# Table of Contents

Placer County 2017 Community Health Status Assessment

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- Message from the Placer County Health Officer 1
- Objective, Purpose, and Methodology 2
  - Be Well Placer dashboard 7
  - Major findings 9

Your Placer County 12

- Total population and growth 12
- Languages 18

Social Determinants of Health 18

- Education 19
- Income 23
- Unemployment 24
- Poverty 25
- Food Security 26
- Early childhood development 28
- Housing and homelessness 29
- Crime 31

Quality of Life 33

- Community perception 33
- Civic engagement 36
<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parks</td>
<td>38</td>
</tr>
<tr>
<td>Public and medical transportation</td>
<td>39</td>
</tr>
<tr>
<td><strong>Health Care Access and Resources</strong></td>
<td>40</td>
</tr>
<tr>
<td>Health insurance</td>
<td>41</td>
</tr>
<tr>
<td>Usual source of health care</td>
<td>43</td>
</tr>
<tr>
<td>School vaccinations and flu shots</td>
<td>44</td>
</tr>
<tr>
<td>Child oral health</td>
<td>47</td>
</tr>
<tr>
<td>Provider availability and shortages</td>
<td>48</td>
</tr>
<tr>
<td>Hospital beds and utilization</td>
<td>49</td>
</tr>
<tr>
<td>Long term care facilities</td>
<td>52</td>
</tr>
<tr>
<td>Primary care clinics</td>
<td>54</td>
</tr>
<tr>
<td><strong>Health Status of Placer County</strong></td>
<td>56</td>
</tr>
<tr>
<td>General health status</td>
<td>56</td>
</tr>
<tr>
<td>Life expectancy</td>
<td>57</td>
</tr>
<tr>
<td>Death and causes of death</td>
<td>58</td>
</tr>
<tr>
<td>Birth and birth outcomes</td>
<td>59</td>
</tr>
<tr>
<td>Chronic disease</td>
<td>67</td>
</tr>
<tr>
<td>Communicable disease</td>
<td>78</td>
</tr>
<tr>
<td>Unintentional injury deaths</td>
<td>89</td>
</tr>
<tr>
<td>Premature death</td>
<td>92</td>
</tr>
<tr>
<td><strong>Health behaviors</strong></td>
<td>94</td>
</tr>
<tr>
<td>Weight and nutrition</td>
<td>94</td>
</tr>
<tr>
<td>Physical activity</td>
<td>100</td>
</tr>
<tr>
<td>Smoking</td>
<td>104</td>
</tr>
<tr>
<td>Topic</td>
<td>Page</td>
</tr>
<tr>
<td>------------------------------------------</td>
<td>------</td>
</tr>
<tr>
<td>Alcohol abuse</td>
<td>105</td>
</tr>
<tr>
<td>Child abuse</td>
<td>108</td>
</tr>
<tr>
<td>Elder abuse</td>
<td>109</td>
</tr>
<tr>
<td>Children in foster care</td>
<td>109</td>
</tr>
<tr>
<td>Gang membership</td>
<td>110</td>
</tr>
<tr>
<td><strong>Mental health</strong></td>
<td>111</td>
</tr>
<tr>
<td>Bullying and harassment</td>
<td>112</td>
</tr>
<tr>
<td>Depression</td>
<td>112</td>
</tr>
<tr>
<td>Drug related deaths</td>
<td>113</td>
</tr>
<tr>
<td>Opioid prescription and abuse</td>
<td>113</td>
</tr>
<tr>
<td>Suicide</td>
<td>120</td>
</tr>
<tr>
<td><strong>Environmental health</strong></td>
<td>123</td>
</tr>
<tr>
<td>Foodborne illness</td>
<td>123</td>
</tr>
<tr>
<td>Animal services</td>
<td>123</td>
</tr>
<tr>
<td>Air quality</td>
<td>123</td>
</tr>
<tr>
<td>Water quality</td>
<td>125</td>
</tr>
</tbody>
</table>
Message from the Local Health Officer

Thank you for reviewing our Placer County 2017 Community Health Status Assessment (CHSA).

In addition to being full of interesting facts about Placer County and our health status, this document provides context that helps bring more meaning to the numbers. We want this CHSA to facilitate thought, dialogue, and ultimately, informed and coordinated action.

Although assessment is one of three core functions of Public Health that we perform every day, Placer County has not conducted a comprehensive CHSA in nearly 20 years. This endeavor was a lot of work, especially since we were starting from scratch. It could not have been accomplished without the tremendous support of our community and dedicated colleagues at Placer County Public Health. I would like to thank Joe Arsenith, Sarah Hagen, Jennifer Johnson, and Mike Romero for their leadership in this process. And a special thanks to our epidemiologist, April Holland, the primary author of this report.

This CHSA is one of four assessments that comprise our Placer County Community Health Assessment. This collection of reports feeds into our Community Health Improvement Plan and Public Health System Strategic Plan. The goal is not for these documents to sit on a shelf somewhere. Community Health Assessment is an iterative process that never really ends. With the release of this publication, we are committing to engage with our community in an ongoing process of assessing health challenges and addressing them together.

Please enjoy our Placer County 2017 Community Health Status Assessment.

Be Well,

Rob

Robert L. Oldham, M.D., M.S.H.A.
Placer County Health Officer/ Division Director
Objective, Purpose, and Methodology

The objective of this assessment is to establish a collective vision of where our county stands in order to create a more efficient and equitable system to address health disparities. The 2017 Community Health Status Assessment (CHSA) is intended to assist community members, health and social services providers, and elected officials in learning about health trends and disparities in our community, determining priorities among numerous health issues, prioritizing resources, and planning and taking action to equitably improve health in Placer County.

The Community Health Status Assessment was developed using the National Association of County and City Health Officials’ Mobilizing for Action through Planning and Partnerships (MAPP) framework. MAPP helps communities improve health and quality of life through strategic planning that spans the community and is driven by its residents. This assessment was made possible through the collaboration of many people, organizations, and entities that have an interest in improving the health of Placer County residents.
Participating in the MAPP process, community residents can develop a sense of ownership over strategies, resulting in more effective, innovative, and sustainable solutions to complex health problems. The MAPP process involves completion of four assessments that, when assembled together, are vital to improving community health:

The **Forces of Change Assessment** identifies current external factors such as economic, political, social, and environmental issues that influence a community’s health and quality of life.

The **Community Themes and Strengths Assessment** allows an understanding of the issues that are important to county residents.

The **Local Public Health System Assessment** illustrates strengths and areas of needed improvement in the public health.

This Community Health Status Assessment comprises a core list of reliable and recognized indicators of public health that are analyzed over time and, when possible, stratified by race/ethnicity, age group, and gender to identify priority health issues for community action.

**How this report is structured**

The data in this report are divided into eight sections: i) Your Placer County, ii) Social Determinants of Health, iii) Quality of Life, iv) Health Care Access & Resources, v) Health Status of Placer County Residents, vi) Health Behaviors, vii) Mental Health, and viii) Environmental Health. These eight sections are further divided into topical subsections that stand alone, for example, “Homelessness,” “Civic engagement,” and “Health care access.” Each subsection contains data at the county level and also highlights disparities among subgroups as available (such as race/ethnicity, gender, or other subgroups). Not all disparities are mentioned; the fact that a particular disparity is not mentioned does not mean it does not exist or is not significant. Difficult decisions had to be made about what to include in this report. Inclusion of a topic was also dependent upon data availability.
Data sources and limitations

The CHSA was created using both primary and secondary data sources. Primary data consists of qualitative input directly obtained from community residents. The CHSA utilized data from the 2016 Community Themes and Strengths Assessment, which included over 1,000 survey responses from people who live, play, or work in Placer County.

Secondary quantitative data for this report were collected from local, state, and national agencies and various surveillance systems. Major data sources include the California Department of Public Health, California Department of Education, California Department of Justice, California Office of Statewide Health Planning and Development (OSHPD), California Department of Finance, United States Census Bureau, and the United States Department of Health and Human Services.

Three surveys were used for self-reported health behaviors and conditions: the California Health Interview Survey (CHIS) conducted by University of California Los Angeles, the Behavioral Risk Assessment Survey (BRFSS), and the California Healthy Kids Survey conducted by WestEd. For community health and population interviews such as CHIS and BRFSS, many survey items are rotated and asked in alternate years; therefore, results from those sources may be presented in varying years or in multi-year estimates, and are noted as such.

The most current and reliable data was used to complete the CHSA (i.e., data that were considered preliminary or statistically unreliable were used sparingly). These data were exported from the aforementioned sources in various formats, cleaned, and basic statistical techniques were applied to analyze trends. Where applicable, benchmark or target data were included. All data were carefully reviewed and analyzed to ensure that they accurately address and respond to each of the indicators. Data sources are hyperlinked for convenient source access where possible.

Data that examines health care utilization, such as hospitalization or emergency department admission rates, relies on patient discharge or registration data. Such data does not capture those who did not access health services or who accessed services at a health agency who does not report to the California Office of Statewide Health Planning and Development.
County Health Rankings

The Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute produce the County Health Rankings. The rankings data helps to lay the framework for health improvement efforts of public officials, business leaders, and citizens across the United States. Rankings are published online at www.countyhealthrankings.org. The health rankings are divided into two categories: health factors and health outcomes. Health factors (i.e. health behaviors and clinical care) and health outcomes (i.e. length and quality of life) help to measure the current health status of a population.

Of 57 California counties (one was not included), the 2016 County Rankings place Placer County 4th in the state for health factors and 5th for health outcomes. There are 5 indicators that make up the health outcomes ranking and 30 indicators considered in determining the health factors ranking. Although Placer County is in the top 10% of California counties for both health outcomes and health factors, there is work to be done. Placer County did not fall below the mean, as compared to other California counties, for any health outcomes indicators. For health factors, Placer County falls short in a few areas:

- The ratio of population to mental health care providers is 420:1, compared to one provider for every 370 people statewide.
- One in 5 people in our county reported binge drinking or drinking heavily, higher than the statewide rate of 17%.
- Placer County has a higher rate of death due to injury than the state, with 49 injury deaths per 100,000 versus 46 per 100,000 statewide.
- In Placer County, 79% of people drive alone to work, where 71% of people statewide do so.
Healthy People 2020

Healthy People 2020 is our nation’s benchmark for public health objectives. Four foundational health measures serve as indicators of achieving the overarching goals of the initiative.

<table>
<thead>
<tr>
<th>Overarching Goals</th>
<th>Foundational Measures Category</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attain high quality, longer lives free of preventable disease, disability, injury, and premature death</td>
<td>General health status</td>
</tr>
<tr>
<td>Achieve health equity, eliminate disparities, and improve the health of all groups</td>
<td>Disparities and inequity</td>
</tr>
<tr>
<td>Create social and physical environments that promote good health for all</td>
<td>Social determinants of health</td>
</tr>
<tr>
<td>Promote quality of life, healthy development, and healthy behaviors across all life stages</td>
<td>Health-related quality of life and well-being</td>
</tr>
</tbody>
</table>

The Healthy People 2020 framework aims that these health indicators serve as launching points for the federal government, states, communities, and many other partners in creating health policy, program improvements, research, and innovative solutions for a society in which all people live long, healthy lives. In this report, many health indicators are compared to goals set by Healthy People 2020.
Interactive Data

In 2015, the Be Well Placer dashboard site was launched. This interactive and user-friendly online health portal is a one-stop-shop to explore a wide array of data about the health of Placer County. The interface allows community members to easily find health information and helps county staff and local agencies provide the right services where they’re needed most.

Dashboard indicators are added and updated frequently so that our community may access the most current information available. The CHSA includes select indicators in dashboard format. These may serve as a stand-alone snapshot of Placer County’s health status for a particular topic.
Understanding dashboard data

Each indicator includes a color-coded gauge that allows you to visualize Placer County’s results compared to other communities such as California counties or the United States as a whole.

The red, yellow, and green dial represents the distribution of values included in a comparison (e.g. counties across the state). A higher value may be good or bad depending on the indicator (e.g., access to health care or heart disease). Green represents the top 50th percentile, yellow represents the 25th to 50th percentile, and red illustrates those performing in the lowest quartile.

Red and green check marks and arrows illustrate the progress of the indicators over time and whether Healthy People 2020 goals have been met.
1 in 11 people in Placer County (almost 34,000) lived below the poverty line in 2015.

In 2015, the Federal Poverty Level (100%) for a family of four was $24,250. 11% of Placer County children lived in poverty.

Placer County fast facts
Square miles: 1,506
Incorporated cities and towns: 6
Rural population: 32%
Population growth 2000-2015: 34%
County parks: 35 (1,800+ ac)
State parks: 6 (21,000+ ac)

In 2015, the median household income was $73,948.

Hispanic / Latino households had a median income 28% lower than white households.

The poverty rate for households with children led by a woman (with no partner present) was almost 5x the rate of married households.

Income generally allows access to health-promoting resources, such as health care, safe neighborhoods, good schools, and healthy food.

Poverty is associated with lower life expectancy and an increased risk of many health conditions.

Black / African American residents are significantly & disproportionately affected by poverty.

Poverty rate 25%

Poverty rate 24%
Major findings

Community perception
73% of residents feel that Placer County is a "very healthy" or "healthy" place to live.

Placer County fast facts
- Life expectancy: Men: 78.9, Women: 83.2
- Average commute for workers: 27 min
- Number of licensed hospital beds: 732

County Health Rankings
Of 57 California counties included in the 2016 rankings, Placer County placed:
- 4th in health factors
- 5th in health outcomes

Health behaviors: Clinical care, Socio-economics, Environment
Length of life, Quality of life

Affordable housing
Households that spend more than 30% of income on housing

<table>
<thead>
<tr>
<th>All incomes:</th>
<th>Under $35k /year:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Renters</td>
<td>55%</td>
</tr>
<tr>
<td>Homeowners</td>
<td>40%</td>
</tr>
<tr>
<td>Renters</td>
<td>93%</td>
</tr>
<tr>
<td>Homeowners</td>
<td>73%</td>
</tr>
</tbody>
</table>

High school graduation
People who graduate from high school are more likely to have better health than those who don't.

County graduation rate 2014-15: 90%
- Hispanic/Latino: 85%
- Native American: 85%
- African American: 87%

From 2010 to 2014, property crimes declined 20% and violent crime fell by 28%.
Despite the drop in violent crime, the rate of reported rape cases increased 14% from 2012-2014.

Voter turnout
- 2016: 72% of eligible voters, 84% of registered voters

Count of homeless individuals, 2013-2015
13%

Percent chronically homeless (adults only), 2015
45%

Placer County 2017 Community Health Status Assessment
There are barriers to a healthy start for some Placer County kids.

29% of Hispanic/Latina mothers did not receive prenatal care in the first trimester, compared to 15% of white mothers.

Births per 1,000 youth (ages 15-19)
- Hispanic/Latino: 15 births
- White: 5 births

The adolescent birth rate (ages 15-19) among Hispanic/Latino females was 3 times the rate of white females.

Babies born in Kings Beach (96143) were low birth weight (<5 pounds, 8 ounces) at a rate 2.3 times the county rate.

## Major findings

### Health disparities

There are barriers to a healthy start for some Placer County kids.

- **29%** of Hispanic/Latina mothers did not receive prenatal care in the first trimester, compared to **15%** of white mothers.

#### Births per 1,000 youth (ages 15-19)
- Hispanic/Latino: 15 births
- White: 5 births

The adolescent birth rate (ages 15-19) among Hispanic/Latino females was **3 times** the rate of white females.

Babies born in Kings Beach (96143) were low birth weight (<5 pounds, 8 ounces) at a rate **2.3 times** the county rate.

#### CA Physical Fitness Test: Body Composition

- **9th graders** with a higher probability of health risks related to weight/body fat:
  - 18% of Black/African American students
  - 14% of Hispanic students
  - 9% of white students

#### ER visits for mental health per 10,000 youth

- Roseville (95661): 49
- Roseville (95678): 59
- Rocklin (95677): 49
- Auburn (95603): 51

Some areas experienced high rates of mental health ER visits among youth (<18 years) compared to the county rate of 42 per 10,000 population.

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**Placer County fast facts**

- Babies born at Placer hospitals in 2015: 8,446
- Average annual child care center cost:
  - Infant: $12,981
  - Preschooler: $9,084
- Children whose parents read books with them every day: 86.3%
Your Placer County

Geography

Placer County, spanning from the eastern edge of the Sacramento Metropolitan Area to the sparkling waters of Lake Tahoe, boasts a diverse and prosperous landscape. Including a burgeoning technological sector, various agricultural riches, and abundant recreational opportunities, Placer County has a multitude of resources to offer both residents and visitors.

