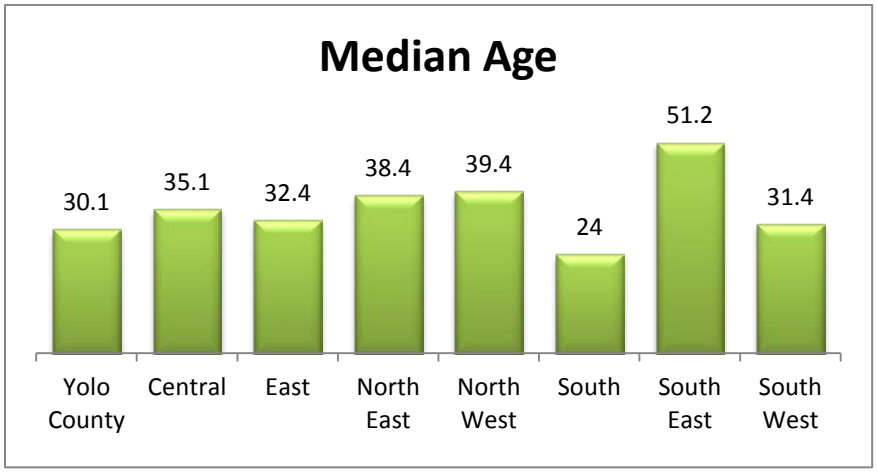
The population estimates are based on the U.S. Census Bureau American Community Survey, 5-year Estimate from 2007-2011. This estimate differs slightly from the Decennial Census 2010. Table 4 provides a breakdown of Yolo County's population by sex and region. Overall, females slightly outnumber males 51.2% to 48.8% of the population.

Table 4: Population by Sex

Report Area	Male	Female	Total Population
Yolo County	96,986	101,903	198,889
Regions			
Central	28,817	29,268	58,085
East	22,740	24,609	47,349
North East	2,080	1,774	3,854
North West	2,448	2,552	5,000
South	36,206	38,958	75,164
South East	575	663	1,238
South West	4,120	4,079	8,199

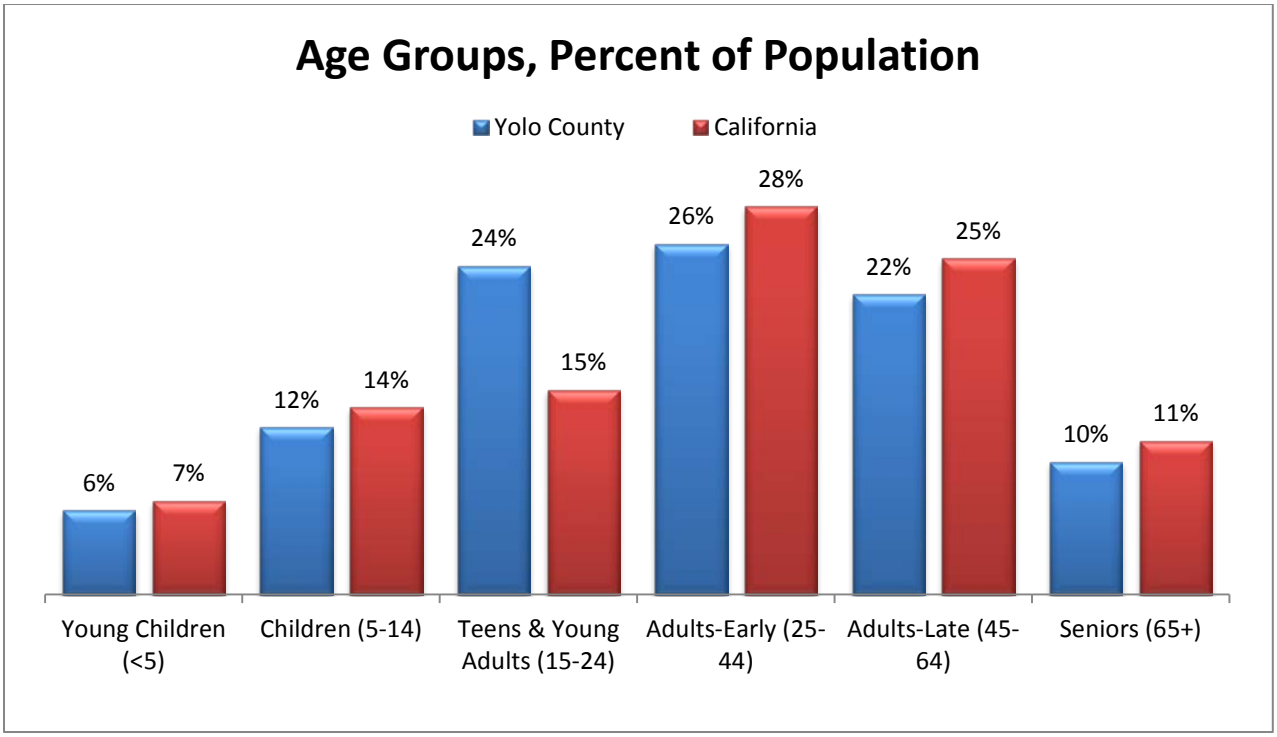
The median age for Yolo County is 30.1 years of age. The median age of the regions ranged from a low of 24 years in the South region to a high of 51.2 years in the South East region.

Figure 1: Median Age



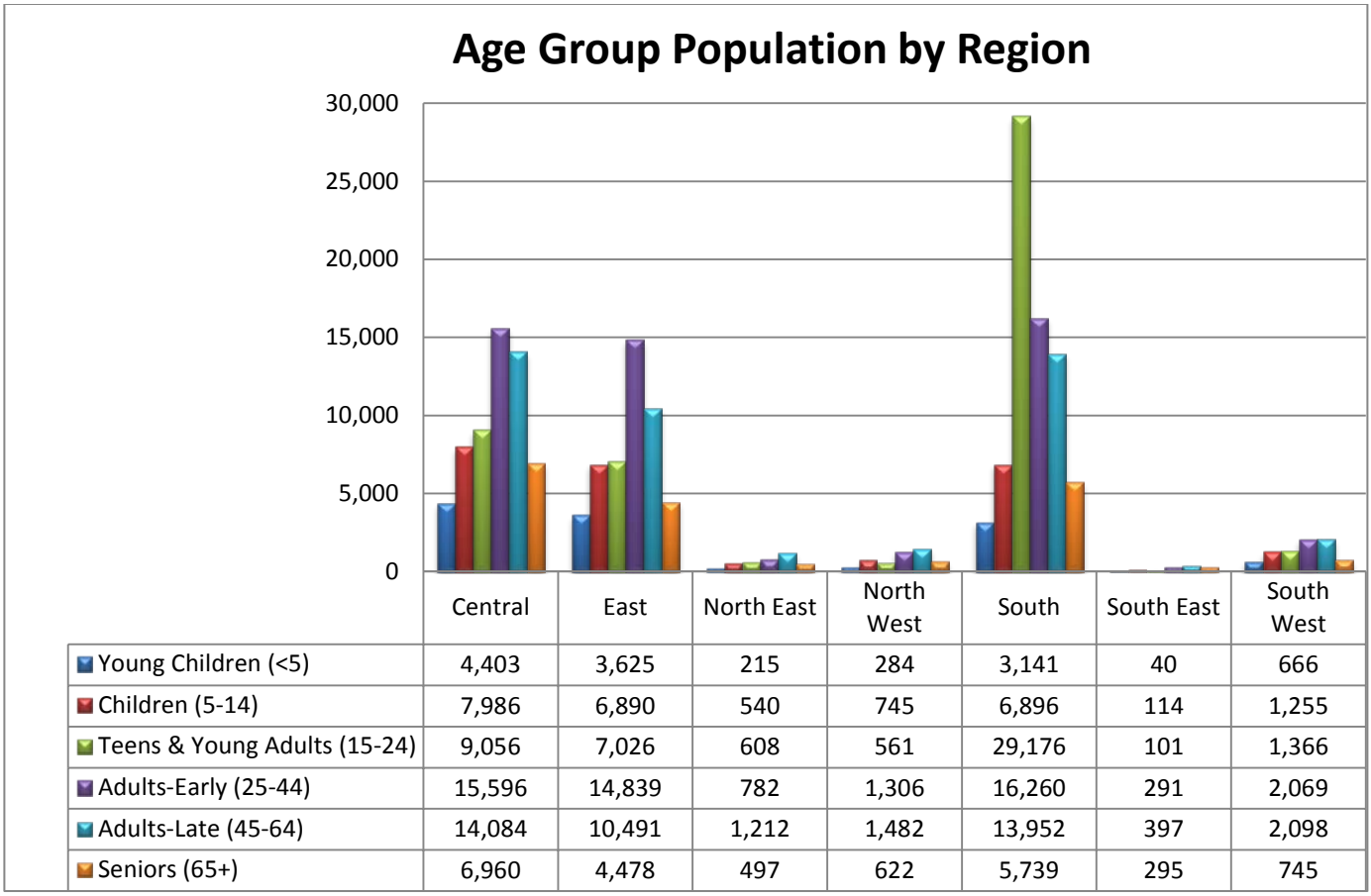
Yolo County has a higher percentage of teens and young adults (24%) compared to the state (15%). The South region has the highest percentage of teens and young adults at 39%. This is primarily due to the student population at the University of California, Davis. The number of students enrolled in the Fall of 2011 was 31,732.

Figure 2: Age Groups, Percent of Population



The South East region has the smallest number of seniors, but has the highest percentage of its population as seniors, 24%. The regions of North East, North West, and South East have nearly one third of their population between the ages of 45 to 64 years. Services and social supports to promote healthy aging will be important in these regions to maintain the best possible levels of health and function.

Figure 3: Age Group Population by Region



	Central	East	North East	North West	South	South East	South West
Young Children (<5)	4,403	3,625	215	284	3,141	40	666
Children (5-14)	7,986	6,890	540	745	6,896	114	1,255
Teens & Young Adults (15-24)	9,056	7,026	608	561	29,176	101	1,366
Adults-Early (25-44)	15,596	14,839	782	1,306	16,260	291	2,069
Adults-Late (45-64)	14,084	10,491	1,212	1,482	13,952	397	2,098
Seniors (65+)	6,960	4,478	497	622	5,739	295	745

RACE AND ETHNICITY

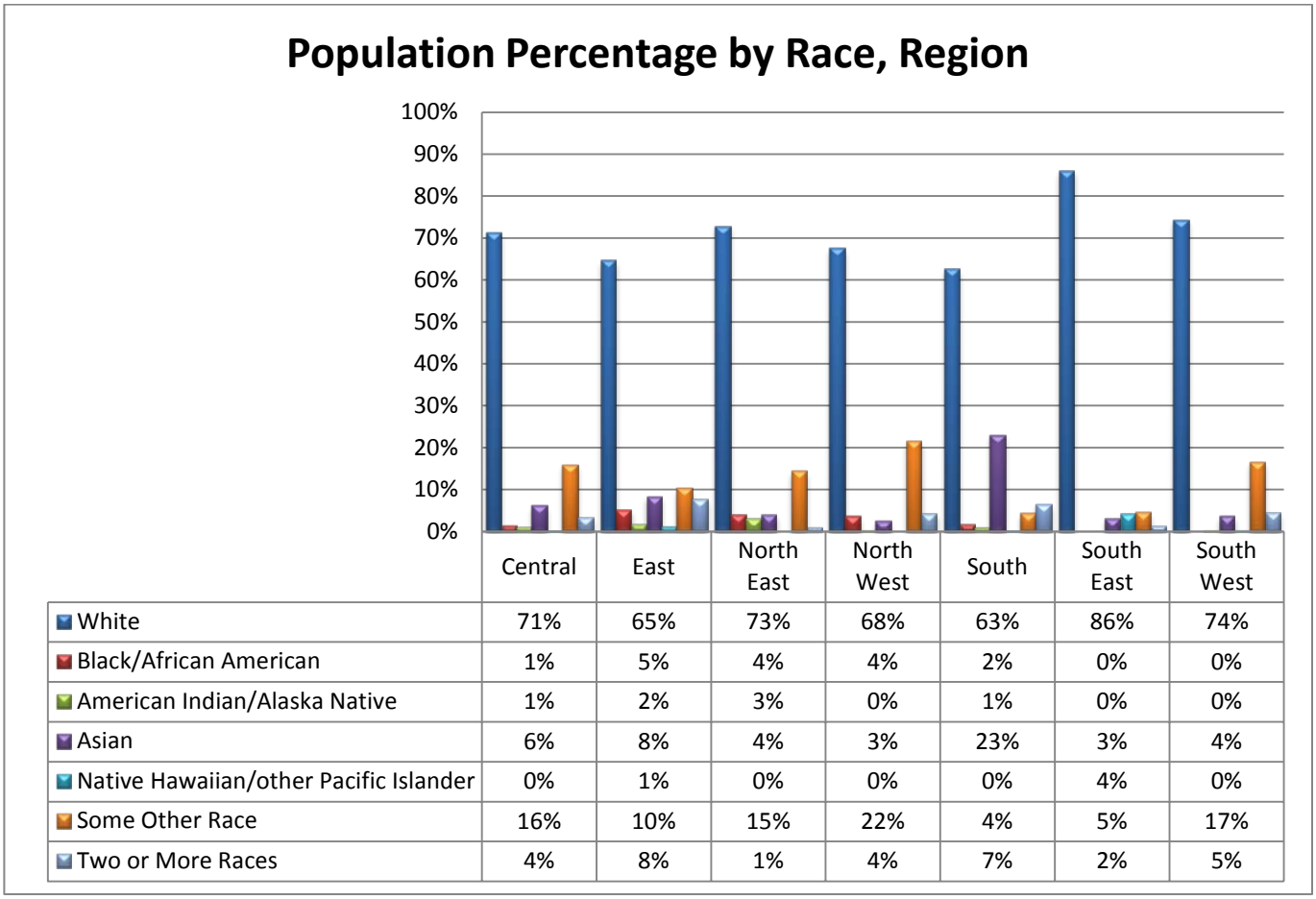
Race and ethnicity play an important role on the health of individuals and communities. It is not entirely understood how race and ethnicity interplay with other factors (e.g., racism, poverty, tradition, culture, etc.) and with a vast array of individual factors leading to disparities in health status, quality of life, access to care, etc.. The U.S. Census Bureau states that racial categories reflect a social definition and are based on self-identification.

Generally, Yolo County mirrors the racial makeup of the state of California, with exception that Yolo County has a slightly higher white population percentage and slightly lower black/African American population percentage.

Table 5: Population by Race

Race	California		Yolo County	
	Number	Percent	Number	Percent
White	22,860,341	62%	132,734	67%
Black/African American	2,252,129	6%	5,006	3%
American Indian/Alaska Native	287,712	1%	2,485	1%
Asian	4,825,271	13%	25,626	13%
Native Hawaiian/Other Pacific Islander	141,382	0%	1,112	1%
Some Other Race	5,142,478	14%	20,510	10%
Two or More Races	1,459,887	4%	11,416	6%

Figure 4: Population Percentage by Race, Region

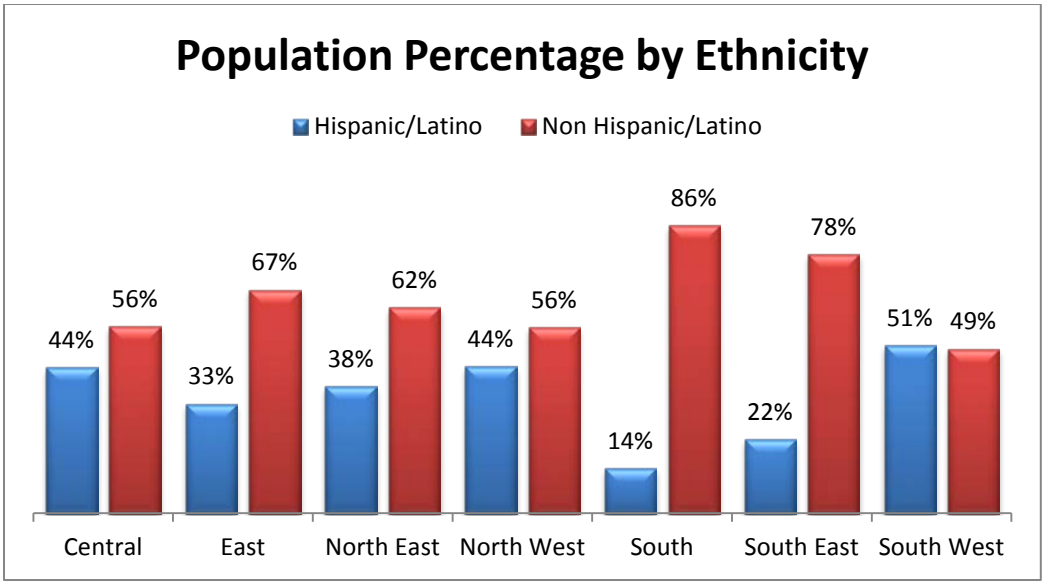


	Central	East	North East	North West	South	South East	South West
White	71%	65%	73%	68%	63%	86%	74%
Black/African American	1%	5%	4%	4%	2%	0%	0%
American Indian/Alaska Native	1%	2%	3%	0%	1%	0%	0%
Asian	6%	8%	4%	3%	23%	3%	4%
Native Hawaiian/other Pacific Islander	0%	1%	0%	0%	0%	4%	0%
Some Other Race	16%	10%	15%	22%	4%	5%	17%
Two or More Races	4%	8%	1%	4%	7%	2%	5%

The estimated population of residents of Hispanic, Latino, or Spanish origin in Yolo County is 59,340. This represents nearly 30% of the total population, which is less than the state 37% rate. Origin can be viewed as the heritage, nationality group, lineage, or country of birth of the person or the person's parents or ancestors before their arrival in the United States. People who identify their origin as Hispanic, Latino, or Spanish may be of any race.

The South and South East regions have the lowest percentage of Hispanic/Latino population, 14% and 22%, respectively. The South West region has a slight majority of its population as Hispanic/Latino, 51%.

Figure 5: Population Percentage by Ethnicity



FOREIGN BORN

The foreign born population includes anyone who was not a U.S. citizen or U.S. national at birth. This includes any non-citizens, as well as persons born outside of the U.S. who have become naturalized citizens. The native U.S. population includes any person born in the U.S., Puerto Rico, a U.S. Island Area, or abroad of U.S. citizen parent or parents.

There are 42,089 persons in Yolo County that are of foreign birth, which represents 21% of the population. This percentage is less than the state rate of 27%. The East, North West, North East, and South West regions exceed Yolo County's rate with 23%, 28%, 26%, and 26%. All figures in red indicate a percentage or rate that exceeds that of the county's rate.

Table 6: Percentage of Native and Foreign Born

Region	Native	Foreign Born
Central	79%	21%
East	77%	23%
North East	74%	26%
North West	73%	28%
South	81%	19%
South East	88%	12%
South West	74%	26%

LANGUAGE

An inability to speak English may create barriers to access, provider communications, outreach efforts, and health literacy/education.

LANGUAGE SPOKEN AT HOME

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. This rate is less than the state rate of 43%. Of these languages other

than English spoken at home, Spanish represents nearly 60%. Of those Yolo County residents who speak a language other than English at home, 15% speak English less than "very well".

Table 7: Language other than English

Language other than English	%
Spanish	59%
Indo-European	18%
Asian & Pacific Islander	21%
Other	2%

Table 8: Speak English less than "very well"

Speaks English less than "very well"	%
Central	17%
East	18%
North East	18%
North West	24%
South	9%
South East	11%
South West	29%

ENGLISH LANGUAGE LEARNERS

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. English Learners face difficult challenges in learning a new language as well as the school curriculum, putting them at a greater risk of future educational attainment and socioeconomic success.

In 2012, Yolo County had 20% of the public school population as English Learners, which is slightly less than the state rate of 22%. Spanish is the most predominant language spoken among English Learners at 81%. Of the school districts in Yolo County, the Winters Joint Unified School District has two-thirds of its student population as English Learners

Table 9: Davis Joint Unified (School District)

Davis Joint Unified	Percent
English Learner (Spanish)	5%
English Learner (Other Language)	4%
Not an English Learner	91%

Table 10: Esparto Unified (School District)

Esparto Unified	Percent
English Learner (Spanish)	26%
English Learner (Other Language)	1%
Not an English Learner	73%

Table 11: Washington Unified (School District)

Washington Unified	Percent
English Learner (Spanish)	13%
English Learner (Other Language)	7%
Not an English Learner	80%

Table 12: Winters Joint Unified (School District)

Winters Joint Unified	Percent
English Learner (Spanish)	34%
English Learner (Other Language)	0.3%
Not an English Learner	66%

Table 13: Woodland Joint Unified (School District)

Woodland Joint Unified	Percent
English Learner (Spanish)	25%
English Learner (Other Language)	2%
Not an English Learner	73%

Table 14: Yolo County Office of Education (School District)

Yolo County Office of Education	Percent
English Learner (Spanish)	15%
English Learner (Other Language)	3%
Not an English Learner	82%

HOUSEHOLD COMPOSITION

A house, apartment, single room, or group of rooms is regarded as a household. There are 69,860 households in Yolo County. Slightly over 21,775 of these households have at least one child under the age of 18. Nearly 27% of these family households are led by single parents. There are also nearly 5,400 households where a senior is living alone.

OTHER POPULATIONS

It is estimated that there are 500 homeless persons in Yolo County representing 0.2% of the population. In addition, there are 23,445 undocumented immigrants living in Yolo County.

SOCIAL AND ECONOMIC CIRCUMSTANCES

Social and economic circumstances are the experiences and realities that help mold one's personality, attitudes, and lifestyle. 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. Ensuring access to social and economic resources provides a foundation for a healthy community.

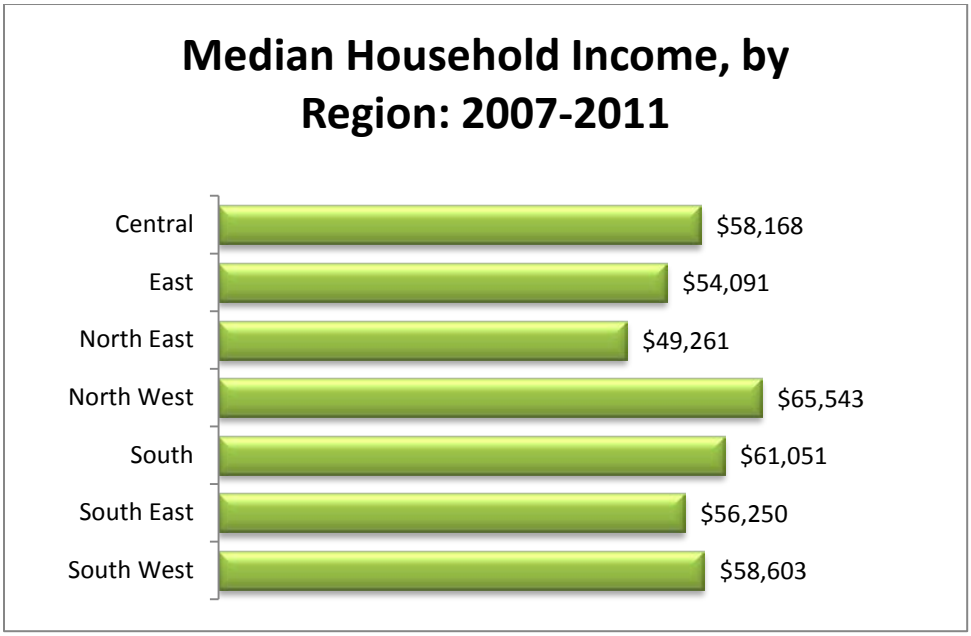
INCOME

Personal income is one of the major determinants of individual and community health. Lower household income is directly related to an increased risk for chronic conditions in children[1]. 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 following data describe the household income levels and those living below the federal poverty level by county region.

For the period from 2007 to 2011, the median household income for the state of California was $61,632, which was slightly higher than the Yolo County median household income of $57,920. The county regions range from a low of $49,261 in the North East region to $65,543 in the North West region.

[1] American Public Health Association. Health Disparities: The Basics. http://www.apha.org/NR/rdonlyres/54C4CC4D-E86D-479A-BABB-5D42B3FDC8BD/0/HlthDisparty_Primer_FINAL.pdf

Figure 6: Median Household Income, By Region: 2007-2011



For Yolo County, 12% of the households had incomes greater than $150,000. The South region tops the list with 17% of households and while the North East region has only 6% of households with incomes greater than $150,000.

Table 15: Household Income >$150k

Region	%
Central	10%
East	9%
North East	6%
North West	13%
South	17%
South East	9%
South West	10%

POVERTY

Within Yolo County, 19% or 35,674 individuals are living in households with incomes below the Federal Poverty Level, which is slightly higher than the state at 14%.

Table 16 displays the 2012 federal poverty guidelines. To determine if a household is below the federal poverty level, the family/household size is compared to the poverty guidelines. For example, if a family of four has a household income of less than $23,050, then that household and its members are considered below the federal poverty level.

Figure 7: Federal Poverty Level Guidelines

Family/ Household Size	Poverty Guideline
1	$11,170
2	$15,130
3	$19,090
4	$23,050
5	$27,010
6	$30,970
7	$34,930
8	$38,890
For families/households with more than 8 persons, add $3,960 for each additional person.	

Among those living below the poverty level in Yolo County, include 11,038 households, 4,330 families, and 44,211 children. The percentages of the different populations living below the federal poverty level are listed in Table 17. The South region has the highest percentage of people and households below the poverty level, 26% and 21% respectively. However, the percentage of families and children living below the poverty level is among the lowest in the county at 9% and 11%. Although poverty status is not determined for those who are living in college residence halls, there is still a large student population in Davis not living in the college residence halls, which could account for the high percentages of people and households below the poverty level and the low percentages among families and children. The burden of poverty falls heavy on us all, but even more so on children. Those regions that exceed the county's rate for children below poverty include the East (27%), North East (41%), South East (37%), and South West (19%) regions. The North East region exceeds the county rate for all categories of those living below the poverty level.

