



Community Health Assessment **2013**

Data for planning and policy making

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Photo:
Humboldt County Health
Officer, Donald Baird, MD

Executive Summary

On behalf of DHHS Public Health we are pleased to provide you with this early draft of our Community Health Assessment.

This draft summarizes data from a variety of sources to offer a snapshot of our health, and those factors that influence it. This includes behaviors, nutrition, policy, and both the built and natural environment.

Health is not just the absence of disease. Health is our physical, mental and social well-being, as defined by the World Health Organization.

You will see areas of strengths such as our clean air and water, our relatively high level of education, physical activity level of our youth, and low rates of violent crime.

But we also have significant challenges. The leading cause of premature death continues to be the acute and chronic effects of alcohol, drug and tobacco use. In fact, Humboldt County experiences drug-related death rates that are 300% higher than state and national averages.

There are populations within Humboldt County for whom health disparities are marked. If you are poor or have a serious mental illness you will likely have a shorter life. Also on average, in Humboldt County, non-white and American Indian / Alaska Native persons die approximately 12 years sooner than a person who is white.

We intend for this document to serve as a catalyst to align our resources to address our most important health issues. We hope you will find this information compelling and that you join with us as community partners. All of us play an important role in the health of our community.

The next step is action. After we receive your input, this Community Health Assessment will be used to collaboratively develop a Community Health Improvement Plan—a plan with accountability and measurable objectives.

Please add your voice. Review the data here and let us know what's missing, what's inaccurate, what's startling, or anything else you feel we should include. Click [here](https://www.surveymonkey.com/s/8GQ6DSW) to use the online feedback survey. It will be 'live' through March 31st, 2013.(<https://www.surveymonkey.com/s/8GQ6DSW>)

~The Public Health Community Health Assessment Team

Humboldt County

Located in Northwest California, Humboldt County is the southern gateway to the Pacific Northwest. The County is bound on the north by Del Norte County; on the east by Siskiyou and Trinity counties; on the south by Mendocino County and on the west by the Pacific Ocean. The County encompasses 2.3 million acres, 80 percent of which is forestlands, protected redwoods and recreation areas.

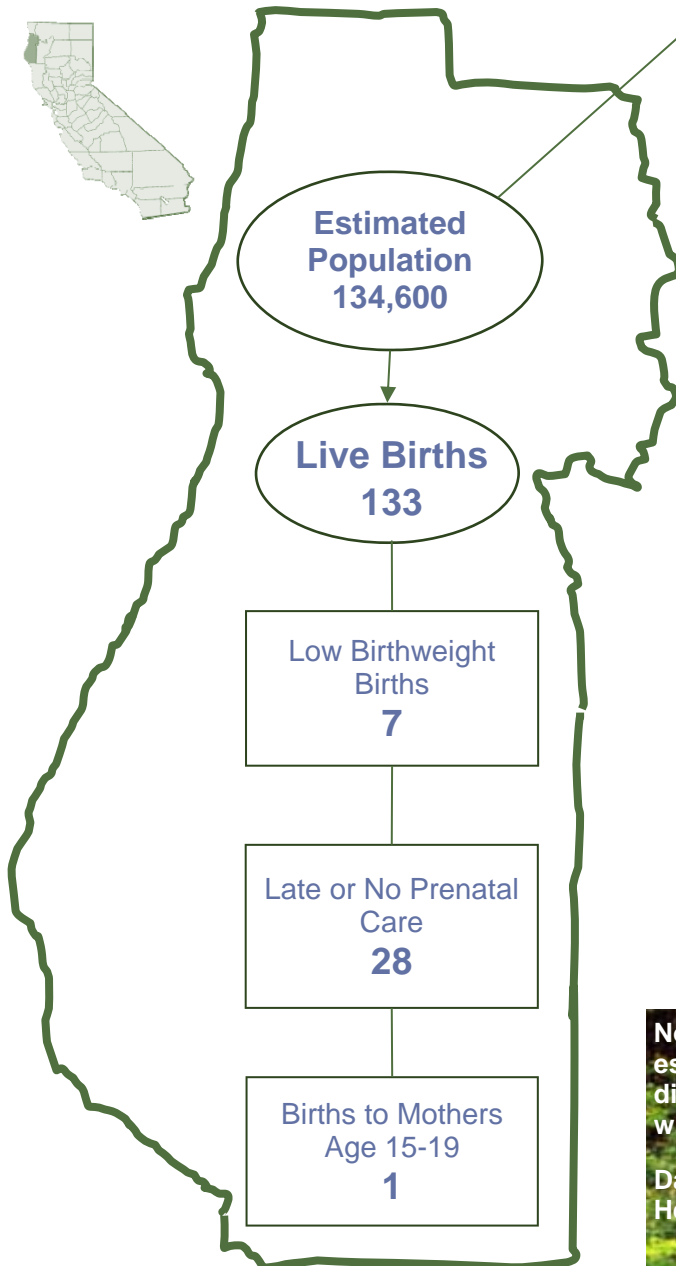
The rural county has a population of approximately 134,600, and a density of 38 people per square mile.

There are seven incorporated cities ranging in size from approximately 400 to 27,000 persons. Approximately half of the County's residents live in incorporated communities, and 59 percent of the County lives in the area surrounding Humboldt Bay. This area includes the cities of Arcata, Ferndale, Fortuna, Eureka and the unincorporated community of McKinleyville. American Indian Tribal lands encompass 140 acres and nine federally recognized tribes.

Excerpted from "Prosperity: The North Coast Strategy, Vol. III"



A Typical Month



Deaths due to:	
Coronary Heart Disease 16	Diabetes-Related 9
Unintentional Injury 7	Chronic Obstructive Pulmonary Disease 7
Lung Cancer 6	Overdose 4
Cirrhosis of the Liver 3	Suicide 3
Motor Vehicle Accidents 2	Homicide <1

Note: Average per month represents estimated average annual number of events divided by twelve, and rounded to the nearest whole number.

Data Sources: Humboldt County Public Health; California Department of Public Health

WORKING DRAFT V. 1.11.2013

Demographics

HUMBOLDT DEMOGRAPHIC PROFILE	Humboldt County	California
Population, 2010	134,623	37,253,956
Population, percent change, 2000 to 2010	6.4%	10.0%
Population, 2000	126,518	33,871,648
Persons under 5 years old, percent, 2009	6.1%	7.5%
Persons under 18 years old, percent, 2009	20.2%	25.5%
Persons 65 years old and over, percent, 2009	13.0%	11.2%
Female persons, percent, 2009	50.4%	49.9%
White persons, percent, 2010 (a)	81.7%	57.6%
White persons not Hispanic, persons, 2010	77.2%	40.1%
Black persons, percent, 2010 (a)	1.1%	6.2%
American Indian and Alaska Native persons, percent, 2010 (a)	5.7%	1.0%
Asian persons, percent, 2010 (a)	2.2%	13.0%
Native Hawaiian and Other Pacific Islander, percent, 2010 (a)	0.3%	0.4%
Persons reporting two or more races, percent, 2010	5.3%	4.9%
Persons of Hispanic or Latino origin, percent, 2010 (b)	9.8%	37.6%
Foreign born persons, percent, 2005-2009	5.2%	26.8%
Language other than English spoken at home, pct age 5+, 2005-2009	8.8%	42.2%
High school graduates, percent of persons age 25+, 2005-2009	89.9%	80.5%
Bachelor's degree or higher, pct of persons age 25+, 2005-2009	26.9%	29.7%
Veterans, 2005-2009	11,194	2,092,627
Mean travel time to work (minutes), workers age 16+, 2005-2009	18.1	27.0
Housing units, 2009	59,457	13,433,718
Homeownership rate, 2005-2009	57.0%	57.9%
Housing units in multi-unit structures, percent, 2005-2009	19.3%	30.7%
Median value of owner-occupied housing units, 2005-2009	\$327,900	\$479,200
Households, 2005-2009	52,520	12,187,191
Persons per household, 2005-2009	2.4	2.9
Per capita money income in past 12 months (2009 dollars) 2005-2009	\$23,496	\$29,020
Median household income, 2009	\$35,985	\$58,925
Persons below poverty level, percent, 2009	19.0%	14.2%
Percent Workforce Unemployed (July 2012)	10.8%	10.9%
Geography QuickFacts		
	Humboldt County	California
Land area, 2000 (square miles)	3572.5	155959.3
Persons per square mile, 2010	37.7	238.9
FIPS Code	23	6
Metropolitan or Micropolitan Statistical Area	Eureka-Arcata-Fortuna, CA Micropolitan Area	

(a) Includes persons reporting only one race.

(b) Hispanics may be of any race, so also are included in applicable race categories.

Sources: US Census Bureau State & County QuickFacts (<http://quickfacts.census.gov/qfd/index.html>)

State of California Employment Development Department (<http://www.labormarketinfo.edd.ca.gov/?pageid=1006>)

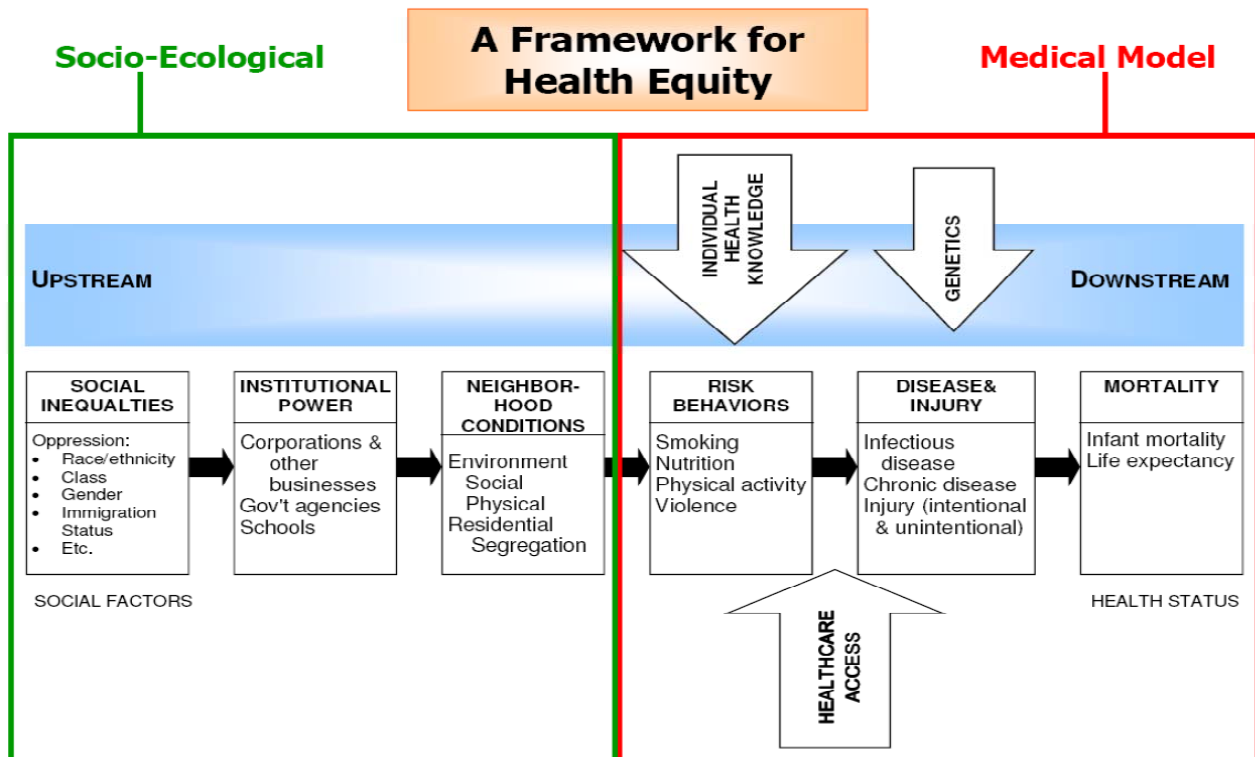
What Drives Community Health?

Health problems are often addressed with either medical treatment or by asking individuals to change their health-related behaviors. However there is mounting evidence indicating that the root causes of poor health go beyond the choices made by an individual.