Total Population and growth

Figure 1. Map with city/town populations
The total population of Placer County in 2015 was an estimated 375,391 residents. The county includes six incorporated cities and towns as well as numerous smaller communities located within its 1,506 square miles. Approximately 68% of the population lives within incorporated cities and towns. The remaining 32% reside throughout the unincorporated areas of the county. The map above shows the distribution of the population within the county. Roseville is the largest city with a 2015 population of 126,327, approximately one third of the county population. With its large stretches of rural areas, Placer County has a population density of 250 people per square mile.

Figure 2. Population growth, 1950-2010

Placer County’s population increased 34% from 2000-2015. Since the 1970’s, the population has grown at a faster rate than the state of California. The county grew at a rate more than 3 times that of the state from 2000-2010, adding over 100,000 residents.
Population growth in Placer County has been generally driven by net migration (people moving to the area) rather than natural increase (births minus deaths). Though the county’s population continues to grow, the amount of growth has slowed over the past 15 years. The estimated increase in total population from 2014 to 2015 was 1.1%. The California Department of Finance projects that Placer County’s current rate of growth will remain steady through 2060.
Figure 4. Population by age groups, 2000-2015

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<thead>
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<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>0 - 19 years</td>
<td>71,730</td>
<td>87,619</td>
<td>93,739</td>
<td>93,402</td>
<td>29</td>
<td>28</td>
<td>27</td>
<td>25</td>
</tr>
<tr>
<td>20 - 34 years</td>
<td>40,375</td>
<td>50,766</td>
<td>57,109</td>
<td>61,988</td>
<td>16</td>
<td>16</td>
<td>16</td>
<td>17</td>
</tr>
<tr>
<td>35 - 44 years</td>
<td>42,873</td>
<td>48,361</td>
<td>46,565</td>
<td>47,350</td>
<td>17</td>
<td>15</td>
<td>13</td>
<td>13</td>
</tr>
<tr>
<td>45 - 64 years</td>
<td>60,739</td>
<td>83,217</td>
<td>97,457</td>
<td>103,319</td>
<td>24</td>
<td>27</td>
<td>28</td>
<td>28</td>
</tr>
<tr>
<td>65+ years</td>
<td>32,553</td>
<td>42,799</td>
<td>53,562</td>
<td>69,332</td>
<td>13</td>
<td>14</td>
<td>15</td>
<td>18</td>
</tr>
<tr>
<td>Total</td>
<td>248,270</td>
<td>312,762</td>
<td>348,432</td>
<td>375,391</td>
<td>100</td>
<td>100</td>
<td>100</td>
<td>100</td>
</tr>
</tbody>
</table>


- Placer County is an aging population. The number of people ages 65 and higher grew sharply, with a 113% increase from 2010-2015. As a percentage of the county population, the age group 65 and higher rose 38%.
- The largest groups in the county from 2000-2015 were ages 0-19, who comprised 25 to 29% of the total population, and ages 45-64, who constituted 24 to 28%.
- The age group 35-44 experienced the slowest growth of all groups, increasing just 10% from 2000-2015.
The largest proportional difference between the county and state populations is in the young adult age group from 20-29, who represent 11% of the county population and 15% of the state population.

Placer County has a higher proportion of people 50 and older compared to the state population. People in age groups 50 and above comprise 39% of the county population compared to 32% of the state.

Source: 2010-2015 American Community Survey 5-Year Estimates
Figure 6. Population by age groups & gender, 2015

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Placer County</th>
<th>California</th>
<th>Percentage</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Male</td>
<td>Female</td>
<td>Total</td>
<td>Male</td>
</tr>
<tr>
<td>0 - 19 years</td>
<td>47,489</td>
<td>45,913</td>
<td>93,402</td>
<td>13%</td>
</tr>
<tr>
<td>20 - 34 years</td>
<td>31,429</td>
<td>30,559</td>
<td>61,988</td>
<td>8%</td>
</tr>
<tr>
<td>35 - 44 years</td>
<td>23,272</td>
<td>24,078</td>
<td>47,350</td>
<td>6%</td>
</tr>
<tr>
<td>45 - 64 years</td>
<td>49,762</td>
<td>53,557</td>
<td>103,319</td>
<td>13%</td>
</tr>
<tr>
<td>65+ years</td>
<td>30,879</td>
<td>38,453</td>
<td>69,332</td>
<td>8%</td>
</tr>
<tr>
<td>Total</td>
<td>182,831</td>
<td>192,560</td>
<td>375,391</td>
<td>49%</td>
</tr>
</tbody>
</table>

Source: US Census Bureau, 2010-2015 American Community Survey 5-Year Estimates

The largest race/ethnic group in the county was White non-Hispanic, which decreased from 84 to 74% from 2000-2015, followed by Hispanic, which increased from 10 to 14% of the county population.

Figure 7. Population by race/ethnicity, 2000-2015

<table>
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</tr>
</thead>
<tbody>
<tr>
<td>White (nH)</td>
<td>208,269</td>
<td>249,050</td>
<td>265,949</td>
<td>276,381</td>
<td>49%</td>
</tr>
<tr>
<td>Hispanic/Latino (any race)</td>
<td>24,004</td>
<td>35,123</td>
<td>44,710</td>
<td>51,671</td>
<td>5%</td>
</tr>
<tr>
<td>Asian (nH)</td>
<td>7,287</td>
<td>14,622</td>
<td>20,221</td>
<td>26,346</td>
<td>4%</td>
</tr>
<tr>
<td>Multi Race/Other</td>
<td>4,769</td>
<td>7,775</td>
<td>10,238</td>
<td>12,230</td>
<td>2%</td>
</tr>
<tr>
<td>Black or African American (nH)</td>
<td>1,916</td>
<td>3,654</td>
<td>4,494</td>
<td>5,859</td>
<td>1%</td>
</tr>
<tr>
<td>American Indian and Alaska Native (nH)</td>
<td>1,701</td>
<td>1,984</td>
<td>2,105</td>
<td>2,183</td>
<td>1%</td>
</tr>
<tr>
<td>Native Hawaiian and Other Pacific Islander (nH)</td>
<td>324</td>
<td>554</td>
<td>715</td>
<td>721</td>
<td>0%</td>
</tr>
<tr>
<td>Total</td>
<td>248,270</td>
<td>312,762</td>
<td>348,432</td>
<td>375,391</td>
<td>100%</td>
</tr>
</tbody>
</table>


*nH = non-Hispanic. Totals may not add to 100% due to rounding
Languages

Figure 8. Language spoken at home, age 5 and older, 2015 (n=345,965)

<table>
<thead>
<tr>
<th>Language spoken at home</th>
<th>Percent of population</th>
<th>Number of people</th>
</tr>
</thead>
<tbody>
<tr>
<td>English only</td>
<td>85</td>
<td>294,071</td>
</tr>
<tr>
<td>Language other than English</td>
<td>15</td>
<td>51,894</td>
</tr>
</tbody>
</table>

Degree of spoken fluency with English if primarily speak another language (n=51,894)

<table>
<thead>
<tr>
<th>Degree of spoken fluency</th>
<th>Percent of population</th>
<th>Number of people</th>
</tr>
</thead>
<tbody>
<tr>
<td>Speaks English “very well”</td>
<td>66</td>
<td>34,403</td>
</tr>
<tr>
<td>Speaks English less than “very well”</td>
<td>34</td>
<td>17,491</td>
</tr>
</tbody>
</table>

Language spoken at home if speak English less than “very well” (n=17,491)

<table>
<thead>
<tr>
<th>Language spoken at home</th>
<th>Percent of population</th>
<th>Number of people</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asian/Pacific Islander</td>
<td>30</td>
<td>5,180</td>
</tr>
<tr>
<td>Indo-European</td>
<td>20</td>
<td>3,488</td>
</tr>
<tr>
<td>Spanish</td>
<td>48</td>
<td>8,366</td>
</tr>
<tr>
<td>Other</td>
<td>3</td>
<td>457</td>
</tr>
</tbody>
</table>

Source: 2015 American Community Survey 5-Year Estimates

Social Determinants of Health

The World Health Organization defines health as a “state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.” Factors beyond traditional measures of health are often necessary to understand the broader context that influences health. These factors are called determinants of health. According to the Centers for Disease Control and Prevention, social determinants of health may be biological, socioeconomic, psychosocial, behavioral, or social in nature.

Examples of social determinants include income levels, poverty, homelessness, employment, housing availability and affordability, quality childcare and education, and public safety. Improving the quality of our relationships and the conditions in which we live, learn, work, and play will create a healthier population, society, and workforce.
Educational attainment

The association between education and health is well-known, large, and persistent. In 2015, the majority of Placer County adults over age 25 had a high school diploma or equivalent (94%), and 37% had a bachelor’s degree or higher. In the 16 year span from 2000-2015, the county’s education level increased, particularly the proportion of residents earning associate, bachelor, and advanced degrees.

Figure 9. Educational attainment, 2015

![Educational attainment chart]

Source: American Community Survey 1-year estimates, 2015

Figure 10. Highest education level achieved, ages 25 and up, 2000-2015

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 9th grade</td>
<td>5,178</td>
<td>7,280</td>
<td>5,460</td>
<td>7,288</td>
<td>3</td>
<td>3</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>9th to 12th grade, no diploma</td>
<td>10,657</td>
<td>11,991</td>
<td>10,683</td>
<td>10,057</td>
<td>6</td>
<td>6</td>
<td>5</td>
<td>4</td>
</tr>
<tr>
<td>High school graduate (includes equivalency)</td>
<td>35,327</td>
<td>47,322</td>
<td>51,753</td>
<td>50,279</td>
<td>21</td>
<td>22</td>
<td>22</td>
<td>19</td>
</tr>
<tr>
<td>Some college, no degree</td>
<td>48,584</td>
<td>55,887</td>
<td>66,234</td>
<td>67,472</td>
<td>29</td>
<td>26</td>
<td>28</td>
<td>26</td>
</tr>
<tr>
<td>Associate’s degree</td>
<td>15,922</td>
<td>22,055</td>
<td>24,452</td>
<td>29,621</td>
<td>10</td>
<td>10</td>
<td>10</td>
<td>11</td>
</tr>
<tr>
<td>Bachelor’s degree</td>
<td>34,394</td>
<td>49,249</td>
<td>54,364</td>
<td>65,707</td>
<td>21</td>
<td>23</td>
<td>23</td>
<td>25</td>
</tr>
<tr>
<td>Graduate or professional degree</td>
<td>15,832</td>
<td>20,342</td>
<td>24,689</td>
<td>30,765</td>
<td>10</td>
<td>10</td>
<td>10</td>
<td>12</td>
</tr>
<tr>
<td>Total population age 25 and higher</td>
<td>165,894</td>
<td>214,126</td>
<td>237,398</td>
<td>261,189</td>
<td>100</td>
<td>100</td>
<td>100</td>
<td>100</td>
</tr>
</tbody>
</table>

Source: American Community Survey 1-year estimates (2000-2015)
Educational performance and graduation

The California Assessment of Student Performance and Progress (CAASPP) System includes the Smarter Balanced Summative Assessments in English language arts/literacy and mathematics. These are comprehensive end-of-year assessments that measure progress toward career and college readiness for children in grades 3-8 and grade 11. The summative assessments are aligned with the Common Core State Standards for English language arts/literacy and mathematics.

Figure 11. CAASPP Smarter Balanced results in English language arts/literacy, 2016

Source: California Assessment of Student Performance and Progress
Third grade is often considered the moment when a student makes the transition from ‘learning to read’ to ‘reading to learn’ — a make-or-break period for academic success. In fact, according to research by the Annie E. Casey Foundation, 75 percent of students who struggle with reading in third grade never catch up. Alarmingly, those students are four times as likely to drop out of high school.

An analysis of third grade results from the 2016 CAASPP Smarter Balanced Summative Assessments in English language arts/literacy by school district identifies the 6 districts performing in the bottom 25% for students meeting or exceeding standards. Performance in mathematics is also included.
Figure 13. Third grade CAASPP results by school district, 2016

<table>
<thead>
<tr>
<th>School District</th>
<th>English language arts</th>
<th>Mathematics</th>
<th>Number of students tested</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ackerman Charter</td>
<td>61%</td>
<td>58%</td>
<td>62</td>
</tr>
<tr>
<td>Alta-Dutch Flat Union Elementary</td>
<td>75%</td>
<td>100%</td>
<td>12</td>
</tr>
<tr>
<td>Auburn Union Elementary</td>
<td>32%</td>
<td>35%</td>
<td>223</td>
</tr>
<tr>
<td>Colfax Elementary</td>
<td>21%</td>
<td>40%</td>
<td>38</td>
</tr>
<tr>
<td>Core Placer Charter</td>
<td>45%</td>
<td>45%</td>
<td>11</td>
</tr>
<tr>
<td>Creekside Charter</td>
<td>60%</td>
<td>68%</td>
<td>22</td>
</tr>
<tr>
<td>Dry Creek Joint Elementary</td>
<td>53%</td>
<td>55%</td>
<td>663</td>
</tr>
<tr>
<td>Eureka Union</td>
<td>78%</td>
<td>84%</td>
<td>352</td>
</tr>
<tr>
<td>Foresthill Union Elementary</td>
<td>39%</td>
<td>50%</td>
<td>62</td>
</tr>
<tr>
<td>Horizon Charter</td>
<td>44%</td>
<td>27%</td>
<td>72</td>
</tr>
<tr>
<td>John Adams Academy</td>
<td>41%</td>
<td>50%</td>
<td>117</td>
</tr>
<tr>
<td>Loomis Union Elementary</td>
<td>54%</td>
<td>62%</td>
<td>292</td>
</tr>
<tr>
<td>Maria Montessori Charter</td>
<td>46%</td>
<td>46%</td>
<td>37</td>
</tr>
<tr>
<td>Newcastle Elementary</td>
<td>72%</td>
<td>66%</td>
<td>223</td>
</tr>
<tr>
<td>Partnerships For Student-Centered Learning</td>
<td>29%</td>
<td>27%</td>
<td>44</td>
</tr>
<tr>
<td>Placer County Office Of Education</td>
<td>58%</td>
<td>63%</td>
<td>20</td>
</tr>
<tr>
<td>Placer Hills Union Elementary</td>
<td>54%</td>
<td>52%</td>
<td>96</td>
</tr>
<tr>
<td>Rocklin Academy</td>
<td>77%</td>
<td>73%</td>
<td>48</td>
</tr>
<tr>
<td>Rocklin Academy at Meyers St</td>
<td>56%</td>
<td>56%</td>
<td>23</td>
</tr>
<tr>
<td>Rocklin Unified</td>
<td>63%</td>
<td>70%</td>
<td>818</td>
</tr>
<tr>
<td>Roseville City Elementary</td>
<td>62%</td>
<td>66%</td>
<td>1,059</td>
</tr>
<tr>
<td>Sierra Expeditionary Learning</td>
<td>78%</td>
<td>78%</td>
<td>23</td>
</tr>
<tr>
<td>Tahoe Truckee Unified</td>
<td>43%</td>
<td>51%</td>
<td>299</td>
</tr>
<tr>
<td>Western Placer Unified</td>
<td>48%</td>
<td>53%</td>
<td>539</td>
</tr>
</tbody>
</table>

Note: Districts with scores in the bottom 25% are in bold.
Source: California Assessment of Student Performance and Progress

Placer County’s high school graduation rate in 2014-2015 was 90%, compared to 82% across California. African American, American Indian or Alaska Native, and Latino students had lower rates of graduation relative to other reported racial/ethnic groups.
In the 2014-2015 school year, Placer County’s high school exit exam rates and standardized test (SAT and ACT) scores were above statewide figures.