Table 16: Populations Living Below the Federal Poverty Level

Report Area	All People	Households	Families	Children
Yolo County	19%	16%	10%	18%
Regions				
Central	11%	11%	8%	14%
East	19%	15%	14%	27%
North East	22%	18%	17%	41%
North West	10%	8%	5%	15%
South	26%	21%	9%	11%
South East	10%	4%	6%	37%
South West	15%	16%	11%	19%

Poverty is not experienced equally among all populations. Among the different races in Yolo County, Asians and Black/African Americans experience poverty more than Whites do. 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.

Figure 8: Population below Poverty by Ethnicity

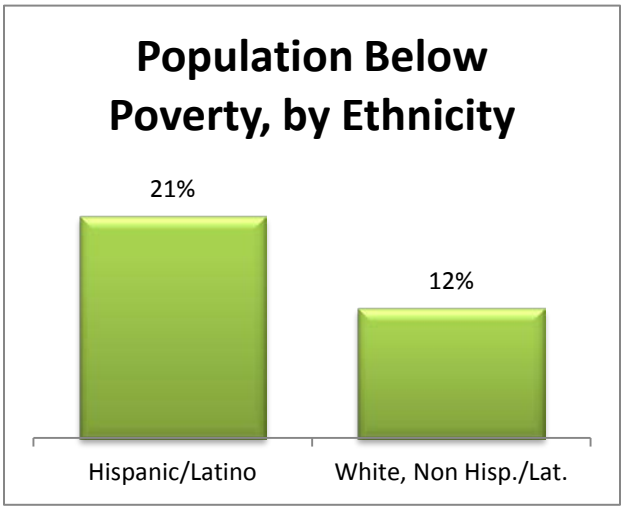


Figure 9: Population below Poverty, by Race

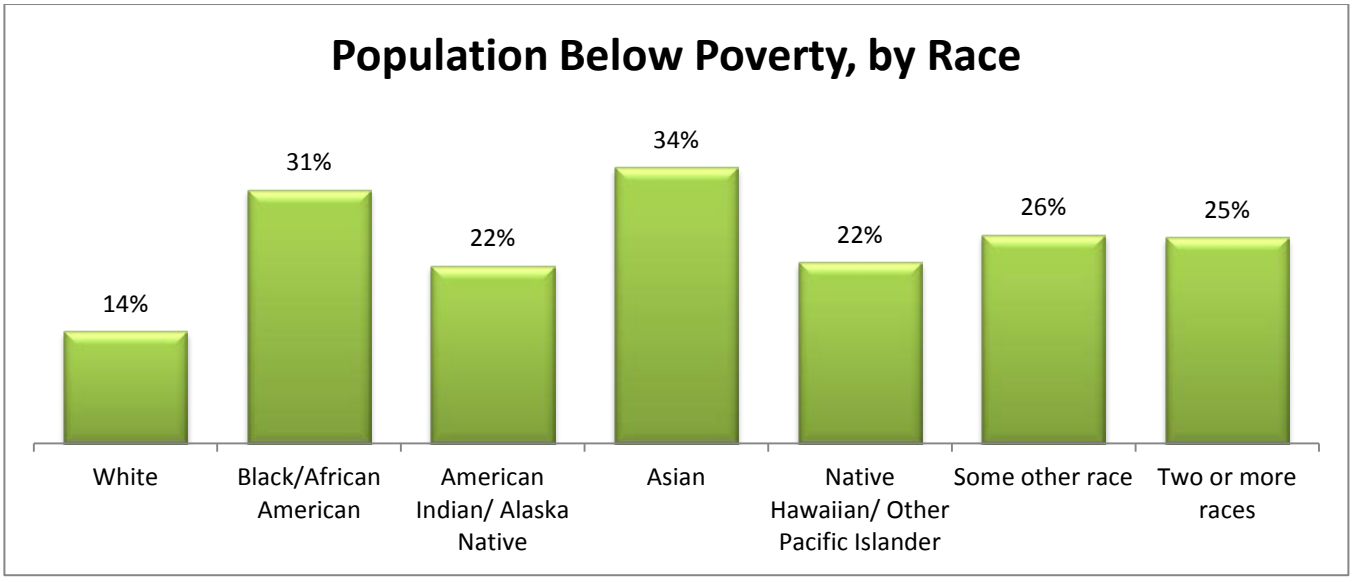
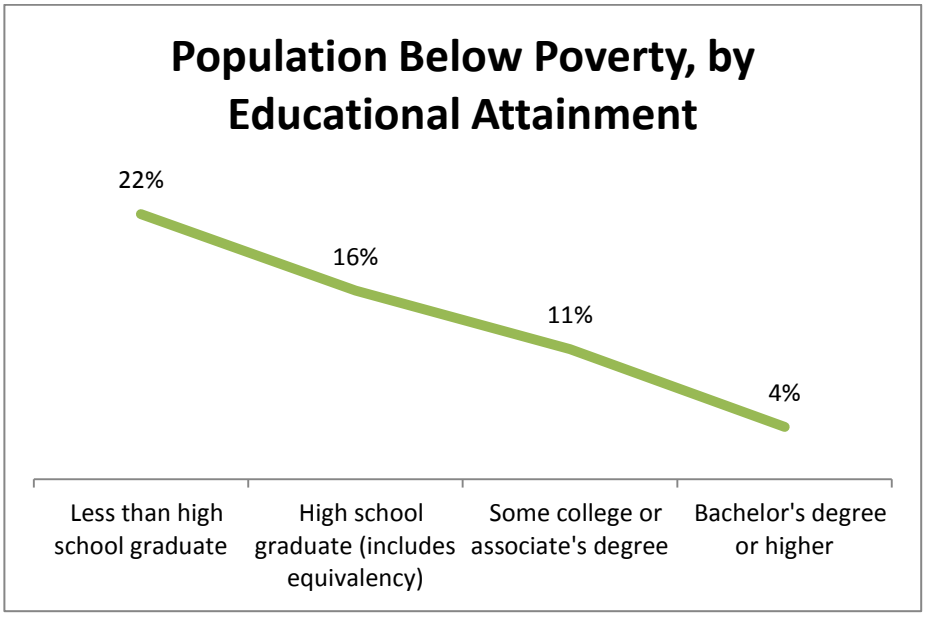


Figure 10: Population below Poverty, by Educational Attainment



HOUSEHOLD COSTS

There are 69,860 occupied housing units in Yolo County with 54% owner-occupied and 46% renter-occupied. The median value of an owner-occupied housing unit in Yolo County is $365,500, which is far lower than the state median value of $421,600. The median value of owner-occupied housing units range from a low of $275,000 in the East region to a high of $574,000 in the South region.

Table 17: Housing Unit Median Values

Region	Amount
Central	$326,400
East	$275,600
North East	$304,000
North West	$293,800
South	$574,000
South East	$494,000
South West	$313,300

The U.S. Department of Housing and Urban Development considers households to be burdened if they spend more than 30% of their income on housing costs. Some examples of owner costs include mortgages, real estate taxes, various insurances, utilities, fuels, mobile home costs, and condominium fees. The number of households burdened by housing costs provides a measure of the cost of living and a proxy for evaluating disposable income levels in a community. A housing unit may be a house, an apartment, a mobile home, a single room or group of rooms.

Table 19 shows the percentage of housing units with a mortgage whose owner expenses exceed 30% of their monthly gross household income. Table 20 shows the percentage of renter households whose gross rent (contracted rent amount plus estimated average monthly utility costs) is 30% or more of their household income.

Table 18: Monthly Owner Costs as a percentage of Household Income

Region	%
Yolo County	43%
Regions	
Central	45%
East	52%
North East	63%
North West	52%
South	31%
South East	42%
South West	50%

Table 19: Gross Rent as a Percentage of Household Income

Region	%
Yolo County	50%
Regions	
Central	42%
East	44%
North East	20%
North West	40%
South	59%
South East	65%
South West	37%

The economic burden of owner costs exceeds the county rate in all regions except for the South and South East regions. The economic burden of renter households exceeds the county rate in only the South and South East regions.

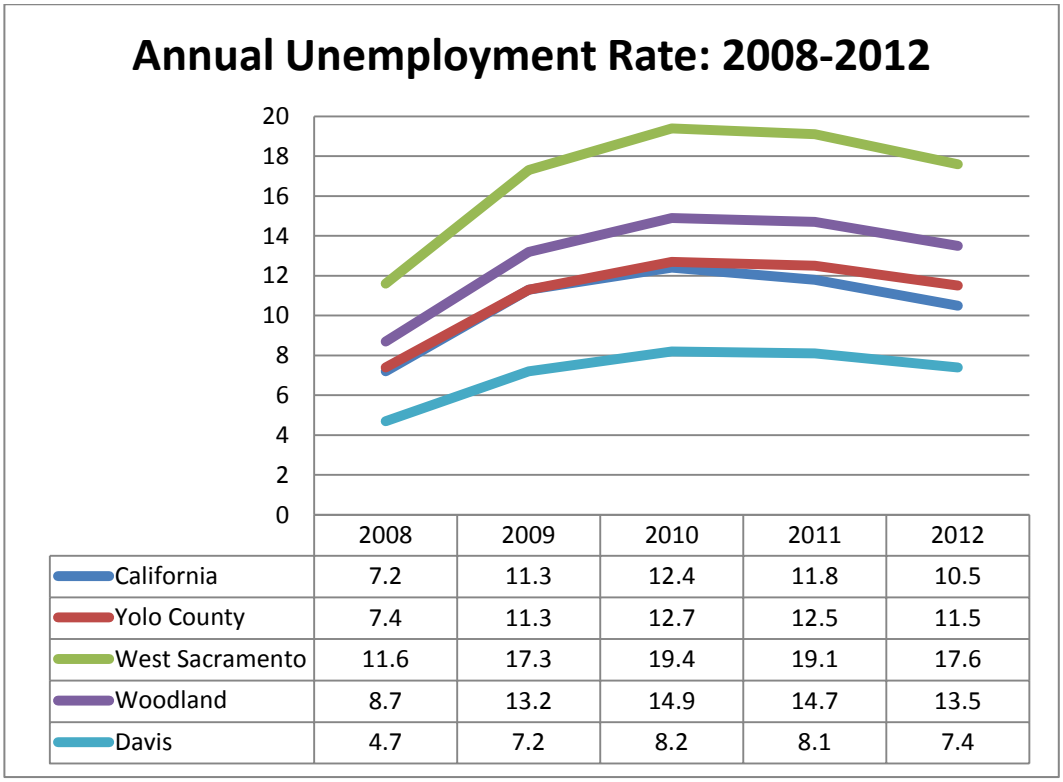
EMPLOYMENT

Steady employment in safe working conditions often means a steady paycheck, income benefits, and stability necessary for good health. Unemployment creates financial instability and barriers to insurance coverage, health services, healthy food,

and other necessities that contribute to poor health status. Furthermore, long-term unemployment has large negative effects on mental health due to elevated levels of anxiety, frustration, disappointment, alienation, and depression[2].

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. Generally, the unemployment rate in Yolo County mirrored that of the state, but has not recovered as quickly. Unemployment rates were collected for the three metropolitan areas in Yolo County: West Sacramento, Woodland, and Davis. All three resemble the arch represented in the unemployment rates of the state and Yolo County. However, West Sacramento has experienced unemployment rates roughly six points higher than the county. Woodland has also experienced unemployment rates higher than the county, typically being two points higher, and Davis has experienced unemployment rates four points lower than the county.

Figure 11: Annual Unemployment Rate: 2008-2012



	2008	2009	2010	2011	2012
California	7.2	11.3	12.4	11.8	10.5
Yolo County	7.4	11.3	12.7	12.5	11.5
West Sacramento	11.6	17.3	19.4	19.1	17.6
Woodland	8.7	13.2	14.9	14.7	13.5
Davis	4.7	7.2	8.2	8.1	7.4

EDUCATIONAL ATTAINMENT

Educational attainment influences health and longevity through a myriad of complex influences that are not quite fully understood. Increased educational attainment reduces the risk of chronic diseases compared to a lack of or limited educational attainment. Despite the difference in health behaviors between better educated and less educated individuals, health behaviors alone cannot explain all of the disparities in health outcomes between these two groups[3]. Educational

[2] Arthur Goldsmith and Timothy Diette' "Exploring the Link Between Unemployment and Mental Health Outcomes," http://www.apa.org/pi/ses/resources/indicator/2012/04/unemployment.aspx (April 2012)

[3] David Cutler and Adriana Lleras-Muney, "Education and Health, Policy Brief" http://www.npc.umich.edu/publications/policy_briefs/brief9/policy_brief9.pdf (March 2007)

attainment can lead to improved health through increasing health knowledge, higher incomes, social and psychological aspects such as control beliefs, social capitol, and social support.

Nineteen percent of Yolo County residents age 25 years or older have an educational attainment of a high school diploma and 38% have a bachelor's degree or higher. The South region has over two-thirds of its residents 25 years and older with a bachelor's degree or higher.

Table 20: Educational Attainment Level

Report Area	Less than a High School Diploma	High School Graduate	Bachelor's Degree or Higher
Yolo County	16%	19%	38%
Regions			
Central	21%	23%	25%
East	19%	23%	25%
North East	36%	24%	17%
North West	26%	30%	18%
South	4%	8%	69%
South East	16%	18%	31%
South West	26%	26%	23%

GRADUATION RATES

Within Yolo County for the class of 2011-2012, 86% of public school students received their high school diploma within four years. This is above the state rate of 79%. The dropout rate[4] for Yolo County was 10% compared to 13% statewide. The Washington Unified School District was slightly below the Yolo County graduation rate with 85% of its student population graduating on time. There were several disparities between racial and ethnic groups with American Indian or Alaskan Natives, Black/African Americans, and Hispanic/Latinos being below the county rate. Table 22 and Table 23 show the graduation and dropout rates for the school districts and by race and ethnicity.

Table 21: Graduation Dropout Rates by School District

School District	Graduation Rate	Dropout Rate
Davis Joint Unified	95	2
Esparto Unified	88	12
Washington Unified	85	11
Winters Joint Unified	89	6
Woodland Joint Unified	88	8

Table 22: Graduation Dropout Rates by Race and Ethnicity

Race/Ethnicity	Graduation Rate	Dropout Rate
Hispanic or Latino of Any Race	81	15
American Indian or Alaska Native	67	17
Asian	92	6
Pacific Islander	93	7
Filipino	90	5
African American	76	22
White	90	6
Two or More Races	89	4

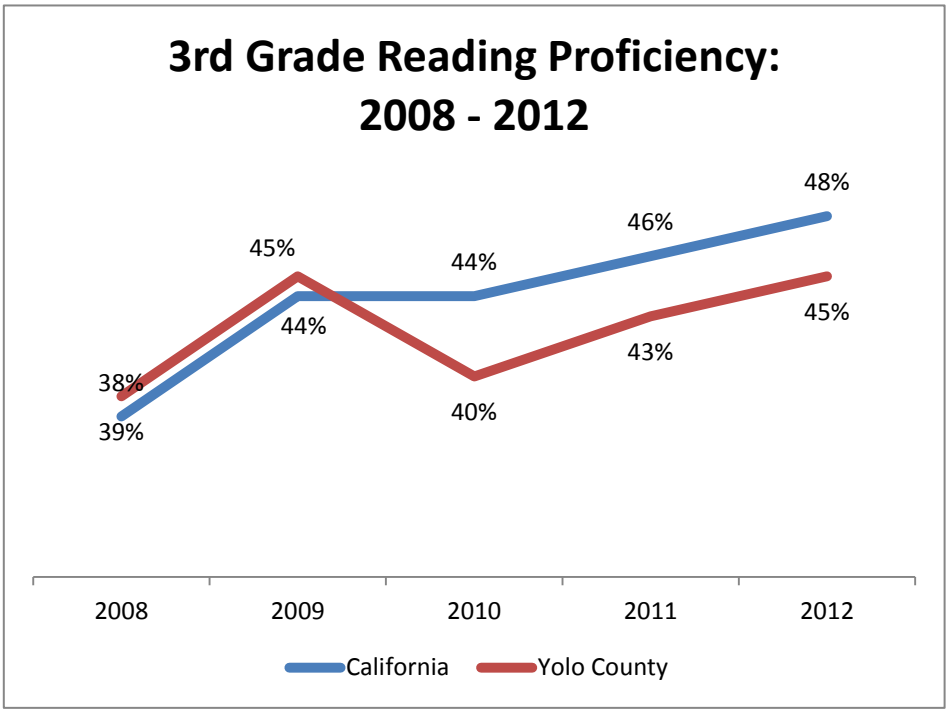
[4] Dropout rate is the rate of students that leave the 9-12 instructional system without a high school diploma, GED, or special education certificate of completion and do not remain enrolled after the end of the 4th year.

THIRD GRADE READING PROFICIENCY

Third grade reading scores are highly correlated with later academic success; generally, third grade marks the transition from "learning to read" to "reading to learn"[5]. 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, 45% of Yolo County third graders were proficient or advanced in English Language Arts, up from 39% in 2008. In recent years, the 3rd grade reading proficiency lags slightly behind the state totals.

Figure 12: 3rd Grade Reading Proficiency 2008-2012



Reading proficiency in 3rd grade varies widely by socioeconomic status[6], English language fluency, and race/ethnicity. In Figure 11 above, the data show a large discrepancies between non-economically disadvantaged students and fluent-English and English only students compared to economically disadvantaged and English language learners. For example, in 2012,only 13% of Yolo County English Language learners were proficient in reading, compared to 58% Fluent-English and English only students.

There are also discrepancies among different races and ethnicities and school districts. Table 24 shows that Asian, Filipino, and White students score above the countywide percentage, whereas Black/African American and Hispanic/Latino students score below the countywide percentage. All of the school districts in Yolo County scored below the countywide percentage with the exception of the Davis Joint Unified School District. While the countywide 3rd grade reading proficiency has gradually risen over the past five years, it remains relatively stagnant among English language learners and fluent-English and English only students.

[5] Musen, L., Early reading proficiency. http://www.annenberginstitute.org/pdf/LeadingIndicator_Reading.pdf (2010)

[6] Students are considered "economically disadvantaged" if they are eligible for the free/reduced price lunch program or if neither parent graduated from high school.

Figure 13: 3rd Grade Reading Proficiency by Students' English Fluency and Economic Status: 2008 - 2012

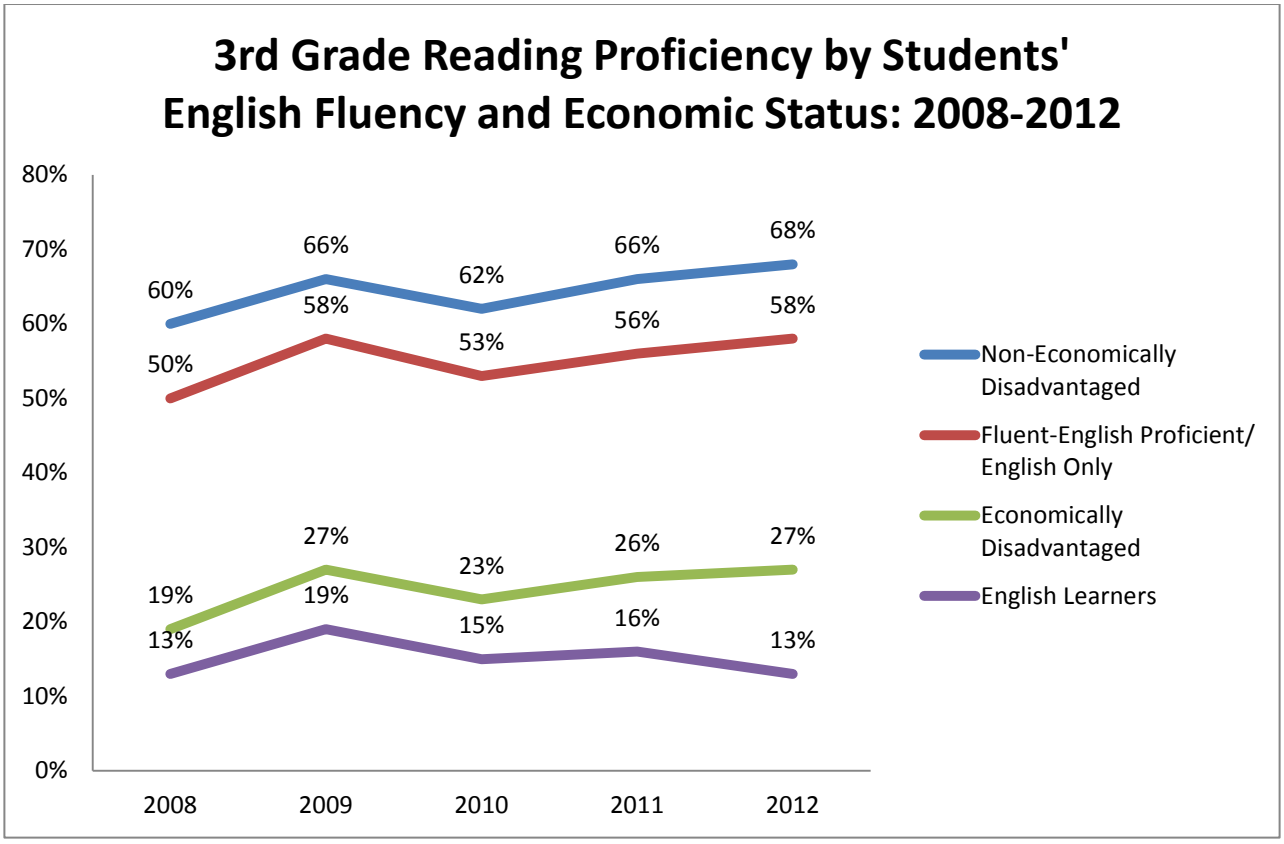


Table 23: 3rd Grade Reading Proficiency by Race and Ethnicity

Race/Ethnicity	2008	2009	2010	2011	2012
African American/Black	30%	29%	LNE	LNE	38%
Asian	52%	60%	58%	65%	62%
Filipino	LNE	64%	LNE	69%	70%
Hispanic/Latino	18%	29%	23%	25%	27%
White	58%	60%	56%	58%	62%

LNE (Low Number Event) refers to data that have been suppressed because there were fewer than 20 estimated students.

Table 24: 3rd Grade Reading Proficiency by School District

School District	2008	2009	2010	2011	2012
Yolo County	39%	45%	40%	43%	45%
School Districts					
Davis Joint Unified	64%	68%	64%	67%	66%
Esparto Unified	29%	31%	LNE	LNE	LNE
Washington Unified	29%	35%	32%	39%	40%
Winters Joint Unified	31%	35%	27%	34%	31%
Woodland Joint Unified	28%	38%	31%	31%	36%
Delta Elementary Charter District	N/A	31%	43%	21%	32%

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 algebra is considered as "a foundation and language system on which higher order mathematics, science, technology, and engineering courses are built."[7] 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. Statewide the percentage of students in grades 7 through 11 who scored proficient or higher on the Algebra I CST increased from 25% to 35% between 2008 and 2012; however, the countywide percentage was stagnant. The Davis Joint Unified School District scored well above the countywide percentage whereas the rest of the school districts appeared to struggle.

Table 25: Algebra I Proficiency by School District

Report Area	2008	2009	2010	2011	2012
California	25%	28%	31%	32%	34%
Yolo County	34%	32%	33%	32%	35%
School Districts					
Davis Joint Unified	70%	68%	73%	69%	64%
Esparto Unified	21%	23%	34%	28%	LNE
Washington Unified	28%	21%	22%	25%	28%
Winters Joint Unified	30%	33%	23%	29%	23%
Woodland Joint Unified	22%	18%	18%	19%	26%

LNE (Low Number Event) refers to data that have been suppressed because there were fewer than 20 estimated students.

Algebra I proficiency varies dramatically by race/ethnicity and socioeconomic status. Asians and Whites have a higher percentage of public school students scoring proficient or advanced compared to Black/African American and Hispanic/Latino students. Students who are considered economically disadvantaged also had a fewer percentage of students score proficient or advanced in Algebra I.

Table 26: Algebra I Proficiency by Race/Ethnicity and Socioeconomic Status

Race/Ethnicity	2008	2009	2010	2011	2012
African American/Black	25%	27%	28%	LNE	25%
Asian	59%	57%	61%	49%	65%
Hispanic/Latino	18%	16%	18%	18%	20%
White	46%	44%	46%	48%	47%
Socioeconomic Status					
Economically Disadvantaged	21%	17%	19%	19%	21%
Non-Economically Disadvantaged	45%	48%	47%	48%	51%

[7] Musen, L. Pre-algebra and algebra enrollment and achievement. Providence, RI: Annenberg Institute for School Reform, Brown University. Retrieved from: http://www.annenberginstitute.org/pdf/LeadingIndicator_Math.pdf (2010)

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 disorders are health conditions that are characterized by alterations in thinking, mood, or behavior. Mental health affects our physical and social health.

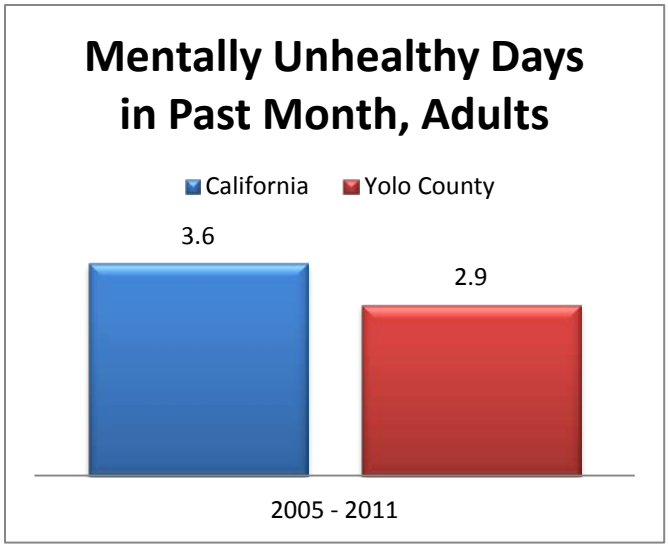
DEPRESSION AND MENTAL HEALTH

Depression is one of the most common mental health issues and encompasses several forms of depressive disorders.

"MENTALLY UNHEALTHY" DAYS

In regards to mental health, which includes stress, depression, and problems with emotions, respondents were asked how many days was there 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.

