

SOCIAL DETERMINANTS OF HEALTH

The World Health Organization defines the social determinants of health as the conditions in which people are born, grow, live, work, and age. These circumstances are shaped by the distribution of money, power, and resources at global, national, and local levels (Figure 1).¹ The social determinants of health are mostly responsible for health inequities – the unfair and avoidable differences in health status within and between populations.

EDUCATION

Educational level is strongly correlated with health. There is an inverse relationship between level of education and many risk behaviors. Similarly, there is a positive association between increasing level of education and an increase in health-protective factors such as income level, economic security, and the accumulation of wealth.² Additionally, educational success has been correlated with supportive and enriched childhood development. Therefore, resources and policies that support programs such as Head Start and universal pre-school are a good investment for society.

The U.S. Census Bureau estimated that 85% of Santa Cruz County residents age 25 and older have obtained at least a high school diploma (or equivalent) in the years 2009 through 2013 – compared to 81% statewide and 86% nationwide (Figure 2).³ For the same time period, the Census estimated that 37% of Santa Cruz County residents over age 25 have a bachelor’s degree or higher, compared to 31% across the state, and 29% nationally.

In Santa Cruz County and statewide, Latino students are more likely to drop out of high school than White students (Figure 3).⁴ However, Santa Cruz County drop-out rates by ethnicity are lower than their statewide counterparts; e.g., 11.7% of Latinos dropped out in the 2012/13 school year in Santa Cruz County, compared to 13.9% statewide. Fortunately, the trend over the past few years locally and statewide shows decreasing drop-out rates.

In California, 15.8% of children attend at least 10 hours per week of preschool, nursery school, or Head Start, compared to 11.8% in Santa Cruz County, based on California Health Interview Survey data pooling years 2009-2011/12.⁵ The difference seems to be lower rates among Santa Cruz County Latino children, even with higher rates among Santa Cruz County White children.

Figure 1: World Health Organization's Social Determinants of Health Conceptual Framework¹

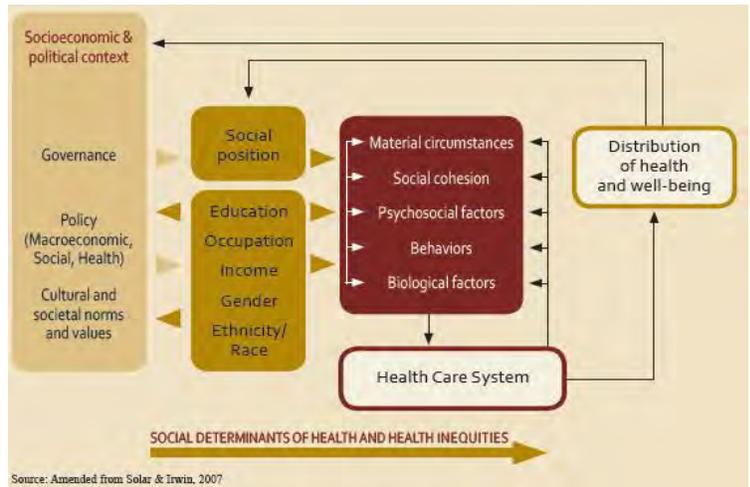


Figure 2: Educational Attainment, Santa Cruz County, California, and the U.S., 2009-2013³