Figure 14. High school graduation rates by race/ethnicity

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hispanic or Latino of any race</td>
<td>82</td>
</tr>
<tr>
<td>American Indian or Alaska Native (nH)</td>
<td>81</td>
</tr>
<tr>
<td>Asian (nH)</td>
<td>93</td>
</tr>
<tr>
<td>Pacific Islander (nH)</td>
<td>67</td>
</tr>
<tr>
<td>Filipino (nH)</td>
<td>96</td>
</tr>
<tr>
<td>African American (nH)</td>
<td>84</td>
</tr>
<tr>
<td>White (nH)</td>
<td>91</td>
</tr>
<tr>
<td>Two or more races (nH)</td>
<td>91</td>
</tr>
<tr>
<td>Not reported</td>
<td>80</td>
</tr>
<tr>
<td>Placer County</td>
<td>89</td>
</tr>
</tbody>
</table>

Source: California Department of Education, DataQuest

Median income

Median income is the amount where the income of half of the households is above and half is below. In 2015, the median household income in Placer County was $73,948. This figure is 19.6% higher than the state median household income.
Figure 15. Household median income by race/ethnicity, 2015

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Median income</th>
<th>Margin of error</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>$73,888</td>
<td>+/-1,281</td>
</tr>
<tr>
<td>Black or African American</td>
<td>$85,580</td>
<td>+/-30,919</td>
</tr>
<tr>
<td>American Indian and Alaska Native</td>
<td>$60,563</td>
<td>+/-13,375</td>
</tr>
<tr>
<td>Asian</td>
<td>$102,714</td>
<td>+/-7,503</td>
</tr>
<tr>
<td>Native Hawaiian and Other Pacific Islander</td>
<td>$61,083</td>
<td>+/-14,354</td>
</tr>
<tr>
<td>Some other race</td>
<td>$47,449</td>
<td>+/-6,418</td>
</tr>
<tr>
<td>Two or more races</td>
<td>$66,667</td>
<td>+/-8,430</td>
</tr>
<tr>
<td>Hispanic or Latino origin (of any race)</td>
<td>$54,294</td>
<td>+/-3,013</td>
</tr>
<tr>
<td>White alone, not Hispanic or Latino</td>
<td>$75,127</td>
<td>+/-1,176</td>
</tr>
</tbody>
</table>

Source: U.S. Census Bureau, 2011-2015 American Community Survey 5-Year Estimates

- Households of Hispanic or Latino origin had a median income 28% lower than those who were white alone.
- The large margin of error listed for Black or African American, American Indian and Alaska Native, and Native Hawaiian and other Pacific Islander groups suggest that the data should be interpreted with caution for these groups.

Unemployment

In November 2016, Placer County’s unemployment rate was 4.2%, compared to the state rate of 5.3%. The county’s unemployment rate decreased 13% from the November 2015 rate, which was 4.8%.
**Poverty**

In Placer County, 9% of residents and 11% of children (under age 18) lived below 100% of the Federal Poverty Level in 2015. Statewide, 16% of residents and 23% of children (under age 18) lived below 100% of the Federal Poverty Level.

Families with children (under age 18) were affected by poverty more than families with no children. In 2015, an estimated 6% of all Placer families lived in poverty compared to 10% of families with children. Across the state of California, 12% of families lived in poverty compared to 18% of families with children. The Federal Poverty Level for a family of four in 2015 was $24,250.

**Figure 16. Residents in poverty, 2015**

Source: American Community Survey 5 year estimates, 2011-2015
Food security

According to estimates from the U.S. hunger relief organization Feeding America, there were about 45,470 people in Placer County in 2014, or 12.6% of the population, who were without reliable access to a sufficient quantity of affordable, nutritious food. Approximately 54% of these individuals were below 200% of the poverty line, and therefore likely eligible for federal nutrition assistance such as WIC, Supplemental Nutrition Assistance Program, or free school meals.

WIC (Women, Infants, and Children)

WIC is a federally-funded health and nutrition program for women, infants, and children. WIC helps families by issuing funds for healthy supplemental foods, providing nutrition education, and making referrals to healthcare and other community services. Participants must meet income guidelines and be pregnant, new mothers, infants, or children under age five. In California, 83 WIC agencies provide local services to over 1.16 million women, infants, and children each month at over 600 sites across the state.

Estimates compiled by the California Department of Public Health suggest that many more Placer County residents could benefit from the WIC program.
Figure 17. WIC eligibility and program reach, 2011, and average monthly participation counts, 2011-2014

<table>
<thead>
<tr>
<th>WIC Population</th>
<th>WIC eligible in an average month (estimate)</th>
<th>Monthly participation count (average)</th>
<th>WIC coverage rate</th>
<th>Monthly participation count (average)</th>
<th>Monthly participation count (average)</th>
<th>Monthly participation count (average)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infants</td>
<td>1,569</td>
<td>977</td>
<td>62.3</td>
<td>960</td>
<td>888</td>
<td>821</td>
</tr>
<tr>
<td>Children</td>
<td>5,989</td>
<td>2,336</td>
<td>39</td>
<td>2,261</td>
<td>2,156</td>
<td>1,902</td>
</tr>
<tr>
<td>Pregnant women</td>
<td>794</td>
<td>447</td>
<td>56.3</td>
<td>437</td>
<td>392</td>
<td>346</td>
</tr>
<tr>
<td>Postpartum women</td>
<td>1,075</td>
<td>632</td>
<td>58.8</td>
<td>604</td>
<td>559</td>
<td>521</td>
</tr>
<tr>
<td>Total</td>
<td>9,427</td>
<td>4,391</td>
<td>46.6</td>
<td>4,262</td>
<td>3,995</td>
<td>3,590</td>
</tr>
</tbody>
</table>

Source: CDPH WIC Eligibility and Program Reach Report. *Note: WIC Eligibility Estimates based on adapted USDA Methodology, 2011. Average Monthly Participant Counts (January through December of given year) for each subpopulation and overall, WIC MIS 2011-2014. WIC participants are defined as women, infants or children on WIC who receive a food package (or are fully breastfeeding infants) in a given time period. WIC Coverage Rate is the proportion of WIC eligibles that participated in the WIC Program (participants divided by eligibles) in an average month during calendar year 2011.

CalFresh/SNAP/Food Stamps

Formerly known as Food Stamps, the federal Supplemental Nutrition Assistance Program (SNAP), known as CalFresh in our state, helps people in need. In 2014, 5.6% of households in Placer County received CalFresh benefits, which was 58% of the rate of recipients across California (9.7%).

Free Lunch Program

The federally assisted Free Lunch Program (FLP) under the National School Lunch Program has been providing nutritionally balanced lunches to children at no cost since 1946. Families who meet the income eligibility requirements or who receive SNAP benefits can apply through their children’s school to receive free or reduced
cost meals. The lunches help students meet their basic nutritional requirements when their families may not be able to consistently provide a balanced diet. The California Department of Education reports that during the 2015-2016 school year, 27% of Placer County students were eligible to participate in the program. Statewide, 59% of children were eligible for free or reduced price school meals.

Early childhood development

The early years of a child’s life are incredibly important for his or her development. Healthy development means that children of all abilities, including those with special needs, are able to grow up where their social, emotional, and educational needs are met. Having a safe and loving home and spending time with family, engaging in activities such as playing, reading, talking, and singing, are very important. Proper nutrition, rest, and exercise also can make a big difference.

According to the California Health Interview Survey, in the period from 2013-2014, 86% of Placer County children had parents who reported reading to them every day, compared to the statewide rate of 61%.

Accessibility and affordability of child care also plays a part in early child development. The California Child Care Portfolio reported that Placer County had 12,053 child care slots in licensed facilities in 2014. The population of children under age 5 was 23,140, resulting in a child care availability rate of 52%. The annual cost of childcare in Placer County at licensed child care centers was $12,981 for an infant and $9,084 for a preschooler. Licensed family care homes were less expensive, totaling $8,346 annually for an infant and $7,679 for a preschooler. These values are slightly lower than averages across California.
Housing and Homelessness

Affordable housing is a challenge in Placer County that contributes to the high cost of living. High housing prices and somewhat limited vacancies are two forces that contribute to a lack of affordable housing.

Adequate, safe, and affordable housing

Placer County had a slightly lower rate of homeowner vacancy and a higher rate of rental vacancy compared to statewide figures. In 2015, the homeowner vacancy rate in the county was 0.9% compared to the state rate of 1.2%. Around 7.2% of rental housing units were vacant in the county, while an estimated 3.3% were vacant across California.

Spending a large proportion of income on housing can stress households. One measure of housing affordability is whether residents spend more than 30% of their income on housing. In 2015, an estimated 40% of all Placer County households with a mortgage spent more than 30% of income on housing. Of those renting, an estimated 55% spent more than 30% on housing.

For some households in areas with high housing costs such as California, the 30% threshold may be a lifestyle choice rather than an indicator of a true housing affordability problem. However, measuring households with low incomes who spend more than 30% on housing do reflect a housing affordability problem. Analysis of households earning under $35,000 annually found that 73% of these homeowners spent more than 30% of their income on housing. Of Placer residents earning less than $35,000 per year, 93% of renters spent more than 30% of their income on housing. The 2015 median monthly rent in Placer County was $1,303.

Another way of measuring household affordability is the Housing Affordability Index (HAI). In the third quarter of 2016, the California Association of Realtors’ HAI estimated that 46% of Placer County residents could afford to purchase the median-priced home ($434,720) in the county. The median monthly payment including taxes and insurance for the median-priced home was $2,140.
Homelessness

Homelessness is a matter of public health concern. According to the National Alliance to End Homelessness, commonly cited reasons for becoming homeless are poverty, lack of affordable housing, and financial catastrophe such as job loss or overwhelming debt. A lack of affordable health care, mental illness, domestic violence, and addiction are other major factors that can contribute to homelessness.

The homeless population is calculated by surveying both sheltered and unsheltered homeless people using a Point in Time (PIT) count. A PIT count is a snapshot in time reflecting those persons identified as homeless for one night and it is not an absolute number. PIT counts can be adversely impacted by bad weather, lack of volunteers, funding and other variables. The number of sheltered homeless is collected every year. Though traditionally completed every two years, starting in 2017 the number of unsheltered homeless people will also be surveyed annually.

The Homeless Resource Council of the Sierras, which acts as the Continuum of Care for Placer County, conducts the PIT homeless count using methodology required by the U.S. Department of Housing and Development. In 2015, the Council reported that 59% of Placer County’s surveyed homeless were severely mentally ill, and about 40% had substance abuse problems. It was estimated that 10% of homeless adults were veterans and 15% were children.

Additionally, 45% of Placer County’s 2015 adult homeless population was chronically homeless. A chronically homeless person is defined as either an unaccompanied homeless individual with a disability who has been continuously homeless for a year or more, or an unaccompanied individual with a disability who has had at least four episodes of homelessness in the past three years.
Crime

A high level of crime affects a community’s feelings of physical safety and compromises its psychological well-being. Exposure to crime and violence has been shown to increase stress, which may exacerbate hypertension and other stress-related disorders and may contribute to obesity. High crime rates may also deter residents from healthy activities such as exercising outdoors.
In Placer County, property crimes (theft) remained the most common type of crime from 2010 to 2014, though the rate of property crime decreased 24% over the 5 year period.

The overall rate of violent crime dropped from 2010 to 2014, but there was an increase in reported rape cases from 2012 to 2014.

According to the Robert Wood Johnson County Rankings, during the years 2010-2012, Placer County had the second lowest violent crime rate in the state per 100,000 population.
Quality of Life

Quality of life indicators measure the influences that social and environmental resources and conditions can have on population health outcomes. Examples of these include access to social, emotional, and economic supports, safe neighborhoods, available and accessible healthy foods, adequate local emergency/health services, and safe and affordable housing. Focusing on quality of life indicators can help bridge the boundaries between social, mental, and medical health outcomes and the services that support them.

Community Perception

From May through October 2016, the Placer County Public Health Division, through the Be Well Placer initiative, surveyed over 1,000 people who live, work, learn, or play in Placer County to obtain more information about health and quality of life issues in the community. The resulting Community Themes and Strengths Assessment illustrates valuable insight from the community about important community health and quality of life issues.
When asked if Placer County is a healthy place to live, 73% of respondents answered ‘Very Healthy’ or ‘Healthy’. Of 1,006 responses, 58% believe Placer County is a ‘Healthy’ place to live, 15% chose ‘Very Healthy’, 25% answered ‘Somewhat Healthy’, and 2% said that Placer County is either an ‘Unhealthy’ or Very Unhealthy place to live.
When asked if Placer County is a good place to raise children, 81% of respondents answered ‘Agree’ or ‘Strongly Agree’. Four percent answered either ‘Disagree’ or ‘Strongly Disagree’.

Source: Placer County Public Health Division, Community Themes and Strengths Assessment, 2016
A total of 54% of respondents said that they either ‘Agree’ or ‘Strongly Agree’ that Placer County is a good place to age, 30% were neutral on the topic, and 16% answered ‘Disagree’ or ‘Strongly Disagree’.

Civic Engagement

Civic engagement allows people to express their voice and to contribute to the political functioning of their society. It creates healthier communities by developing the knowledge and skills to improve quality of life. Voting and volunteering are among the many measures of an engaged population. These actions show that people care about the outcomes of their community or their nation and that they want to cultivate positive change.
Voting

Figure 23. Eligible and registered voters, 2008-2016 general and presidential elections

<table>
<thead>
<tr>
<th>Year</th>
<th>Number eligible</th>
<th>Number registered</th>
<th>Percent registered</th>
<th>Democratic</th>
<th>Republican</th>
<th>No preference</th>
<th>Other</th>
<th>Voter Turnout (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2016*</td>
<td>264,101</td>
<td>226,249</td>
<td>86%</td>
<td>29%</td>
<td>45%</td>
<td>22%</td>
<td>5%</td>
<td>72</td>
</tr>
<tr>
<td>2014</td>
<td>259,591</td>
<td>200,422</td>
<td>77%</td>
<td>27%</td>
<td>46%</td>
<td>22%</td>
<td>5%</td>
<td>45</td>
</tr>
<tr>
<td>2012*</td>
<td>251,135</td>
<td>208,604</td>
<td>83%</td>
<td>28%</td>
<td>47%</td>
<td>20%</td>
<td>4%</td>
<td>69</td>
</tr>
<tr>
<td>2010</td>
<td>248,397</td>
<td>202,876</td>
<td>82%</td>
<td>29%</td>
<td>48%</td>
<td>19%</td>
<td>4%</td>
<td>58</td>
</tr>
<tr>
<td>2008*</td>
<td>239,314</td>
<td>198,963</td>
<td>83%</td>
<td>30%</td>
<td>49%</td>
<td>18%</td>
<td>3%</td>
<td>73</td>
</tr>
</tbody>
</table>

*Indicates a presidential election year

In the 2016 presidential election, an impressive 86% of those eligible to vote were registered. Party preferences have remained stable since 2008.

Placer County’s voter turnout in both the 2016 and 2014 elections was higher than the statewide rate. In the 2016 presidential election, 84% of registered Placer County voters cast ballots, compared to 75% of those registered across California. In the 2014 general election, 58% of Placer County registered voters turned up at the polls, 16 percentage points higher than the statewide turnout rate of 42%.

Volunteering

Working as a volunteer is linked to better physical, mental, and emotional health. The 2013 Health and Volunteering Study by United Health Group found that over 75% of adults who volunteer feel less stressed and physically healthier as a result of volunteering. Furthermore, it found that volunteers feel a deeper connection to their communities and are more engaged and involved in managing their own health.
Parks

The availability of parks can have important public health benefits, including increased physical activity, reduced obesity and chronic disease, as well as mental health and environmental impacts. Regular physical activity, even at moderate levels (e.g., walking), has profound health benefits, protecting against heart disease, depression, diabetes, stroke, and many types of cancer. Because of these health benefits, physical activity can improve quality of life, increase productivity, and reduce health care costs.

Open spaces such as parks, beaches, and trails are found across Placer County’s 1,506 square miles. The county maintains 35 parks totaling 1,814 acres, 109 miles of trails, and 12 beaches.

In 2016, environmental review plans were laid to expand the Hidden Falls Regional Park to preserve oak woodland habitat and meet the demand for public recreation via multiple-use trails. Placer County partnered with the Placer Land Trust to preserve approximately 2,500 acres of open space near the 1,200 acre park located west of Auburn. These lands can accommodate potential expansion of the trail system from the park to the Bear River, which would result in a trail system approximately 60 miles in length.

Placer County is also home to six State Parks (SP) and Recreation Areas (SRA) that comprise almost 60,000 acres (93 square miles). These include the Auburn and Folsom SRAs in the lower elevations of the county, and Tahoe SRA, Burton Creek SP, Kings Beach SRA, and Ward Creek Parks on the north and west shores of Lake Tahoe.
Transportation

Commuting

Transportation is an economic and social factor that influences people’s health and the health of a community. In 2015, the majority of workers in Placer County commuted by automobile (88%), while 2% walked to work, 1% used public transportation such as bus or railroad, and less than 1% rode a bicycle. About 8% of the Placer County employed population worked from home. The average travel time to work for commuters was 27 minutes. In Placer County, people take a car to work 4% more than the statewide proportion and 2% more than the United States as a whole.

