UPDATE

A bi-monthly newsletter of the Solano County Health & Social Services Department.

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Letter from the Director

Dear Reader:

This is the second edition of **Update** to focus on health disparity in Solano County. The previous edition was the March 2005 issue. Both editions are based upon the report *Health Disparity in Solano County 2004*.

Health disparity is not just a Solano County issue – it is national. Eliminating health disparities is one of the Surgeon General's top three priorities. The other two are prevention and public health preparedness.

The American Public Health Association (APHA) believes aggressive action is needed to address health disparities. APHA recommends the following actions:

- Ensuring universal access to care,
- Addressing the social determinates of health,
- Improving the quality of medical care,
- Increasing the cultural competency of health practitioners and health systems, and
- Developing a diverse health provider and public health work force.

Lifestyle

Lifestyle choices can and do have a tremendous impact on health outcomes. Not just physical health, but mental health as well. A new study from the Kaiser Permanente Division of Research in Oakland found obesity in middle age increases the risk of dementia in later life. According to lead investigator, Dr. Rachel A. Whitmer, "People who were obese in mid-life were 74% more likely to have dementia, while overweight people were 35% more likely to have dementia, compared to those with normal weight." The study appears online in the *British Medical Journal* (BMJ.com).

Overweight and obesity is a growing problem in Solano County. Data from the California Health Interview Survey (CHIS) showed that the nearly 3 of every 5 Solano County residents (12 and over) are overweight or obese. For adults (21 and over) the proportion increased from 64.7 percent in 2001 to 67.1% in 2003. For adolescents and youths, the proportion who are overweight or obese increased from 20 to 21.6% during the same two-year period. Data from 2003-04 California Physical Fitness Test showed that less than one-fourth meet all six fitness standards.

Earlier this Spring, the U.S. Department of Agriculture unveiled it's new MyPyramid which replaces the Food Guide Pyramid introduced in 1992. The MyPyramid symbol represents the recommended proportion of foods from each food group and focuses on the importance of making smart food choices in every group, every day. Physical activity is a new element in the symbol.

The March **Update** looked at disparity from the standpoint of disease and illness. This edition focuses on some of the behaviors and lifestyle that contribute to poor health outcomes such as smoking, fitness, and nutrition.

Sincerely,

Patrick O. Duterte
Director

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LIFESTYLE

A person's lifestyle has a significant impact on health. Diet and nutrition, exercise and fitness, drug and alcohol abuse, and smoking are well known examples. Other behaviors also impact health outcomes. Regular health check ups, timely testing, and pre-natal care are examples of preventive health measures that can reduce disease and illness.

The links between obesity and diabetes, smoking and lung cancer, and smoking and heart disease are well known. Studies have shown that diet can have a long-term impact on even a genetically based disease, so establishing proper eating habits is important.

Lifestyle and other health related behaviors are tracked by the California Health Interview Survey (CHIS) and other studies. The data clearly shows that disparity exists among Solano County' racial/ethnic groups. Among the findings:

- African Americans had the lowest proportion of smokers -- 15.3 percent. Hispanics are more likely to smoke than other groups. 22.3 percent of Hispanic adults said they smoked.
- Hispanic women were the least likely to get a mammogram. Only one-third reported getting a mammogram within the previous two years compared to 63.7% for white women, 57.4% for African American women and 47 percent for Asian women.
- Obesity is a major problem for the community as a whole. With the exception of Asians - who have obesity/overweight rates about 40 percent of the County average -- there is little difference in rates among the other racial/ethnic groups.

Although disparities clearly exist among ethnic groups, other socioeconomic factors are also associated with health outcome gaps such as income and education. In general, lower income and less educated individuals have poorer health outcomes than higher income or more educated persons regardless of race or ethnicity.

DISPARITY QUIZ

1. In which group is AIDS growing fastest in Solano County?

A. Gay Men
B. Hispanics
C. African American Men
D. African American Women

2. The racial/ethnic group with the highest proportion of adult smokers is?

A. Asian/Pacific Islanders
B. Non-Hispanic Whites
C. Hispanics
D. African Americans

3. How does the cancer mortality rate (Number of deaths per 100,000 people) for African Americans compare to other racial/ethnic groups in Solano County?