Figure 14: Mentally Unhealthy Days in the Past month 2005-2011



DEPRESSION-RELATED FEELINGS

Mental and emotional health is critical to equipping young people for the challenges of growing up and living as healthy adults. In 2011, almost 30% of high school students nationwide reported persistent feelings of sadness or hopelessness. Among youth, countywide and statewide, enrolled in grades 7 to 11 as well as those enrolled in non-traditional schools, more females than males reported experiencing depression-related feelings. Countywide, the gender disparity in depression-related feelings is widest in the Esparto Unified School District, and smallest in the Davis Joint Unified School District.

Table 27: Depression Related Feelings, California: 2008-2010

Grade Level	California		Yolo County	
	Female	Male	Female	Male
7th Grade	31%	25%	33%	25%
9th Grade	36%	24%	38%	26%
11th Grade	37%	27%	32%	27%
Non-Traditional	47%	29%	39%	41%

Table 28: Depression Related Feelings, Davis JUSD: 2008-2010

Davis JUSD	Female	Male
7th Grade	24%	23%
9th Grade	30%	28%
11th Grade	29%	23%

Table 29: Depression Related Feelings, Washington USD: 2008-2010

Washington USD	Female	Male
7th Grade	40%	26%
9th Grade	46%	28%
11th Grade	39%	37%

Table 30: Depression Related Feelings, Winters JUSD: 2008-2010

Winters JUSD	Female	Male
7th Grade	25%	32%
9th Grade	50%	18%
11th Grade	42%	18%

Table 31: Depression Related Feelings, Esparto USD: 2008-2010

Esparto USD	Female	Male
7th Grade	LNE	12%
9th Grade	54%	15%
11th Grade	37%	27%

Table 32: Depression Related Feelings, Woodland JUSD: 2008-2010

Woodland JUSD	Female	Male
7th Grade	36%	27%
9th Grade	34%	25%
11th Grade	30%	29%

Additionally, rates are generally highest among American Indian/Alaska Native, Native Hawaiian/Pacific Islander, and Black/African American youth, and lowest among Asian and White youth. Davis and Washington Unified School Districts show higher rates of Black/African American and Hispanic/Latino students reporting depression.

Table 33: Depression Related Feelings by Race/Ethnicity, Yolo County 2008-2010

Race/Ethnicity	%
African American/Black	37%
American Indian/Alaska Native	39%
Asian	27%
Hispanic/Latino	31%
Native Hawaiian/Pacific Islander	37%
White	27%
Multiracial	36%
Other	36%

MENTAL HEALTH-RELATED TREATMENT

A slightly lower-than-statewide percentage of Yolo County adults felt they did not receive sufficient social and emotional support: 24% compared to 25%.

Table 34: Did Not Receive Adequate Social/Emotional Support (2005-2011)

Report Area	%
California	25%
Yolo County	24%

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. The CHIS respondents who stated that they needed professional help were asked whether they received treatment or not for their mental health issue. Fifty-eight percent stated that they received treatment. 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.

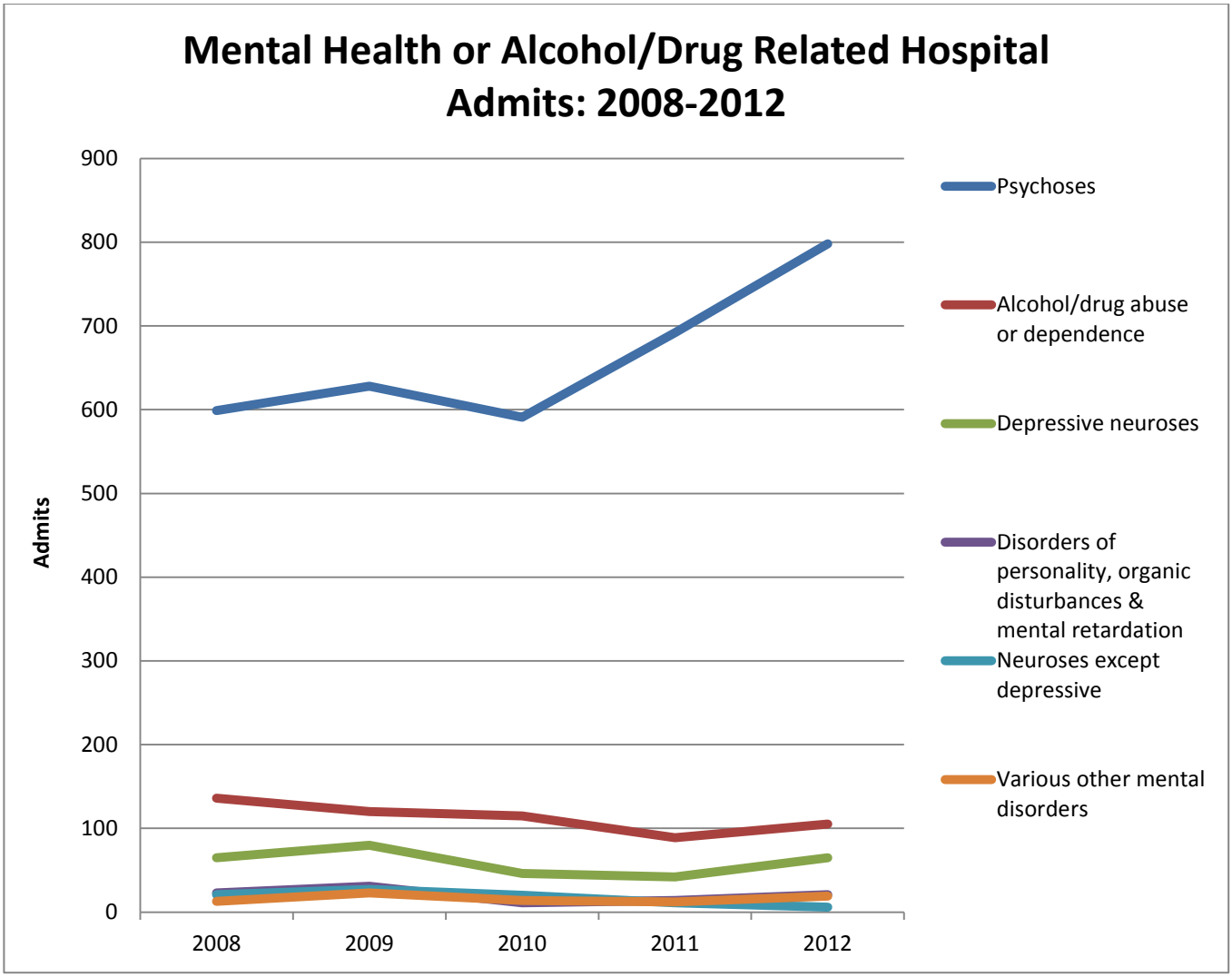
Table 35: Reason for Seeking Treatment, 2011-12

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

HOSPITALIZATIONS

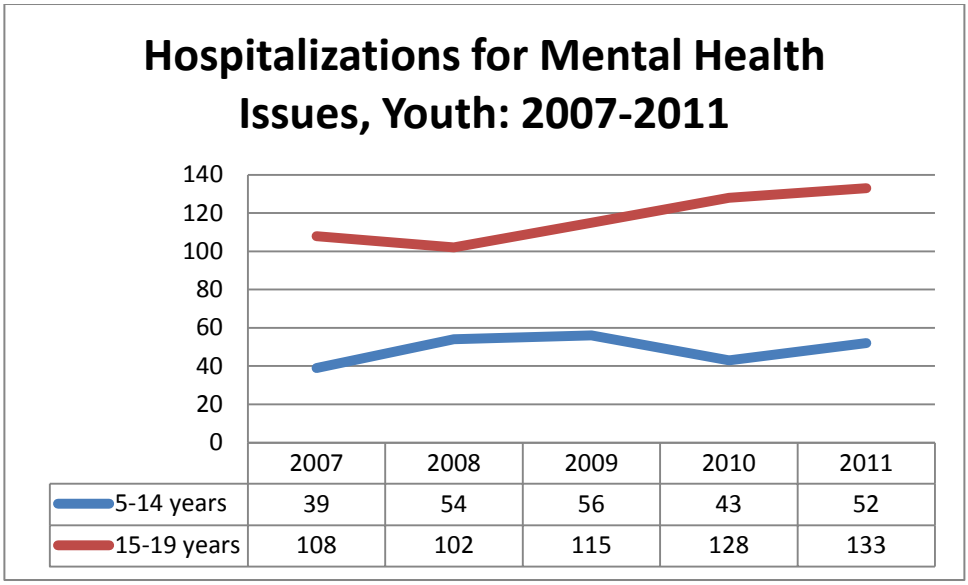
Overall, the rate of hospitalizations for mental health diagnoses has been trending upward since 2008. Most significantly, among the diagnostic groups for mental health or substance abuse-related hospital admissions, hospitalizations related to alcohol abuse or dependence have decreased, while hospitalization for psychoses have considerably increased. In 2012, there was roughly an 8 to 1 ratio of psychoses to alcohol/drug abuse hospitalizations for mental health issues.

Figure 15: Mental Health or Alcohol/Drug Related Hospital Admits: 2008-2012



In 2011, there were 11,687 hospitalizations for mental health issues among children ages 5 to 14 in California (a rate of 1.2 per 1,000), and 23,514 among youth ages 15 to 19 (4.2 per 1,000). For Yolo County, the rate of children ages 5 to 14 is slightly higher at 2.9; the rate among youth ages 15 to 19 is slightly lower at 8.8 than those of the state. From 2007 to 2011, Yolo County has seen an increase in hospitalizations for mental health issues among children and youth.

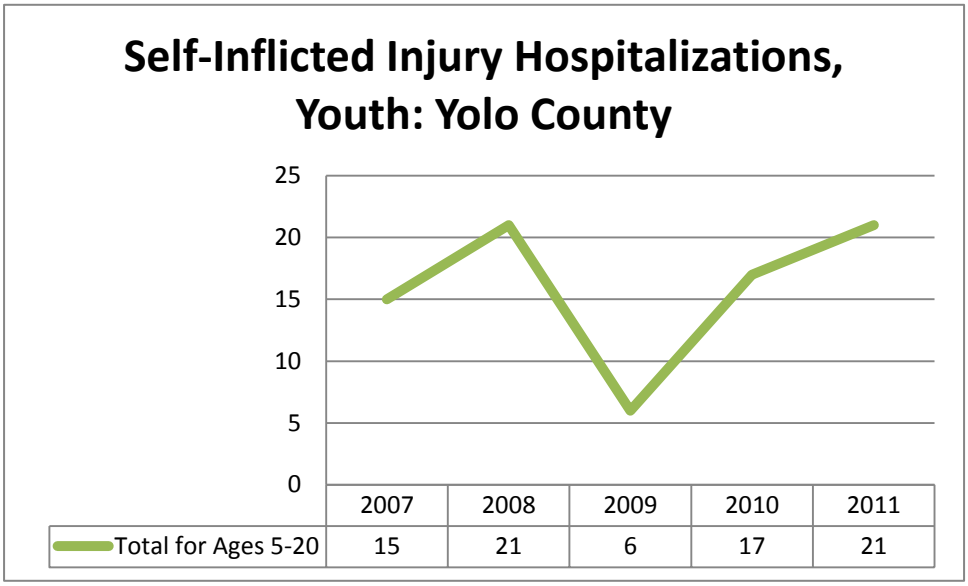
Figure 16: Hospitalizations for Mental Health Issues, Youth: 2007-2011



SUICIDE AND SELF-INFLICTED INJURY

Suicide is considered a major preventable mental health problem in the U.S. and it is the third leading cause of death for youth ages 10 to 24 nationwide. While statewide, youth suicide has also seen an increase in recent years, there has also been a net increase within Yolo County of hospitalizations of youth aged 5 to 24 for self-inflicted injuries. Additionally, though countywide numbers are too small to generalize, the highest numbers of suicides among Yolo County youth were observed among white, male youths.

Figure 17: Self-Inflicted Injury Hospitalizations, Youth: Yolo County

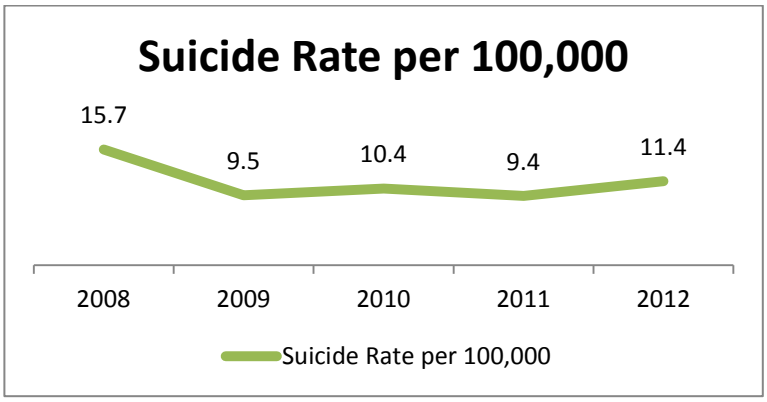


In Yolo County, an estimated 18% of high school freshmen and 11% of high school juniors stated they had seriously considered attempting suicide in the past month. Compared to adults, adolescents are at heightened risk for self-injurious behavior (e.g., cutting, scratching, etc.), but these behaviors 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 distress[8]. 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.

Table 36: Suicide Rate per 100,000: 2008-2011



YOUTH QUALITY OF LIFE

Another important dimension of social and mental health is youth quality of life in their communities and educational settings, such as depression, performance in school, coping abilities, and functioning in adult life. Quality of life includes the individual's perceptions of well-being and access to the necessities of life, which include such factors as positive expectations from caring adults, meaningful participation within the community, and connectedness at school.

COMMUNITY CONNECTEDNESS

Community connectedness is a summary measure that includes student reports of caring adults, high expectations from adults, and meaningful participation in the community. Communities can play a critical role in fostering resilience among children and youth, which is associated with healthy development and the avoidance of risky behavior. Female students perceived high levels of agreement of community connectedness more frequently than their male counterparts, though females in non-traditional schools agreed with this less than female students countywide.

When categorized by race and ethnicity, there is a slight disparity in youth perception of community connectedness: only 58% of Asian and 59% of Hispanic/Latino youth had a high level of community connectedness, compared to White students at 76%.

[8] 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

Figure 18: Community Connectedness, 2008-2010: Yolo County

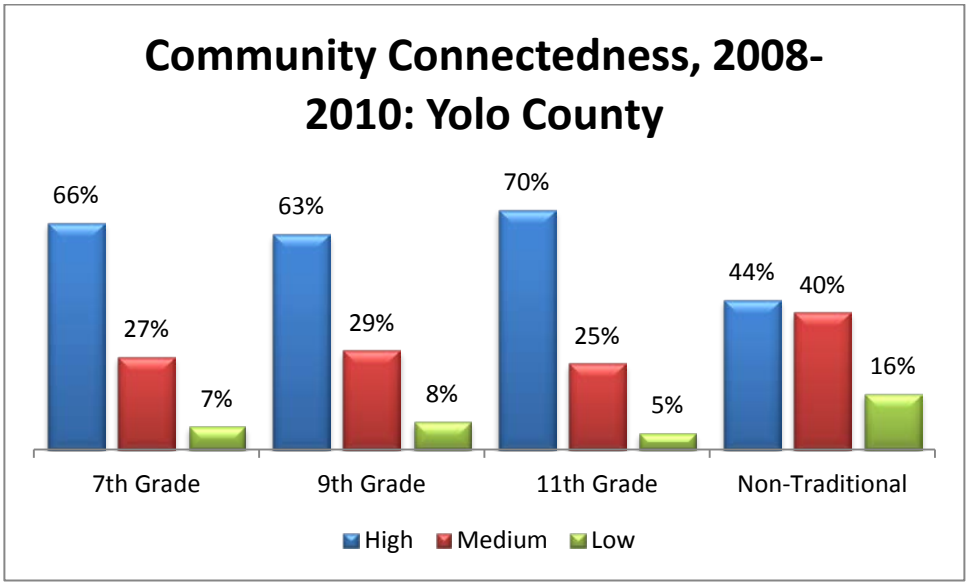
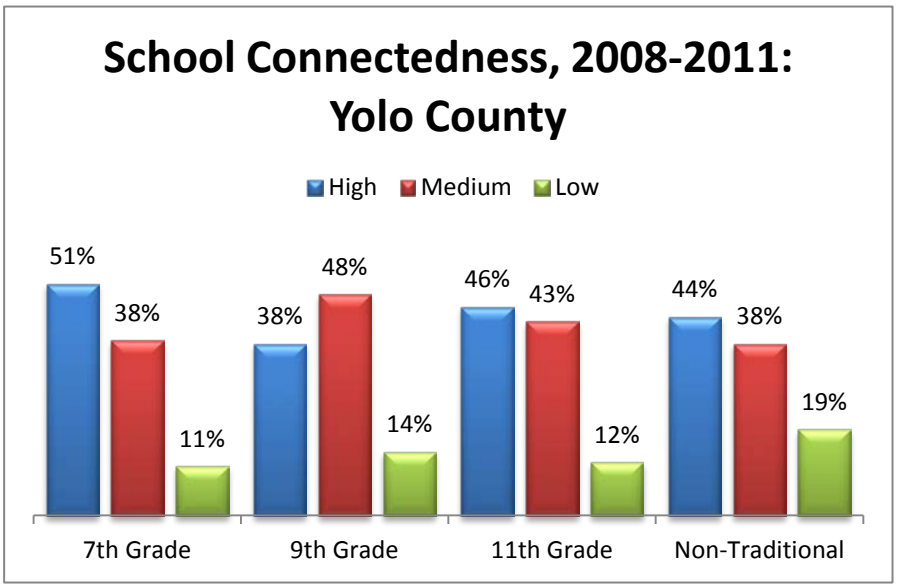


Table 37: High Level of Community Connectedness

Grade Level	Davis JUSD	Esparto USD	Washington USD	Winters JUSD	Woodland JUSD
7th Grade	75%	52%	64%	66%	62%
9th Grade	67%	58%	58%	61%	64%
11th Grade	74%	64%	69%	62%	68%

SCHOOL CONNECTEDNESS

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. Both countywide and statewide, the general pattern of school connectedness was that in 7th grade, about 50 to 51% of students reported a high level of school connectedness, but a lower percentage reported the same by 11th grade.



In Yolo County, school connectedness is consistently higher in Davis JUSD. In Woodland JUSD, "high" levels of school connectedness in 7th grade is the second highest countywide at 55%. However, by 9th grade, the percentage of students in this school district reporting high connectedness falls by over 20%, and even more by 11th grade.

Table 38 : High Level of School Connectedness

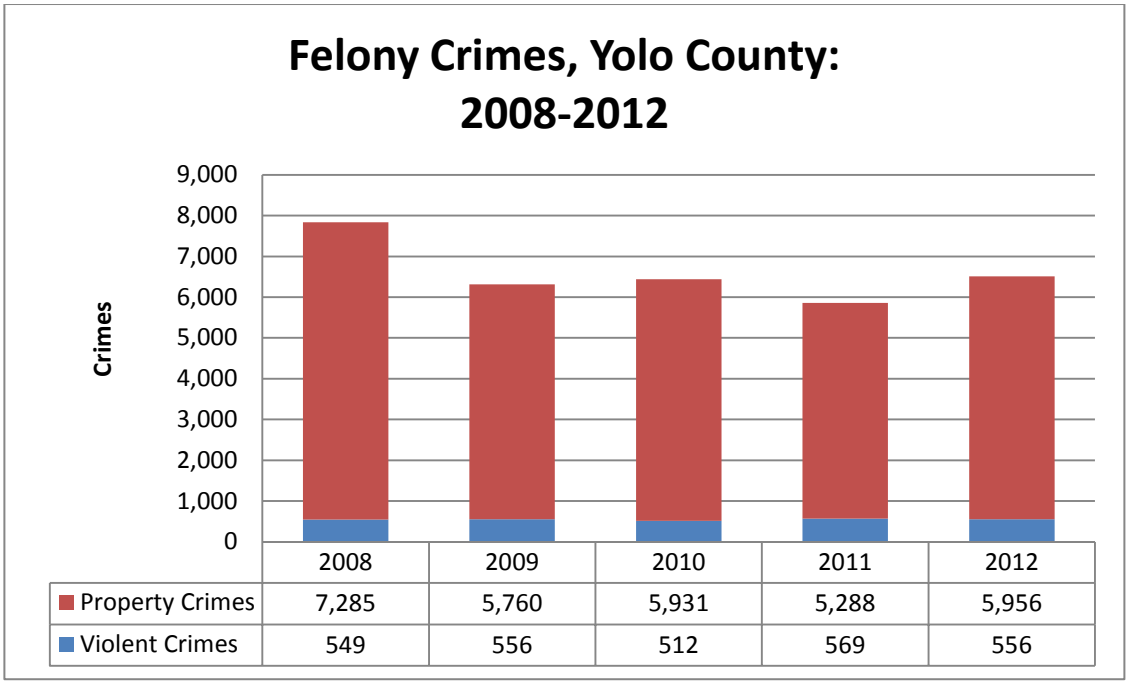
Grade Level	Davis JUSD	Esparto USD	Washington USD	Winters JUSD	Woodland JUSD
7th Grade	61%	37%	35%	42%	56%
9th Grade	48%	43%	28%	35%	36%
11th Grade	63%	50%	28%	44%	39%

School connectedness is a crucial indicator of youth social and mental health in a community, as low levels of school connectedness are associated with increased likelihood of substance abuse, crime, social isolation, and other mental health issues.

CRIME

A crime is an act specifically prohibited by law, or failure to perform an act specifically required by law, for which punishment is prescribed. Crime in a neighborhood causes fear, stress, feeling unsafe, and poor mental health. Fear of crime can limit mobility or physical activity in a neighborhood and inhibit social interactions. The total number of felony crimes has dropped from 2008 to 2012 in Yolo County from 7,834 to 6,512.

Figure 20: Felony Crimes, Yolo County: 2008-2012

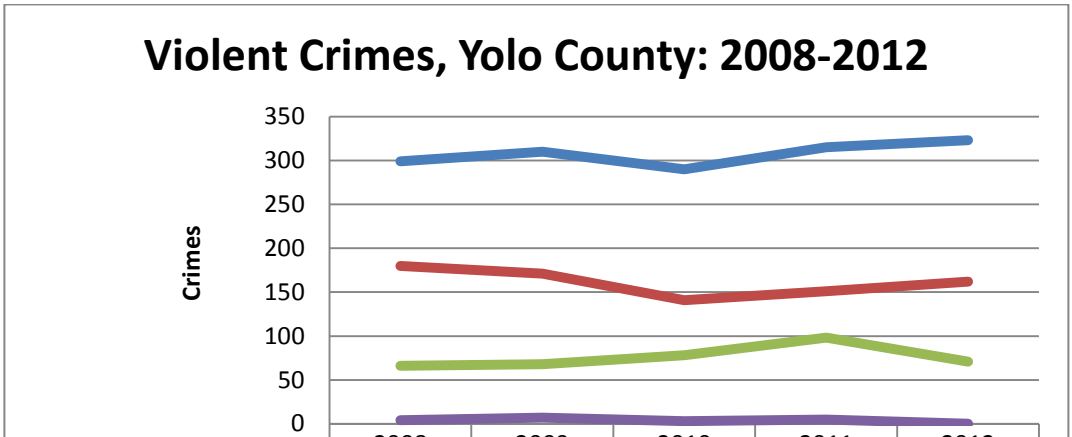


FELONY: VIOLENT CRIMES

Violet crimes are those offenses that involve force or threat of force. Violent crimes are composed of four offenses: murder and non-negligent manslaughter; forcible rape; robbery; and aggravated assault. Between 2008 and 2012, a small increase was observed in violent crimes countywide.

Particularly, the occurrence of forcible rape and aggravated assault have increased, especially aggravated assault involving the use of knives or other cutting instruments. The overall occurrence of robbery has decreased, specifically those involving use of firearms or cutting instruments, and those taking place in convenience stores; however, there has been an increase in strong-arm robberies.

Figure 21: Violent Crimes, Yolo County: 2008-2012

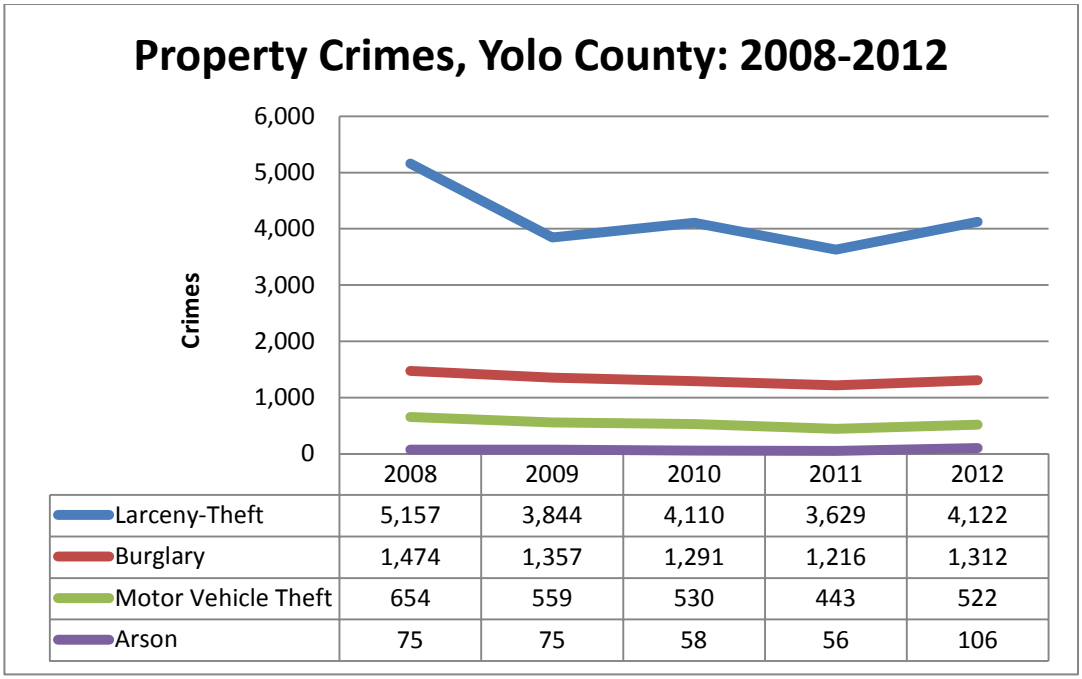


	2008	2009	2010	2011	2012
Aggravated Assault	299	310	290	315	323
Robbery	180	171	141	151	162
Forcible Rape	66	68	78	98	71
Homicide	4	7	3	5	0

FELONY: PROPERTY CRIMES

Property crimes are considered theft-type offenses with the object of taking money or property, but there is no force or threat of force against the victims. Property crimes include the offenses of burglary, larceny-theft, motor vehicle theft, and arson. Between 2008 and 2012, there has been a marked decline in countywide property crime, with decreases in the occurrence of all types of crimes except for arson, which has seen a net increase in occurrence. The most common property crime countywide is larceny-theft, mostly theft of bicycles or property from automobiles. Motor vehicle theft has decreased considerably. Theft of property valued at over $400 is the most prevalent.