A person's health status is the result of the interaction between factors related to the physical and social environment, the individual's behavior and, to a lesser degree, inherited health characteristics. Such factors are called determinants of health.

Social determinants of health are a subset of these health regulating factors and include income and social status, employment, education, housing, the built environment, social support networks and discrimination.



- Adapted by ACPHD from the Bay Area Regional Health Inequities Initiative, Spring 2008

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Social Determinants of Health

Why Do Social & Economic Factors Matter?

Beginning even before birth and continuing through old age, the resources we have and the environments where we work, play, eat, and sleep impact our health. Resources such as quality jobs, family income, educational attainment, and the social characteristics of the neighborhoods we live in can all affect health. Research suggests that these factors can influence our health at least as much as genetics and health care.

Education

Education is associated with improved health throughout life, independent of other variables such as behaviors. Education starts before the school years; early years are critical to children's development and lifelong health. Good parenting skills, access to high quality early childhood education, and access to affordable quality child care are all important contributors to development and later learning. Adequate education, starting early in life, can reduce the risk of a number of conditions and diseases.

Employment

Employment impacts health not only through the income it provides, but also, through its provision of health benefits and pension plans, and other pathways to financial security. Type of employment can also influence health with better health associated with more job control and security, less stress, and less exposure to danger or toxins. Ongoing, safe employment can lessen the likelihood of a number of conditions and diseases.

Employment is also related to many health factors. Access to safe and affordable housing, for example, is a prerequisite to improving employment. Increasing educational attainment is also an indirect and long-term contributor to secure, gainful employment.

Income

Income and health have a well-established reciprocal relationship that operates in both directions: higher income leads to better health and better health leads to higher income. Income is also related to many other health factors. Access to safe and affordable housing, for example, is a prerequisite to improving income. Increasing educational attainment is also an indirect and long-term contributor to increasing income. Higher income can lessen the likelihood of a number of conditions and diseases.

Family & Social Support

Research has shown that people with greater social support, less isolation, and greater interpersonal trust live longer and healthier lives. This is exhibited through lower levels of anxiety and depression and reduced tendencies towards stress-related behaviors such as overeating and smoking. Family and social support, or social connectedness, can also reduce the likelihood of other conditions and diseases.

Community Safety

The health impacts of community safety are far-reaching, from the obvious impact of violence on the victim to the symptoms of post-traumatic stress disorder (PTSD) and psychological distress felt by those who are routinely exposed to violence. Community safety impacts various other health factors and outcomes as well, including birth weight, diet and exercise, and family and social support. Safer communities can lessen the likelihood of a number of conditions and diseases.

Excerpted from <http://www.whatworksforhealth.wisc.edu>

Social Determinants of Health

Social and Economic Factors		
	Humboldt County	California
High school graduation rate	80%	74%
Some college	66%	60%
Bachelor's degree or higher (pct of persons age 25+, 2005—2009)	26.9%	29.7%
Illiteracy	9.4%	23.1%
Unemployment (July 2012)	10.8%	10.9%
Children in poverty	22%	22%
Adults without social / emotional support	18%	25%
Children in single parent households	39%	30%
Children eligible for free lunch	41%	52%
Violent crime rate (per 100,000 persons)	385	500



Sources:
 County Health Rankings (<http://www.countyhealthrankings.org>)
 US Census Bureau State & County QuickFacts (<http://quickfacts.census.gov>)
 State of California Employment Development (<http://www.labormarketinfo.edd.ca.gov>)

Social Determinants of Health

Access to care

Evidence suggests that access to effective and timely primary care has the potential to improve the overall quality of care and help reduce costs. One analysis found that primary care physician supply was associated with improved health outcomes ranging from reduced all-cause, cancer, heart disease, stroke, and infant mortality; a lower prevalence of low birth weight; greater life expectancy; and improved self-rated health. The same analysis also found that each increase of one primary care physician

per 10,000 population is associated with a reduction in the average mortality by 5.3%. Another study found that states with a higher ratio of primary care physicians compared to specialists had improved quality and effectiveness of care, as well as lower health care spending than states with a higher ratio of specialists. Interestingly, increasing the supply of specialist physicians does not show lower mortality rates and does not improve the population health of the United States.

	Humboldt County	California
Population to Primary care physician ratio	800:1	631:1
Population to Mental health provider ratio	2,997:1	1,853:1
Uninsured adults	24%	24%
Could not see a doctor due to cost	19%	15%
Median household income (2009)	\$23,496	\$29,020
Persons below poverty level, pct. (2009)	19%	14.2%

Sources: US Census Bureau State & County Quick-Facts (<http://quickfacts.census.gov/qfd/index.html>)
 County Health Rankings (<http://www.countyhealthrankings.org/health-factors/access-care>)



Social Determinants of Health

Transportation

The California Center for Rural Policy (CCRP) states that "Transportation is an important determinant of health affecting all spheres of community life. Results from the Rural Health Information Survey, 2006, indicate that transportation is a problem in meeting health needs for many residents in the Redwood Coast Region. Being poor, non-white or living in an area with low population density sig-

nificantly increases the chance of transportation problems."

A combination of six datasets combine to illustrate the transportation disadvantage in Humboldt County: Carless households, persons 62 and older, persons 15 and younger, disabled, minority populations, and low income households.



Travel time by car from Weitchpec or Petrolia to Eureka is approximately 1 1/2 hrs.

Source: <http://gis.co.humboldt.ca.us/>



Hwy 96 at Weitchpec

Individuals can travel using the Redwood Transit System's main line from Scotia / Rio Dell to Trinidad 7 days per week for a standard one-way fare of \$2.75.

Several transit systems can combine for travel from Weitchpec to Eureka on weekdays with travel time of 3 1/2 to 4 hrs. for a combined standard fare of \$9.75.

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The Wide View

Oregon

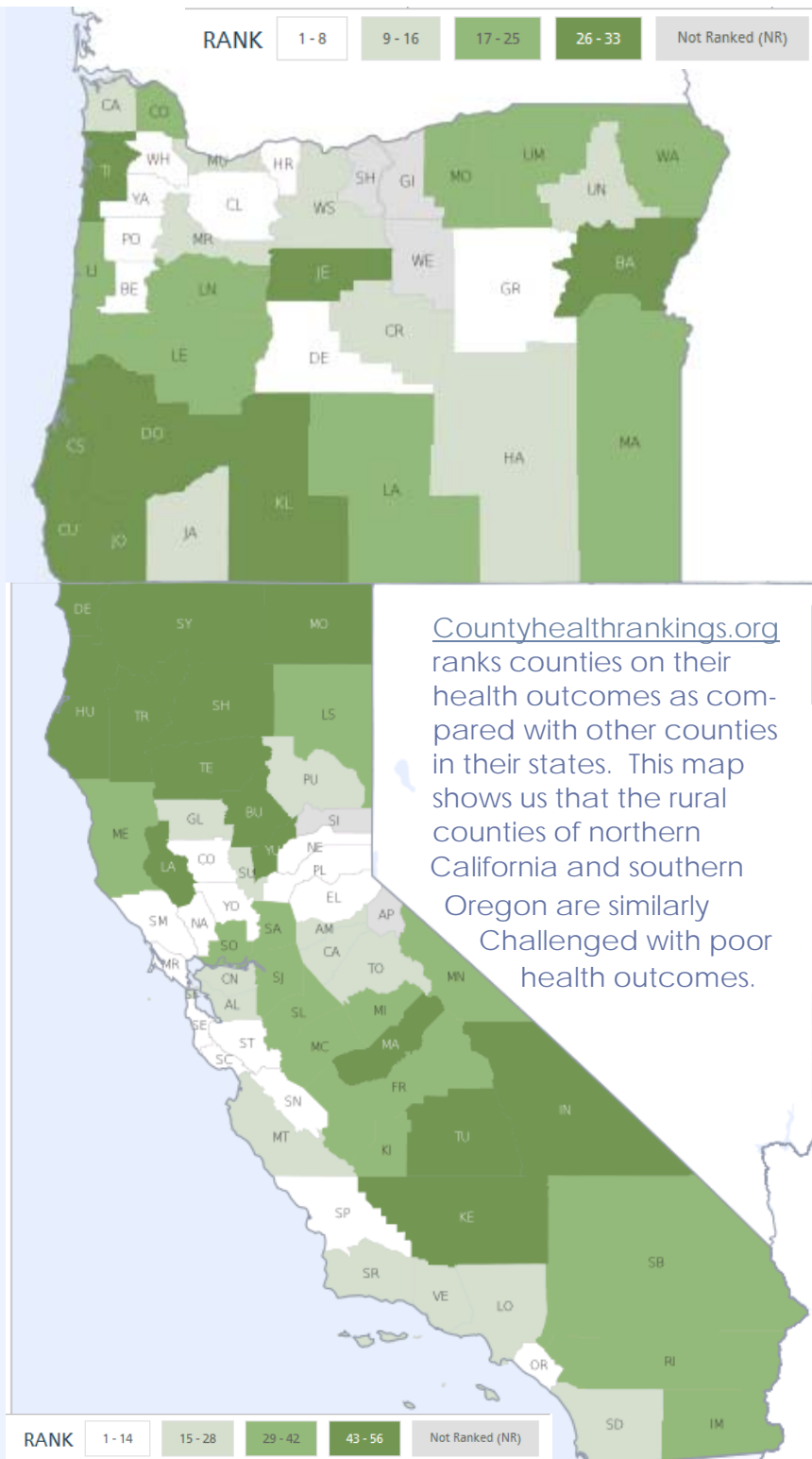
Health Outcomes

20	Malheur (MA)
21	Columbia (CO)
22	Umatilla (UM)
23	Lincoln (LI)
24	Linn (LN)
25	Wallowa (WA)
26	Coos (CS)
27	Tillamook (TI)
28	Curry (CU)
29	Josephine (JO)
30	Baker (BA)
31	Klamath (KL)
32	Douglas (DO)
33	Jefferson (JE)

California

Health Outcomes

45	Madera (MA)
46	Modoc (MO)
47	Tulare (TU)
48	Humboldt (HU)
49	Kern (KE)
50	Inyo (IN)
51	Yuba (YU)
52	Lake (LA)
53	Tehama (TE)
54	Siskiyou (SY)
55	Del Norte (DE)
56	Trinity (TR)
NR	Sierra (SI)
NR	Alpine (AP)



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The Wide View

	California	Humboldt	Del Norte	Mendocino	Shasta	Curry (OR)	Josephine (OR)	Oregon
Health Outcomes								
Mortality								
Years of potential life lost to Premature death	5,922	9,350	10,312	8,430	8,781	8,164	10,448	6,343
Drug-induced deaths per 100,000	10.5	36.3	15.3	17.8	30.0	13.8	7.4	10.1
Death due to Suicide per 100,000	9.7	20.9	18.9	23.2	18.7	27.5	23.8	15.7
Health Factors								
Health Behaviors								
Adult smoking	14%	21%		20%	24%	16%	25%	18%
Adult obesity	24%	26%	27%	23%	28%	30%	25%	26%
Excessive drinking	17%	19%	10%	25%	22%	16%	15%	16%
Motor vehicle crash death rate	12	22	30	21	17	23	26	14
Sexually transmitted infections	399	275	162	251	256	56	202	303
Teen birth rate	40	31	50	39	39	28	38	35
Social & Economic Factors								
High school graduation	74%	80%	71%	73%	81%	68%	64%	66%
Some college	60%	66%	49%	50%	63%	51%	52%	64%
Unemployment	12.4%	11.5%	13.3%	11.4%	16.0%	12.7%	14.2%	10.8%
Children in poverty	22%	22%	31%	29%	25%	25%	31%	22%
Inadequate social support	25%	18%		25%	15%	19%	19%	16%
Children in single-parent households	30%	39%	43%	37%	34%	37%	32%	30%
Violent crime rate	500	385	353	626	609	142	--	271

Sources:
CDPH County Health Status Profiles 2012
County Health Rankings 2012

Oregon Department of Human Services, Public Health Division
Office of Applied Studies, SAMHSA, Drug Abuse Warning Network, 2007 (08/2008 update).



