



Sutter County Community Health Assessment

2020

Understanding Health and Wellness in Sutter County

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This report may be downloaded from <http://bit.ly/SutterCountyPublicHealth>

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Community Perspectives and Guidance:

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- Yuba City Unified School District School Nurse Program
- Various community groups

Community Health Improvement Plan Priorities:

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- Ampla Health
- Anthem / Blue Cross
- California Health and Wellness / Health Net
- Downtown Business Association (Yuba City)
- Live Oak Unified School District
- Pathways
- Regional Housing Authority
- Sutter County Sheriff's Department
- Sutter County Superintendent of Schools
- Yuba Sutter Transit

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EXECUTIVE SUMMARY

This Community Health Assessment report belongs to the community—it was developed with community participation and insight and serves Sutter County community members. Community use of this report is encouraged.

Understanding Health

A community health assessment allows us to understand the state of our community's collective health — what illnesses affect community members, how they experience illness, and what factors influence health and well-being in Sutter County. The Sutter County Community Health Assessment was conducted to help the Sutter County Health and Human Services Department, Public Health Branch, and its partners learn about the state of health in Sutter County, which allows us to determine top health priorities and direct resources to address these priorities.



Trevor Hancock, 1993, Health Promotion International, Vol. 8, No. 1

What We Learned

Why is data important?

Examining data about health is an important part of this Community Health Assessment, so we carefully looked at statistics about health in Sutter County that come from a variety of sources. The data explored included causes of death, infectious diseases, and chronic illnesses. We also examined various demographic data, including income, housing, age, race and ethnicity, language, and education. The relationships between health and the aspects of our community that affect health will also be discussed in this report.

Statistics help us understand health in our community, but they do not provide the entire picture. How people in Sutter County experience health is as important as data about illnesses and demographics. We learned about how community members experience health through surveys and community conversations (focus groups) about their thoughts, ideas, and perspectives on health in Sutter County. These community voices help complete our understanding of health in Sutter County.

Community Voices

Conversations: We had seven conversations with community members representing a variety of populations in Sutter County. These groups included senior citizens, LGBTQ adults, LGBTQ youth, Spanish-speakers, school nurses, and parent groups at schools in two different districts and geographic regions in Sutter County. While these groups represent the diversity of the Sutter County community, some groups are not represented. This Community Health Assessment must then incorporate continuing discussions with our community about health and the factors that influence health, with future conversations including people from across the many cultural, ethnic, linguistic, socioeconomic, and other populations of Sutter County.

Health Issues in Sutter County

The biggest health issues we found when we looked at our health data for Sutter County were:

- **Life expectancy** varies greatly by geographic area with major differences occurring within communities separated by only a few miles.
- The top causes of death in Sutter County are **cancers, coronary heart disease, cerebrovascular disease (including stroke), and chronic lower respiratory disease.**
- **Sexually transmitted diseases**--chlamydia, gonorrhea, and syphilis--have increased greatly and are continuing to increase each year.

The conversations were reviewed, and four major issues were identified:

- Access to healthcare
- Chronic illness
- Mental health
- Access to resources

During these conversations, community members shared their experiences with illness and wellness as well as their thoughts and opinions about health in Sutter County. The topics discussed included access to healthcare, the types of health issues community members struggle with, aspects that either promote or take away from wellness in Sutter County, and available resources. All community members who took part in these conversations provided valuable insight, and some made comments or shared things that were both deeply personal and sobering. What these conversations revealed are some of our community’s perspectives and experiences with health and wellness.

Four major issues were identified when we reviewed the conversations:

- Access to healthcare, including mental health, is limited for some Sutter County residents. Cited reasons include transportation not being readily available, providers concentrated in one area (Yuba City), and many providers not accepting Medi-Cal.

“This is a great place to live. This place, even though we’re lacking in some things, it is a fantastic place. I had my chance to live any place in the world that I wanted to live. I chose Yuba City. This area here has so much to offer.” -- Focus group participant

- Community members struggle with chronic illnesses, including cardiovascular disease, diabetes, high cholesterol, and obesity. Participants indicated that more education about these topics and about healthy living are both welcomed and needed.
- Mental health is an important issue for our community and affects people of all ages. Issues identified include the effects of bullying, suicide, and disconnection from social networks and community for various reasons, including aging.

“I love this place, but I feel like I’m a shadow.” – Focus group participant about aging and living in Sutter County.

- Access to health-related resources may be limited. The available resources that participants did not identify was sometimes as important as what they did. Some participants identified many community resources, but most identified a few or none at all. This is an area for further exploration in future conversations and indicates that knowledge about available resources plays a role in accessing health care and resources that promote health.

Community Health and Well-being Survey: Members of the Sutter County community shared their perspectives, thoughts, and opinions about health and well-being through the Sutter County Health and Well-being Survey, which was open for four months from October 2018 through January 2019. The issues most concerning to community members who responded to the survey were homelessness, drug use, obesity, and mental health.

Health Priorities

Determining Priorities: Community partners who serve the Sutter County community participated in stakeholder forums in Yuba City and Live Oak, where they learned about the major health issues in our community, the perspectives and issues identified by community members in the survey and focus groups, and factors that affect health. Another forum was held at the Public Health Branch to give staff an opportunity to bring their experience and knowledge to the table. Those who attended these events had the opportunity to participate in conversations and activities that helped determine which health issues to focus on over the next three to five years. Several priorities rose to the top of the list during our discussions, including adverse childhood experiences / building a resilient community and sexually transmitted infections.

These priorities along with homelessness, identified as a top issue by survey respondents and community decision-makers, will act as the foundation of our Community Health Improvement Plan, which will detail activities the Public Health Branch and its community partners will focus on addressing over the next three to five years.

Community Health Priorities



Sexually Transmitted Diseases



Homelessness



Building Resilient Communities

WHO WE ARE



Courtesy of the California History Room, California State Library, Sacramento, California

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Sutter County

Sutter County is an agricultural community that shares borders with Sacramento County to the South, Yolo and Colusa Counties to the West, Yuba and Placer Counties to the East, and Butte County to the North. The county's geographical features include the iconic Sutter Buttes—a ring of volcanic lava domes—that can be clearly seen from Yuba City, the county seat and most populous city. The Feather River runs along the Eastern boundary of the county, separating Yuba City from its “twin city,” Marysville, which lies in Yuba County. The proximity of the cities and the fact that they are in different counties has created a

unique partnership between Sutter and Yuba counties that has resulted in the sharing of some key services and resources, including Sutter-Yuba Behavioral Health, California's only bi-county behavioral health system, with behavioral health services provided to both Sutter and Yuba County residents through a joint powers agreement.



Residents from both Sutter and Yuba counties share many health resources, such as the region's only hospital, Adventist Health + Rideout Memorial Hospital in Marysville. While Sutter County does not have a hospital system within its borders, it does have several federally qualified health centers (FQHCs), private practitioners, and the Sutter North Surgical Center. The county is a designated health professionals shortage area for primary care and mental health. While there are dental care providers in the county, a recent oral health needs assessment indicated that increased access to dental care may be needed. Residents may encounter barriers to

accessing healthcare, especially specialist care, as indicated during focus groups. This report will discuss these issues more in-depth in other sections below.

The County's deep agricultural roots are heavily entwined with its history, including its title as the home of the Thompson seedless grape, which got its start in 1872 in Sutter County¹. Stone fruit, rice, and nut growing and processing are historically major agricultural activities in the region with rice, almonds, walnuts, prunes, and peaches being among the top ten agricultural crops produced in the county². Immigrants following the footsteps of the County's founder and namesake, John Sutter, have come to the region to take advantage of its agricultural potential for generations, with many immigrants staying and making Sutter County their home. Rich agricultural traditions remain a vital part of the Sutter County community and continue to draw people into the region.

References

- 1) Sutter County Office of the Agricultural Commissioner, 2011. Sutter County Crop and Livestock Report. 2011.
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The Local Public Health System

Public health departments are tasked with protecting the health of the communities they serve, but do not do this alone--they are part of the larger public health system within a defined area. This system represents multisectoral collaboration between the public health department and its partners and addresses complex health issues in a community. Health is made up of the physical and mental status of the human body as well as the social, economic, and environmental conditions surrounding each person, also known as the social determinants of health. Public health systems protect and promote health by helping to ensure that every person in a given community has the same opportunities for achieving optimal health and wellness, which often involves transforming the social, economic, and environmental conditions in which people live and work (figure 1).

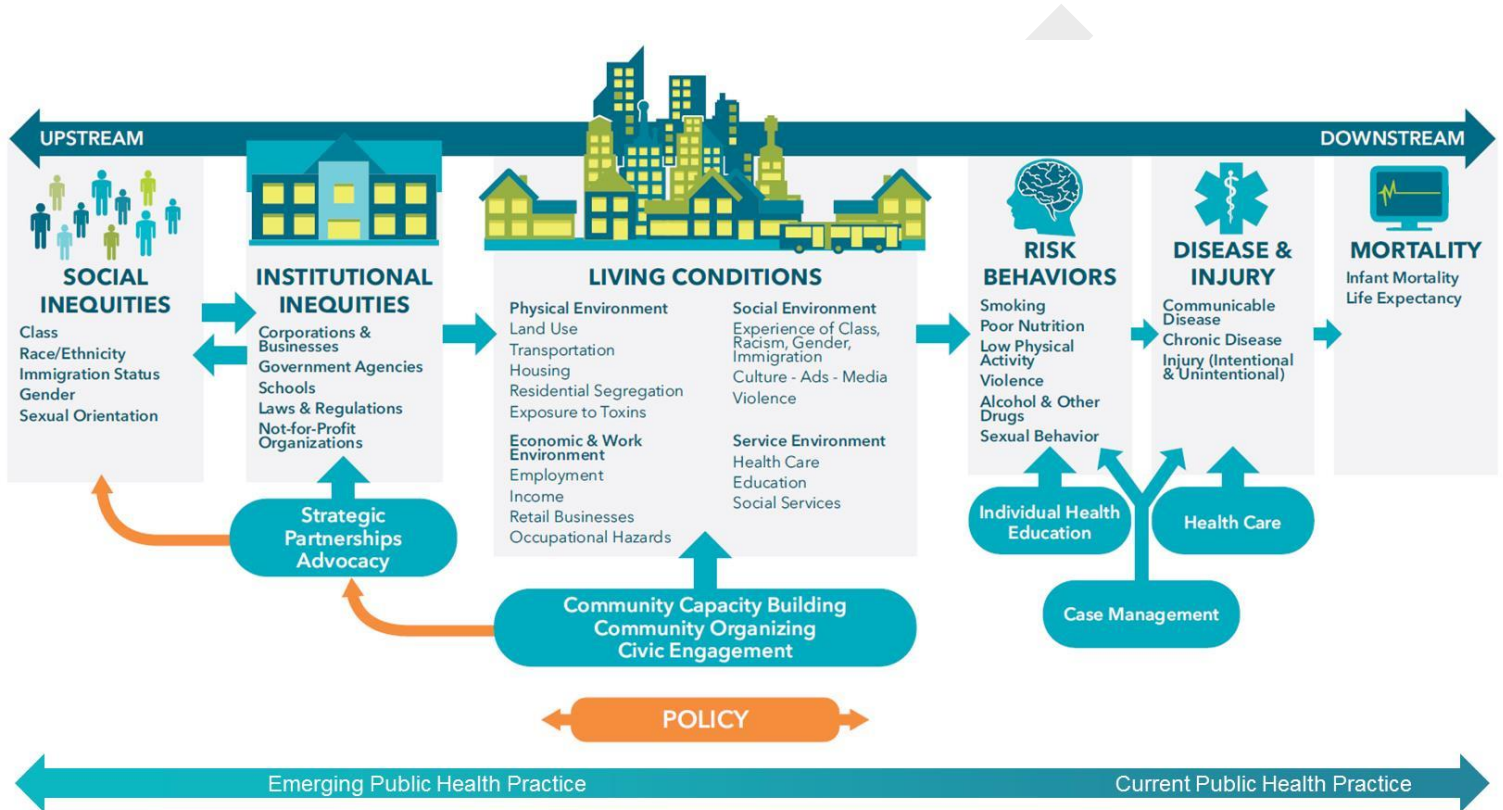


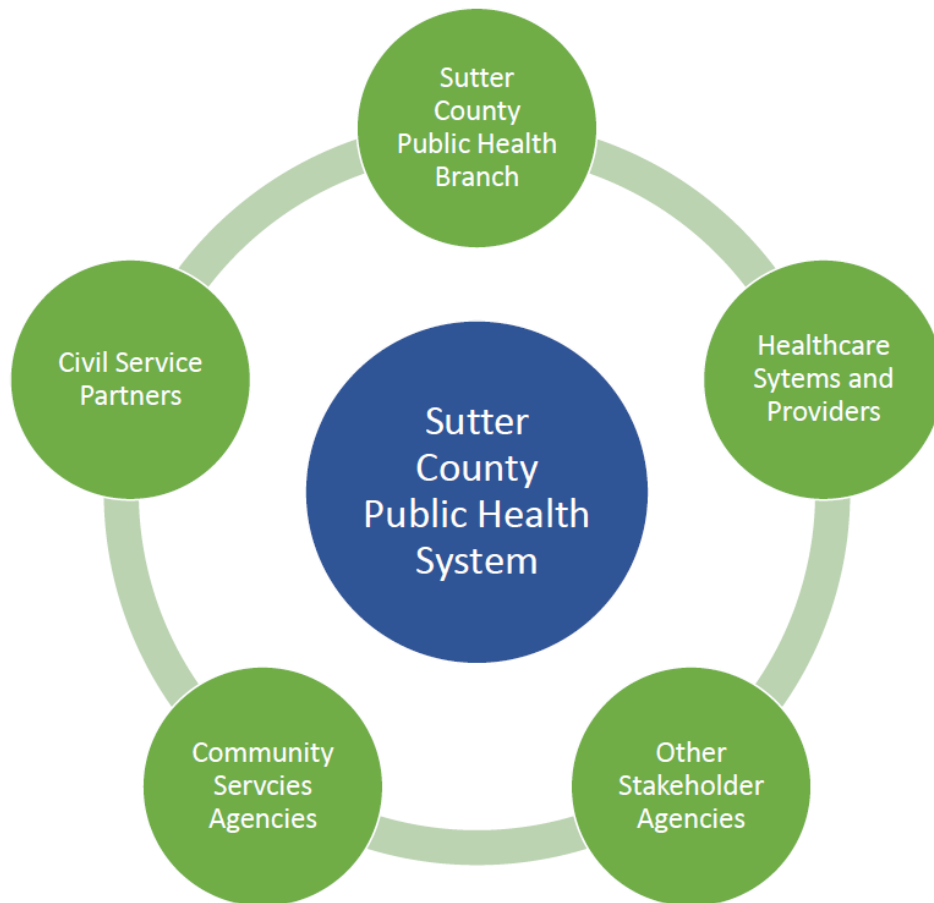
Figure 1: Bay Area Regional Health Inequities Initiative (BARHII) Conceptual Framework, 2006. *See Appendix C for larger version

This concept—the idea that every member of a community should have the same opportunities for health and well-being — is referred to as “health equity.” The public health system in a community promotes health equity by addressing, in part, the social determinants of health. This often involves efforts that are beyond the scope of work of a public health department, making the collaborative partnerships within the public health system critical to achieving health equity in a community.

Public Health in Sutter County: The Sutter County Public Health Branch works to build and maintain relationships with community partners to ensure that the local public health system is active and functioning on our community. This partnership promotes and protects the health and well-being of the Sutter County community by addressing complex health issues that affect both populations that experience greater health risks as well as the Sutter County community as a whole.

The local public health system in Sutter County includes the Sutter County Public Health Branch and community partners, including:

- Government partners such as the County Environmental Health Department, Sutter-Yuba Behavioral Health, Sheriff's Department, and the Sutter Animal Services Agency;
- Healthcare Systems and providers like the Rideout + Adventist healthcare system, Ampla, Harmony Health, Peachtree, and Sutter North medical providers;
- Community partners such as Head Start/the E Center, University of California Cooperative Extension, and the Regional Housing Authority; and
- Stakeholder agencies like the Downtown Business Association and local business owners.



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DEMOGRAPHIC AND SOCIOECONOMIC PROFILE



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Population and Geographic Overview

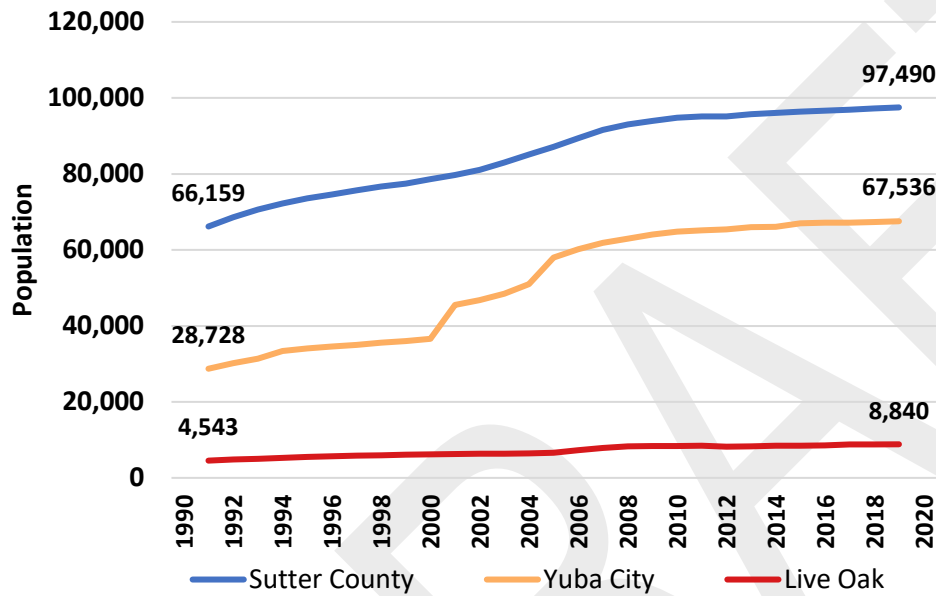
Sutter County Overview:

Sutter County is located in the northern portion of California, almost directly north of Sacramento. It is bordered to the north by Butte County, to the west by Colusa and Yolo Counties, Sacramento County to the south, and Placer and Yuba Counties to the east. Sutter County has two cities, Yuba City and Live Oak. Other unincorporated communities include East Nicolaus, Meridian, Nicolaus, Rio Oso, Robbins, Sutter and Trowbridge.

Most of Sutter County is in floodplain between the Sacramento and Feather Rivers (average elevation 30ft); portions extend to the east across the Feather River south of the Bear River. The Sutter Buttes, a small volcanic mountain range with peaks rising above 2000 ft. elevation, covers most of the northwest part of Sutter County.

Two major highways, CA-20 and CA-99, traverse the county, crossing in Yuba City. Other major highways include CA-113, which heads south to Yolo County, and CA-70, which heads northeast towards Marysville in Yuba County.

Figure 1: Sutter County Population – 1991-2019^{1,2}



Population and Density:

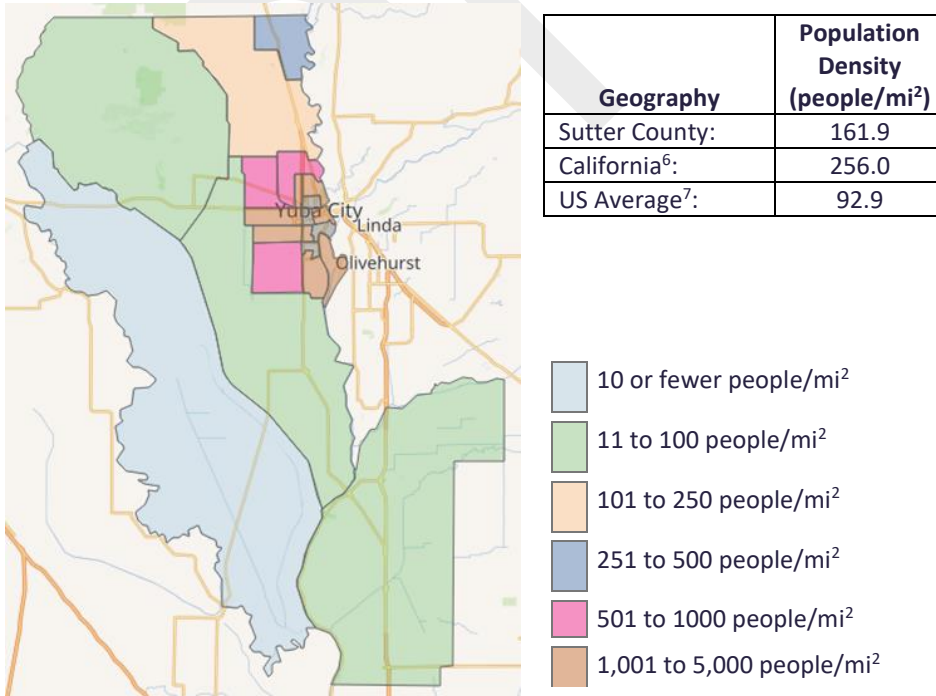
Sutter County had nearly one hundred thousand residents (97,490) in January 2019 (Figure 1). By population, Sutter County is the 37th largest county in California.

Sutter County’s population grew from 66,159 residents in 1991, or 1.1% per year. Population growth slowed in 2010, only increasing an average of 0.3% per year since then. Sutter County is the 37th fastest growing county in California. Population growth is half that of California (0.8%/year)⁴.

Sutter County’s land area is 602 square miles, for an average population density of 161.9 people per square mile (people/mi²). This is less than the average for California, but larger than the US average. Within Sutter County, population density varies widely by location (Figure 2).

Most Sutter County residents live along the CA-99 corridor in Yuba City (67,536 people) or Live Oak (8,840 people). Most of the south and west of Sutter County are sparsely-populated agricultural land. The Sutter Buttes dominate the northwest corner of Sutter County, and are primarily undeveloped.

Figure 2: Sutter County Population Density, 2019⁵



Sex, Age, Race and Ethnicity

Sex and age:

Sutter County residents are roughly evenly split between men and women (49.2% and 50.8%), with 97 men for every 100 women in Sutter County⁸.

Median age of Sutter County residents is 35.7 years of age; Sutter County has a lower median age than California (36.7) or the United States (38.2).

Over half (56%) of Sutter County's population is considered working age (20-64 years old). Children (0-19 years) comprise 22% of Sutter County.

Senior citizens (65 years or older) comprise 15% of the population. Population distributions by age do not widely differ between Sutter County, California, or the United States (Figure 3).

Median age for non-Hispanic White residents is 44.8 years, while it is 36.7 years for Asian residents and 26.2 years for Hispanic residents¹⁰. Differences in median age across race and ethnicity may explain some of the different health outcomes across race and ethnicity.

Figure 3: 2018 Population Age Distribution⁹

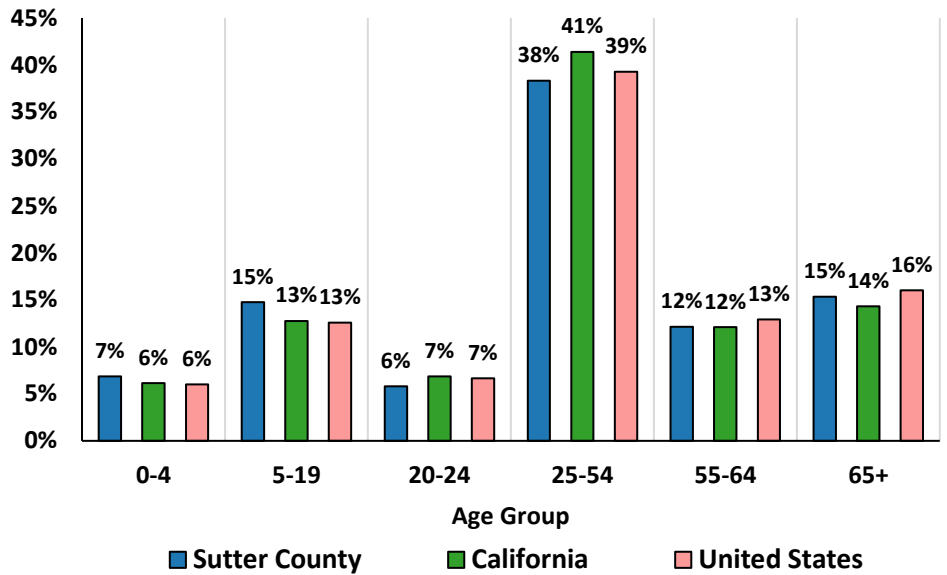
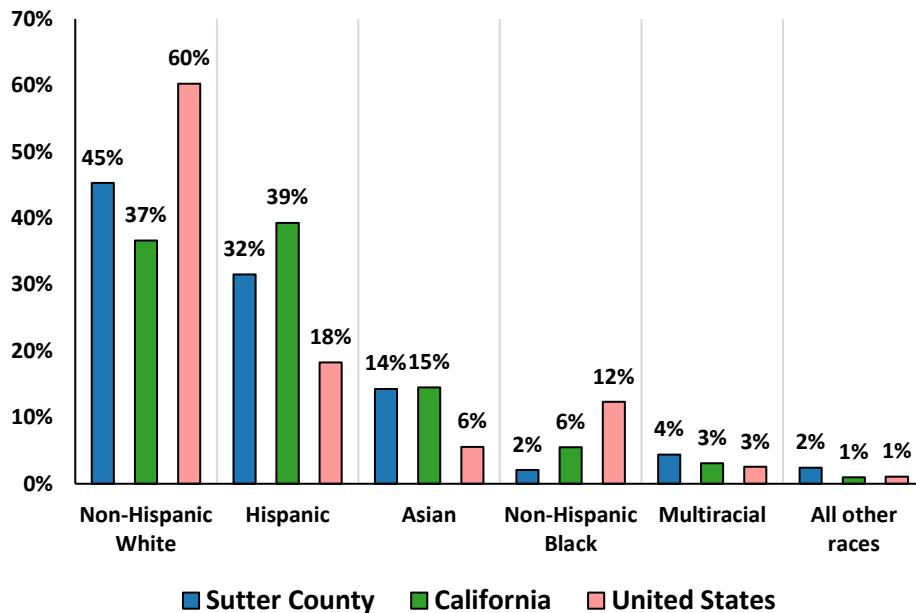


Figure 4: 2018 Population Race and Ethnicity Distribution¹¹



Race and ethnicity¹²:

The racial and ethnic diversity of Sutter County differs from both that of California and the United States, as shown in Figure 4.

In Sutter County, 45% of the population identifies as White, more than California (37%) but less than the entire US (60%). Approximately 32% of Sutter County residents identify as Hispanic; this is lower than the California average (39%), but larger than that of the United States (18%). Sutter County also has a lower proportion of residents who are Black (2%) than either California (6%) or the United States (12%).

The percentage of Asian residents is 14% in Sutter County, comparable to that of California (15%), and much larger than that of the entire United States (6%). Most Asian residents in Sutter County are from India or Pakistan. Sutter County is home to one of the largest Punjabi communities in the United States and largest Sikh communities outside of India. Yuba City is famous for its large Punjabi-American community, and the annual festival in November celebrating the Sikh sacred text draws in tens of thousands of attendees each year from all over the world.

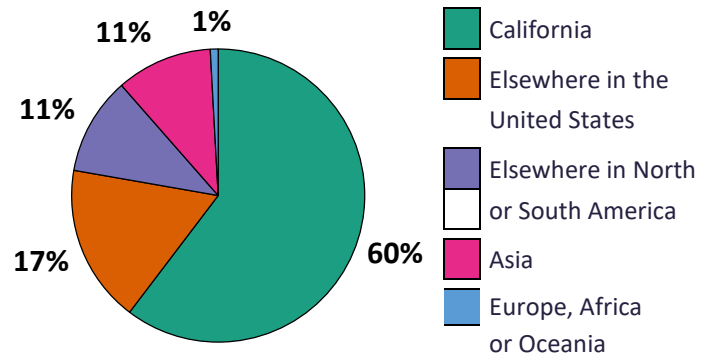
Place of Birth, Language and Household Structure

Place of birth¹³:

Almost half (40%) of current Sutter County residents moved to California from somewhere else. 17% of Sutter County residents were born in another state and 23% were born outside the United States, 11% elsewhere in North or South America, 11% born in Asia, and 1% were born somewhere else in the world.

Sutter County has a lower proportion of those born outside the United States than California (27%), but a higher proportion of those born outside the United States than the US average (13%).

Figure 5: Sutter County resident place of birth¹⁴



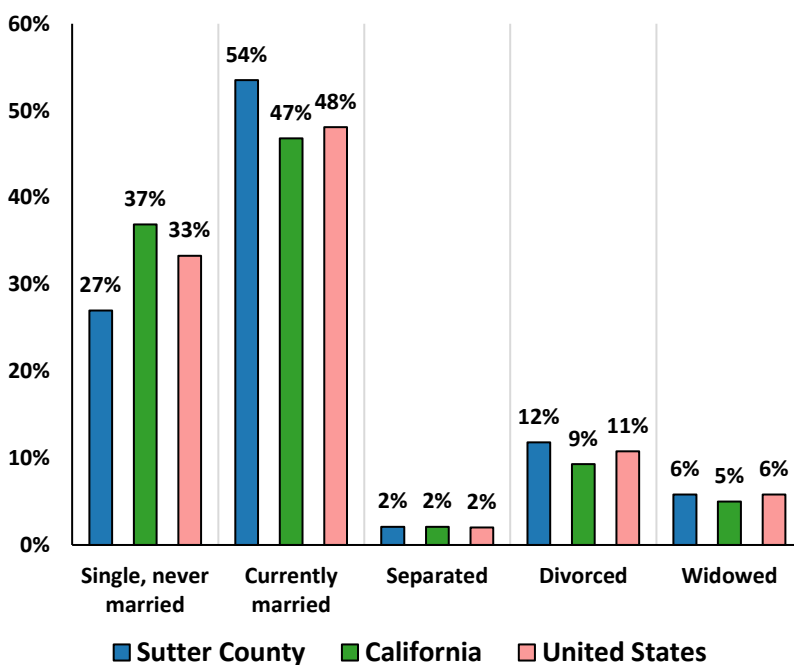
Languages spoken and English fluency¹⁵:

People with limited English proficiency face unique challenges to maintain good health. They may need trained interpreters and/or require documents translated to their native language to fully understand issues related to their health or accessing services. Approximately 15% of Sutter County residents ages 5 or older report they do not speak English very well. This is lower than the proportion of Californians who do not speak English well (17%), but nearly twice the proportion of all Americans who do not speak English very well (8%).