Figure 22: Property Crimes, Yolo County: 2008-2012



	2008	2009	2010	2011	2012
Larceny-Theft	5,157	3,844	4,110	3,629	4,122
Burglary	1,474	1,357	1,291	1,216	1,312
Motor Vehicle Theft	654	559	530	443	522
Arson	75	75	58	56	106

FELONY ARRESTS

An arrest occurs when a person is taken into custody because an officer has reason to believe the person violated the law. Not all arrests result in persons being jailed. Total felony arrests countywide have decreased in number from 2,778 to 2,290 for the period of 2008 to 2012, though the decrease has been least substantial in arrests for drug offenses.

Table 39: Felony Arrests 2008-2012

Type of Offense	2008	2009	2010	2011	2012
Other Offenses	775	662	624	523	637
Drug Offenses	632	614	704	572	630
Violent Offenses	587	585	630	524	489
Property Offenses	732	634	695	567	485
Sex Offenses	52	39	39	43	49

JUVENILE FELONY ARRESTS

Youth who are involved in the juvenile justice system tend to have higher rates of substance use, dropping out of school, injury, and early pregnancy[9]. In Yolo County, the highest numbers of juvenile felony arrests occur in the cities of West Sacramento and Woodland. Over 80% of theses arrests are of male youth; arrests are also most common among Hispanic/Latino youth.

[9] Juvenile justice. (2008). The Future of Children, 18(2), 3-14. Retrieved from: http://www.futureofchildren.org/futureofchildren/publications/journals/journal_details/index.xml?journalid=31

Table 40: Juvenile Felony Arrests

Report Area	2008	2009	2010	2011	2012
Yolo County	359	371	324	285	218
Incorporated City					
Davis	62	55	33	24	39
West Sacramento	110	98	97	66	68
Winters	13	17	17	7	8
Woodland	164	167	169	175	99

Since 2008, the percentage of juvenile arrests for felony drug and alcohol offenses has nearly doubled, while the percentage of property offenses has fallen by over 20%. There have also been increases in violent offenses and sex offenses. Overall, juvenile felony arrests have decreased considerably both statewide and countywide, which is an encouraging trend.

CHILD ABUSE AND DOMESTIC VIOLENCE

Children who are abused or neglected, including those who witness domestic violence, often exhibit emotional, cognitive, and behavioral problems.

Figure 23: Child Abuse and Neglect Reports per 1,000: 2008-2012

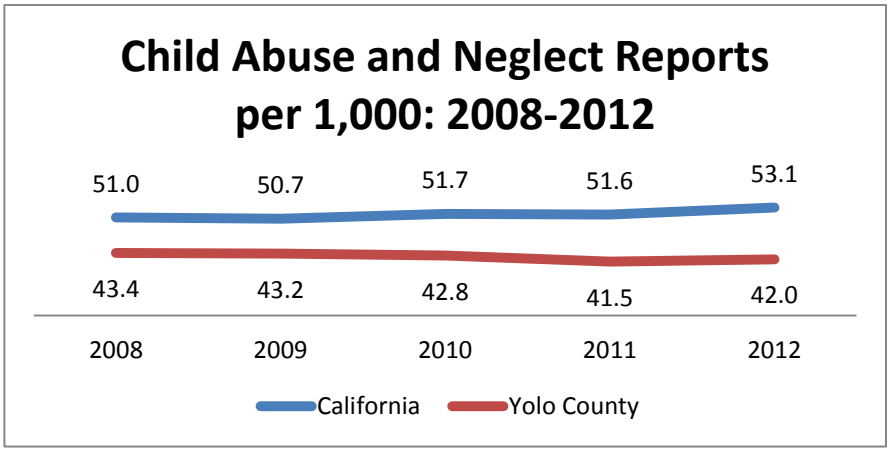
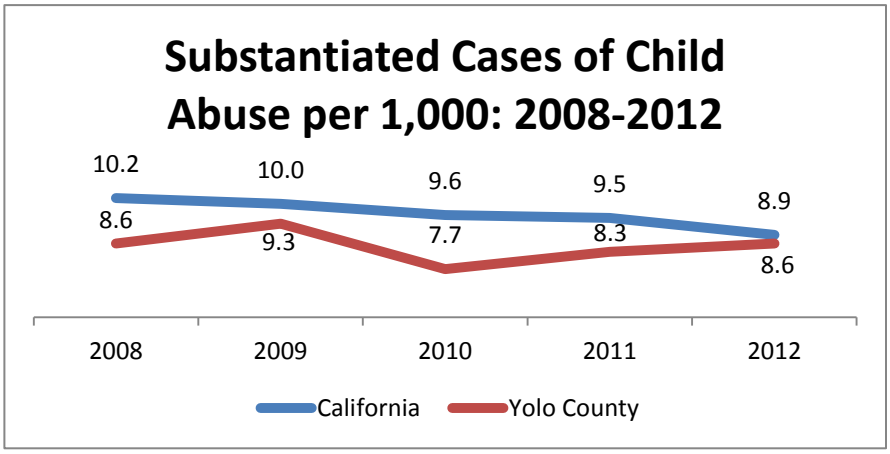


Figure 24: Substantiated Cases of Child Abuse per 1,000: 2008-2012



Yolo County has consistently seen lower-than-statewide rates of child abuse and neglect reports as well as substantiated cases. Seventy-three percent of the substantiated cases of child abuse in Yolo County were for general neglect, 8% for at risk/sibling abused, and 7% physical abuse. Substantiated cases were most prevalent in children in the age groups of 6 to 10 and 11 to 15, and in children of white or Hispanic/Latino ethnicity.

Table 41: Type of Abuse

Type of Abuse	2008	2009	2010	2011	2012
General Neglect	69%	68%	71%	73%	73%
At Risk/Sibling Abused	2%	2%	4%	6%	8%
Physical Abuse	9%	8%	9%	6%	7%
Caretaker Absence/Incapacity	4%	10%	7%	6%	4%
Sexual Abuse	6%	4%	6%	4%	3%

While the statewide trend of adult domestic violence has slightly decreased, the countywide rate has slightly increased. In particular, calls from Woodland, Winters, and, by the largest amount, West Sacramento have increased, while calls from Davis have decreased.

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

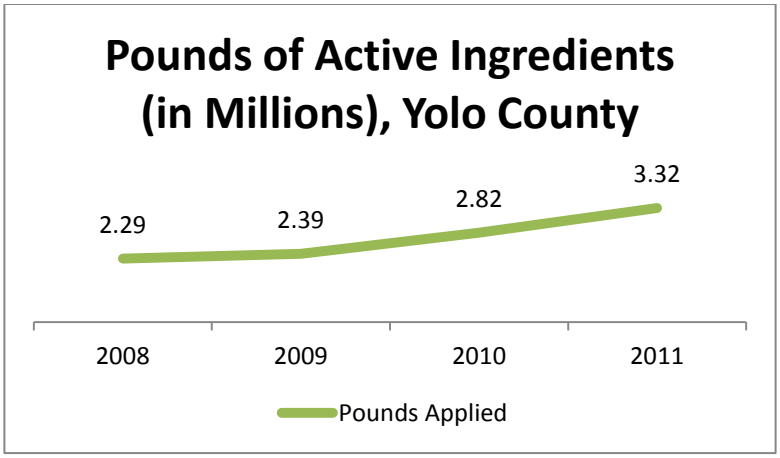
Long-term exposure to high levels of ozone and high concentrations of fine particulate matter in the air is associated with a variety of breathing and heart problems. From 2007 to 2011, Yolo County has generally followed the statewide trend of improvements in air quality, reducing the number of days 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.

Table 42: Average Micrograms of Particulate Matter per Cubic Meter (2007-2011)

Report Area	2007	2008	2009	2010	2011
California	11.0	11.4	9.5	8.9	9.9
Yolo County	8.3	9.7	7.5	5.7	7.6

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.

Figure 25: Pesticide Usage (Millions of Pounds Applied, 2008-2011)



WATER QUALITY

Safe water for the purposes of drinking and hygiene is a basic measure of environmental safety within a community. 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. Waterborne disease is especially a concern among children, who more often suffer serious complications from unsafe water such as dehydration due to severe diarrhea.

BUILT ENVIRONMENT

FOOD ACCESS

Food access refers to the availability and variety of food options to members of the community. While the consumption of fast food is explored in more depth as a health behavior, diet is also influenced by the physical environment as availability and access play a key role in determining dietary choices. 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: 5 establishments per 100,000 compared to 10 per 100,000 statewide.

Table 43: Fast Food and Liquor Stores per 100,000

Stores	California	Yolo County
Fast Food Restaurants (per 100,000)	**69.9**	**68.7**
(Total Establishments)	*(26,048)*	*(138)*
Liquor Stores (per 100,000)	**10**	**5**
(Total Establishments)	*(3,706)*	*(10)*

Source: US Census Bureau, County Business Patterns: 2011

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. Most of Yolo County, with the exception of the city of Winters, is car-dependent, requiring access to a vehicle in order to complete most everyday errands. However, 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.

In 2011, Yolo County reported 39 motor vehicle accidents involving pedestrians and 105 accidents involving bicyclists. Of the 144 accidents, 4 were fatal. The most common primary collision factors for motor vehicle accidents involved with a pedestrian varied by city, but in Davis, Woodland, and unincorporated areas of Yolo County, the most common factor was pedestrian violation. This suggests a possible need for outreach to community members regarding pedestrian safety. The most common collision factor for bicycle accidents was automobile right of way violation.

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. Effective preventive care, including access to resources such as tests, screenings, and vaccinations, is protective against the future development of health issues.

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.

Yolo County has 76 licensed hospital beds per 100,000, less than one-third of the statewide figure. However, with an occupancy rate of 43% compared to the statewide rate of 56%, it is plausible that the lower proportion of hospital beds is appropriate for the community's needs. Additionally, Yolo County surpasses the statewide figures in terms of beds in long-term care facilities per 100,000 in population: 371 countywide compared to 305 statewide.

The number of dentists per 100,000 population statewide is 72.3, but only 47.3 in Yolo County. Dental issues and poor dental health are causes of discomfort that can interrupt everyday functioning, as well as potentially of poor nutrition and disease. Currently, 11 dentists in Yolo County are listed by the Department of Health Care Services as providers for recipients of Denti-Cal, a dental coverage branch of the Medi-Cal program. Of these providers, four are located in Woodland, four in Davis, two in Winters, and one in West Sacramento. This may potentially indicate an issue of access, especially in unincorporated and rural areas. Untreated dental disease can lead to serious health effects including pain, infection, and tooth loss. Although lack of sufficient providers is only one barrier to accessing oral health care, much of the country suffers from shortages.

Figure 26: Primary Care Providers

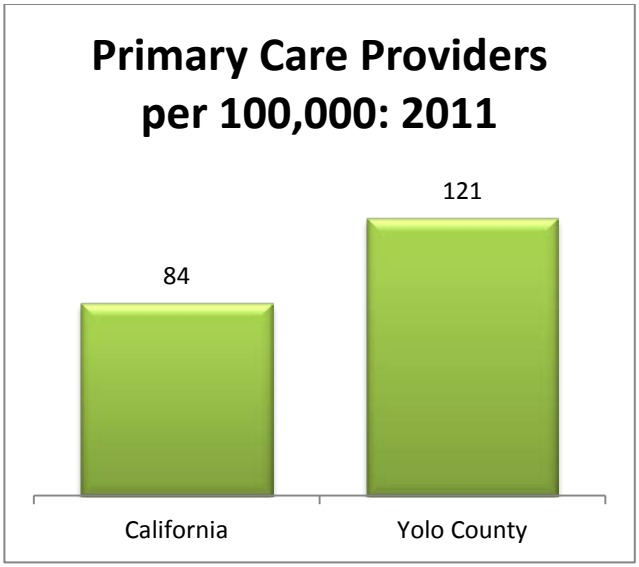
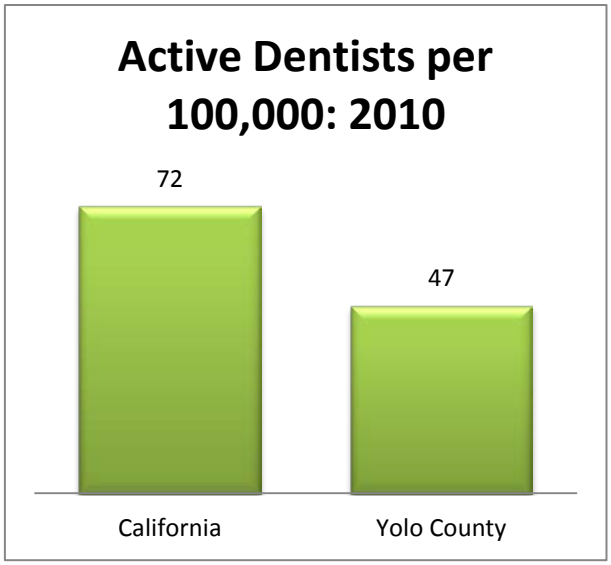
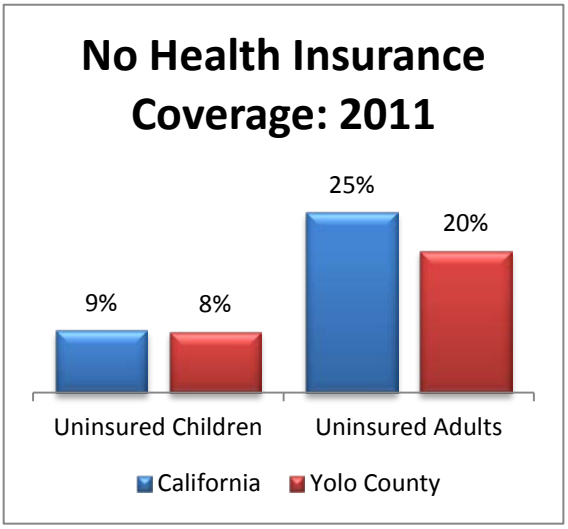


Figure 27: Active Dentists



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.



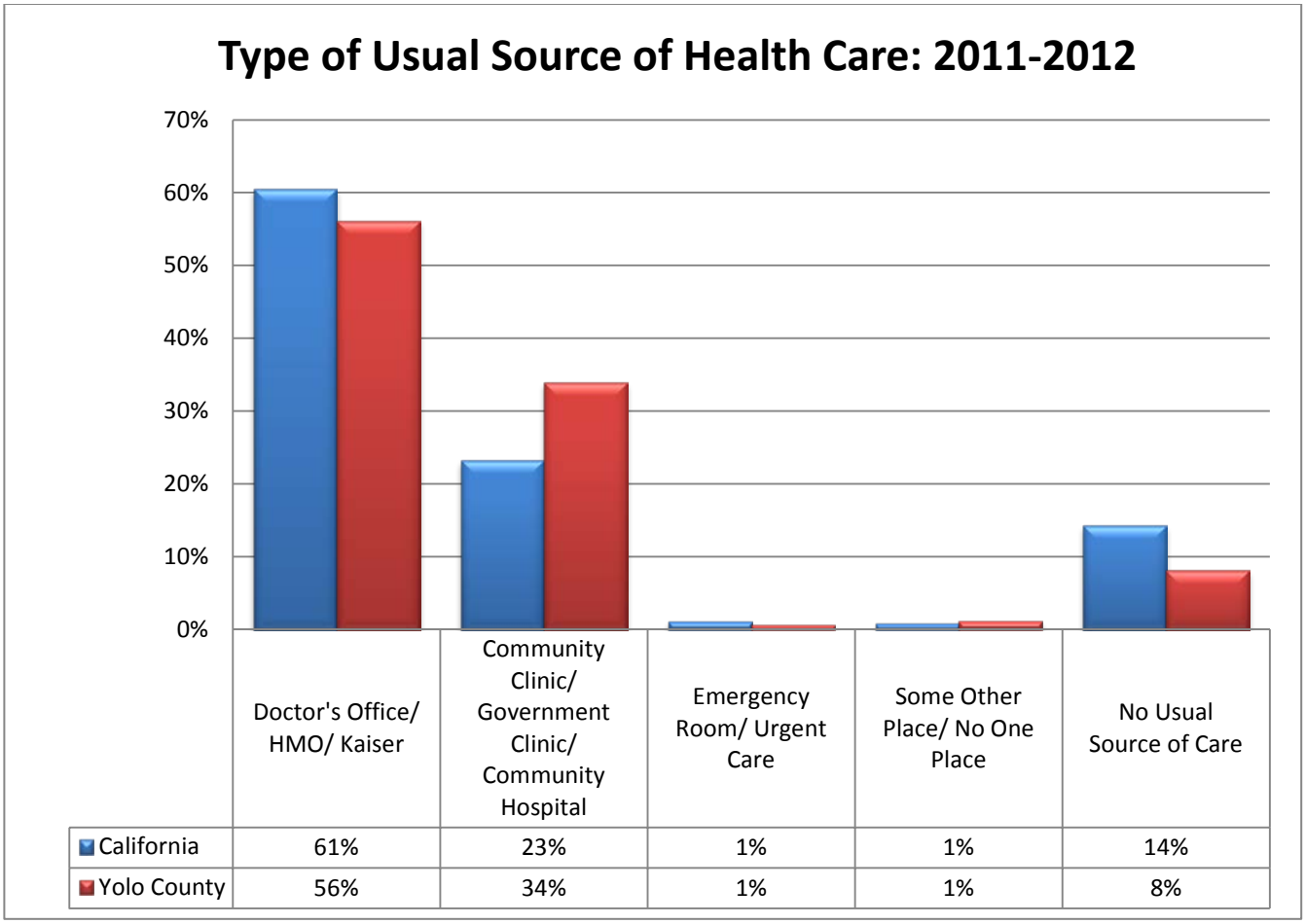
Within the county, 92% of residents report having a usual source of healthcare, with 34% of services rendered in the clinic or community hospital setting, over ten percent greater than the proportion of services rendered in these settings statewide. A higher percentage of Yolo County residents also utilized migrant health centers as a source of primary care. As recently as 2012, Yolo County met the Healthy People 2020 goal of 9% or fewer residents reporting having delayed or missed seeking medical services, reporting 8% compared to the statewide 12%.

Having a usual source of health care to go to when sick varies by household income, the percentage of usual source of health care increases as household income increases.

Table 44: Health Insurance by household Income

Report Area	Less than $50,000	$50,001 to $100,000	>$100,000	All
California	77%	88%	93%	86%
Yolo County	85%	96%	98%	92%

Figure 29: Type of Usual Source of Health Care: 2011-2012



	Doctor's Office/ HMO/ Kaiser	Community Clinic/ Government Clinic/ Community Hospital	Emergency Room/ Urgent Care	Some Other Place/ No One Place	No Usual Source of Care
California	61%	23%	1%	1%	14%
Yolo County	56%	34%	1%	1%	8%

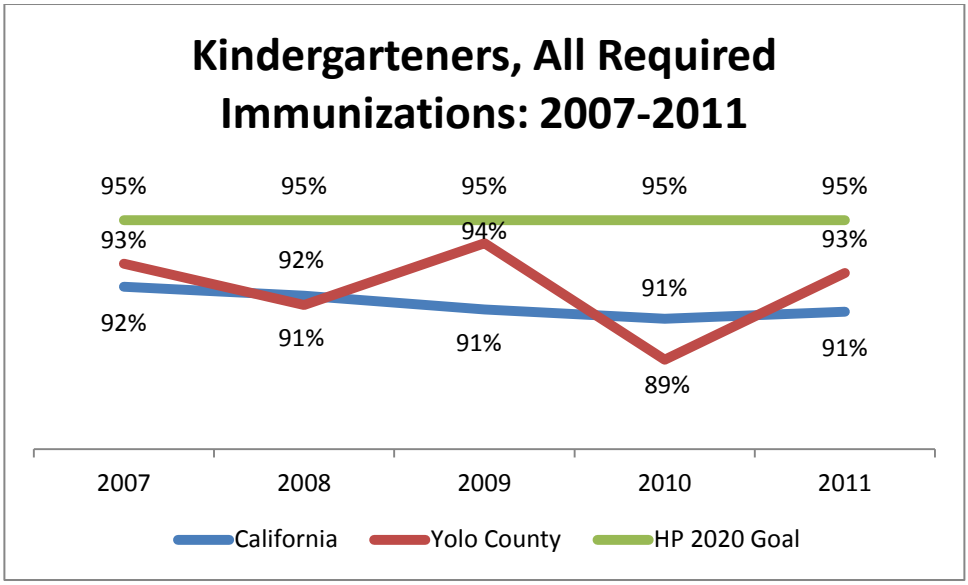
SCREENING AND IMMUNIZATION

PRIMARY PREVENTION

Primary prevention is used to prevent the development of a disease in a person who is well and does not have the disease.

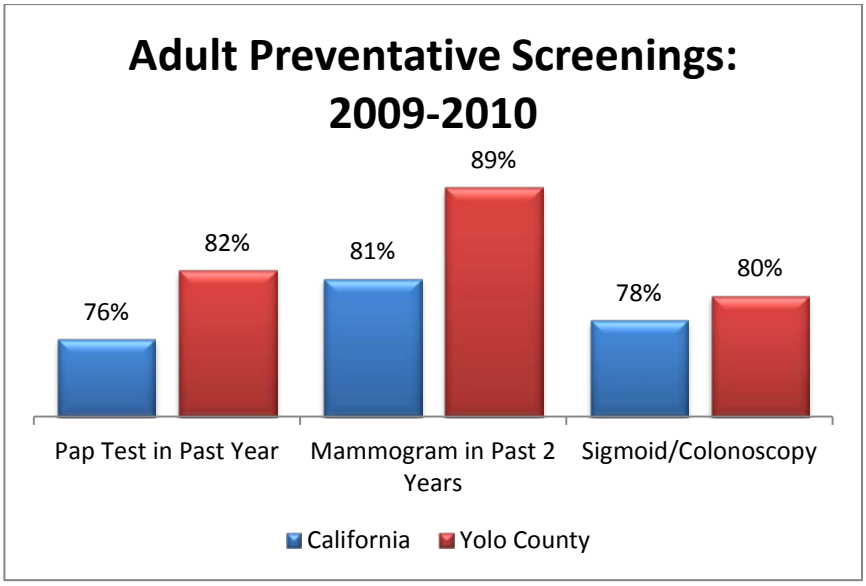
Between 2007 and 2011, the percentage of kindergarteners in Yolo County with all required immunizations decreased marginally from 93.1% to 92.7%, but is still higher than the statewide figures, which fell from 92% to 91% in the same period. Both statewide and countywide figures still fall short of the Healthy People 2020 goal of 95% adherence to timely administration of each of the appropriate vaccines for children entering kindergarten: DTaP, MMR, polio, and hepatitis B.

Figure 30: Kindergarteners, All Required Immunizations: 2007-2011



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.

Figure 31: Adult Preventative Screenings, 2009-2010

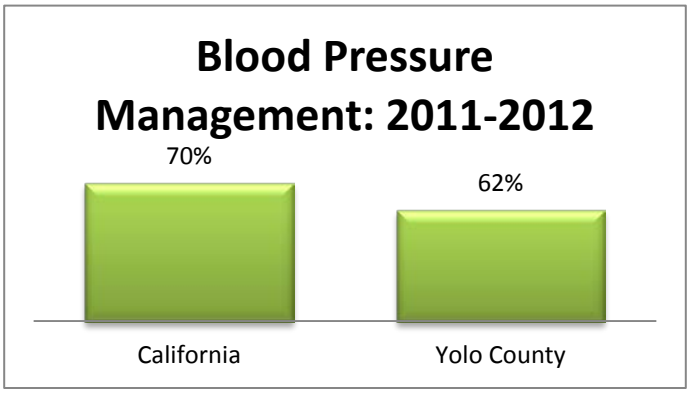


SECONDARY AND TERTIARY PREVENTION

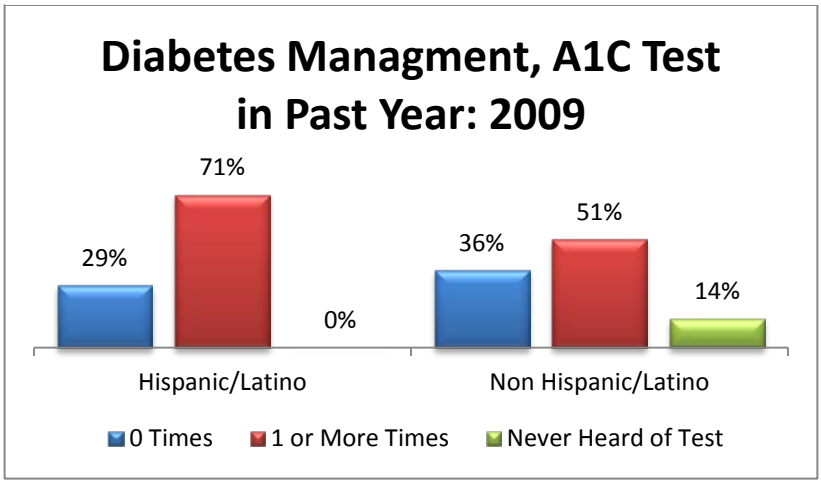
Secondary prevention is used to identify people who have developed a disease, but show no symptoms. The goal of secondary prevention is to halt or slow the progress of the disease. Tertiary prevention targets people who have a disease with the goal of preventing further physical deterioration and maximize quality of life.