Public transportation

Placer County operates four bus transportation options that serve thousands of passengers per year. Placer County Transit is a fixed route bus service operating from the central county area of Alta, in the cities and towns of western Placer County, and connecting passengers to Sacramento Light Rail. Dial-A-Ride offers paratransit and general curb-to-curb service in Western Placer County. The Placer Commuter Express is a weekday commuter bus service from Western Placer County to downtown Sacramento. Finally, the Tahoe Truckee Area Regional Transit (TART) operates fixed-route bus and paratransit service in Eastern Placer County including the north shore of Lake Tahoe, Incline Village, and Truckee.

Medical transportation - Emergency Medical Services (EMS)

There are three acute care hospitals located in Placer County, including a Level II Trauma Center, two ST-Elevation Myocardial Infarction (a type of heart attack) Receiving Centers, and all three hospitals are designated Stroke Receiving Centers. Emergency ground ambulance service for the majority of Placer County is provided by American Medical Response under an Exclusive Operating Agreement. Foresthill Fire Protection District, North Tahoe Fire Protection District and South Placer Fire District also provide emergency ambulance service to their districts under Exclusive Operating Agreements.
The Sierra Sacramento Valley Emergency Medical Services Agency reported that 27,413 EMS calls resulted in 21,342 EMS transports by seven participating agencies in 2013.

Figure 25. Emergency medical response, 2013

<table>
<thead>
<tr>
<th>Agency</th>
<th>Paramedics</th>
<th>EMTs</th>
<th>911 EMS calls</th>
<th>911 EMS transports</th>
<th>Code 3 returns*</th>
</tr>
</thead>
<tbody>
<tr>
<td>American Medical Response</td>
<td>100</td>
<td>100</td>
<td>22,295</td>
<td>17,589</td>
<td>1,687</td>
</tr>
<tr>
<td>CALSTAR</td>
<td>0**</td>
<td>0**</td>
<td>68</td>
<td>33</td>
<td>33</td>
</tr>
<tr>
<td>California Highway Patrol - Air</td>
<td>6</td>
<td>6</td>
<td>n/a</td>
<td>102</td>
<td>n/a</td>
</tr>
<tr>
<td>Foresthill Fire Protection District</td>
<td>12</td>
<td>30</td>
<td>644</td>
<td>502</td>
<td>34</td>
</tr>
<tr>
<td>North Tahoe Fire Protection District</td>
<td>31</td>
<td>14</td>
<td>1,347</td>
<td>893</td>
<td>49</td>
</tr>
<tr>
<td>South Placer Fire Protection District</td>
<td>18</td>
<td>31</td>
<td>1,401</td>
<td>1,041</td>
<td>84</td>
</tr>
<tr>
<td>Truckee Fire Protection District</td>
<td>43</td>
<td>10</td>
<td>1,658</td>
<td>1,182</td>
<td>67</td>
</tr>
<tr>
<td>Total</td>
<td>210</td>
<td>191</td>
<td>27,413</td>
<td>21,342</td>
<td>1,954</td>
</tr>
</tbody>
</table>

* Code 3 – An emergency response using red lights and siren (CVC section 21055 & CCR 1107.7 & 1105).
** CALSTAR employs flight RNs (8).

Source: Sierra Sacramento Valley Emergency Medical Services Agency, 2014 EMCC Annual Report

Health care access and resources

Health care access

Access to quality and timely health care is critical for everyone. Health care access encompasses much more than insurance coverage for health care services. Access includes physical access to medical appointments, attitudes of providers, accessible transportation, health promotion programs, and health information.

The following pages include select data indicators about health care access and utilization, including insurance status, usual source of health care, immunizations, and child oral health.
Adults without health insurance

MEASURE: This indicator shows the percentage of adults aged 18-64 that are without any type of health insurance.

WHERE ARE WE NOW? In 2014, an estimated 10.7% of Placer County adults were uninsured.

WHAT IS THE GOAL? The Healthy People 2020 national health target aims for all persons to have health insurance.

WHAT DOES THIS SHOW?
The 2014 Small Area Health Insurance Estimate (SAHIE) illustrates that the rates of uninsured adults dropped 30% from 2010 to 2014. The data shows a wide discrepancy between uninsured adults who are at or below 138% of the Federal Poverty Level compared to all income levels.

Source: Small Area Health Insurance Estimate

WHY IS THIS IMPORTANT?
Medical costs in the United States are very high, so people without health insurance may not be able to afford medical treatment or prescription drugs. They are also less likely to get routine checkups and screenings, so if they do become ill they will not seek treatment until the condition is more advanced and therefore more difficult and costly to treat.
**Children without health insurance**

**MEASURE:** This indicator shows the percentage of people under age 18 that were without any type of health insurance.

**WHERE ARE WE NOW?** At 4%, Placer County had one of the lowest proportions of uninsured children in the state in 2014. The state rate of 5% was lower than the national rate of 6%.

**WHAT IS THE GOAL?**
The Healthy People 2020 national health target aims for all persons to have health insurance.

**WHAT DOES THIS SHOW?**
The 2014 Small Area Health Insurance Estimate (SAHIE) illustrates that the rate of uninsured children dropped 33% from the 2010 figure. Children in Placer County who are at or below 138% of the Federal Poverty Level are twice as likely to be uninsured compared to children of all income levels.

Source: Small Area Health Insurance Estimate

**WHY IS THIS IMPORTANT?**
Health insurance for children is particularly important. Children need regular checkups, dental and vision care, and medical attention for illness or injury. Those with health insurance are more likely to be healthier throughout their childhood, and are more likely to receive required immunizations, are ill less frequently, get medical attention when they do get sick, and even perform better at school. Importantly, having health insurance lowers barriers to accessing care, which is likely to prevent the development of more serious illnesses.
Usual source of health care

MEASURE: This indicator shows the percentage of people that report having a usual place to go to when sick or when health advice is needed.

WHERE ARE WE NOW?
Placer County has a relatively high rate of people with a usual source of care compared to other California counties.

WHAT IS THE GOAL?
Healthy People 2020 aims to increase the proportion of people with a specific source of ongoing care to 95%.

WHAT DOES THIS SHOW?
The 2014 California Health Interview Survey found that about 94% of Placer County residents have a usual source of health care. However, the rate is not statistically significant so this data should be interpreted with caution.

Source: California Health Interview Survey

WHY IS THIS IMPORTANT?
People with a usual source of care are more likely to go in for routine checkups and screenings, and are more likely to know where to go for treatment in acute situations. Not having a usual source of care or a usual place to go to when sick or in need of health advice can cause a delay of necessary care, leading to increased risk of complications.

*2011 and 2014 Placer County rates are not statistically significant and should be interpreted with caution.
Children with required immunizations: Pre-kindergarten

MEASURE: This indicator shows the percentage of enrolled childcare/preschool students age 2+ that have received all required immunizations.

WHERE ARE WE NOW? At 76.8% entering preschool or childcare with all required immunizations, Placer County has among the lowest vaccination rates for children in childcare and preschool.

WHAT DOES THIS SHOW? Public and private preschools and childcare facilities enrolling more than 10 students must report immunization status of children ages 2 and up to the California Department of Public Health Immunization Branch at the start of the school year.

While Placer County has a low vaccination rate among children in preschool and childcare, new legislation is likely to have some impact on rates in coming years. With the enactment of SB277 in January 2016, parents are no longer allowed to submit personal belief exemptions to required vaccines. Medical exemptions may still be issued by a physician, and some children may be conditionally admitted and be able to attend school while they catch up on delayed immunizations.

Students will not be required to have immunizations if they are educated at a home-based private school or through an independent study program and do not receive classroom-based education.

Source: California Department of Public Health

WHY IS THIS IMPORTANT? Immunizations protect children from contracting and spreading communicable diseases such as measles and whooping cough. These diseases can result in extended school absences, hospitalizations, and even death. Childhood illnesses also have a significant financial impact on parents including costly medical bills and loss of work time.
Children with required immunizations: Kindergarten

MEASURE: This indicator shows the percentage of enrolled kindergarten students that have received all required immunizations at the beginning of the school year.

WHERE ARE WE NOW?
While the county’s rate improved to 88.8% in 2015, a smaller percentage of Placer County kids entering kindergarten are vaccinated compared to children across much of California.

WHAT DOES THIS SHOW?
Public and private schools enrolling more than 10 students must report immunization status of kindergarten children to the California Department of Public Health Immunization Branch at the start of the school year.

While Placer County has a low vaccination rate among children in kindergarten, new legislation is likely to have some impact on rates in coming years. With the enactment of SB277 in January 2016, parents are no longer allowed to submit personal belief exemptions to required vaccines. Medical exemptions may still be issued by a physician, and some children may be conditionally admitted and be able to attend school while they catch up on delayed immunizations.

Students will not be required to have immunizations if they are educated at a home-based private school or through an independent study program and do not receive classroom-based education.

WHY IS THIS IMPORTANT?
Immunizations protect children from contracting and spreading communicable diseases such as measles and whooping cough. These diseases can result in extended school absences, hospitalizations, and even death. Childhood illnesses also have a significant financial impact on parents including costly medical bills and loss of work time.

Source: California Department of Public Health

Placer County 2017 Community Health Status Assessment
Flu vaccination in past 12 months

MEASURE: This indicator shows the percentage of people who reported having a seasonal influenza vaccine in the past 12 months.

WHERE ARE WE NOW? In 2014, 53% of Placer County residents reported being vaccinated against seasonal flu.

WHAT IS THE GOAL? The Healthy People 2020 national health target is for 70% of people to be vaccinated annually against seasonal influenza.

WHAT DOES THIS SHOW? In 2009, 2011, 2012, and 2014, the California Health Interview Survey asked respondents if they received a seasonal influenza vaccination in the past 12 months. To meet the Healthy People 2020 national health target, an additional one-third of Placer County residents will need to receive their seasonal influenza vaccine.

FLU VACCINATION

WHAT IS THE GOAL?
The Healthy People 2020 national health target is for 70% of people to be vaccinated annually against seasonal influenza.

WHAT DOES THIS SHOW?
In 2009, 2011, 2012, and 2014, the California Health Interview Survey asked respondents if they received a seasonal influenza vaccination in the past 12 months. To meet the Healthy People 2020 national health target, an additional one-third of Placer County residents will need to receive their seasonal influenza vaccine.

SOURCE: California Health Interview Survey

WHY IS THIS IMPORTANT?
Influenza is a serious disease that can lead to hospitalization and death. The strains and severity of flu varies from season to season, and individuals respond to the illness in different ways. The Centers for Disease Control and Prevention reports that from 1976 to 2007, estimates of flu deaths in the U.S. ranged from 3,000 to 49,000 per year.
Child oral health – time since last dental visit

MEASURE: This indicator measures the time elapsed since a child’s last dental visit.

WHERE ARE WE NOW?
From 2013 to 2015, approximately 81% of children under age 11 had visited a dentist within the past year. This data is not statistically significant and should be interpreted with caution.

Compared to
CA state rate (79%)

WHAT DOES THIS SHOW?
Data pooled from the 2013-2015 California Health Interview Surveys show that 19% of children under age 11 had not had a dental visit in over 1 year but had visited a dentist less than 2 years ago.

This data is not statistically significant and should be interpreted with caution. Confidence intervals are included in the table to the left.

Source: California Health Interview Survey

<table>
<thead>
<tr>
<th>Time since last dental visit</th>
<th>Percent</th>
<th>95% confidence interval</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never been to dentist</td>
<td>13%*</td>
<td>0% - 27%</td>
</tr>
<tr>
<td>6 months ago or less</td>
<td>75%*</td>
<td>57% - 92%</td>
</tr>
<tr>
<td>More than 6 months up to 1 year ago</td>
<td>6%*</td>
<td>0% - 15%</td>
</tr>
<tr>
<td>More than 1 year up to 2 years ago</td>
<td>19%*</td>
<td>2% - 35%</td>
</tr>
</tbody>
</table>

* = statistically insignificant

WHY IS THIS IMPORTANT?
Tooth decay is one of the most common childhood health problems for kids in the United States. Tooth decay is painful and can lead to other problems such as ear and sinus infections, speaking difficulties, and trouble with concentration. Kids with dental problems are more likely to be absent from school and fall behind in class.
Child oral health

Placer County is home to Miles of Smiles, a dental education, screening, and sealant program that has offered services to students at select Roseville elementary schools since 2000. During the 2015-2016 school year, the program, operated by the Rotary Club of Roseville, provided dental screenings to 340 kindergarten students from 6 schools and 243 second and fifth grade students from 5 schools.

Since the inception of Miles of Smiles, the program has provided dental hygiene education to 9,087 children, provided dental screenings to 6,043 children, provided dental sealants to 3,245 children, and applied over 9,200 individual sealants to teeth. The Rotary Club reports that if the cost of each sealant were $25 in a dental office, the program has provided over $230,000 in care in sealants alone.

Health care resources

Health care resource utilization is a factor that may be used to determine if an area (or a specific population within an area) is underserved, or if community medical services should be realigned with community needs. Health care resource utilization also refers to consumer use of health care resources and services, and reflects the way patients interact with health care providers. Patterns of utilization tell a story about the health status of the population and availability of resources.

Provider shortages

Figure 26. Ratio of provider availability by type, 2016

<table>
<thead>
<tr>
<th>Provider Type</th>
<th>Ratio</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary Care Physician</td>
<td>830:1</td>
</tr>
<tr>
<td>Dentist</td>
<td>980:1</td>
</tr>
<tr>
<td>Mental Health Provider</td>
<td>420:1</td>
</tr>
</tbody>
</table>

Source: Area Health Resource File/American Medical Association
Provider availability varies by location around the county, and some areas are designated as federal Healthcare Provider Shortage Areas (HPSA) by the Health Resources and Services Administration. Four geographic areas in Placer County (Foresthill, Truckee, Dollar Point, and Colfax) are designated HPSAs for primary care. In addition, thirteen census tracts in the eastern portion of the county have a shortage of primary care providers. All of Placer County is designated as short in primary care, mental health, and dental providers for American Indian tribal populations.

**Medi-Cal eligibility and number of physicians accepting coverage**

The California Department of Healthcare Services reported that as of September 2015, Placer County ranked lowest among California counties in Medi-Cal enrollment. In September 2016, the agency determined that 63,492 residents (17% of the population) certified as eligible for coverage.

Access to Medi-Cal providers is difficult to ascertain since some enrolled providers may not be currently accepting new patients. As of April 2016, the three available Medi-Cal managed care plans, Anthem Blue Cross, California Health & Wellness, and Kaiser, provided care for 46,762 enrollees. An additional 179 Placer County physicians were enrolled to provide primary care under the fee-for-service Medi-Cal model.

**Hospital beds and utilization**

Placer County is home to three hospitals, all located in the western part of the county: Kaiser Permanente Roseville, Sutter Auburn Faith Hospital, and Sutter Roseville Medical Center.
Figure 27. Hospital capacity and utilization, 2015.

<table>
<thead>
<tr>
<th>Number of beds</th>
<th>Kaiser Permanente Roseville</th>
<th>Sutter Auburn Faith Hospital</th>
<th>Sutter Roseville Medical Center</th>
<th>Total licensed beds</th>
<th>Days of average length of stay (est)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical/surgical acute</td>
<td>146</td>
<td>56</td>
<td>207</td>
<td>409</td>
<td>3.4</td>
</tr>
<tr>
<td>Perinatal (excludes nursery)</td>
<td>84</td>
<td>0</td>
<td>9</td>
<td>93</td>
<td>2.3</td>
</tr>
<tr>
<td>Pediatric acute</td>
<td>32</td>
<td>0</td>
<td>9</td>
<td>41</td>
<td>3.8</td>
</tr>
<tr>
<td>Intensive care</td>
<td>30</td>
<td>4</td>
<td>24</td>
<td>58</td>
<td>2.2</td>
</tr>
<tr>
<td>Coronary care</td>
<td>0</td>
<td>4</td>
<td>8</td>
<td>12</td>
<td>1.9</td>
</tr>
<tr>
<td>Intensive care newborn nursery</td>
<td>48</td>
<td>0</td>
<td>16</td>
<td>64</td>
<td>11.0</td>
</tr>
<tr>
<td>Rehabilitation center</td>
<td>0</td>
<td>0</td>
<td>55</td>
<td>55</td>
<td>14.2</td>
</tr>
<tr>
<td><strong>Total licensed beds</strong></td>
<td><strong>340</strong></td>
<td><strong>64</strong></td>
<td><strong>328</strong></td>
<td><strong>732</strong></td>
<td><strong>-</strong></td>
</tr>
</tbody>
</table>


Figure 28. Hospital emergency department (ED) encounters by severity, 2015.