A. 10 percent lower
B. About the same
C. 20 percent higher
D. 50 percent higher

4. The infant mortality rate for Solano County as a whole in 2001 was 5.3 deaths per 1,000 births. What was the rate for African Americans?

A. 3.0
B. 5.1
C. 8.3
D. 12.8

5. Which racial/ethnic group has the highest suicide rate in Solano County?

A. Asian/Pacific Islanders
B. Hispanics
C. Non-Hispanic whites
D. African Americans

6. Compared to the population as a whole, the death rate from stroke for African Americans is:

A. 80 percent more
B. 5 percent less
C. About the same
D. 50 percent less

7. In 2003-04, what percentage of African American 9th graders in Solano County met all six (6) fitness standards form the California Physical Fitness Test?

A. 85.9%
B. 62.1%
C. 35.4%
D. 18.2%

8. According to the 2001 California Health Interview Survey (CHIS) what percentage of Asian/Pacific Islander adults in Solano County are overweight:

A. 20.0%
B. 34.9%
C. 71.5%
D. 83.8%

9. In California, Diabetes is less likely to be diagnosed among:

A. African Americans
B. Hispanics
C. Asian/Pacific Islanders
D. Non-Hispanic whites

See answers on page 4.

ANSWERS

1. D.

AIDS is growing fastest among African American women. Although the number of women with AIDS in Solano County remains small as a proportion of the total, African American women made up 70% of all new AIDS cases among females in Solano County in 2000. Before 2000, African American women comprised approximately 40% of all AIDS cases among women. Nationwide, African Americans, who account for 13% of the nation's population, represent 51% of new HIV cases — and 69% of the new cases among women.

2. C.

Hispanics are the most likely to smoke in Solano County. according to the 2001 California Health Interview (CHIS) Survey. According to the 2001 California Health Interview Survey (CHIS), 22.2% of Hispanics smoke compared to 18.4% of whites, 15.4% of Asian/Pacific Islanders, and 18.6% for the County overall. The group with the lowest percentage of smokers? African Americans. Only 15.3% of African American adults smoked.

3. D.

50% higher. Data from 2001 shows that the mortality rate from cancer for African Americans in Solano County is 50% higher than the County average. Cancer is diagnosed at later stages among African Americans than for most other groups.

4. D.

The infant mortality rate for African Americans is 12.8 deaths per 1,000 births. The County's infant mortality rate has dropped dramatically since the mid 1990s and has both fallen below the State average and met the Healthy People 2010 national objective nearly a decade early. Yet, in 2001, the infant mortality rate for African Americans in Solano County was 2.5 times higher than the County average.

5. C.

Non-Hispanic whites are much more likely to commit suicide in Solano County than other groups. In 2001, 75% of all suicides were by whites. Studies show that whites have a higher prevalence of serious mental illness than other groups. Asian/Pacific Islanders have the lowest prevalence of mental illness.

6. A.

According to 2001 data, African Americans have the highest age adjusted stroke mortality rate -- 80% higher than the County average. Hispanics have the lowest rate. More Hispanic males die from stroke than females. For all of the other groups, more females die of stroke than males.

7. D.

18.2%. African American 9th graders had the lowest proportion passing all 6 areas at the end of the 2003-04 school year. Percentages for other groups: Hispanics 19.3%, Pacific Islanders 19.5%, whites 28.2%, Asians, 28.3%

State law requires each school district to administer a physical fitness test to students in grades 5, 7, and 9. The test measures fitness in 6 areas. Aerobic capacity is considered the most important of the six fitness areas because of recent research that associates good aerobic capacity with a reduction in many health problems according to the State Superintendent of Public Schools. Aerobic capacity ranges from 56.3 % (African American) to 63.2 % (whites) among 5th graders; 50.9 % (African Americans) to 67.7 % (Asians) among 7th graders; and 41.3 % (Hispanics) to 53.9 % (whites) among 9th graders.