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. Because of this, the quality of management of individuals diagnosed with these conditions and the prevention of complications are a significant indicator of health in a community. 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.

Figure 32: Medication for High Blood Pressure: 2011-2012



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 respondents versus non Hispanic/Latino – 71.7% and 50.5% respectively – reported having their hemoglobin A1C levels checked. Diligent management and surveillance of individuals with diabetes by way of regular blood sugar testing is a key step in reducing the occurrence of hyperglycemia (high blood sugar), and preventing many diabetes-related complications.



MATERNAL AND CHILD HEALTH

Maternal and child health focuses on pregnancy and prenatal care, birth data, and infant mortality within Yolo County. The state of health among mother-baby couplets within the community is indicative of the quality and accessibility of healthcare services, as well as particular health problems that pose a concern to this population.

MATERNAL AND PRENATAL HEALTH

ACCESS TO PRENATAL CARE

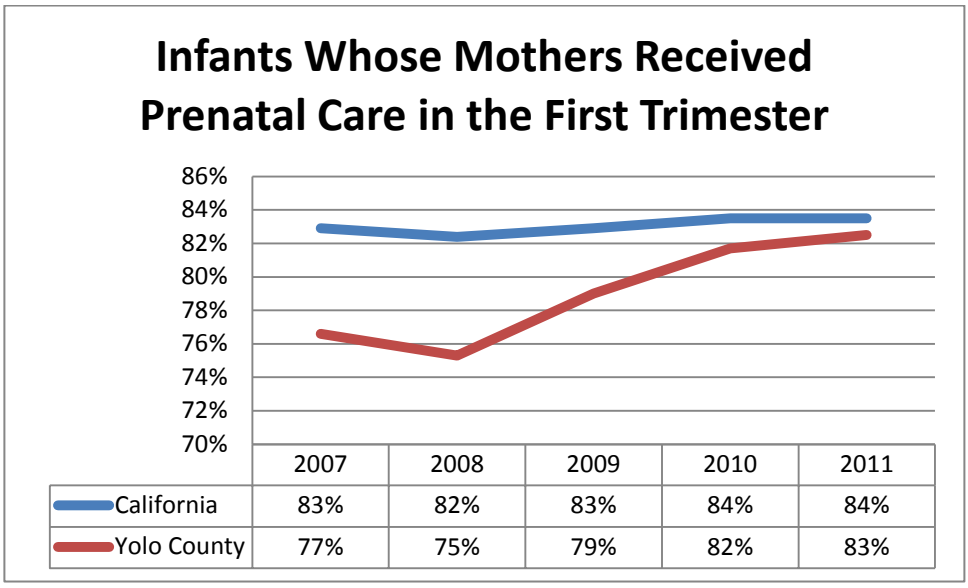
Timely prenatal care (i.e., in the first trimester) is important as it lowers the risk of other adverse birth outcomes, such as low birth weight, developmental delays, and premature birth[10]. Prenatal care is also important to the health of the mother. Delays in accessing prenatal care are largely linked with poor birth outcomes such as low birth weight, developmental delays,

[10] 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)

and preterm birth. Associated risk factors for delayed access to care are unintended pregnancy, poverty, completion of less than a high school diploma by either parent, and a maternal age of 18-24 years.

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.

Figure 34: Infants Whose Mothers Received Prenatal Care in the First Trimester 2007-2011



The percentage of Black/African American mothers receiving first trimester prenatal care, however, has fallen by over 12% while rates among all other racial/ethnic groups have increased. In particular, an almost 9% increase in access to first-trimester prenatal care has been observed among Hispanic/Latino mothers. Black/African American and Hispanic/Latino mothers have consistently been below the countywide rate of mothers receiving first trimester prenatal care.

Table 45: Prenatal Care in the First Trimester, by Ethnicity: Yolo County

Race/Ethnicity	2006	2007	2008	2009	2010
Black/African American	75%	69%	68%	77%	62%
Asian/Pacific Islander	79%	78%	77%	82%	82%
Hispanic/Latino	71%	71%	69%	76%	79%
White	82%	83%	82%	83%	85%
Multiracial	81%	83%	78%	74%	83%

BREASTFEEDING

The proportion of mothers who breastfeed their newborns is significant, as breast milk is regarded as the most beneficial source of nutrition for infants and provides health benefits to mothers as well. Breastfeeding reduces the risk of childhood obesity and assists in building a functioning immune system, and reduces the mother's risk for multiple cancers. However, it is important to note that breastfeeding is not recommended for mothers with HIV or active untreated tuberculosis, and mothers taking certain prescription medications.

In Yolo County, a greater-than-statewide percentage of mothers breastfeed their infant in the hospital. IN particular, during postpartum hospitalization, about 23% more mothers in Yolo County breastfed exclusively than statewide. Nearly one fourth

of Black/African American newborns were not breastfed at all, compared to only 4 to 6% of newborns in other racial/ethnic groups in Yolo County.

Figure 35: Any Breastfeeding in the Hospital 2009-2012

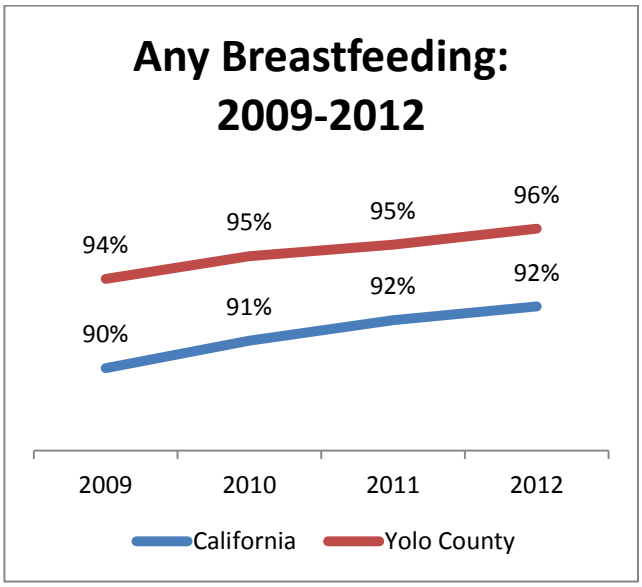


Figure 36: Exclusive Breastfeeding in the Hospital 2009-2012

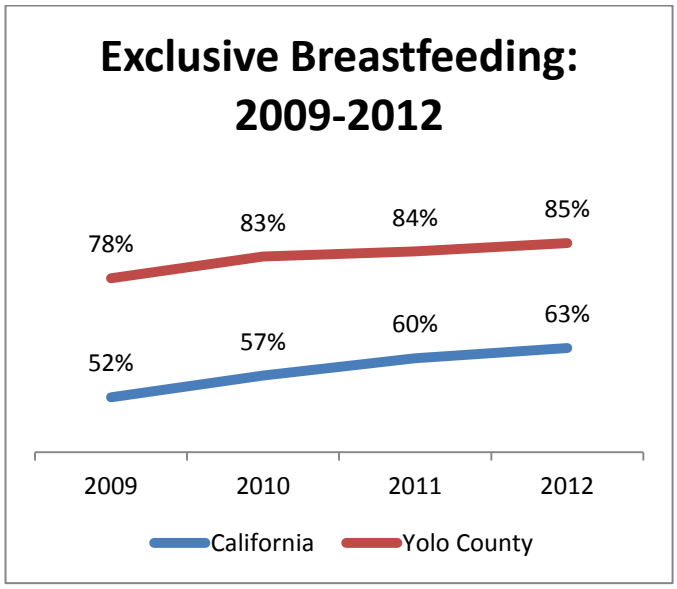


Table 46: Breastfeeding by Race/Ethnicity: Yolo County 2011

Race/Ethnicity	Exclusive	Any
African American/Black	65%	78%
Asian American	77%	96%
Hispanic/Latino	80%	95%
White	87%	96%
Multiracial	86%	94%
Other	66%	96%

DELIVERY AND BIRTH OUTCOMES

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 19 years old or younger. Teen mothers are more likely to have babies born prematurely or with low birth weight. They are more likely to have babies who die in infancy, compared to mothers in their 20s and early 30s. Giving birth as a teenager also can create disadvantages for the mother and the father. Teen mothers are more likely to become welfare dependent than other teens; and teen parenthood is associated with lower educational attainment and lower income levels[11].

[11] U.S. Department of Health and Human Services. Healthy People 2020. Retrieved from: http://healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=13 (2011)

The teen birth rate in California and in Yolo County has decreased. For the period from 2007 to 2011, the state teen birth rate dropped from 40 to 28; wherein Yolo County the teen birth rate dropped from 17 to 16.3. The decrease is observed particularly among mothers of 18 to 19 years of age, and remains significantly lower than the statewide rate. The teen birth rate among mothers aged 15 to 19 is significantly highest within the county among Hispanic/Latino and American Indian women.

Table 47: Teen Birth Rate, Yolo County

Age of Mother	2007	2008	2009	2010	2011
Under 15	0.2	0.2	0	0	0.2
15 - 17	15.5	15.9	12.2	15.8	12.9
18 - 19	26.7	26.5	22.2	18.5	18.9

Table 48: Teen Birth Rate, Race Specific 2011

Race/Ethnicity	Age of Mother		
	Under 15	15 - 17	18-19
Asian	0	3.6	2.2
Black	0	11.6	0
Hispanic/Latino	0.4	20.9	59.3
White	0	6.4	9.3
American Indian	0	35.7	50
Pacific Islander	0	0	0
Two or More Races	0	19.9	16.5

Table 49: Teen Birth Rate by Maternal City of Residence, 2012

City of Residence	Rate
Davis	3.9
West Sacramento	26.2
Woodland	34.6

Teen births appear concentrated most heavily within West Sacramento and Woodland. The repeat birth rate to teen mothers was 2.3 instances per 1,000 women aged 15 to 19 countywide.

BIRTH WEIGHT

Low birth weight (LBW) is a term that applies to newborns weighing less than 2500 grams, but more than 1500 grams at birth. Newborns born below 1500 grams are classified as very low birth weight (VLBW). Birth weight is a significant aspect of birth outcomes, as babies classified as LBW or VLBW are at an increased risk for long-term effects such as disability, developmental delays, hearing and vision impairments, and respiratory problems. Low birth weight babies are often born to mothers who are more likely to have low incomes, inadequate prenatal care, smoking habits, and younger than 16 or older than 45. Table 53 below shows the percentage of newborns born at very low birth weights and low birth weights.

Table 50: Birth Weight 2010

Race/Ethnicity	Very Low Birth Weight		Low Birth Weight	
	Yolo County	California	Yolo County	California
	%	%	%	%
Hispanic	0.9	1.1	4.7	6.2
White	1.0	1.0	4.4	6.1

Black	2.1	2.6		12.5	12.2
Asian/Pacific Islander	2.2	1.0		8.4	7.8
Other Race	0.0	1.5		5.3	8.6
Overall	**1.1**	**1.1**		**5.2**	**6.8**

In general, both Yolo County and the State of California meet the Healthy People 2020 objectives regarding birth weight: less than 7.8% of newborns classified as LBW, and less than 1.7% classified as VLBW. However, a higher percentage of Black/African-American newborns fall into these categories both countywide and statewide.

INFANT AND CHILD MORTALITY

Infant mortality is one of the most important indicators of the health of a nation, as it is associated with a variety of factors, including maternal health, quality of and access to medical, socioeconomic conditions, and public health practices.

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

Between 2007 and 2009, infant mortality appeared most heavily in the South West region of Yolo County, which includes the city of Winters.

HEALTH BEHAVIORS

Health behavior refers to the actions of individuals or groups concerning particular behaviors or behavior patterns and habits that affect health. This also includes personal beliefs, values, perceptions, and personality characteristics such as emotional states.

The individual health behaviors and lifestyle choices common among members of a community are indispensable sources of information about the community as a whole. Behaviors such as diet, exercise, and substance use provide meaningful insight in to the community's specific strengths, needs, and risk factors.

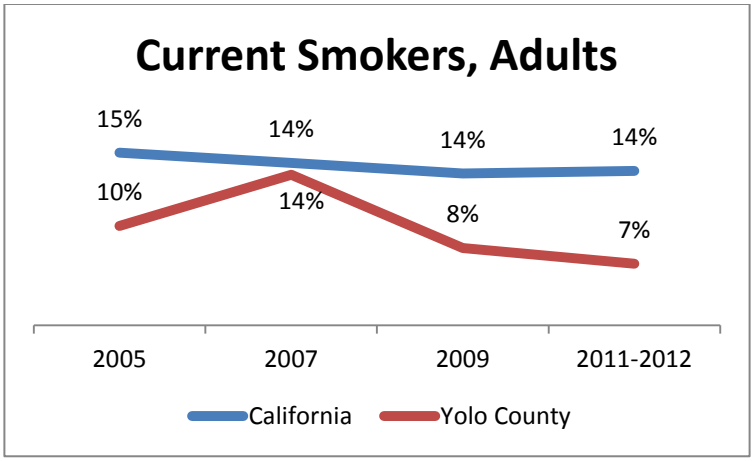
SUBSTANCE USE

In Yolo County, substance use is a significant concern, especially among youth. In particular, students who attend non-traditional school and various ethnic groups depending on school district are using substances such as tobacco, alcohol, and marijuana in higher percentages. Another observed risk factor for substance use among youth is a low level of school involvement. Potential consequences of substance use, particularly among youth, include risky behaviors, motor vehicle accidents, and poor academic performance.

SMOKING AND TOBACCO USE

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.

Figure 37: Current Smokers, Adult



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. Among 9th and 11th graders, approximately 90% of students report zero days of smoking, meeting the Healthy People 2020 goals of 16% or fewer of students in grades 9 through 12 reporting having used cigarettes in the past 30 days. However, as early as 7th grade, there is also an observable gender disparity, with 1-2% more males than females in most school districts reporting having smoked at least one day in the past 30 days. In Woodland Joint Unified School District, the gender disparity is wider, with 4% more males than females in both 7th and 11th grade reporting at least one day of smoking.

Table 51: Cigarette Use in the Past Month, Youth: 2008-2010

Grade Level	California			Yolo County		
	0 days	1-19 Days	20+ Days	0 Days	1-19 Days	20+ Days
7th Grade	95%	4%	1%	96%	4%	1%
9th Grade	90%	8%	2%	90%	8%	2%
11th Grade	87%	10%	3%	90%	8%	3%
Non-Traditional	61%	24%	15%	65%	25%	10%

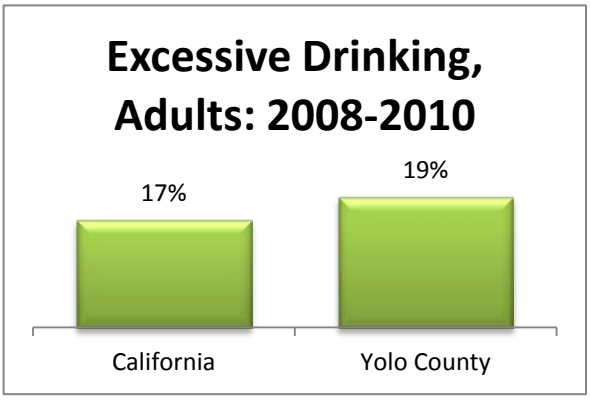
Table 52: Cigarette Use in Past Month, by Race/Ethnicity: 2008-2010

Race/Ethnicity	0 days	1-19 days	20 days or more
African American/Black	90%	9%	1%
American Indian/Alaska Native	86%	12%	2%
Asian	97%	3%	1%
Hispanic/Latino	92%	7%	2%
Native Hawaiian/Pacific Islander	88%	7%	5%
White	93%	5%	2%
Multiracial	90%	7%	3%
Other	90%	8%	3%

When categorized by race and ethnicity, most ethnic groups show lower-than-statewide proportions of youth reporting the highest level of smoking: 20 or more days in the past 30 days. The most notable exceptions are individuals of Native Hawaiian or Pacific Islander descent. In Yolo County, 4.9% report smoking 20 or more days, compared to 3.1% statewide. Higher percentages of individuals who identify as Black, American Indian, or Other report smoking between 1 and 19 days in the past 30 days. This is worth noting, as current literature indicates that even light to moderate cigarette and tobacco use place an individual at increased risk for negative health outcomes.

ALCOHOL USE

Excessive alcohol consumption can have long-term consequences including liver disease, cancer, and cardiovascular disease. In Yolo County, 1.5% more adults than statewide figures reported excessive drinking between 2008 and 2010, with "excessive" quantified 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: 25% of 9th graders compared to 22% statewide, and 36% of 11th graders compared to 34% statewide. Higher percentages of 7th and 9th graders within Yolo County report having consumed alcohol for at least 20 of the past 30 days.

Table 53: Alcohol Consumption by Grade

Grade Level	California			Yolo County		
	0 days	1-19 days	20 days or more	0 days	1-19 days	20 days or more
7th Grade	86%	12%	2%	86%	12%	2%
9th Grade	75%	22%	3%	71%	25%	4%
11th Grade	66%	31%	3%	62%	36%	2%
Non-Traditional	46%	47%	7%	50%	46%	4%

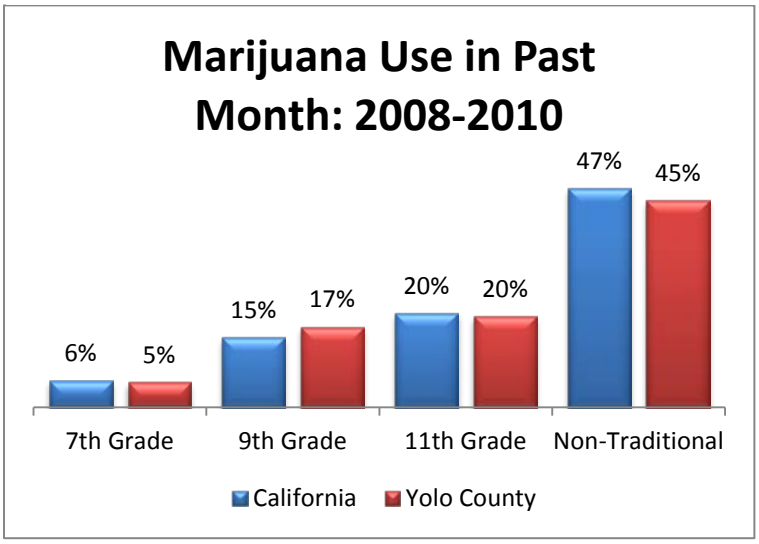
Youth alcohol use is also more common in males than in females within Yolo County, with the largest gender disparity occurring in Winters Joint Unified School District: 67% of males reported 0 days of alcohol use, compared to 48% of females. Conversely, the lowest gender disparity occurred in Woodland Joint Unified School District, which exhibited the lowest percentage of students of both genders in 11th grade reporting zero days of alcohol consumption.

Within Yolo County, 30% of African American youth reported having consumed alcohol at least once out of the past 30 days, compared to 21% statewide.

MARIJUANA USE

Between 2008 and 2010, the prevalence of youth marijuana usage was slightly lower in Yolo County than statewide, except in the case of 9th grade students, 17.4% of whom reported marijuana use at least once in the past 30 days, compared to 15.1% statewide. Both statewide and countywide, marijuana use is most common among students attending non-traditional schools. There was also an apparent correlation between lower levels of involvement and connectedness in school and the likelihood of reporting at least one instance of marijuana use in the past 30 days.

Figure 39: Marijuana Use, Youth. 2008-2010

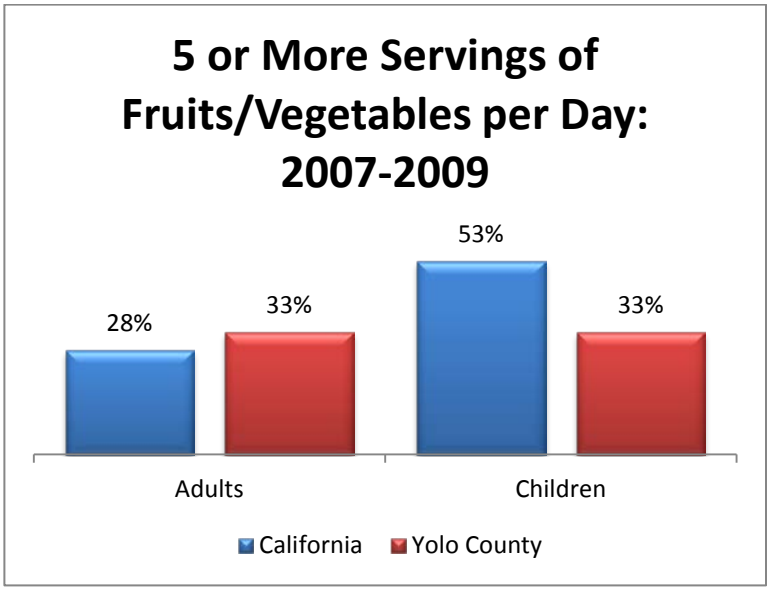


DIET AND NUTRITION

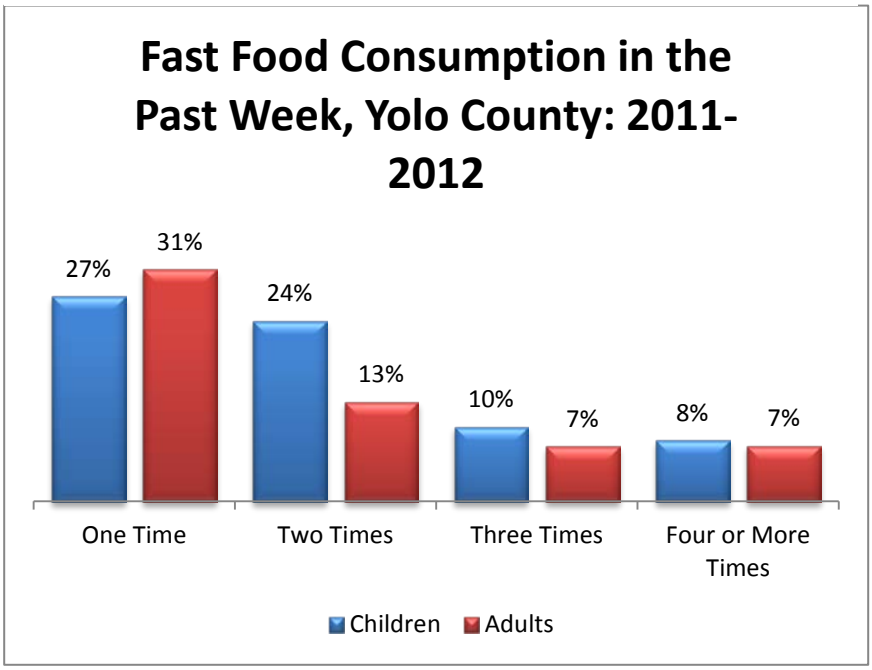
Proper nutrition over the course of life can help prevent certain diseases and lower risk of developing cancer, stroke cardiovascular disease, obesity, and diabetes. Consuming fast food and sugar-sweetened beverages contributes to poor health. Drinking sugar-sweetened beverages is associated with overweight and obesity, dental decay, and type 2 diabetes.

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%.

Figure 40: 5 or More Servings of Fruits/Vegetables per Day: 2007-2009



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%. In the same period, this percentage has decreased by nearly 2% statewide. Additionally, the percentage of Yolo County adults who report eating fast food 4 or more time in the past week has decreased, whereas the statewide percentage slightly increased. It is estimated that Yolo County children eat fast food more frequently than adults do.



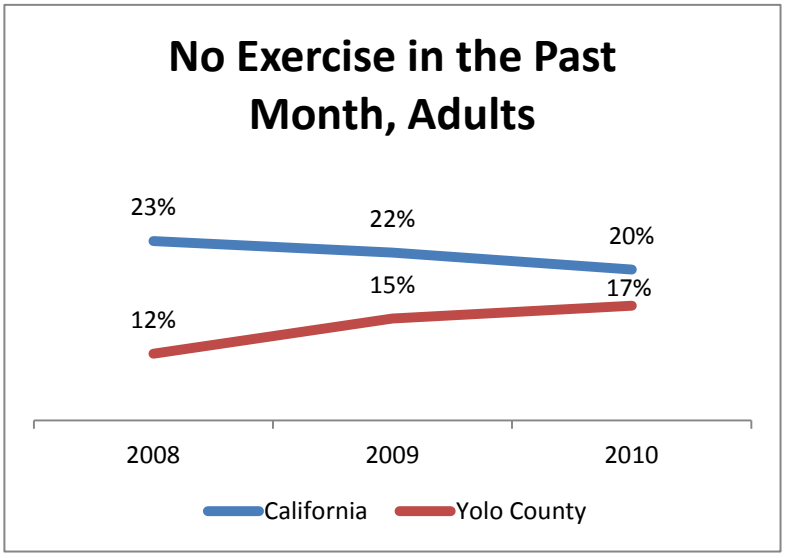
While consumption of sodas and other sugary drinks has shown little change statewide, the percentage of Yolo County children and teens consuming 2 or more sugary drinks within a day more than doubled between 2007 and 2012. Among ethnic groups, Hispanic/Latinos consume two or more sugary drinks within a day is slightly higher than non-Hispanic/Latinos, 21% compared to 17%.

EXERCISE AND PHYSICAL ACTIVITY

Exercise and the incorporation of physical activity into daily living is also an important factor that influences a community's health outcomes. Though there are numerous ways in which exercise and physical activity can be quantified, a common measure is the amount of time spent performing physical activities. Physical activity is linked to weight control and reduced risk of chronic diseases.

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. This falls far short of the Healthy People 2020 objective for a 10% reduction of the proportion of adults engaging in no physical activity.

Figure 42: No Exercise in the Past Month, Adults



A similar trend appears in Yolo County teens, among where a 9% decrease in physical activity for at least an hour a day, five days a week, was seen between 2009 and 2012 Over half of teen males are physically active for at least one hour compared to one third of female teens.

Yolo County has the benefit of school programs and fitness testing to determine the extent to which children in the community are able to perform physical activities. 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 (NI), and 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.