Approximately 66% of Sutter County residents ages 5 or older speak only English. This is much higher than the proportion of California residents who only speak English (55%), but lower than the proportion of all Americans who only speak English (78.1%).

Of those who speak other languages, 57% percent speak Spanish and 37% speak Punjabi. Among Sutter County residents who speak Spanish, 41% report they do not speak English very well. Among Sutter County residents who speak Punjabi, 43.2% report they do not speak English very well. For both Spanish and Punjabi speakers, difficulty with English increases with age. Of those over the age of 65, 66% of those who speak Spanish, and 84% of those who speak Punjabi, report they do not speak English very well. However, many residents who speak Punjabi and do not speak English are able to successfully utilize English language written materials.

Figure 6: Sutter County resident marital status – 2014-2018¹⁶



Marital status and household structure:

More than half (54%) of Sutter County residents are currently married (Figure 6); this is higher than both the California and US averages. A larger proportion of Sutter County residents also report being divorced (12%) than the California average (9%), though the divorce rate is comparable to the US average (11%). Sutter County has similar rates of people being separated (2%) or widowed (6%) as both California and the US. Conversely, there are fewer single residents of Sutter County (27%) than California (37%) or the US (33%).

The US Census Bureau defines a household as everyone who lives in a single housing unit¹⁷. Housing units are houses, apartments, single rooms or group of rooms that are separate living quarters. Sutter County had approximately 33,000 households in 2018; the average household includes 3 people¹⁸.

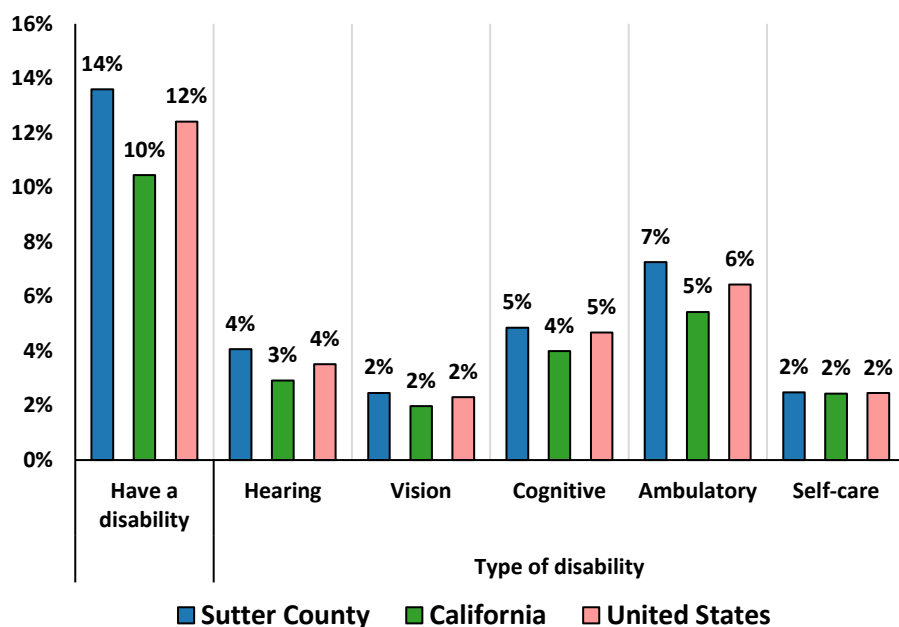
Households, Disabilities and Education

Almost three-quarters of Sutter County residents (73.2%) live with one or more family members. Almost half (41%) of families had at least one child under the age of 18 living with them; 28% of families had at least one adult age 65 or older living with them. While more Sutter County residents live in families than either California (68%) or the entire US (65%), the proportion of families with children under the age of 18 or adults age 65 or older living with them are not different from that of all of California or the US¹⁹.

Average family size in Sutter County is 3.5 people, the same as the California average (3.5 people) but larger than that of the entire US (3.2 people). Nearly 13% of family households in Sutter County are led by single parents, similar to California (12%) and the US (13%)²⁰.

Approximately 20% of all Sutter County residents live alone, and 6.4% of Sutter County residents share their home with people they are not related to; both are lower than the corresponding rates in California and the US. Of those who live alone in Sutter County, more than half (52%) are age 65 or older. This is much higher than the proportion of adults age 65 or older who live alone in California (40%) or the US (39%)²¹.

Figure 7: Proportion of the population living with a disability – 2014-2018²²



People with disabilities²³:

While having a disability does not mean someone is unhealthy or cannot be healthy, people with disabilities face many barriers to good health.

Almost 15% of Sutter County residents are living with one or more disabilities (Figure 7); higher than the proportion of all Californians and all Americans living with disabilities.

Almost one-fifth (19%) of non-Hispanic White Sutter County residents have one or more disabilities, compared to 10% of Asian residents and 9% of Hispanic residents²⁴.

More than half of Sutter County residents with a disability (57%) are younger than age 65; 8% are children ages 0-17. The most common disabilities among Sutter County residents are difficulties remembering, concentrating, or making decisions (cognitive disability) and serious difficulties walking or climbing stairs (ambulatory disability). While only 2% of Sutter County residents report difficulties with daily living tasks such as bathing or dressing (self-care), a third of Sutter County residents with one or more disabilities (33%) say their disability makes it difficult to live independently^{25,26}.

Education:

Education influences health and longevity through many factors, including better health behaviors, increased health knowledge, higher incomes and social and psychological aspects, such as greater sense of control over factors that affect your life, and stronger social support networks²⁷. People with less education are more likely to have chronic diseases, such as heart disease and diabetes, and are increasingly more likely to have risk factors that predict disease, such as smoking and obesity. They are also more likely to have poor health diminish their physical abilities or to be disabled²⁸.

More than one quarter (27%) of Sutter County residents are currently enrolled in school. Nearly half (44%) are elementary and middle school students, 22% are in high school, and 24% are enrolled in college or vocational school²⁹.

Education and Income

Overall, Sutter County residents have lower educational attainment than California or the United States (Figure 8). Fewer Sutter County residents age 25 and older have high school diplomas/GEDs (79%) than those in California (84%) or the United States (88%). Similarly, fewer Sutter County residents have bachelor's degrees (19%) than those in California (34%) or the United States (33%). While 90% of non-Hispanic White Sutter County residents have a high school diploma, only 65% of Asian residents and 60% of Hispanic residents do. Similarly, 23% of non-Hispanic White residents have a bachelor's degree, compared to 22% of Asian residents and only 9% of Hispanic residents³⁰.

Figure 8: Highest level of education for adults age 25 or older

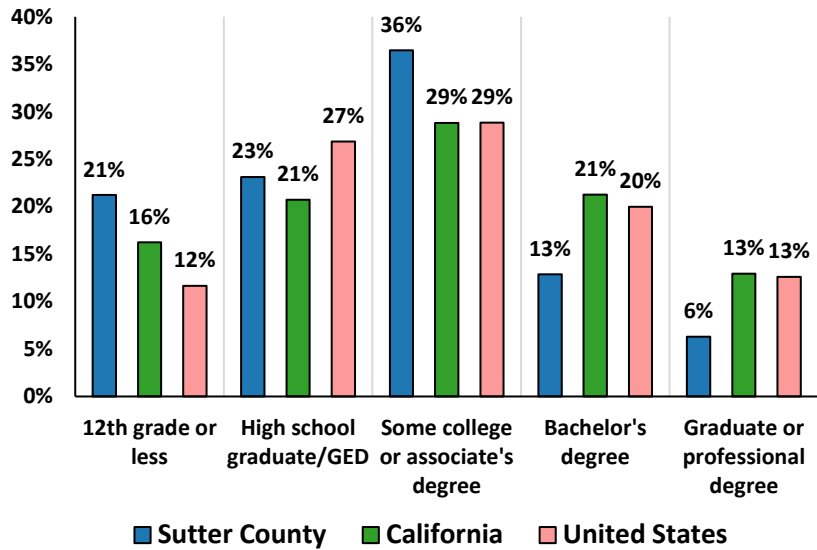
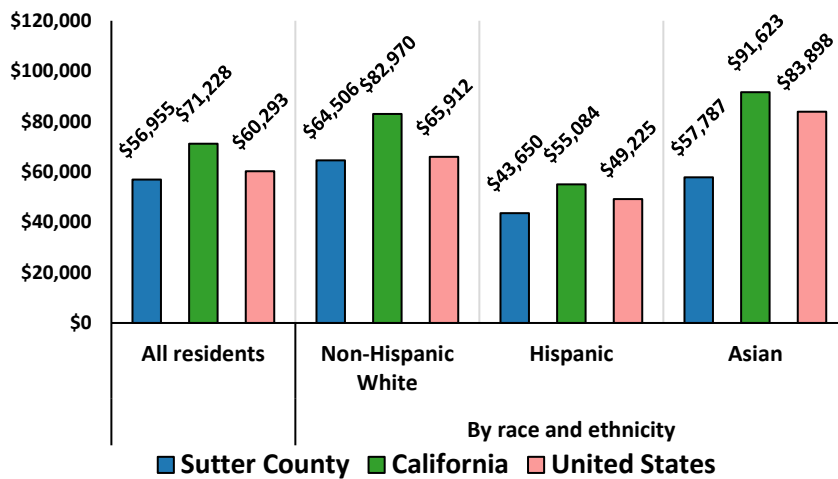


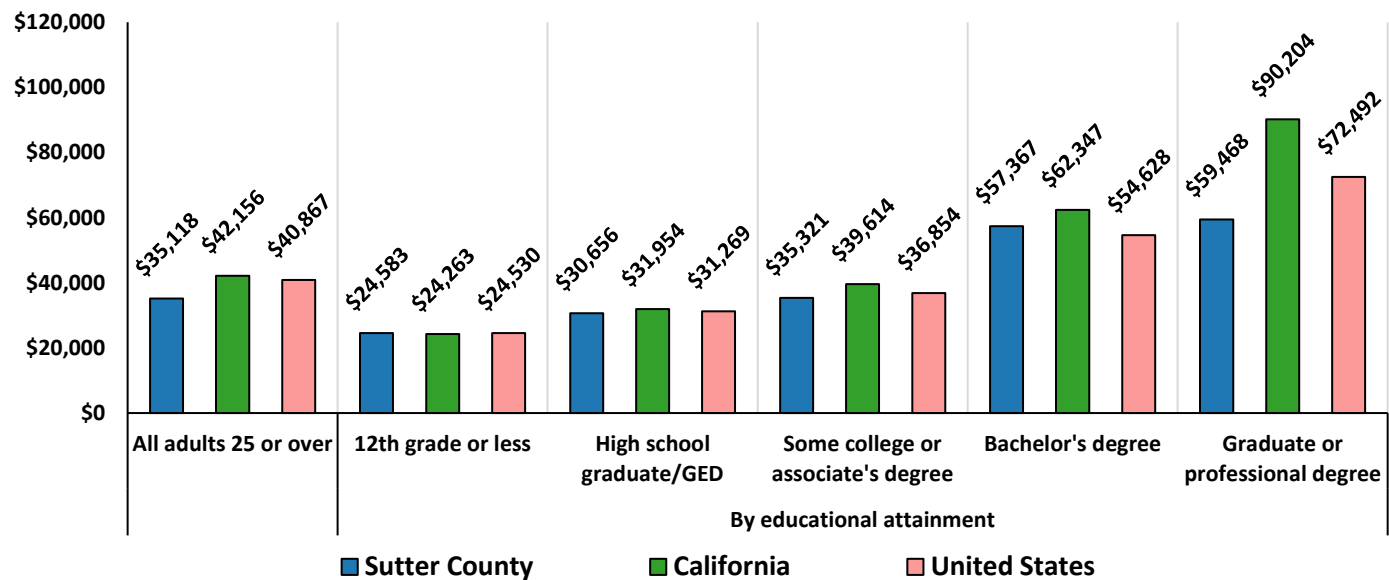
Figure 9: Median household income by race and ethnicity³¹



Income:

Sutter County median household income is \$56,955 per year (Figure 9); almost \$15,000 less per year than California, and \$3,000 less per year than the United States. Median household income for non-Hispanic White residents is almost \$17,000 more per year than for Hispanic residents, and \$7,000 more per year than for Asian residents. Income also increases with education in Sutter County (Figure 10). Median income for adults age 25 and over is \$35,118 per year, but less than \$25,000 for those without a high school diploma or a GED.

Figure 10: Median income of adults age 25 or older by education³²

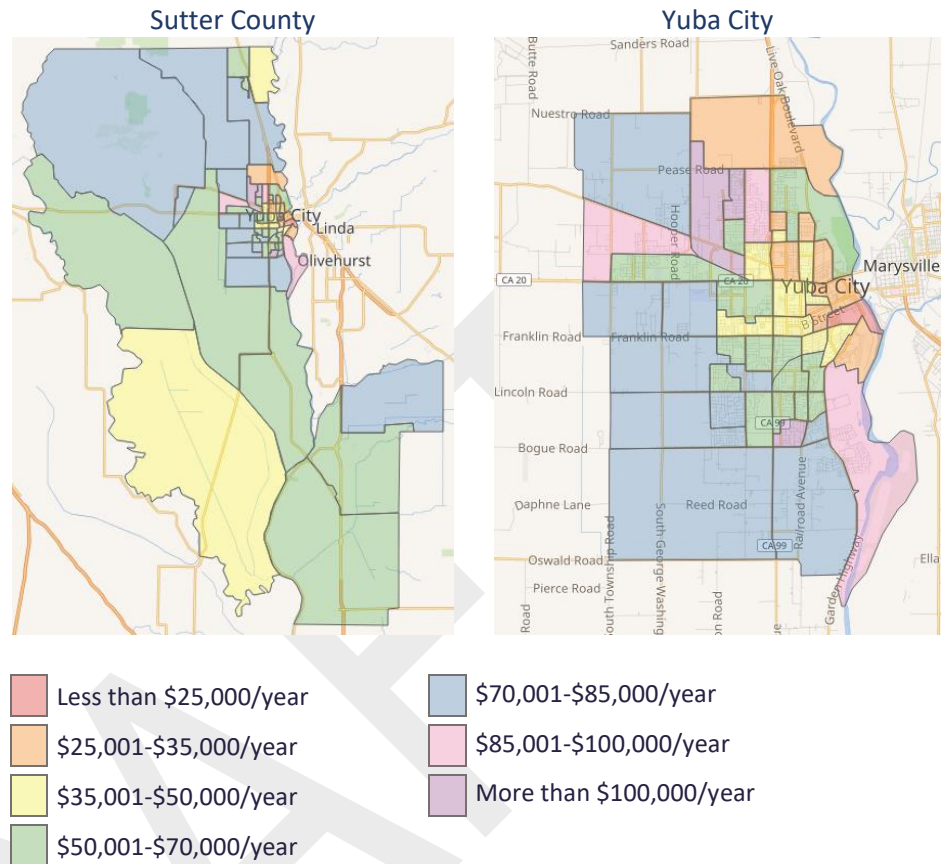


Income

Graduating high school increases income for the average Sutter County adult by \$6,000 per year, earning a bachelor's degree improves average income by \$32,000 per year, and a graduate or professional degree increases average income by almost \$35,000 per year.

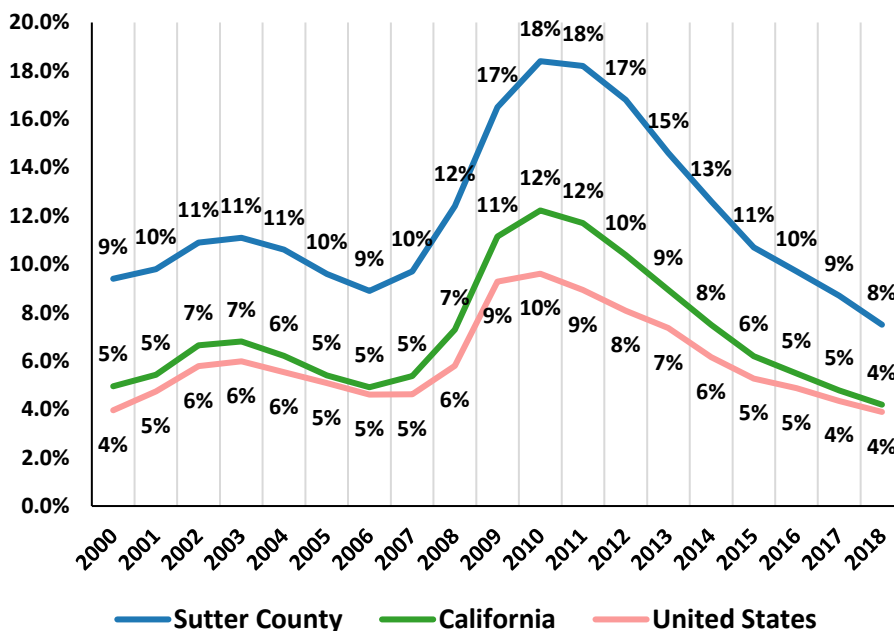
Income also differs widely by where residents live across Sutter County (Figure 11). The poorest residents in Sutter County, with median household incomes less than \$50,000 per year, predominantly live in an area of Yuba City bounded by the Feather River, Franklin Road, CA-99 and Northgate Drive. Other parts of Sutter County with median household income less than \$50,000 include parts of Live Oak east of CA-99 and around Robbins.

Figure 11: Median household income by geography³³



An estimated 13.1% of Sutter County residents were living below the poverty level in 2018, slightly more than in all of California (12.8%), but equal to the United States average (13.1%). Approximately 16% of Sutter County children live in poverty, as do more than 10% of adults age 65 or older. Proportions of people living below the poverty line were higher than the county average for Hispanic (16.9%) and non-Hispanic White (13.4%) residents, and lower for Asian residents (5.9%)³⁴.

Figure 12: Annual unemployment rate – 2000-2018³⁵⁻³⁷



Employment:

Almost 60% of Sutter County residents were part of the labor force in 2018³⁸. Major Sutter County industries are education, health care and social assistance, retail trade, agriculture, manufacturing and construction³⁹.

Almost 8% of Sutter County residents were unemployed in 2018, which was considerably higher than the California and US unemployment rate of 4%.

Historically, the unemployment rate in Sutter County is 5% higher than the California average, and 6% higher than the US average.

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DRAFT

HEALTH INDICATORS



Courtesy of the California History Room, California State Library, Sacramento, California

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DRAFT

Life Expectancy at Birth

Measure:

Life expectancy at birth is roughly how long a baby can expect to live, if the current health situation does not change.

This indicator shows the average life expectancy at birth in Sutter County.

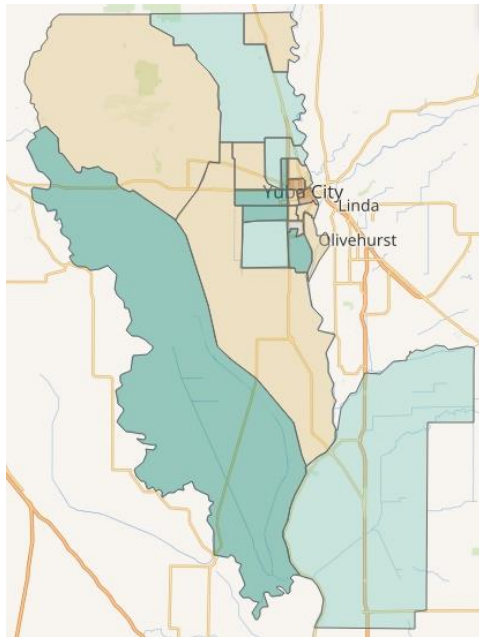
Why it's Important:

Life expectancy at birth is a method to sum the many factors that influence health and wellness into one number. The higher the average life expectancy at birth, the healthier the population.

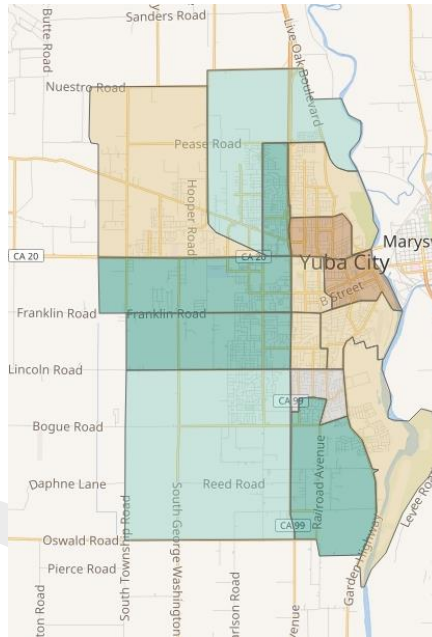
Nationwide, life expectancy has decreased for the last three years¹.

Life expectancy at birth in Sutter County 2010-2015²

Sutter County



Yuba City



Where we are now:

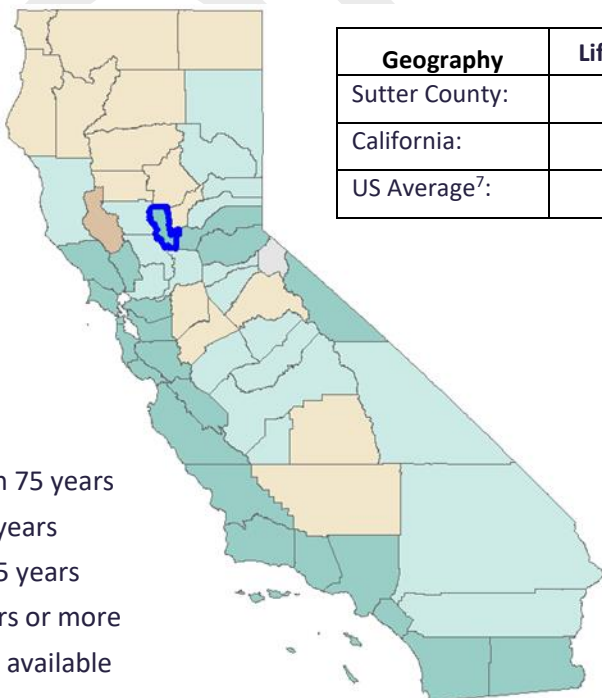
Average life expectancy at birth in Sutter County from 2015-2017 was 78.8 years³.

Life expectancy increased roughly 6 months since 2009 and has remained about the same since 2014⁴.

On average, non-Hispanic White residents in Sutter County will live 76.2 years, Asian residents will live 84.6 years, Black residents 78.4 years and Hispanic residents 85.1 years⁵.

Life expectancy (72.9 years) is lowest for babies born in Yuba City in the area bounded by CA-20, CA-99, Queens Avenue and Market Street.

Life expectancy at birth by county statewide in 2015-2017⁶



Geography	Life expectancy
Sutter County:	78.8
California:	81.5
US Average ⁷ :	78.6

- Less than 75 years
- 75-78.6 years
- 78.7-81.5 years
- 81.6 years or more
- Data not available

How we compared in 2017:

Life expectancy at birth in Sutter County is approximately two months more than the national average.

Average life expectancy in Sutter County is **three years lower** than the California average.

Sutter County has a **lower life expectancy** than all neighboring counties but Butte and Yuba.

We are ranked 37 out of 57 counties statewide (lower rankings are good).

Life Expectancy at Birth

Who this affects in Sutter County:

Life expectancy at birth in Yuba City varies by five to ten years across neighborhoods. Life expectancy at birth is also lower in Live Oak and parts of the unincorporated areas of Sutter County than the overall county average. The differences in life expectancy, and overall health, are similar to the geographic differences in income and education.

Life expectancy varies widely by race and ethnicity. Part of this may be explained by the Hispanic population of Sutter County being younger, on average, than other ethnic groups. However, differences in health behaviors and risk factors across race may also explain why non-White people have longer life expectancies in Sutter County.

What increases life expectancy⁸:

- Better education
- Higher income
- Access to good quality medical care
- Health Insurance

What decreases life expectancy⁸:

- High blood pressure
- Physical inactivity
- Diabetes
- Tobacco use
- Obesity
- Poverty and unemployment

How are we doing:

Sutter County has a higher life expectancy than the US average, but a lower life expectancy than the average for California or most neighboring counties.

Sutter County has lower average income, less education, more unemployment, and more poverty than California overall. We also have less access to good quality medical care, and much higher rates of tobacco use, lack of physical activity, obesity, and diseases that result from these risk factors.

Tobacco use, lack of physical activity, obesity, and associated diseases are ongoing targets for public health interventions by Sutter County Public Health Branch programs, including Tobacco Control, CalFresh Healthy Living, and County Medical Services Programs.

Where does the data come from:

Nationwide data on life expectancy is from the *Mortality in the United States 2017* report produced by the National Center for Health Statistics at the Centers for Disease Control and Prevention.

Data on state and countywide life expectancy is from the County Health Rankings and Roadmaps produced by the Robert Wood Johnson Foundation.

Data about how life expectancy differs across Sutter County is from the U.S. Small-area Life Expectancy Estimates Project at the National Center for Health Statistics at the Centers for Disease Control and Prevention.

References:

- 1) Murphy SL, Xu JQ, Kochanek KD, Arias E. 2018. *Mortality in the United States, 2017*; NCHS Data Brief, no 328. <https://www.cdc.gov/nchs/products/databriefs/db328.htm>.
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- 4) Institute for Health Metrics and Evaluation, University of Washington. 2019. *US Health Map: Life expectancy at birth*. Accessed November 6, 2019. <https://vizhub.healthdata.org/subnational/usa>
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Death from all causes

Measure:

Deaths from all causes is the total number of deaths per year.

This indicator shows the total number of deaths per year in Sutter County, and the age-adjusted death rate per 100,000 people.

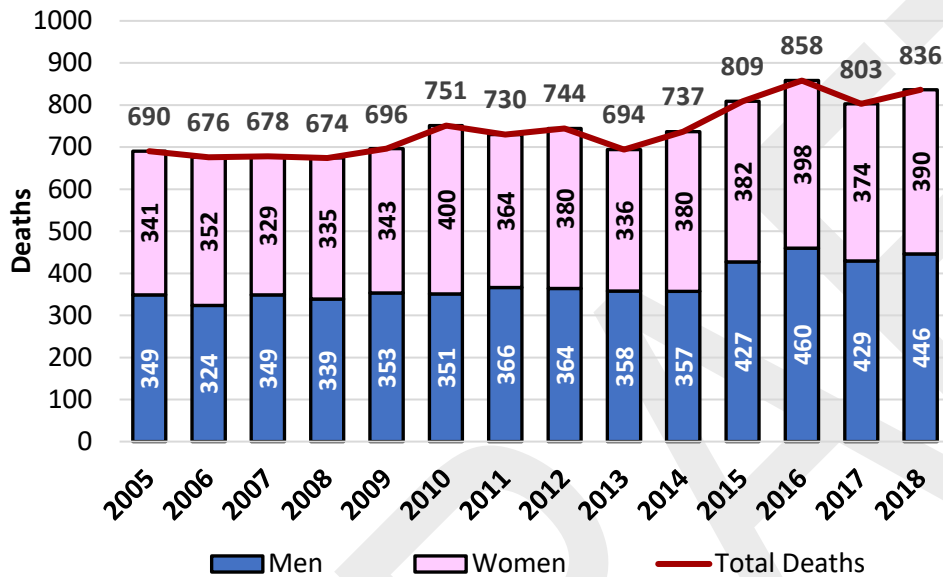
Why it's Important:

Deaths from all causes is another method to sum the many factors that influence health and wellness into one number. The lower the number of deaths per year, the healthier the population.

Nationwide, deaths from all causes have **increased** for the last three years¹.

In California, deaths from all causes are decreasing².

Deaths among Sutter County residents – 2013-2019³



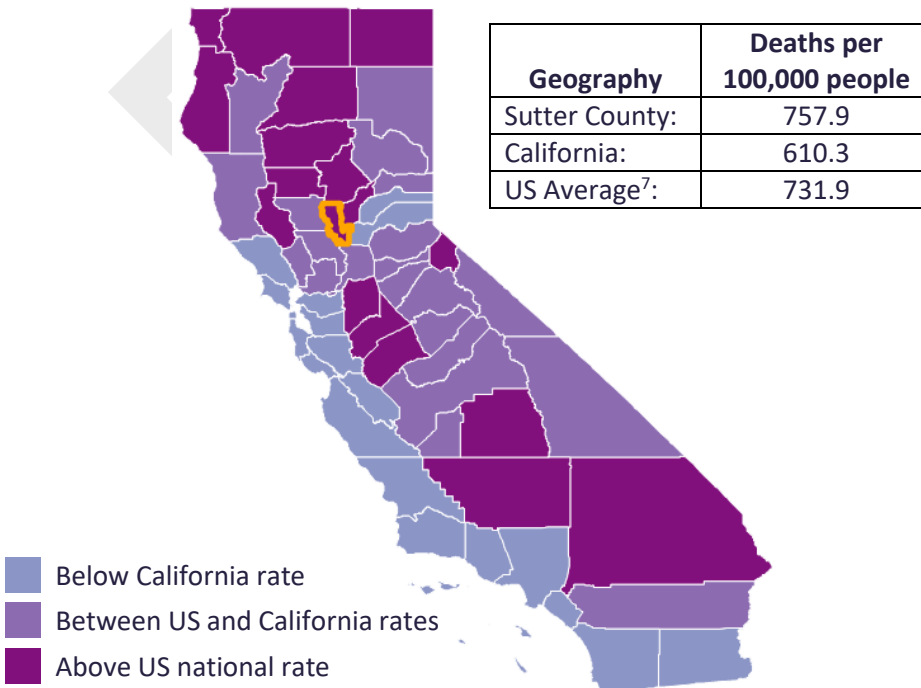
Where we are now:

On average, 792 Sutter County residents died per year between 2013 and 2019. Deaths per year increased 17% between 2005 and 2018.