Mortality

A critical tool to enable effective Public Health policy development is to quantify leading causes of mortality within a community. By understanding the impact of chronic and acute health condi-

tions on mortality, DHHS can use this information to best affect community health changes, with the overarching goal to reduce premature mortality.

Average Annual Mortality Rate (per 100,000 except as noted)					
	Humboldt County (2005-2009 except as noted)	+/-	California (2008-2010)	+/-	Healthy People 2020 Goal
Total Cancer	<u>184.7</u>	22.5	151.7	1.2	160.6
Female Breast Cancer	25.1	13.6	20.1	0.6	20.6
Colorectal Cancer	16.8	8.0	14.1	0.4	14.5
Prostate Cancer	25.5	16.3	21.2	0.8	21.2
Lung Cancer	<u>52.8</u>	12.0	38.1	0.6	45.5
Cirrhosis of the Liver (2008-2010)	16.7	8.1	10.8	0.3	8.2
Drug-Induced Deaths (2008-2010)	<u>36.3</u>	11.5	10.5	0.4	11.3
COPD	<u>57.2</u>	12.5	37.1	0.6	98.5
Coronary Heart Disease (2008-2010)	135.1	19.2	128.0	1.2	100.8
Infant Mortality (per 1,000)	6.2	5.2	5.3	0.2	6.0
Motor Vehicle Accidents	<u>16.6</u>	6.8	9.2	0.3	12.4
Homicide	4.8	3.8	5.8	0.2	5.5
Suicide	<u>20.9</u>	7.5	9.6	0.3	10.2
Unintentional Injury	<u>60.3</u>	13.1	28.7	0.5	36.0
Diabetes-Related Deaths	72.7	14.1	—	—	65.8

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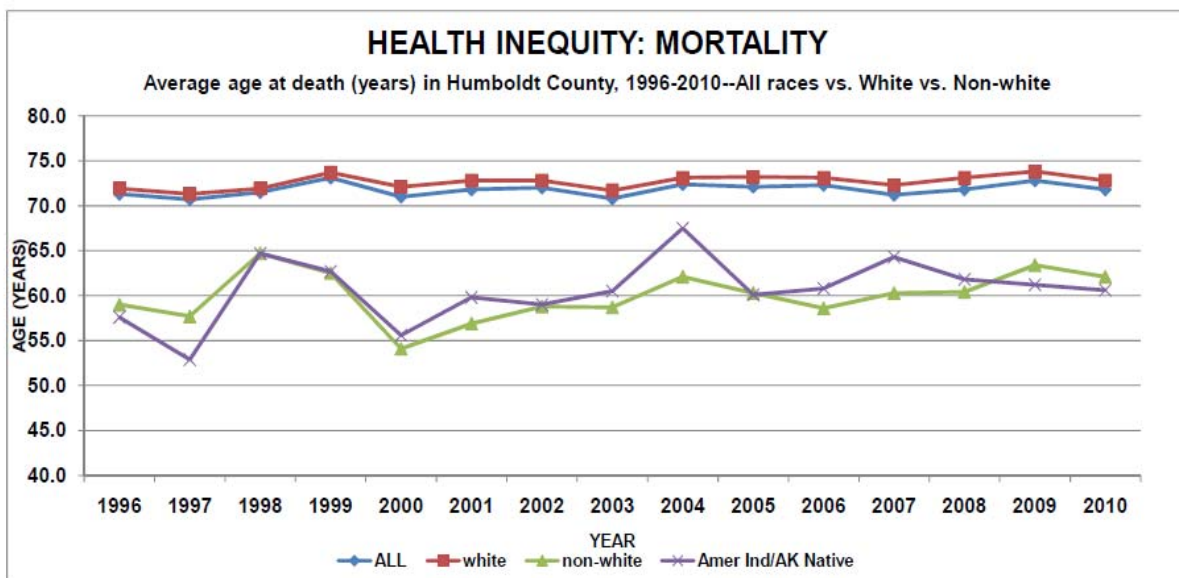
Mortality

The data in this report reveal that Humboldt County fares worse for many areas of health when compared to California and US Health People objectives.

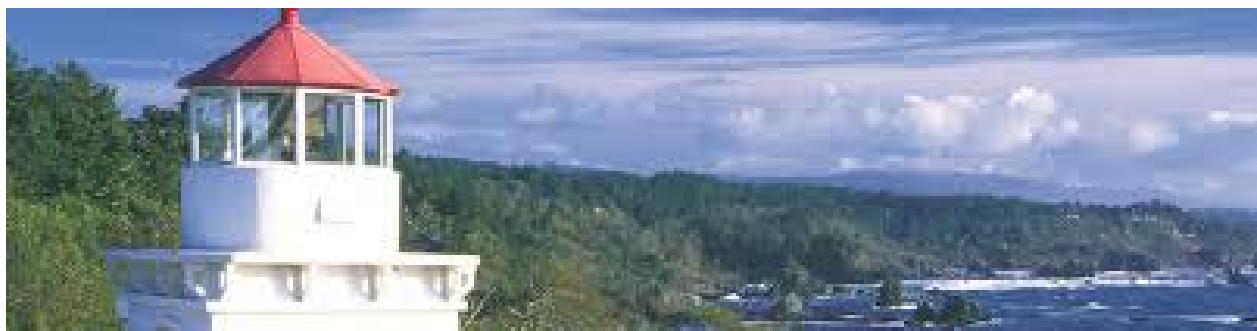
There are populations within Humboldt County where the disparities are even greater than the County whole. It is worrisome that if you are poor, have a serious mental illness, or are Native American, you will have a shorter life. On average, in Humboldt County, non-white and American Indian / Alaska Native persons

die approximately 12 years sooner than a person who is white. This trend has largely been stable over the past decade.

Measuring disparity and inequity among those communities is difficult because of Humboldt's small population, but that difficulty does not diminish the problems. In fact, the impact may feel even more severe, since it only takes a small number of health events to affect a small community.



Sources: Humboldt County Vital Statistics (Automated Vital Statistics System (AVSS)); California Electronic Death Registration System (CA-EDRS)



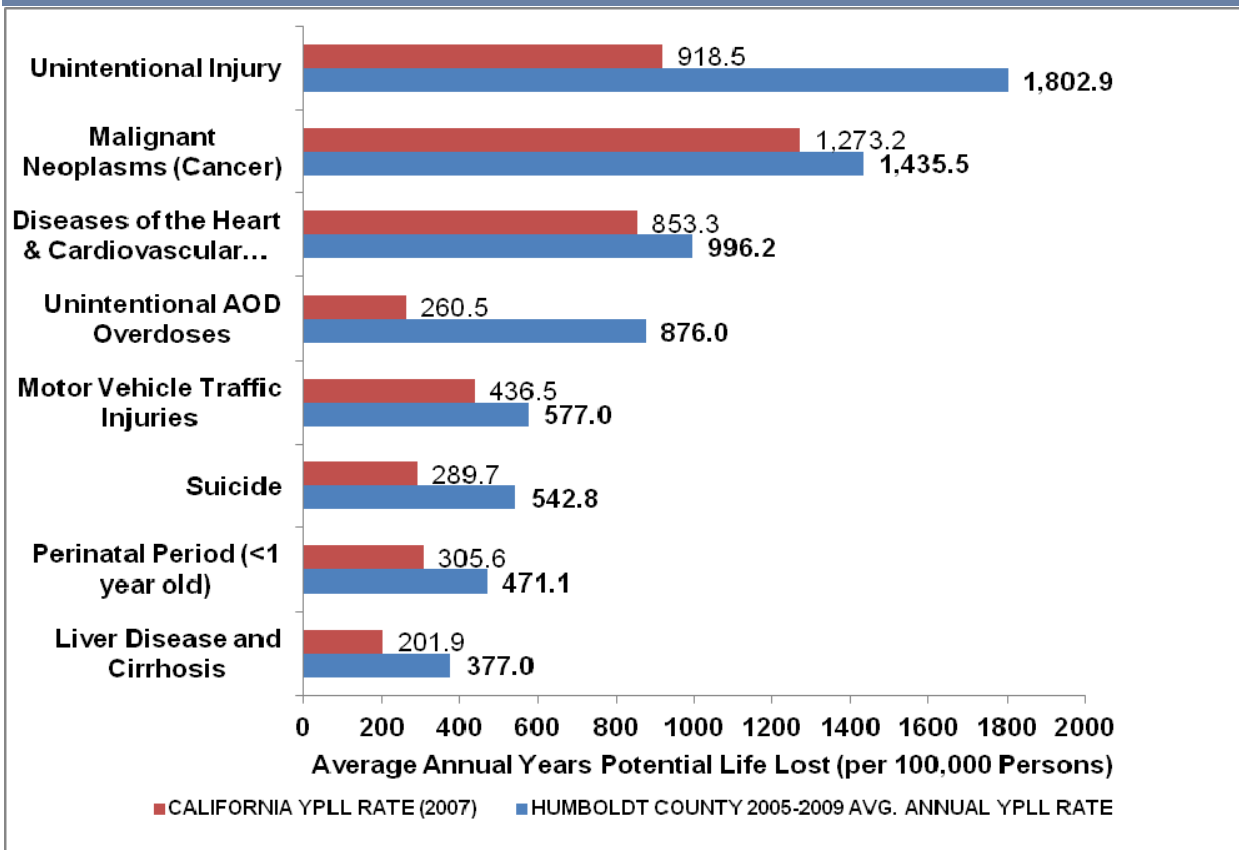
Mortality

As with lifespan, there are a variety of factors that contribute to premature death, which is death prior to age 75 (the life expectancy in the United States is approximately 78 years).

Five of the eight leading causes of premature death are either largely or entirely preventable.

These are: Unintentional Injury, Alcohol and Other Drug (AOD) Overdoses, Motor Vehicle Traffic Injuries, Suicide, and Liver Disease / Cirrhosis.

Premature Mortality (Years of Potential Life Lost by cause (YPLL) <AGE75 per 100,000)



Sources:
 Humboldt County Vital Statistics (Automated Vital Statistics System (AVSS);
 California Electronic Death Registration System (CA-EDRS);
 Centers for Disease Control and Prevention. Web-based Injury Statistics Query and Reporting System (WISQARS).
<http://www.cdc.gov/injury/wisqars/index.html>;
 National Center for Health Statistics (NCHS) Vital Statistics System.

Mortality

Deaths related to acute and chronic effects of alcohol, drug, and tobacco abuse remain a leading cause of preventable mortality in Humboldt County.

Deaths from motor vehicle crash injuries were the leading or second-highest cause of death during 2007-2011 in age groups 1-14, 15-24, and 25-44.

This chart illustrates the five leading causes of mortality by age group in Humboldt County for 2007 to 2011 with the Average Annual Age-Specific Mortality Rate (AASMR) per 100,000 persons (in parentheses).

Suicide is the second leading cause of death in the 15-24 age group, the 3rd leading cause in the 25-44 age group, and the 6th leading cause in the 45-64 age group.



