

# The Road to Health Equity in Our Community: Social Determinants of Health in Monterey County

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Planning, Evaluation, and Policy Unit

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## Community Health

### Indicators:

Summary measures that capture information on different health attributes that affect a community.

### Health Disparity:

Certain populations, most notably minority groups, experience a disproportionate burden of preventable diseases.

## Social Determinants of Health:

The social, economic, and environmental factors that contribute to the overall health of a community.

## Is Good Health Shared Equally?

### No. The distribution of health and disease is not random.

People of color at higher risk for poor health outcomes:

- Approximately 36% of the US population and 70% of Monterey County residents are members of a racial or ethnic minority.

Health disparities cost the U.S. an estimated \$1.24 trillion from 2003 to 2006.

### Health disparities are preventable.

### Improving social and environmental determinants of health, through multiple approaches can create sustained health improvement for all of our communities.

Monterey County's ranking in health outcome areas compared to other counties worsens as we move upstream to the social determinants of health – the factors that will determine health outcomes and disparities down the road.

#### Monterey County Health Rankings Among California Counties (56 total counties ranked; a ranking of 1 indicates the best and 56 the worst)

##### *How did the decisions in the past shape our health outcomes now?*

Health Outcomes: mortality (premature death) and morbidity (health status, poor health days, poor mental health days, low birth weight) **15**

##### *Was the healthy choice the easy choice today?*

Health Factors: health behaviors (smoking, obesity, inactivity, excessive drinking, car crashes, STI, teen birth rate) and clinical care (uninsured, physicians, preventable hospitalizations, diabetes and mammography screenings) **28**

##### *How are future health outcomes being shaped?*

Social & Economic Factors: high school graduation, some college, unemployment, children in poverty, inadequate social support, children in single parent households, violent crime rates **38**

Source: County Health Rankings 2012, University of Wisconsin Population Health Institute, 2012.

Rankings are based on composite data that is available in 2012. Source data is from the most recent available year to 2012.

## How can we begin to describe the social determinants of health across Monterey County?

Poverty, low levels of education, linguistic isolation, and other social determinants are associated with poor health outcomes. The social determinants differ between areas.

Health inequities are differences in health status and mortality rates across population groups that are systemic, avoidable, unfair, and unjust.

Margaret Whitehead  
World Health Organization

The Census grouping of agriculture, forestry, fishing and hunting and mining is the second largest industry in Monterey County.

(US Census Bureau, ACS, 2007-2011)

In 2009, there were 0.57 fast food restaurants for every 1,000 residents of Monterey County.

(Source: USDA Food Environment Atlas)

### Social and Economic Factors Monterey County Cities and California: 2007-2011\*

City	Speaks English less than very well ±	High School Graduate or More Education€	Persons per Household	Median Household Income	Below 100% Federal Poverty Level	Unemployment
	%	%	Avg.	\$	%	%
Soledad	27.9	54.3	4.09	53,140	15.8	5.2
Seaside	26.1	72.7	3.13	58,403	14.1	6.9
Salinas	40.0	59.2	3.60	50,568	20.0	7.6
Pacific Grove	4.1	95.6	2.10	70,211	7.9	4.3
Monterey	11.4	93.2	2.06	62,720	9.5	3.7
Marina	18.7	79.5	2.80	51,817	16.1	5.2
King City	54.7	42.1	4.57	52,634	16.1	12.8
Greenfield	45.8*	46.4	4.69	56,011	19.5	12.6*
Gonzales	42.7	52.2	4.04	52,928	15.2	6.4
Castroville	54.6	33.0	4.19	46,795	14.7	14.3
California	19.7	80.8	2.91	61,632	14.4	6.5

Source: United States Census Bureau, American Community Survey, 2007-2011.

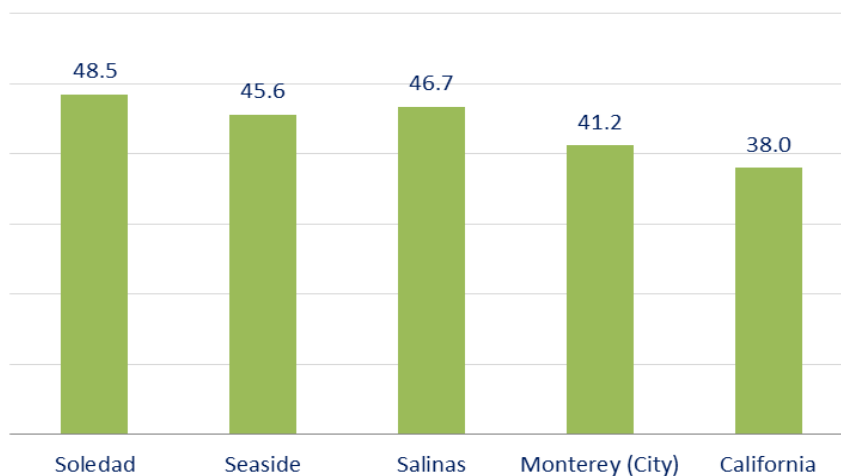
\*Estimate for English language usage and unemployment in Greenfield are for 2006-2010