Our age-adjusted death rate per 100,000 people was 775.8 for 2005-2007⁴ and 757.9 for 2015-2017⁵.

Average age at death for Sutter County residents from 2013 to 2018 was 80.6 years.

Deaths per 100,000 people by county statewide in 2015-2017⁶



How we compared in 2017:

Sutter County has a **higher rate of deaths from all causes** than either the US or California averages.

26 more people die in Sutter County than if the death rate was to the national average, and 157 more than if the death rate was the California average.

Sutter County has a **higher rate of deaths** than all neighboring counties except Butte and Yuba.

We are ranked 45 out of 58 counties statewide (lower rankings are good).

Death from all causes

Who this affects in Sutter County:

Half of all the people who died in Sutter County in 2015-2017 were 85 years old or older. However, 10% of people who died in Sutter County in 2015-2017 were younger than age 55, and 5% younger than 40.

75% of all Sutter County residents who died from 2005-2018 were white, 10% were Hispanic and 9% were Asian. Because the average age at death is 80.6 years, Asian and Hispanic Sutter County residents being much younger than non-Hispanic White residents may explain most of the differences in deaths across race and ethnicity. However, differences in health behaviors and risk factors across race may also explain why non-White people have longer life expectancies in Sutter County.

Top 5 causes of death for Sutter County residents:

- Cancer
- Coronary heart disease
- Cerebrovascular disease
- Chronic lower respiratory disease
- Accidents

How are we doing:

Sutter County's age-adjusted death rate was more than 800 deaths per 100,000 people from 2000⁸ to 2006⁹, before falling to a low of 714 in 2013-2015¹⁰. Since 2013, Sutter County saw deaths increase from an average of 700/year to almost 800/year, and the death rate per 100,000 people has returned to where it was from 2010-2012. Average age at death has remained the same since 2013.

Sutter County consistently has a higher death rate than either the US national average or the California average and Sutter County is consistently ranked in the lower half of California counties for overall mortality. Our reductions in overall mortality from 2005-2013 were also much smaller than those made by California overall. Many of the same factors that reduce life expectancy at birth in Sutter County increase the death rate, especially lower access to good quality medical care, and much higher rates of tobacco use, lack of physical activity, obesity, and associated diseases.

Where does the data come from:

Nationwide data on death from all causes is from *Mortality in the United States 2017*, produced by the National Center for Health Statistics at the Centers for Disease Control and Prevention.

Data on state and countywide death rates is from *County Health Status Profiles 2019*, produced by the California Department of Public Health.

Data on Sutter County specific deaths is from vital records maintained by Sutter County Health and Human Services Department, Public Health Branch.

References:

- 1) Murphy SL, Xu JQ, Kochanek KD, Arias E. 2018. *Mortality in the United States, 2017*; NCHS Data Brief, no 328. <https://www.cdc.gov/nchs/products/databriefs/db328.htm>.
- 2) California Department of Public Health (CDPH) and California Conference of Local Health Officers (CCLHO). 2019. *County Health Status Profiles 2019*. Accessed September 26, 2019. https://www.cdph.ca.gov/Programs/CHSI/CDPH%20Document%20Library/CountyProfiles_2019.pdf
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Chronic Disease: Cancer – All Types

Measure:

Cancer is a disease where cells grow out of control and do not function as they should. Cancer can occur in any part of the body and can spread to other parts of the body.

This indicator shows new cancer diagnoses and cancer deaths per year in Sutter County, and the age-adjusted rates of new diagnoses and deaths per 100,000 people.

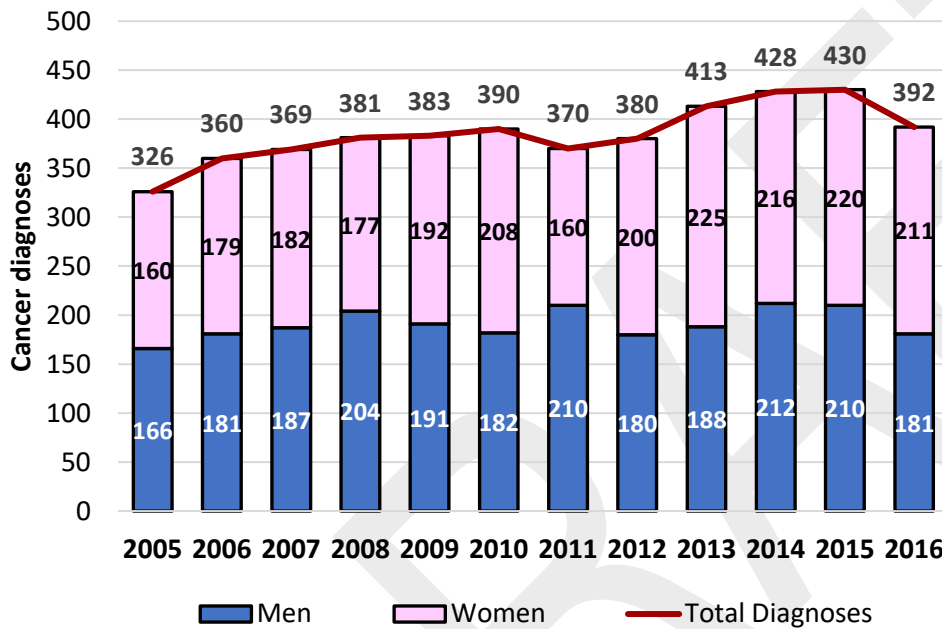
Why it's Important:

While many cancers can be effectively treated, cancer is still a debilitating illness and expensive to treat. Cancer also has many modifiable lifestyle or environmental risk factors, such as smoking, poor diet, physical inactivity, obesity, infectious disease and environmental chemical exposure.

Nationwide, cancer is the second leading cause of death¹.

Cancer is the leading cause of death in California and Sutter County².

New cancer diagnoses in Sutter County, 2005-2016³:



Where we are now:

Cancer diagnoses⁴:

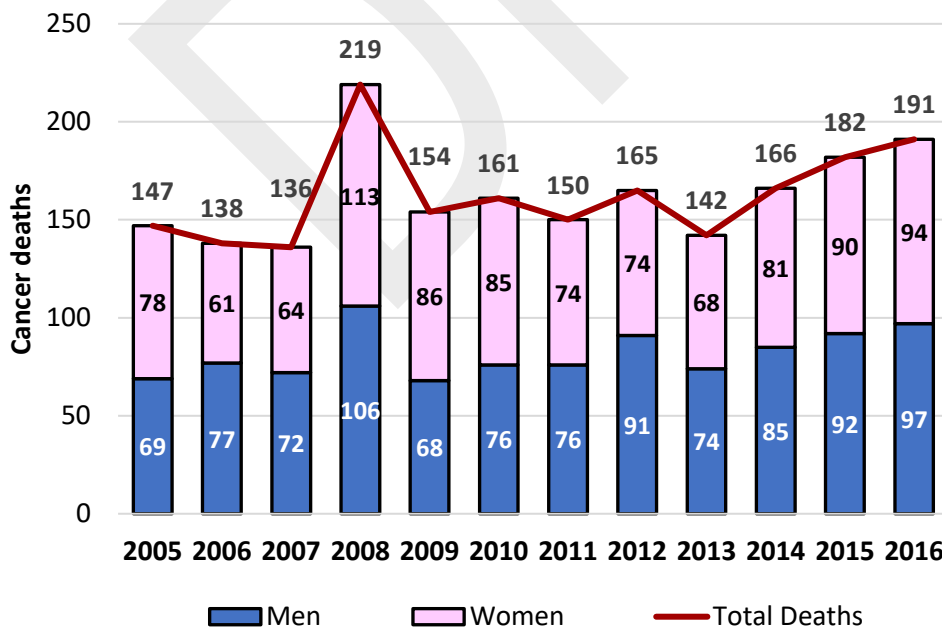
On average, 385 Sutter County residents are diagnosed with cancer annually.

Our age-adjusted new cancer diagnosis rate per 100,000 people was 401.5 in 2005-2009 and 385.4 in 2012-2016.

The most common cancers in Sutter County are:

- 1) Breast cancer
- 2) Lung cancer
- 3) Prostate cancer
- 4) Colorectal cancer
- 5) Melanoma

Deaths from cancer in Sutter County, 2005-2016⁵:



Cancer deaths⁶:

On average, 163 Sutter County residents die from cancer per year.

Our age-adjusted new cancer death rate per 100,000 people was 160.7 in 2005-2007 and 159.9 in 2014-2016.

The cancers that most frequently cause death in Sutter County are:

- 1) Lung cancer
- 2) Breast cancer
- 3) Pancreatic cancer
- 4) Colorectal cancer
- 5) Liver cancer

Chronic Disease: Cancer – All Types

How we compared in 2016:

Cancer diagnoses:

Sutter County has a **lower rate of new cancer diagnoses** than either the US or California averages. Our rate of new cancer diagnoses is **lower than all neighboring counties**.

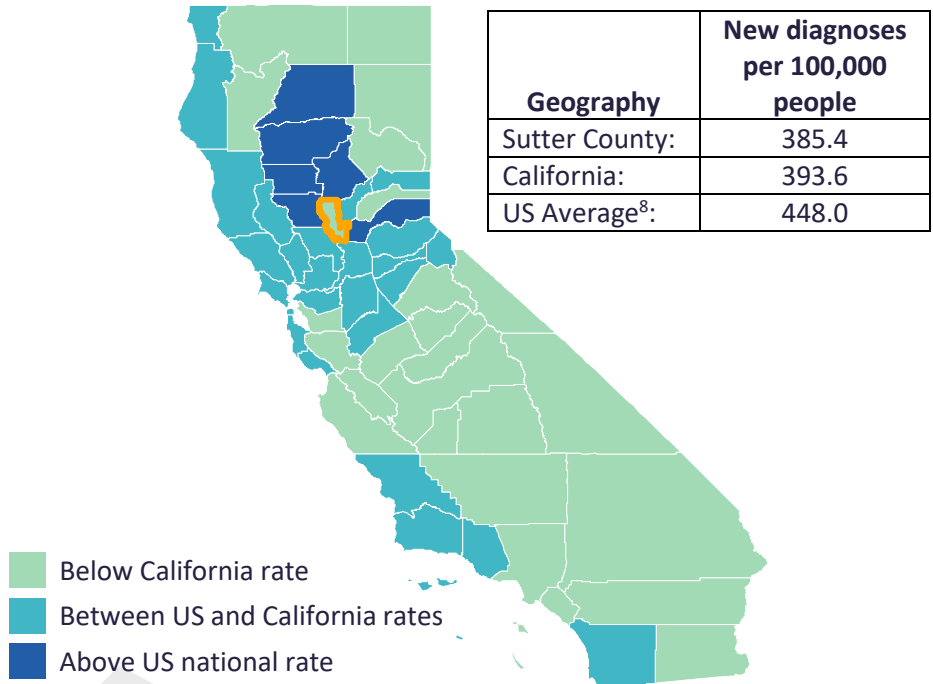
We rank 12 of 58 counties statewide for new cancer diagnoses. Sutter County also has lower rates of new breast cancer, prostate cancer, colorectal cancer, and melanoma than California or the US average.

Cancer deaths:

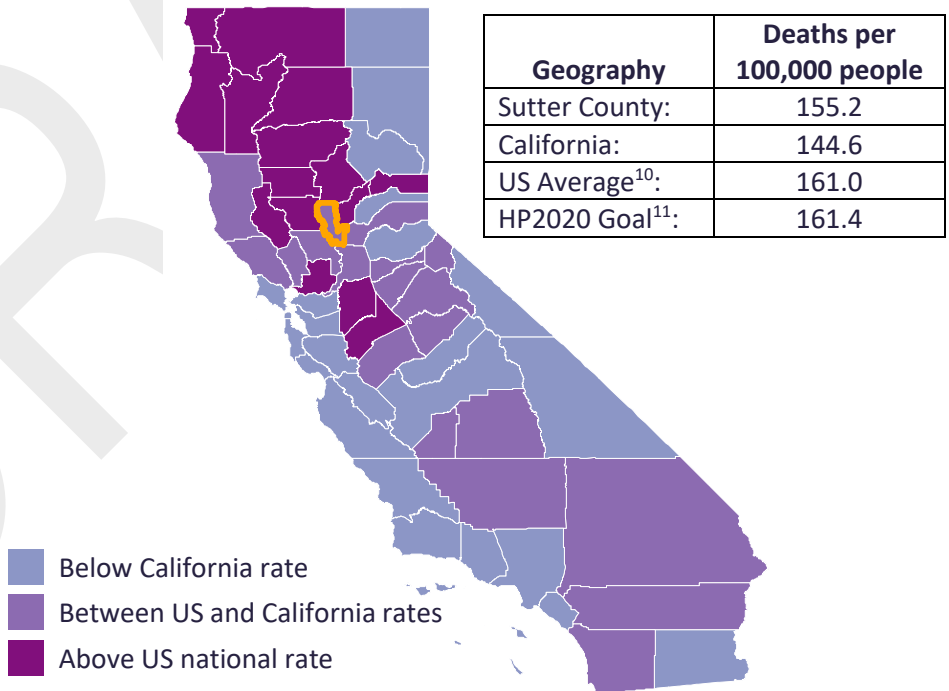
Sutter County has a higher rate of cancer deaths per 100,000 people than California, but a lower rate than the US average.

Sutter County is ranked 19th of 58 counties for new cancer diagnoses, but 32nd for deaths from cancer; this difference is primarily due to higher lung cancer diagnosis and death rates in Sutter County. While lung cancers were only 14% of new cancer diagnoses in 2016, 21% of all cancer deaths in 2016 were from lung cancer.

New cancer diagnoses per 100,000 people statewide in 2012-2016⁷:



Cancer deaths per 100,000 people statewide in 2012-2016⁹:



Diagnoses by site per 100,000 people¹²:

Site	Sutter County	California	US Average ¹³
Breast:	117.1	120.9	125.0
Lung:	50.8	41.4	59.0
Prostate:	78.8	91.7	104.0
Colorectal:	32.2	35.1	39.0
Melanoma:	21.0	22.3	22.0

Deaths by site per 100,000 people¹⁴:

Site	Sutter County	California	US Average ¹⁵	HP2020 Goal ¹⁶
Lung:	41.5	30.7	42.0	45.5
Breast:	18.1	19.8	21.0	20.7
Pancreatic:	10.8	10.3	11.0	None
Colorectal:	8.8	12.9	14.0	14.5
Liver:	6.8	7.7	7.0	None

Who this affects in Sutter County:

Men and women are diagnosed with cancer at about the same rate in Sutter County; however, men are significantly more likely to die from cancer than women.

Cancer is much more likely to be diagnosed in White Sutter County residents than Sutter County residents as a whole; White residents are also more likely to die from cancer.

Risk factors for getting cancer¹⁷:

- Age
- Alcohol consumption
- Chemicals exposures
- Chronic inflammation
- Diet
- Family history and genetics
- Hormones
- Immunosuppression
- Infectious diseases
- Obesity
- Radiation
- Sun exposure
- Tobacco use

How are we doing:

Sutter County has a lower rate of new cancer diagnoses, especially breast cancer, prostate cancer, colorectal cancer and melanomas than both California and the US as a whole. Sutter County also has a lower cancer death rate than the US, though it is higher than that of California as a whole. **We have met the Healthy People 2020 goals for reducing overall cancer deaths, breast cancer deaths, and colorectal cancer deaths.**

Sutter County is ranked 19th of 58 counties for new cancer diagnoses, but 32nd for deaths from cancer; this difference is primarily due to higher lung cancer diagnosis and death rates in Sutter County. While lung cancers were only 14% of new cancer diagnoses in 2016, 21% of all cancer deaths in 2016 were from lung cancer.

Further reductions in new cancer diagnoses and cancer deaths can be achieved by addressing avoidable risk factors. According to the American Cancer Society, up to 42% of cancer diagnoses can be prevented, by reducing rates of tobacco use, obesity, physical inactivity, excess alcohol consumption, poor nutrition, and infectious diseases¹⁸. Reducing the number of Sutter County residents with these risk factors is the goal of ongoing efforts by programs of the Sutter County Public Health Branch.

Where does the data come from:

Nationwide data on cancer diagnoses and deaths is from *The United States Cancer Statistics*, produced by the National Cancer Institute at the Centers for Disease Control and Prevention.

The Healthy People 2020 goals are from Office of Disease and Health Promotion of the US Department of Health and Human Services.

Data on statewide cancer rates and other counties in California is from the California Cancer Registry.

Data on Sutter County is also from the California Cancer Registry.

References:

- 1) Murphy SL, Xu JQ, Kochanek KD, Arias E. 2018. *Mortality in the United States, 2017*; NCHS Data Brief, no 328. <https://www.cdc.gov/nchs/products/databriefs/db328.htm>.
- 2) California Department of Public Health (CDPH) and California Conference of Local Health Officers (CCLHO). 2019. *County Health Status Profiles 2019*. Accessed September 26, 2019. https://www.cdph.ca.gov/Programs/CHSI/CDPH%20Document%20Library/CountyProfiles_2019.pdf
- 3) California Cancer Registry. 2019. *Age-Adjusted Cancer Incidence Rates by County in California, 2012 - 2016*. Accessed November 13, 2019. <http://cancer-rates.info/ca/>.
- 4) *Age-Adjusted Cancer Incidence Rates by County in California, 2012 - 2016*.
- 5) California Cancer Registry. 2019. *Age-Adjusted Cancer Mortality Rates by County in California, 2012 - 2016*. Accessed November 13, 2019. <http://cancer-rates.info/ca/>.
- 6) *Age-Adjusted Cancer Mortality Rates by County in California, 2012 - 2016*.
- 7) *Age-Adjusted Cancer Incidence Rates by County in California, 2012 - 2016*.
- 8) National Cancer Institute. 2019. *United States Cancer Statistics: Data Visualizations*. Accessed November 13, 2019. <https://gis.cdc.gov/Cancer/USCS/DataViz.html>
- 9) *Age-Adjusted Cancer Mortality Rates by County in California, 2012 - 2016*.
- 10) National Cancer Institute. 2019.
- 11) Office of Disease and Health Promotion. 2019. *Cancer*. Accessed November 13, 2019. <https://www.healthypeople.gov/2020/topics-objectives/topic/cancer/objectives>
- 12) *Age-Adjusted Cancer Incidence Rates by County in California, 2012 - 2016*.
- 13) National Cancer Institute. 2019.
- 14) *Age-Adjusted Cancer Mortality Rates by County in California, 2012 - 2016*.
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- 16) Office of Disease and Health Promotion. 2019.
- 17) National Cancer Institute. 2015. *Risk Factors for Cancer*. Accessed November 13, 2019. <https://www.cancer.gov/about-cancer/causes-prevention/risk>
- 18) American Cancer Society. 2019. *Cancer Facts and Figures 2019*. Accessed November 13, 2019. <https://www.cancer.org/content/dam/cancer-org/research/cancer-facts-and-statistics/annual-cancer-facts-and-figures/2019/cancer-facts-and-figures-2019.pdf>

Chronic Disease: Lung Cancer

Measure:

Lung cancer is cancer that begins in either the lungs or the bronchial tubes, which carry air between the lungs themselves and the throat. It does not include cancer that spread to the lungs from other parts of the body.

This indicator shows new lung cancer diagnoses and deaths per year in Sutter County, and the age-adjusted rates of new diagnoses and deaths per 100,000 people.

Why it's Important:

Lung cancer is often diagnosed after it has spread from the lung, and therefore is very difficult to treat and has low survival rates. The major risk factor for lung cancer is smoking. Many lung cancer cases are preventable.

Nationwide and in Sutter County, lung cancer is the second most commonly diagnosed cancer^{1,2}.

Lung cancer is the leading cause of death from cancer nationwide³, in California and in Sutter County⁴.

Where we are now:

Lung cancer diagnoses⁵:

On average, from 2005 to 2016, 56 Sutter County residents were diagnosed with lung cancer annually.

Our age-adjusted new lung cancer diagnosis rate per 100,000 people was 64.6 in 2005-2009 and 50.8 in 2012-2016.

The 2012-2016 age-adjusted rates of new lung cancer diagnoses per 100,000 people is 64.5 for White residents and 28.2 for Hispanic residents. Rates could not be calculated for Black or Asian residents.

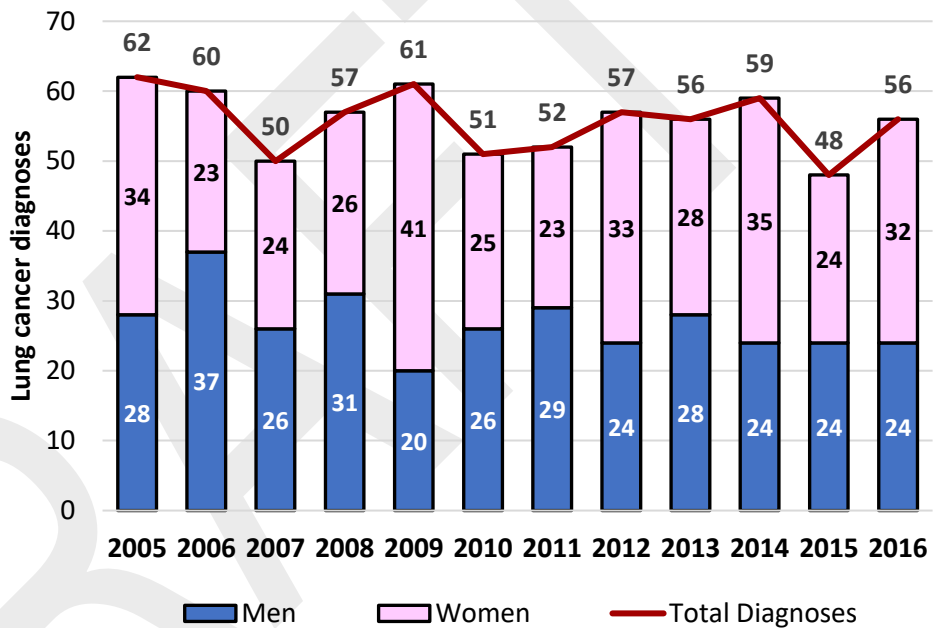
Lung cancer deaths⁷:

On average, from 2005 to 2016, 45 Sutter County residents died from lung cancer annually.

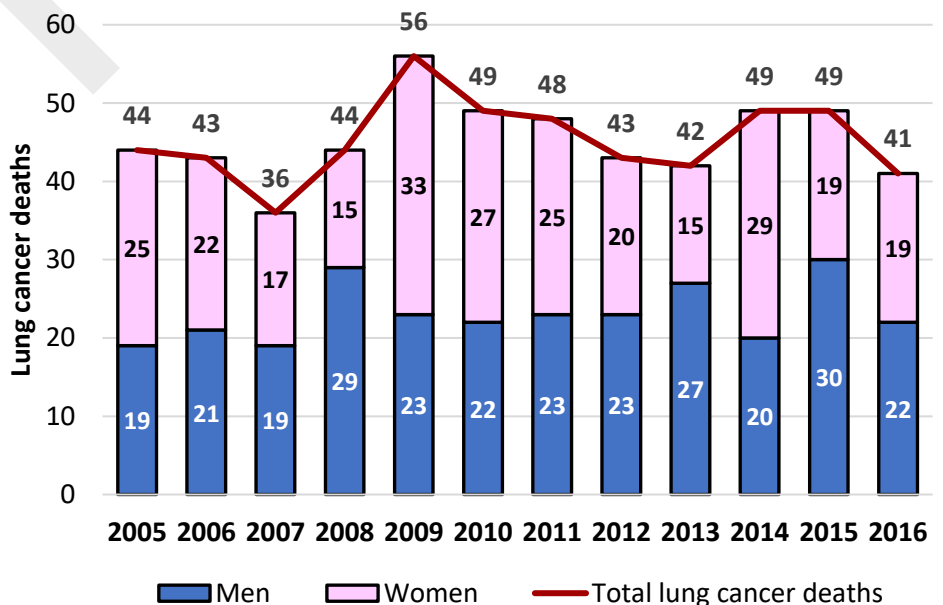
Our age-adjusted lung cancer death rate per 100,000 people was 49.7 in 2005-2009 and 41.5 in 2012-2016.

The 2012-2016 lung cancer death rate per 100,000 people is 52.4 for non-Hispanic White people and 23.6 for Hispanic people. Rates could not be calculated for Black people or Asian people.

New lung cancer diagnoses in Sutter County, 2005-2016⁶:

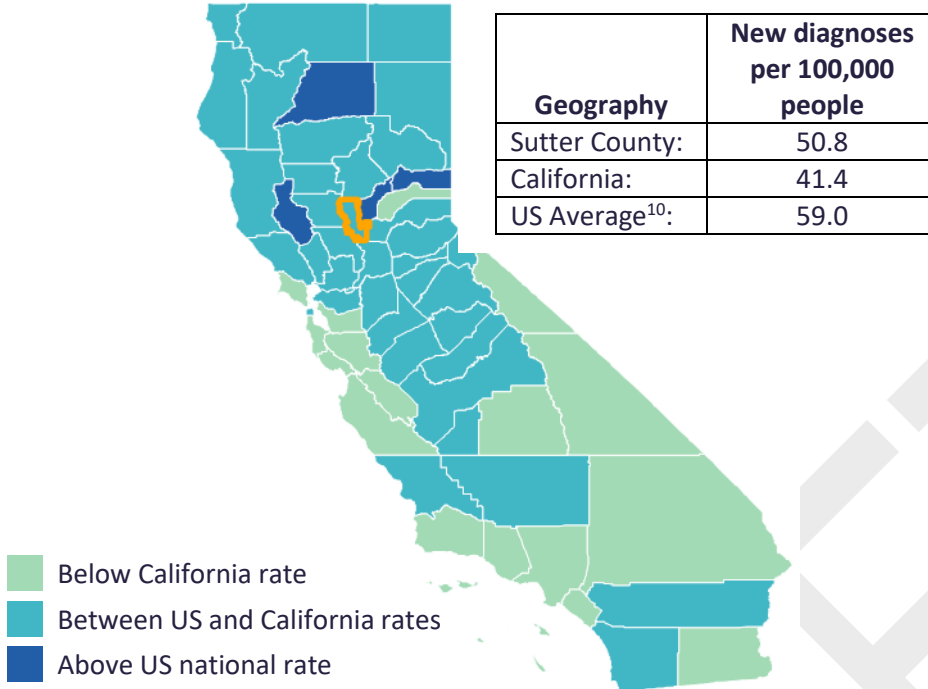


Deaths from lung cancer in Sutter County, 2005-2016⁸:



Chronic Disease: Lung Cancer

New lung cancer diagnoses per 100,000 people statewide in 2012-2016⁹:



How we compared in 2016:

Lung cancer diagnoses:

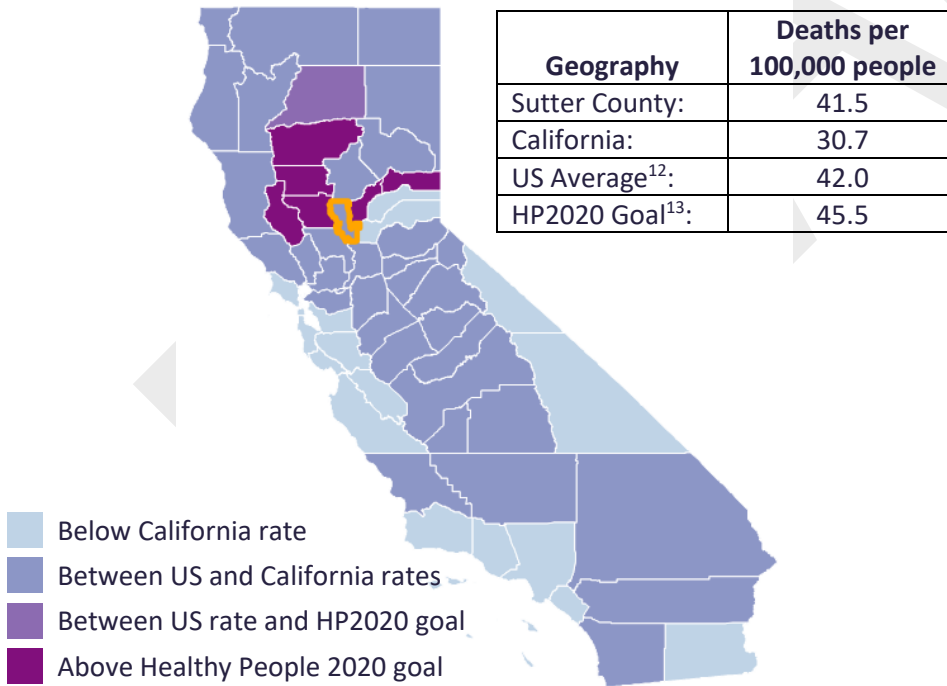
Sutter County has a **lower rate of new lung cancer diagnoses** than the US average, but a **higher rate than California**.

Our rate of new cancer diagnoses is **lower than Butte, Colusa, Sacramento and Yuba** counties.

Rates of new lung cancer diagnoses are above the state average for men and women and all racial groups

We rank 42 of 58 counties statewide for new lung cancer diagnoses.