ALL GENDER/RACE/ETHNICITY 2007-2011 WITH AVERAGE ANNUAL AGE-SPECIFIC RATE PER 100,000 PERSONS					
Age Range	#1 Cause	#2 Cause	#3 Cause	#4 Cause	#5 Cause
< Age 1 (35 deaths)	The 2007-2011 average annual infant mortality (under age 1) from all causes for Humboldt County is 4.6 per 1000 live births				
1 to 14 (16 deaths)	MOTOR VEHICLE INJURIES (4.8)				
15 TO 24 (85 deaths)	MOTOR VEHICLE INJURIES (24.2)	SUICIDE (20.5)	FATAL UNINTENTIONAL INJURIES (8.9)	UNINTENTIONAL AOD OVERDOSE (7.1)	
25 TO 45 (320 deaths)	UNINTENTIONAL AOD OVERDOSE (45.7)	MOTOR VEHICLE INJURIES (24.1)	SUICIDE (21.7)	CANCER, ALL (16.9)	LIVER DISEASE & CIRRHOSIS; CHRONIC ETOH ABUSE (15.6)
45 TO 64 (1,446 deaths)	CANCER, ALL (213.2)	CARDIOVASCULAR DISEASE (147.7)	LIVER DISEASE & CIRRHOSIS; CHRONIC ETOH ABUSE (90.7)	UNINTENTIONAL AOD OVERDOSE (51.5)	COPD & EMPHYSEMA (39.2)
65+ (4,204 deaths)	CARDIOVASCULAR DISEASE (1163.1)	CANCER, ALL (1046.4)	STROKE (594.8)	COPD & EMPHYSEMA (386.9)	ALZHEIMER'S DISEASE (235.6)

AOD=Alcohol and Other Drug; ETOH=Ethanol (Alcohol)

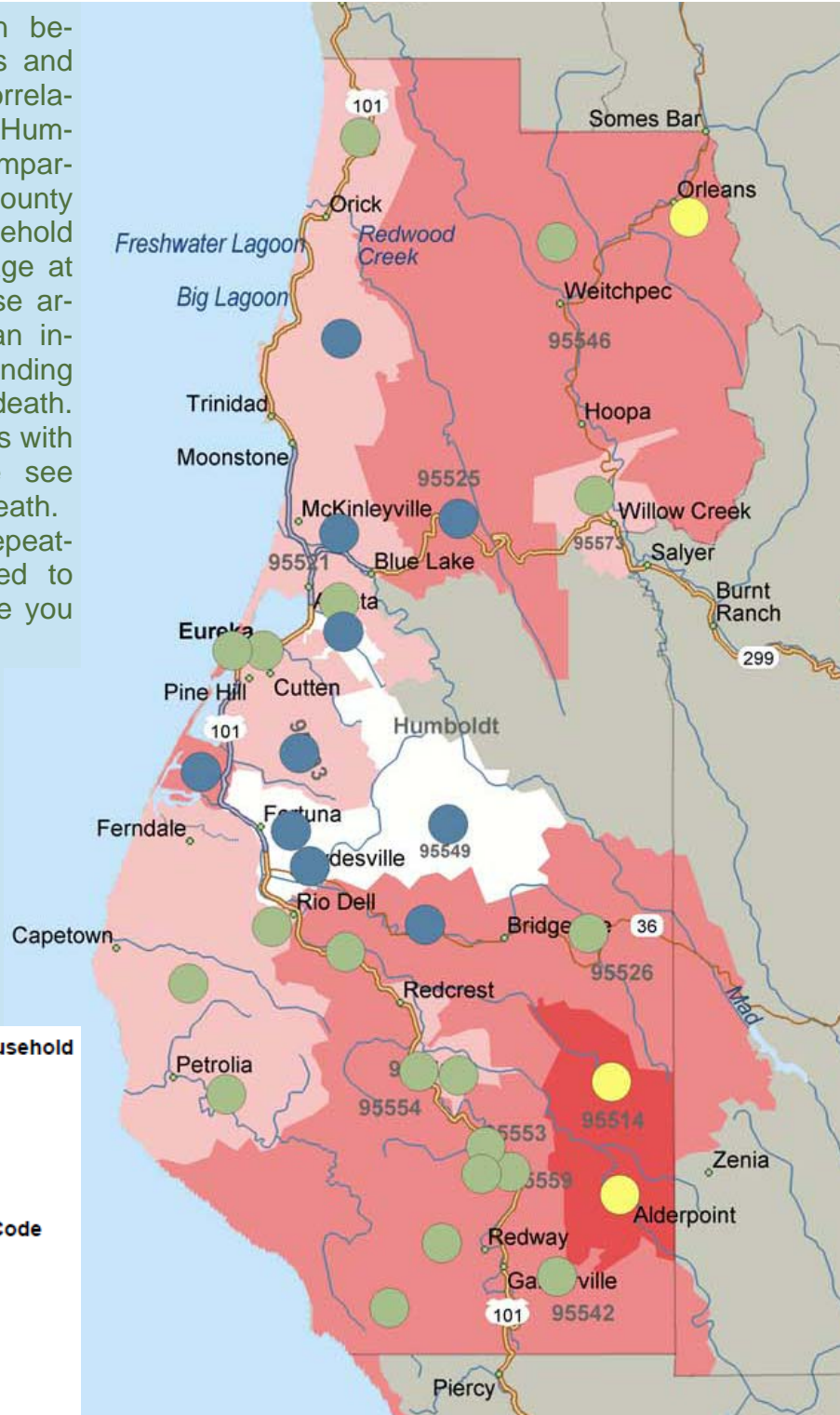
Source: Humboldt County Vital Statistics (CA-EDRS accessed 1/31/2012)



Health Inequity: Income & Age at Death

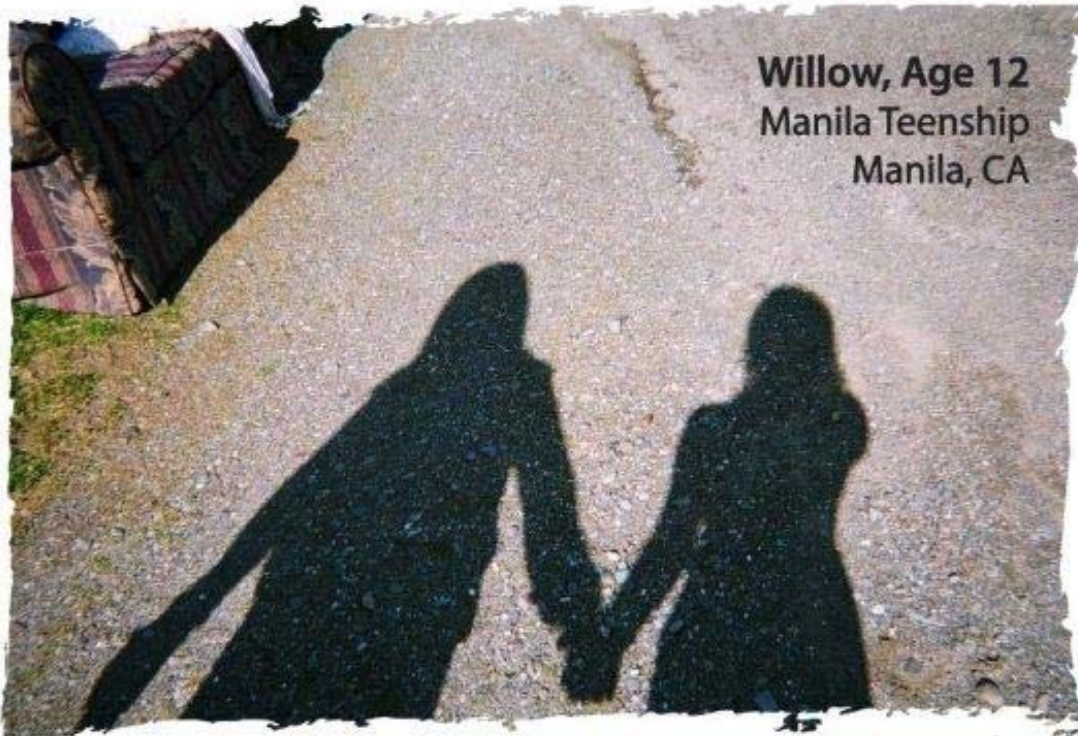
There is a correlation between economic status and overall health. This correlation expresses itself in Humboldt County when comparing areas within the county based on median household income and average age at death. Generally, those areas with higher median income have a corresponding higher average age at death. Conversely, those areas with lower median income see lower average age at death. Research has shown repeatedly that health is tied to your income and where you live.

This map shows a relationship that people with highest income levels live the longest lives and the people with the lowest income levels live the shortest lives.



PhotoVoice Project

IN FOCUS: Youth Perspectives on Alcohol & Other Drug Use



Willow, Age 12
Manila Teenship
Manila, CA

My friend and I are holding hands walking down a street littered with liquor bottles, trash, and even an old couch.

If I am sad she is the one I go to.

We support each other.

In the past we've had friends who were in situations where some of them needed help. They were close friends and I tried to support them as much as possible.

Some people aren't so lucky. Due to youth drug use and drug use in general families have been split apart. It's devastating and I feel very fortunate to have a whole, loving family and a warm home to sleep in. And I have a supporting best friend. I can reach out to friends who are in situations which make life difficult. Some people don't have family members for support so we need more help programs.

It encourages me to cherish my family and realize how good I have it.



Understanding the Data Tables

The data tables in the following sections are structured to help you compare Humboldt County's community health status to State and/or National benchmarks, and to compare the health status of various population groups within the county.

Each Health Indicator is measured using a rate (per 100,000 persons unless otherwise noted) or a percentage estimate, accompanied by its "margin of error" (+/-) determined from calculating a 95% confidence interval around the indicator.

Rates in this report use population denominators standardized to the 2000 US Census (Age Adjusted Mortality Rate = AAMR)

When the "margin of error" (+/-) from the confidence intervals of two estimates of the same indicator (ex. Humboldt vs. California) do not overlap, this represents a statistically significant difference between the estimates.

If a rate or percentage is italicized and/or its "margin of error" cell contains asterisks (**), this indicates that the rate is statistically unstable and should be interpreted with caution, per criteria set forth by the National Center for Health Statistics (NCHS) <http://www.cdc.gov/nchs/data/statnt/statnt24.pdf>.

How the Data is Presented in This Report

Humboldt health measures that appear in normal black font are roughly equivalent to State and/or National benchmarks.

Measures that appear in **red font** are significantly worse than State and/or National benchmarks.

Measures that appear in **purple font** are significantly better than State and/or National benchmarks.

If you have any specific questions, please contact:.

Ron Largusa, Epidemiologist
County of Humboldt
Department of Health and Human Services, Public Health Branch
(707) 268-2187
rlargusa@co.humboldt.ca.us



Nutrition and Active Living

Humboldt County is not immune to an alarming national trend: the increasing prevalence of obesity and Type II diabetes. The California Health Interview Survey of 2009 indicates that Humboldt's prevalence for both these conditions has increased since the 2007 survey. The first two sections of this report cover 3 common and preventable risk factors that lead to 4 chronic illnesses: Cancer (specifically Lung Cancer), Chronic Lung Disease, Heart Disease, and Type II Diabetes. Together, these factors account for over 50% of all deaths in Humboldt County.

Poor nutrition and a sedentary lifestyle are health behaviors that can lead to the onset of these dangerous conditions, which in turn increase a person's risk of developing heart disease, kidney disease, stroke, and other serious health complications. As with other risk factors and health behaviors, poor nutrition and a lack of exercise are not always a result of personal choice. Factors such as access to affordable healthy foods, or neighborhood design which promotes exercise and multi-modal transportation, have significant impact on these behaviors.



Obesity and Weight: Children, Adolescents, and Adults				
2009 (unless otherwise noted)	Humboldt County	+/-	California	+/-
Percentage of children (age 2-11) obese for age [Body Mass Index (BMI) equal or above 95th Percentile]	28.2%	9.6%	27.3%	1.1%
Percentage of Teens (age 12-17) at Normal Body Weight for Age	77.2%	9.8%	68.4%	2.7%
Percentage of Adults (age 18+) Obese [Body Mass Index (BMI) 30+]	26.5%	7.1%	22.7%	0.9%

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Nutrition and Active Living

Compared to California as a whole, Humboldt County rates better on some of the key indicators which measure nutrition and physical activity. A recent, informal survey conducted by the Public Health Branch revealed that the majority of the county's ten largest employers have initiated at least some elements of an employee wellness program.



