



Public Health Priorities Community Health Improvement Plan

Presentation to
Sacramento Environmental Commission

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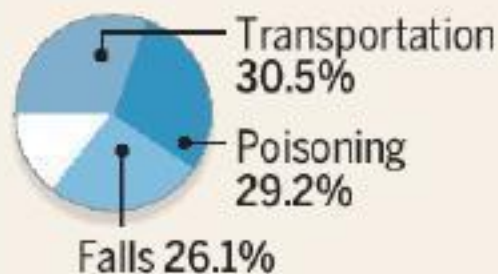
HOW PEOPLE DIE IN SACRAMENTO COUNTY

Heart disease was the leading cause of death in Sacramento County in 2011, followed by cancer and stroke. There were 4,735 premature deaths – before age 75 – in the county that year.

Group	Leading causes		
	No. 1	No. 2	No. 3
Females	Cancer	Heart disease	CLRD*
Males	Heart disease	Cancer	Accidents
Asian	Cancer	Heart disease	Stroke
Black	Cancer	Heart disease	Stroke
Hispanic	Cancer	Heart disease	Accidents
White	Heart disease	Cancer	CLRD*
Age 0-14	Birth conditions	Accidents	Cancer
Age 15-24	Accidents	Homicide	Suicide
Age 25-44	Accidents	Cancer	Suicide
Age 45-64	Cancer	Heart disease	Accidents
Age 65-74	Cancer	Heart disease	CLRD*
Age 75+	Heart disease	Cancer	Alzheimer's

*Chronic lower respiratory disease

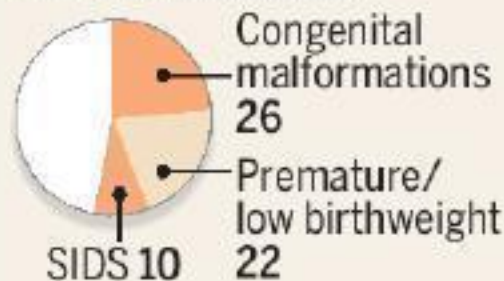
Accident deaths: 425



Intentional deaths: 263



Infant deaths: 109



	OVERALL	ASIAN	BLACK	HISPANIC	WHITE
Life expectancy	79.5	84.1	73.8	87.7	78.6
Change since 2002:	+1.9 years	+1 year	+2.2 years	+4 years	+1.7 years