Lung cancer deaths per 100,000 people statewide in 2012-2016¹¹:



Cancer deaths:

Sutter County has a **lower rate of lung cancer deaths** than the US average and below the Healthy People 2020 goal, but a **higher rate than California**.

Our rate of lung cancer deaths is **lower than Butte, Colusa and Yuba** counties, but **higher than all other neighboring counties**.

Death rates are higher than the state average for both men and women and all racial groups.

We rank 50 of 58 counties statewide for lung cancer deaths.

Who this affects in Sutter County:

Women are now more likely to be diagnosed with lung cancer in Sutter County than men; however, men are significantly more likely to die from lung cancer than women.

Non-Hispanic White Sutter County residents are significantly more likely to be both diagnosed with and die from lung cancer than Sutter County residents as a whole. This may be due in part to Hispanic and Asian residents being, on average, 10 to 20 years younger than non-Hispanic White residents or differences in risk factor prevalence across race and ethnicity.

Risk factors for lung cancer^{14,15}:

- Tobacco smoking
- Secondhand smoke
- Family history of lung cancer
- HIV infection
- Radiation therapy for other cancers
- Medical imaging tests
- Radon
- Asbestos
- Metals such as arsenic, beryllium, chromium, nickel or cadmium
- Tar and soot
- Diesel exhaust
- Air pollution
- Beta carotene supplements if smoking

How are we doing:

Sutter County has made sizable reductions in both new lung cancer diagnoses and deaths from lung cancer. The rate of **new lung cancer diagnoses decreased 27%** and the rate of **lung cancer deaths has decreased 20%** in ten years. **We have met the Healthy People 2020 goals for reducing lung cancer deaths.**

This progress is the direct result of decreases in tobacco use and secondhand smoke. **Tobacco smoke is the largest risk factor for lung cancer** and causes 90% of lung cancer in men and 80% of lung cancer in women¹⁶.

However, **Sutter County is still doing considerably worse than California as a whole.** We have higher rates of both new lung cancer diagnoses and lung cancer deaths. The rural Northern California region as a whole has much higher rates of both lung cancer diagnoses and lung cancer deaths, and the only counties with worse rates of death from lung cancer than Sutter County are in this region. Higher rates of lung cancer are generally the result of higher rates of cigarette smoking.

Further reducing lung cancer deaths requires reducing the number of people who smoke, and who are exposed to tobacco smoke.

Where does the data come from:

Nationwide data on lung cancer diagnoses and deaths is from *The United States Cancer Statistics*, produced by the National Cancer Institute at the Centers for Disease Control and Prevention.

The Healthy People 2020 goals are from Office of Disease and Health Promotion of the US Department of Health and Human Services.

Data on statewide lung cancer rates and other counties in California is from the California Cancer Registry.

Data on Sutter County is also from the California Cancer Registry.

References:

- 1) National Cancer Institute. 2019. *United States Cancer Statistics: Data Visualizations*. Accessed November 13, 2019. <https://gis.cdc.gov/Cancer/USCS/DataViz.html>
- 2) California Cancer Registry. 2019. *Age-Adjusted Cancer Incidence Rates by County in California, 2012 - 2016*. Accessed November 13, 2019. <http://cancer-rates.info/ca/>.
- 3) National Cancer Institute. 2019.
- 4) California Cancer Registry. 2019. *Age-Adjusted Cancer Mortality Rates by County in California, 2012 - 2016*. Accessed November 13, 2019. <http://cancer-rates.info/ca/>.
- 5) *Age-Adjusted Cancer Incidence Rates by County in California, 2012 - 2016*.
- 6) *Age-Adjusted Cancer Incidence Rates by County in California, 2012 - 2016*.
- 7) *Age-Adjusted Cancer Mortality Rates by County in California, 2012 - 2016*.
- 8) *Age-Adjusted Cancer Mortality Rates by County in California, 2012 - 2016*.
- 9) *Age-Adjusted Cancer Incidence Rates by County in California, 2012 - 2016*.
- 10) *United States Cancer Statistics: Data Visualizations*.
- 11) *Age-Adjusted Cancer Mortality Rates by County in California, 2012 - 2016*.
- 12) *United States Cancer Statistics: Data Visualizations*.
- 13) Office of Disease and Health Promotion. 2019. Cancer. Accessed November 13, 2019. <https://www.healthypeople.gov/2020/topics-objectives/topic/cancer/objectives>
- 14) American Cancer Society. 2019. *Lung Cancer Risk Factors*. Accessed November 14, 2019. <https://www.cancer.org/cancer/lung-cancer/causes-risks-prevention/risk-factors.html>
- 15) National Cancer Institute. 2019. *Lung Cancer Prevention (PDQ®) – Patient Version*. Accessed November 14, 2019. <https://www.cancer.gov/types/lung/patient/lung-prevention-pdq>
- 16) *Lung Cancer Prevention (PDQ®) – Patient Version*.

Chronic Disease: Coronary Heart Disease

Measure:

Coronary artery disease is the narrowing or blockage of blood vessels that supply the heart and a major cause of heart attacks.

This indicator shows coronary heart disease deaths per year in Sutter County, and the age-adjusted rates of deaths per 100,000 people.

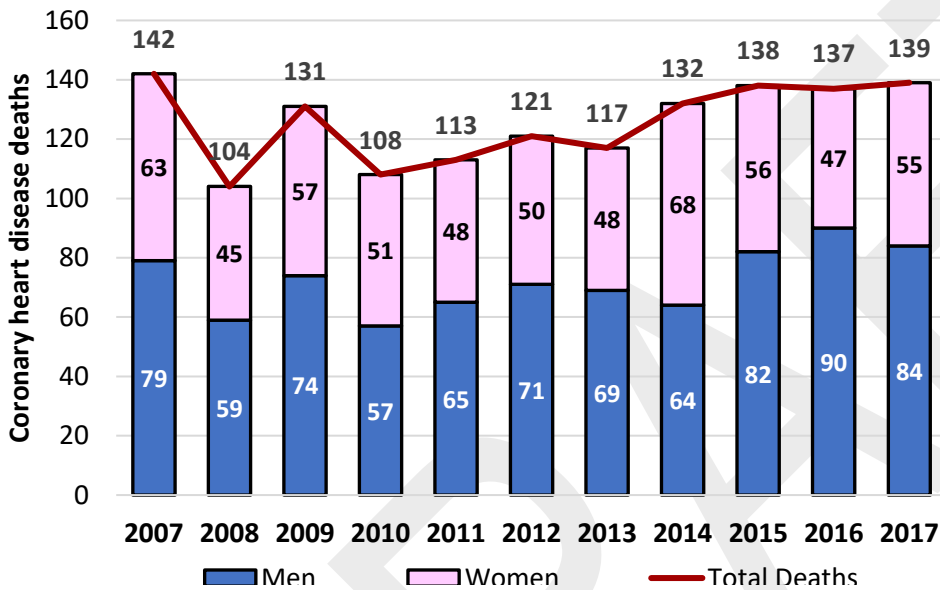
Why it's important:

Coronary artery disease is a condition that develops slowly over decades, and many symptoms, such as serious blockages of blood vessels that supply the heart or a heart attack, do not appear until late in the disease. Coronary heart disease has many modifiable risk factors, so much of it can be prevented.

Nationwide, heart disease is the leading cause of death¹.

Coronary artery disease is the second leading cause of death in California and Sutter County².

Coronary heart disease deaths among Sutter County residents – 2007-2017³



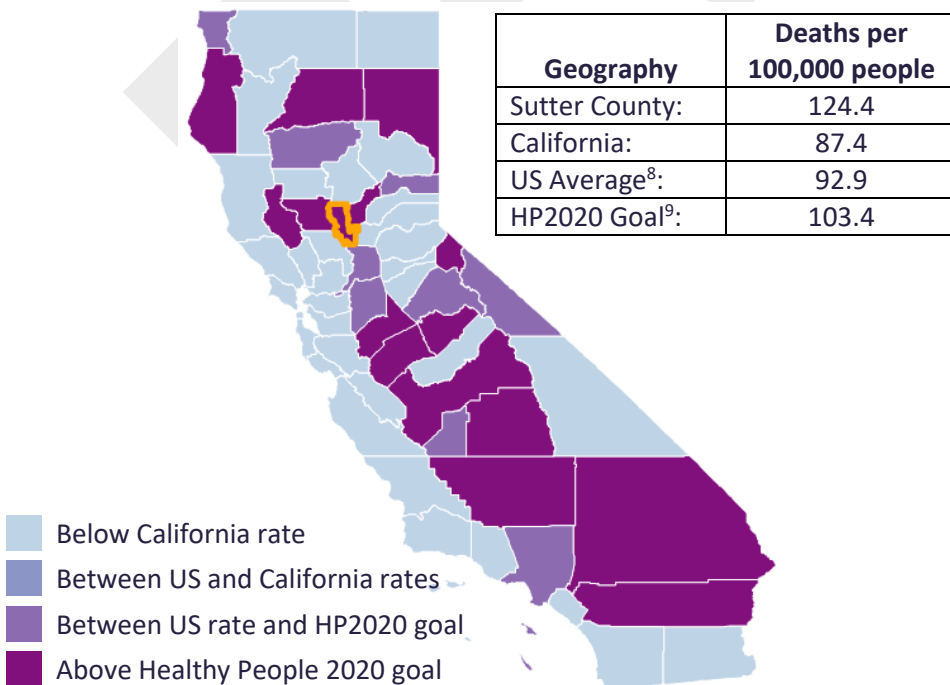
Where we are now:

On average, from 2007 to 2017, 126 Sutter County residents died of coronary heart disease per year.

Our age-adjusted coronary heart disease death rate per 100,000 people was 151.6 in 2007-2009⁴, 117.3 in 2010-2012⁵ and 124.4 in 2015-2017⁶.

The death rate from coronary heart disease in Sutter County has increased **6%** since 2010.

Coronary heart disease deaths per 100,000 people statewide in 2015-2017⁷:



How we compared in 2017:

Sutter County has a **higher rate of coronary heart disease than the US or California as a whole.**

Our rate of coronary heart disease deaths is **lower than Yuba County, but higher than all other neighboring counties.**

We rank 53 of 58 counties statewide for coronary heart disease deaths.

Who this affects in Sutter County:

The average age at death from coronary heart disease was 84 years; however, a quarter of those who died from coronary heart disease were 75 or younger.

Men are more likely than women to die of coronary heart disease in Sutter County.

White Sutter County residents are also more likely to die of coronary heart disease than Hispanic or Asian residents. Differences across race may partially be explained by Asian and Hispanic residents being younger than non-Hispanic White residents. They may also be explained by differences in risk factors across race.

Risk factors for coronary heart disease¹⁰:

- Age
- Gender
- Family history
- Tobacco use
- High blood pressure
- High blood cholesterol levels
- Diabetes
- Obesity
- Physical inactivity
- High stress
- Unhealthy diet

How are we doing:

Sutter County has a higher rate of deaths from coronary artery disease than both California and the US national average. Deaths from coronary artery disease **statewide have decreased 27%** since 2010, while those in **Sutter County increased 6%**. **We have not met the Healthy People 2020 goals for reducing coronary artery disease deaths.**

Sutter County has higher rates of risk factors for coronary artery disease than the state average, especially tobacco use, lack of physical activity, and obesity, which likely influences our higher rates of coronary artery disease deaths in Sutter County. **Tobacco use, poor diet, lack of physical activity, obesity, and diseases that stem from these risk factors** are an ongoing target for public health intervention by Sutter County Public Health Branch programs, including Tobacco Control, CalFresh Healthy Living and the County Medical Services Program.

Where does the data come from:

Nationwide data on coronary heart disease deaths is from *Underlying Cause of Death 1999-2017 on CDC WONDER Online Database*, produced by the National Center for Health Statistics at the Centers for Disease Control and Prevention. Data are from the Multiple Cause of Death Files, 1999-2017, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program.

The Healthy People 2020 goals are from Office of Disease and Health Promotion of the US Department of Health and Human Services.

Data on state and countywide death rates is from *County Health Status Profiles 2019*, produced by the California Department of Public Health.

Data on Sutter County specific deaths is from vital records maintained by Sutter County Health and Human Services Department, Public Health Branch.

References:

- 1) Murphy SL, Xu JQ, Kochanek KD, Arias E. 2018. *Mortality in the United States, 2017*; NCHS Data Brief, no 328. <https://www.cdc.gov/nchs/products/databriefs/db328.htm>.
- 2) California Department of Public Health (CDPH) and California Conference of Local Health Officers (CCLHO). 2019. *County Health Status Profiles 2019*. Accessed September 26, 2019. https://www.cdph.ca.gov/Programs/CHSI/CDPH%20Document%20Library/CountyProfiles_2019.pdf
- 3) Sutter County Health and Human Services - Public Health Branch. 2019. *California Integrated Vital Records System*. Accessed November 12, 2019.
- 4) CDPH and CCLHO. 2011. *County Health Status Profiles 2011*. Accessed November 15, 2019. <https://www.cdph.ca.gov/Programs/CHSI/CDPH%20Document%20Library/OHIRProfiles2011.pdf>
- 5) CDPH and CCLHO. 2014. *County Health Status Profiles 2014*. Accessed November 15, 2019. <https://www.cdph.ca.gov/Programs/CHSI/CDPH%20Document%20Library/OHIRProfiles2014.pdf>
- 6) CDPH and CCLHO. 2019.
- 7) CDPH and CCLHO. 2019.
- 8) Centers for Disease Control and Prevention, National Center for Health Statistics. 2018. *Underlying Cause of Death 1999-2017 on CDC WONDER Online Database*. Accessed November 14, 2019. <http://wonder.cdc.gov/ucd-icd10.html>
- 9) Office of Disease and Health Promotion. 2019. *Heart Disease and Stroke*. Accessed November 14, 2019. <https://www.healthypeople.gov/2020/topics-objectives/topic/heart-disease-and-stroke/objectives>
- 10) Mayo Clinic. 2018. *Coronary artery disease*. Accessed November 18, 2019. <https://www.mayoclinic.org/diseases-conditions/coronary-artery-disease/symptoms-causes/syc-20350613>.

Chronic Disease: Cerebrovascular Disease

Measure:

Cerebrovascular disease is where normal blood flow is impaired due to problems with a blood vessel in the brain. The most common cerebrovascular disease is stroke.

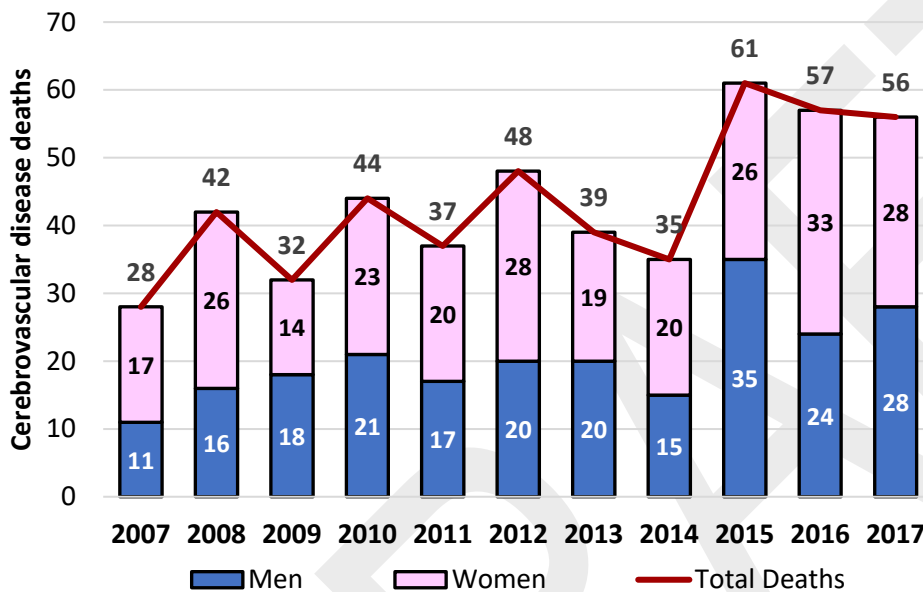
This indicator shows cerebrovascular disease deaths per year in Sutter County, and the age-adjusted rates of deaths per 100,000 people.

Why it's Important:

Cerebrovascular disease is a condition that develops slowly over decades, and the first warning sign of cerebrovascular disease may be a stroke. If not fatal, cerebrovascular disease can cause serious and lifelong disability. Cerebrovascular disease has many modifiable risk factors, so much of it can be prevented.

Nationwide, cerebrovascular disease is the fifth leading cause of death¹. Cerebrovascular disease is the third leading cause of death in California and Sutter County².

Cerebrovascular disease deaths among Sutter County residents – 2007-2017³



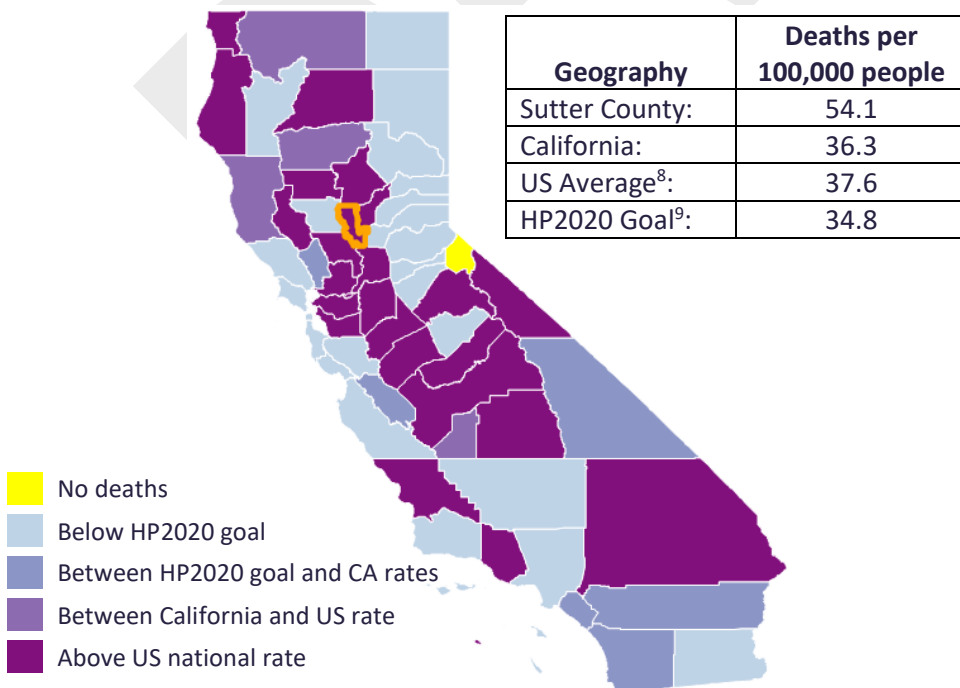
Where we are now:

On average, from 2007 to 2017, 44 Sutter County residents died of cerebrovascular disease per year.

Age-adjusted cerebrovascular disease death rates per 100,000 people were 38.4 in 2007-2009⁴, 43.7 in 2010-2012⁵ and 54.1 in 2015-2017⁶.

The cerebrovascular disease death rate in Sutter County has increased 29% since 2007.

Cerebrovascular disease deaths per 100,000 people statewide in 2015-2017⁷:



How we compared in 2017:

Sutter County has a higher rate of cerebrovascular disease than the US or California.

Our rate of cerebrovascular disease deaths is higher than all other neighboring counties.

In 2017, we ranked 57 of 58 counties statewide for cerebrovascular disease deaths. Only Humboldt County had a higher rate of cerebrovascular disease in 2017 than Sutter County.

Who this affects in Sutter County:

The average age at death from cerebrovascular disease was 88 years in 2015-2017; however, cerebrovascular disease deaths are increasing among younger Sutter County residents. 10% of Sutter County residents who died from cerebrovascular disease were younger than 70, and 5% were younger than 51.

Deaths from cerebrovascular disease occur more frequently in women than men in Sutter County. White Sutter County residents are also more likely to die of cerebrovascular disease than Hispanic or Asian residents. Differences across race may partially be explained by Asian and Hispanic residents being younger. They may also be explained by differences in risk factors across race.

Risk factors for cerebrovascular disease¹⁰:

- Age
- Gender
- Family history
- Tobacco use
- High blood pressure
- High blood cholesterol levels
- Diabetes
- Obesity
- Physical inactivity
- Heavy alcohol consumption
- Cocaine and methamphetamine use
- Cardiovascular disease

How are we doing:

Sutter County has a higher rate of deaths from cerebrovascular disease than either California or the US national average. Deaths from cerebrovascular disease statewide have decreased 7% since 2007, while those in **Sutter County increased 29%. We have not met the Healthy People 2020 goals for reducing coronary artery disease deaths.**

Sutter County has higher rates of risk factors for cerebrovascular disease than the state average, especially tobacco use, lack of physical activity, and obesity; this may explain higher rates of cerebrovascular disease deaths in Sutter County. **Tobacco use, lack of physical activity, obesity, and diseases that stem from these risk factors** are an ongoing target for public health intervention by Sutter County Public Health Branch programs, including Tobacco Control, CalFresh Healthy Living and the County Medical Services Program.

Where does the data come from:

Nationwide data on cerebrovascular disease deaths is from *Underlying Cause of Death 1999-2017 on CDC WONDER Online Database*, produced by the National Center for Health Statistics at the Centers for Disease Control and Prevention. Data are from the Multiple Cause of Death Files, 1999-2017, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program.

The Healthy People 2020 goals are from Office of Disease and Health Promotion of the US Department of Health and Human Services.

Data on state and countywide death rates is from *County Health Status Profiles 2019*, produced by the California Department of Public Health.

Data on Sutter County specific deaths is from vital records maintained by Sutter County Health and Human Services Department, Public Health Branch.

References:

- 1) Murphy SL, Xu JQ, Kochanek KD, Arias E. 2018. *Mortality in the United States, 2017*; NCHS Data Brief, no 328. <https://www.cdc.gov/nchs/products/databriefs/db328.htm>.
- 2) California Department of Public Health (CDPH) and California Conference of Local Health Officers (CCLHO). 2019. *County Health Status Profiles 2019*. Accessed September 26, 2019. https://www.cdph.ca.gov/Programs/CHSI/CDPH%20Document%20Library/CountyProfiles_2019.pdf
- 3) Sutter County Health and Human Services - Public Health Branch. 2019. *California Integrated Vital Records System*. Accessed November 12, 2019.
- 4) CDPH and CCLHO. 2011. *County Health Status Profiles 2011*. Accessed November 15, 2019. <https://www.cdph.ca.gov/Programs/CHSI/CDPH%20Document%20Library/OHIRProfiles2011.pdf>
- 5) CDPH and CCLHO. 2014. *County Health Status Profiles 2014*. Accessed November 15, 2019. <https://www.cdph.ca.gov/Programs/CHSI/CDPH%20Document%20Library/OHIRProfiles2014.pdf>
- 6) CDPH and CCLHO. 2019.
- 7) CDPH and CCLHO. 2019.
- 8) Centers for Disease Control and Prevention, National Center for Health Statistics. 2018. *Underlying Cause of Death 1999-2017 on CDC WONDER Online Database*. Accessed November 14, 2019. <http://wonder.cdc.gov/ucd-icd10.html>
- 9) Office of Disease and Health Promotion. 2019. *Heart Disease and Stroke*. Accessed November 14, 2019. <https://www.healthypeople.gov/2020/topics-objectives/topic/heart-disease-and-stroke/objectives>
- 10) Mayo Clinic. 2019. *Stroke*. Accessed November 18, 2019. <https://www.mayoclinic.org/diseases-conditions/stroke/symptoms-causes/syc-20350113>.

Chronic Disease: Chronic Lower Respiratory Disease (CLRD)

Measure:

Chronic lower respiratory disease (CLRD) is also known as chronic obstructive pulmonary disease (COPD). Most people with CLRD have both chronic bronchitis and emphysema.

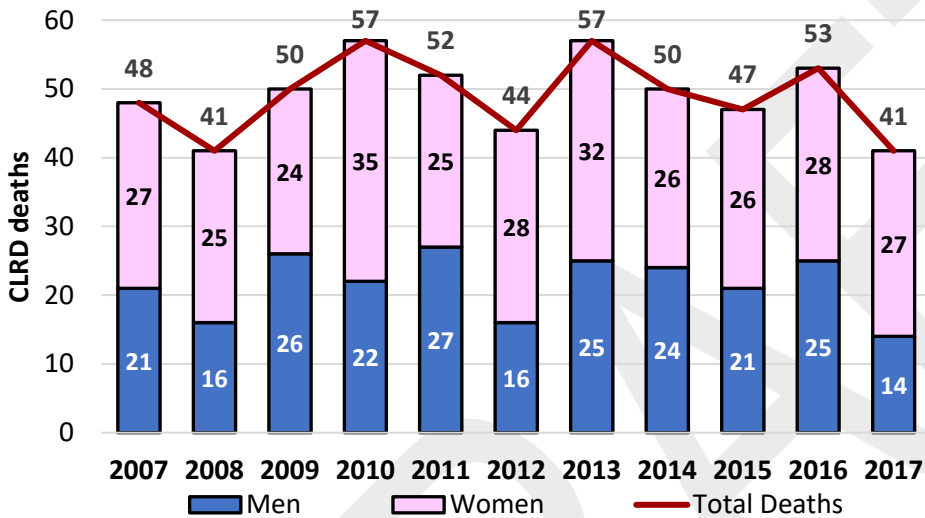
This indicator shows CLRD deaths per year in Sutter County, and the age-adjusted rates of deaths per 100,000 people.

Why it's Important:

CLRD is three separate diseases: chronic bronchitis, emphysema, and asthma. All three are characterized by shortness of breath caused by airway obstruction. CLRD gets worse with time. Lung damage is irreversible for those with chronic bronchitis and/or emphysema. CLRD often causes serious disability prior to death.

Nationwide, CLRD is the fourth leading cause of death¹. CLRD disease is the fifth leading cause of death in California and fourth in Sutter County².

CLRD disease deaths among Sutter County residents – 2007-2017³



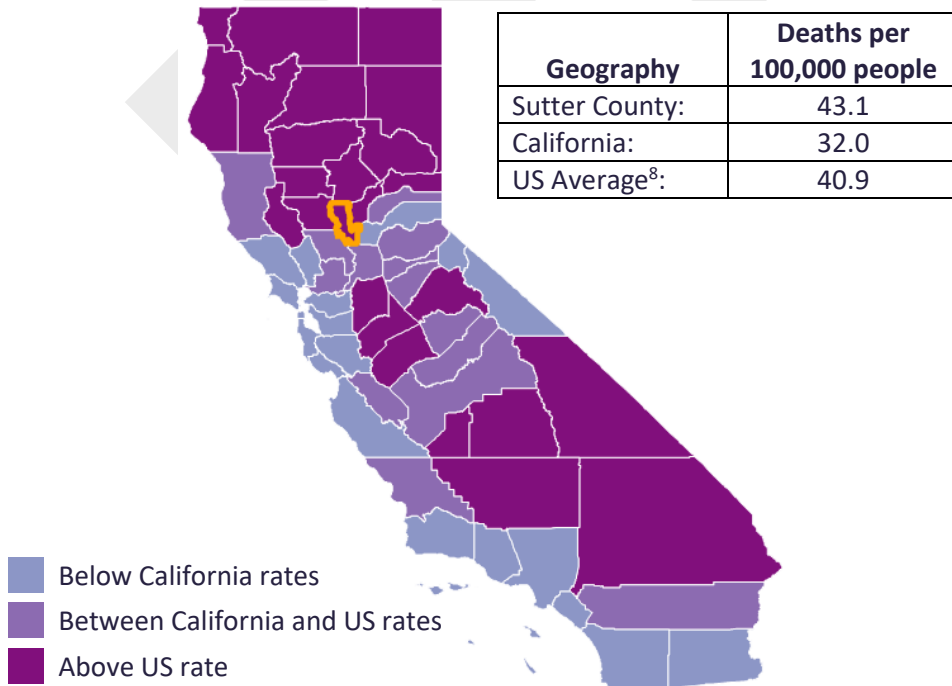
Where we are now:

On average, from 2007 to 2017, 49 Sutter County residents died of chronic lower respiratory disease per year.

Age-adjusted CLRD death rates per 100,000 people were 60.5 in 2007-2009⁴, 52.0 in 2010-2012⁵ and 43.1 in 2015-2017⁶.

The CLRD death rate in Sutter County has decreased 40% since 2007.

CLRD disease deaths per 100,000 people statewide in 2015-2017⁷:



How we compared in 2017:

Sutter County has a **higher rate of chronic lower respiratory disease than California or the US.**

Our rate of chronic lower respiratory disease deaths is **lower than our northern neighbors but higher than our southern neighbors.**

In 2017, we ranked 36 of 58 counties statewide for chronic lower respiratory disease deaths.

Chronic Disease: Chronic Lower Respiratory Disease (CLRD)

Who this affects in Sutter County:

The average age at death from CLRD was 85 years in 2015-2017. 25% of Sutter County residents who died from CLRD were younger than 75, and 10% were younger than 70.

Deaths from CLRD occur more frequently in women than men in Sutter County. This may be due to men dying at younger ages from other causes, or women being prone to having more severe CLRD than men⁹.

White Sutter County residents are also more likely to die of CLRD than Hispanic or Asian residents. Differences across race may partially be explained by Asian and Hispanic residents being younger. They may also be explained by differences in risk factors across race.