± Respondents self-assessment of their English Proficiency

€ Among individuals 25 years old and above

### Highlighting a Disparity: What factors contribute to childhood obesity in Monterey County?

#### Percent of Children Who are Overweight or Obese Monterey County City and California: 2010

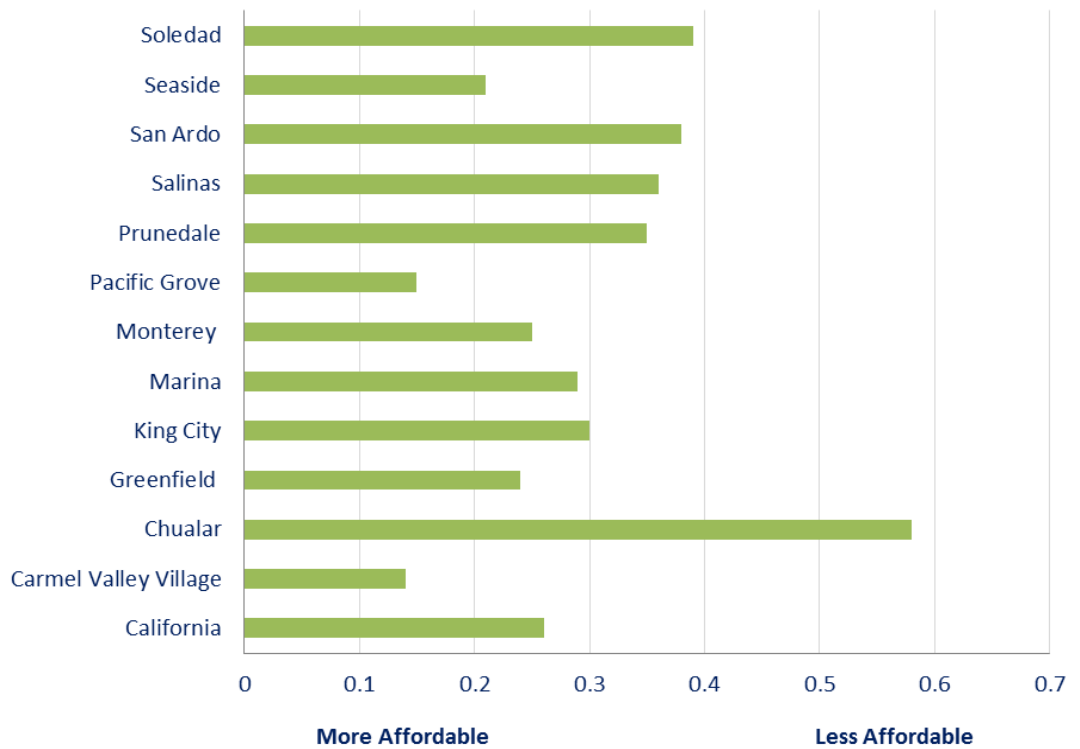


Source: Overweight and Obesity among Children in California Cities-2010, UCLA Center for Health Policy Research and California Center for Public Health Advocacy, 2012; A Patchwork of Progress, Changes in Overweight and Obesity Among California 5th, 7th, and 9th Graders, 2005-2010, UCLA Center for Health Policy Research and California Center for Public Health Advocacy, 2011.

Note: Data available only for incorporated cities with populations >20,000 and more than 70% of enrolled students reporting Physical Fitness Test results.

Social determinants related to obesity include, but are not limited to, economic factors, access to healthy food and physical activity opportunities.

### Affordability Ratio of a Market Basket of Food for a Single Mother with Children Monterey County Cities and California: 2006-2010



Source: USDA Low Cost Meals Eaten at Home; US Census Bureau, American Community Survey, 2006-2010 (Produced by CDPH Healthy Community Indicators 2013).

\* Ratio of annual food costs for a nutritionally adequate diet (numerator) to annual median income (denominator), which approximates the proportion of annual income that would have to be spent to have a nutritionally adequate diet

### Do we know how much open space is accessible to our residents?

Total Acreage of Open Space for Monterey County Cities, 2013			
City	2013 Total Acreage	2010 Population	Total Acreage per 1000 Residents
Salinas	572.0	150,441	3.80
Soledad	34.3	25,738	1.33
Seaside	1652.2	33,025	50.03
Pacific Grove	337.1	15,041	22.41
Monterey	807.0	27,810	29.02
Marina	2158.7	19,718	109.48
King City	297.4	12,874	23.10
Greenfield	10.3	16,330	0.63
Gonzales	23.8	8,187	2.91
Castroville	5.4	6,481	0.83

Source: 2013 Total acreage accessed from parkinfo.org on 2/21/13; US Census Bureau, 2010.