8. B.

Overweight and obesity is a major problem for nearly all racial/ethnic groups in Solano County except Asian/Pacific Islanders. Native Americans had the highest percentage (72.2%); African Americans were second at 71.5%. Hispanics were at 60.8%, whites at 64.2%.

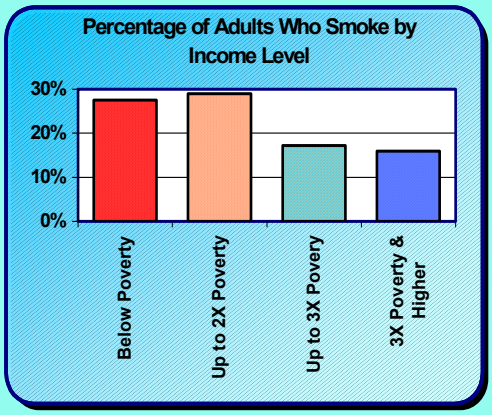
9. C.

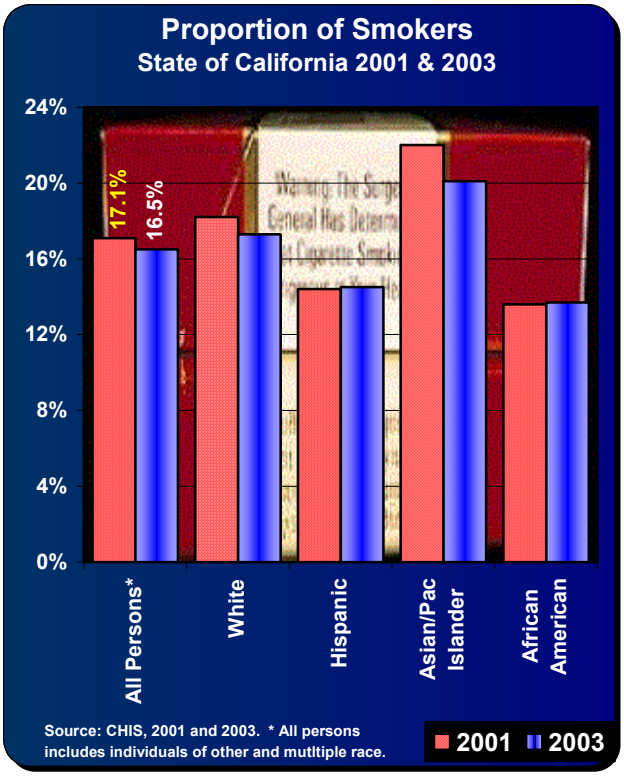
In California, diabetes is least likely to be diagnosed among Asian/Pacific Islanders. However, in Solano County, Asian/Pacific Islanders actually have the second highest rate behind African Americans (2001 CHIS). This finding points out that there are often differences within the broader racial and ethnic groups. Solano County's Asian/Pacific Islander population includes a high proportion of Filipinos. Differences in diet or other factors may explain the difference.