Source: Sacramento County and state departments of public health

Public Health Priority Issues

Disparities in Infant
Death

Heart Disease

Sexually
Transmitted
Diseases

Emerging
Infectious
diseases

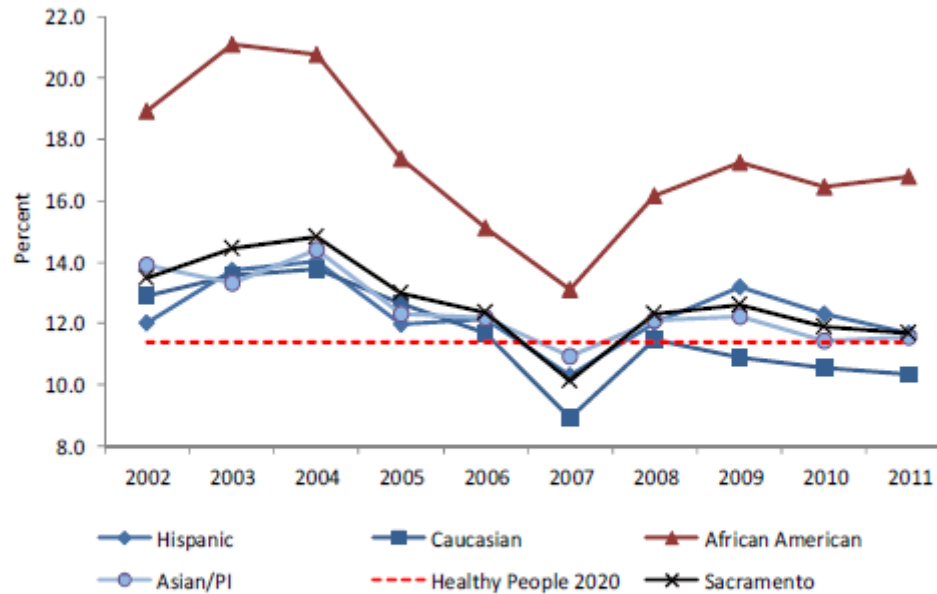
Adverse Childhood
Experiences

Opioid poisoning

Oral Health

Disparities Infant Deaths

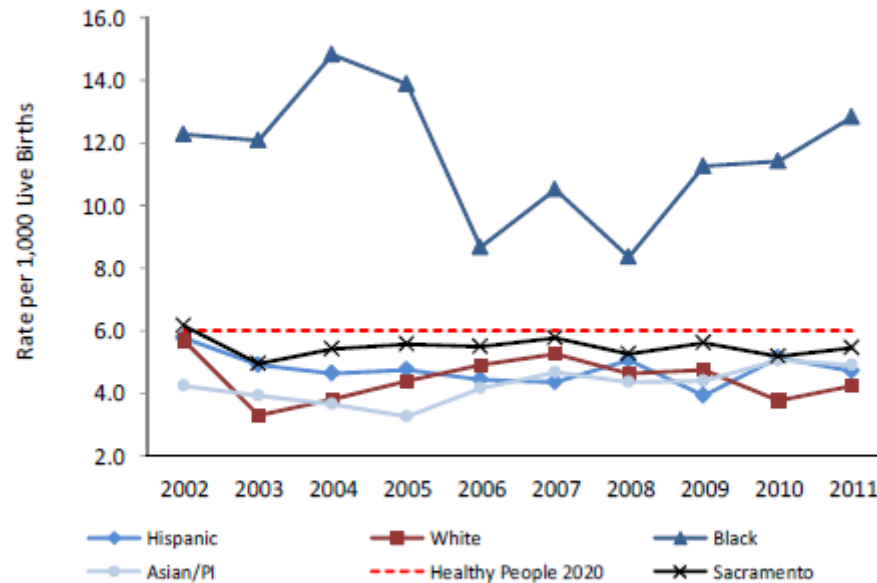
Figure 22. Percent of Preterm Births By Race/Ethnicity, Sacramento County, 2002-2011



Data Source: State of California, Department of Public Health birth and death master files for the Sacramento County 2002 through 2011.

Disparities in Infant Deaths

Figure 43. Infant Mortality Rates by Race and Ethnicity, Sacramento County, 2002-2011



Data Source: State of California, Department of Public Health, Death Master File

Reducing AA Child Deaths

RAACD steering Committee

1. Advocacy and policy – community leadership roundtable with lead agencies in selected neighborhoods
2. Investment and systemic impact – Interagency Children’s Policy Council (ICPC)
3. Coordinated systems of support – Technical assistance Resource Center (TARC) and Multi-Disciplinary Teams (MDTs)
4. Data-driven accountability and collective impact and participatory research
5. Communication – create social marketing plan

STD rates

**Table 3. Most Frequently Reported Communicable Diseases
Sacramento County, 2012**

General Reportable Disease	Case	Rate*	Vector-Borne Disease	Case	Rate*
Hepatitis C, chronic	4175	290.0	West Nile Virus - Neuroinvasive	19	1.3
Coccidiomycosis	74	5.1	West Nile Virus - Fever	6	0.4
Giardia	64	4.4	Malaria	5	0.4
Tuberculosis	64	4.4	Sexually Transmitted Disease	Case	Rate*
Meningitis, bacterial***	16	1.1	Chlamydia	8,351	580.0
Meningitis, viral	11	0.8	Gonorrhea	2,156	149.7
Cryptosporidiosis	8	0.6	Pelvic Inflammatory Disease (PID)	151	20.6
Amebiasis	7	0.5	Syphilis - Primary & Secondary	147	10.2
Meningococcal Disease	6	0.4	AIDS	63	4.4
Legionellosis	5	0.4	HIV	187	13.0
Encephalitis, viral	4	N/A	Vaccine Preventable	Case	Rate*
Botulism†	2	N/A	Hepatitis B carrier	1214	84.3
Hepatitis C acute	2	N/A	Influenza - ICU	24	1.7
Food-Borne Disease	Case	Rate*	Pertussis‡	35	2.4
Campylobacter	209	14.5	Hepatitis A	7	0.5
Salmonella	121	8.4	Influenza - Death	4	N/A
Shigella	22	1.5	Hepatitis B acute	4	N/A
E. coli O157	15	1.0	Haemophilus Influenza**	1	N/A
E. coli HUS	1	N/A	Measles, Mumps, Rubella, Tetanus	1	N/A