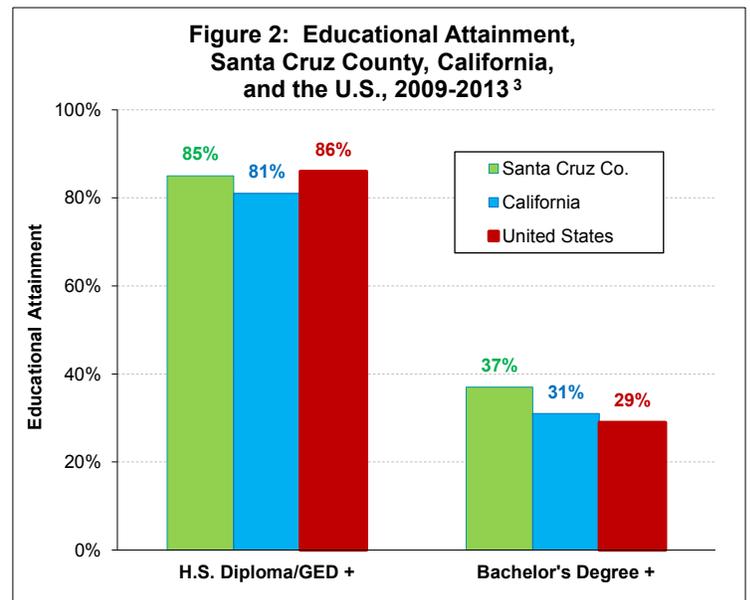
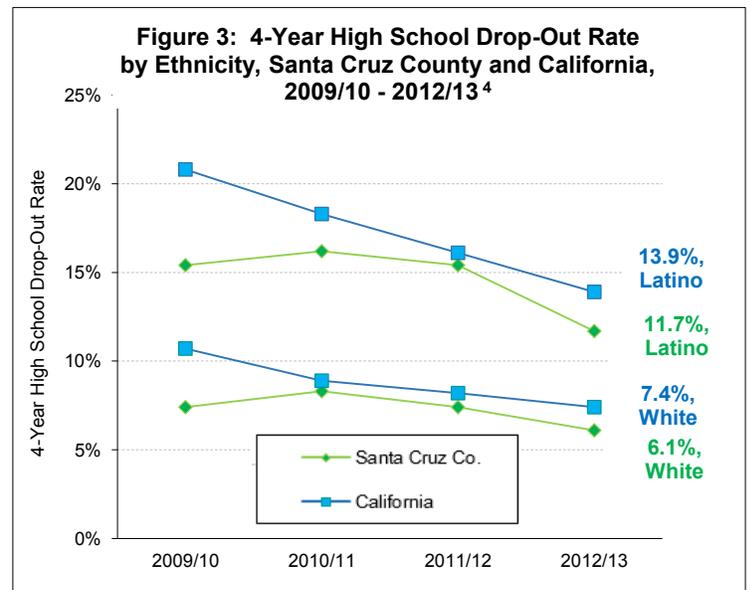


Figure 3: 4-Year High School Drop-Out Rate by Ethnicity, Santa Cruz County and California, 2009/10 - 2012/13⁴



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EMPLOYMENT

The relationship between unemployment and adverse health outcomes is bidirectional, meaning that unemployment contributes to ill health and ill health contributes to unemployment. Santa Cruz County unemployment spiked in 2010, just as it did in California, as a result of the national recession.⁶ Since then, both Santa Cruz County and California have been experiencing decreasing unemployment rates (Figure 4).

In 2014 in Santa Cruz County, there was an average of 142,600 residents in the labor force (persons age 16 and older who are able, available, and actively looking for work, not including the jobless who are not seeking work).⁶ During that year, 12,500 (8.7%) were not employed, compared to 7.5% statewide.

Unemployment data is available at the sub-county level by Census Designated Place (CDP). CDPs are populated areas that lack separate municipal government, but which otherwise physically resemble incorporated places. Many of the highest rates were in the south region of the county (Day Valley, Freedom, and Watsonville, Table 1). The cities of Watsonville and Santa Cruz had the highest sheer numbers of unemployed persons in 2014.⁶

INCOME

Like unemployment, income's impact on health is also bidirectional (i.e., poverty breeds ill health, and ill health keeps people poor). Income allows families and individuals to purchase health insurance and medical care, and also provides options for healthy lifestyle choices.⁷ Poor families are the most likely to live in unsafe homes and neighborhoods, often with limited access to healthy food, employment options, and quality schools.⁷

Santa Cruz County median household income was certainly affected by the recent recession (Figure 5).⁸ However, Santa Cruz County income has remained higher than California and the United States from 2007 to 2013. Another approach to understanding income is focusing on income inequality, or the divide between the poor and the affluent. Inequalities in a community can accentuate differences in social status and serve as a stressor. In Santa Cruz County, the top 20% of income earners make 5.2 times more income than the lowest 20%, compared to 5.1 times more statewide, between 2009 and 2013.⁷