Table 54: Youth Aerobic Capacity

Year	5th Grade			7th Grade			9th Grade		
	% HFZ	% NI[12]	% Health Risk	% HFZ	% NI	% Health Risk	% HFZ	% NI	% Health Risk
2010-11	57%	37%	7%	67%	23%	10%	58%	31%	11%
2011-12	60%	35%	5%	61%	30%	9%	57%	32%	11%
2012-13	53%	40%	8%	61%	29%	10%	63%	24%	13%

In general, higher percentages of Yolo County youth fall below the HFZ in 5th, 7th, and 9th grades than statewide. However, slightly fewer are categorized as being at a health risk based on their capacity for aerobic exercise.

Considerably higher percentages of Yolo County 5th, 7th, and 9th grade males fall into the HFZ than their female classmates. Other groups that exhibit lower percentages in the HFZ are economically disadvantaged youth, and students of Hispanic/Latino descent.

COMMUNICABLE DISEASE

Measuring rates of illness and disease (morbidity) for reportable conditions enables assessment of linkages with social determinants of health. For example, sexually transmitted disease (STD) rates can differ significantly by race-ethnicity, sexual orientation, age group, and geography.

SEXUALLY TRANSMITTED DISEASES

The extent to which a community suffers from sexually transmitted disease (STDs) such as chlamydia, gonorrhea, and syphilis is an indicator of unsafe sexual practices and increased risk for unplanned pregnancy, especially among youth.

Chlamydia, in particular, is the most commonly diagnosed STD in California counties. Therefore, case counts are of sufficient sample size to compare across demographics like age and race, and rates are more statistically stable. Women are more frequently diagnosed than men are, as they are more likely to experience symptoms because of infection. 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. In Yolo County, rates were significantly lower in Asians and Whites persons and significantly higher in Blacks and

[12] NI = Needs Improvement

Other/Multiracial persons. The rate for Hispanic/Latinos was about the same as the overall rate in Yolo County. Rates were higher in some areas of the cities of West Sacramento and Woodland, and one area southwest of Davis.

Figure 43: Chlamydia Rates, 2008-2012

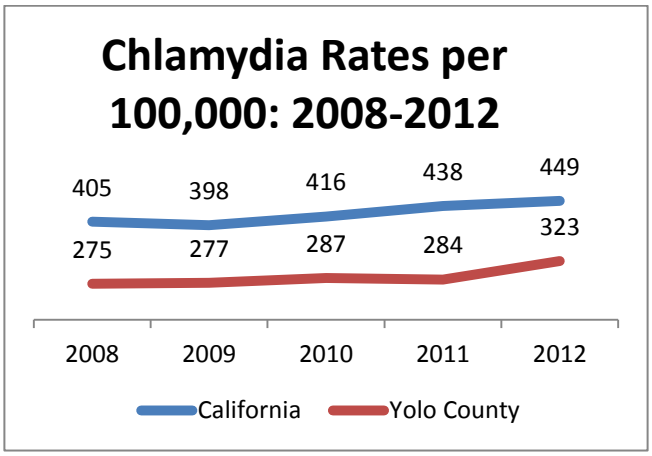


Table 55: Chlamydia Rates per 100,000, Yolo County: 2008-2012

Age Group	2008	2009	2010	2010
Ages 10-14	50	49	24	16
Ages 15-19	626	869	758	690

Conversely, gonorrhea is more commonly diagnosed in men. 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. The steep uptrend in Yolo County represents an area of concern for public health. Like chlamydia, gonorrhea was most commonly diagnosed in young adults between the ages of 20 and 29. Gonorrhea rates were highest in American Indians, Blacks and persons of multiracial background. Over 75 percent of cases were geographically concentrated in the cities of West Sacramento and Woodland, contrary to expectation that diagnoses would be concentrated in Davis, as the University of California, Davis has a sizable young adult student population.

Figure 44: Gonorrhea Rates: State vs. County (2008-2012)

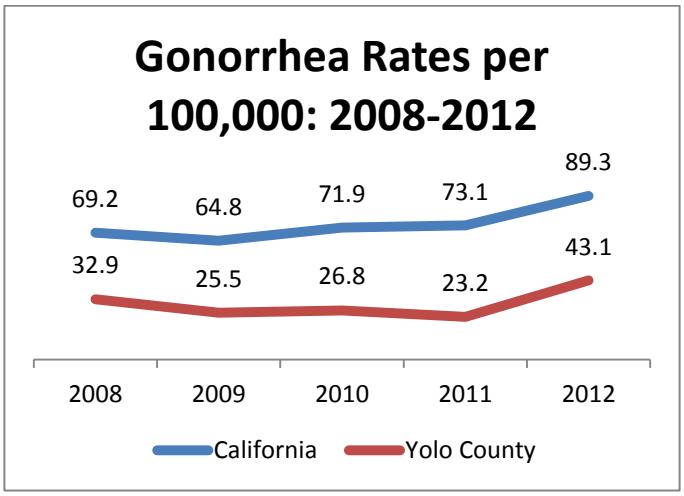
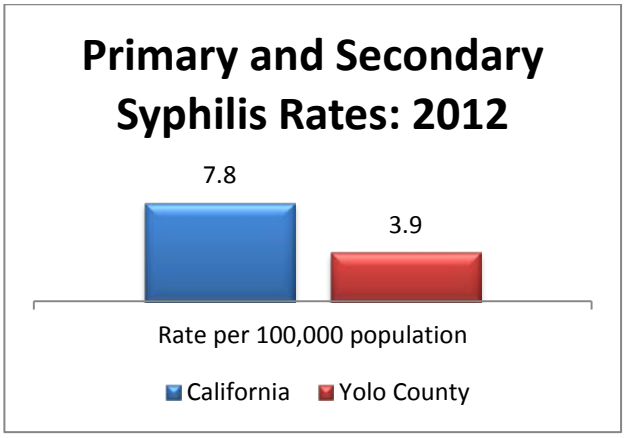


Table 56: Gonorrhea Rates

Yolo County	2008	2009	2010	2011
Ages 10-14	0.0	0.0	15.7	0.0
Ages 15-19	62.6	48.3	53.0	68.5

The prevalence of another serious STD, syphilis, is considerably lower than statewide in Yolo County.

Figure 45: Primary and Secondary Syphilis Rates, State vs. County (2012)



OTHER COMMUNICABLE DISEASES

Outbreaks of tuberculosis, or TB, most often occur among poor people living in crowded conditions and homeless shelters, but TB can afflict all strata in society since it is transmitted by the airborne route. TB is endemic in Southeast Asia and South America, and occurs more frequently in immigrants to the U.S. It may remain dormant for many years in the human body, a condition termed latent TB infection (LTBI), and develop as active infection later in life. Tuberculosis is at low levels in Yolo County compared to many other urbanized counties in California.

Table 57: Tuberculosis Cases (2012)

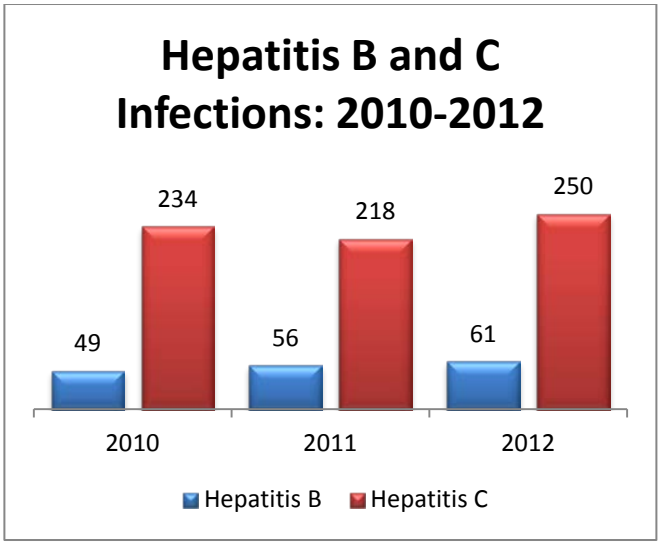
Tuberculosis	Cases
Long-term Infection	24
Active Cases	3
Total	**27**

From 2008 to 2012, foreign born persons had a higher rate of infection (7.5) than U.S. born persons (2.2) as did seniors (12.1) compared to adults aged 25 to 64 (3.3). No deaths due to tuberculosis were recorded between 2007 and 2012.

Hepatitis is a disease of the liver most commonly caused by viral infection. While there are five different types (A through E), the most common infections are Type B and C, both of which are able to cause long-term, chronic infections associated with outcomes such as liver cirrhosis and cancer.

Hepatitis B and C occur at much lower levels in Yolo County than statewide. Hepatitis B and C are transmitted most commonly through contact with infected blood; hepatitis B is also transmissible through other bodily fluids and from mother to infant during childbirth.

Figure 46: Hepatitis B and C Infections (2010-2012)



High occurrence of these forms of hepatitis is often associated with needle sharing of injectable drugs. While there is no vaccine for hepatitis C, immunization for Hepatitis B is available.

Table 58: HIV Rates per 100,000 (2010)

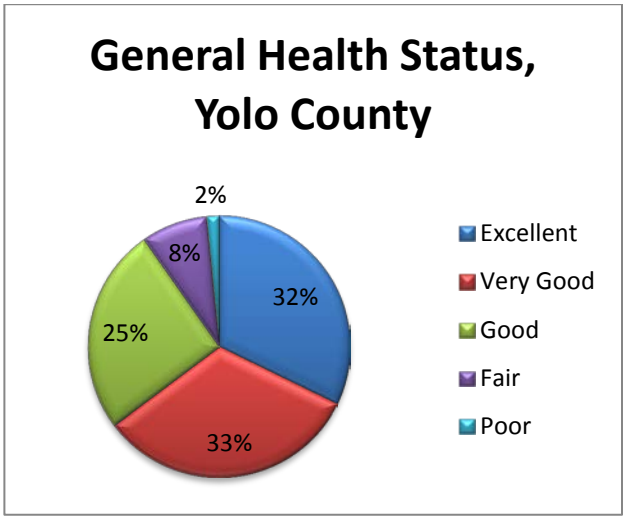
Yolo County: HIV Rates per 100,000			
	2008	**2009**	**2010**
By Age			
25-34 Years	N/A	N/A	110.2
35-44 Years	N/A	N/A	133.2
45-54 Years	N/A	N/A	333.5
By Sex			
Male	140.5	167.7	183.6
Female	24.9	33.9	38.7
By Race/Ethnicity			
Hispanic/Latino	70.7	83.6	92.8
NH-White	83.1	99.1	114.1
NH-Black	320.4	491.2	587.9
TOTAL	**81**	**98.9**	**108.5**

In Yolo County, rates of Human Immunodeficiency Virus (HIV) are highest among adults aged 45-54 years, males, and individuals of Black/African-American descent. As with STDs, it is useful to track the occurrence of HIV infections as they pose a possible correlation with unsafe sexual practices and injection drug use.

HEALTH OUTCOMES

Health outcome refers to medical diagnoses and conditions that directly affect the length or quality of a person's life and its distribution within the community. 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.

Figure 47: General Health Status, Yolo County 2011-2012

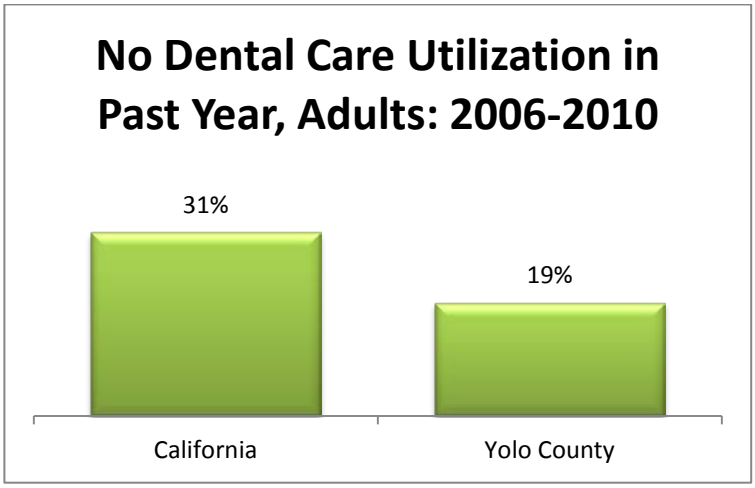


In general, Yolo County residents maintain a positive perception of their personal health status; almost 65% of surveyed county residents reported their general health as being "excellent" or "very good".

DENTAL HEALTH

The availability of dental care within a community has a marked effect on quality of life, as poor dental health is associated with poor nutrition and increased likelihood of infections and illness. 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).

Figure 48: State vs. County: No Dental Care in Past Year, Adults (2006-2010)



Almost 19% of Yolo County adults reported receiving no dental care within the past 12 months, much lower than the statewide percentage of 31%, which is an encouraging indicator that the dental care system within the county is better able to meet the population's needs. In addition, a lower-than-statewide percentage of Yolo County adults (9%) reported having lost 6 or more permanent teeth due to tooth decay, gum disease, or infection.

ASTHMA

Asthma prevalence is a significant health indicator, as it can be strongly influenced by environmental factors such as air quality, pollution, smoking, and the presence of other allergens and irritants.

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.

Figure 49: Asthma Diagnoses, 1 Year and Older (2005-2012)

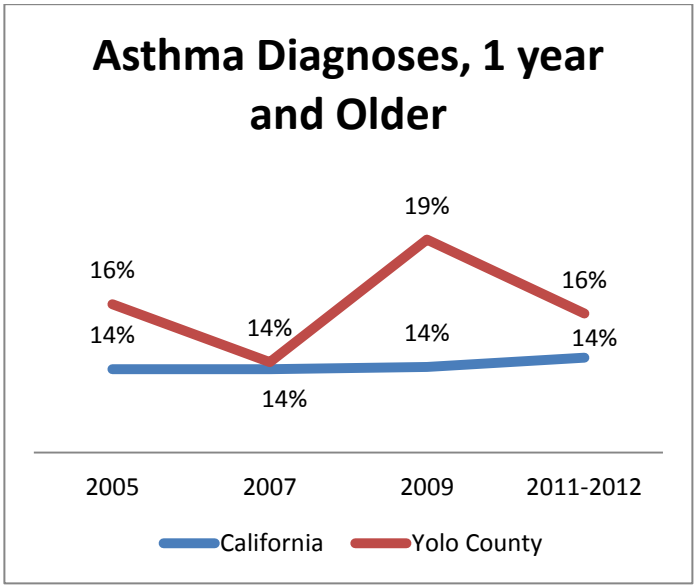


Figure 50: Emergency/Urgent Care Visits in Past Year for Asthma Related Diagnoses (2005-2012)

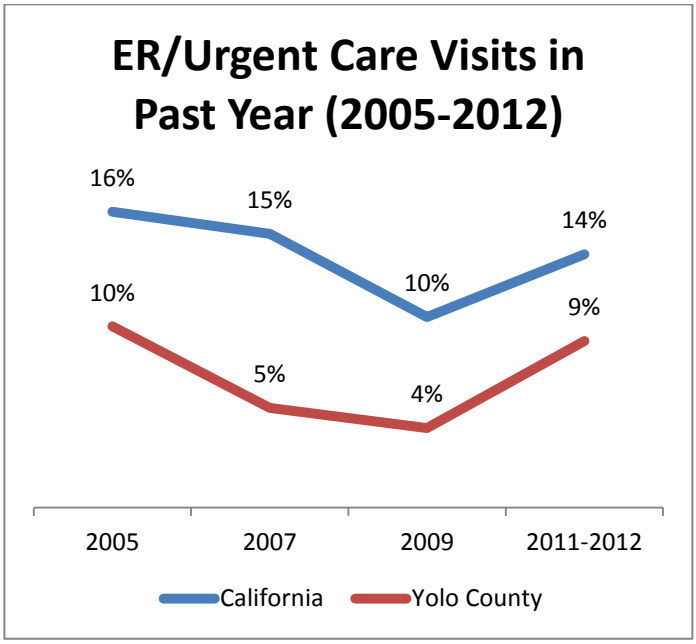
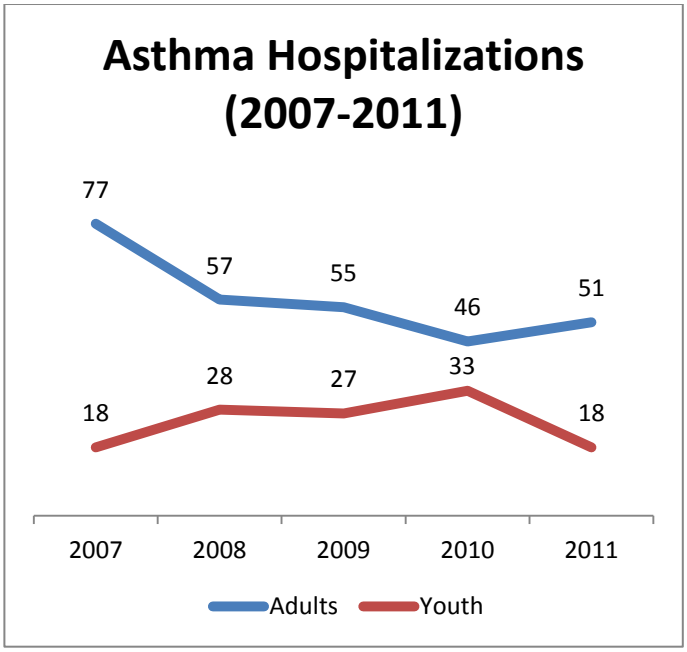


Figure 51: Asthma Hospitalizations (2007-2011)



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.

OBESITY

Excess weight is a nationwide health concern, as it is indicative of unhealthy habits such as poor diet and sedentary lifestyle. It also presents an increased risk for future health issues such as diabetes, stroke, and heart disease. 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).

Figure 52: Overweight Adults 2005-2012

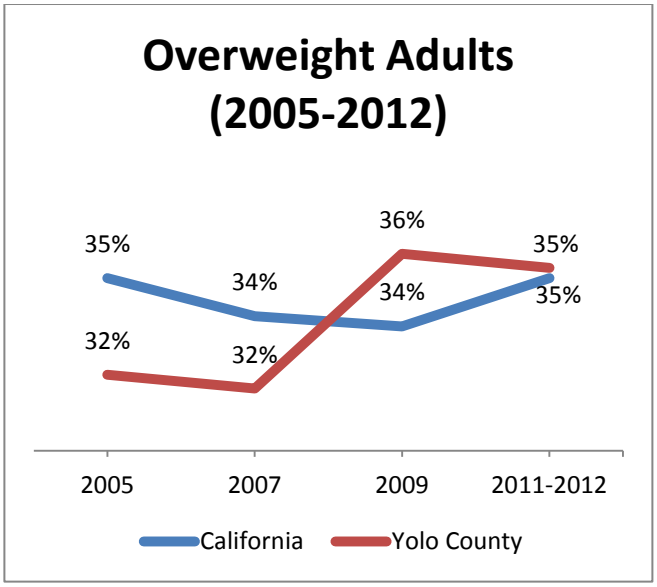
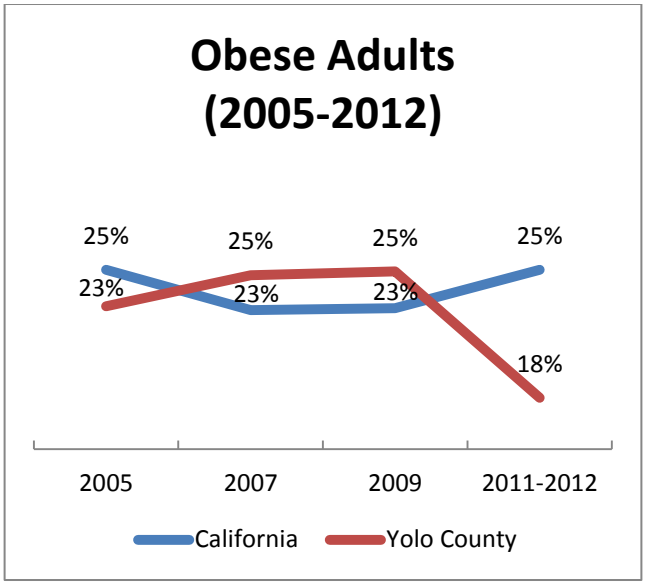


Figure 53: Obese Adults 2005-2012



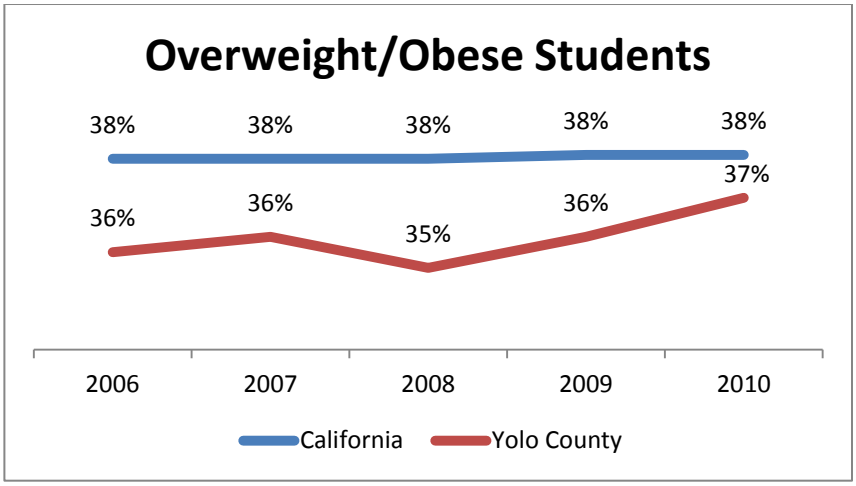
In Yolo County, obesity is more common among males and Hispanic/Latinos. In addition, there is an inverse relationship between household income and obesity levels; as household income increases, obesity levels decrease. Reductions in the percentage of both overweight and obese adults have been observed across genders, ethnic groups, and income levels, but combined; the percentage of adults who are either overweight or obese in Yolo County still represents about 53% of the adult population.

Table 59: Weight Status, Adults 2009 to 2011-2012

Report Population	2009		2011-2012	
Gender	**Overweight**	**Obese**	**Overweight**	**Obese**
Male	46%	31%	36%	22%
Female	26%	19%	34%	14%
Ethnicity	**Overweight**	**Obese**	**Overweight**	**Obese**
Hispanic/Latino	31%	46%	46%	20%
Non Hispanic/Latino	38%	16%	32%	17%
Household Income	**Overweight**	**Obese**	**Overweight**	**Obese**
Less than $50,000	39%	30%	38%	18%
$50,001 - $100,000	36%	21%	29%	21%
Greater than $100,001	27%	17%	36%	16%

Among youth, the percentage of Yolo County students in grades 5, 7, and 9 who are overweight or obese increased between 2006 and 2010 at a faster rate than statewide.

Figure 54: Overweight/Obese Students



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. The CDE uses age and sex specific growth charts and measures body mass by skinfold measurements, bioelectric impedance analyzer, or body mass index. Youth from Washington and Woodland Joint Unified School Districts exhibit lower percentages within a healthy fitness zone (HFZ) based on their body composition; higher percentages in these school districts fall into the "Needs Improvement" and "Health Risk" categories. The prevalence of students with a body composition falling into the "Needs Improvement" category is also higher among students who are economically disadvantaged, and students of Hispanic/Latino descent.

Table 60: Youth Body Composition, Yolo County: 2012-2013

Grade Level	% in HFZ	% in Needs Improvement	% in Needs Improvement - Health Risk
5th Grade	48%	14%	38%
7th Grade	56%	14%	30%
9th Grade	60%	14%	25%

Table 61: Students in Healthy Fitness Zone by School District, 2012-2013

Grade Level	Davis JUSD	Esparto USD	Washington USD	Winters JUSD	Woodland JUSD
5th Grade	N/A	51%	49%	47%	48%
7th Grade	71%	53%	48%	67%	48%
9th Grade	72%	75%	59%	62%	51%

Youth in particular face numerous significant negative effects from excess weight, including poor self-esteem, joint problems, and continued excess weight into adulthood, which in turn creates an increased risk for chronic disease. Obese youth are more likely to become obese adults.

DIABETES

Diabetes is among the chronic conditions nationwide with an increase that is attributed to the rise in poor diet, sedentary lifestyle, and obesity. 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.

Figure 55: Diabetes Diagnoses, Adults (2005-2012)

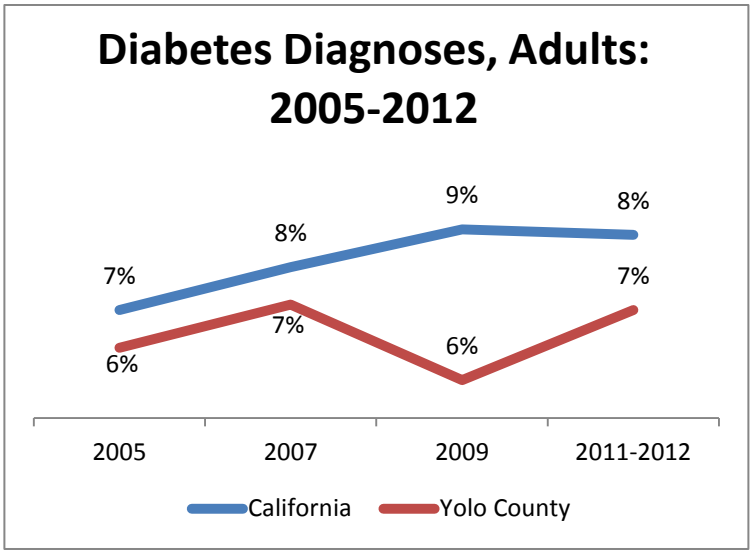


Table 62: Diabetes Diagnosed by Ethnicity, Gender 2005-2012

Report Population	2005	2007	2009	2011-2012
Ethnicity				
Hispanic/Latino	6%	11%	10%	13%
Non Hispanic/Latino	6%	6%	4%	5%
Gender				
Female	7%	7%	3%	7%
Male	5%	8%	9%	7%

Table 63: Diabetes Diagnosed by Household Income 2011-2012

Household Income	%
Less than $50,000	11%
$50,001 - $100,000	4%
$100,000 +	3%

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.