\*Includes Fort Ord Dunes and Fort Ord State Parks (1033.0 and 764.5 total acres each)

In 2007, Monterey County had the highest rate out of all California counties of adults in households where healthy food was not readily available and accessible.

(Source: CHIS 2007)

According to the California Health Interview Survey (CHIS), 9.5% of Monterey County children and teens do not have a park or open space within walking distance.

(2009)

In 2010, 64% of Monterey County residents lived within half a mile of a park compared to 58% of Californians.

(Source: CDC's Environmental Public Health Tracking Network)

“People don’t feel safe; there is poor lighting, poor or no sidewalks, and bushes are overgrown, causing fire hazards, gangs. Dangerous for kids to walk to school, especially with no cross guards, and most parents working so they can’t walk with their kids.”

(south county resident, MCHD Strategic Plan)

A healthier workforce contributes to a healthier economy.

**HiAP is the framework used in Monterey County to address health inequities and focuses on the root causes of poor health.**

Defining truly accessible open space is a challenge that each community faces. The measure above is from the parkinfo.org website which summarizes all types of open space including those managed by national, state and local entities. The latter can include cemeteries, dunes or land that is not generally accessible for physical activity. Other factors such as safety contribute to accessibility of open space.

By exploring childhood obesity, we can see how the social determinants of health may contribute to an individual’s health outcomes beyond individual behavior.

### What can be done?

- **First, recognize that *our environments cultivate our communities, and our communities nurture our health (CDC, 2008).***
- **Develop cross-sector collaborations to address the social determinants that impact the health of a community.**
- **Ask the question: “How does this policy or program impact the health of the most vulnerable in our community?”**
- **Use Health Impact Assessments to judge the potential and unintended effects of a policy, program or project.**

**Health in All Policies (HiAP) recognizes that the health of Californians is largely determined by the physical, social, economic, and service environments in which we live, learn, work and play.**

HiAP is a collaborative approach that brings together partners from across sectors. This process incorporates health into decision making in all sectors and policy areas. HiAP is endorsed by the World Health Organization and utilized by the State of California through the Health in All Policies Task Force comprised of 19 state departments and agencies.

### What has already been done in Monterey County:

- Monterey County Supervisors approved HiAP as a strategy to address health inequity in the Monterey County Health Department (MCHD) Strategic Plan.
- MCHD is facilitating HiAP trainings and cross learning exchanges.
- MCHD is building collaborations with community partners to address social determinants of health.

#### Data Sources:

**A Patchwork of Progress, Changes in Overweight and Obesity Among California 5th, 7th, and 9th Graders, 2005-2010**, UCLA Center for Health Policy Research and California Center for Public Health Advocacy, 2011. [www.publichealthadvocacy.org/research.html](http://www.publichealthadvocacy.org/research.html)

**California Health Interview Survey**, [www.chis.ucla.edu](http://www.chis.ucla.edu)

**Center for Disease Control and Prevention**, Minority Health. [www.cdc.gov/minorityhealth](http://www.cdc.gov/minorityhealth)

**Center for Disease Control and Prevention**, National Environmental Public Health Tracking Network. <http://ephtracking.cdc.gov/QueryPanel/EPHTNQuery/EPHTQuery.html?c=-1&i=-1&m=-1#>

**GreenInfo Network**, [www.parkinfo.org](http://www.parkinfo.org)

**MCHD Strategic Plan**, [www.mtyhd.org/images/stories/rokdownloads/Administration/Strat\\_Plan\\_FINAL.pdf](http://www.mtyhd.org/images/stories/rokdownloads/Administration/Strat_Plan_FINAL.pdf)

**Michigan Department of Community Health, Health Disparities Reduction and Minority Health Section**, *Michigan Health Equity Roadmap*. Lansing, MI: Michigan Department of Community Health, 2010. [www.michigan.gov/documents/mdch/MI\\_Roadmap\\_FINAL\\_080310\\_revised\\_PRINT\\_VERSION\\_pdf\\_329423\\_7.pdf](http://www.michigan.gov/documents/mdch/MI_Roadmap_FINAL_080310_revised_PRINT_VERSION_pdf_329423_7.pdf)

**Promoting Health Equity: A Resource to Help Communities Address Social Determinants of Health**, Centers for Disease Control and Prevention, 2008. <http://www.cdc.gov/healthycommunitiesprogram/tools/pdf/SDOH-workbook.pdf>

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**United States Department of Agriculture**, Food Environment Atlas. [www.ers.usda.gov/data-products/food-environment-atlas/go-to-the-atlas.aspx](http://www.ers.usda.gov/data-products/food-environment-atlas/go-to-the-atlas.aspx)

**University of Wisconsin Population Health Institute**, *County Health Rankings 2012*, [www.countyhealthrankings.org](http://www.countyhealthrankings.org)