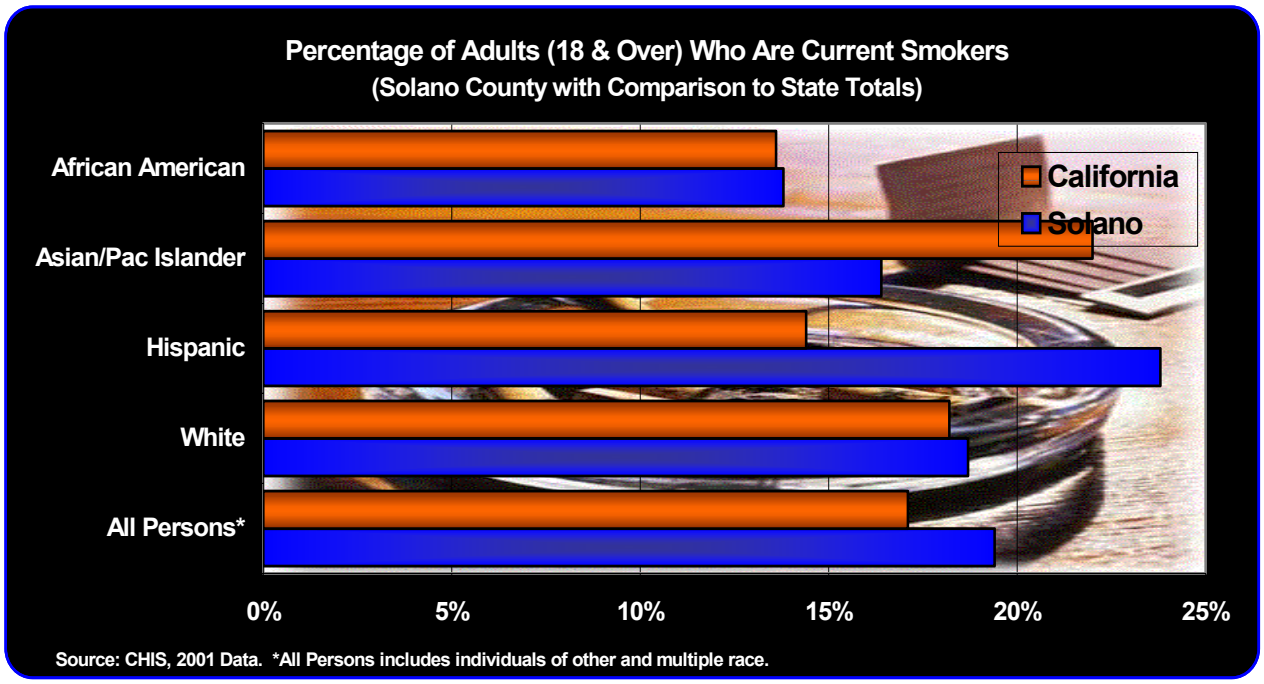
Smoking

When it comes to smoking in Solano County, there is not a great deal of ethnic disparity. Income and/or education are much greater predictors of smoking. Hispanics are more likely to smoke than other groups in Solano County (but Asian/Pacific Islanders have the highest percentage of smokers statewide).

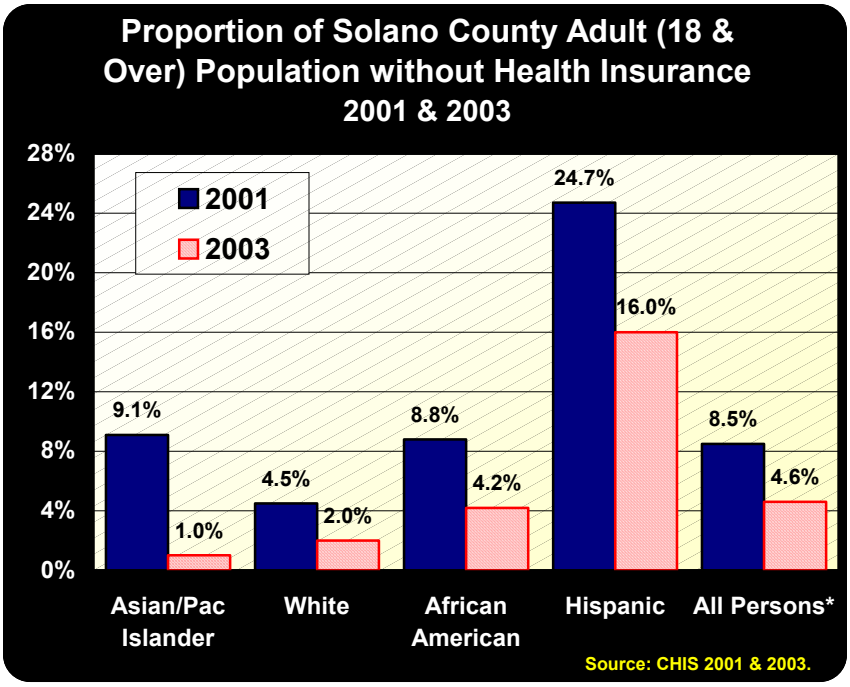
In Solano County, the typical smoker is a lower income white or Hispanic.