<table>
<thead>
<tr>
<th></th>
<th>Kaiser Permanente Roseville</th>
<th>Sutter Auburn Faith Hospital</th>
<th>Sutter Roseville Medical Center</th>
<th>Admitted from ED</th>
<th>Not admitted</th>
</tr>
</thead>
<tbody>
<tr>
<td>Minor</td>
<td>13,796</td>
<td>315</td>
<td>0</td>
<td>4,301</td>
<td>36</td>
</tr>
<tr>
<td>Low/Moderate</td>
<td>9,130</td>
<td>3,028</td>
<td>0</td>
<td>24,068</td>
<td>1,383</td>
</tr>
<tr>
<td>Moderate</td>
<td>9,909</td>
<td>9,824</td>
<td>26</td>
<td>31,658</td>
<td>6,029</td>
</tr>
<tr>
<td>Severe without threat*</td>
<td>13,841</td>
<td>7,402</td>
<td>383</td>
<td>5,484</td>
<td>5,215</td>
</tr>
<tr>
<td>Severe with threat*</td>
<td>3,242</td>
<td>4,337</td>
<td>2,485</td>
<td>36</td>
<td>1,058</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>49,918</strong></td>
<td><strong>24,906</strong></td>
<td><strong>24,068</strong></td>
<td><strong>65,547</strong></td>
<td><strong>13,721</strong></td>
</tr>
</tbody>
</table>

Does not include patients who register but left without being seen, employee physicals and scheduled clinic-type visits.

**"Threat" is defined as an immediate threat to life or a bodily organ.**

Figure 29. Live births, 2015.

<table>
<thead>
<tr>
<th></th>
<th>Kaiser Permanente Roseville</th>
<th>Sutter Auburn Faith Hospital</th>
<th>Sutter Roseville Medical Center</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Live births (multiple births counted separately)</td>
<td>5,667</td>
<td>0</td>
<td>2,779</td>
<td>8,446</td>
</tr>
<tr>
<td>Percentage of live births with birth weight less than 2500 grams (5lbs. 8oz.)</td>
<td>7.9%</td>
<td>n/a</td>
<td>4.3%</td>
<td>6.7%</td>
</tr>
<tr>
<td>Percentage of live births with birth weight less than 1500 grams (3lbs. 5oz.)</td>
<td>1.8%</td>
<td>n/a</td>
<td>0.8%</td>
<td>1.7%</td>
</tr>
</tbody>
</table>

Long term care facilities

The following data pertain only to those long term care facilities that report to the state of California Automated Licensing Information and Report Tracking System (ALIRTS).

Figure 30. Long term care facilities capacity and utilization, 2015.

<table>
<thead>
<tr>
<th>Facility Name</th>
<th>Licensed beds</th>
<th>Number of patients 12/31/14</th>
<th>Number of patients 12/31/15</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rock Creek Care Center</td>
<td>84</td>
<td>62</td>
<td>70</td>
</tr>
<tr>
<td>Roseville Point Health and Wellness Center</td>
<td>98</td>
<td>87</td>
<td>84</td>
</tr>
<tr>
<td>Westview Healthcare Center</td>
<td>205</td>
<td>168</td>
<td>161</td>
</tr>
<tr>
<td>Roseville Care Center</td>
<td>210</td>
<td>165</td>
<td>167</td>
</tr>
<tr>
<td>Oak Ridge Healthcare Center</td>
<td>67</td>
<td>54</td>
<td>50</td>
</tr>
<tr>
<td>Auburn Ravine Terrace</td>
<td>59</td>
<td>54</td>
<td>56</td>
</tr>
<tr>
<td>Auburn Oaks Care Center</td>
<td>99</td>
<td>89</td>
<td>95</td>
</tr>
<tr>
<td>Lincoln Meadows Care Center</td>
<td>97</td>
<td>93</td>
<td>91</td>
</tr>
<tr>
<td>Pine Creek Care Center</td>
<td>99</td>
<td>95</td>
<td>89</td>
</tr>
<tr>
<td>Kindred Transition and Rehab - Siena</td>
<td>107</td>
<td>84</td>
<td>92</td>
</tr>
<tr>
<td>Caremeridian - Granite Bay</td>
<td>15</td>
<td>10</td>
<td>12</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>1140</strong></td>
<td><strong>961</strong></td>
<td><strong>967</strong></td>
</tr>
</tbody>
</table>

Figure 31. Long term care facilities admission and discharge data, 2015.

<table>
<thead>
<tr>
<th>Patient Admissions/Discharges</th>
<th>Admitted From</th>
<th>Discharged To</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Percent</td>
</tr>
<tr>
<td>Home</td>
<td>117</td>
<td>2%</td>
</tr>
<tr>
<td>Hospital</td>
<td>4,691</td>
<td>95%</td>
</tr>
<tr>
<td>Other LTC</td>
<td>68</td>
<td>1%</td>
</tr>
<tr>
<td>Residential Board &amp; Care*</td>
<td>5</td>
<td>0%</td>
</tr>
<tr>
<td>Other</td>
<td>52</td>
<td>1%</td>
</tr>
<tr>
<td>AWOL / AMA</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Death</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>4,933</td>
<td>100</td>
</tr>
</tbody>
</table>

*Includes assisted living and other residential facilities, or a secured facility such as an Alzheimer’s unit, jail or prison.

AWOL/AMA indicates absence without leave or against medical advice.

Primary care clinics

Placer County is home to three primary care clinics that report to the state’s Automated Licensing Information and Report Tracking System (ALIRTS). Primary care clinics include community and free clinics, and offer a full range of primary care services to the uninsured and underinsured in the community.

Figure 32. Primary care clinic utilization, 2015

<table>
<thead>
<tr>
<th>Select principal services</th>
<th>Number of encounters*</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Chapa-de Indian Health Program</td>
</tr>
<tr>
<td>Evaluation and Management (established patients)</td>
<td>10,866</td>
</tr>
<tr>
<td>Evaluation and Management (new patients)</td>
<td>2,400</td>
</tr>
<tr>
<td>Medicine - Special Services</td>
<td>1,719</td>
</tr>
<tr>
<td>Preventive Medicine (infant, child, adolescent)</td>
<td>1,108</td>
</tr>
<tr>
<td>Preventive Medicine (adults)</td>
<td>2,074</td>
</tr>
<tr>
<td>Counseling</td>
<td>43</td>
</tr>
<tr>
<td>Integumentary System</td>
<td>1,328</td>
</tr>
<tr>
<td>Pathology / Laboratory</td>
<td>801</td>
</tr>
<tr>
<td>Dental encounters</td>
<td>21,444</td>
</tr>
<tr>
<td><strong>Total encounters</strong></td>
<td><strong>42,260</strong></td>
</tr>
</tbody>
</table>

Source: California Office of Statewide Health Planning and Development, Primary Care Clinic Annual Utilization Data

*An encounter is recorded when a licensed practitioner (medical, mid-level medical, dental, mental health) using independent judgment, examines or treats a patient, and records the findings in the patient’s chart. Multiple encounters on the same day are possible, but they require multiple providers and a separate diagnosis or treatment plan by each provider.
### Figure 33. Selected procedures by primary care clinics, 2015

<table>
<thead>
<tr>
<th>Selected procedures</th>
<th>Chapa-de Indian Health Program</th>
<th>Wellspace Health Roseville Community Health Center</th>
<th>Planned Parenthood Roseville</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mammmogram</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>HIV Testing</td>
<td>137</td>
<td>2</td>
<td>2,197</td>
</tr>
<tr>
<td>Pap Smear</td>
<td>52</td>
<td>3</td>
<td>997</td>
</tr>
<tr>
<td>Contraceptive Management</td>
<td>18</td>
<td>0</td>
<td>1,394</td>
</tr>
</tbody>
</table>

Source: California Office of Statewide Health Planning and Development, Primary Care Clinic Annual Utilization Data

### Figure 34. Vaccinations provided by primary care clinics, 2015

<table>
<thead>
<tr>
<th>Vaccinations</th>
<th>Chapa-de Indian Health Program</th>
<th>Wellspace Health Roseville Community Health Center</th>
</tr>
</thead>
<tbody>
<tr>
<td>DTaP, DTP, Diphtheria and Tetanus</td>
<td>2,070</td>
<td>67</td>
</tr>
<tr>
<td>Hemophilus Influenza B (Hib)</td>
<td>218</td>
<td>0</td>
</tr>
<tr>
<td>Hepatitis A</td>
<td>509</td>
<td>7</td>
</tr>
<tr>
<td>Hepatitis B</td>
<td>386</td>
<td>28</td>
</tr>
<tr>
<td>HepB and Hib</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Influenza Virus Vaccine</td>
<td>3,774</td>
<td>157</td>
</tr>
<tr>
<td>Measles, Mumps and Rubella and Varicella</td>
<td>373</td>
<td>10</td>
</tr>
<tr>
<td>Pneumococcal</td>
<td>812</td>
<td>39</td>
</tr>
<tr>
<td>Poliovirus</td>
<td>136</td>
<td>1</td>
</tr>
<tr>
<td>Varicella</td>
<td>217</td>
<td>2</td>
</tr>
</tbody>
</table>

Source: California Office of Statewide Health Planning and Development, Primary Care Clinic Annual Utilization Data

No vaccinations were listed for Planned Parenthood Roseville.
Health Status of Placer County

The World Health Organization (WHO) defines health as “a state of complete physical, mental and social well-being, and not merely the absence of disease or infirmity.” Physical, mental, and social health and wellness is measured using standard indicators that describe:

- The health of a population – life expectancy, mortality, disease incidence or prevalence, or other states of health;
- Determinants of health – including health behaviors, health risk factors, physical environments, and socioeconomic environments; and
- Health care access, cost, quality, and patient use.

Health status reporting historically has included measures such as blood pressure, height and weight, serum cholesterol, pulmonary function, and physical fitness. Today, an important shift in perspective focuses increasing attention on the ability to function in day-to-day life, highlighting functionality, biomedical status, fitness, and psychosocial status.

General health status

In addition to measuring how long people live, it is important to also include measures that consider how healthy people are while they are alive. Self-reported health status is a widely used measure of quality of life that helps characterize the burden of disabilities and chronic diseases in a population.
The 2014 California Health Interview Survey found that 70% of Placer County respondents reported excellent or very good health.

About 11% of Placer County adults reported fair or poor health to the 2014 Behavioral Risk Factor Surveillance System (BRFSS), an annual state-based random digit dial telephone survey. This is lower than the statewide rate of 18% of adults reporting fair or poor health.

In the same BRFSS survey, adults reported an average of 3.3 unhealthy days (due to physical ailment or injury) in the past month. Across California, adults said they were unhealthy an average of four days in the past month.

Life expectancy

The Centers for Disease Control and Prevention (CDC) reported that in 2010, the average life expectancy in Placer County was 78.9 years for men and 83.2 years for women. Between 2000 and 2007, life expectancies in more than 80% of United States counties fell in standing against the average of the 10 nations with the best life expectancies in the world.
Deaths and causes of death

The death rate has experienced a steady decline in Placer County and across California. In 2013, Placer County had 598 deaths per 100,000 residents. This is a 29% decline from the 1996 rate of 845 deaths per 100,000 residents.

Figure 36. Age-adjusted death rate, Placer County and California, 1996-2013

Source: California Vital Statistics Query (CA-VSQ), California EpiCenter
Births and birth outcomes

Motherhood begins before conception with adequate nutrition and a healthy lifestyle. It continues with prenatal care and addressing problems if they arise. The ideal outcome is a full-term pregnancy without unnecessary interventions, the delivery of a healthy baby, and a postpartum period in an environment that supports the physical and emotional needs of the mother, baby, and family.

Pregnancy and childbirth have an impact on the physical, emotional, mental, and socioeconomic health of women and their families. Health outcomes in pregnancy are influenced by a woman’s health and other factors like race, ethnicity, age, and income.
In 2014, about 38 out of every 1,000 women in Placer County aged 15-50 gave birth to a child. About 60% were aged 20-34 and 39% were aged 35-50.

The California Department of Public Health conducts the Maternal and Infant Health Assessment. This annual survey collects self-reported information about maternal and infant experiences and about maternal attitudes and behaviors before, during and shortly after pregnancy.

Placer County responses were generally comparable to, or had more desirable outcomes than, other California Counties. However, a few indicators showed areas for improvement. Strikingly, an estimated 11.2 percent of pregnant women in Placer County reported drinking alcohol in the third trimester, compared to the state rate of 7.6 percent. Also, although few Placer County mothers were obese prior to becoming pregnant, about 48% gained excessive weight during pregnancy, compared to 41% statewide.

Figure 38. Breastfeeding responses from the Maternal Infant Health Assessment, 2013-2014

<table>
<thead>
<tr>
<th></th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Placer County</td>
</tr>
<tr>
<td>Any breastfeeding, 1 month after delivery</td>
<td>86</td>
</tr>
<tr>
<td>Exclusive breastfeeding, 1 month after delivery</td>
<td>49</td>
</tr>
<tr>
<td>Any breastfeeding, 3 months after delivery</td>
<td>77</td>
</tr>
<tr>
<td>Exclusive breastfeeding, 3 months after delivery</td>
<td>38</td>
</tr>
<tr>
<td>Intended to breastfeed, before birth</td>
<td>92</td>
</tr>
<tr>
<td>Intended to breastfeed exclusively, before birth</td>
<td>74</td>
</tr>
</tbody>
</table>

Source: California Department of Public Health, Maternal and Infant Health Assessment (MIHA) Survey

The following pages include select data indicators about maternal, child, and adolescent health, including prenatal care, in-hospital breastfeeding, infant mortality, low birth weight, very low birth weight, and adolescent birth rate.
Early prenatal care

MEASURE: This indicator shows the percentage of births to mothers who began prenatal care in the first trimester of their pregnancy.

WHERE ARE WE NOW?
83% of pregnant Placer County women who gave birth in 2013 began prenatal care in the first trimester, but some races/ethnicities and geographic areas had lower rates of women who received early care.

WHAT IS THE GOAL?
The Healthy People 2020 national health target for early prenatal care is 77.9%.

WHAT DOES THIS SHOW?
Data from the California Department of Public Health shows that while 83% of Placer County women who had babies in 2013 began prenatal care in the first trimester of their pregnancy, detailed zip code data available for 2010-2012 births found that some rural areas had far lower rates of early prenatal care. Additionally, Hispanic and African American women were less likely than other groups to begin prenatal care in the first trimester.

WHAT DOES THIS SHOW?
80 81 82 83 84 85 86 87 88 89 90
2009 2010 2011 2012 2013
Percent
Mothers who started prenatal care in the first trimester, Placer County and California

Mothers who started prenatal care in the first trimester, by race/ethnicity, 2013

Percent of women who began prenatal care in the first trimester of their pregnancy, 2010-2012

* Placer County American Indian/Alaska Native is suppressed due to a low number.
In-hospital breastfeeding

MEASURE: This indicator shows the percentage of births to mothers who breastfed their infant in the hospital. Data includes any breastfeeding and exclusive breastfeeding.

WHERE ARE WE NOW?
In 2015, 96% of newborns born at Placer County hospitals were breastfed while in the hospital. Of these, 82% were exclusively breastfed.

WHAT IS THE GOAL?
The Healthy People 2020 national health target is to increase infants who are ever breastfed to 81.9%.

WHAT DOES THIS SHOW?
Data from the California Department of Public Health shows that the rate of babies who received any feedings by breast in the hospital remained steady from 2011-2015. The proportion of newborns who were exclusively breastfed in the hospital rose 6% over the same period.

Source: California Dept. of Public Health, Center for Newborn Health Newborn Screening Data, 2015

WHY IS THIS IMPORTANT?
Breast milk is widely acknowledged to be the most complete form of nutrition for most infants, with a range of benefits for their health, growth, immunity, and development. The Centers for Disease Control and Prevention recommends hospital maternity care practices that encourage breastfeeding include development of a breastfeeding plan, staff training, maintaining skin-to-skin contact between mother and baby after birth, supporting cue-based feeding, encouraging early initiation, supplementing only when medically needed, and ensuring follow-up after hospital discharge.