Nutrition	Humboldt County	+/-	California	+/-
Did Not Eat Fast Food in the Past Week	58.1%	7.5%	35.8%	0.4%
Eat 5 or More Servings of Fruits/Vegetables (Child)	50.5%	9.5%	48.4%	2.2%
Eat 5 or More Servings of Fruits/Vegetables (Teen)	30.4%	13.4%	20.3%	2.2%
Youth who refrain from daily consumption of sugar-sweetened beverages	69%	5%	85.3%	5%
Eligible adults who participate in the Cal Fresh program	48.4%	—	44%	—

Sources:
2009 California Health Interview Survey
California Department of Social Services



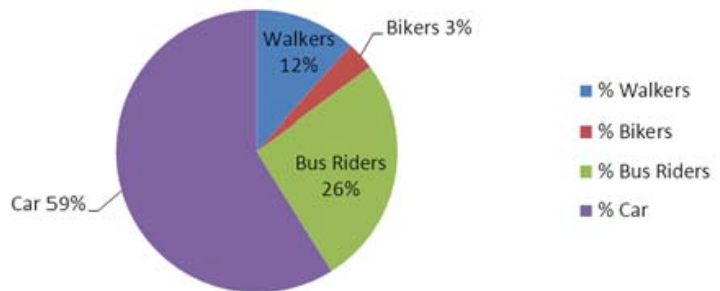
Nutrition and Active Living

Physical Activity	Humboldt County	+/-	California	+/-
One Hour of Physical Activity Every Day of the Week (Child)	<u>37.7%</u>	10.4%	22.6%	2.0%
One Hour of Physical Activity Every Day of the Week (Teen)	<u>30.5%</u>	9.7%	15.2%	1.8%
7th Graders who achieve the healthy fitness One in all 6 FitnessGram tests	34.4%	—	32.1	—
Youth who walk, bike, or skated from school	41.4%	—	43%	—
Mean travel time to work (minutes), workers age 16+, 2005-2009	18.1%		27%	
Adult: Regularly Walking for Fun, Exercise, Transportation	23.4%	5.9%	18.9%	0.9%

Sources:
 2009 California Health Interview Survey
 California Fitnessgram Physical Fitness Test Results



Student Transportation to school from the Humboldt County 2011 Parent Surveys



Source: Humboldt County SR2S 2011 Parent Surveys.
 32 schools in Humboldt County were surveyed.

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Nutrition and Active Living

2009	Humboldt County	+/-	California	+/-	Healthy People 2020 Objective
Estimated Prevalence of Diabetes	7.8%	4.5%	8.5%	0.6%	Equal to or Less than a 0.7% Annual Increase in New Diabetes Cases



	Humboldt County					California	Healthy People 2020 Objective
	Total	+/-	Among Whites	Among Non-Whites*	Among American Indians/ Alaska Natives		
Estimated Diabetes-Related Deaths (per 100,000)*	72.7	14.1	70.5	93.4	141.1	—	65.8
Years Potential Life Lost (YPLL) Before Age 75 due to Diabetes*	328.9	28.6	325.2	316.8	520.3	149.4	—

*Non-whites includes American Indian / Alaska Native, Black, Asian, Hispanic, Latino, and Native Hawaiian and Other Pacific Islander persons.

Sources:
 County of Humboldt DHHS-PHB—Vital Statistics
 2009 California Health Interview Survey
 Healthypeople.gov 2020 Topics and Objectives

* Humboldt data 2005-2009; California YPLL 2007.
 “—” signifies data not available or applicable.

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Nutrition and Active Living



Healthy People 2020 objective for coronary heart disease deaths: No more than 100.8 per 100,000

Heart Health and Stroke				
2009 (unless otherwise noted)	Humboldt County	+/-	California	+/-
AAMR* Coronary Heart Disease 2007-2009 (per 100,000)	135.1	19.2	128.0	1.2
AAMR Stroke 2007-2009 (per 100,000)	52.4	13.4	38.4	0.6
Emergency Room Visits for Myocardial Infarction (Heart Attack), Adults age 35+ (per 10,000)	18.8	3.5	22.3	0.2
Ever Diagnosed with High Blood Pressure	24.8%	6.1	26.6%	0.9
If Hypertensive, Takes Medicine For High Blood Pressure	74.5%	7.8	70.2%	1.8

*AAMR = Age-Adjusted Mortality Rate

Sources:
 2007 California Health Interview Survey
 2009 California Health Interview Survey
 CDPH Environmental Health Investigations Branch
 CDPH County Health Status Profiles 2011
 Healthypeople.gov 2020 Topics and Objectives

Healthy People 2020 objective for stroke deaths: No more than 33.8 per 100,000

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Environmental Quality

Ironically, Humboldt County is blessed with plentiful and splendid natural resources, yet the county rates poorly in health outcomes associated with environmental quality as identified at the state and federal levels. This dichotomy exists, in spite of the County's high-performing Environmental Health and

Health Education programs, in part because environment-related outcomes are influenced by many factors outside the traditional areas of food safety and water quality. Many social and economic factors impact the quality of our shared living environment, which in turn impacts our health.

2009 (unless otherwise noted)	Healthy People 2020 Objective	Humboldt County	+/-	California	+/-
Air pollution-particulate matter days	—	<u>4</u>	—	16	—
Air pollution ozone days	—	<u>0</u>	—	51	—
Ever Diagnosed With Asthma	—	15.1%	5.1%	13.6%	0.5%
If Asthmatic, Currently Has Asthma After Prior Diagnosis by Doctor	—	<u>70.0%</u>	12.0%	58.5%	2.5%
Emergency Room Visits due to Asthma <Age 5 (per 10,000)	95.5	<u>119.6</u>	28.2	109.9	1.3%
Percentage of Persons Served by Public Water Supply	91.0%	<u>77.0%</u>	0.2%	92.5%*	0.02%
Food-Borne Outbreaks - annual rate (per 100,000)*	—	Less than 1 per 100,000	—	0.3	0.1
Percentage of Children Age 0-5 with Elevated Blood Lead Levels (9.5+ µg/dL)	Eliminate Elevated Blood Lead Levels	1.7%	***	0.4%	0.03%

Sources:
 2009 California Health Interview Survey
 CDPH Environmental Health Investigations Branch
 CDPH Public Drinking Water Systems
 USGS Water Use in the United States *2007

County Health Rankings (<http://www.countyhealthrankings.org>)

* Humboldt 2005-2009; California 2008

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Photovoice Project

IN FOCUS: Youth Perspectives on Alcohol & Other Drug Use

This is the Manila Community Park. We have a full Frisbee golf course, a children's park, and picnic tables for the few sunny days we get here.

The kids of the community love their park but most of the kids I know are not allowed to go to the park alone.

The reason for this is so many people are hanging out there, from homeless people to drunken people yelling at children playing. I will go to the park with the kids I babysit or hang out with and we will see men and women smoking who-knows-what on the playground or at the tables. Just recently we had a drug bust in the parking lot.

This parking lot is known in the community for drug deals. I believe if we had a park patrol most of the criminal acts that are going on would be prevented.

Our park is beautiful. I used to go there almost every day but now I'm unsure about it because some of the people that hang out there disturb the safe environment.



Rose, Age 15
Manila Teenship
Manila, CA



Family Health

Humboldt County Public Health and its community partners have made significant progress in ensuring that families, particularly those with children age <1-5 years, have adequate access to resources that improve health outcomes.

Humboldt performs better than both California and the U.S. in the rate of teen (age 15-19) births, in breast feeding

initiation, and in the proportion of individuals stating that they have health insurance. The rate of low-birth-weight births in Humboldt is also better than in California overall.

While a relatively rare event, infant mortality (under age 1) occurs at a slightly higher rate in Humboldt than in California statewide.

From the 2011 California County Health Status Profiles (Years 2007-2009) <small>(unless otherwise noted)</small>	Healthy People 2020 Objective	Humboldt County	+/-	California	+/-
Infant Mortality (per 1,000)	6.0	6.3	5.2	5.3	0.2
Low Birth Weight Births	7.8%	5.6%	1.3%	6.8%	0.1%
Late or No Prenatal Care	22.4%	21.5%	2.3%	16.3%	0.1%
Births to Mothers Age 15-19 (per 1,000)	42.5	28.2	4.8	34.7	0.3
Initiation of Breastfeeding	TBD	93.0%	1.4%	89.0%	0.1%
Percentage of Population Currently with Health Insurance (2009)	100%	87.3%	4.0%	85.5%	0.8%



Sources:
2009 California Health Interview Survey
CDPH County Health Status Profiles 2011

Humboldt County has higher rates of deaths from cancer than seen statewide and higher annual incidence (new cases) of most cancers than California as a whole. data on lung cancer, please refer to Page 31, Tobacco Use—Outcomes.



Scene from Humboldt County's Relay for Life

Age-adjusted Rates	Humboldt County		California		Healthy People 2020 Objective
	Total	+/-	Total	+/-	
Mortality Rates 2008-2010; Incidence Rates 2005-2009	Per 100,000 Persons				
					No more than:
Total Cancer Mortality Rate	184.7	22.5	151.7	11.5	160.6
Total Cancer Incidence Rate	529.8	16.0	474.7	1.0	—
Female Breast Cancer Mortality Rate	25.1	13.6	20.1	0.6	20.6
Female Breast Cancer Incidence Rate	145.3	12.0	152.6	0.8	—
Prostate Cancer Mortality Rate	25.5	16.3	21.2	0.8	21.2
Prostate Cancer Incidence Rate	155.5	13.2	143.0	0.9	—
Colorectal Cancer Mortality Rate	16.8	8.0	14.1	0.4	14.5
Colorectal Cancer Incidence Rate	53.0	5.3	45.9	0.3	—

Sources:
 CDPH County Health Status Profiles 2011 and 2012
 Healthypeople.gov 2020 Topics and Objectives
 California Cancer Registry. Cancer incidence (fatal and non-fatal new cases) include both Humboldt and Del Norte Counties, covering 2005 to 2009

Tobacco Use

Tobacco abuse (smoking, or using smokeless tobacco products) remains a significant cause of poor health outcomes in Humboldt County. Mortality rates from Lung Cancer and Chronic Obstructive Pulmonary Disease (COPD) remain significantly higher in Humboldt than in California overall. The smoking rates reported by Humboldt residents are generally similar to statewide rates. However, Humboldt residents report

smoking more cigarettes overall during their lifetime than is reported statewide. Of even greater concern is the fact that, among those who smoke cigarettes, Humboldt residents smoke indoors at a much higher rate than smokers statewide. Second-hand tobacco smoke is a known risk factor for many lung and cardiovascular diseases, including Asthma.

Tobacco Use Behaviors				
2009	Humboldt County	+/-	California	+/-
Percentage of adults and teens CURRENTLY SMOKING	12.5%	4.0%	12.5%	0.8%
Percentage of Population Who Have SMOKED 100+ CIGARETTES IN THEIR LIFETIME	42.9%	8.6%	36.7%	1.0%
Of Those Who Smoke, Percentage of Adults Who SMOKE INDOORS AT HOME 7 Days a Week	67.3%	6.6%	44.7%	4.5%

Source: 2009 California Health Interview Survey



Tobacco Use

Outcomes: Smoking-Related Illness and Deaths

(per 100,000)

2005-2009*

Rates	Humboldt County				California**	+/-	Healthy People 2020 Objective
	Total	+/-	Among Whites	Among Non-Whites*			
Average Annual Lung Cancer Incidence	67.0	5.9	—	—	52.5		—
AAMR Lung Cancer	52.8	12.0	55.2	35.2	37.2	0.6	45.5
AAMR COPD	57.2	12.5	59.7	37.3	37.1	0.6	98.5
Years Potential Life Lost Before age 75 due to COPD (2007)	248.9	24.7	261.4	176.1	127.2	—	—

*Non-whites includes American Indian / Alaska Native, Black, Asian, Hispanic, Latino, and Native Hawaiian and Other Pacific Islander persons.

**California Death Rates 2007-2009; California YPLL 2007; Humboldt rates 2005-2009.

“—” signifies data not available or applicable.

Sources:

County of Humboldt DHHS-PHB—Vital Statistics
 CPDH County Health Status Profiles 2011
 CDC WISQARS
 Healthypeople.gov 2020 Topics and Objectives;
 California Cancer Registry. Lung cancer incidence (fatal and non-fatal new cases) includes both Humboldt and Del Norte Counties, covering the years 2005-2009

There is NO risk-free level of contact with secondhand smoke.

Eliminating smoking in indoor spaces is the only way to fully protect nonsmokers from secondhand smoke exposure.