Rate*: Per 100,000 Population

† Wound and Infant Only

** Invasive under 15 year of age

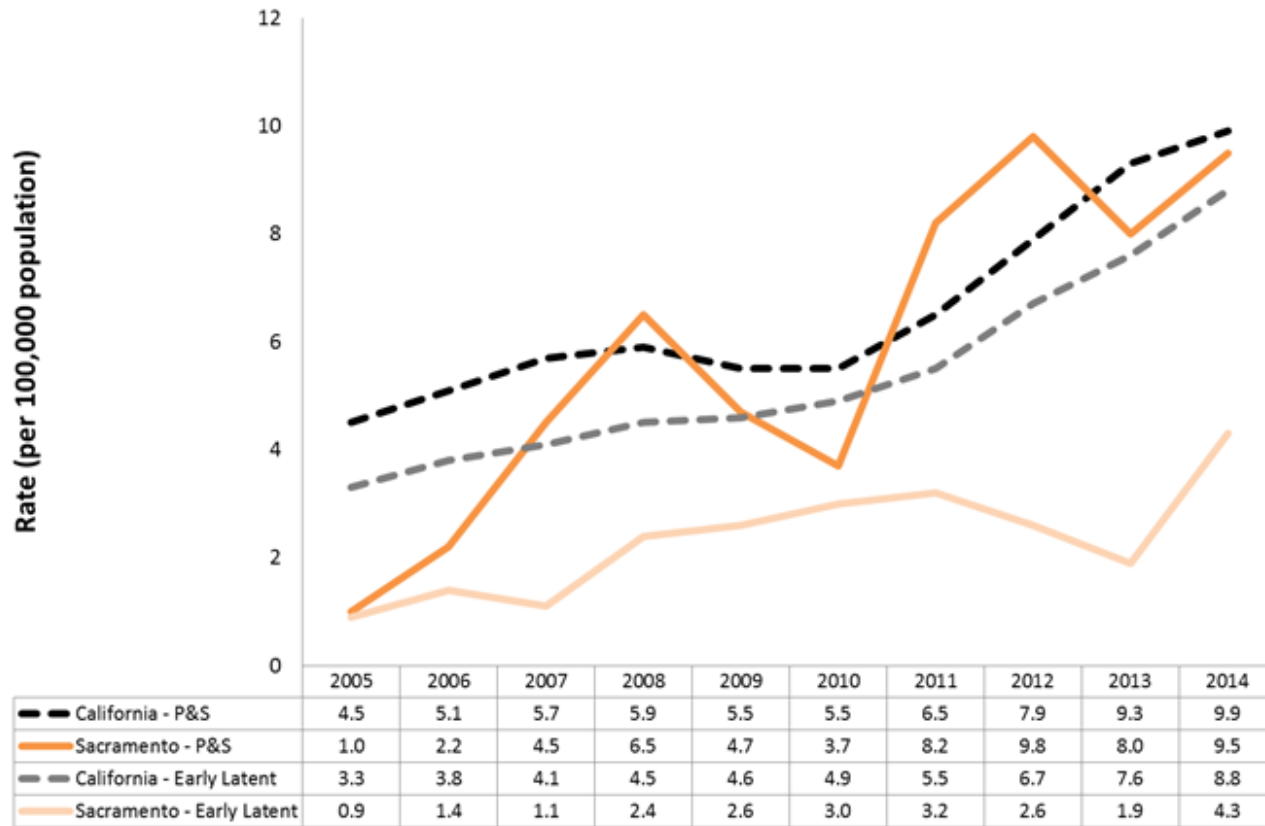
*** Other than *N. meningitidis*

‡ Data Source: State of California, Department of Public Health Immunization Branch

Data Source: California Reportable Disease Information Exchange, Confirmed Cases by Episode Date