* Placer County American Indian and Pacific Islander totals are suppressed due to low numbers.
Infant mortality - deaths per 1,000 births

MEASURE: This indicator shows the mortality rate in deaths per 1,000 live births for infants within their first year of life.

WHERE ARE WE NOW?
In 2013, there were 4.3 deaths in the first year of life for every 1,000 births in Placer County. The County’s rate is lower than both state (4.7) and national (6.0) figures.

WHAT IS THE GOAL?
The Healthy People 2020 national health target for infant mortality is 6 deaths per 1,000 births.

WHAT DOES THIS SHOW?
Data from the California Department of Public Health shows that the state infant mortality rate declined slightly from 2009-2013. Placer County’s infant mortality rate for the 5-year period was 4.1 deaths per 1,000 births. Though there was an upward fluctuation in the infant mortality rate across this 5-year period, analysis of two prior time spans (2004-2008 and 1999-2003) indicate that infant mortality continues to decline.

Source: California Department of Public Health

WHY IS THIS IMPORTANT?
Infant mortality rate continues to be one of the most widely used indicators of the overall health status of a community. The leading causes of death among infants are birth defects, pre-term delivery, low birth weight, Sudden Infant Death Syndrome (SIDS), and maternal complications during pregnancy.
Babies with low birth weight

MEASURE: This indicator shows the percentage of births in which the newborn weighed less than 2,500 grams (5 pounds, 8 ounces).

WHERE ARE WE NOW? Placer County has a low birth weight rate of 5.7%, faring better than many counties. However, some areas in the county are disproportionately affected by low birth rate.

WHAT IS THE GOAL? The Healthy People 2020 national health target for low birth weight is 7.8%. Target met!

WHAT DOES THIS SHOW?
Data from the California Department of Public Health shows that the rate of low birth weight babies has remained steady across the state over the past 5 years, and is lower than the national rate of 8%. While the county rate is quite low, local data from 2010 to 2012 illustrates that zip code 96143 (Kings Beach) has a significantly higher rate of low birthweight babies compared to other zip codes in Placer County (those selected had at least 50 births and >10 low birth weight babies in the time period).

Source: California Department of Public Health

WHY IS THIS IMPORTANT?
Babies born with low birth weight are more likely than babies of normal weight to have health problems and require specialized medical care in a neonatal intensive care unit. Low birth weight is typically caused by premature birth and fetal growth restriction, both of which are influenced by a mother's health and genetics. Low birth weight serves as a predictor of premature mortality and/or morbidity over the life course and for potential cognitive developmental problems.
Babies with very low birth weight

MEASURE: This indicator shows the percentage of births in which the newborn weighed less than 1,500 grams (3 pounds, 5 ounces).

WHERE ARE WE NOW? Placer County has a low birth weight rate of 1.1%, lower than the state rate of 1.2%. Some areas in the county are more affected by very low birth rate.

WHAT IS THE GOAL? The Healthy People 2020 national health target for low birth weight is 1.4%.

WHAT DOES THIS SHOW? Data from the California Department of Public Health shows that the rate of very low birth weight babies has remained relatively steady across the state over the past 5 years, and is lower than the national rate of 1.4%. While the County rate is low, local data from 2010 to 2012 illustrates that zip code 96143 (Kings Beach) has a significantly higher rate of very low birthweight babies compared to other zip codes in Placer County (those selected had at least 50 births and >5 very low birth weight babies in the time period). Across the county, mothers aged 40-44 were the most likely to deliver very low birth weight infants.

Source: California Department of Public Health

WHY IS THIS IMPORTANT? Babies born with very low birth weight are much more likely than babies of normal weight to have profound health problems and nearly all require specialized medical care at birth. Despite many medical advances enabling very low birth weight and premature infants to survive, there is still heightened risk of infant death or long-term complications and disability.
Adolescent birth rate

MEASURE: This indicator shows the number of births per 1,000 adolescents (ages 15-19).

WHERE ARE WE NOW? In 2014, there were 6.6 live births per 1,000 females aged 15-19 in Placer County.

WHAT DOES THIS SHOW? Data from the California Department of Public Health indicate that Placer County has one of the lowest rates of births to adolescent mothers in the state. However, there are discrepancies among some race/ethnicity groups: The birth rate among Hispanic adolescents was 14.8 per 1,000 compared to 4.8 per 1,000 among white adolescents ages 15-19.

Source: California Dept. of Public Health, Birth Statistical Files

WHY IS THIS IMPORTANT? Adolescent pregnancy and childbearing bring substantial social and economic costs through immediate and long-term impacts on young parents and their children. Pregnancy and birth are significant contributors to high school dropout rates among girls. Nationally, only about 50% of adolescent mothers receive a high school diploma by 22 years of age, whereas approximately 90% of women who do not give birth during adolescence graduate from high school.
Chronic disease

Chronic diseases and conditions such as heart disease, stroke, cancer, type 2 diabetes, obesity, and arthritis are among the most common, costly, and preventable of all health problems. Chronic diseases are responsible for 7 of 10 deaths each year, and the Centers for Disease Control and Prevention reports that treating people with chronic conditions accounts for 86% of our nation’s health care costs.

Health risk behaviors are unhealthy behaviors that can be changed. Just four health risk behaviors - lack of exercise or physical activity, tobacco use, poor nutrition, and excessive alcohol consumption - cause much of the illness, suffering, and early death related to chronic diseases.

A selection of chronic disease indicators for Placer County follows.
Cancer mortality

MEASURE: This indicator shows the age-adjusted deaths per 100,000 residents due to all cancer (malignant neoplasm).

WHERE ARE WE NOW? In 2013, 149 per 100,000 Placer County residents died as a result of cancer.

Death rate compared to CA counties (158 deaths per 100,000 residents)

WHAT IS THE GOAL? The Healthy People 2020 national health target is to reduce the cancer mortality rate to 161.4 deaths per 100,000 population.

Target met

WHAT DOES THIS SHOW?
Placer County’s cancer mortality rate (the number of deaths per 100,000 residents) is 131 deaths per 100,000 women and 172 deaths per 100,000 men. The cancer mortality rate for both men and women in Placer County decreased 16% from 2004 to 2013.

Source: California Vital Statistics Query

WHY IS THIS IMPORTANT?
Many cancers are preventable by reducing risk factors such as obesity and tobacco use. Additionally, early detection of cancer via evidence-based screening tools can increase survival rates.
MEASURE: This indicator shows the age-adjusted number of new cases and deaths per 100,000 population caused by lung cancer.

WHERE ARE WE NOW? In 2013, there were 49 new cases of lung cancer diagnosed per 100,000 residents in Placer County. In the same year, 31 per 100,000 residents died as a result of lung cancer.

New cases compared to CA counties (47 cases per 100,000 population)

Death rate compared to CA counties (35 deaths per 100,000 population)

WHAT DOES THIS SHOW? Placer County’s lung cancer incidence rate (the number of new cases per 100,000 population) decreased 18% and the death rate (the number of deaths per 100,000 population) dropped 24% from 2009 to 2013.

Source: California Cancer Registry

WHY IS THIS IMPORTANT? Lung cancer is the leading cause of cancer death among men and women in the United States. It is associated with tobacco use, second-hand smoke, exposure to cancer-causing agents such as asbestos, air pollution, and family history.
Colorectal cancer

MEASURE: This indicator shows the age-adjusted number of new cases and deaths per 100,000 residents caused by colorectal cancer (also known as colon cancer or rectal cancer).

WHERE ARE WE NOW?
In 2013, there were 34.8 new cases of colorectal cancer diagnosed per 100,000 residents in Placer County. In the same year, 11 per 100,000 residents died as a result of colorectal cancer.

New cases compared to CA counties 2009-2013 (38.4 cases per 100,000 population)

Death rate compared to CA counties 2009-2013 (13.8 cases per 100,000 population)

WHAT DOES THIS SHOW?
Placer County’s colorectal cancer incidence rate (the number of new cases per 100,000 residents) decreased 17% and the death rate due to colorectal cancer (the number of deaths per 100,000 residents) decreased 15% from 2009 to 2013.

Source: California Cancer Registry

WHY IS THIS IMPORTANT?
In the United States, colorectal cancer is the third most common type of cancer in men and women. It is associated with increased age, hereditary factors, diet, and tobacco use. While it is the second leading cause of cancer-related deaths, the death rate has decreased over the decades due to increased screening measures and improved treatment plans.
Breast cancer

MEASURE: This indicator shows the age-adjusted number of new cases and deaths per 100,000 women caused by breast cancer.

WHERE ARE WE NOW?
In 2013, there were 129 new cases of breast cancer diagnosed per 100,000 women in Placer County. In the same year, 16 per 100,000 women died as a result of breast cancer.

WHAT DOES THIS SHOW?
Placer County’s breast cancer incidence rate (the number of new cases per 100,000 women) dropped 13% and the death rate (the number of deaths per 100,000 women) fell 27% from 2009 to 2013.

Source: California Cancer Registry

WHY IS THIS IMPORTANT?
Breast cancer is a leading cause of cancer death among women in the United States. It is associated with increased age, hereditary factors, obesity, and alcohol use. Since 1990, breast cancer death rates have declined progressively due to advancements in treatment and detection.
Prostate cancer

MEASURE: This indicator shows the age-adjusted number of new cases and deaths per 100,000 men caused by prostate cancer.

WHERE ARE WE NOW?
In 2013, there were 126 new cases of prostate cancer diagnosed per 100,000 men in Placer County. In the same year, 22 per 100,000 men died as a result of prostate cancer.

New cases compared to
CA counties
(119.4 cases per 100,000 population)

Death rate compared to
CA counties
(20.5 cases per 100,000 population)

WHAT DOES THIS SHOW?
Placer County’s prostate cancer incidence rate (the number of new cases per 100,000 men) decreased 5% and the death rate (the number of deaths per 100,000 men) has remained the same from 2009 to 2013.

Source: California Cancer Registry

WHY IS THIS IMPORTANT?
Prostate cancer is the second most commonly diagnosed cancer for men and a leading cause of cancer death in the United States. It is associated with increased age and hereditary factors, such as race/ethnicity. While it is a leading cause of cancer death for men and a serious diagnosis, improved screening measures and treatment plans have led to an increased survival rate.
Heart disease

MEASURE: This indicator shows the percentage of adults who have ever been diagnosed with heart disease.

WHERE ARE WE NOW? From 2013-2014, an estimated 9% of Placer County adults have ever been diagnosed with heart disease, compared to an estimated 6% of California adults.

Compared to CA counties
Compared to CA estimate (6%)

Adults Diagnosed with Heart Disease

<table>
<thead>
<tr>
<th>Time Period</th>
<th>Estimated Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011-2012</td>
<td>8%</td>
</tr>
<tr>
<td>2013-2014</td>
<td>9%</td>
</tr>
</tbody>
</table>

WHAT DOES THIS SHOW?

From 2011-2014, there has been an increase in the rate of adults who have ever been diagnosed with heart disease in Placer County. The values are an estimation based on data from the California Health Interview Survey, American Community Survey, and Nielsen Claritas.

WHY IS THIS IMPORTANT?

Heart disease is a term that encompasses a variety of different diseases affecting the heart. Not only is heart disease one of the leading causes of death in women, but it is the leading cause of death in the United States overall. There are many modifiable risk factors for heart disease including tobacco smoking, obesity, sedentary lifestyle, and high levels of low-density lipoprotein in blood serum.
**Diabetes**

**MEASURE:** This indicator shows the age-adjusted number of diabetes prevalence and deaths per 100,000 population caused by diabetes mellitus.

**WHERE ARE WE NOW?**
In 2013, 7.6% of adults aged 20 and older in Placer County had Type 2 diabetes. In the same year, 15.1 per 100,000 population aged 18 and older died as a result of diabetes mellitus.

In 2013, 8.4% of men aged 20 and older in Placer County had Type 2 diabetes, compared to 6.9% of women in Placer County.

**WHAT IS THE GOAL?**
The Healthy People 2020 national health target is 66.6 deaths related to diabetes per 100,000 population.

**Target met!**

**WHAT DOES THIS SHOW?**
Placer County’s Type 2 diabetes prevalence rate for adults aged 20 and older increased 36% from 2004 to 2013. The death rate (the number of deaths per 100,000 population) for adults aged 18 and older due to diabetes mellitus increased 14% from 2009 to 2013. The three types of diabetes mellitus are Type 1 diabetes, Type 2 diabetes, and Gestational diabetes.

Source: CDC Interactive Diabetes Atlas

**WHY IS THIS IMPORTANT?**
The diabetes prevalence rate continues to increase globally. As the population ages, it is predicted that the death rate for diabetes mellitus will increase. Currently, diabetes is the 7th leading cause of death in the United States.
Hypertension

MEASURE:
This indicator shows the percentage of adults who have been told they have high blood pressure.

WHERE ARE WE NOW?
From 2014, 25% of Placer County adults have been told they have high blood pressure. Additionally, from 2012-2014, there were 17.6 emergency department visits for hypertension per 10,000 Placer County adults.

WHAT IS THE GOAL?
The Healthy People 2020 national health target is to reduce the proportion of adults aged 18 years and older with high blood pressure to 27%.

WHAT DOES THIS SHOW?
The California Health Interview Survey shows a 11% decrease of Placer County adults who have been told they have hypertension. From 2012-2014, there were 17.6 emergency department visits for hypertension per 10,000 Placer County adults, which is a 13% increase in emergency department visits since 2009-2011.

Source: California Health Interview Survey, California Office of Statewide Planning and Development

WHY IS THIS IMPORTANT?
High blood pressure is the number one modifiable risk factor for stroke. In addition to stroke, high blood pressure also contributes to heart attacks, heart failure, kidney failure, and atherosclerosis. Normal blood pressure should be less than 120/80 mm Hg for an adult. Blood pressure above this level (140/90 mm Hg or higher) is considered high (hypertension).
Asthma in adults

MEASURE: This indicator shows the percentage of adults who have ever been told by a health care provider that they have asthma.

WHERE ARE WE NOW?
In 2014, about 13% of Placer County adults reported that they have been diagnosed with asthma at some point in their lives.

WHAT DOES THIS SHOW?
In 2014, about 13% of Placer respondents reported that they have been diagnosed with asthma at some point in their lives. Placer County has a lower rate of adults with asthma than the state (13.8%) and the US (13.8%). Black or African American adults have a higher rate of emergency department visits for asthma than other races/ethnicities.

Source: California Health Interview Survey, California Office of Statewide Health Planning and Development

WHY IS THIS IMPORTANT?
Asthma is a chronic lung disease that affects an estimated 16.4 million adults in the United States. Although the exact cause of asthma is unknown and it cannot be cured, for most people it can be controlled with self-management, education, appropriate medical care, and avoiding exposure to environmental triggers.
Stroke mortality

MEASURE: This indicator shows the age-adjusted death rate per 100,000 population due to cerebrovascular disease and stroke.

WHERE ARE WE NOW? From 2012-2014, there were 29 deaths per 100,000 residents in Placer County due to cerebrovascular disease and stroke.

WHAT IS THE GOAL? The Healthy People 2020 national health target is to reduce the stroke death rate to 34.8 deaths per 100,000 population.

WHAT DOES THIS SHOW? From 2009 to 2014, death due to cerebrovascular disease and stroke has decreased from 35 deaths per 100,000 residents to 29 deaths per 100,000 residents. This is a 17% decrease in stroke mortality.

WHY IS THIS IMPORTANT? Cerebrovascular disease refers to conditions, including stroke, caused by problems with the blood vessels supplying the brain with blood. A stroke occurs when blood vessels carrying oxygen to the brain burst or become blocked, thereby cutting off the brain’s supply of oxygen and other nutrients.

Source: California Department of Public Health
Communicable disease

Communicable diseases are illnesses that can be transmitted from person to person or animal to person. Health care providers are required by law to report certain communicable diseases to local Health Officers (California Code of Regulations Title 17). Currently, there are 84 diseases or conditions on the list. This information is essential for monitoring disease in the community, for ensuring appropriate treatment and monitoring of cases and evaluation of people who may have been exposed.

While many communicable diseases have been eradicated or greatly diminished in the United States (such as polio and smallpox), disparities are still apparent in the more prevalent infectious diseases such as sexually transmitted diseases, whooping cough, and tuberculosis. In 2015, chlamydia, chronic hepatitis C, gonorrhea, campylobacteriosis, and salmonellosis were the top five communicable diseases.