Tobacco Ordinances by City

Cities with tobacco ordinance stricter than the state requirements

	Model*	State	Arcata	Eureka	Blue Lake	County
Dining Areas (outdoor seating at restaurants, bars, etc.)	✓		✓ Bar exception	✓ Bar exception	✓ Bar exception	
Entryways (within a certain distance of all areas where smoking is prohibited)	✓ 30'		City bldg. & MUH (20'), Optional for others	✓ 30'	✓ 20'	County bldgs. (30') and vehicles
Events (farmer's markets, fairs, concerts, etc.)	✓			✓	✓	
Recreational Areas (parks, beaches, trails, sports fields etc.)	✓		✓	✓	✓	
Service Areas (bus stops, ATM lines, ticket lines, taxi stands, etc.)	✓		✓	✓	✓	
Outdoor Worksites (such as construction areas)	✓			✓	✓	
Multi-Unit Housing (MUH) Common Areas	✓		✓	✓	✓	
MUH Decks & Patios (reasonable distance from non-smoking areas)	✓			✓		
MUH Disclosure (prospective tenants are informed of where smoking is allowed)	✓			✓		
MUH Individual Units smoke free	✓			✓		
Signage	✓	✓	✓	✓	✓	✓
Enforcement	Designated authority left open.	Local law enforcement/ health agencies	Police Chief	Police Chief	Police Chief, Peace officer or Code Enfc.	County Health Officer or designee
Penalty	Infraction or Misdemeanor or Civil	Infraction	Infraction	Infraction or Misdemeanor or Civil	Infraction or Misdemeanor or Civil	Infraction
Smoke designated a Public Nuisance	✓			✓		
Private Right of Enforcement	✓			✓		

* Model ordinance developed by the Tobacco Free Humboldt and City Council members with assistance from [Change Lab Solutions](#)

Tobacco Ordinances by City

According to the Centers for Disease Control (CDC), tobacco use is the single most preventable cause of death and disease in the United States. Each year, approximately 443,000 Americans die from tobacco-related illnesses. For every person who dies from tobacco use, 20 more people suffer with at least 1 serious tobacco-related illness.

There is no risk-free level of exposure to secondhand smoke. Secondhand smoke causes heart disease and lung cancer in adults and a number of health problems in infants and children. Smoke-free policies are an effective way to protect non-smokers from secondhand smoke.

The current model policy was developed through an interactive process

working with an attorney with Change Lab Solutions (<http://changelabsolutions.org/>), city council members and the Tobacco Free Humboldt program. Model smoke-free policies have been developed specifically for the City of Eureka (adopted) and City of Arcata (currently with city staff). The Comparison of Policy Provisions shows which of the major policy components contained in the Model Policy have already been adopted in state law and local ordinance in the largest jurisdictions in Humboldt County.

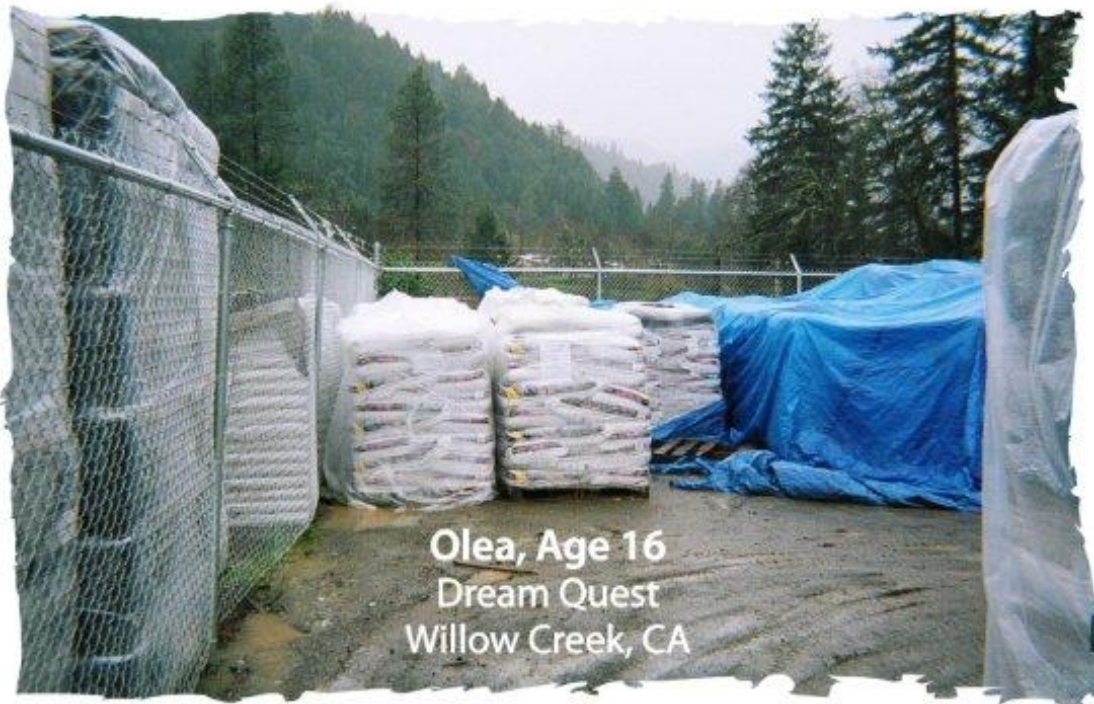
NO SMOKING
WITHIN 30 FEET OF THIS BUILDING*



**Per Local Ordinance*

Photovoice Project

IN FOCUS: Youth Perspectives on Alcohol & Other Drug Use



Olea, Age 16
Dream Quest
Willow Creek, CA

There are all kinds of drug promotions around us.

These bags of soil promote growing marijuana.

What you do is up to you.

But seeing all these advertisements for drugs around you can affect your choices and change your judgment.

This reminds me that so many people in my community rely on growing marijuana for their income.

Growing marijuana makes our county's economy.

Sadly, we are famous for it.

I think that people should try and do something with their lives.

Growing marijuana for a living is such a cop out.

It bothers me that it is so normal for people to grow their lives away.



Alcohol and Other Drug Abuse

Substance abuse is the single most significant, identifiable risk factor leading to Humboldt County's poor overall health outcomes. This includes alcohol abuse, abuse of prescription and over-the-counter drugs, and illicit drug abuse. (Note: Tobacco abuse and its adverse health effects are covered in another section.)

The devastating impacts of substance abuse within Humboldt County affect the entire community; the damage is not limited to the individual lives of those who engage in these behaviors. High

rates of drug-related hospitalizations and Emergency Room visits burden our local health care system with serious —yet *preventable* — illness and injury. Substance abuse erodes social cohesion in our communities, and results in increased rates of felony crimes, diminished economic capacity and opportunity, and an excess of premature death.

Humboldt County experiences drug-related death rates which are **300% higher** than state and national rates.

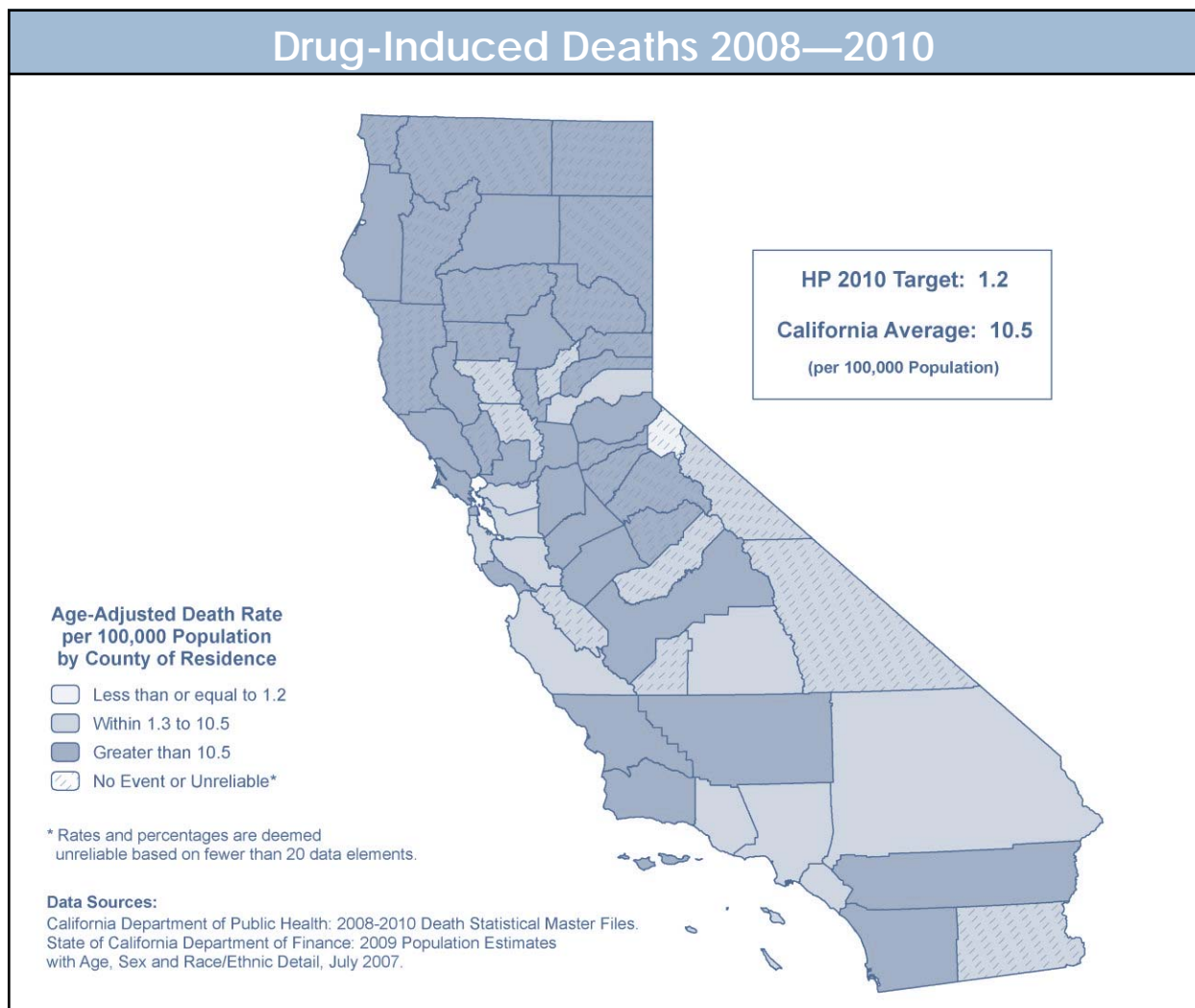
Alcohol and Other Drug Use Behaviors (2009)	Humboldt County	+/-	California	+/-
Percent of People Who Reported Needing Help For Emotional-Mental Health or Use of AOD	13.8%	3.6%	14.3	0.8%
Percent of People Who Saw a Healthcare Provider for Emotional-Mental Health and/or AOD Issues in the Past Year	11.6%	3.4%	10.9	0.8%
Percent of People Who Reported Needing Help For Emotional-Mental Health or Use of AOD	13.8%	3.6%	14.3	0.8%
Percent of Teens Who Have Ever Consumed Alcohol	26.4%	10.6%	33.4%	2.6%
Percent of Adults Who Engaged in Binge Drinking During the Past Year	40.2%	9.7%	31.3%	1.1%

Source: 2009 California Health Interview Survey.

Alcohol and Other Drug Abuse

Why do rural California counties like Humboldt have consistently higher rates of alcohol and other drug related deaths? There is not a single identifiable cause. But there are some shared risk factors that contribute to the problem.

- Isolation can prevent people from forming supportive relationships.
- Geographic distance contributes to transportation barriers and access to basic services.
- Community acceptance and tolerance of heavy drinking and drug misuse creates an environment that is favorable towards substance abuse and dependence.



Alcohol and Other Drug Abuse

Healthy People 2020 objective for annual drug-related deaths: no more than 11.3 per 100,000

Healthy People 2020 objective for annual deaths due to cirrhosis and liver disease: no more than 8.2 per 100,000

Rates 2005-2009, unless otherwise noted, per 100,000	Humboldt County				California	+/-
	Total	+/-	Among Whites	Among Non-Whites*		
Drug Induced Deaths (2008-2010)	36.3	11.5	—	—	10.5	0.4
Deaths due to Unintentional Overdose	27.6	9.0	27.9	27.8	—	—
Years Potential Life Lost due to Alcohol and Other Drugs	876.0	128.0	891.8	889.7	260.5	—
Hospitalizations due to Adverse Effects of Drugs (% of total hospitalizations)	4.8%	0.4%	—	—	3.8%	0.1%
Deaths due to Cirrhosis and Liver Disease (2008-2010)	16.7	8.1	—	—	10.8	0.3
Years Potential Life Lost due to Cirrhosis and Liver Disease	377.0	31.2	323.2	569.0	201.9	—

*Non-whites includes American Indian / Alaska Native, Black, Asian, Hispanic, Latino, and Native Hawaiian and Other Pacific Islander persons.