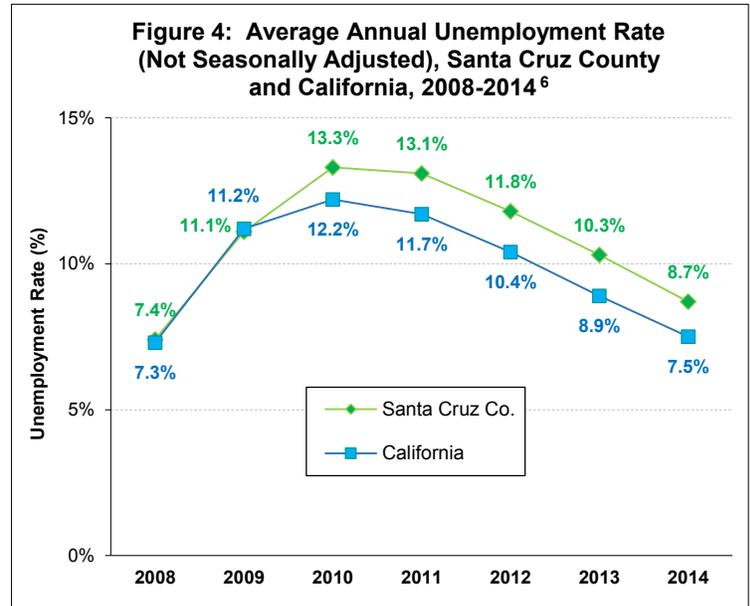
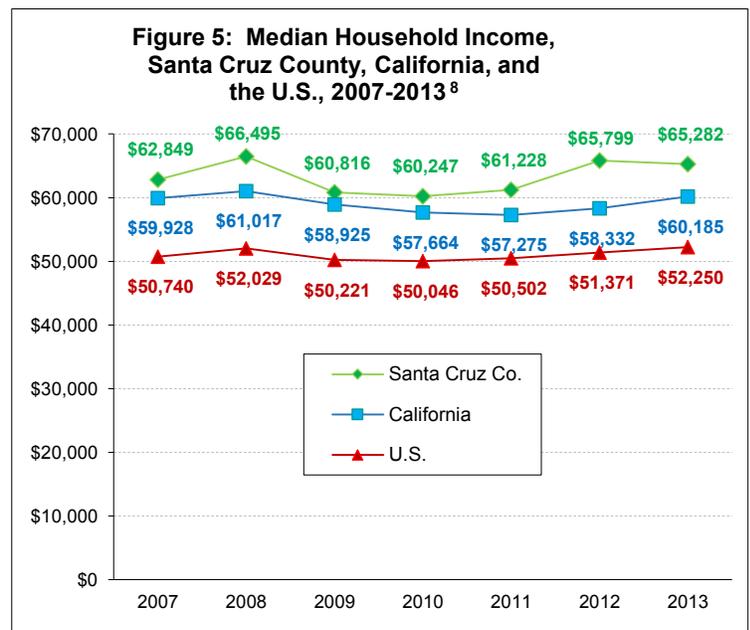


Table 1: Top 10 Cities or Census Designated Places (CDP) with the Highest Unemployment Rates (Not Seasonally Adjusted), Santa Cruz County, 2014⁶

City / CDP	Unemployed Persons	Labor Force	Rate
Twin Lakes	500	3,400	14.8%
Day Valley	300	1,900	14.4%
Freedom	200	1,700	11.4%
Watsonville City	2,800	25,200	11.2%
Boulder Creek	300	3,000	10.9%
Ben Lomond	300	3,500	9.7%
Aptos	300	3,200	8.5%
Scotts Valley	500	6,400	7.9%
Santa Cruz City	2,600	32,800	7.8%
Live Oak	700	9,500	7.8%



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CHILDREN IN POVERTY

The effects of poverty on children’s health and well-being are well documented. Poor children have increased infant mortality, more frequent and severe chronic diseases such as asthma, poorer nutrition and growth, less access to quality health care, lower immunization rates, and increased obesity and its complications.⁹ Children are the poorest segment of society; 22% of U.S. children live below the federal poverty level – a prevalence that appears to be increasing in all geographies (Figure 6). In Santa Cruz County, an estimated 18.9% of children (under age 18) were living in poverty in 2013, which is approximately 10,200 children.⁸

HOMELESSNESS

People who experience homelessness have a mortality rate four times that of the general population.¹⁰ They die decades earlier, often from treatable medical conditions. A one-day homeless count conducted on January 22, 2015 identified 1,964 homeless persons in Santa Cruz County.¹¹ This count was a 44% decrease from the prior census in 2013; virtually all of the reduction came from unsheltered persons. Nearly one-third are sheltered, while the remainder are unsheltered, and the majority of the unsheltered lived on the streets or in a vehicle. Many homeless persons also experience disabling health conditions, primarily drug or alcohol abuse (Figure 7). The homeless population in Santa Cruz County is slightly different from the general population by ethnicity, with Blacks and multi-racial groups experiencing the greatest inequities, e.g., 28% of homeless persons were multi-racial, and 5% were Black, compared to 8% multi-racial and 2% Black countywide.¹¹