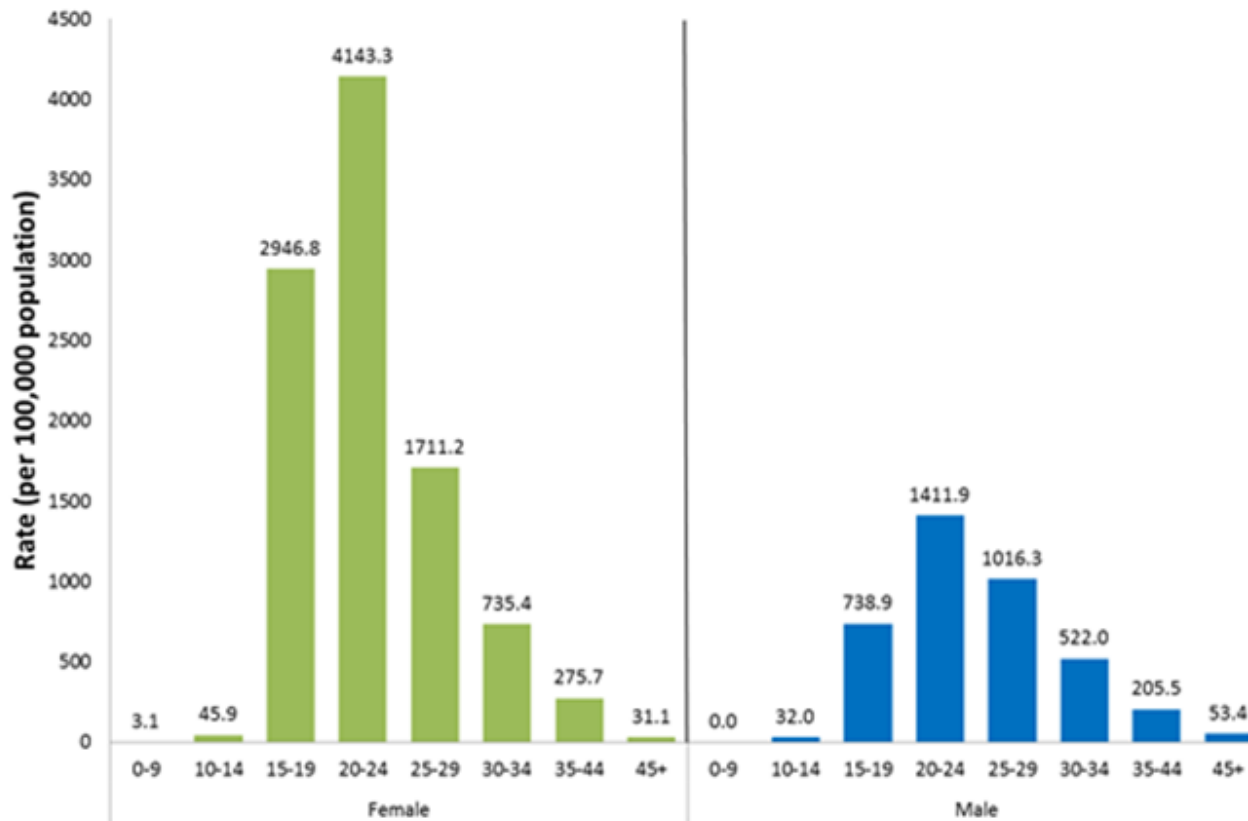
STD rates

Syphilis Rates by Stage of Disease, Sacramento County and California, 2005-2014



STD rates

Chlamydia Rates by Gender and Age Group, Sacramento County, 2014