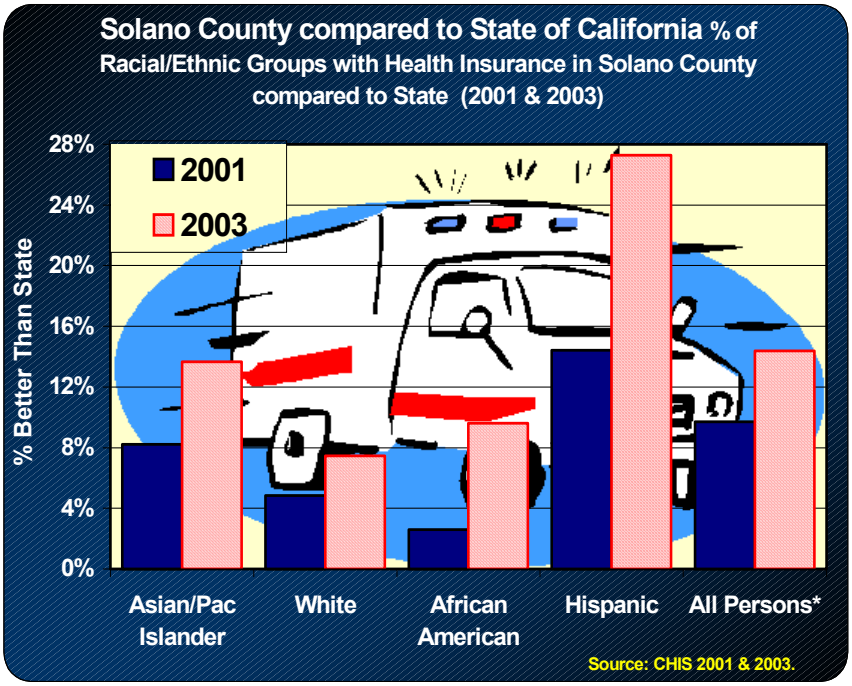






HEALTH CARE ACCESS



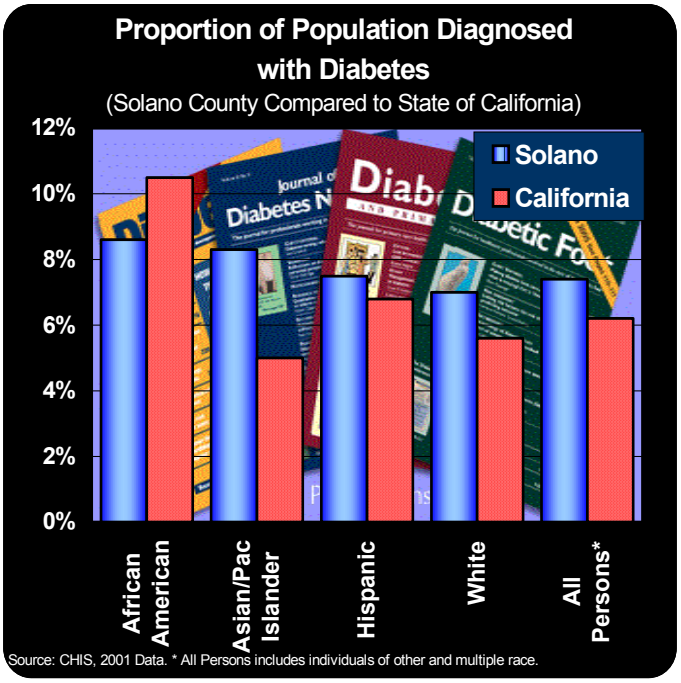


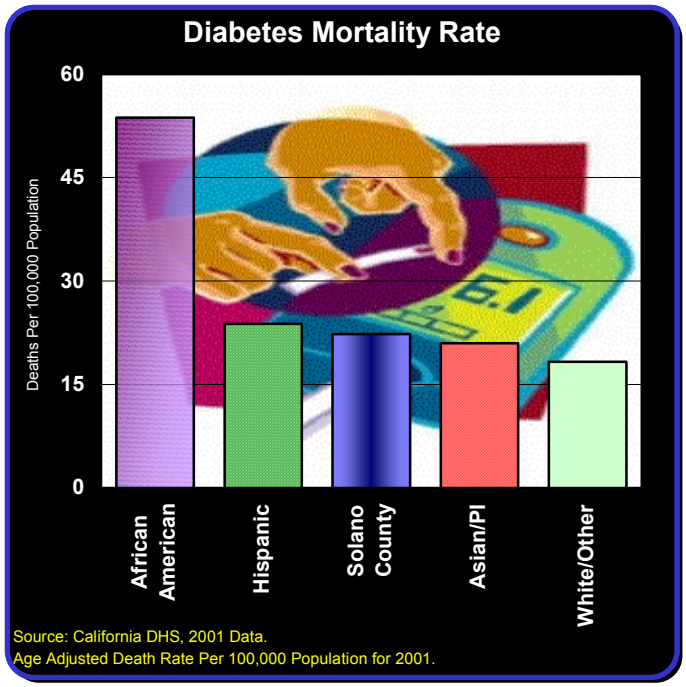
Solano County has the highest proportion of residents with health insurance of any county in California. According to 2003 California Health Interview Survey (CHIS) results, over 95 percent of County residents had health insurance compared to 83.4 percent of all Californians.

Despite the strong performance, racial and ethnic disparity is still evident. 16 percent of Hispanic adults are without health insurance — a figure nearly four times the county average.

The higher proportion of Hispanics without health insurance is probably due to a combination of a higher proportion of illegal residents and/or a higher proportion working in jobs that do not offer comprehensive health care — the working poor.