Risk factors for chronic lower respiratory disease¹⁰:

- Tobacco smoking
- Secondhand smoke
- Smoking and having asthma
- Exposure to dusts and chemicals in the workplace
- Age
- Genetics and family history

How are we doing:

Sutter County has made sizable reductions in deaths from chronic lower respiratory disease. The rate of **CLRD deaths has decreased 40%** in ten years. This progress is the direct result of decreases in tobacco use and secondhand smoke. **Tobacco smoke is the largest risk factor for chronic lower respiratory disease¹¹.**

However, **Sutter County is still doing considerably worse than California or the United States as a whole.** The rural parts of California have much higher rates of CLRD deaths than the coastal counties. Higher rates of CLRD are the result of higher rates of cigarette smoking.

Further reducing deaths from chronic lower respiratory disease, and the number of people debilitated by CLRD, requires reducing the number of people who smoke, and who are exposed to tobacco smoke.

Where does the data come from:

Nationwide data on deaths from chronic lower respiratory disease is from *Mortality in the United States 2017*, produced by the National Center for Health Statistics at the Centers for Disease Control and Prevention.

Data on state and countywide death rates is from *County Health Status Profiles 2019*, produced by the California Department of Public Health.

Data on Sutter County specific deaths is from vital records maintained by Sutter County Health and Human Services Department, Public Health Branch.

References:

- 1) Murphy SL, Xu JQ, Kochanek KD, Arias E. 2018. *Mortality in the United States, 2017*; NCHS Data Brief, no 328. <https://www.cdc.gov/nchs/products/databriefs/db328.htm>.
- 2) California Department of Public Health (CDPH) and California Conference of Local Health Officers (CCLHO). 2019. *County Health Status Profiles 2019*. Accessed September 26, 2019. https://www.cdph.ca.gov/Programs/CHSI/CDPH%20Document%20Library/CountyProfiles_2019.pdf
- 3) Sutter County Health and Human Services - Public Health Branch. 2019. *California Integrated Vital Records System*. Accessed November 12, 2019.
- 4) CDPH and CCLHO. 2011. *County Health Status Profiles 2011*. Accessed November 15, 2019. <https://www.cdph.ca.gov/Programs/CHSI/CDPH%20Document%20Library/OHIRProfiles2011.pdf>
- 5) CDPH and CCLHO. 2014. *County Health Status Profiles 2014*. Accessed November 15, 2019. <https://www.cdph.ca.gov/Programs/CHSI/CDPH%20Document%20Library/OHIRProfiles2014.pdf>
- 6) CDPH and CCLHO. 2019.
- 7) CDPH and CCLHO. 2019.
- 8) Murphy SL, Xu JQ, Kochanek KD, Arias E. 2018.
- 9) Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion (US) Office on Smoking and Health. 2014. *The Health Consequences of Smoking—50 Years of Progress: A Report of the Surgeon General*. Accessed November 18, 2019. <https://www.ncbi.nlm.nih.gov/books/NBK294322/>.
- 10) Mayo Clinic. 2017. *COPD*. Accessed November 18, 2019. <https://www.mayoclinic.org/diseases-conditions/copd/symptoms-causes/syc-20353679>
- 11) *The Health Consequences of Smoking—50 Years of Progress: A Report of the Surgeon General*. 2014.

Accidents and Unintentional Injuries

Measure:

Accidents and unintentional injuries include motor vehicle, bicycle and pedestrian traffic deaths, unintentional falls, unintentional poisonings, burns, and drownings.

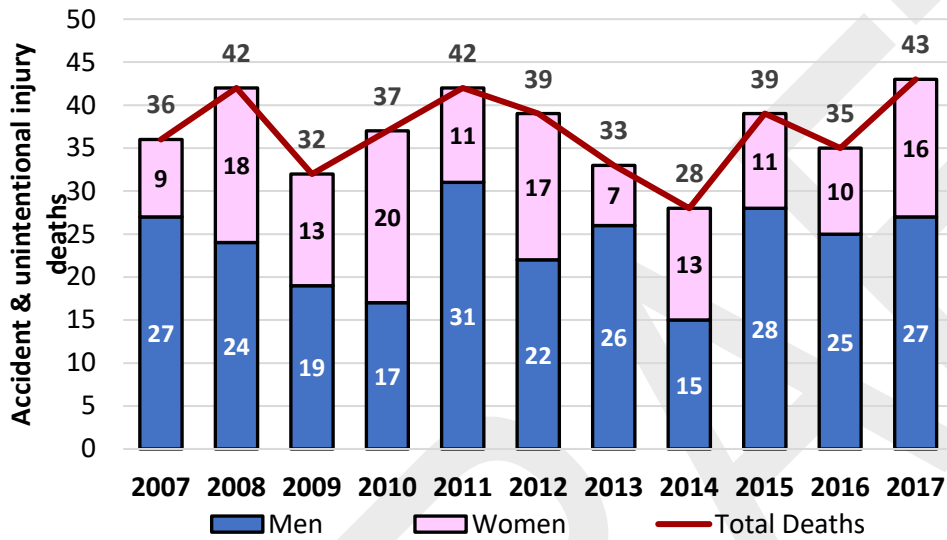
This indicator shows deaths from accidents and unintentional injuries per year in Sutter County, and the age-adjusted rates of deaths per 100,000 people.

Why it's Important:

Unintentional injuries are a major cause of death and disability. Approximately 10% of all Americans have nonfatal injuries requiring treatment in a hospital emergency department every year. Most injuries are predictable and preventable¹.

Nationwide, accidents and unintentional injuries are the third leading cause of death², and the most frequent cause of death for those under 45³. They are the fifth leading cause of death in California and Sutter County⁴.

Deaths from accidents among Sutter County residents – 2007-2017⁵



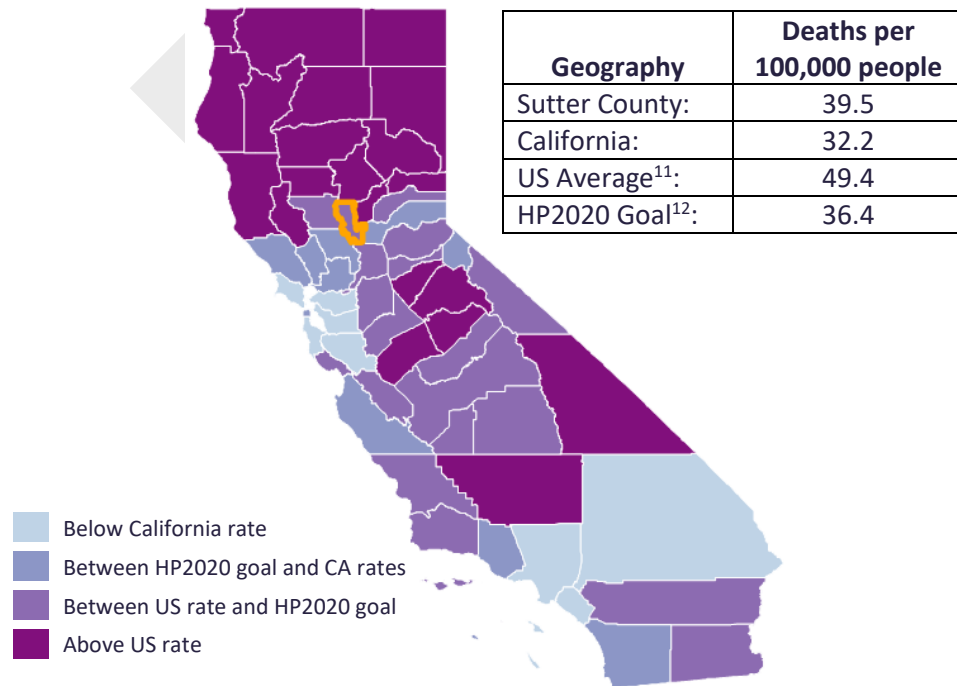
Where we are now:

On average, from 2007 to 2017, 37 Sutter County residents died from accidents and unintentional injuries, including 16 in motor vehicle related crashes, per year.

Age-adjusted accident and unintentional injury death rates per 100,000 people were 37.9 in 2007-2009⁶ and 39.5 in 2015-2017⁷.

The age-adjusted rate for motor-vehicle related crash deaths was 16.9 in 2007-2009⁸ and 16.0 in 2015-2017⁹.

Deaths from accidents per 100,000 people statewide in 2015-2017¹⁰:



How we compared in 2017:

Sutter County has a higher rate of deaths from accidents than California but a lower rate than the national average.

Our rate of deaths from accidents and unintentional injuries is higher than Placer, Sacramento and Yolo County, but lower than all other neighboring counties.

We rank **24** of 58 counties statewide for deaths from accidents and unintentional injuries.

Accidents and Unintentional Injuries

Who this affects in Sutter County:

Unlike other leading causes of death in Sutter County, accidents and unintentional injuries mostly affect younger residents of Sutter County. The average age at death from accidents was 58 years in 2015-2017. 25% of Sutter County residents who died from accidents and unintentional injuries were younger than 37, and 10% were younger than 26.

Deaths from accidents occur more frequently in men than women in Sutter County. White Sutter County residents were also more likely to die from accidents and unintentional injuries than Hispanic or Asian residents.

Most common causes of death from accidents and unintentional injuries in Sutter County:

- Motor vehicle related crashes
- Poisonings
- Falls

How are we doing:

Sutter County has a higher rate of deaths from accidents and unintentional injuries than California, but a lower rate than the US national average. Deaths from accidents and unintentional injuries **statewide have decreased 6%** since 2007, while those in **Sutter County increased 2%**. **We have not met the Healthy People 2020 goal for reducing deaths from accidents and unintentional injuries.**

The most common causes of fatal accidents and unintentional injuries in Sutter County are **motor vehicle related crashes**; this includes motor vehicle drivers, motor vehicle passengers, motorcyclists, bicyclists and pedestrians hit by motor vehicles. **Deaths from motor vehicle related crashes in Sutter County have not decreased appreciably since 2007, while they have decreased 17% statewide. Sutter County has not met the Healthy People 2020 goal for reducing motor vehicle related crash deaths (12.4 per 100,000 people).**

Meeting the Healthy People 2020 goals to reduce deaths from accidents and unintentional injuries requires addressing the three major causes of death from accidents and injuries: motor vehicles, poisonings, and falls.

Where does the data come from:

Nationwide data on deaths from accidents and unintentional injuries is from *Mortality in the United States 2017*, produced by the National Center for Health Statistics at the Centers for Disease Control and Prevention.

Data on state and countywide death rates is from *County Health Status Profiles 2019*, produced by the California Department of Public Health.

Data on Sutter County specific deaths is from vital records maintained by Sutter County Health and Human Services Department, Public Health Branch.

References:

- 1) Office of Disease and Health Promotion. 2019. Injury and Violence Prevention. Accessed November 18, 2019. <https://www.healthypeople.gov/2020/topics-objectives/topic/injury-and-violence-prevention>
- 2) Murphy SL, Xu JQ, Kochanek KD, Arias E. 2018. *Mortality in the United States, 2017*; NCHS Data Brief, no 328. <https://www.cdc.gov/nchs/products/databriefs/db328.htm>.
- 3) Office of Disease and Health Promotion. 2019.
- 4) California Department of Public Health (CDPH) and California Conference of Local Health Officers (CCLHO). 2019. *County Health Status Profiles 2019*. Accessed September 26, 2019. https://www.cdph.ca.gov/Programs/CHSI/CDPH%20Document%20Library/CountyProfiles_2019.pdf
- 5) Sutter County Health and Human Services - Public Health Branch. 2019. *California Integrated Vital Records System*. Accessed November 12, 2019.
- 6) CDPH and CCLHO. 2011. *County Health Status Profiles 2011*. Accessed November 15, 2019. <https://www.cdph.ca.gov/Programs/CHSI/CDPH%20Document%20Library/OHIRProfiles2011.pdf>
- 7) CDPH and CCLHO. 2019.
- 8) CDPH and CCLHO. 2011.
- 9) CDPH and CCLHO. 2019.
- 10) CDPH and CCLHO. 2019.
- 11) Murphy SL, Xu JQ, Kochanek KD, Arias E. 2018.
- 12) Office of Disease and Health Promotion. 2019.

Sexually transmitted diseases (STDs), particularly chlamydia, gonorrhea and syphilis, have long been an underestimated opponent in the public health battle. STDs are “hidden epidemics of tremendous health and economic consequence in the United States,¹” and the “scope, impact, and consequences of STDs are under recognized by the public and healthcare professionals.²” However, as recently as 2007, gonorrhea and syphilis infections were at their lowest rates since 1941 and better tests and more screening improved the detection and treatment of chlamydia³.

That progress has since unraveled⁴. STDs are now surging in the United States. In 2018, the United States experienced the highest number and rate of reported gonorrhea and syphilis cases in nearly 30 years, and more than a million people were diagnosed with chlamydia⁵.

While the situation in Sutter County is not yet as severe as other parts of California, we are already seeing dramatic increases in the rates of STDs, especially gonorrhea and syphilis. Urgent action from all stakeholders is needed now to help control STD transmission and prevent the situation becoming worse.

Status of STD control in California and nationwide:

- Nationwide, sexually transmitted disease diagnoses increased for the fifth consecutive year, with nearly 2.5 million cases of chlamydia, gonorrhea, and syphilis diagnosed in 2018⁶.
- In California, almost 350,000 cases of chlamydia, gonorrhea, and syphilis were diagnosed in 2018⁷.
 - Chlamydia has increased 56% in the last 10 years
 - Gonorrhea has increased 211% in the last ten years
 - Syphilis has increased 265% in the last ten years
- STDs are increasing in all parts of California, with the largest increases in STDs, especially syphilis, occurring in the rural and inland parts of the state⁸.

Factors contributing to the dramatic increase in STDs state- and nationwide:

- Many STDs, especially chlamydia and syphilis, have minor or no symptoms, or symptoms that go away without medical treatment. Many people with STD infections are not aware they are infected⁹.
- STDs, especially syphilis, can be transmitted despite people not having symptoms.
- Additional factors include:
 - Drug use, poverty, stigma, and unstable housing¹⁰.
 - Decreased condom use¹¹.
 - Lack of public awareness of STDs as a problem.

Cuts to STD programs at the state and local level have also contributed to increases in STD rates. In recent years, more than half of local programs have experienced budget cuts, resulting in clinic closures, reduced screening, staff loss, and reduced patient follow-up and linkage to care services¹².

Targets for improvement and public health interventions:

- Improved public education and STD awareness
- Increased routine screening for STDs, especially in populations at high risk
- Provider education and support to assess STD risk factors and screen for, diagnose, and treat STDs¹³.
- Increasing access to prenatal care for pregnant women, including routine third-trimester syphilis testing.

Stronger public health infrastructure is needed to allow more disease investigation, improve access to testing and treatment, provide provider education and support, increase community engagement and develop partnerships with other stakeholders¹⁴.

Communicable Disease: Sexually Transmitted Diseases

Why make STD control a priority now:

- STD rates in Sutter County are just beginning to increase. Currently, the problem can be addressed with increased resources and public health interventions if we make it a priority.
- STD rates in Sutter County in 2018 are comparable to those in neighboring counties in 2014-2017.
- STD transmission in other counties directly contributes to STD transmission in Sutter County. Higher STDs rates in neighboring counties will cause an increase in STDs in Sutter County if we do not collaborate with our neighbors to control STD spread.
- Changing demographics of people infected with STDs, especially syphilis, suggests STDs are beginning to spread in groups of people that previously did not experience a high rate of infection. The people most at risk for getting syphilis in Sutter County are heterosexual men and women engaging in high risk behaviors, including drug use and criminal activity, or having sex with people who do.
- The resurgence of syphilis, and particularly babies born with syphilis, is not an arbitrary event, but rather a symptom of a deteriorating public health infrastructure and lack of access to health care¹⁵.

References:

- 1) Eng TR, Butler WT, eds., *Summary: The hidden epidemic: Confronting sexually transmitted diseases*. Washington (DC): National Academy Press, 1997.
- 2) Eng and Butler, eds. 1997
- 3) Centers for Disease Control and Prevention. 2019. *Sexually Transmitted Disease Surveillance 2018*. Accessed November 4, 2019. <https://www.cdc.gov/std/stats18/STDsurveillance2018-full-report.pdf>
- 4) *New CDC Report: STDs Continue to Rise in the U.S.* 2019.
- 5) *New CDC Report: STDs Continue to Rise in the U.S.* 2019.
- 6) *New CDC Report: STDs Continue to Rise in the U.S.* 2019.
- 7) STD Control Branch program, California Department of Public Health. 2019. California STD Data Tables 2018. October 23. Accessed November 4, 2019. <https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/CA STD Data Tables 2018 .pdf>.
- 8) STD Control Branch program. 2019.
- 9) STD Control Branch program. 2019.
- 10) Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. 2019. *New CDC Report: STDs Continue to Rise in the U.S.* Accessed November 4, 2019. <https://www.cdc.gov/nchhstp/newsroom/2019/2018-STD-surveillance-report-press-release.html>
- 11) *New CDC Report: STDs Continue to Rise in the U.S.* 2019.
- 12) *New CDC Report: STDs Continue to Rise in the U.S.* 2019.
- 13) *Sexually Transmitted Disease Surveillance 2018*. 2019.
- 14) *New CDC Report: STDs Continue to Rise in the U.S.* 2019.
- 15) *New CDC Report: STDs Continue to Rise in the U.S.* 2019.

Communicable Disease: Chlamydia

Measure:

Chlamydia is a common sexually transmitted disease caused by the *Chlamydia trachomatis* bacterium.

This indicator shows how many people are diagnosed with chlamydia in Sutter County per year, and how many cases of chlamydia we have per 100,000 people.

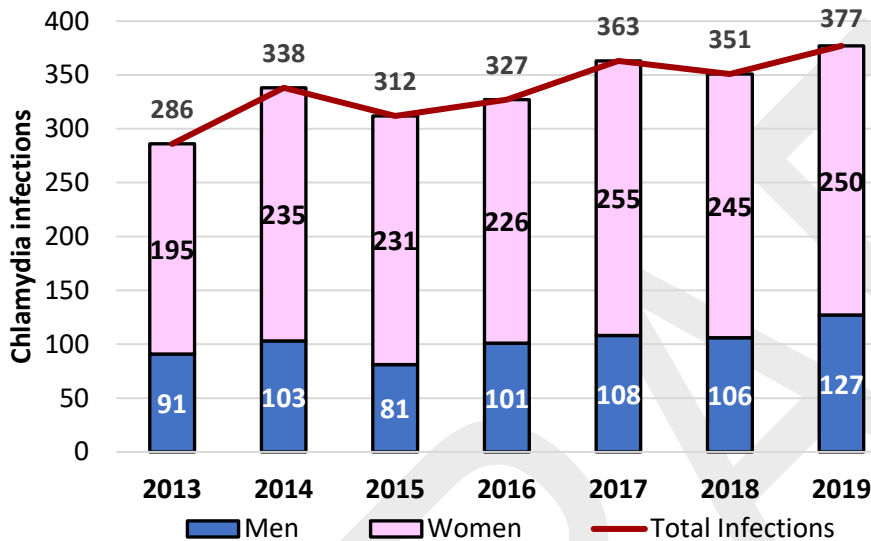
Why it's Important:

Chlamydia infections can have serious health consequences. Women can have long-term pelvic pain, ectopic pregnancies, and long-term damage to the reproductive system, including infertility. Risk of other STDs, including HIV, increases.

Babies born to pregnant women infected with chlamydia may be born prematurely and develop eye infections and pneumonia¹.

Nationwide, chlamydia has increased 19% since 2014². Statewide, chlamydia has increased 33% since 2014³.

People diagnosed with chlamydia in Sutter County per year – 2013 to 2019⁴



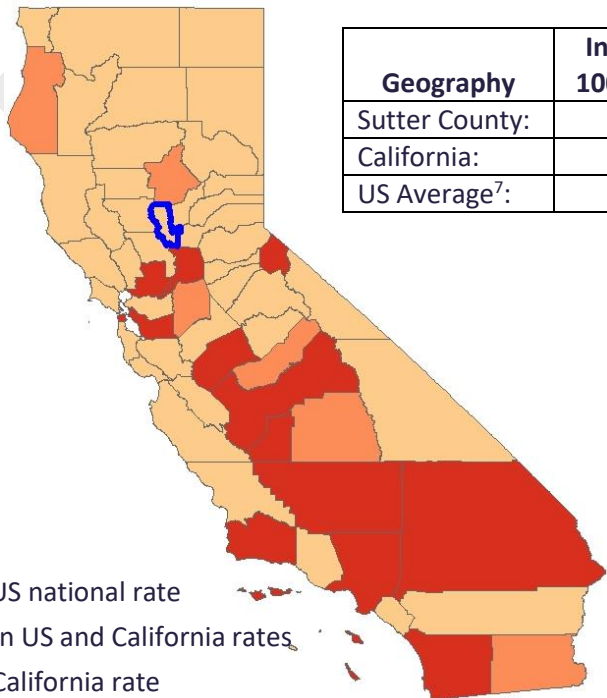
Where we are now:

Sutter County has approximately 350 new chlamydia diagnoses per year. Our rate per 100,000 people was 356.5 in 2018⁵.

The number of chlamydia diagnoses in Sutter County has increased 32% since 2013.

Sutter County has seen a smaller increase in the number of chlamydia infections than other California counties.

Chlamydia infections per 100,000 people by county statewide in 2018⁶



Geography	Infections per 100,000 people
Sutter County:	356.5
California:	583.0
US Average ⁷ :	539.9

- Below US national rate
- Between US and California rates
- Above California rate

How we compared in 2018:

When adjusted for different size populations, Sutter County had **33% fewer** cases of chlamydia than the national average.

Sutter County had **39% fewer** cases of chlamydia than the average for California.

Sutter County has a **lower rate** of chlamydia than all of our neighbors except Colusa and Placer counties.

We are ranked 19 out of 58 counties statewide (lower rankings are good).

Communicable Disease: Chlamydia

Who this affects in Sutter County:

Chlamydia is diagnosed twice as often in women than men in Sutter County. Men who have chlamydia have symptoms less frequently than women and most men do not receive routine chlamydia testing. Current STD testing guidelines recommend annual chlamydia testing for all sexually active women 25 or younger and all sexually active women with increased risk of contracting chlamydia, but only recommend annual testing for men who have sex with men, not all sexually active men⁸.

People in their teens and twenties are much more likely to get chlamydia. 22% of all chlamydia infections are in people under age 20, and 79% of all chlamydia infections are diagnosed in people under age 30.

Black and non-Hispanic White Sutter County residents are also more likely to be diagnosed with chlamydia.

Risk factors for getting chlamydia⁹:

- Being sexually active before age 25
- Multiple sex partners within the past year
- Not using a condom consistently
- History of prior sexually transmitted infection
- Sexual partners that are not tested for chlamydia and treated if infected

How are we doing:

Sutter County is doing better at preventing chlamydia infections than much of California or the US. While our rates are not increasing as quickly as other parts of California, we have seen chlamydia cases increase **32%** since 2013.

The 2:1 ratio of women to men with chlamydia indicates there are many men in Sutter County who have chlamydia, may not know they have chlamydia, and are not getting tested or treated. This is a good target for public health intervention, including helping people who have been diagnosed with chlamydia inform their sexual partners, ensuring partners are treated, improving screening rates, and improving access to treatment.

Almost all of our neighboring counties have higher rates of chlamydia infection than we do. If we do not take action to stop the spread of chlamydia by increasing testing and treating, our rates will go up.

Where does the data come from:

Nationwide data on chlamydia infections is from the Sexually Transmitted Disease Surveillance 2018 report produced by the Centers for Disease Control and Prevention.

Data on statewide rates and other counties in California is from the California Department of Public Health, STD Control Branch. Data on Sutter County is from reports to the Sutter County Health and Human Services Department, Public Health Branch.

References:

- 1) CDC. 2014. *Chlamydia - CDC Fact Sheet*. January 23. Accessed November 4, 2019. <https://www.cdc.gov/std/chlamydia/stdfact-chlamydia.htm>.
- 2) CDC. 2019. *Sexually Transmitted Disease Surveillance 2018*. Accessed November 4, 2019. <https://www.cdc.gov/std/stats18/STDsurveillance2018-full-report.pdf>
- 3) STD Control Branch program, California Department of Public Health. 2019. *California STD Data Tables 2018*. October 23. Accessed November 4, 2019. https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/CA_STD_Data_Tables_2018.pdf.
- 4) Sutter County Health and Human Services - Public Health Branch. 2019. *Title 17, California Code of Regulations (CCR) §2500, §2593, §2641.5-2643.20, and §2800-2812 Reportable Diseases and Conditions*. Accessed January 9, 2020.
- 5) STD Control Branch program. 2019
- 6) STD Control Branch program. 2019
- 7) CDC. 2019.
- 8) CDC. 2015. *Screening Recommendations and Considerations Referenced in Treatment Guidelines and Original Sources*. Accessed January 9, 2020. <https://www.cdc.gov/std/tg2015/screening-recommendations.htm>
- 9) Mayo Clinic. 2018. *Chlamydia trachomatis*. March 10. Accessed November 4, 2019. <https://www.mayoclinic.org/diseases-conditions/chlamydia/symptoms-causes/syc-20355349>

Communicable Disease: Gonorrhea

Measure:

Gonorrhea is a common sexually transmitted disease caused by the *Neisseria gonorrhoeae* bacterium.

This indicator shows how many people are diagnosed with gonorrhea in Sutter County per year, and how many cases of gonorrhea we have per 100,000 people.

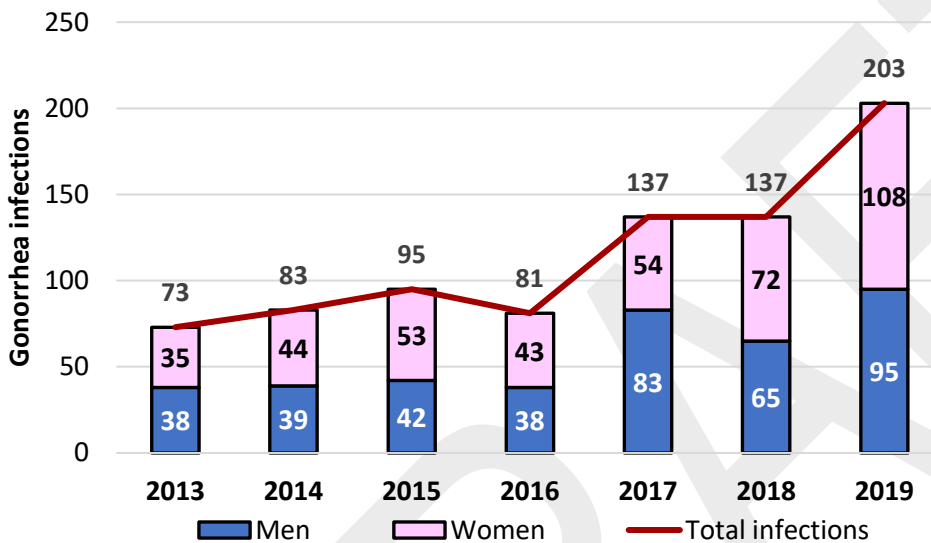
Why it's Important:

Gonorrhea infections have many of the same serious health consequences as chlamydia, including infertility, serious health effects for babies born to women with untreated gonorrhea, and increased risk of other STDs, including HIV.

Drug resistant gonorrhea is increasing nationwide, making it much more difficult to treat¹.

**Nationwide, gonorrhea has increased 63% since 2014².
Statewide, gonorrhea has increased 77% since 2014³.**

People diagnosed with gonorrhea in Sutter County per year – 2013 to 2019⁴



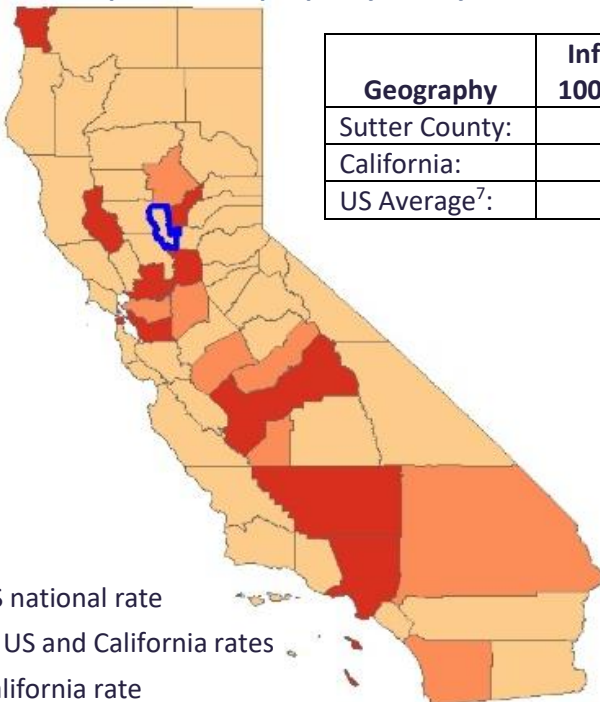
Where we are now:

Sutter County had approximately 85 new gonorrhea diagnoses per year 2013-2016, and 137 in 2017-2018⁵.

Gonorrhea diagnoses increased 69% between 2016 and 2017.

We have seen 48% more gonorrhea cases in 2019 than we saw in 2018.

Gonorrhea infections per 100,000 people by county statewide in 2018⁶



Geography	Infections per 100,000 people
Sutter County:	136.7
California:	199.4
US Average ⁷ :	179.1

- Below US national rate
- Between US and California rates
- Above California rate

How we compared in 2018:

When adjusted for different size populations, Sutter County had **23% fewer** cases of gonorrhea than the national average.

Sutter County had **31% fewer** cases of gonorrhea than the average for California.

Sutter County had a **lower rate** of gonorrhea than all of our neighbors except Colusa, Placer and Yolo counties.

We are ranked 35 out of 58 counties statewide (lower rankings are good).

Communicable Disease: Gonorrhea

Who this affects in Sutter County:

Gonorrhea is diagnosed almost equally among men and women. Physicians routinely screen women of reproductive age and men who have sex with men for gonorrhea. Unlike chlamydia, men with gonorrhea are more likely to have symptoms and thus get tested and treated.