The following pages include data indicators about select communicable diseases.
Campylobacteriosis

**MEASURE:** This indicator shows the number of campylobacteriosis cases per 100,000 residents.

**WHERE ARE WE NOW?**
In 2015, there were 19 cases of campylobacteriosis per 100,000 residents in Placer County.

**From 2011 to 2015,** the percentage of campylobacteriosis cases in Placer County increased by 25%.

**Compared to**
CA rate (21.4 cases per 100,000 population)

**WHAT DOES THIS SHOW?**
Cases of campylobacteriosis have remained relatively steady over the past five years.

**Source:** California Department of Public Health

**WHY IS THIS IMPORTANT?**
Campylobacteriosis is a gastrointestinal disease caused by a type of bacteria called Campylobacter. Illness usually occurs 2 to 5 days after exposure to Campylobacter and lasts about a week. The illness is usually mild and some people with campylobacteriosis have no symptoms at all. However, in some persons with compromised immune systems, it can cause a serious, life-threatening infection. The diagnosis is usually made when a laboratory finds Campylobacter in the stool of an infected person.
Salmonellosis

MEASURE: This indicator shows the number of salmonella cases per 100,000 residents.

WHERE ARE WE NOW? In 2015, there were 18.7 cases of salmonellosis per 100,000 residents in Placer County.

From 2011 to 2015, reported cases of salmonellosis in Placer County have increased 34%.

Compared to CA rate (14.3 cases per 100,000 population)

WHAT DOES THIS SHOW? During the five year span of 2011-2015, reported cases of salmonellosis in Placer County have remained fairly steady, however there was a 33% increase in cases from 2014-2015 alone.

Source: California Department of Public Health

WHY IS THIS IMPORTANT? Salmonellosis is an infection with Salmonella, a type of bacteria that live in the intestines of some animals. The bacteria are shed in the feces and can cause diarrheal illness in people when contaminated raw or undercooked foods are consumed. It is one of the most common gastrointestinal infections reported in Placer County, and there are likely many more unreported cases in people who did not seek medical care. Some persons, especially the elderly, infants, and those with weakened immune systems, may develop complications that require hospitalization.
Pertussis

MEASURE: This indicator shows the rate of pertussis (whooping cough) per 10,000 residents.

WHERE ARE WE NOW? In 2016, Placer County had 0.4 pertussis cases per 10,000 residents.*

DID YOU KNOW? In 2014, CA was home to 39% of all pertussis cases in the U.S.

--

WHAT DOES THIS SHOW? Though the 2016 data extends to early December, Placer County has had a significant drop in pertussis cases since the statewide surge seen in 2014.

Source: Placer County Public Health Department, California Department of Public Health

WHY IS THIS IMPORTANT? Pertussis, also known as whooping cough, is a highly contagious respiratory disease. It is caused by the bacterium Bordetella pertussis. California experienced a pertussis epidemic in 2014. Pertussis is cyclical and peaks every 3-5 years as the numbers of susceptible persons in the population increases due to waning of immunity following both vaccination and disease.

* 2016 data was collected through December 8, 2016. The 2015 Placer County population estimate was used to determine case rates in 2016.
**Chlamydia**

**MEASURE:** This indicator shows the chlamydia incidence (new cases) rate in cases per 100,000 population.

**WHERE ARE WE NOW?**
Placer County has a lower chlamydia incidence rate than most California counties, and 47% lower than the statewide rate.

**WHAT DOES THIS SHOW?**
Chlamydia is caused by the bacterium *Chlamydia trachomatis*. Although symptoms of chlamydia are usually mild or absent, serious complications that cause irreversible damage, including infertility, can occur “silently” before a woman ever recognizes an infection. Rates of chlamydia were highest among young people, particularly 15-24 year olds. In 2015, Caucasian and other/mixed race/unknown race groups were more likely to be diagnosed with chlamydia infections than other race/ethnic groups. Under-reporting of chlamydia is substantial because most people with chlamydia are not aware of their infections and do not seek testing.

*Source: Placer County Public Health Department*
MEASURE: This indicator shows the gonorrhea incidence (new cases) rate in cases per 100,000 population.

WHERE ARE WE NOW?
Placer County has a lower incidence rate than most California counties, and 65% lower than the statewide rate.

Compared to CA rate (138.9 cases per 100,000 population)

WHAT DOES THIS SHOW?
Gonorrhea is a sexually transmitted infection (STI) caused by Neisseria gonorrhoeae. It is typically asymptomatic, but easy to treat. However, gonorrhea has developed resistance to antibiotics over the years, complicating treatment. Left untreated, gonorrhea can cause serious and permanent health problems in both women and men. In women, gonorrhea is a common cause of pelvic inflammatory disease. In 2015, rates of gonorrhea were highest among young people, particularly those under age 29. Caucasian and other/mixed race/unknown race groups were more likely to be diagnosed with gonorrhea infections than other race/ethnic groups.

Source: Placer County Public Health Department
**Syphilis**

**MEASURE:** This indicator shows the syphilis incidence (new cases) rate in cases per 100,000 population.

**WHERE ARE WE NOW?**
Rates of primary and secondary syphilis have risen dramatically, over 1200%, in the 10 year period from 2006-2015. In Placer County, Caucasian men age 20-24 are the most likely group to be diagnosed with syphilis.

**CA counties**

**Compared to CA rate (12.5 cases per 100,000 population)**

**WHY IS THIS IMPORTANT?**
Syphilis is a sexually transmitted infection (STI) caused by a bacterium. According to the CDC, after reaching an all-time low in 2000, cases of primary and secondary (infectious) syphilis are on the rise in the United States, particularly among men having sex with men. New cases of primary and secondary syphilis in men having sex with men are often characterized by co-infection with HIV. In addition, syphilis can also be passed from mother to infant during pregnancy causing a disease called congenital syphilis. Pregnant women with untreated early syphilis experience perinatal death in up to 40% of cases.

**Source:** California Department of Public Health
MEASURE: This indicator shows the newly diagnosed cases of hepatitis C per 100,000 residents.

WHERE ARE WE NOW?
In 2013, there were 39.5 cases of hepatitis C per 100,000 Placer County residents.

From 2009 to 2013, the number of hepatitis C cases in Placer County decreased by 25%.

Compared to CA rate (63.3 cases per 100,000 population)

WHAT DOES THIS SHOW?
In 2013, the burden of chronic hepatitis C continued to be substantial but decreasing when compared to the prior four years.

Source: California Department of Public Health, Viral Hepatitis Surveillance Branch

WHY IS THIS IMPORTANT?
Hepatitis C is a liver infection caused by the Hepatitis C virus (HCV). Hepatitis C is a blood-borne virus. Today, most people become infected with the Hepatitis C virus by sharing needles or other equipment to inject drugs. For some people, hepatitis C is a short-term illness but for 70%–85% of people who become infected with Hepatitis C, it becomes a long-term, chronic infection.
HIV

MEASURE: This indicator shows the number of people living with HIV (not including those living with AIDS) in cases per 100,000 population.

WHERE ARE WE NOW?
In 2013, there were 19.2 people living with HIV per 100,000 residents in Placer County.

From 2010-2013, the number of people living with HIV in Placer County increased 64%.

CA rate (119.7 cases per 100,000 population)

WHAT DOES THIS SHOW?
Today, more people than ever before are living with HIV. People with HIV are living longer than in years past because of better treatments. Also, more people become infected with HIV than die from HIV/AIDS each year. While the total number of people living with HIV in the U.S. is increasing, the number of annual new HIV infections has remained stable in recent years. Please note that these values do not account for reporting delays, which can be significant. (Source: California Office of AIDS)

WHY IS THIS IMPORTANT?
The human immunodeficiency virus (HIV) damages the immune system, leading infected individuals to develop acquired immunodeficiency syndrome (AIDS), a chronic and potentially life-threatening condition. People infected with HIV may develop mild infections or chronic symptoms like fever, fatigue, shortness of breath, and weight loss. If left untreated, HIV typically progresses to AIDS in about 10 years, at which point the immune system is weakened to the point of being unable to fight infections. Men who have sex with men (all races), African Americans, and Hispanics/Latinos are disproportionately affected by HIV.
Tuberculosis

MEASURE: This indicator shows the tuberculosis incidence rate in cases per 100,000 population.

WHERE ARE WE NOW? In 2015, there were 1.1 cases of tuberculosis per 100,000 Placer County residents.

WHAT IS THE GOAL? The Healthy People 2020 national health target is 1 tuberculosis case per 100,000 population.

WHAT DOES THIS SHOW? From 2006-2015, there was a 42% decrease in tuberculosis cases.

Source: California Department of Public Health

WHY IS THIS IMPORTANT? Tuberculosis (TB) is a bacterial disease that usually afflicts the lungs, although other parts of the body can also be affected. TB bacteria are spread through the air when a person with untreated pulmonary TB coughs or sneezes. Prolonged exposure to a person with untreated TB is usually necessary for infection to occur. In 9 out of 10 exposed people, the immune system halts the spread of the infection and the infected person does not become sick or spread disease to others. However, the bacilli remain dormant and can be activated if the immune system becomes severely weakened by HIV, diabetes, chemotherapy cancer treatments, or other causes.
DID YOU KNOW?
The California Department of Public Health tracks animal rabies in bats, skunks, cats, dogs, coyotes, foxes, horses, sheep, cattle, and raccoons.

MEASURE: This indicator shows reported animal cases of rabies.

WHERE ARE WE NOW?
In 2016, there was 1 reported case of rabies found in a bat, and 0 reported cases of rabies found in skunks.

In CA in 2016, there were 142 total cases of rabies found in bats, and 22 total reported cases of rabies found in skunks.

DID YOU KNOW?
The California Department of Public Health tracks animal rabies in bats, skunks, cats, dogs, coyotes, foxes, horses, sheep, cattle, and raccoons.

WHAT DOES THIS SHOW?
Rabies is a zoonotic disease, meaning that it can spread from animals to people. Bats and skunks are the most common carriers of rabies in California.

WHY IS THIS IMPORTANT?
Rabies is a severe encephalitis caused by a Lyssavirus. Following a variable incubation period that can range from one week to several years, early clinical indications of rabies are non-specific and easily mistaken for more common conditions. A rapid disease process almost always causes death within 1-2 weeks, but if a person is exposed to the virus, prompt post-exposure prophylaxis (PEP) by administration of rabies immune globulin and vaccine can prevent progression to clinical rabies.

Source: California Department of Public Health
Unintentional injury deaths

Injuries are the leading cause of death for Americans ages 1 to 44 and a leading cause of disability for all ages, regardless of sex, race/ethnicity, or socioeconomic status. Nationally, more than 180,000 people die from injuries each year, and approximately 1 in 10 sustains a nonfatal injury serious enough to be treated in a hospital emergency department. Unintentional injuries are a subset of a larger category that represents all injuries referred to as “external causes of injury” (other categories within “external causes of injury” include homicide, suicide, and operation of war). Statewide, unintentional injury deaths represent roughly 60 percent of all injury deaths in California followed by suicide with about 25 percent, and homicide at around 12 percent.

Unintentional injury deaths result from a variety of causes such as motor vehicle traffic crashes, falls, firearms, drownings, suffocations, bites, stings, sports/recreational activities, natural disasters, fires or burns, and poisonings. In Placer County from 2009-2013, the most common unintentional injury deaths were poisonings, falls, and motor vehicle collisions. Placer County’s overall rate of unintentional injury deaths is 26.7 per 100,000 residents, meeting the Healthy People 2020 goal of no more than 36.0 per 100,000 population.
Figure 39. Unintentional deaths, 2009-2013

Source: CDPH Vital Statistics Death Statistical Master Files
Motor vehicle related deaths

Figure 40. Vehicle related fatalities and injuries, 2009-2013

<table>
<thead>
<tr>
<th>Year</th>
<th>Total Fatal</th>
<th>Total Injury</th>
<th>Alcohol Involved Fatal</th>
<th>Alcohol Involved Injury</th>
<th>Pedestrian Involved Fatal</th>
<th>Pedestrian Involved Injury</th>
<th>Bicycle Involved Fatal</th>
<th>Bicycle Involved Injury</th>
<th>Motorcycle* Involved Fatal</th>
<th>Motorcycle* Involved Injury</th>
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<td>140</td>
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<td>80</td>
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<td>155</td>
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<td>44</td>
<td>0</td>
<td>72</td>
<td>6</td>
<td>84</td>
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<td>105</td>
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<td>27</td>
<td>1</td>
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<td>2</td>
<td>70</td>
</tr>
</tbody>
</table>

*May be under reported for non-CHP agencies due to a traffic collision report form revision July 2003.

The California Office of Traffic Safety ranks Placer County as better than most California counties in terms of vehicle collision-related deaths, injuries, alcohol-involved collisions, and those involving pedestrians or bicyclists. Placer’s ranking is not as impressive in speed-related injury and fatal collisions, ranking 39th of California’s 58 counties.

Traffic collisions involving alcohol dropped 64% from 2009-2013, but in 2013 still accounted for over 20% of auto fatalities.
Premature death

Premature death is the years of potential life lost before age 75 (YPLL-75). Every death occurring before the age of 75 contributes to the total number of years of potential life lost. Measuring premature mortality, rather than overall mortality, reflects attention on deaths that could have been prevented.
Figure 42. Premature death

Premature death in Placer County, CA
Years of Potential Life Lost (YPLL): County, State and National Trends

Although Placer County is getting better for this measure, please note state and national trends.

Health Behaviors

This section of the CHSA reports data that pertain to behaviors and lifestyle choices that may contribute to being a protective or risk factor for chronic diseases. These include overweight and obesity, nutrition behaviors, physical activity, and smoking. Much of the illness, suffering, and early death related to chronic diseases can be attributed to four modifiable health behaviors:

- Poor nutrition
- Lack of physical activity
- Tobacco use
- Excessive alcohol consumption

Weight and nutrition

Overweight and obesity are major contributors to many preventable causes of death, and on average, higher body weights are associated with higher death rates. Good nutrition substantially contributes to the burden of preventable illnesses and premature death. Of primary concern is the under-consumption of vegetables, fruits, and grain products that are high in vitamins and minerals, carbohydrates, and other substances that are important to good health.

A selection of indicators about health behaviors concerning weight and nutrition follows.
MEASURE: This indicator shows the percentage of adults aged 18 and older who reported being overweight or obese according to their Body Mass Index (BMI).

WHERE ARE WE NOW? According to the California Health Interview Survey (2014), 56% of Placer County adults aged 18 and older reported being overweight or obese.

Compared to CA counties

Compared to CA and U.S. rates

WHAT DOES THIS SHOW?
According to the California Health Interview Survey, fewer adults reported being overweight or obese in 2014 than preceding years. Placer County's overweight or obesity rate of 56% is lower than the state rate of 62.5% and the national rate of 65%.

Source: California Health Interview Survey

WHY IS THIS IMPORTANT?
The percentage of overweight and obese adults is an indicator of the overall health and lifestyle of a community. Being overweight or obese affects quality of life and puts individuals at risk for developing many diseases, especially heart disease, stroke, diabetes, and cancer. Losing weight helps to prevent and control these diseases. Being overweight or obese also carries significant economic costs due to increased healthcare spending and lost earnings.

Note: The formula to determine an adult's BMI is weight in kilograms divided by height in meters squared. A calculated BMI score 25.0 to 29.9 is considered overweight. A calculated BMI score of 30.0 and above is considered obese.
MEASURE: This indicator shows the percentage of adults aged 18 and older who reported being obese according to their Body Mass Index (BMI).

WHERE ARE WE NOW?
According to the California Health Interview Survey (2014), 29% of Placer County adults aged 18 and older reported being obese.

WHAT DOES THIS SHOW?
In 2014, Placer County’s obesity rate increased over 60% from the 2013 figure. The California Health Interview Survey conducts a limited number of telephone interviews per county, and then makes estimates for the county population. The confidence interval for the 2014 data is 17%-41%, which is a wide margin of estimation based on the number of interviews collected.

Source: California Health Interview Survey

WHY IS THIS IMPORTANT?
The percentage of obese adults is an indicator of the overall health and lifestyle of a community. Obesity increases the risk of many diseases and health conditions, such as type 2 diabetes, heart disease, cancer, respiratory problems, and osteoarthritis. Losing weight and maintaining a healthy weight help to prevent and control these diseases. Being obese also carries significant economic costs due to increased healthcare spending and lost earnings.