All ethnic groups in Solano County are insured at much higher levels than the overall state average. As shown on the bottom graph, Hispanics in Solano County, for example, are 27 percent more likely to be insured than Hispanics statewide. For African Americans, the proportion is nearly 10 percent more likely to be insured.



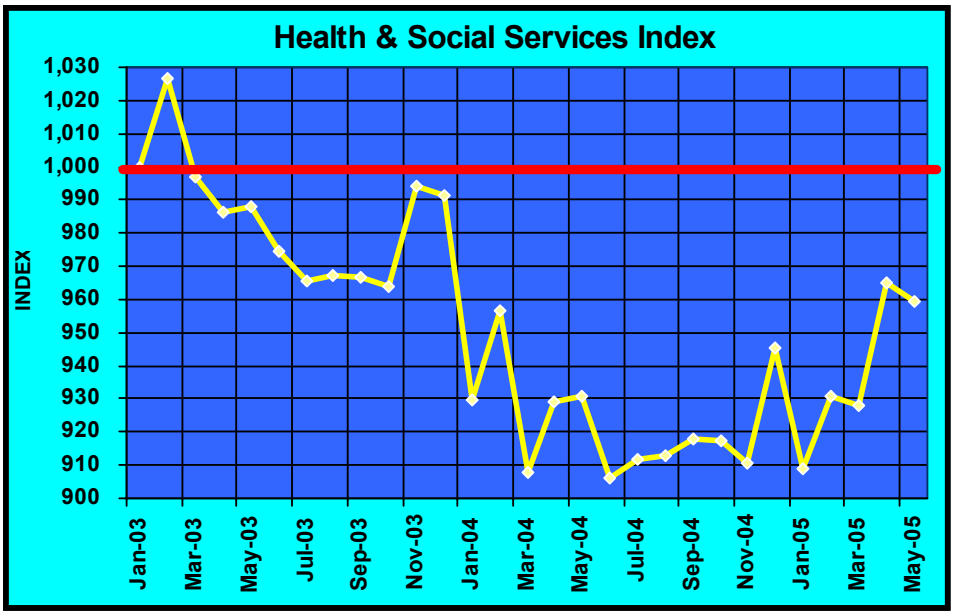


DIABETES DISPARITY

Diabetes is a growing health problem throughout the United States. The prevalence of diabetes in Solano County is 14.5% higher than for California as a whole. Diabetes rates are higher for all groups compared to the State as a whole except among African Americans.