Gonorrhea is most frequently diagnosed in people in their twenties and thirties. 28% of all gonorrhea infections are in people under age 25, and 71% of all gonorrhea infections are diagnosed in people under age 35.

Black and White Sutter County residents are also more likely to be diagnosed with gonorrhea.

Risk factors for getting gonorrhea⁸:

- Younger age
- A new sex partner
- A sex partner who has concurrent partners
- Multiple sex partners
- Previous gonorrhea diagnosis
- Having other sexually transmitted infections
- Sexual partners that are not tested for gonorrhea and treated if infected

How are we doing:

While gonorrhea rates are not increasing as rapidly as they are for other parts of California, **gonorrhea cases in Sutter County increased 164% since 2014, more than twice the increase state or nationwide in the same period. Gonorrhea cases in Sutter County exceeded last year's total number of 137 cases by 66, bringing the County to a total of 203 cases this year.**

Emerging antibiotic resistance among gonorrhea is a concern. Gonorrhea is among the Centers for Disease Control and Prevention's top three urgent threats for developing drug resistance⁹.

Most neighboring counties have even higher rates of gonorrhea infection than we do, and similar or worse increases in cases. **Gonorrhea transmission increased in neighboring counties before gonorrhea increased in Sutter County.** Lower gonorrhea rates than the California average does not mean that Sutter County is successfully controlling gonorrhea, but that other regions of the state are even worse off.

Statewide, substance use, incarceration, trading sex for money, housing or drugs, poverty, homelessness, and lack of access to medical care also contribute to the spread of gonorrhea¹⁰. These factors describe the portion of the population most likely to contract gonorrhea, and thus people in need of increased testing and treatment. **The increase in gonorrhea infections since 2016 shows current efforts to control gonorrhea are not effective.**

Where does the data come from:

Nationwide data on gonorrhea infections is from the Sexually Transmitted Disease Surveillance 2018 report produced by the Centers for Disease Control and Prevention.

Data on statewide rates and other counties in California is from the California Department of Public Health, STD Control Branch. Data on Sutter County is from reports to the Sutter County Health and Human Services Department, Public Health Branch.

References:

- 1) CDC. 2014. *Gonorrhea - CDC Fact Sheet*. Accessed November 4, 2019. <https://www.cdc.gov/std/gonorrhea/stdfact-gonorrhea.htm>.
- 2) CDC. 2019. *Sexually Transmitted Disease Surveillance 2018*. Accessed November 4, 2019. <https://www.cdc.gov/std/stats18/STDsurveillance2018-full-report.pdf>
- 3) STD Control Branch program, California Department of Public Health. 2019. *California STD Data Tables 2018*. Accessed November 4, 2019. <https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/CA STD Data Tables 2018.pdf>.
- 4) Sutter County Health and Human Services - Public Health Branch. 2019. *Title 17, California Code of Regulations (CCR) §2500, §2593, §2641.5-2643.20, and §2800-2812 Reportable Diseases and Conditions*. Accessed January 9, 2020.
- 5) *California STD Data Tables 2018*.
- 6) *California STD Data Tables 2018*.
- 7) CDC. 2019.
- 8) Mayo Clinic. 2019. *Gonorrhea*. Accessed November 4, 2019. <https://www.mayoclinic.org/diseases-conditions/gonorrhea/symptoms-causes/syc-20351774>
- 9) STD Control Branch program, California Department of Public Health. 2019. *STDs in California: 2018 Snapshot*. Accessed November 5, 2019. <https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/STDs Reach Epidemic Levels Infographic 2018.pdf>
- 10) *STDs in California: 2018 Snapshot*.

Communicable Disease: Syphilis

Measure:

Syphilis is a common sexually transmitted disease caused by the *Treponema pallidum* bacteria.

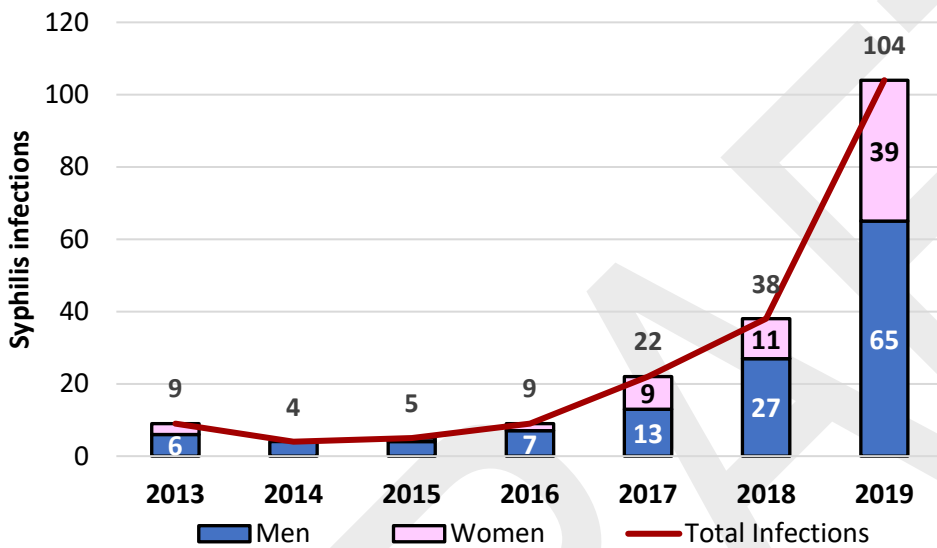
This indicator shows how many people are diagnosed with syphilis in Sutter County per year, and how many cases of early syphilis we have per 100,000 people. **Early syphilis means infection within the last year.**

Why it's Important:

Syphilis is a major public health problem in California and nationwide. Syphilis can affect the heart, brain and other organs of the body. Babies born with syphilis have serious health problems, including premature birth, low birth weight, birth defects, blindness, hearing loss, stillbirth and death¹. **Babies born with syphilis are a sign of a failed health system.**

Nationwide, primary and secondary syphilis increased 71% since 2014²; statewide, syphilis increased 98% since 2014³.

People diagnosed with syphilis in Sutter County per year – 2013 to 2019⁴



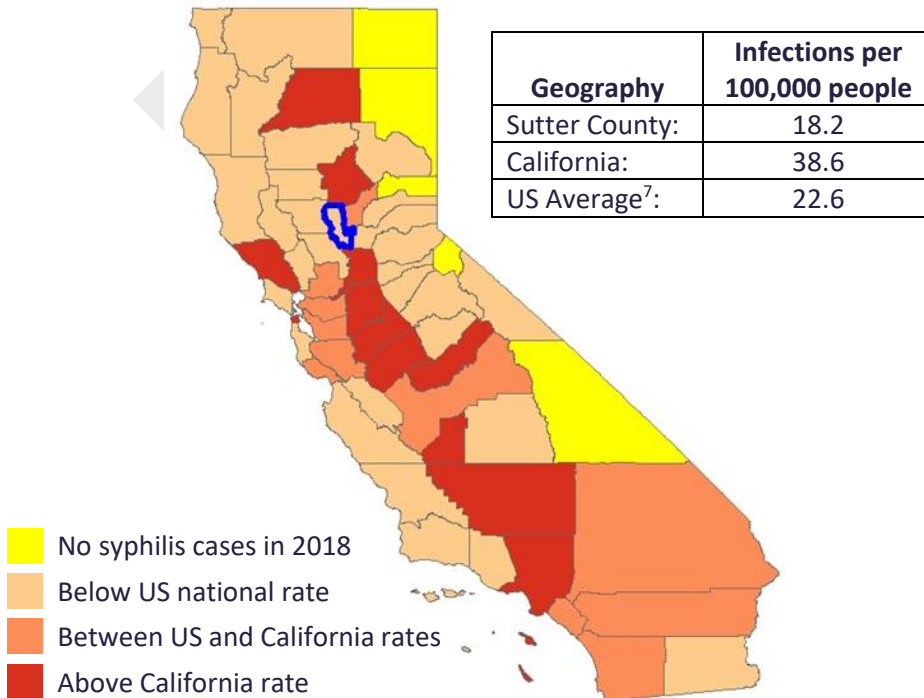
Where we are now:

Sutter County had an average of 7 new syphilis diagnoses per year from 2013-2016, and 30 in 2017-2018.

Syphilis diagnoses increased 320% between 2016 and 2018.

We have seen 174% more syphilis infections in 2019 than we saw in 2018. Syphilis in men doubled in 2018 and doubled again 2019. Syphilis in women more than tripled in 2019.

Early syphilis infections per 100,000 people by county statewide in 2018⁶



How we compared in 2018:

When adjusted for different size populations, Sutter County had **20% fewer** cases of early syphilis than the national average.

Sutter County had **52% fewer** cases of early syphilis than the average for California.

Sutter County had a **lower rate** of early syphilis than all of our neighbors except Colusa and Placer counties.

We are ranked 28 out of 58 counties statewide (lower rankings are good).

Communicable Disease: Syphilis

Who this affects in Sutter County:

Syphilis is diagnosed one and a half times more frequently in men than women. Prior to 2017, syphilis was diagnosed almost exclusively in men, especially men who have sex with men.

Over the last three years, syphilis infections in women increased **1850%**. **Approximately 20% of women diagnosed with syphilis in 2019 were pregnant at the time.**

66% of all syphilis infections were diagnosed in people ages 25-45.

Hispanic and White Sutter County residents are also more likely to be diagnosed with syphilis.

Risk factors for getting syphilis⁸:

- Engaging in unprotected vaginal, anal, or oral sex.
- Having sex with multiple partners
- Being a man who has sex with men
- Having HIV
- Having a sexual partner who has tested positive for syphilis
- Sexual partners that are not tested for syphilis and treated if infected

How are we doing:

Sutter County is seeing an explosion of syphilis. **New infections are rapidly increasing, with more than twice as many cases this year as last year. We have seen syphilis cases increase 2500% since 2014.**

No babies have been born in Sutter County with syphilis yet. However, the number of babies born with syphilis increased statewide for the sixth year in a row, and the **proportion of pregnant women diagnosed with syphilis in Sutter County is higher than the state average⁹.**

Many neighboring counties have even higher rates of syphilis infection than we do, and similar or worse increases in cases. Syphilis infections increased in neighboring counties, especially Butte and Yuba, before they began to rise in Sutter County. Lower syphilis rates than the California average does not mean that Sutter County is successfully preventing the spread of syphilis, but that large-scale syphilis transmission in Sutter County is just beginning¹⁰.

Statewide, substance use, incarceration, trading sex for money, housing or drugs, poverty, homelessness and lack of access to medical care also contribute to getting syphilis¹¹. These factors describe the portion of the population most likely to contract syphilis, and thus people public health interventions should target.

The increase in syphilis infections in 2018 and 2019 shows current efforts to control syphilis are not effective.

Where does the data come from:

Nationwide data on syphilis infections is from the Sexually Transmitted Disease Surveillance 2018 report produced by the Centers for Disease Control and Prevention.

Data on statewide rates and other counties in California is from the California Department of Public Health, STD Control Branch. Data on Sutter County is from reports to the Sutter County Health and Human Services Department, Public Health Branch.

References:

- 1) CDC. 2017. *Syphilis - CDC Fact Sheet*. Accessed November 4, 2019. <https://www.cdc.gov/std/syphilis/STDFact-Syphilis.htm>.
- 2) CDC. 2019. *Sexually Transmitted Disease Surveillance 2018*. Accessed November 4, 2019. <https://www.cdc.gov/std/stats18/STDSurveillance2018-full-report.pdf>
- 3) STD Control Branch program, California Department of Public Health. 2019. *California STD Data Tables 2018*. Accessed November 4, 2019. <https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/CA STD Data Tables 2018.pdf>.
- 4) Sutter County Health and Human Services - Public Health Branch. 2019. *Title 17, California Code of Regulations (CCR) §2500, §2593, §2641.5-2643.20, and §2800-2812 Reportable Diseases and Conditions*. Accessed November 4, 2019.
- 5) *California STD Data Tables 2018*.
- 6) *California STD Data Tables 2018*.
- 7) CDC. 2019.
- 8) Mayo Clinic. 2019. *Syphilis*. Accessed November 5, 2019. <https://www.mayoclinic.org/diseases-conditions/syphilis/symptoms-causes/syc-20351756>
- 9) STD Control Branch program, California Department of Public Health. 2019. *STDs in California: 2018 Snapshot*. Accessed November 5, 2019. <https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/STDs Reach Epidemic Levels Infographic 2018.pdf>
- 10) *STDs in California: 2018 Snapshot*.
- 11) *STDs in California: 2018 Snapshot*.

Communicable Disease: Tuberculosis

Measure:

Tuberculosis (TB) is an increasingly rare lung infection caused by the *Mycobacterium tuberculosis* bacterium. TB is either *latent* or *active*.

This indicator shows how many people are diagnosed with latent and active TB in Sutter County per year, and how many cases of active TB we have per 100,000 people.

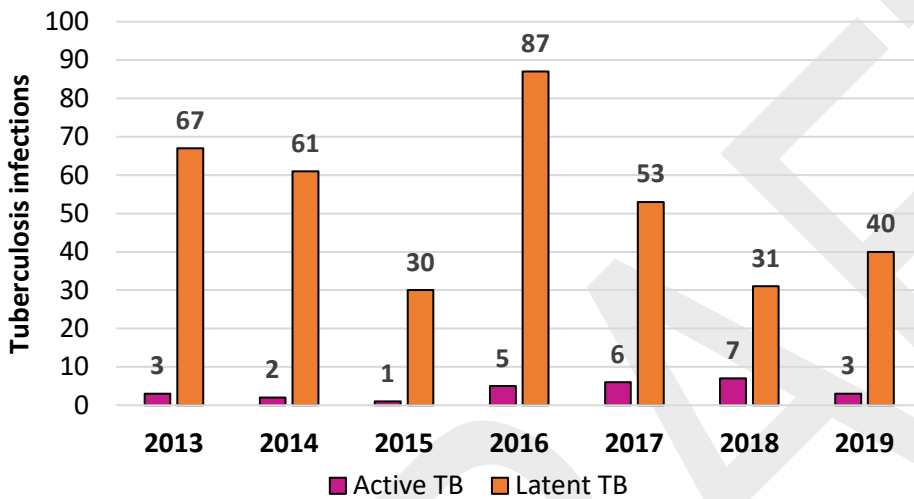
Why it's Important:

People with *latent* TB are infected, but the bacterium does not cause symptoms and is not contagious. Someone with *active* TB has symptoms and can spread the disease¹.

TB is very debilitating and may be fatal. Active TB patients are often hospitalized or put into isolation; some may not be able to work. Treatment is difficult, taking up to 4 drugs per day, for up to 9 months. Improperly treated, TB can become drug-resistant.

TB control requires considerable work by a public health department.

People diagnosed with TB in Sutter County per year – 2013 to 2019²



*2019 data is January 1-October 31 only

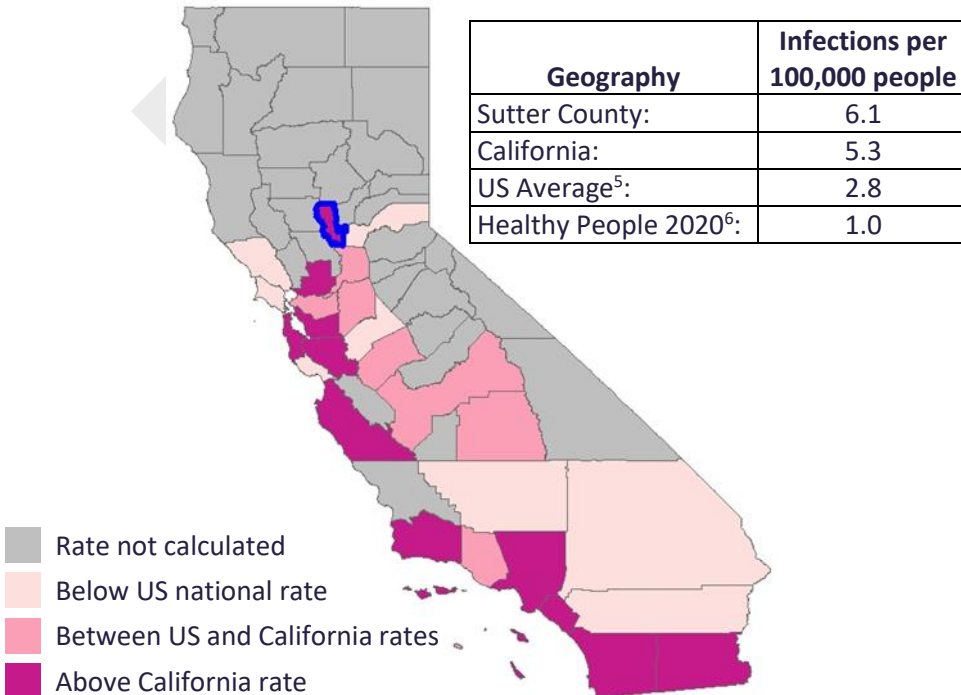
Where we are now:

On average, 4 Sutter County residents are diagnosed with active TB and 52 are diagnosed with latent TB per year.

Our active TB rate per 100,000 people was 6.1 in 2018³.

Active TB diagnoses are not changing much over time.

Active TB infections per 100,000 people by county statewide in 2018⁴



How we compared in 2018:

Sutter County has not met the Healthy People 2020 goal.

When adjusted for different size populations, Sutter County had **118% more** active TB than the national average.

Sutter County had **15% more** active TB than the average for California.

Sutter County had a **higher rate** of active TB than all of our neighbors.

We are ranked 50 out of 58 counties statewide (lower rankings are good).

Communicable Disease: Tuberculosis

Who this affects in Sutter County:

Tuberculosis is diagnosed more frequently in women than men in Sutter County.

Half of all latent tuberculosis infections were diagnosed in people under age 35.

Asian Sutter County residents are more likely to be diagnosed with tuberculosis, both latent or active, especially those who were born outside the United States.

We are not seeing many TB cases among people experiencing homelessness or who are incarcerated at this time.

What are the risk factors for getting active TB^{7,8}:

- **Having latent TB**
- Living or working with someone who has active TB
- Immigrating from parts of the world with high rates of TB
- Children younger than 5 with a positive TB test
- Being homeless or injecting drugs
- Living or working with people who are at high risk for TB
- Medical conditions that weaken the immune system
- Smoking tobacco

How are we doing:

While the number of tuberculosis cases in Sutter County is decreasing, we still have a much higher tuberculosis burden than California or the rest of the US.

Sutter County has not met the Healthy People 2020 goal for reducing tuberculosis.

Even a few cases of tuberculosis per year involves considerable work for the Sutter County Public Health Branch. Because TB is complex, with long treatment times, Sutter County public health nurses routinely administer medication to patients, coordinate medical care with the patient's doctor, and provide social services to patients to ensure proper treatment.

Particularly concerning are the large number of people with latent TB. **Statewide, 82% of people who develop active TB had longstanding latent TB.** More than 2 million Californians, including approximately 17% of those born outside the United States, have latent TB, and most do not know they have latent TB. Treatment of latent TB, especially in children and young adults, is a major focus of the California Department of Public Health's tuberculosis elimination plan. **Reducing tuberculosis in Sutter County requires treating people for latent TB⁹.**

Where does the data come from:

Nationwide data on tuberculosis infections and the Healthy People 2020 goals are from Office of Disease and Health Promotion of the US Department of Health and Human Services.

Data on statewide rates and other counties in California is from the California Department of Public Health, Tuberculosis Control Branch. Data on Sutter County is from reports to the Sutter County Health and Human Services Department, Public Health Branch.

References:

- 1) CDC. 2011. *Tuberculosis: General Information*. Accessed November 4, 2019. <https://www.cdc.gov/tb/publications/factsheets/general/tb.htm>.
- 2) Sutter County Health and Human Services - Public Health Branch. 2019. *Title 17, California Code of Regulations (CCR) §2500, §2593, §2641.5-2643.20, and §2800-2812 Reportable Diseases and Conditions*. Accessed November 4, 2019.
- 3) TB Control Branch program, California Department of Public Health. 2019. *California Tuberculosis Data Tables 2018*. Accessed November 5, 2019. https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/TBCB_Report_2018_Tables.xlsx.
- 4) TB Control Branch program. 2019
- 5) TB Control Branch program. 2019
- 6) Office of Disease and Health Promotion. 2019. *IID-29: Reduce tuberculosis (TB)*. Accessed November 6, 2019. https://www.healthypeople.gov/node/4698/data_details#revision_history_header
- 7) CDC. 2016. *TB Risk Factors*. Accessed November 6, 2019. <https://www.cdc.gov/tb/topic/basics/risk.htm>
- 8) Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion (US) Office on Smoking and Health. 2014. *The Health Consequences of Smoking—50 Years of Progress: A Report of the Surgeon General*. Accessed November 18, 2019.
- 9) TB Control Branch program. 2019

HEALTH RISK FACTORS



Courtesy of the California History Room, California State Library, Sacramento, California

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DRAFT

Health Risk Factors: Physical Activity

Measure:

Physical activity is important in building and maintaining health. Lack of physical activity has been identified as the fourth leading risk factor of deaths globally (6%)¹. Physical inactivity is also estimated to be the main cause for approximately 21–25% of breast and colon cancers, 27% of diabetes, and approximately 30% of coronary heart disease burden¹. We also know that increasing physical activity is a societal, not just an individual problem. Therefore, it demands a population-based, multi-sectoral, multi-disciplinary, and culturally relevant approach.

Why it's Important:

Physical activity is one of the most important components of successful health promotion and disease prevention for individuals and communities.

Regular and adequate levels of physical activity in adults is beneficial because they:

- reduce the risk of hypertension, coronary heart disease, stroke, diabetes, breast and colon cancer, depression and the risk of falls;
- improve bone and functional health; and
- are critical in achieving and maintaining a healthy weight.

The benefits of physical activity extend well beyond achievement and/or maintenance of a healthy weight; regular physical activity is associated with a reduced risk of many conditions that impact physical and mental well-being, including coronary heart disease, stroke, hypertension, type 2 diabetes, metabolic syndrome, colon cancer, breast cancer, and depression. Physical activity also helps to build muscular and cardiovascular fitness and has a positive effect on sleep patterns and bone density. Given this information, it should come as no surprise that physical activity is also associated with a reduced risk of early death².

Where We Are Now:

When it comes to physical activity access in schools, physical education (PE) classes are instructional priority for California schools³. Requirements for time spent in PE classes vary from a minimum of 200 to 400 minutes each 10 schooldays depending on grade levels and other factors⁴. PE is an integral part of the overall education program for every student and provides one of the few opportunities students have to develop the skills, knowledge, and confidence necessary to lead a physically active lifestyle. While schools provide 20 to 40 minutes of PE during school days, guidelines recommend 60 minutes a day for children and adolescents. Furthermore, neighborhood characteristics, including safety and proximity to parks, are related to physical activity levels among youth⁴.

Sutter County cities lack community centers that offer sports, aerobic classes, and other activities that can contribute to a more active lifestyle for all ages and that are either free of charge or at a low-cost rate. True physical activity and exercise access must include everyone, no matter their income level, physical abilities, age, race/ethnicity, gender, and cultural background.

How We Compare:

The percentage of adults in Sutter County who report that they do not engage in any physical activity is higher than it is for the state, meaning fewer Sutter County residents are physically active compared to the state average⁵.

Adult Physical Activity Measures ⁵	Sutter	California
Percentage of adults age 20 and over reporting no leisure-time physical activity	21%	17%

Youth in Sutter County are more active than the State average, but older youth (12 – 17 year-olds) are much less active than younger youth (5 – 11 year-olds)⁶.

Child Physical Activity Measures ⁶	Sutter	California
Percent of Children ages 5-11 physically active 1+ hour/day	41%	29%
Percent of Teens ages 12-17 physically active 1+ hour/day	15%	14%

Who This Affects in Sutter County:

Low-income communities are the most affected by the lack of access to physical activity and exercise opportunities due to the absence of no-cost or low-cost sporting activities/fitness classes, inefficient public transportation to attend fitness classes/sports practice, insufficient sidewalks, bike lanes, and paved shoulders to commute/exercise.

How Are We Doing?

Yuba City, the major metropolitan area in Sutter County, has been working on pedestrian and bike network planning since 1995 with major planning efforts in 2012. While improvements to pedestrian and bike routes have been made, continuing work is still needed in Sutter County to ensure all community members have the same opportunities for engaging in safe and effective physical activity⁷.

Public spaces for recreation are a vital component of ensuring that opportunities for physical activity are available for all Sutter County residents. Fifty-nine percent of Yuba City's residents live within a 10-minute walk from a park compared to the National median of 54%⁸. Ironically, even though this statistics seem to point to high access to green spaces, Yuba City's Pedestrian and Bike Network Planning show a high need for safe and sufficient sidewalks, shoulder pavement, and bike lanes, indicating that even though 59% of residents in Yuba City are only 10 minutes away from a green space, walking or biking to a park is not always feasible due to lack of safe routes, nor possible for everyone.

What are We Doing:

The California CalFresh Healthy Living Program (SNAP-Ed) provides access to nutrition education, physical activity education, and leadership toward healthy community initiatives. All curricula include a physical activity lesson and the opportunity to move more and sit less. Fun games, learning activities, and interactive visuals make the choice to move, the easy choice. Moreover, physical activity promotion and marketing materials are developed by the California Department of Public Health and distributed throughout Sutter County. Additionally, the CalFresh Healthy Living Team attends key community events in order to spread the word and educate on the benefits of regular physical activity and strategies to get moving. Lastly, Policies, Systems, and Environmental Changes (PSEs) are designed to promote healthy behaviors by making healthy choices readily available and easily accessible in the community.

References:

1. World Health Organization. Global Strategy on Diet, Physical Activity, and Health. Accessed January 21, 2020 from <http://www.who.int/dietphysicalactivity/pa/en/>
2. Physical Activity Guidelines Advisory Committee. Physical Activity Guidelines Advisory Committee report 2008. Department of Health and Human Services (US); 2008; Washington.
3. California Department of Education. Physical Education FAQs. 2018. Accessed January 21, 2020 from <https://www.cde.ca.gov/pd/ca/pe/physeduqaqs.asp>
4. Babey SH, Wolstein J, Diamant AL. Few California Children and Adolescents Meet Physical Activity Guidelines. 2018. Accessed January 21, 2020 from <https://www.ncbi.nlm.nih.gov/pubmed/30311767>
5. Robert Wood Johnson Foundation. County Health Rankings and Roadmaps. 2019. Accessed January 21, 2020 from <https://www.countyhealthrankings.org/app/california/2019/rankings/sutter/county/outcomes/overall/snapshot>
6. California Department of Public Health. SNAP-Ed 2018 County Profile: Sutter. 2018. Accessed January 21, 2020 from <https://www.cdph.ca.gov/Programs/CCDPHP/DCDIC/NEOPB/Pages/SNAPEdCountyProfileDashboard.aspx>
7. Sutter County. 3.0 Pedestrian and Bikeway Network Plan. 2012. Accessed January 21, 2020 from https://www.suttercounty.org/assets/pdf/pw/bike/Bike_Plan_Final_Draft_Sect_3.pdf
8. The Trust for Public Land. Yuba City. 2019. Accessed January 21, 2020 from <https://www.tpl.org/city/yuba-city-california>

Health Risk Factors: Adult Tobacco Use

Measure:

Adult tobacco use includes cigarettes, cigars, cigarillos, pipes, hookahs, smokeless tobacco and electronic smoking devices or vaping.

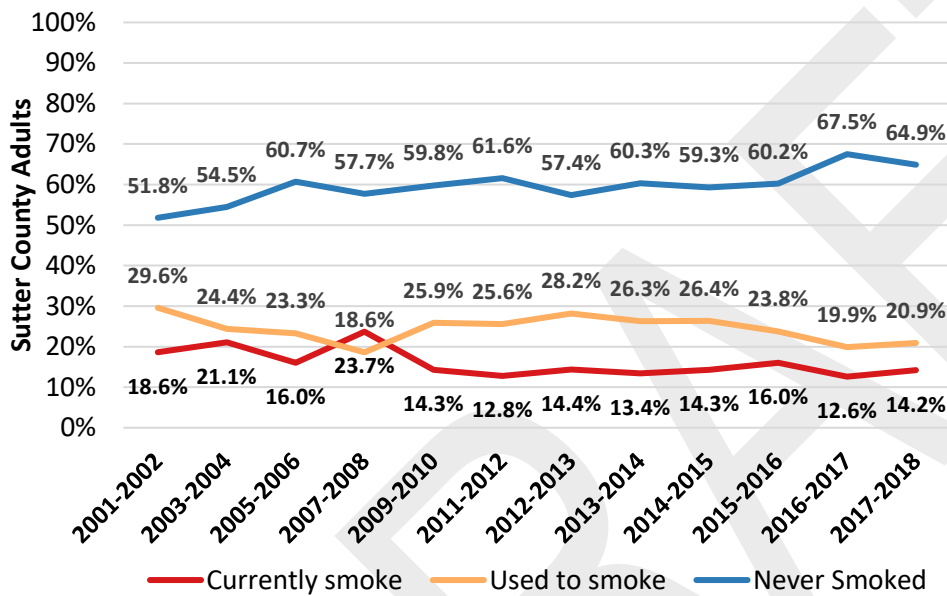
This indicator shows tobacco smoking rates in Sutter County, and the proportion of adults statewide who currently smoke cigarettes.

Why it's Important:

Tobacco use is a major risk factor for multiple diseases, including cancer, heart disease, stroke, diabetes, and chronic lower respiratory disease. On average, smokers die 10 years earlier than non-smokers¹.

Nationwide, more than 16 million Americans are living with a disease caused by tobacco use, and more than 480,000 Americans die every year from tobacco related diseases². More than half of all deaths in both Sutter County and California every year are due to tobacco-related diseases³.