Figure 56: Adults with High Blood Pressure (2005-2012)

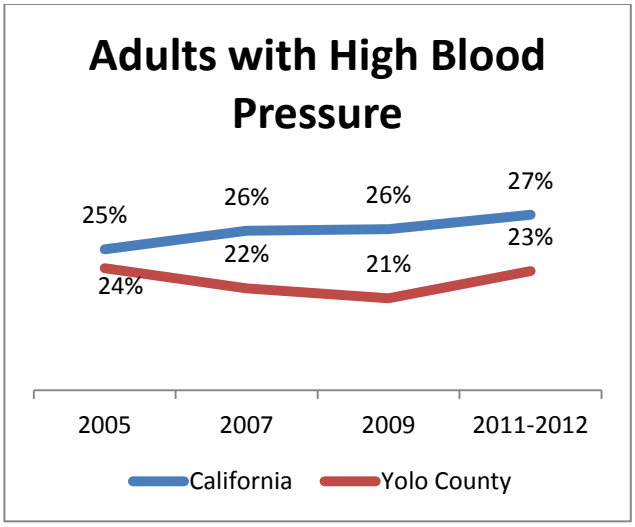
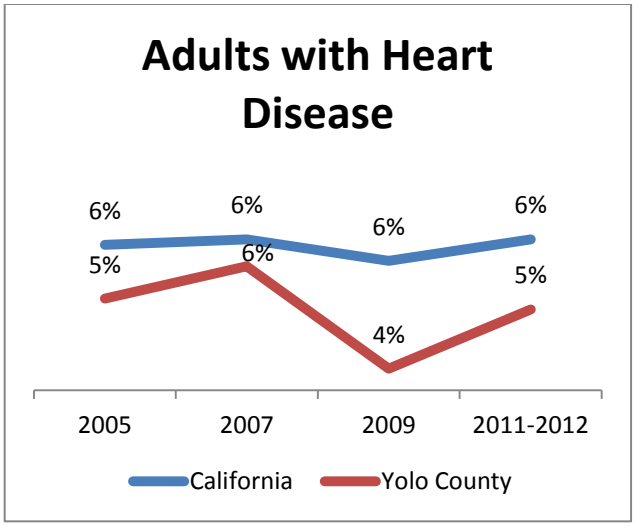


Figure 57: Adults with Heart Disease (2005-2012)



The prevalence of hypertension, or high blood pressure, has shown minimal change since 2005 within Yolo County, despite moderate increases in its prevalence statewide. The proportion of adults who report having ever suffered from a stroke is similar both statewide and countywide – approximately 2%.

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. This data suggests that while issues related to chronic lung disease are apparently more frequent, they are less severe than in the past.

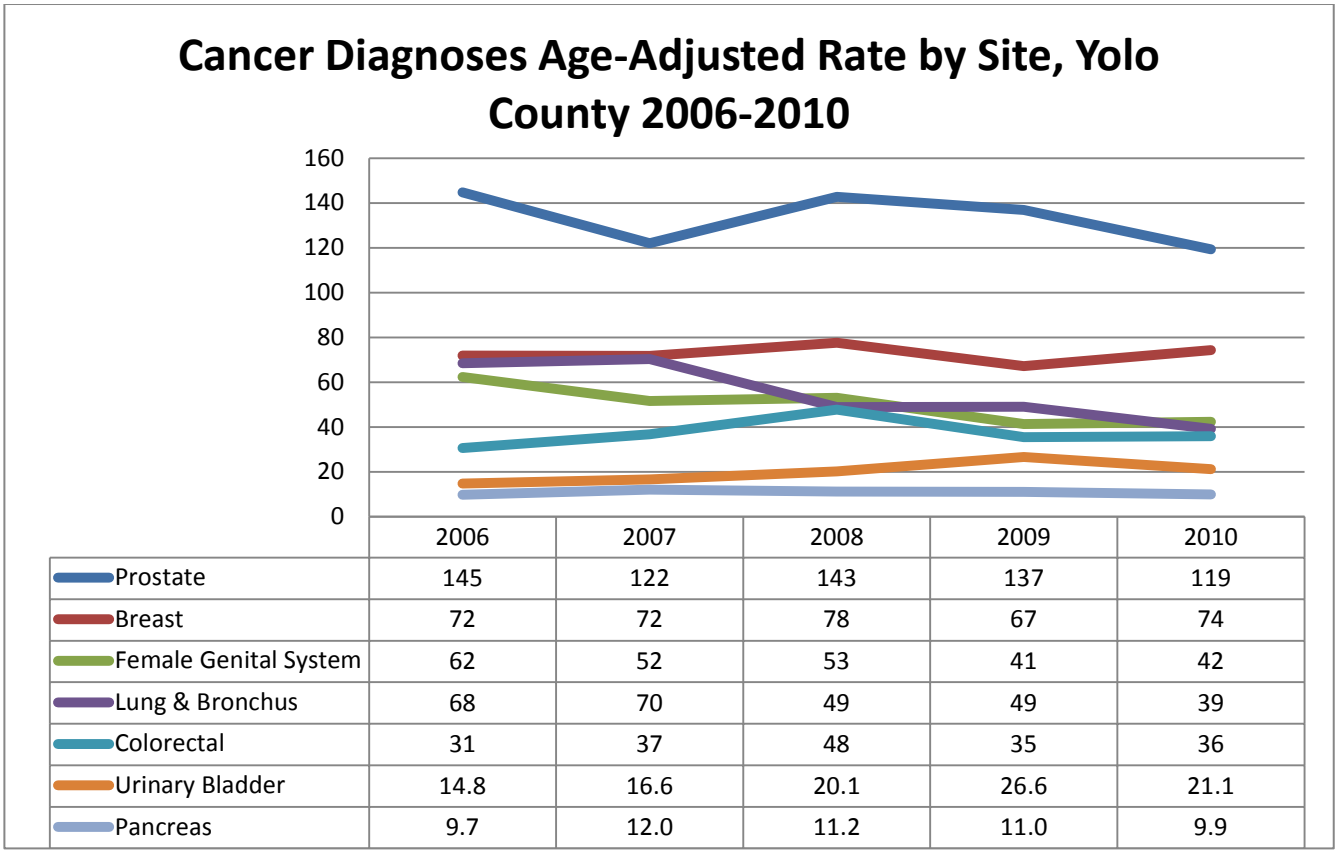
Table 64: Hospital Admits for Chronic Lung Disease*, Yolo County Residents: 2008-2012

	2008	2009	2010	2011	2012
Total	248	225	214	195	240
Rate per 100K	125.5	112.7	106.5	97.0	118.7
**ICD-9 Codes 490-496*					

CANCER

Cancer has come to be among the leading causes of death nationwide. 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:

Figure 58: Cancer Diagnoses Age-Adjusted Rate by Site, Yolo County 2006-2010



	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

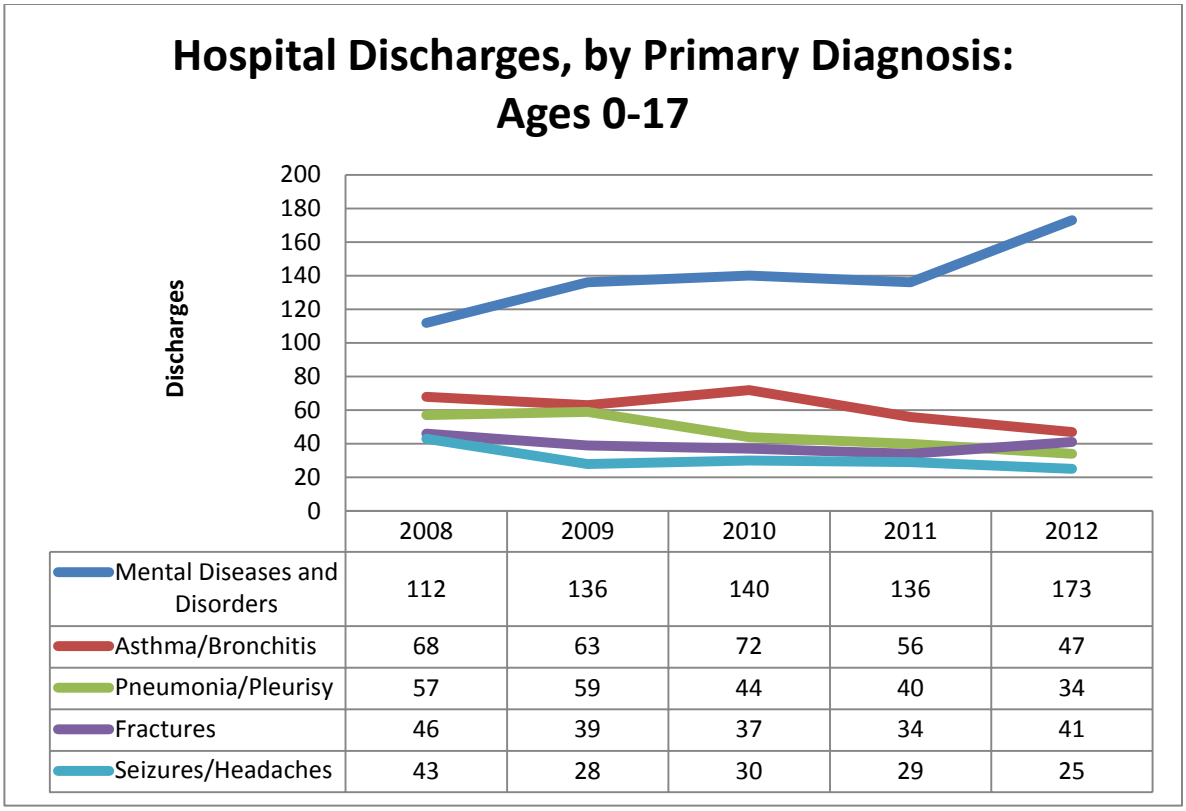
Both countywide and statewide, the top three leading causes of hospitalization overall based on primary diagnosis listed at time of discharge were mental diseases and disorders, asthma/bronchitis, and pneumonia/pleurisy. Compared to statewide figures, Yolo County exhibits lower rates of hospitalization 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.

Table 65: Top 5 Hospital Discharges, 2011

Primary Diagnosis	Percent
Mental Diseases and Disorders	17%
Asthma/Bronchitis	5%
Pneumonia/Pleurisy	3%
Fractures	4%
Seizures/Headaches	2%

In children age 0 to 17 years, hospitalizations for some diagnoses including metabolic/nutritional disorders, diabetes, and traumatic injuries decreased between 2007 and 2011. However, in the same period there have been increases in hospitalizations due to pneumonia and, more drastically, mental diseases and disorders.

Figure 59: Hospital Discharges, by Primary Diagnosis: Ages 0-17



	2008	2009	2010	2011	2012
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

Mortality is an important indicator of underlying health conditions in the population. Measuring the leading causes of mortality and trends in mortality in our community allows for understanding and/or predicting the connections between social and economic determinants of health and health outcomes, and allowing for a better understanding of how certain community health needs may be addressed.

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.

Table 66: Deaths in Yolo County: 2006-2010

Deaths in Yolo County: 2006-2010				
2006	**2007**	**2008**	**2009**	**2010**
1,156	1,109	1,107	1,112	1,153

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. Different groups are compared by calculating the death rate by age group or race/ethnicity. 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.

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 that the state's death rate, but the gap is narrowing.

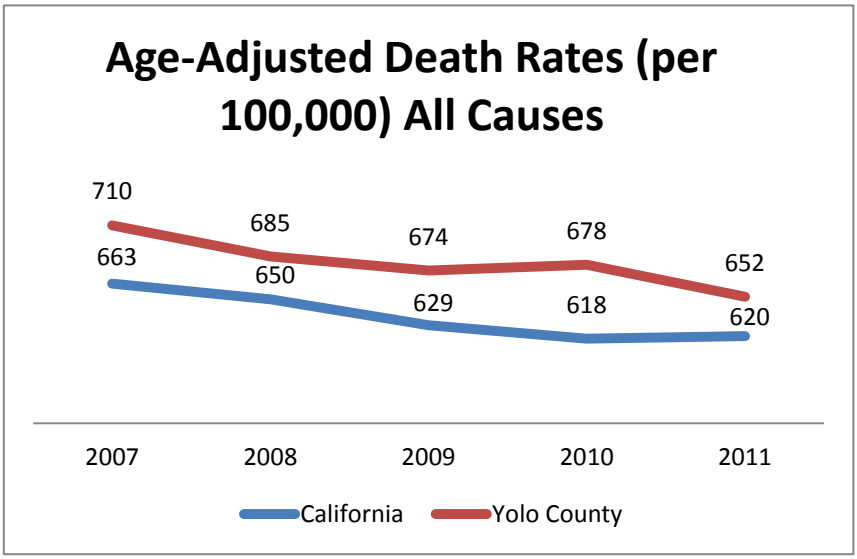


Table 67: Age-Adjusted Death Rates, 2011

Age-Adjusted Death Rates, All Causes: 2011		
	California	**Yolo County**
Sex		
Male	732.7	744.3
Female	529.2	580.3
Race/Ethnicity		
American Indian	406.4	802.2
Asian	401.2	320.5
Black/African American	903.7	1026.2
Hispanic/Latino	495.9	592.3
Pacific Islander	587.4	456.7
White	691.1	699.5
Two or More Races	346.4	356.2

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%).

Forty-two percent of deaths were premature and the four leading causes of premature death were cancer (29%), diseases of the circulatory system (22%), external causes of mortality, which include accidents, suicide, and homicide (15%), and diseases of the respiratory system (9%).

Table 70 displays the age-adjusted leading causes of death by age group in Yolo County. Accidents, in particular motor vehicle accidents, and suicides are the leading causes of death for Yolo County residents 34 years and younger. For older adults and seniors cancer and ischemic heart disease were the leading causes of death. Cerebrovascular diseases increase from a rank of fifth for the 55 to 64 age group to third for those 75 and over. Of note, influenza and pneumonia ranked fifth among those 75 and over.

Table 68: Leading Causes of Death by Age Group, Yolo County: 2000-2010

Rank	1-14 Years	15-24 Years	25-34 Years	35-44 Years	45-54 Years	55-64 Years	65-74 Years	75+ Years
1	Accidents other than Motor Vehicle	Motor Vehicle Accident	Motor Vehicle Accident	Cancer	Cancer	Cancer	Cancer	Cancer
2	Motor Vehicle Accident	Suicide	Suicide	Accidents other than Motor Vehicle	Ischemic Heart Diseases	Ischemic Heart Diseases	Ischemic Heart Diseases	Ischemic Heart Diseases
3	Cancer	Accidents other than Motor Vehicle	Cancer	Motor Vehicle Accident	Diseases of Liver	Chronic Lower Respiratory Diseases	Chronic Lower Respiratory Diseases	Cerebro-vascular Diseases
4	*Suppressed*	*Suppressed*	Accidents other than Motor Vehicle	Suicide	Accidents other than Motor Vehicle	Diseases of Liver	Cerebro-vascular Diseases	Chronic Lower Respiratory Diseases
5	*Suppressed*	*Suppressed*	*Suppressed*	Ischemic Heart Diseases	Motor Vehicle Accident	Cerebro-vascular Diseases	Other forms of heart disease	Influenza and Pneumonia

Rates are "Suppressed" for data representing less than 10 deaths.

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). Tables 71 and 72 show that the death rates for Alzheimer's disease among females and males have increased over time. 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.

Table 69: Leading Causes of Death, Females 25 Years and Older: 2006-2010

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	↓

Table 70: Leading Causes of Death, Males 25 Years and Older: 2006-2010

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 eight cause of death for Hispanic/Latinos.

Table 71: Leading Causes of Death, Hispanic/Latino: 2006-2010

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	↑

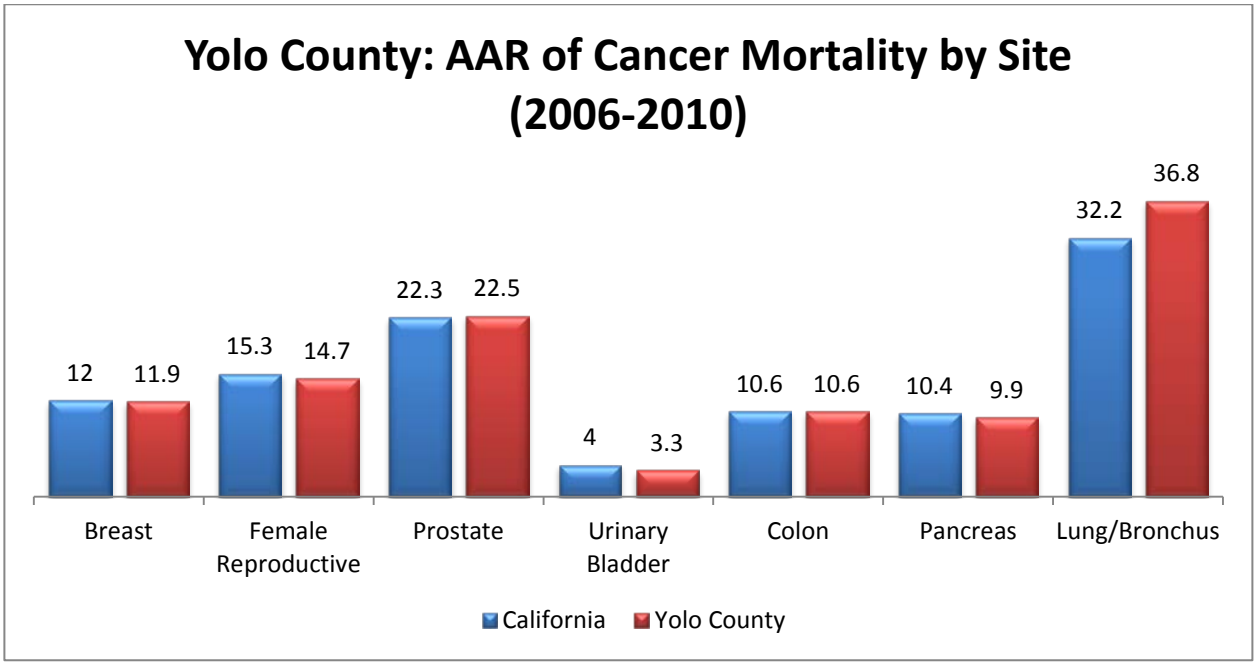
Table 72: Leading Causes of Death, Non Hispanic/Latino: 2006-2010

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	↑

CANCER

Death due to malignant neoplasm or cancer is a major indicator of health as cancer is a leading cause of death nationwide. Countywide, cancers are the leading cause of premature death and the second leading cause of death overall, after circulatory disease. The top six sites for cancer deaths in Yolo County between 2007 and 2012 were lung or bronchus, unspecified sites, pancreas, colon, breast, and prostate.

Figure 61: Yolo County: Age-Adjusted Rate of Cancer Mortality by Site (2006-2010)

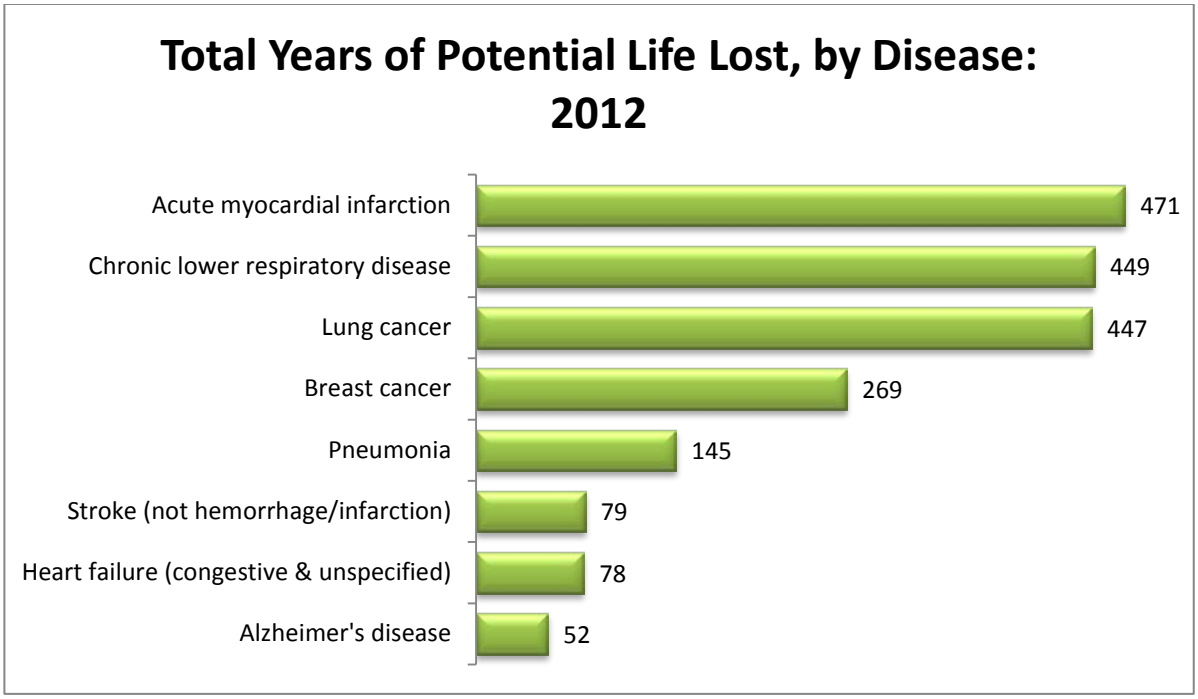


YEARS OF POTENTIAL LIFE LOST

Premature death is represented by the years of potential life lost before the age of 75. Every death occurring before the age of 75 contributes to the total number of years of potential life lost (YPLL). For example, a person dying at age 24 contributes 50 years of life lost, whereas a person who dies at age 65 contributes 10 years of life lost to a county's YPLL.

Measuring premature death, rather than overall mortality, reflects the intent to focus attention on deaths that could have been prevented. Measuring YPLL allows communities to target resources to high-risk areas and further investigate the causes of premature death.

Figure 62: Total Years of Potential Life Lost, By Disease: 2012



Heart attacks, chronic lower respiratory disease and cancer, both lung and breast, account for highest number of years of potential life lost to Yolo County residents in 2012.

SUMMARY

The Community Health Status 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. They reveal an interwoven thread that runs throughout all of the health indicators and outcomes - that of socioeconomic status.

Socioeconomic status (SES) is often measured as a combination of education, income, and occupation. The SES of individuals and regions greatly influence many aspects of the physical, social, economic, and political environments of our community. The individuals and groups of low SES consists of lower educational attainment, poverty, under or unemployed, and therefore have fewer resources and social capitol. When SES is categorized as high, medium, and low, health issues display as a gradient with varying effects on each level of SES.

This underscores the realization that individual behavior does not take place in a vacuum. Conversely, it takes place in the context of a historical, cultural, political, and physical environment and in communities with varying economic and social circumstances. Personal behavior is a byproduct of these dynamic interactive components.

Focusing solely on individual behavior and making the claim that people are making poor decisions is an oversimplification of the dynamic nature and complexity of the health of communities. Discussing lifestyle changes without discussing the socioeconomic conditions that give rise to them is misleading. As Wallack and Lawrence suggest, “when these contextual issues are not discussed…their importance is implicitly diminished and efforts to improve the health of populations are

weakened."[13] This perspective and approach does a disservice to individuals, communities, and the local public health system. We must take a broader perspective in our approach when addressing the health of our community.

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. There is no simple answer, no silver bullet. 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. Community as a whole has a stake in the population's health. Collaboration of many people and organizations is needed to protect and promote the health and well-being of all Yolo County residents for the future.