Cirrhosis of the liver and chronic liver disease has many causes. In the United States, the most common causes are chronic alcoholism and hepatitis (there is a strong association between injection drug use and Hepatitis B and C infection). Nationally, it is the 12th leading cause of death (2007), and the 13th

leading cause of death in California (2008-10). Reviewing Humboldt County from 2007-2011, Cirrhosis and chronic liver disease was the 5th leading cause of death in people aged 25-44 years and the 3rd leading mortality cause in the 45-64 year age group.

Sources:
County of Humboldt DHHS-PHB—Vital Statistics
CDPH County Health Status Profiles 2011 and 2012

California OSHPD Public Data Sets 2008
CDC WISQARS
Healthypeople.gov 2020 Topics and Objectives



Alcohol and Other Drug Abuse

Youth Behaviors

Data from the California Healthy Kids Survey (CHKS, 2009-2011) point to widespread use of substances among high school students in Humboldt County. Humboldt County high school-aged youth report higher rates of alcohol and marijuana use than their peers statewide. Additionally, Humboldt County youth report higher rates of binge drinking than their peers statewide.

Many studies have noted that the earlier the age of onset, the more likely an individual is to experience negative health consequences related to substance use

over time. So it is of particular concern that the age of substance use initiation is younger in Humboldt County than the rest of the nation.

The factors surrounding youth substance use are extremely complex. Addressing the root cause will require a coordinated, ongoing, community-level response. Locally, Humboldt [ASAP](#) (Allies for Substance Abuse Prevention) is a partnership of local organizations and individuals dedicated to reducing and preventing substance use in Humboldt County.

California Healthy Kids Survey 2009—2011	Humboldt County	California
Average age of substance use initiation-Alcohol	13-14	16
Average age of substance use initiation- Marijuana	13-14	17

Humboldt A.S.A.P. Study 2009	Local Youth Reporting
Ever-Use of Alcohol or Other Drugs	74%
Accessed alcohol from a friend	78%
Accessed alcohol from a friend 21+	61%
Had a stranger purchase alcohol	48%
Stole alcohol from a parent	35%
Given alcohol by a parent	21%
Accessed marijuana from a friend	80%
Accessed marijuana from a dealer	52%
Accessed marijuana from a friend 21+	32%

Source:
Alcohol, Tobacco and Other Drug Prevention Coalition
(ATODPC—now ASAP) Study, 2009



Alcohol and Other Drug Abuse

Humboldt County Youth AOD Use 2009—2011						
	Humboldt County			California		
	9th Grade	11th Grade	Non - Traditional	9th Grade	11th Grade	Non - Traditional
Past 30-Day Use-Alcohol	29	42	59	24	33	53
Past 30-Day Use-Binge Drinking	19	31	48	14	22	43
Past 30 Day Use-Marijuana	22	27	42	15	21	48
Perceived Harm-Alcohol- Great	18	17	22	27	27	28
Perceived Harm-Alcohol-Moderate	24	24	31	24	24	23
Perceived Harm-Alcohol-Slight	39	41	34	29	32	28
Perceived Harm-Alcohol-None	19	18	13	19	17	21
Perceived Harm-Marijuana-Great	24	22	23	39	34	26
Perceived Harm- Marijuana-Moderate	29	23	25	24	22	17
Perceived Harm-Marijuana-Slight	24	33	18	17	22	23
Perceived Harm- Marijuana-None	22	22	34	20	22	34
Parental Disapproval-Strongly disapprove Alcohol	52	51	27	N/A	N/A	N/A
Parental Disapproval-Strongly disapprove Marijuana (try once or twice)	25	28	8	N/A	N/A	N/A
Parental Disapproval-Strongly disapprove Marijuana (use once a month or more)	41	33	14	N/A	N/A	N/A
Perceived Difficult of Obtaining Alcohol- Very or Fairly Easy	71	76	70	60	73	68
Perceived Difficulty of Obtaining Marijuana-Very or Fairly Easy	74	78	77	55	72	73

Source: California Healthy Kids Survey, 2009-2011
County-level and statewide reports



Communicable Disease

The Public Health Branch remains committed to fulfilling its traditional role as the agency responsible for identifying and responding to communicable disease reports and outbreaks within the county. Public Health staff is actively engaged in developing and maintaining our capacity for rapid and effective response to significant public health events based on key principles of State and Federal incident command systems.

With respect to sexually transmitted disease, Humboldt consistently has lower reported rates of Chlamydia and Gonorrhea than seen in California. However, Humboldt has faced challenges in ensuring that enough of our residents, particularly kindergarten-aged children are adequately immunized against other vaccine-preventable diseases. Additionally, Humboldt has a significant burden of Chronic Hepatitis C compared to California overall.

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Immunization Rates				
	Humboldt County	+/-	California	+/-
Percentage of adults and children receiving flu vaccine (2009)	36.0%	7.2%	37.5%	0.9%
Percentage of Kindergarten children not vaccinated under the personal belief exemption (PBE) (2011-12)	9.9%	1.5%	2.3%	0.04%
Percentage of Kindergarten children with vaccinations up-to-date (2011-12)	77.6%	2.1%	91.0%	0.1%
Sexually Transmitted Diseases				
	Humboldt County (2010)	+/-	California (2009)	+/-
Chlamydia rate (per 100,000)	251.1	26.7	378.6	1.9
Chlamydia rate in females (per 100,000)	316.4	42.6	522.0	3.2
Gonorrhea rate (per 100,000)	20.1	7.5	61.7	0.8

Source:
2009 California Health Interview Survey
CDPH DCDC Immunization Branch, 2010 School Immunization Rates in California

Sources:
County of Humboldt DHHS-PHB—Vital Statistics
CDPH California County Health Status Report 2011
CDC Division of Viral Hepatitis

Communicable Disease

Enteric and Gastrointestinal illnesses are another common type of reportable condition in Humboldt County. These can be bacterial, viral, or parasitic in nature and the incidence of these diseases fluctuate annually. Commonly reported illnesses (2010) are listed in a table below. Usually, these illnesses are associated with contaminated food and/or water and while individual cases are typically reported, these diseases can cause outbreaks of diarrheal illness. Through the efforts of Humboldt PHB Public Health Nursing, the Environmental Health Division, local health care providers, and the public, Humboldt County has a robust



surveillance, reporting and regulatory system to reduce the occurrence of these, and all other, reportable diseases.

Select Enteric Illnesses				
Name of Disease	Humboldt County Rate/100,000	+/-	California Rate/100,000	+/-
Campylobacteriosis	14.8	6.5	17.1	0.4
Cryptosporidiosis	8.9	5.0	1.0	0.1
E. Coli O157:H7	0.7	--	0.5	0.1
Giardiasis	7.4	4.6	4.8	0.2
Salmonellosis	8.2	4.8	13.7	0.4

Sources:
County of Humboldt DHHS-PHB—Vital Statistics



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Communicable Disease

Hepatitis B & C Prevalence				
	Estimated Number of Cases—Humboldt (2011)	Estimated Humboldt Prevalence (2011)	Estimated Number of Cases—California (2009)	Estimated California Prevalence (2009)
Hepatitis B	693	1 in 194 persons	~100,000-175,000	~1 in 200 persons
Hepatitis C	4,705	1 in 29 persons	~346,000-577,000	~1 in 67-111 persons
Demographics of Humboldt County Hepatitis C Cases 1990-2011				
Average Age--Acute Cases:		37 Years	(min. 17, max. 59)	
Average Age--Chronic Cases:		44 Years	(min. 0, max. 95)	
% Male		58%		
% Female		42%		
Race/Ethnicity	#Cases	Rate/100,000 by Race		
White	2821	119.0		
American Indian/Alaska Native	412	258.6		
Hispanic/Latino	73	40.4		
African American/Black	52	212.7		
Asian/Pacific Islander	22	42.9		
Other	28	----		
Unknown	1562	----		

Sources:
 County of Humboldt DHHS-PHB—Vital Statistics
 CDPH California County Health Status Report 2011
 CDC Division of Viral Hepatitis

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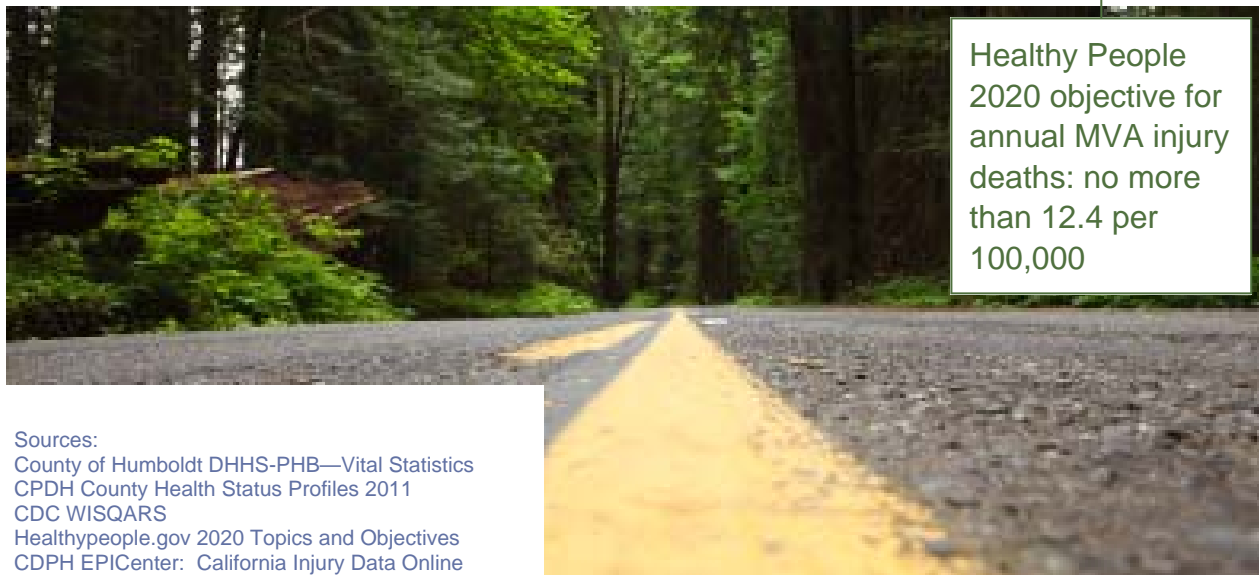
Unintentional Injury

Unintentional injuries (UI) are the leading cause of preventable and premature death in Humboldt County. From 2005-2011, nearly 3 in 4 unintentional injury deaths (73%) were from accidental alcohol/drug overdose (#1 UI cause of death), and transportation-related collisions, primarily involving motor vehicles. The remaining UI deaths include injuries from falls and fresh or

saltwater drowning. The rate of unintentional injury and death from all causes in Humboldt is approximately twice that of California. The rate of unintentional injury death in Humboldt's American Indian population is possibly three times the state overall rate, which may be a contributing factor to a lower average age at death within the county's American Indian community.

Motor Vehicle Injuries and Fatalities*	Humboldt	+/-	California	+/-
Motor Vehicle Fatalities (per 100,000)*	<u>16.6</u>	6.8	9.2	0.3
Years Potential Life Lost (YPLL) <age 75 (per 100,000)*	<u>577.0</u>	40.6	435.6	—
Emergency Room Visits due to Motor Vehicle Injuries 2009 (per 100,000)	<u>746.1</u>	46.2	572.4	2.4

* California Death Rates 2007-2009; California YPLL 2007; Humboldt rates 2005-2009.