Tobacco smoking by Sutter County adults – 2001-2017⁴



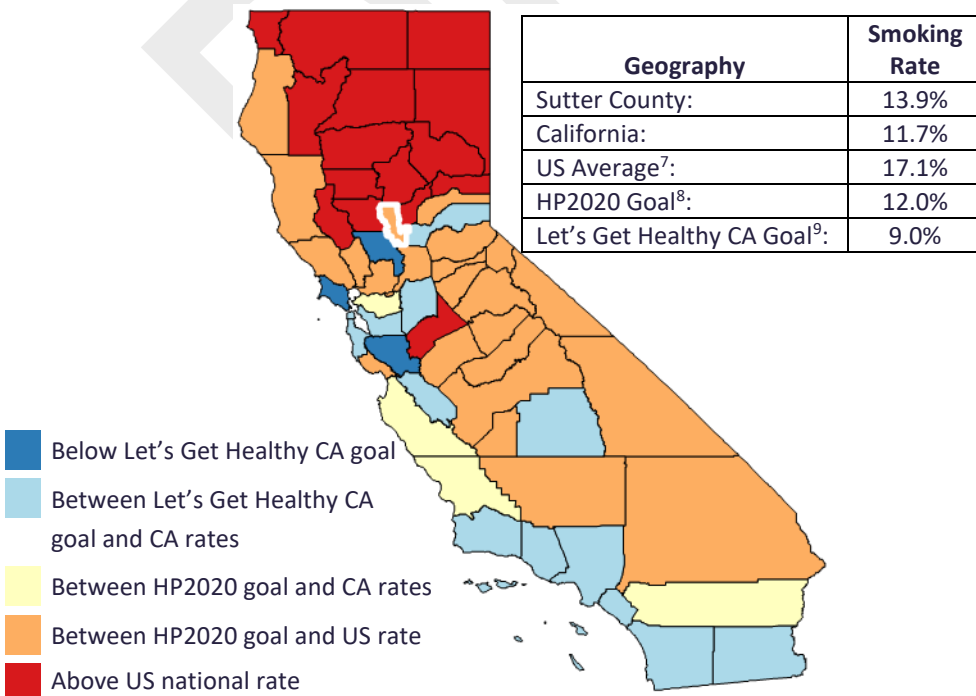
Where we are now⁵:

On average, 14.2% of Sutter County adults currently smoked tobacco in 2017; this has decreased from 18.6% of adults in 2001.

The proportion of Sutter County adults who have never smoked tobacco has increased from 51.8% of adults in 2001-2002 to 64.9% in 2017-2018.

The adult smoking rate in Sutter County has decreased 24% since 2001.

Adults who currently smoke cigarettes by county in 2015-2017⁶:



How we compared in 2017:

Sutter County has a **higher adult cigarette smoking rate than California**, but a lower adult smoking rate than the US average.

The proportion of adults who smoke cigarettes in Sutter County is higher than Placer, Sacramento and Yolo counties, **but lower than all other neighboring counties.**

In 2017, we ranked 25 of 58 counties statewide for adult cigarette smoking.

Health Risk Factors: Adult Tobacco Use

Who this affects in Sutter County¹⁰:

Adult men are more likely to smoke cigarettes than adult women in Sutter County. Tobacco use is highest amongst adults 25-39 years of age.

Hispanic Sutter County adults are more likely to smoke tobacco than White Sutter County adults; both White and Hispanic adults are more likely to smoke tobacco than Asian adults. Differences across race may partially be explained by the Hispanic population being younger.

Sutter County adults with lower incomes are also more likely to smoke tobacco, as are adults who have a high school diploma or less. Sutter County adults who rent or are homeless are also more likely to smoke than those who own their own home.

Risk factors for tobacco use¹¹:

- Age
- Gender
- Race
- Sexual orientation
- Low income
- Low education
- Psychological distress

How are we doing:

Sutter County has a higher rate of adults who use tobacco than California, but a lower rate than the US national average. Adult tobacco smoking rates have decreased considerably since 2001, but considerable progress needs to be made. **We have not met the Healthy People 2020 or Let's Get Healthy California goals for reducing adult tobacco use.**

Sutter County has higher rates of risk factors for adult tobacco use than the state average, especially low income and low education; this may explain higher rates of adult tobacco use in Sutter County. **Adult tobacco use and secondhand exposure to tobacco smoke** are ongoing targets for public health interventions.

Where does the data come from:

National data on adult tobacco use is from the Behavioral Risk Factor Surveillance System operated by the Centers for Disease Control and Prevention.

Data on state and countywide adult tobacco use is from the California Health Interview Survey (CHIS). CHIS is conducted by the UCLA Center for Health Policy Research in collaboration with the California Department of Public Health, and the Department of Health Care Services.

The Healthy People 2020 goals are from Office of Disease and Health Promotion of the US Department of Health and Human Services.

The Let's Get Healthy California goals are from the Let's Get Healthy Task Force.

References:

- 1) Centers for Disease Control and Prevention. 2019. *Smoking and Tobacco Use: Fast Facts*. Accessed December 12, 2019. https://www.cdc.gov/tobacco/data_statistics/fact_sheets/fast_facts/index.htm.
- 2) *Smoking and Tobacco Use: Fast Facts*.
- 3) California Department of Public Health (CDPH) and California Conference of Local Health Officers (CCLHO). 2019. *County Health Status Profiles 2019*. Accessed September 26, 2019. https://www.cdph.ca.gov/Programs/CHSI/CDPH%20Document%20Library/CountyProfiles_2019.pdf
- 4) UCLA Center for Health Policy Research. *California Health Interview Survey, 2001-17*. Los Angeles, CA.
- 5) *California Health Interview Survey, 2001-17*
- 6) California Department of Public Health, California Tobacco Control Program. *California Tobacco Facts and Figures 2019*. Accessed December 12, 2019. <https://www.cdph.ca.gov/Programs/CCDPHP/DCDIC/CTCB/CDPH%20Document%20Library/ResearchandEvaluation/FactsandFigures/CATobaccoFactsandFigures2019.pdf>
- 7) *California Tobacco Facts and Figures 2019*.
- 8) Office of Disease and Health Promotion. 2019. *Tobacco*. Accessed December 12, 2019. <https://www.healthypeople.gov/2020/leading-health-indicators/2020-lhi-topics/Tobacco/data#1>
- 9) Let's Get Healthy California. 2016. *Living Well / Reducing Adult Tobacco Use*. Accessed December 12, 2019. <https://letsgethealthy.ca.gov/goals/living-well/reducing-adult-tobacco-use/>
- 10) UCLA Center for Health Policy Research. *California Health Interview Survey, 2014-17*. Los Angeles, CA.
- 11) *California Tobacco Facts and Figures 2019*.

Health Risk Factors: Youth Susceptibility to Tobacco Use

Measure:

Young people are vulnerable to the consistent presence of tobacco products in their environment, including offers from peers, exposure to secondhand tobacco smoke and e-cigarette vapor, and predatory marketing by the tobacco industry. The nicotine in tobacco products, including e-cigarettes, is one of the most toxic of all poisons; nicotine rewires the developing brain and can escalate anxiety, mood swings, and learning difficulties.

Why it's Important:

Exposure to secondhand smoke and aerosol, along with tobacco marketing, puts youth at risk for lifelong tobacco addiction. Being offered these products through a youth's social framework could increase the rate of experimentation or the rate of transition from experimentation to regular use. The U.S. Surgeon General concluded that there is a causal relationship between advertising and promotional efforts of tobacco companies and the initiation and progression of tobacco use among young people.

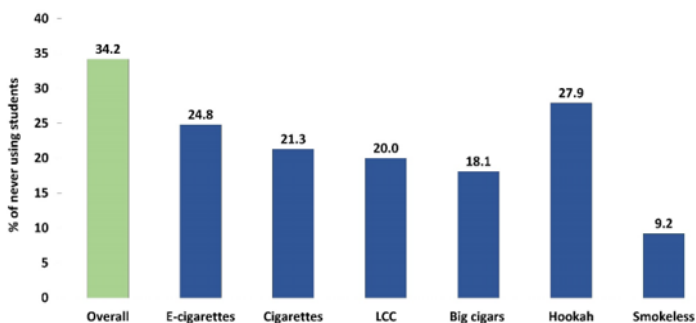
Tobacco companies target youth by flavoring tobacco like candy, packaging it like candy, and pricing it similar to candy. One-third of underage experimentation with smoking can be attributed to tobacco industry advertising.² In Sutter County we found that, of the youth reporting visiting a convenience store, over 80% reported being exposed to flavored tobacco ads or promotions, and 36.4% of those youth reported that the stores that they reported seeing flavored tobacco promotions and ads were within walking distance of their school.⁴

Where are we now:

Overall tobacco use among students in Sutter County remains relatively high (9.3%), which is driven mainly by the use of e-cigarettes⁴. Use of multiple products is also common, with two-fifths of tobacco product users reporting using two or more products⁴. The majority of current tobacco users reported using a flavored tobacco product (84.2%), and flavored tobacco use was high across all genders, races/ethnicities, and grades⁴. Additionally:

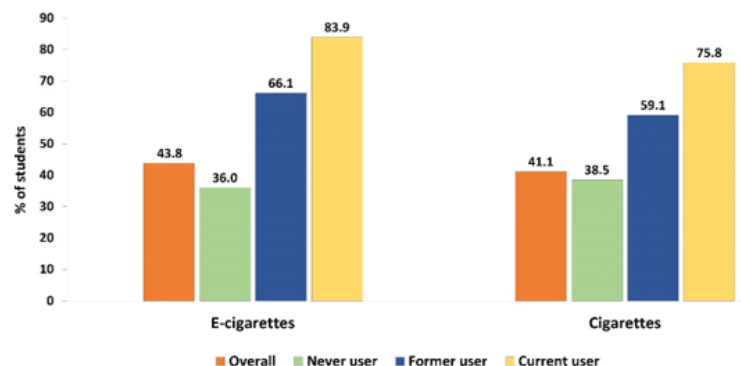
- Among middle and high school students in Sutter County who had never used a tobacco product, over a third were susceptible to future use if offered by a close friend (34.2%).
- Close to one in five middle and high school students reported being offered e-cigarettes, or other tobacco products in the last 30 days (17.8%).
- Almost one in eleven (8.7%) students who never used these products reported being offered one in the last 30 days.⁴
- Sutter County has one tobacco retailer for every 1,000 people – over a quarter are within 1,000 feet of schools⁴.
 - 100% percent of retailers near schools sell candy flavored tobacco products; and
 - More than 90% of these sell products for less than a dollar.

Figure 3. Susceptibility to future tobacco use among never users



*LCC: Little cigars and cigarillos

Figure 6. Perceived ease of acquiring e-cigarettes and cigarettes by use status



Health Risk Factors: Youth Susceptibility to Tobacco Use

Who this affects in Sutter County:

Students who identified as LGBTQ had higher rates of overall tobacco use (20.3%) than those who do not identify with this group (7.3%)⁴. The tobacco use rate for Asian students in Sutter County was markedly lower at 7.4% than it is for other races⁴.

Certain tobacco products are advertised and promoted disproportionately to specific racial or ethnic groups. The tobacco industry was one of the first to develop marketing materials specifically targeting the LGBTQ community⁵.

In Sutter County youth are 8 times more likely to see advertising and ads for unhealthy products like alcohol and tobacco than they are for healthy items like fruit and water⁶.

What are We Doing:

The Sutter County Public Health Branch, Tobacco Control Program addresses chronic disease and health disparities and works to increase awareness of the health risks of tobacco use. The Tobacco Control Program also works to counter pro-tobacco influences, reduce tobacco sales to youth under 21, refer smokers to cessation programs, and assist communities to reduce exposure to secondhand smoke and reduce youth access to tobacco through policy, systems, and environmental changes.

The Tobacco Control Program participates in two local community coalitions, the Student Advocates for Sutter County (SASC), and the Healthy & Safe Neighborhoods Coalition (HSNC). The purpose of these coalitions is to engage community members and youth in grassroots community mobilization activities that promote social norm changes and educate the public about health issues related to tobacco use and tobacco industry strategies that promote tobacco use.

References:

1. County Health Status Profiles 2018.
2. 2012 Surgeon General's report on "Preventing Tobacco Use Among Youth".
3. Goriounova NA, Mansvelter HD. Short- and long-term consequences of nicotine exposure during adolescence for prefrontal cortex neuronal network function. *Cold Spring Harb Perspect Med.* 2012;2(12):a012120. Published 2012 Dec 1. doi:10.1101/cshperspect.a012120
4. Zhu S-H, Sun J, Zhuang YL, Lee J, Lienemann B (2019). Tobacco Use among Middle and High School Students in Sutter County: Findings from the 2017-18 California Student Tobacco Survey. San Diego, California: Center for Research and Intervention in Tobacco Control (CRITC), University of California, San Diego.
5. Slater, SJ, Chaloupka FJ, Wakefield M, Johnston LD, O'Malley PM. The Impact of Retail Cigarette Marketing Practices on Youth Smoking Uptake. *Archives of Pediatric Adolescent Medicine.* May 2007; 161(5):440-45.

Sutter County-2016. Health Stores for a Healthy Community. 2018. <https://healthystoreshealthycommunity.com/counties/sutter/>. [Accessed 10/2019] (13) https://depts.washington.edu/hhwb/Thm_ActiveLiving.html

Health Risk Factors: Adverse Childhood Experiences

Topic:

Adverse Childhood Experiences (ACEs) are exposure to stressful or traumatic events such as abuse, neglect, domestic violence, divorce, and parental mental illness or substance misuse. Research shows ACEs have a dose-response relationship with many health problems, meaning the higher the ACE score, the higher the risk of developing health issues.

Why it's Important?

ACEs contribute to high levels of toxic stress that disrupt healthy physical, social, emotional and cognitive development. Research shows that ACEs increase the long-term risk for smoking, alcoholism, depression, heart and liver disease and dozens of other illnesses, unhealthy behaviors, and learning problems. A third of children with 2 or more ACEs have a chronic health condition. Every ACE a woman experienced during early childhood is associated with decreased birth weight and gestational age of her infant at birth. ACEs in any category has been shown to increase the risk of attempted suicide by 2- to 5-fold throughout a person's lifespan.

The Sutter Snapshot?

According to Lucille Packard Foundation's Kids Data website, a significant number of Sutter County children and adults have experienced multiple adverse child experiences (ACEs).

Adverse Childhood Experiences Indicator	Sutter	California
Adults with 4 or more ACEs	12.4%	15.82%
Children with 2 or more	17.5%	16.43%

Who Does this Affect?

Because of the demographic of Sutter County residents, a greater number of white children living in the county have experienced ACEs. However, Hispanic and Black children are more likely to experience ACEs overall (nationwide).

Why?

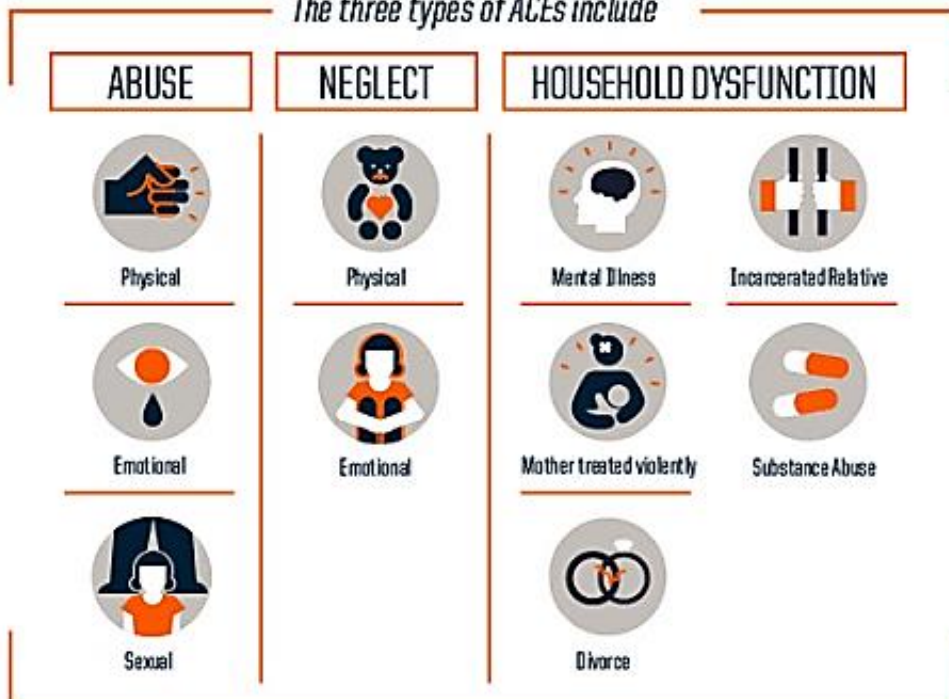
Complex family stressors including poverty, unemployment, divorce, and untreated mental health and substance use disorders are contributing factors. Because of demographics, more white children have experienced ACEs, however, Hispanic and Black children are more likely to experience ACEs. ACEs are more prevalent among children in low-income families, affecting 62% of children with family incomes under 200% of federal poverty level versus 26% of children in families with incomes higher than 40% of the federal poverty level.

References:

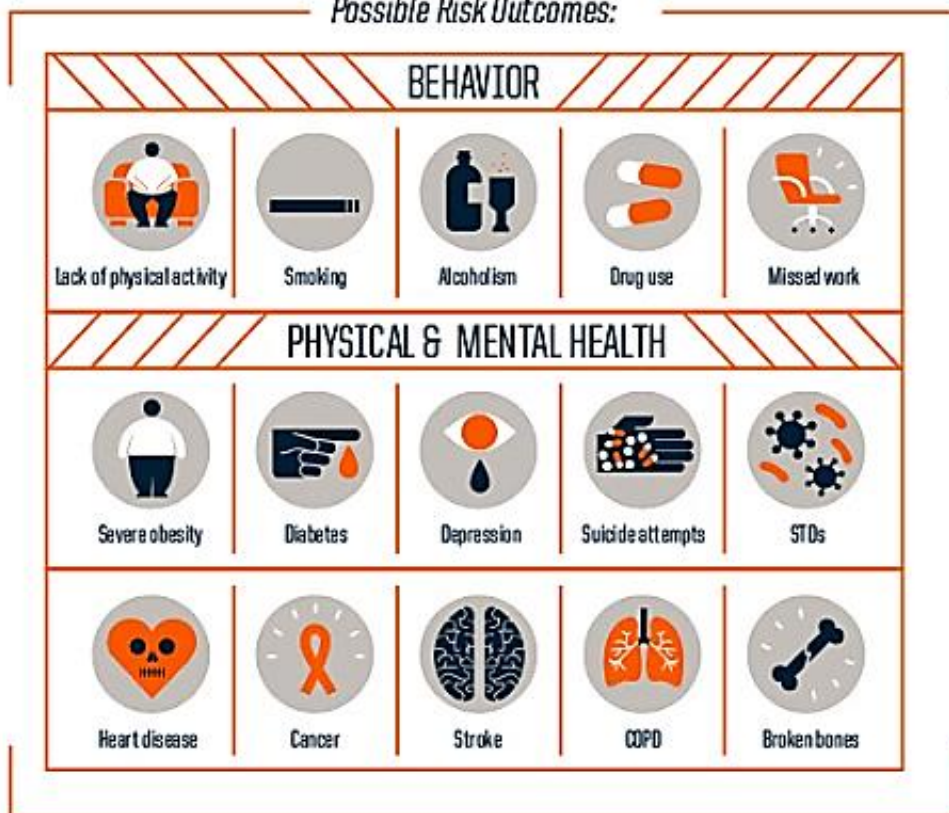
1. Small Area Health Insurance Estimates (SAHIE). <https://www.census.gov/data/datasets/time-series/demo/sahie/estimates-acs.html>
2. Center for Youth Wellness, Public Health Institute Analysis of BRFSS Data
3. Lucille Packard Foundation

Adverse Childhood Experiences

The three types of ACEs include



Possible Risk Outcomes:



Robert Wood Johnson Foundation. The Truth About Aces. 2013.

Health Risk Factors: Homelessness

Measure:

Homelessness is defined as not having a regular nighttime residence and staying in a public or private place not meant for human habitation; or a publicly- or privately-operated shelter¹.

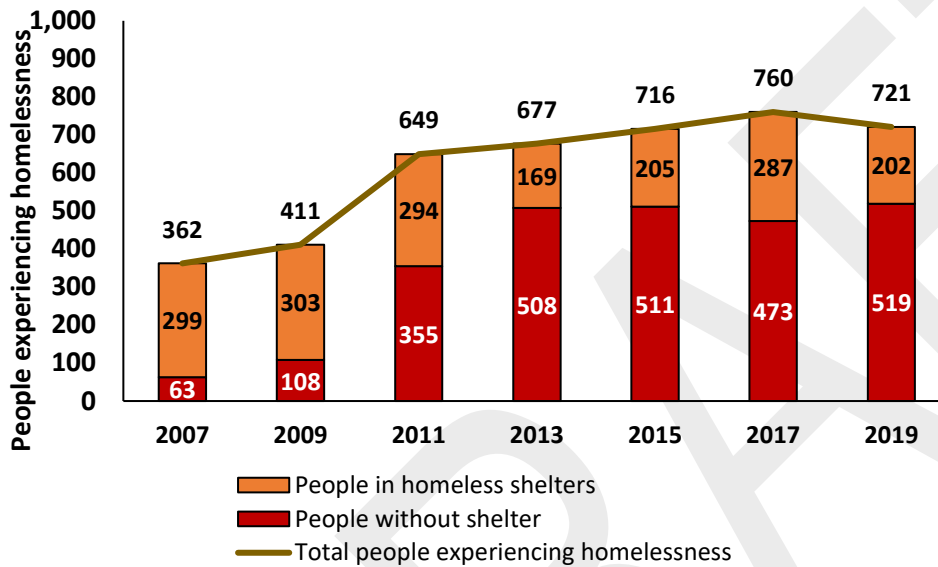
This indicator shows the number of people experiencing homelessness in Sutter and Yuba Counties, and the proportion of people experiencing homelessness statewide.

Why it's Important:

Homelessness and lack of stable housing is a major risk factor for worsening many health conditions. On average, people who are homeless are 3 to 4 times more likely to die than those who are housed². Persons experiencing homelessness are more likely to be hospitalized and stay longer in the hospital³.

Nationwide, 567,715 Americans were homeless in January 2019. More than one quarter of all people who were experiencing homelessness in the United States in 2019 were in California⁴.

People experiencing homelessness in Sutter and Yuba Counties* – 2007-2019⁵



*Sutter and Yuba Counties collect and report data on homelessness together

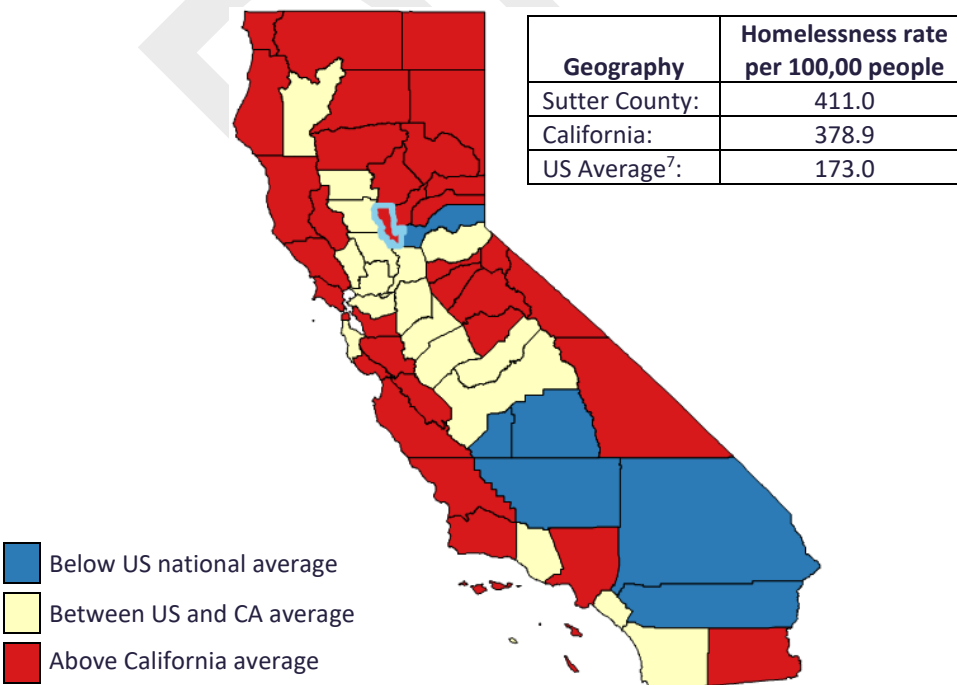
Where we are now⁵:

Homelessness in Sutter and Yuba Counties has doubled since 2007, with the largest increase in homelessness between 2009 and 2011, after the 2008-2009 Great Recession.

In January 2019, 293 people were homeless in Sutter County, a decrease from 371 in 2017.

People who are homeless generally live in their vehicles or encampments in the Feather and Yuba River floodplains.

People experiencing homelessness by county in 2019⁶:



How we compared in 2019:

Sutter and Yuba Counties have a **higher rate of homelessness per 100,000 people than either the California or US average.**

The rate of homelessness in Sutter County is lower than Butte County, **but higher than all other neighboring counties.**

In 2019, we ranked 23 of 41 counties* statewide for people experiencing homelessness.

*25 of 58 California counties report homelessness jointly.

Who this affects in Sutter County⁸:

Half of all people experiencing homelessness in Sutter County are 35 years of age or older. Older people experiencing homelessness are also less able to find shelter; almost 80% of people experiencing homelessness who are 55 or older are living on the streets, in encampments or their vehicles.

White Sutter County residents are much more likely to be homeless than people from any other race or ethnic group. Differences across race may partially be explained by stronger family and community support structures among the Hispanic and Asian populations in Sutter County.

People experiencing homelessness in Sutter County are also much more likely to have physical disabilities, chronic medical conditions, mental and behavioral health conditions or substance abuse problems than Sutter County residents who are housed.

Risk factors for homelessness in Sutter County⁹:

- Eviction or foreclosure
- Insufficient income to pay rent or mortgage
- Unemployment
- Family conflicts, breakups, divorces and separations
- Drug and/or alcohol abuse
- A family member's illness or death
- Bad rental or credit history
- No friends or family to provide shelter
- Domestic violence

How are we doing:

While Sutter County has a higher rate of homelessness than California or the US national average, we have made considerable progress in reducing homelessness. Sutter and Yuba Counties were one of the few areas of California to have a lower number of people experiencing homelessness in 2019 than 2017. Much of this progress is due to streamlining access to homeless services through the Coordinated Entry Program, increasing the number of shelter beds, and improving case management and wraparound services to help people find housing, stay housed and address other problems that may contribute to being homeless or be exacerbated by homelessness.

Reducing homelessness is a top priority of both Sutter County and the City of Yuba City, and one of the Sutter County Public Health Branch's three health priorities for the next five years.

Where does the data come from:

National data on homelessness is from the *2019 Point in Time Estimates of Homelessness in the U.S.* report generated by the United States Department of Housing and Urban Development. This report summarizes counts of homeless populations done nationwide in the last ten days of January 2019.

Data on state and countywide homelessness are from the individual counts of homelessness conducted by Continuums of Care across California. Continuums of Care are organizations of cities, counties and/or groups of counties in California to coordinate programs to end homelessness.

Data on homelessness in Sutter and Yuba Counties is from the 2019 Point in Time County conducted by members of the Sutter Yuba Homeless Consortium from January 23rd to January 31st, 2019.

References:

- 1) US Department of Housing and Urban Development. 2019. *Homeless Definitions*. Accessed December 31, 2019. https://files.hudexchange.info/resources/documents/HomelessDefinition_RecordkeepingRequirementsandCriteria.pdf.
- 2) Health Care for the Homeless. 2019. *Homelessness makes you sick*. Accessed December 31, 2019. <https://www.hchmd.org/homelessness-makes-you-sick>
- 3) National Academies of Sciences, Engineering, and Medicine. 2011. *Permanent Supportive Housing: Evaluating the Evidence for Improving Health Outcomes Among People Experiencing Chronic Homelessness*. Washington (DC): National Academies Press (US); 2018 Jul 11.
- 4) US Department of Housing and Urban Development. 2019. *2019 Point in Time Estimates of Homelessness in the U.S.: 2007 - 2019 Point-in-Time Estimates by State*. Accessed December 27, 2019. <https://www.hud.gov/2019-point-in-time-estimates-of-homelessness-in-US>
- 5) US Department of Housing and Urban Development. 2019. *2019 Point in Time Estimates of Homelessness in the U.S.: 2007 - 2019 Point-in-Time Estimates by CoC*. Accessed December 27, 2019. <https://www.hud.gov/2019-point-in-time-estimates-of-homelessness-in-US>
- 6) 2007 - 2019 Point-in-Time Estimates by CoC.
- 7) 2007 - 2019 Point-in-Time Estimates by State.
- 8) Herrick, RL. 2019. "Homelessness in Yuba and Sutter Counties – By The Numbers." Presented to the Yuba City Council / Sutter County Board of Supervisors Joint Workshop, Yuba City, CA, May 31, 2019.
- 9) Herrick, RL. 2019.

Health Risk Factors: Mental Health

Topic:

Mental health encompasses our total social, emotional, and psychological well-being¹. Mental health, along with physical health, is part of our overall health and is critical for achieving and maintaining optimal wellness.

Why it's Important:

Mental health affects individuals as well as communities. Persons living with a mental illness are at greater risk for substance use disorders, cardiovascular disease, and other chronic diseases, and 20% of people experiencing homelessness and 70% of youth in the juvenile justice system live with a mental health condition. Globally, lost productivity due to depression and anxiety alone cost \$1 trillion every year².