Type II, Adult Onset Diabetes, is clearly associated with lifestyle choices — especially fitness and nutrition.

Disparity is evident in both the proportion of individuals living with diabetes and in the diabetes mortality rate. However, disparity is much greater in terms of the mortality rate. The African American diabetes mortality rate in Solano County is 2.5 times greater than for the County as a whole. The findings suggest that African Americans may be diagnosed later, get less care and/or be less likely to properly manage the disease.



The **Health & Social Services (H&SS) Index** combines workload data from 15 key services provided by H&SS, along with data on unemployment in Solano County, to provide a monthly indicator of community demand for health and social services.

All of the monthly numbers — clients served, program caseloads, number of unemployed, referrals, etc. — are added together and then converted into an index score. The January 2003 total serves as the index bench line figure of 1,000. The index scores for subsequent months reflect change from the January level. Like the Dow Jones or NASDAQ, higher scores suggest positive developments — fewer people looking for work or requiring the services that H&SS provides, for example. Falling numbers suggest increasing need for H&SS's safety net services.

Please note: The index is not a direct measure of need. Many socioeconomic factors influence need. At the same time, various factors, such as eligibility guidelines and available revenues, influence the amount of service that H&SS can provide regardless of need or demand for service.

INDICATOR	Jan-03	Apr-03	Jul-03	Oct-03	Jan-04	Apr-04	Jul-04	Sep-04	Nov-04	Jan-05	Mar-05	Apr-05	May-05
Number Unemployed	13,800	12,800	13,800	12,100	13800	12300	13100	11,000	11,500	12,800	11,600	11,000	10,400
Number of I&R Calls	2,772	2,655	2,906	2,863	2,655	2,179	2,184	2,416	1,980	2,440	1,973	1,369	1,420
Cal Works Cash Assistance Recipients	9,405	9,740	9,753	9,932	10,402	10,816	10,982	11,135	11,161	11,068	11,120	11,141	11,270
New Cal Works Applications & Restoration Requests	521	504	530	515	469	474	472	474	478	452	432	488	457
Food Stamp Recipients	11,515	12,491	12,517	13,312	13,761	15,022	15,472	15,773	16,103	16,174	16,207	16,220	16,461
General Relief Recipients	256	331	325	383	385	372	387	428	450	442	492	483	505
Medi-Cal Enrollment*	49,059	49,946	50,977	52,171	53,268	53,544	53,713	54,349	54,587	54,540	54,356	53,954	54,735
CMSP Cases (End of Month)	4,228	4,623	4,794	5,031	4,922	5,298	5,413	5,529	6,257	4,359	3,739	3,091	3,308
Elder or Dependent Adult Abuse Referrals	98	99	110	89	106	93	90	95	76	108	115	115	93
Elder or Dependent Adult Abuse Confirmed	40	19	20	26	36	26	27	39	22	31	31	31	29
In-Home Supportive Services (IHSS) Authorized Cases	2,254	2,235	2,231	2,277	2,324	2,329	2,328	2,347	2,376	2,422	2,461	2,451	2,453
Child Abuse Referrals	390	333	324	356	387	398	304	372	299	333	401	393	363
Medical Clinic Visits	2,595	2,658	2,496	2,697	2,615	2,437	2,525	2,810	2,376	2,602	2,881	2,194	2,296
Dental Clinic Visits	447	413	425	413	283	324	290	335	396	364	453	310	378
Mental Health Clients	2,701	2,835	2,754	2,681	2,756	2,732	2,529	2,620	2,436	2,468	2,623	2,535	2,527
Substance Abuse Clients	699	627	529	580	566	600	651	676	655	628	719	723	733

* February through May, estimated based on H&SS cases. Note: Because actual Midi-Cal enrollment numbers alone would represent over one-half of the index, Midi-Cal enrollment has been adjusted (weighted) to 1/3 of the actual total.