Sources:
 County of Humboldt DHHS-PHB—Vital Statistics
 CDPH County Health Status Profiles 2011
 CDC WISQARS
 Healthypeople.gov 2020 Topics and Objectives
 CDPH EPICenter: California Injury Data Online



Unintentional Injury

Deaths and Emergency Department Visits due to Unintentional Injury

2009 (unless otherwise noted)	Humboldt County					California **	+/-
	Total	+/-	Among Whites	Among Non-Whites*	Among American Indians		
Deaths due to Unintentional Injury (per 100,000)*	<u>60.3</u>	13.1	59.9	62.0	99.4	28.7	0.5
Years Potential Life Lost due to Unintentional Injuries (per 100,000)*	<u>1802.9</u>	72.9	<u>1785.8</u>	<u>1922.5</u>	<u>3192.9</u>	918.5	—
Emergency Room Visits due to Unintentional Injuries (per 100,000)	<u>8626.1</u>	157.2	—	—	—	5145.3	7.1
Emergency Room Visits due to Unintentional Poisoning (per 100,000)	<u>226.1</u>	25.5	—	—	—	88.7	0.9

*Non-whites includes American Indian / Alaska Native, Black, Asian, Hispanic, Latino, and Native Hawaiian and Other Pacific Islander persons.

** California Death Rates 2007-2009; California YPLL 2007; Humboldt rates 2005-2009

“—” signifies data not available or applicable.

Note: The majority of accidental poisonings involve the abuse of drugs and/or alcohol.

Sources:

County of Humboldt DHHS-PHB—Vital Statistics

CPDH County Health Status Profiles 2011

CDC WISQARS

Healthypeople.gov 2020 Topics and Objectives

CDPH EPICenter: California Injury Data Online

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Violence and Safety

Humboldt County has a lower overall rate of death by homicide, as well as a lower rate of homicide-related premature death, than is seen statewide. Humboldt also has a lower rate of violent crime compared with California overall. In addition, in the 2009 California Health Interview Survey, more Humboldt residents report feeling "safe" in their neighborhoods than do other Californians.

However, significant challenges to overall community and family safety

remain. Since 1985 there have been 27 homicides in Humboldt county where the victim was a domestic partner of the assailant. Compared to California, Humboldt has a higher prevalence of people over 18 who have experienced sexual or physical abuse from a domestic partner. Additionally, the Humboldt juvenile and adult arrest rate for felony drug offenses, total DUI offenses, and the rate of emergency room visits for assault injuries are all approximately double their respective statewide rates.

Healthy People 2020 objective for annual homicide deaths: no more than 5.5 per 100,000

2009 (unless otherwise noted)	Humboldt	+/-	California*	+/-
Deaths from Homicide (per 100,000)*	4.8	***	5.8	0.2
Years Potential Life Lost due to Homicide (per 100,000)*	<u>191.2</u>	23.5	307.9	—
Emergency Room Visits Due to Assault (per 100,000)	<u>498.4</u>	37.8	285.8	1.7
Percentage of People Who Say They Have Experienced Physical or Sexual Violence by an Intimate Partner Since Age 18	19.4%	6.5%	14.8%	1.0%

* California Death Rates 2007-2009; California YPLL 2007; Humboldt rates 2005-2009.
 "—" Signifies data not available or applicable.
 "****" Signifies that rate is unstable (see Page 14 for explanation).

Sources:
 County of Humboldt DHHS-PHB—Vital Statistics
 CPDH County Health Status Profiles 2011
 CDC WISQARS
 Healthypeople.gov 2020 Topics and Objectives
 CDPH EPICenter: California Injury Data Online



Violence and Safety

Violence and Community Safety Measures—2009	Humboldt	+/-	California	+/-
Violent Crime Rate (homicide, forcible rape, robbery, aggravated assault) (per 100,000)	<u>405.9</u>	34.2	453.6	2.1
Felony Drug Offense Arrests (per 100,000) (ages 10-69)	<u>694.2</u>	49.8	392.3	2.3
DUI Arrests (Misdemeanor and Felony) (per 100,000) (ages 10-69)	<u>1,512.1</u>	73.5	696.6	3.0

Source:
California Dept. of Justice—Criminal Justice Statistics Center



Violence and Safety

Since 1985 Twenty-seven women, 2 men, 1 child, and 2 companion animals were killed in acts of domestic violence. Two of the murdered women were also pregnant. Twenty-eight of the perpetrators were men, one was a woman, and 8 of them also committed suicide at the scene.



2010	Humboldt	California
Total Domestic Violence Calls for Assistance	841	166,361
No weapon involved	592	100,496
Weapon involved	256	65,865

Source: <http://oag.ca.gov/crime/cjsc-stats/2010/table14>



Humboldt Silent Witness Project

2011	Crisis Calls Received	Shelter nights provided
Humboldt Domestic Violence Services	2212	1206
North Coast Rape Crisis Team	1157	—
Women in Southern Humboldt (WISH)	876	153

Source: Silent Witness Project. Information gathered by a committee of the Domestic Violence Coordinating Council using public records.

Suicide

Each suicide death has an obvious negative impact on the immediate family of the victim, but is also felt throughout the community in ways that are not easily quantified. It is also important to note that Humboldt's community-wide substance abuse problem is a contributing factor in many suicides.

Many counties in California and throughout the U.S with similar demographic profiles as Humboldt have high suicide rates. The fact remains that

self-inflicted death and injury represent a significant health challenge to Humboldt County.

Why do rural areas like Humboldt have consistently high rates of suicide, when compared to the California average?

Suicide is an issue in other parts of the world. Suicide rates are consistently higher in some other countries, especially Northern Europe. Suicide rates are routinely higher in states west of the Rockies.

Annual Suicide Deaths and Self-Inflicted Injuries				
2009 (unless otherwise noted)	Humboldt	+/-	California*	+/-
AAMR Suicide (per 100,000)*	20.9	7.5	9.6	0.3
Years Potential Life Lost due to Suicide (per 100,000)*	542.8	38.5	289.7	—
Percentage of Adults Who Say They've Ever Thought About Suicide	12.1%	4.6%	8.7%	0.7%
ER Visits due to Self-Inflicted Injury (2009) (Per 100,000)	114.9	18.1	72.0	0.8

* California Death Rates 2007-2009; California YPLL 2007; Humboldt rates 2005-2009.

"—" Signifies data not available or rate is statistically unstable.

Sources:
 County of Humboldt DHHS-PHB—Vital Statistics
 CDPH County Health Status Profiles 2011
 CDC WISQARS
 Healthypeople.gov 2020 Topics and Objectives
 CDPH EPICenter: California Injury Data Online
 2009 California Health Interview Survey

Suicide

Instead of looking for a specific cause (the weather, the economy), researchers look at Risk Factors and Resiliency Factors.

- As with substance abuse, isolation can be a risk factor for suicide. Geographic isolation can also create a barrier to access to care and treatment.
- Access to lethal means (firearms and drugs) is a significant risk factor.
- Prior history of mental illness or substance abuse is an important risk factor.

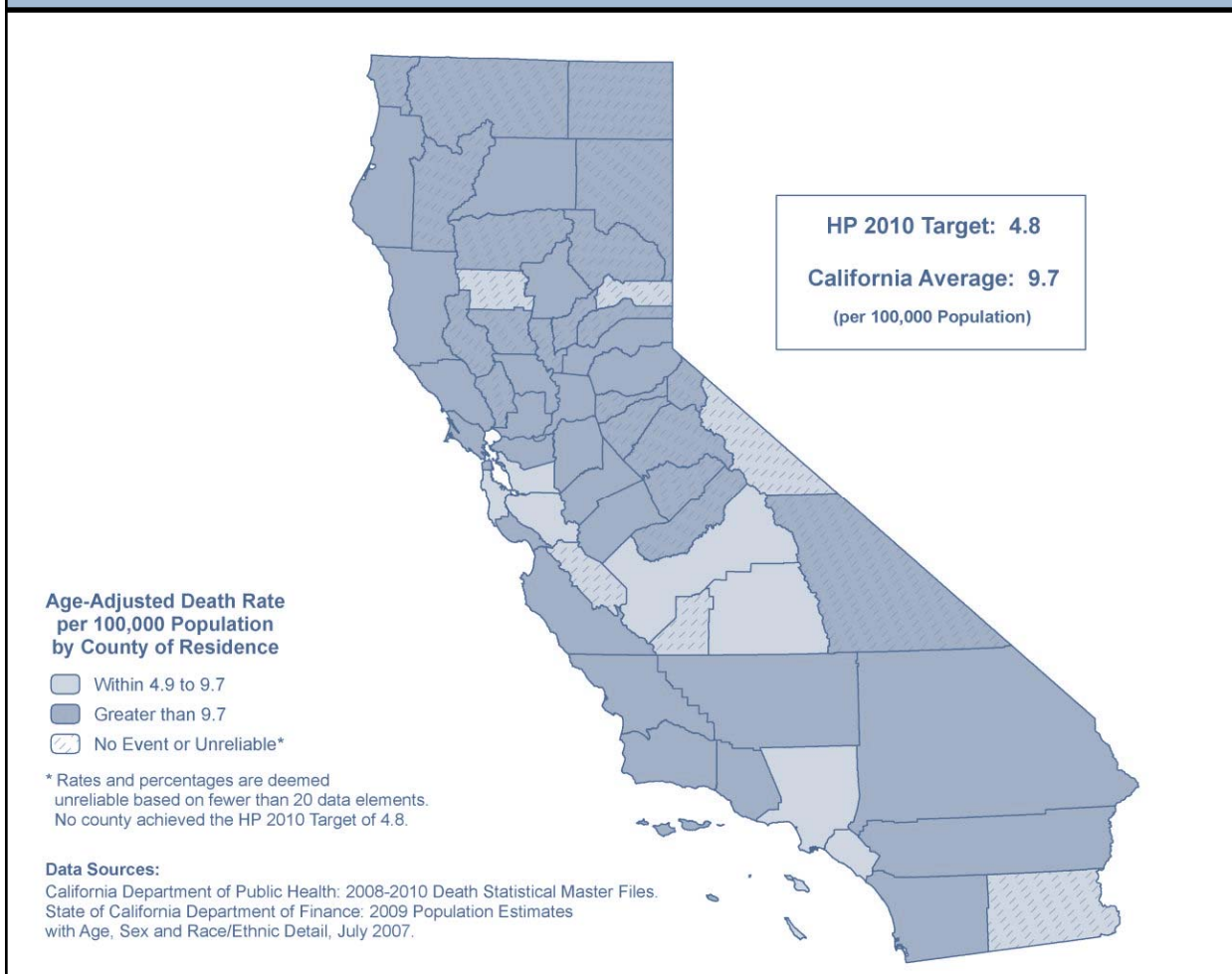
tor.

- Other risk factors include unemployment and economic instability.
- Protective factors include family cohesion and supportive relationships in church and in community.

In Humboldt County:

- Women attempt suicide 3 times as often as men.
- Men are nearly 4 times more likely to die by suicide than women.
- Suicide rates are highest for people between the ages of 40 and 59.

Deaths due to Suicide 2008—



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Community Capacity to Respond



Question ~ Persuade ~ Refer

QPR stands for three simple steps anyone can learn to potentially save someone from dying by suicide. Since November 2009 68 trainings have been conducted throughout Humboldt County training 1, 283 community members.



Community Forum on Building Community Capacity to Prevent Suicide



Annual "Walking toward Awareness" community event sponsored by partnerships with survivors of suicide loss, county suicide prevention program and other local agencies.

Applied Suicide Intervention Skills Training (ASIST)

In June 2011 Department of Health and Human Services hosted a 5-day Applied Suicide Intervention Skills Training for Trainers . Currently a diverse multi-agency training team conducts ASIST throughout Humboldt County. This training targets providers. From September 2011 to December 2012 9 trainings have been implemented training 175 providers.



Sources

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- Healthy People 2020 Topics and Objectives. [healthypeople.gov. http://healthypeople.gov/2020/topicsobjectives2020/default.aspx](http://healthypeople.gov/2020/topicsobjectives2020/default.aspx)

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What Works for Health (<http://whatworksforhealth.wisc.edu/>)

Humboldt County Community Development Department, Planning Division (<http://gis.co.humboldt.ca.us/>)

California Healthy Kids (<http://www.californiahealthykids.org/index>)

Prosperity, the North Coast Strategy, Vol. III (<http://www.northcoastprosperity.com/localeconomy/prosperitystrategy>)