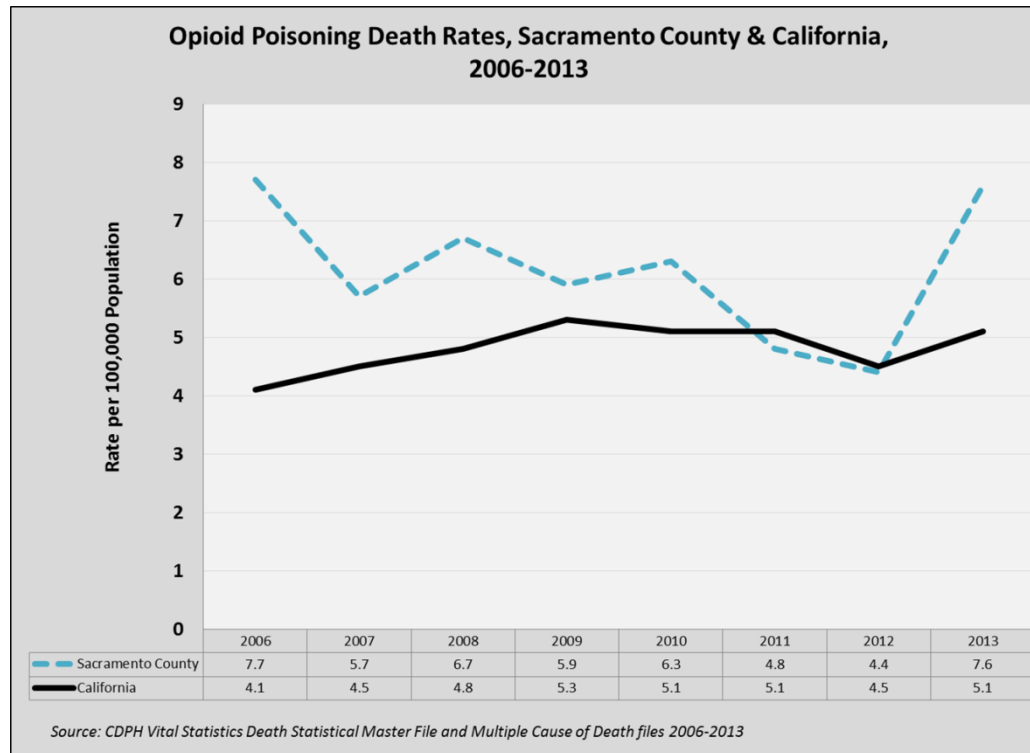


Reducing STD rates

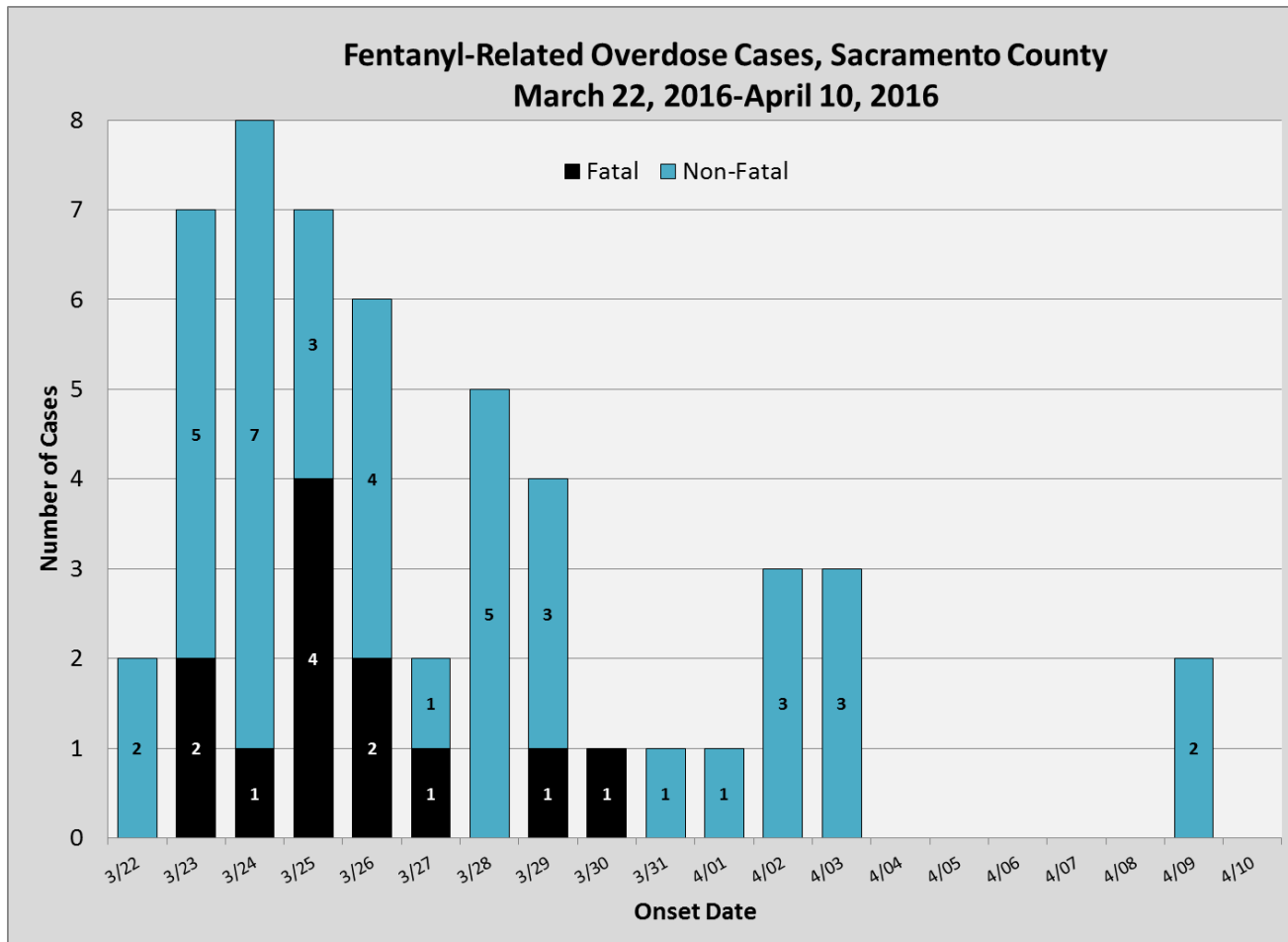
Sacramento Workgroup on Improving Sexual Health (SWISH)