[13] Wallack, L. & Lawrence, R. Talking About Public Health: Developing America's "Second Language". American Journal of Public Health. April 2005, Vol. 95, No. 4. P.569

APPENDIX A: DATA SOURCES

1) Demographics		
Health Indicator	Data Source	Data Description
Net change in population	US Decennial Census, DP-1: Profile of General Demographic Characteristics: 2000 & 2010	Changes in population size and make-up.
Age	U.S. Census Bureau, 2007-2011 American Community Survey.	Age distribution of members of population
Sex		Sex distribution of members of population
Race/Ethnicity		Racial/ethnic distribution of members of population
Foreign Born		Place of birth/citizen status
Primary Language Spoken at Home and Proficiency		Percentage of the population aged 5 and older who speak a language other than English at home and speak English less than "very well."
English Language Learners	California Dept. of Education, English Learners by Grade and Language Data Files. Accessed through kidsdata.org.	Percentage of public school students who are English Learners or not English Learners. English Learners are 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.
Household Composition	U.S. Census Bureau, 2007-2011 American Community Survey.	Households by type
Other Populations	U.S. Census, 2012, ACS AND U.S. Department of Housing & Urban Development, 2011	Number of individuals defined as “migrant” AND Number and percentage of individuals defined as homeless by U.S. Department of Housing and Urban Development

2) Social and Economic Circumstances		
Health Indicator	Data Source	Data Description
Income	U.S. Census Bureau, 2007-2011 American Community Survey	Income & benefits
Median Household Income		Estimated median household income
Below Poverty Level (children, families, total)		Estimated number of persons living below the poverty line
Household Costs		Selected monthly owner costs as a percentage of household income AND gross rent as a percentage of household income
Unemployment	US Department of Labor, Bureau of Labor Statistics.	Civilian non-institutionalized population age 16+ reporting unemployment or looking for work
Educational Attainment	U.S. Census Bureau, 2007-2011 American Community Survey	Level of educational attainment
Graduation Rate	California Department of Education, DataQuest. Cohort Outcome Summary Report by	Number of persons 18 to 24 years old not currently enrolled in high school who reports

	Race/Ethnicity 2011-12	that they have received a high school diploma or its equivalent
3rd Grade Proficiency	California Dept. of Education, Standardized Testing and Reporting (STAR) Results. Accessed through kidsdata.org	Percentage of all public school students tested in 3rd grade who scored proficient or advanced on the English Language Arts California Standards Test
Algebra I Proficiency	California Dept. of Education, Standardized Testing and Reporting (STAR) Results. Accessed through kidsdata.org	Percentage of all public school students tested in grades 7-11 who scored proficient or advanced on the Algebra I California Standards Test (CST)
3) Social and Mental Health		
Health Indicator	Data Source	Data Description
Mentally Unhealthy Days	Behavioral Risk Factor Surveillance System. Accessed through Health Indicators Warehouse	Average number of reported mentally unhealthy days during past 30 days among adults age 18 and over. "Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?"
Depression Related Feelings - Youth	California Department of Education, California Healthy Kids Survey. Accessed through kidsdata.org	Incidence of youth reporting depression-related feelings
Did Not Receive Adequate Social/Emotional Support	Behavioral Risk Factor Surveillance System. Accessed through Health Indicators Warehouse.	Percent of adults 18 years and older who report not receiving sufficient social-emotional support. Respondents were asked, "How often do you get the social and emotional support you need?" Persons were considered to be receiving sufficient emotional/social support if they reported getting social/emotional support all or most of the time.
Needed Help for Mental/Emotional Health or Use of Alcohol/ Drugs	UCLA Center for Health Policy Research, California Health Interview Survey.	Respondents were asked: "Was there ever a time during the past 12 months when you felt that you might need to see a professional because of problems with your mental health emotions or nerves or your use of alcohol or drugs?"
Needed & Sought Help for Mental/Emotional and/or Alcohol-Drug Issues		Respondents answered yes to "Was there ever a time during the past 12 months when you felt that you might need to see a professional because of problems with your mental health emotions or nerves or your use of alcohol or drugs?" and were asked the following, "In the past 12 months have you seen your primary care physician or any other professional, such as a counselor, psychiatrist, or social worker for problems with your mental health, emotions, nerves or your use of alcohol or drugs?"
Reason for Seeking Treatment		Reason for seeking treatment from physician or mental health professional. Respondents

		were asked: "Did you seek help for your mental or emotional health or for an alcohol or drug problem?"
Psychiatric Admissions	Office of Statewide Health Planning & Development (OSHPD), county-of-residence patient discharge data provided on CD, 2012 and statewide summary AND OSHPD, 2011 (Yolo County) and 2012 Annual Utilization Report of Hospitals Database (ALIRTS reporting system) for the statewide summary	Psychiatric admissions were admits with a principal diagnosis of Major Diagnostic Category (MDC) 19 for mental diseases and disorders. Drug and alcohol were admits with a principal diagnosis of MDC 20 for alcohol, drug use and alcohol- or drug-induced organic mental diseases.
Mental Health Issues - Youth	Special Tabulation by the California Office of Statewide Health Planning and Development (Feb. 2013). California Dept. of Finance, 2000-2010 Estimates of Population by Race/Ethnicity with Age and Gender Detail; and State and County Population Projections by Race/Ethnicity and 5-year Age Groups, 2010-2060 (by year). Accessed through kidsdata.org	Number of hospitalizations for mental health issues among children and youth ages 5-19, by age group.
Self-Inflicted Hospitalizations	California Dept. of Public Health, Office of Statewide Health Planning and Development, Patient Discharge Data; California Dept. of Finance, Race/Ethnic Population with Age and Sex Detail, 1990-1999, 2000-2010, 2010-2060; CDC, WISQARS. Accessed through kidsdata.org	Number of hospitalizations due to non-fatal self-inflicted injuries among children/youth ages 5-20.
Seriously Considered Suicide	California Healthy Kids Survey - Yolo County Secondary 2009-2011 Main Report	Percentage of students who responded "yes" to the question, "did you ever seriously consider attempting suicide?"
Suicide Rate	The county Death Statistical Master File (DSMF) obtained from CDPH Health Information and Strategic Planning (HISP).	The suicide rate is the number of intentionally self-inflicted injuries that resulted in death per 100,000 population.
Community Connectedness	California Department of Education, California Healthy Kids Survey (WestEd). Accessed through kidsdata.org	Percentage of public school students in grades 7, 9, and 11, and non-traditional students, by level of total community assets. This is a summary measure that includes student reports of caring adults, high expectations from adults, and meaningful participation in the community. The grade levels included in school district-level data depend on the grades offered in each district.
School Connectedness	California Department of Education, California Healthy Kids Survey (WestEd). Accessed through kidsdata.org	Percentage of public school students in grades 7, 9, and 11, and non-traditional students, by level of school connectedness. This 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. The grade levels included in school district-level data depend on the grades offered in each school district; for example, high school districts do not include7th grade data. "Non-traditional" students are those enrolled in Community Day Schools or Continuation Education.

Felony Crimes and Arrests	State of California Department of Justice, Office of the Attorney General. Criminal Justice Profiles: Crimes and Clearances.	Violent crime is composed of four offenses: murder and nonnegligent manslaughter, forcible rape, robbery, and aggravated assault. Violent crimes are defined in the UCR Program as those offenses which involve force or threat of force. Property crime includes the offenses of burglary, larceny-theft, motor vehicle theft, and arson. The object of the theft-type offenses is the taking of money or property, but there is no force or threat of force against the victims. An arrest occurs when a person is taken into custody because an officer has reason to believe the person violated the law. Not all arrests result in persons being jailed.
Juvenile Felony Arrests	California Dept. of Justice, Criminal Justice Statistics Center, Monthly Arrest and Citation Register (MACR) Data Files; CJSC published tables. Accessed through kidsdata.org	Percent of juvenile felony arrests among youth under age 18.
Child Abuse and Neglect: Reports and Cases	Child Welfare Services Reports for California, U.C. Berkeley Center for Social Services Research. Accessed through kidsdata.org	Abuse and neglect reports for children under age 18. A child is counted only once (per year, per county). Reports include substantiated, inconclusive, unfounded, and assessment-only referrals, as well as those "not yet determined." Number of substantiated cases of child abuse and neglect.
Domestic Violence Calls	California Dept. of Justice, Criminal Justice Statistics Center, Domestic Violence-Related Calls for Assistance Database (1998-2009) and California Criminal Justice Profiles, 2010, 2011, and 2012. Accessed through kidsdata.org	Number of domestic violence calls for assistance per 1,000 adults ages 18-69.
4) Physical Environment		
Health Indicator	Data Source	Data Description
Air Quality - Ozone	Centers for Disease Control and Prevention, National Environmental Public Health Tracking Network (Jul. 2013). Accessed through kidsdata.org	Number of days with ozone concentrations above the U.S. standard (0.075 parts per million). Ozone concentrations are measured and averaged over each 8-hour testing period; then, the number of days per year exceeding the standard is calculated. State-level data, which are averaged from county-level data, should be treated with caution.
Air Quality - Particulate Matter 2.5	Centers for Disease Control and Prevention, National Environmental Public Health Tracking Network (Jul. 2013); Environmental Protection Agency, National Trends in Particulate Matter Levels (Jul. 2013). Accessed through kidsdata.org	Annual average concentration of fine particulate matter in the air. "Fine particulate matter" refers to particles with a diameter of less than 2.5 microns, or about 1/10,000 of an inch. The current annual fine particle standard is 15 micrograms per cubic meter, which refers to the density of particles in the air. Concentrations at or above 15.0 micrograms are considered potentially

		harmful. State-level data, which are averaged from county-level data, should be treated with caution.
Amount of pesticides per area	California Department of Pesticide Regulation, Pounds of active ingredient by county.	Pounds of pesticides used. California has a broad legal definition of "agricultural use" so the reporting requirements include pesticide applications to parks, golf courses, cemeteries, rangeland, pastures, and along roadside and railroad rights-of-way. In addition, all postharvest pesticide treatments of agricultural commodities must be reported along with all pesticide treatments in poultry and fish production as well as some livestock applications.
Water Quality Violations	California Dept. of Public Health, Division of Drinking Water and Environmental Management. Accessed through kidsdata.org	Number of water quality violations for California public water systems, by type of violation.
Waterborne Disease	California Reportable Disease Information Exchange (CalREDIE)	Reported occurrences of waterborne illness reported in CalREDIE
Fast Food Access	US Census Bureau, County Business Patterns: 2011. Additional data analysis by CARES. Accessed through Community Commons, Full Health Indicators Report.	Number of fast-food establishments
Liquor Store Access		Number of liquor stores
Low Food Access	US Department of Agriculture, Economic Research Service, USDA - Food Access Research Atlas: 2010. Accessed through Community Commons, Full Health Indicators Report.	A population is defined as having limited food access if they are living more than 1 mile from a supermarket or large grocery store if in an urban area, or more than 10 miles from a supermarket or large grocery store if in a rural area.
Park Access	Centers for Disease Control and Prevention, National Environmental Public Health Tracking Network: 2010. Accessed through Community Commons, Full Health Indicators Report.	The percentage of population living within 1/2 mile of a park.
Walkability	Walk Score	Measured in terms of "Walk Score" Walk Score is a number between 0 and 100 that measures the walkability of any address or city. Walk Score analyzes hundreds of walking routes to nearby amenities. Points are awarded based on the distance to amenities in each category. Walk Score also measures pedestrian friendliness by analyzing population density and road metrics such as block length and intersection density.

Pedestrian and Bicycle Accidents	Statewide Integrated Traffic Records Systems maintained by the California Highway Patrol. Accessed through the Transportation Injury Mapping System.	Motor vehicle accidents with pedestrians or bicycles. The primary collision factor is a general category based on the officer's opinion that best describes the primary or main cause of the collision.
5) Health Care and Preventive Services		
Health Indicator	Data Source	Data Description
Licensed Primary Care Physicians	US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File: 2011. Accessed using Community Commons.	Number of physicians in primary care (general practice, internal medicine, obstetrics and gynecology, or pediatrics)
Licensed Dentists	US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File: 2011. Accessed using Community Commons.	Number of total professionally active dentists
Licensed Hospital Beds	Office of Statewide Health Planning & Development (OSHPD) Hospital Utilization Data.	The number of beds (acute and specialty) and percentage of licensed beds occupied during a reporting period.
Long-term Care Facility Beds	Office of Statewide Health Planning & Development (OSHPD) Hospital Utilization Data.	The number of beds and percentage of licensed beds occupied during a reporting period.
Health Insurance	The U.S. Census Bureau's Small Area Health Insurance Estimates (SAHIE) program produces estimates of health insurance coverage for states and all counties. Accessed using the Health Indicators Warehouse.	Percent of persons under 18 and 18 to 65 years of age without health insurance.
Regular Source of Primary Care	UCLA Center for Health Policy Research, California Health Interview Survey.	Number of persons who report having a specific source of primary care
Primary care services by community and migrant health centers	OSHPD PCC Utilization data.	Percentage of respondents reporting having receive primary care from community clinics and migrant health centers
Inability or Delay in Obtaining Necessary Medical Care, or Prescription Medicines	UCLA Center for Health Policy Research, California Health Interview Survey.	Percent of population reporting delays or inability to reach necessary medical care
Age Appropriate Immunizations	California Department of Public Health, Immunization Branch, Kindergarten Assessment Results. Accessed through kidsdata.org	Estimated percentage of children ages 4-6 in kindergarten with all required immunizations.
Dental Care Utilization	Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System: 2006-10. Accessed through Community Commons	Percentage of adults aged 18 and older who self-report that they have not visited a dentist, dental hygienist, or dental clinic within the past year.

Cervical Cancer Screening (Pap Test)	Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed using the Health Indicators Warehouse.	Percentage of women aged 18+ who self-report having a Pap test in the past three years.
Breast Cancer Screening (Mammogram)		Women respondents age 50+ who report having mammogram in past 2 years
Colon Cancer Screening (Sigmoid/Colonoscopy)	UCLA Center for Health Policy Research, California Health Interview Survey.	Asked of adults 50 years and older if they ever had a sigmoidoscopy, colonoscopy or FOBT
Diabetes Management (Hemoglobin A1c Test)		Number of persons aged 18+ who report they have ever been diagnosed with diabetes and report that a doctor, nurse, or other health professional has checked the respondent's glycosylated hemoglobin (HbA1c) two or more times in the past year
High Blood Pressure Management		Asked of respondents who have ever been told by a doctor that they have high blood pressure: "Are you currently taking any medications to control your high blood pressure?"
6) Maternal and Child Health		
Health Indicator	Data Source	Data Description
Entrance into Prenatal care in 1st trimester	California Department of Public Health, Center for Health Statistics, Vital Statistics Section, Birth Statistical Master Files. Accessed through kidsdata.org	Number of births to females receiving prenatal care in the first trimester (three months) of pregnancy in states that use the 2003 standard certificate of birth
Breastfeeding Support Initiation (in-hospital)	CDPH In-Hospital Breastfeeding Initiation Data	Percentage of newborns fed breast milk during their hospitalization. "Any Breastfeeding" includes infants who breastfeed exclusively and those who breastfeed and receive formula. "Exclusive Breastfeeding" includes those who only breastfeed.
Live Birth Rate	California Department of Public Health, Vital Statistics Section Health Information, and Strategic Planning (HISP). Local birth data accessed through Automated Vital Statistics System (AVSS).	Number of live births per 1,000 women.
Births to Adolescents	California Dept. of Public Health, Office of Health Information and Research, Vital Statistics Query System.	Number of births per 1,000 young women under age 20, by age of mother.
Repeat Births to Teens	Yolo County Health Department: Live Birth Profile Public, Yolo County 2012.	Number of births second or greater in sequence to teen mothers
Very Low & Low Birth Weight	California Department of Public Health, 2010 Birth Statistical Master File (BSMF). Accessed through the Improved Perinatal Outcome Data Reports, County Profile Reports.	A baby is defined as having a low birth weight if its weight is less than 2,500 grams at delivery. A baby is defined as having very low birth weight if its weight is less than 1,500 grams (or about 3lbs, 5 0z) at delivery.
Infant Mortality	California Department of Public Health, 2009 Birth Cohort File. Accessed through the Improved	Number of deaths of infants aged 1 years and younger

Neonatal Mortality	Perinatal Outcome Data Reports, County Profile Reports.	Number of deaths of infants aged 27 days and under
Post Neonatal Mortality		Number of deaths of infants aged 28 days to less than 1 year
7) Health Behaviors		
Health Indicator	Data Source	Data Description
Tobacco Use	UCLA Center for Health Policy Research, California Health Interview Survey.	Percentage of adults who are current smokers.
Adolescent Smoking	California Department of Education, California Healthy Kids Survey (WestEd). Accessed through kidsdata.org	Percentage of public school students in grades 7, 9, and 11 reporting the number of days in which they smoked cigarettes in the past 30 days.
Binge Drinking	UCLA Center for Health Policy Research, California Health Interview Survey.	Respondents aged >=18 years who report having 5 or more drinks (men) or 4 or more drinks (women) on one or more occasions during the previous 30 days
Adolescent Use of Alcohol	California Department of Education, California Healthy Kids Survey (WestEd). Accessed through kidsdata.org.	Percentage of public school students in grades 7, 9, and 11 reporting the number of days in which they drank alcohol in the past 30 days.
Marijuana Use		Percentage of public school students in grades 7, 9, and 11 reporting the number of days in which they used marijuana in the past 30 days.
Fruit & Vegetable Consumption	Behavioral Risk Factor Surveillance System. Accessed through Health Indicators Warehouse (adults). UCLA Center for Health Policy Research, California Health Interview Survey (children).	Respondents who reported eating more than 5 servings of fruit/vegetables per day.
Fast Food Consumption	UCLA Center for Health Policy Research, California Health Interview Survey.	Respondents were asked, "In the past 7 days, how many times did you eat fast food.
Soda Consumption		Respondents were asked: "Yesterday, how many glasses or cans of soda or other sweetened drinks (such as fruit punch) did you drink? Do not count diet and sugar-free drinks."
No Exercise	Behavioral Risk Factor Surveillance System. Accessed through Health Indicators Warehouse	Respondents who reported no exercise in the past month. "During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?"
Physical Activity at Least One Hour in Typical Week	UCLA Center for Health Policy Research, California Health Interview Survey.	Respondents were asked: "During a typical week, on how many days are you physically active for at least 60 minutes total per day? Do not include PE."
Youth Aerobic Capacity	California Department of Education, DataQuest - Physical Fitness Test.	Aerobic Capacity. This is perhaps the most important indicator of physical fitness and assesses the capacity of the cardiorespiratory system by measuring endurance. The

		formulas used to estimate VO2max can be found in the PFT Reference Guide on the PFT Web page at http://www.pftdata.org/resources.aspx
8) Communicable Disease		
Health Indicator	Data Source	Data Description
Syphilis (primary and secondary) Cases	California Department of Public Health, STD Control Branch. Sexually Transmitted Diseases Data Tables.	Number of new reported cases of primary and secondary syphilis in the past 12 months
Gonorrhea Cases		Number of gonorrhea cases
Chlamydia Cases		Number of reported chlamydia cases
Tuberculosis	Yolo County Health Department, Communicable Disease Statistics.	Number of confirmed new cases of tuberculosis reported to CDC by local health departments
Hepatitis A Cases		Number of Hepatitis A cases reported to public health departments
Hepatitis B Cases		Number of symptomatic hepatitis B cases reported in the past 12 months
Hepatitis C Cases		Number of new symptomatic hepatitis C cases reported in the past 12 months
AIDS	National HIV Surveillance System. Accessed through Health Indicators Warehouse.	Number of reported AIDS cases among persons aged 13 years and older
9) Health Outcomes		
Health Indicator	Data Source	Data Description
General Health Status	UCLA Center for Health Policy Research, California Health Interview Survey.	Sample respondents age 18+ with self-reported fair or poor health status
Dental Care Utilization	Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System: 2006-10. Accessed through Community Commons	Percentage of adults aged 18 and older who self-report that they have not visited a dentist, dental hygienist or dental clinic within the past year.
Poor Dental Health		Percentage of adults age 18 and older who self-report that six or more of their permanent teeth have been removed due to tooth decay, gum disease, or infection.
Asthma Diagnoses and Emergency Room/Urgent Care Visits	UCLA Center for Health Policy Research, California Health Interview Survey.	Percentage of respondents 1 year of age and older who report that they have ever been diagnosed with asthma by a doctor. Asked of current asthmatics if they had visited emergency/urgent care for asthma within the last 12 months, all ages.
Asthma Hospitalizations	California Breathing, Environmental Health Investigations Branch, California Dept. of Public Health using data from the California Office of Statewide Health Planning and Development (OSHPD) Patient Discharge Database, the California Dept. of Finance, and the U.S. Census	Number of asthma hospitalizations.

	Bureau (March 2013).	
Obesity	UCLA Center for Health Policy Research, California Health Interview Survey; As cited on kidsdata.org, Babey, S. H., et al. (2011). A patchwork of progress: Changes in overweight and obesity among California 5th-, 7th-, and 9th-graders, 2005-2010. UCLA Center for Health Policy Research and California Center for Public Health Advocacy; California Department of Education, Physical Fitness Testing Research Files.	Respondents aged >=18 years who have a body mass index (BMI) >=30.0 kg/m² calculated from self-reported weight and height
Overweight		Respondents aged >=18 years who have a body mass index (BMI) between 25 and 29.9
Overweight and Obese Students	Babey, S. H., et al. (2011). A patchwork of progress: Changes in overweight and obesity among California 5th-, 7th-, and 9th-graders, 2005-2010. Accessed through kidsdata.org	Percentage of public school students in grades 5, 7, and 9 with Body Mass Indices (BMIs) in the overweight or obese ranges of the 2000 Centers for Disease Control and Prevention sex-specific BMI-for-age growth charts.
Youth Body Composition	California Department of Education, DataQuest - Physical Fitness Test.	Body composition results provide an estimate of the percent of a student's weight that is fat in contrast to the "fat-free" body mass made up of muscles, bones, and organs. The FITNESSGRAM uses age and sex specific growth charts. Skinfold Measurements. The thickness of the skinfold is measured using a device called a skinfold caliper. Bioelectric Impedance Analyzer. Is a handheld or scale-like device that estimates the student's percent body fat. Body Mass Index. This test provides an indication of the appropriateness of a student's weight relative to his or her height. Height and weight measurements are used to calculate a body mass index.
Diabetes	UCLA Center for Health Policy Research, California Health Interview Survey.	Sample respondents age 18+ who report being told they have diabetes
Heart Disease	UCLA Center for Health Policy Research, California Health Interview Survey.	Percentage of adults who report that they have ever been diagnosed with heart disease by a doctor.
High Blood Pressure		Percentage of adults who report that they have ever been diagnosed with high blood pressure by a doctor.
Stroke		Percentage of adults who report that they have been told by a doctor that they had a stroke.
Chronic Lung Disease	OSHPD ED exit data.	Measured in terms of hospitalization for Chronic Lung Disease, ICD-9 Codes 490-496
All Cancers	California Cancer Registry, 2006-2010	Number of cancer cases reported in California Cancer Registry
Breast		
Colon and Rectum		
Lung and Bronchus		

Prostate		
Urinary Bladder		
Uterus and Cervix		
All Other Cancers		
Hospital Discharges	Special Tabulation by the State of California, Office of Statewide Health Planning and Development (Nov. 2012). Accessed through kidsdata.org	Ten most common primary diagnoses for hospital stay for children ages 0-17, excluding childbirth.
10) Mortality		
Health Indicator	Data Source	Data Description
Life Expectancy	Institute for Health Metrics and Evaluation, US Health Map, Life Expectancy.	The average period that a person may expect to live.
Number of Deaths	California Department of Public Health, Office of Health Information and Strategic Planning, Vital Statistics Query System.	Number of deaths
Death Rates		Deaths from all causes. The age and race/ethnicity specific rates are per 100,000 in specified group.
Leading Causes of Death	CDPH, Death Statistical Data Tables, Ten Leading Causes of Death.	
Leading Causes of Death by Age, Sex, Ethnicity	Centers for Disease Control and Prevention, National Center for Health Statistics. Underlying Cause of Death 1999-2010 on CDC WONDER Online Database	Leading causes of death are based on the ICD Sub-Chapter
All Cancers	California Cancer Registry.	Number of deaths due to cancer (ICD-10 codes C00-C97).
Breast		Number of female deaths due to breast cancer (ICD-10 code C50)
Colon and Rectum		Number of deaths due to colorectal cancer (ICD-10 codes C18-C21)
Lung and Bronchus		Number of deaths due to lung cancer (ICD-10 codes C33-C34)
Prostate		Number or deaths due to prostate cancer
Urinary Bladder		Number of deaths due to urinary bladder cancer
Uterus and Cervix		Number of deaths due to uterine and cervical cancer
All Other Cancers		Number of deaths due to other types of cancer
Years of Potential Life Lost (YPLL)	Yolo County Health Department, Death Statistical Master File	Premature death is represented by the years of potential life lost before the age of 75.

APPENDIX B: DATA NOTES

Age-Adjusted Rates (AAR)	The age distribution of a population (the number of people in particular age categories) can change over time and can be different in different geographic areas. Age-adjusting the rates ensures that differences in incidence or deaths from one year to another, or between one geographic area and another, are not due to differences in the age distribution of the populations being compared.
California Cancer Registry	The California Cancer Registry (CCR) is a statewide population-based cancer surveillance system that collects information about almost all cancers diagnosed in California.
California Department of Education: Cohort Outcome Summary Report	Data regarding graduation, enrollment, and academic success
California Department of Public Health (CDPH)	The CDPH deals with aspects of public health such as healthcare quality, infectious disease, and health promotion in order to create healthy families and communities.
California Healthy Kids Survey (CHKS)	The California Healthy Kids Survey (CHKS) is a comprehensive, youth risk behavior and resilience data collection service available to all California local education agencies, and is funded by the California Department of Education.
CalREDIE	The California Reportable Disease Information Exchange (CalREDIE) is a computer application that the California Department of Public Health (CDPH) uses for web-based disease reporting and surveillance
CDC Behavioral Risk Factor Surveillance System	The Behavioral Risk Factor Surveillance System (BRFSS) is the world's largest, on-going telephone health survey system.
CDC National Environment Public Health Tracking Network	The National Environmental Public Health Tracking Network (Tracking Network) is a system of integrated health, exposure, and hazard information and data from a variety of national, state, and city sources.
CDPH Birth Cohort File	The Birth Cohort Files contain data for all live births that occurred in a calendar year, death information for those infants who were born in that year but subsequently died within 12 months of birth, and all fetal deaths that also occurred during that calendar year.
CDPH Birth Statistical Master File	The Birth Statistical Master Files are the largest and most comprehensive of the birth data files. These files contain detailed demographic information related to the child, mother, and father, as well as medical data related to the birth.
Centers for Disease Control and Prevention (CDC)	The CDC deals with monitoring health and disease, especially in disseminating information, preventing transmission, and assuring safety.

Community Commons	Community Commons is an interactive information tool which presents GIS data and other community information
County Death Statistical Master File	Vital statistics for births and deaths are collected from each county and are compiled into the Statistical Master files on an annual basis.
Health Indicators Warehouse	The Health Indicators Warehouse (HIW) is an online repository of data that aims towards understanding of a community's health status and determinants, and facilitates the prioritization of interventions.
Healthy People 2020	*Healthy People* is a government program that sets science-based objectives every 10 years with the goal of improving the health of Americans.
Office of Statewide Health Planning and Development (OSHPD) Hospital Utilization Data	The OSHPD compiles an annual report of data related to hospital occupancy rates, discharges, lengths of stay, etc.
Poverty Guidelines	
Rates	Most measures are proportions (%) or rates per 1,000 or per 100,000 residents.
Suppression of Data	For some indicators, the number of events is too small to report at a locality level so data from either the combined City-County area are included.
U.S. Census Bureau: County Business Patterns	Community Business Patterns is a yearly report detailing the state of businesses in an area; include the numbers of establishments, employment, and other data points.
U.S. Census: American Community Survey	The American Community Survey (ACS) provides new data every year, but not with the same detail and depth as the U.S. Decennial Census
U.S. Decennial Census	The U.S. Decennial Census occurs every 10 years, in years ending with "0"
UCLA Center for Health Policy Research, California Health Interview Survey (CHIS)	The California Health Interview Survey (CHIS) is the largest state health survey in the nation. It is a random-dial telephone survey that asks questions on a wide range of health topics
Yolo County Health Department, Communicable Disease Statistics	State law requires providers to report certain communicable disease to their local county health departments for monitoring and management.
Yolo County Health Department, Death Statistical Master File	Contains comprehensive demographic data on deaths within the county

APPENDIX C: TABLE OF FIGURES

APPENDIX D: TABLE OF MAPS

APPENDIX E: TABLE OF TABLES