VIOLENT CRIME

Violent crimes are offenses that involve face-to-face confrontation between the victim and the perpetrator, including homicide, forcible rape, robbery, and aggravated assault.⁷ High levels of violent crime compromise physical safety and psychological well-being. High crime rates can also deter residents from pursuing healthy behaviors such as exercising outdoors. In Santa Cruz County, overall violent crime numbers dropped from 2009-2011 to 2012-2014 (Table 2).¹² For the latter years, the violent crime rate was 394 in Santa Cruz County, compared to 402 statewide per 100,000 population. The reported number of rapes jumped substantially in 2014 after the F.B.I. broadened the definition of rape.

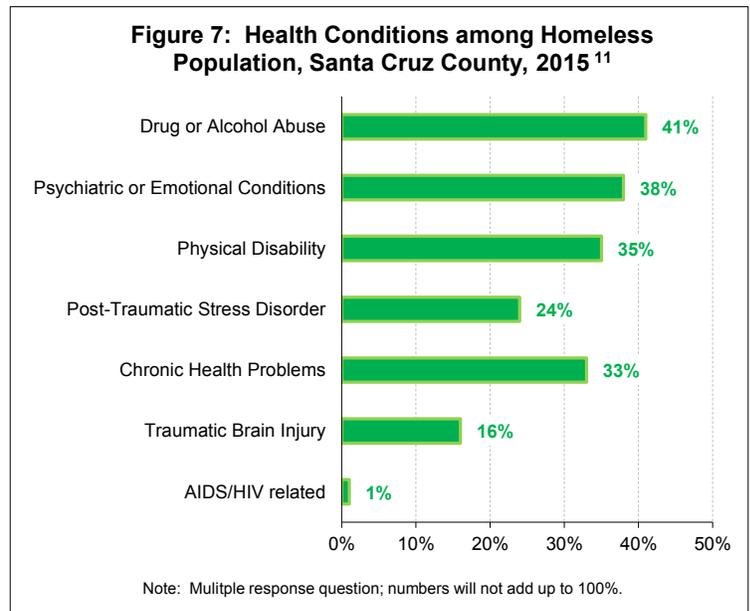
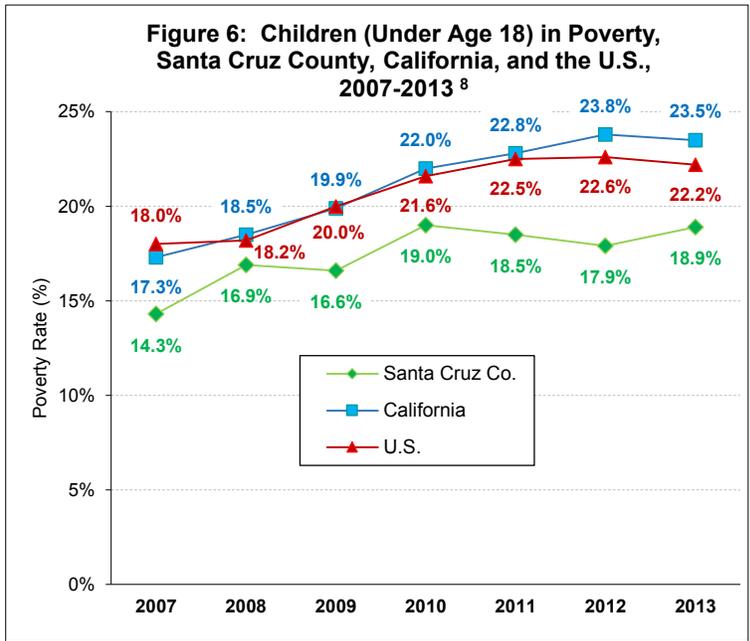


Table 2: Violent Crimes by Type, Santa Cruz County, Annual Average, 2009 - 2014¹²

Crime	Annual Average 2009-2011	Annual Average 2012-2014
Homicide	11	10
Rape	74	88
Robbery	248	218
Aggravated Assault	899	744
TOTAL Violent Crimes	1,232	1,061

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Sources

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