1. Improve STD prevention outreach and education in schools
2. Improve STD/HIV testing, risk assessment, screening, treatment and reporting practices
3. Increase community awareness about sexually transmitted diseases
4. Increase collaboration between agencies to support common priorities
5. Identify and target services to geographic areas with high STD rates and high-risk populations that account for health disparities

Opioid poisoning



Opioid poisoning



Address Opioid Epidemic

Opioid Taskforce

1. Establish overdose surveillance system
2. Increase usage and effectiveness of Prescription Drug monitoring Program (PDMP)
3. Increase access to naloxone training and distribution programs
4. Increase access to substance abuse treatment
5. Implement and expand medicine disposal units that provide safe disposal sites for unused opioids
6. Increase general awareness of drug overdose and safe storage of prescription medication

Address Emerging Infectious Diseases & Outbreaks

- Ebola virus (cause of 2014/15 outbreak in West Africa)
 - ▶ December 2015, CDC declared end to monitoring for Ebola in US. Bringing to a close 16 months of the PH response.
 - ▶ Sacramento County monitored 150 returning travelers, and coordinated testing for 4 individuals
- Zika Virus (cause of 2015 outbreak in Latin America)
 - ▶ County working with providers to coordinate testing of pregnant women who have traveled to affected areas
 - ▶ No cases identified so far in Sacramento
 - ▶ Coordinating with Mosquito and Vector Control District to detect mosquito vector

Where Are The Gaps?

Chronic Disease

Table 5. OSHPD Discharge Data By selected Chronic Diseases, Sacramento County, 2011

Disease	Visits
Mental disorder	10,497
Heart disease	9,868
Cancer	3,525
Cerebrovascular disease	3,053
Chronic lower respiratory disease	2,289
Pneumonia & influenza	2,195
Diabetes	1,821
Nephritis	887
Hypertension	454
Chronic liver & cirrhosis	303
Atherosclerosis	283
Alzheimer	52
Aortic aneurysm	38
Parkinson	23

Data Source: Office of Statewide Health & Planning Department (OSHPD), hospital-discharge data.

Heart Disease

Higher Rates of Stroke and Heart Attack in Sacramento County (OSHPD Data)

Stroke Cases per 100,000 Population in 2011¹

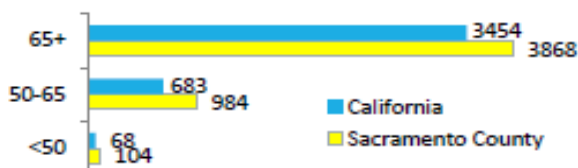


Heart Attacks per 100,000 Population in 2011¹



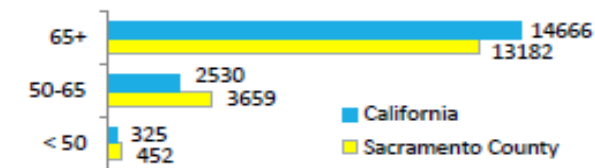
Higher Rates of Stroke in Sacramento for all ages

Stroke Cases per 100,000 Population by Age (2011)¹



Higher Rates of Heart Attack for 65 and younger

Heart Attack Cases per 100,000 Population by Age (2011)¹



Higher Rates of Death due to Stroke and Coronary Heart Disease in Sacramento County, Lower for Diabetes

Age-adjusted Death Rate due to Coronary Heart Disease, Stroke, and Diabetes per 100,000 Population (CDPH/US HHS Data) (2008-2010)^{3,4}

	2009 Population	Age-adjusted Death Rate Due to Coronary Heart Disease	Age-adjusted Death Rate Due to Stroke	Age-adjusted Death Rate Due to Diabetes
Sacramento County	1,437,311	123.4	40.7	16.8
California	38,688,293	121.6	37.4	19.0
National (2009 Rates only)	307,006,550	116.1	38.9	-
Healthy People 2020 Objective	-	100.8	33.8	None