Who This Affects in Sutter County:

Each year 1 in 5 Americans experiences a mental health condition, with 17% of youth ages 6 to 17 years live with a mental health disorder³.



In California, 3.9% of adults 18 and older have had serious thoughts of suicide, and 3.8% of adults had a serious mental illness—those conditions that severely impact and limit life activities, including schizophrenia-spectrum disorders, bipolar disorder, and severe major depression—in 2017⁵.

What Are We Doing:

It is important to note that recovery is possible for those who do experience the signs and symptoms of mental illness. Sutter-Yuba Behavioral Health, administered by the Sutter County Health and Human Services Department, assists individuals and families with treatment and recovery through services ranging from emergency services to treatment prevention programs for adults, children, and families for mental health conditions and substance use disorders. The Prevention and Early Intervention unit (PEI), housed within the Sutter County Public Health Branch, provides behavioral health services that promote and protect mental health for populations in Sutter and Yuba Counties.

The Prevention and Early Intervention unit (PEI) also provides mental health prevention services and combats the stigma associated with mental health conditions and substance use disorders. For example, the Mental Health First Aid training and Applied Suicide Intervention Skills Training (ASIST) prepare community members to help friends, neighbors, colleagues, and classmates who are experiencing mental health emergencies get the help they need. Additional adult, adolescent, pre-teen, and youth programs offered by PEI also help protect and promote mental health in Sutter and Yuba Counties.

Where Does the Data Come From:

Reliable data on mental health is generally limited at the local (county) level and none was available for Sutter County. The State-level data in this section comes from the most recent Behavioral Health Barometer report from the US Substance Abuse and Mental Health Services Administration (SAMHSA). Other data comes from the National Alliance on Mental Illness and is representative of the general population.

References:

- 12) US Department of Health and Human Services. 2019. *What is Mental Health*. Accessed December 19, 2019. <https://www.mentalhealth.gov/basics/what-is-mental-health>
- 13) National Alliance on Mental Illness. 2019. *The Ripple Effect of Mental Illness*. Accessed December 19, 2019. <https://www.nami.org/NAMI/media/NAMI-Media/Infographics/NAMI-Impact-Ripple-Effect-FINAL.pdf>
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- 15) National Alliance on Mental Illness. 2019. *Mental Health Care Matters*. Accessed December 19, 2019. <https://www.nami.org/NAMI/media/NAMI-Media/Infographics/NAMI-Mental-Health-Care-Matters-FINAL.pdf>
- 16) Substance Abuse and Mental Health Services Administration. 2019. *California Behavioral Health Barometer Report*. Accessed December 18, 2019. <https://www.samhsa.gov/data/sites/default/files/cbhsq-reports/California-BH-BarometerVolume5.pdf>

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DRAFT

Health Risk Factors: Perinatal Mood and Anxiety Disorders

Topic:

Sutter County is experiencing a high prevalence of mental health disorders among women of reproductive age, including pregnant and postpartum women. Hospital admission and discharge data shows that the rates of mood disorders in Sutter County women of reproductive age is statistically significantly higher than the average CA rates. We are also seeing an alarming increase in rates of local pregnant women hospitalized with a diagnosed mental health disorder.

Why is it Important?

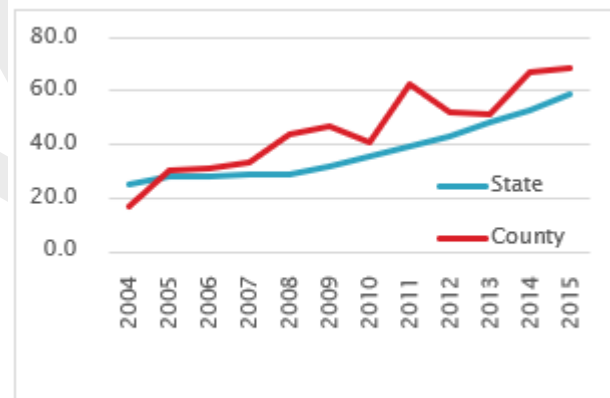
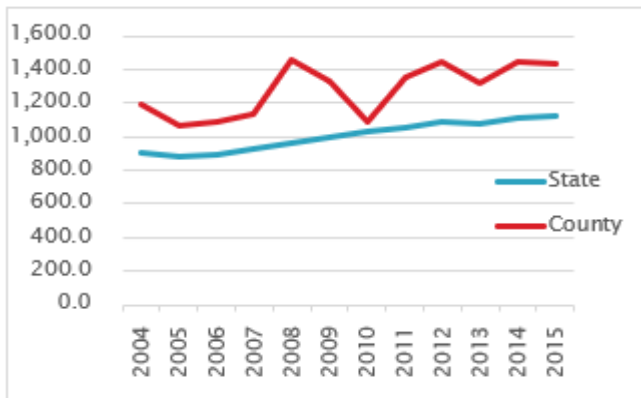
Mood and anxiety disorders are the number one complication of child birth. Suicide accounts for 20% of postpartum deaths. If untreated during pregnancy, perinatal mood and anxiety disorders can cause high fetal stress levels and lead to adverse birth outcomes such as preterm birth, low birthweight, small head circumference, and low Apgar scores (Apgar scores indicate how well a child is doing immediately after birth). During the postpartum period, mental health disorders can negatively affect bonding, ultimately leading to developmental delays and behavioral problems as the child ages. The economic impact per year of each mom who goes without treatment is estimated to be \$22,500.

The Sutter Snapshot

Based on rates of prevalence, it is likely that over 700 women in Yuba-Sutter are affected each year.

Hospital Admission of Women of Reproductive Age with Mood Disorders: From 2004 through 2015 the Sutter County rate has been higher than the state. Over the same 12-year period, there's been a statistically significant increase that is rising more steeply than the state (figure 1).

In 2004 Sutter County rates for the hospitalization of pregnant women with a mental health disorder were significantly lower than the state, but by 2015 our rates have become significantly higher than the state. Over the same 12-year period the, rate increased from 17.1 to 68.4 per 1,000 hospitalizations (figure 2).



Who Does this Affect?

Nationally, 1 in 7 mothers will suffer from Perinatal Mood and Anxiety Disorder. Prevalence is disproportionately higher among low income women with estimates as high as 40%. Sutter County specific data shows higher rates among white and black females compared to Asian and Hispanic ethnicities.

Why?

Contributing factors include high rates of poverty, lack of screening, lack of access to mental health services, and lack of knowledge in the community and among health care professionals.

Health Risk Factors: Perinatal Mood and Anxiety Disorders

What are We Doing?

The Sutter County Maternal Child Adolescent Health program has partnered with the Sutter County Children and Families Commission and other local agencies to develop The Blue Shift Project. The vision of the Blue Shift Project of Yuba Sutter is to provide community outreach and education to the general public and local medical/mental health providers to increase awareness of the potential negative outcomes associated with PMADs with the intent of connecting affected mothers and families to appropriate resources.

References:

1. Office of Statewide Health Planning and Development (OSHPD). Hospital discharge data, 2015
2. PMAD Project. California State Library, California Research Bureau Services. <http://www.library.ca.gov/crb/pmad/>
3. Vegas-Lopez, OI, Blanco, C., Keyes, K., Olfson, M., Grant, B., & Hasin, D. (2008). Psychiatric disorders in pregnant and postpartum women in the United States. *Archives of General Psychiatry*, 65, 805-815.

4.

Health Risk Factors: Breastfeeding

Topic:

The American Academy of Pediatrics recommends mothers feed infants breastmilk exclusively for the first 6 months of life, followed by continued breastfeeding in combination with the introduction of solid foods until at least one year of age. The California Newborn Screening Program monitors in-hospital infant feeding practices using data collected prior to discharge. For this data, exclusive breastfeeding is defined as infants receiving only breast milk, while any breastfeeding includes exclusively breastfed as well as infants receiving both breast milk and formula.

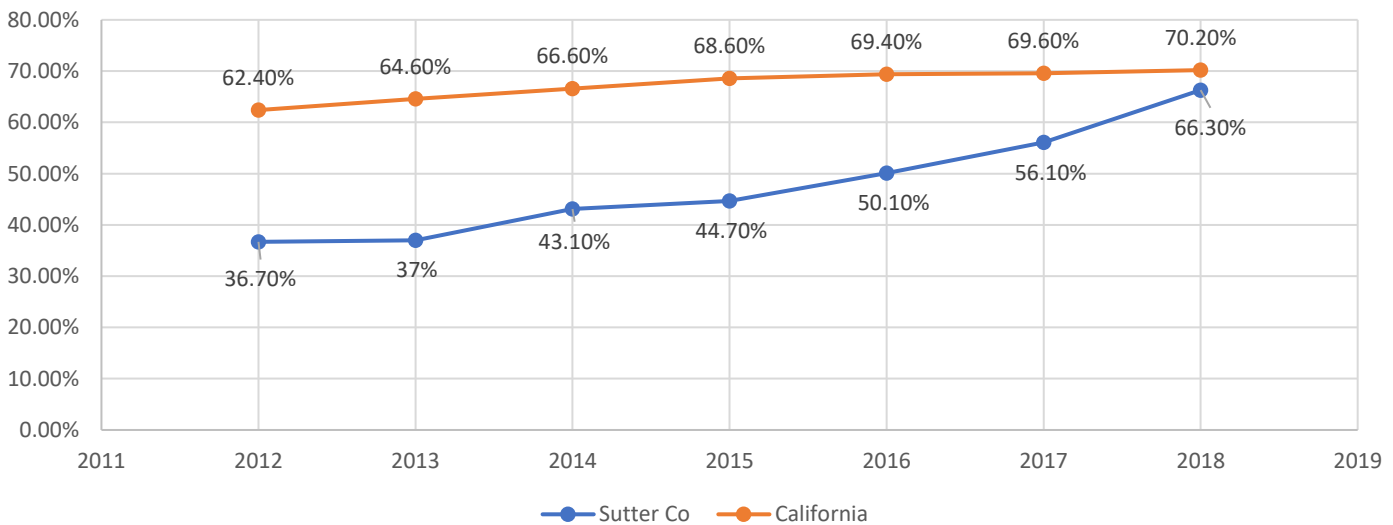
Why it's Important?

The in-hospital support a mother receives before and after birth greatly impacts breastfeeding success. Research shows that babies who receive any formula in the hospital are much more likely to have a significantly shorter duration of breastfeeding. Breastmilk is the optimum nutrition source and provides the healthiest start for infants. Breastfeeding provides immediate health benefits for mothers and infants such as immune system support, rapid recovery from childbirth, and release of mood boosting hormones. Breastmilk also provides a protective effect against long term health risks of chronic diseases such as cancer, obesity, and asthma. The lifelong benefits of breastfeeding dramatically reduce health care costs. The benefits of breastfeeding are greatest when infants are breastfed exclusively.

The Sutter Snapshot

Sutter County “any breastfeeding” rates have increased from 85.7% in 2012 to 93.6% in 2018, compared to the State average of 92.2% (2012) and 93.8 (2018). Sutter County exclusive breastfeeding rates have consistently ranked well below the state average. However, Sutter County has experienced a steep increase since 2013, with the exclusive breastfeeding rate increasing by 30% during that period.

Exclusive Breastfeeding Rates



Health Risk Factors: Breastfeeding

Who Does this Affect?

Sutter County has consistently ranked one of the lowest counties in California for exclusive breastfeeding rates, affecting all new mothers who deliver at the local birthing hospital. However, the Hispanic and East Asian populations are disproportionately affected, with significantly lower rates compared to white.

Why?

Complex family and social dynamics create barriers to breastfeeding, including lack of family/friend support, lack of healthcare provider support, inadequate prenatal education and postpartum care, language/cultural barriers, formula marketing and insufficient workplace accommodations.

What are We Doing?

Staff from the Sutter County Women, Infant, and Children (WIC) program provide lactation consultation for new mothers who are part of the WIC program. The Maternal, Child, and Adolescent Health program promotes breastfeeding among new mothers and assists with lactation skills during hospital and home visits.

References:

1. California Department of Public Health. 2018 In-hospital Breastfeeding Rates.
2. California WIC Association. In-hospital Breastfeeding Data

American Academy of Pediatrics

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METHODS

The Public Health Accreditation Team created the Community Health Assessment Data Team, which included the County Health Officer, Public Health Epidemiologist, Director of Nursing for the Health Department, the County Maternal, Child, and Adolescent Health Director, and the Oral Health Program Specialist. The Accreditation Coordinator facilitated meetings and Data Team activities.

Primary Data

Health data was critical in understanding the total health status of Sutter County, but it does not present a complete picture. It is also important to understand how our community experiences health. We partnered with community in several ways during the Community Health Assessment so that we, as the Sutter County community, could get the best understanding of health and the factors that influence it in Sutter County. These efforts included the Health and Well-being Survey, community focus groups, and stakeholder forums.

The Sutter County Health and Well-Being Survey, which was promoted and available to the Sutter County community from October 2018 through January 2019, consisted of a main survey and four sub-surveys—Maternal Health, Oral Health, Adverse Childhood Experiences, and Life in Sutter County. The survey was translated into Spanish and it was determined that most Punjabi-speakers would be able to take the survey in English. A total of 426 surveys were completed. The top health issues that were of concern to the community include homelessness, drug use, obesity, and drug use.

Seven community conversations—focus groups—were conducted with populations within the Sutter County community that have unique health-related experiences and perspectives. Two parent groups, members of LGBTQ groups for both youth and adults, school nurses, senior citizens, and a Spanish-language women's support group all engaged in meaningful conversations about health and wellness and how they and their friends and family experience health in Sutter County. Between these groups, our topic areas rose to the top: limited access to care, limited resources or knowledge about community resources, chronic illnesses, and mental wellness related to social connectedness.

Sutter County stakeholders were engaged as participants in the Sutter County community health stakeholder forums and partnered with us in reviewing what we had learned so far and determining the most pressing health concerns for Sutter County. During the forums, participants heard about the results of the health data, survey, and focus groups and had the opportunity to participate in conversations and an activity that helped determine which health issues to focus on over the next three to five years. Attendee participation was substantial at each event and several priorities rose to the top of the list during our discussions. Participants were informed that the priorities from all forums would become part of the Public Health Branch determination of final priorities and would be the basis of the Community Health Improvement Plan for Sutter County. The areas identified were adverse childhood experiences and building a resilient community, community development, sexually transmitted infections, and homelessness.

Secondary Data

Secondary data includes information on demographics, health status, and social determinants of health in Sutter County. The Data Team developed an initial list of key health indicators including the most common

causes of death and illness, sexually transmitted infections, and mental health. The team also sought out data on key factors that affect health such as tobacco use, access to healthy food, and access to appropriate healthcare. All indicators were reviewed, and several health issues were identified, which can be found in (Link to document)

The Sutter County Roadmap to a Healthier Community

The Sutter County Roadmap to a Healthier Community is the framework upon which much of our Accreditation process is built, specifically the Community Health Assessment, Community Health Improvement Plan, Health Department Strategic Plan, and Health Department Performance Management System and associated Quality Improvement Plan. Mobilizing Action through Planning and Partnerships (MAPP) is a tool and model made available through the National Association of County and City Health Officials (NACCHO). The Public Health Accreditation Team chose to use a modified MAPP model as a basis for conducting the Sutter County Community Health Assessment. Because of its cyclic nature, significant portions of the Association for Community Health Improvement Community Health Assessment Toolkit were combined with modified MAPP processes to create the Sutter County Roadmap to a Healthier Community.

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APPENDIX B

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Sutter County Public Health wants your voice! We are conducting a community health assessment that will help everyone better understand health and well-being in Sutter County, and we need your help. Please take 15 minutes to participate by sharing your thoughts and experiences with us.

Your answers are anonymous. If you do not want to answer a question, please select "decline to answer."

Where You Live and Work

What is your relationship with Sutter County? *(Choose one response)*

- | | | |
|---|--|---|
| <input type="checkbox"/> I live in Sutter County | <input type="checkbox"/> I live and work in Sutter County | <input type="checkbox"/> I live in Sutter County and work somewhere else |
| <input type="checkbox"/> I live somewhere else but work in Sutter County | <input type="checkbox"/> I go to school in Sutter County and live somewhere else | <input type="checkbox"/> I live in Sutter County and go to school somewhere else |
| <input type="checkbox"/> I live and work somewhere else but come here often | <input type="checkbox"/> I am here from time to time | <input type="checkbox"/> None of the above, but I'm interested in making it healthier |

What zip code do you live in? _____

About Your Community

The following questions are about your experience living, working and playing in Sutter County, how you feel about our community, and what would make Sutter County a healthier and happier place.

What makes Sutter County a great place for your family to live or visit? *(Select all that apply)*

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Affordable housing | <input type="checkbox"/> Arts and cultural events | <input type="checkbox"/> Clean environment | <input type="checkbox"/> Community involvement |
| <input type="checkbox"/> Good dental care | <input type="checkbox"/> Good dine-in restaurants | <input type="checkbox"/> Respects cultural, ethnic, and language diversity | <input type="checkbox"/> Effective disaster response |
| <input type="checkbox"/> A bright future for me and my family | <input type="checkbox"/> Good grocery stores | <input type="checkbox"/> Good healthcare | <input type="checkbox"/> Healthy food options and farmer's markets |
| <input type="checkbox"/> Healthy behaviors and lifestyles | <input type="checkbox"/> Good jobs and a strong economy | <input type="checkbox"/> Good programs for kids | <input type="checkbox"/> Low death and disease rates |
| <input type="checkbox"/> Good mental health care | <input type="checkbox"/> Parks or outdoor recreation | <input type="checkbox"/> Religious or spiritual values | <input type="checkbox"/> Good schools |
| <input type="checkbox"/> Strong sense of community and community pride | <input type="checkbox"/> Walkable and/or bikable streets and communities | <input type="checkbox"/> Strong family togetherness and support | <input type="checkbox"/> Good transportation |
| <input type="checkbox"/> None of the above | <input type="checkbox"/> Don't know | <input type="checkbox"/> Decline to answer | |

How healthy a place is Sutter County to live in? *(Choose one response)*

- Very healthy Healthy Neither healthy nor unhealthy Unhealthy Very unhealthy Decline to answer

How safe is Sutter County to grow up in or raise children in? *(Choose one response)*

- Very safe Safe Neither safe nor unsafe Unsafe Very unsafe Decline to answer

Do you believe children here will have a better or worse life than their parents' generation, or will it be about the same? *(Choose one response)*

- Better Worse About the same Don't know Decline to answer

What does Sutter County need to be a better place to live for you and your family? *(Select all that apply)*

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Affordable housing | <input type="checkbox"/> More opportunities to participate in arts and cultural events | <input type="checkbox"/> More respect for cultural, ethnic, and language diversity | <input type="checkbox"/> A stronger sense of community and community pride |
| <input type="checkbox"/> Better access to dental care | <input type="checkbox"/> More restaurant options | <input type="checkbox"/> A cleaner environment | <input type="checkbox"/> Better disaster response |
| <input type="checkbox"/> A brighter future for me and my family | <input type="checkbox"/> More walkable and bikable streets and communities | <input type="checkbox"/> More community involvement | <input type="checkbox"/> Healthier food options and more farmer's markets |
| <input type="checkbox"/> Healthier behaviors and lifestyles | <input type="checkbox"/> More job opportunities and a stronger economy | <input type="checkbox"/> More family togetherness and support | <input type="checkbox"/> Lower death and disease rates |
| <input type="checkbox"/> Better access to mental health care | <input type="checkbox"/> More parks or outdoor recreation | <input type="checkbox"/> Stronger religious or spiritual values | <input type="checkbox"/> Better schools |
| <input type="checkbox"/> Better access to health care | <input type="checkbox"/> Better grocery stores | <input type="checkbox"/> More programs for kids | <input type="checkbox"/> More public transportation |
| <input type="checkbox"/> None of the above | <input type="checkbox"/> Don't know | <input type="checkbox"/> Decline to answer | |



Prenatal Care and Maternal Mental Health Follow-Up Survey– 2018-2019

Sutter County Health and Human Services Department, Public Health Division



What do you think are the three most important health issues in Sutter County? (Choose 3 responses)

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Obesity/overweight | <input type="checkbox"/> Lack of housing | <input type="checkbox"/> Not enough places to exercise | <input type="checkbox"/> Access to medical care |
| <input type="checkbox"/> Access to dental care | <input type="checkbox"/> Child abuse or neglect | <input type="checkbox"/> Alcohol use | <input type="checkbox"/> Drug use |
| <input type="checkbox"/> Injuries and deaths from traffic accidents | <input type="checkbox"/> Chronic disease (asthma, cancer, diabetes, etc.) | <input type="checkbox"/> Difficulty getting around without driving | <input type="checkbox"/> Environmental issues (air quality, water quality, etc.) |
| <input type="checkbox"/> Injuries | <input type="checkbox"/> Infant death | <input type="checkbox"/> Mental health issues | <input type="checkbox"/> Poverty |
| <input type="checkbox"/> Homelessness | <input type="checkbox"/> Crime and violence | <input type="checkbox"/> Teen pregnancy | <input type="checkbox"/> Smoking and tobacco use |
| <input type="checkbox"/> Marijuana use | <input type="checkbox"/> Suicide | <input type="checkbox"/> Don't know | <input type="checkbox"/> Decline to answer |
| <input type="checkbox"/> Other (please specify): _____ | | | |

About You and Your Family

The following questions are about you and your family's demographics, employment, income, and living situation. We are asking about demographics to make sure we get responses from all parts of the community, and to see if there are differences in health, health care, and views of Sutter County among various groups of people here in Sutter County.

What is your gender identity? (Choose one response)

- Female Male Female to male transgender Male to female transgender
- Gender non-conforming Decline to answer

If you are female, are you currently pregnant? (Choose one response)

- Yes No Don't know Decline to answer

If you are female, have you given birth in the last year? (Choose one response)

- Yes No Don't know Decline to answer

If you are female and are either currently pregnant or gave birth in the last year, please consider completing the Prenatal Care and Maternal Mental Health Follow-Up Survey included in this packet.

What is your age?

Do you consider yourself to be Hispanic or Latino? (Choose one response)

- Yes No Don't know Decline to answer

What is your race? (Select all that apply)

- | | | |
|--|---|--|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Asian | <input type="checkbox"/> African-American or Black |
| <input type="checkbox"/> Native Hawaiian or Other Pacific Islander | <input type="checkbox"/> Caucasian or White | <input type="checkbox"/> Multiracial |
| <input type="checkbox"/> Other (please specify): _____ | <input type="checkbox"/> Don't know | <input type="checkbox"/> Decline to answer |

If you are Asian, which of the following best describes your national origin? (Select all that apply)

- | | | | | |
|--|----------------------------------|------------------------------------|-------------------------------------|--|
| <input type="checkbox"/> Cambodian | <input type="checkbox"/> Chinese | <input type="checkbox"/> Filipino | <input type="checkbox"/> Hmong | <input type="checkbox"/> Indian |
| <input type="checkbox"/> Japanese | <input type="checkbox"/> Korean | <input type="checkbox"/> Pakistani | <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Don't know |
| <input type="checkbox"/> Other (please specify): _____ | | | | <input type="checkbox"/> Decline to answer |

What is your preferred language? (Choose one answer)

We are asking what language you feel most comfortable using, not whether you are fluent in English.

- English Spanish Farsi Punjabi Hmong
- Don't know Decline to answer
- Other (please specify): _____



Prenatal Care and Maternal Mental Health Follow-Up Survey– 2018-2019

Sutter County Health and Human Services Department, Public Health Division



What is the highest degree or level of schooling you have completed? *(Choose one answer)*

- Grades K-4
- Grades 5-6
- Grades 7-8
- Grades 9-11
- High school diploma
- GED
- Some college
- Associate's degree (such as an AA or AS)
- Bachelor's degree (such as an BA or BS)
- Master's degree (such as an MA, MS, or MBA)
- Professional degree beyond a bachelor's degree (such as an MD, DDS, DVM, LLB or JD)
- Doctorate degree (such as a PhD or EdD)
- Vocational certificate
- Don't know
- Decline to answer

What is your current relationship status? *(Choose one response)*

- Single, never married
- In a relationship
- Married
- Separated
- Divorced
- Widowed
- Don't know
- Decline to answer

How many other people live with you? *(Choose one response)*

- None
- One
- Two
- Three
- Four
- Five
- Six
- Seven
- Eight or more
- Decline to answer

How many people living with you are younger than 18? *(Choose one response)*

- None
- One
- Two
- Three
- Four
- Five
- Six
- Seven
- Eight or more
- Decline to answer

What is your current employment situation? *(Choose one response)*

- Not employed
- Self-employed
- Employed full-time
- Employed part-time
- Full-time caregiver
- Stay at home parent/guardian
- Disabled
- Retired
- Don't know
- Decline to answer
- Other *(please specify)*: _____

How much money does your family make in a year? *(Choose one response)*

- Less than \$15,000
- \$15,001-\$25,000
- \$25,001-\$50,000
- \$50,001-\$75,000
- \$75,001-\$100,000
- More than \$100,000
- Don't know
- Decline to answer

What is your current housing situation? *(Choose one response)*

- I own my home
- I rent my home
- I live with family
- I'm staying with friends
- I am homeless
- Don't know
- Decline to answer
- Other *(please specify)*: _____

How much of your or your family's monthly income goes to paying rent or a mortgage? *(Choose one response)*

- None
- Less than 1/3
- 1/3 to 1/2
- More than 1/2
- I don't know
- Decline to answer

About Your Health, Medical and Dental Care

The following questions are about your health, and your ability to get the medical, dental and vision care you need here in Sutter County.

In general, your health is _____. *(Choose the response that best fills the blank)*

- Excellent
- Very good
- Good
- Fair
- Poor
- Don't know
- Decline to answer



Prenatal Care and Maternal Mental Health Follow-Up Survey– 2018-2019

Sutter County Health and Human Services Department, Public Health Division



Do you have a physical condition, a developmental disability, or a mental health condition that makes it hard to live independently, get around, or do the things you want to do? (Choose one response)

Some examples of these physical conditions are difficulties seeing or hearing, difficulties walking or standing, diseases like asthma or arthritis, needing oxygen, a stroke, or other injuries. A developmental disability is something you were born with, or began in childhood. Some examples are autism, cerebral palsy, Down syndrome, learning disabilities, and spina bifida. Examples of mental health conditions include depression, anxiety disorders, schizophrenia, eating disorders, bipolar disorder, and post-traumatic stress disorder.

- Yes, and I need help from someone else to manage it
- Yes, but I can cope on my own
- No, I don't

Please tell us how other people help support you. We are interested in social support because there are strong links between good social support and better health. On the other hand, people with little social support, especially those who feel cut off or isolated, often have worse health.

For each statement below, select the box that best describes your situation on a scale of 1 to 5, with 1 “much less than I would like” and 5 “as much as I would like.”

	5 As much as I would like	4 Almost as much as I would like	3 Some, but would like more	2 Less than I would like	1 Much less than I would like
I have people who care what happens to me					
I get chances to talk to someone I trust about my personal and/ or family problems					
I get chances to talk to someone about problems at work					
I get invitations to go out and do things with other people					
I get help when I am sick in bed					

Where do you usually go for medical care when you are not feeling well? (Choose one answer)

- Emergency room
- Urgent care
- Health clinic
- VA facility
- Doctor's office
- I don't go
- Other (please specify): _____
- Don't know
- Declined to answer

What, if anything, kept you and/or your kids from getting the medical care you needed? (Select all that apply)

- Nothing - I don't need it
- Nothing - I get what I need
- Nothing - My kids get what they need
- I could not afford it
- I couldn't get an appointment
- I didn't want to spend the money
- My insurance did not cover recommended procedures
- Providers are too far away
- Providers are not open at convenient times
- Providers do not speak my language
- Another provider said not to
- I am afraid of or do not like doctors/dentists/mental health professionals
- My kids are afraid of or do not like doctors/dentists/mental health professionals
- I am unable to take enough time off work
- I am too busy
- I did not think anything was seriously wrong
- I expected medical problems to go away
- I had to prioritize my other needs
- I had to put my kids' medical needs first
- I had to prioritize my kids' other needs
- Don't know
- Decline to answer
- Other (please specify): _____

In the past year, where did you get your medical, dental, and/or vision care?

- Entirely in Sutter County
- Partially in Sutter County
- In another county or state in the US
- In my home country, not the United States
- I travelled outside the US to get healthcare
- I did not need or seek medical, dental, or vision care
- Don't know
- Decline to answer



Prenatal Care and Maternal Mental Health Follow-Up Survey– 2018-2019

Sutter County Health and Human Services Department, Public Health Division



In the past year, how did you pay for health insurance?

- Medi-Cal
- County health medical services
- Privately purchased vision insurance
- VA dental insurance
- Other (*please specify*):
- Medi-Cal dental
- Employer-provided health insurance
- Indian Health Service medical care
- TRICARE health insurance
- Medicare
- Privately purchased health insurance
- Indian Health Service dental care
- TRICARE dental insurance
- Medicare dental
- Privately purchased dental insurance
- VA health insurance
- Out of pocket payment

Additional Information We May Have Missed

We may be missing information about what makes Sutter County a great place to live, or what would make it a healthier and happier place. If so, please answer the following questions.

What else makes Sutter County a safe and happy place to live, work, or visit?

What else do we need to know if we want to make Sutter County a healthier place?

Thank you for taking the time to complete this survey. Your answers will help us better understand the health of our community, identify what our community does well, determine what we as a community need to improve, and help us set priorities going forward. They will be key parts of our community health assessment and improvement plans in the coming year.

If you have any questions about this survey, the process of becoming accredited, why Sutter County wants their health department accredited, or how you can help make Sutter County healthier and happier, please contact us at (530) 822-7215.

APPENDIX C

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