Oral Health

Table. Prevalence of untreated dental caries and existing dental restorations in teeth, by sex, race and ethnicity, and poverty level: United States, 2005–2008

Characteristic	Untreated dental caries				Dental restoration			
	Age In years							
	Total	5–19	20–64	65 and over	Total	5–19	20–64	65 and over
Total	21.5	16.6	23.7	19.9	75.5	45.9	84.3	88.5
Race and ethnicity								
Non-Hispanic white ¹	17.8	13.3	19.3	17.8	80.1	46.2	88.8	91.6
Non-Hispanic black	² 34.2	² 22.6	² 39.7	² 35.8	² 62.6	² 40.4	² 73.1	² 63.7
Mexican American	² 31.1	² 22.4	² 35.2	² 36.4	² 61.8	50.1	² 67.4	² 69.3
Poverty level								
Below 100%	² 35.8	² 25.4	² 41.9	² 41.3	² 62.7	48.6	² 71.5	² 63.3
100% to less than 200%	² 30.5	² 19.3	² 37.7	² 22.5	² 68.8	46.3	² 75.1	² 85.6
200% or higher ¹	15.5	12.1	16.6	15.3	80.2	44.5	89.0	92.6
Sex								
Male	² 24.6	17.6	² 27.2	² 25.1	² 72.1	44.8	² 80.5	² 86.3
Female ¹	18.6	15.5	20.2	15.6	78.7	47.0	88.0	90.4

¹Reference group.

²p < 0.05.

SOURCE: CDC/NCHS, National Health and Nutrition Examination Survey, 2005–2008.

Adverse Childhood Experiences

Children & Youth with 2+ Adverse Childhood Experiences (ACEs)

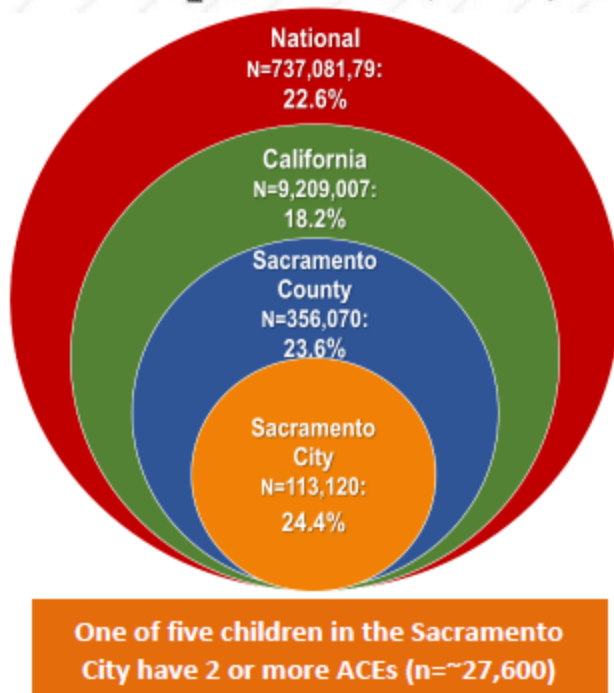


Table 1. State and National Level Prevalence of Adverse Childhood Experiences Items Among Children, Age 0-17 yrs.

Adverse Child or Family Experiences (ACEs) Items	California	National
Extreme economic hardship	22.4%	25.7%
Family disorder leading to divorce/separation	16.6%	20.1%
Has lived with someone who had an alcohol/drug problem	10.8%	10.7%
Has been a victim/witness of neighborhood violence	7.7%	8.6%
Has lived with someone who was mentally ill/suicidal	5.4%	8.6%
Witnessed domestic violence in the home	6.7%	7.3%
Parent served time in jail	5.4%	6.9%
Treated or judged unfairly due to race/ethnicity	4.1%	4.1%
Death of parent	2.4%	3.1%
Child had ≥1 ACEs (1/more of above items)	44.3%	47.9%

www.childhealthdata.org

Public Health Priority Issues

Disparities in African American child deaths

STDs rates – syphilis, chlamydia, GC, HIV/AIDS

Opioid poisoning

Emerging infectious diseases

Heart disease

Mental health – Adverse Childhood Experiences (ACE)

Oral health