Note: The formula to determine an adult’s BMI is weight in kilograms divided by height in meters squared. A calculated BMI score of 30.0 and above is considered obese.
Healthy weight among youth

MEASURE: This indicator shows the percentage of 5th and 9th grade students who meet the Healthy Fitness Zone standards for Body Composition in the annual California Physical Fitness Test (PFT).

WHERE ARE WE NOW?
According to the California Department of Education, 74% of Placer County students in the 5th grade and 75% of students in the 9th grade were at a healthy weight or underweight.

WHAT DOES THIS SHOW?
Placer County youth who participated in the California Physical Fitness Test were more likely to be of a healthy weight or underweight compared to other California counties.

WHY IS THIS IMPORTANT?
Maintaining a healthy weight is important for children and adolescents. Obese and overweight children and adolescents are at risk for multiple health problems during their youth and as adults. Obese children and adolescents are more likely to become obese as adults. According to the American Society for Metabolic and Bariatric Surgery, overweight adolescents have a 70% chance of becoming overweight or obese as adults. The Body Composition portion of the California PFT includes the following tests: Skinfold Measurements, Body Mass Index, and Bioelectric Impedance Analyzer.
Fast food consumption

MEASURE: This indicator shows the percentage of adults who consumed fast food at least one time in the last week.

WHERE ARE WE NOW?
According to the California Health Interview Survey (2014), 51% of Placer County adults reported consuming fast food in the past week.

Compared to
CA counties

Compared to
CA Rates (62.7%)

WHAT DOES THIS SHOW?
Fewer adults reported eating fast food in the past week during the compared to the previous three years. From 2011 to 2014, reported fast food consumption in the past week decreased 7%.

Source: California Health Interview Survey

WHY IS THIS IMPORTANT?
Fast food is often high in fat and consumption is associated with increased caloric intake. Dietary intake of fatty foods and/or decreased consumption of fruits and vegetables have been identified to increase the risk of overweight/obesity. Being overweight or obese affects quality of life and puts individuals at risk for developing many diseases, especially heart disease, stroke, diabetes, and cancer.
Water and soda consumption

MEASURE: These indicators illustrate the water and soda consumption habits of Placer County adults in 2014.

WHERE ARE WE NOW?
According to the California Health Interview Survey (2014), 40% of Placer County residents drank 5-7 glasses of water in a given day, while 72% of residents said they consumed zero sodas per week.

Water consumption compared to CA rate (26%)

Soda consumption compared to CA rate (61%)

WHAT DOES THIS SHOW?
In 2014, only 21% of Placer County residents reported drinking 8 or more glasses of water in a given day compared to the California rate of 26%. On a positive note, over 70% of Placer County respondents said they drank zero sodas per week, and 18% said they had just 1 soda per week on average.

Source: California Health Interview Survey

WHY IS THIS IMPORTANT?
Getting enough water every day is important for your health. Healthy people meet their fluid needs by drinking a recommended 8 glasses of water per day. Non-diet sodas or sugar-sweetened beverages have large amounts of added sugar, lack nutritional value, and are high calorie contributors in diets. The consumption of sugary drinks is associated with weight gain and obesity.
Physical activity

Being physically active is one of the most important steps that Americans can take to improve their health. The 2008 Physical Activity Guidelines for Americans recommends that adults participate in at least 2 hours and 30 minutes (150 minutes) a week of moderate-intensity aerobic physical activity and at least two or more times a week of muscle-strengthening activities for health benefits.

People who are physically active generally live longer and have a lower risk for heart disease, stroke, type 2 diabetes, depression, some cancers, and obesity. Regular physical activity is associated with lower death rates for adults, even when only moderate levels are performed.

A collection of health indicators about physical activity follows.
Adults who walk regularly

MEASURE: This indicator shows the percentage of adults who walk at least 150 minutes per week.

WHERE ARE WE NOW? In the 2013-2014 time period, 30% of Placer County adults reported walking at least 150 minutes per week. This is lower than many California counties and lower than the state rate of 33%.

WHAT DOES THIS SHOW? In 2013-2014, over 32% of adults in Lincoln (95648) reported walking at least 150 minutes per week, compared to 29.5% of adults in East Roseville (95661).

WHY IS THIS IMPORTANT? Active adults reduce their risk of many serious health conditions including obesity, heart disease, diabetes, colon cancer, and high blood pressure. In addition, physical activity reduces the symptoms of anxiety and depression, improves mood and feelings of well-being, and promotes healthy sleep patterns. More than 60% of adults in the United States do not engage in the recommended amount of activity, and about 25% of adults are not active at all.

Source: California Health Interview Survey
Sedentary lifestyle

MEASURE: This indicator shows the percentage of adults (ages 20 and up) who did not participate in any leisure-time activities (physical activities other than their regular job) during the past month.

WHERE ARE WE NOW?
In 2013, 14.8% of Placer County adults ages 20 and up were sedentary.

WHAT IS THE GOAL?
The Healthy People 2020 national health target is 32.2%.

WHAT DOES THIS SHOW?
Placer County has a relatively low rate of sedentary adults compared to the rest of the state and the nation as a whole. The rate was higher in 2013, but is not a significant trend at this point.

Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System

WHY IS THIS IMPORTANT?
Adults who are sedentary are at an increased risk of many serious health conditions. These conditions include obesity, heart disease, diabetes, colon cancer, and high blood pressure. In addition, physical activity improves mood and promotes healthy sleep patterns. The American College of Sports Medicine (ACSM) recommends that adults perform physical activity three to five times each week for 20 to 60 minutes at a time to improve cardiovascular fitness and body composition.
**Youth fitness**

**MEASURE:** This indicator shows the percentage of 7th grade students that achieve the Healthy Fitness Zone for the aerobic capacity portion of the annual California Physical Fitness test.

**WHERE ARE WE NOW?**
During the 2015-2016 California Physical Fitness Test, almost 78% of 7th grade students achieved the Health Fitness Zone for the aerobic capacity portion.

**Compared to**
- **CA counties**
- **CA rate (65.4%)**

**WHAT DOES THIS SHOW?**
Seventh-grade students in Placer County have a high level of physical fitness compared to other counties.

**Source:** California Department of Education

**WHY IS THIS IMPORTANT?**
Physical fitness has been linked to higher academic performance, better concentration, and increased confidence and self-esteem. Students who are more physically fit are less likely to suffer from stress, anxiety, and depression. In addition, physical fitness helps to develop lifelong habits that can reduce the likelihood of chronic diseases such as diabetes, high blood pressure, and heart failure.
Smoking

Tobacco is the agent most responsible for avoidable illness and death in America today. According to the Centers for Disease Control and Prevention, tobacco use brings premature death to almost half a million Americans each year, and it contributes to profound disability and pain in many others. The World Health Organization states that approximately one-third of all tobacco users in this country will die prematurely due to the effects of using tobacco. Areas with a high smoking prevalence will also have greater exposure to secondhand smoke for non-smokers, which can cause or exacerbate a wide range of adverse health effects such as cancer, respiratory infections, and asthma.

In Placer County, 9.8% of adults reported smoking in the period from 2012 to 2014, according to the California Health Interview Survey. This compares to the 2014 national rate of 18.1% and the California rate of 12.7%. Placer County meets the Healthy People 2020 national health target, which is to reduce the proportion of adults who smoke to 12%.

The 2016 California Student Tobacco Survey compiled data from 27 northern counties, including Placer County, and found that a concerning 22.7% of these high school students reported using tobacco in the past 30 days, compared to 13.8% of high school students statewide. Data specific to Placer County was not available.

Surveys of local stores conducted by the Placer County Tobacco Prevention Program in 2016 found an increase in the number and variety of tobacco products widely available in Placer County, with some offered in ‘kid-friendly’ flavors. The program reported that 89% of stores sold flavored non-cigarette tobacco products, which often had flavors that appeal to youth, such as grape, watermelon, chocolate, gummy candies, and even breakfast cereals. Flavored tobacco products were sold at 85% of stores near schools. Approximately 30% of stores placed tobacco products or ads in kid-friendly locations, such as tobacco ads at 'kid-level' (three feet or below) or tobacco products near candy or toys. Additionally, the availability of e-cigarettes saw a 38% increase in Placer County. In 2016, 88% of surveyed stores sold e-cigarettes.
Alcohol abuse

Drinking alcohol has immediate effects that can increase the risk of many harmful health conditions. According to the Centers for Disease Control and Prevention, excessive alcohol use, either in the form of heavy drinking (drinking more than 15 drinks per week on average for men or more than 8 drinks per week on average for women), or binge drinking (drinking more than 5 drinks during a single occasion for men or more than 4 drinks during a single occasion for women), can lead to increased risk of health problems such as liver disease or unintentional injuries. According to the Centers for Disease Control and Prevention, there are approximately 88,000 deaths attributable to excessive alcohol use each year in the United States. Additionally, the National Council on Alcoholism and Drug Dependencies cites excessive alcohol use as the 3rd leading lifestyle-related cause of death for the nation.

Select indicators about alcohol abuse follow. Data regarding youth alcohol use was not statistically significant and is not included in this report.
Alcohol abuse-emergency room visits

MEASURE: This indicator shows the average annual age-adjusted emergency room visit rate due to acute or chronic alcohol abuse per 10,000 population aged 18 years and older.

WHERE ARE WE NOW? From 2012-2014, 32.9 residents per 10,000 Placer County residents visited the emergency room due to acute or chronic alcohol abuse.

WHAT DOES THIS SHOW? From the 2009-2011 to 2012-2014 period, the rate of emergency department visits due to alcohol abuse climbed 12% in Placer County. Residents aged 20-24 had the highest rate of visits to the ER due to alcohol abuse.

WHY IS THIS IMPORTANT? "Alcohol abuse" in this measurement includes alcohol dependence syndrome, nondependent alcohol abuse, alcoholic psychoses, toxic effects of alcohol, and excessive blood level of alcohol. It does not include diseases of the nervous system, digestive system, and circulatory system caused by alcohol.

Source: California Office of Statewide Health Planning and Development

Placer County 2017 Community Health Status Assessment
Alcohol abuse-hospitalizations

MEASURE: This indicator shows the average annual age-adjusted hospitalization rate due to acute or chronic alcohol abuse per 10,000 population aged 18 years and older.

WHERE ARE WE NOW?
From 2012-2014, 5 residents per 10,000 residents in Placer County were hospitalized for acute or chronic alcohol abuse.

Compared to CA counties
CA rate (8.5 cases per 10,000 population)

WHAT DOES THIS SHOW?
Though Placer County's rate is about 40% lower than the statewide figure, the hospitalization rate for adults 18 and above in Placer has risen 43% from the 2009-2011 period to the 2012-2014 period. People aged 45-64 had the highest rate of hospitalization for alcohol abuse.

Source: California Office of Statewide Health Planning and Development

WHY IS THIS IMPORTANT?
"Alcohol abuse" for this measurement includes alcohol dependence syndrome, nondependent alcohol abuse, alcoholic psychoses, toxic effects of alcohol, and excessive blood level of alcohol. It does not include diseases of the nervous system, digestive system, and circulatory system caused by alcohol.
Child abuse

Child abuse may consist of physical, sexual, or emotional abuse. Child abuse and neglect can have enduring physical, intellectual and psychological repercussions into adolescence and adulthood. All types of child abuse and neglect have long-lasting effects throughout life, damaging a child's sense of self, ability to have healthy relationships and ability to function at home, at work, and at school.

Figure 43. Substantiated cases of child maltreatment (abuse and/or neglect) by age, 2010-2015

Substantiated reports of child maltreatment were consistently higher for those under one year of age compared to other age groups. Though the overall rate of substantiated abuse has decreased since 2012, the 2015 rate is slightly higher than it was in 2010.
Elder abuse

Elder abuse is any knowing, intentional, or negligent act by a caregiver or any other person that causes harm or a serious risk of harm to a vulnerable adult. Data from Placer County Adult Protective Services indicate that 1,455 substantiated reports of elder abuse were received in 2016, which translates to a rate of 21 substantiated reports per 1,000 residents age 65 or higher. A comparison of years prior to 2015 was not reliable due to a change in reporting, but there were 4% more substantiated reports in 2016 compared to 2015. The most commonly reported types of abuse in 2016 were financial (37%), psychological (19%), neglect (19%), and physical (12%).

Children in foster care

Foster care is intended to provide temporary, safe living arrangements and therapeutic services for children who cannot remain safely at home due to child maltreatment or for children whose parents are unable to provide adequate care. The foster care system aims to safely reunify children with their parents or secure another permanent home, such as through adoption. However, many children spend years in foster homes or group homes, often moving multiple times. These children are at increased risk for a variety of emotional, physical, behavioral, and academic problems. The number of children in foster care has decreased in the US and California over the previous decade, but California continues to have the largest number of children entering the system.

The UC Berkeley Center for Social Services Research California Child Welfare Indicators Project reported that 2.2 of 1,000 Placer County children entered foster care for the first time in 2014. This is 21% lower than the statewide rate of 2.8 per 1,000 children.
A Point in Time measurement, in which data was collected on one day of the year to obtain a snapshot of children in foster care on a given day, found that approximately 6 of 1,000 children were in foster care in Placer County. The overall rate of children in childcare remained relatively steady from 2011 to 2016, though the rate of children under age two increased and the rate of those aged 16-17 decreased over the period.

**Gang membership**

Gang membership takes its toll on public health through violence that results in death, injuries, long-term disability, and related healthcare and psychosocial costs. A 2014 study published in the American Journal of Public Health illustrates gang involvement as a public health risk that can negatively influence a person's life.
even after he or she is no longer in a gang. Over 29 years, researchers conducted interviews every three years with a group of 808 children starting at age ten. After twenty years, over 90% of the original group remained involved in the study. Among participants, 173 reported joining a gang in their teen years. In comparison with non-gang peers, who had been matched on 23 confounding risk variables known to be related to selection into gang membership, those who had joined a gang in adolescence had poorer outcomes in multiple areas of adult functioning including higher rates of self-reported crime, receipt of illegal income, incarceration, drug abuse or dependence, poor general health, and welfare receipt and lower rates of high school graduation.

Placer County does have gang activity, but it is modest compared to many areas of the state. In the city of Roseville, the two prominent criminal street gangs are the Nortenos and Surenos. These groups migrated to older, depressed areas of the city in the 1990s. As time passed, the gangs became entrenched and crime began to increase. In 2005, the Roseville Police Department created the Crime Suppression Unit. The Unit’s efforts have contributed to lowering the estimated number of gang members in the city from 300 to approximately 100 individuals in 2016, as well as increasing quality of life by boosting the perception of safety among residents of affected neighborhoods.

Mental Health

The US Department of Health and Human Services defines mental health as a state of successful performance of mental function that results in productive activities, fulfilling relationships with other people, and the ability to adapt to change and to cope with adversity. Mental disorders are characterized by alterations in thinking, mood, or behavior (or some combination of these), which are associated with distress or impaired functioning and may cause disability, pain, or death.

The data in this section of the CHSA describe indicators related to mental health. Data include bullying and harassment of children, depression, drug-related deaths, and deaths by suicide.
Bullying and harassment

Bullying and cyber-bullying continue to be a pervasive problem in middle schools and high schools in Placer County, according to a 2014-2015 Placer County Grand Jury report. Persistent bullying can cause significant and long-term problems, not only for the victims and their families, but also for the perpetrators. Survey data for Placer County was statistically insignificant and is not included in this report.

The County Grand Jury report investigated public school procedures for evaluating their anti-bullying policies. Of the 110 public schools in the county, 49 had implemented Positive Behavior Interventions and Supports (PBIS). PBIS is a framework or approach for assisting school personnel in adopting and organizing evidence-based behavioral interventions into an integrated continuum that enhances academic and social behavior outcomes for all students.

Depression

The California Healthcare Foundation reports that about 1 in 20 adults in California suffer from a serious mental illness. Rates vary widely by region - the poorest areas often have the highest rates of mental illness, and also often have the fewest licensed mental health professionals to provide treatment. In Placer County, about 3.6% of adults have serious mental illness, according to the 2013 California Mental Health Prevalence Estimates. A serious mental illness is defined as any mental illness in a person age 18 and above that results in substantial impairment when carrying out major life activities. Placer County has a lower estimated rate of serious mental illness than 90% of California’s 58 counties. Placer County has a lower poverty rate than most California counties and has 11 psychiatrists per 100,000 residents, which is above the median state rate of 9 per 100,000.
Drug related deaths

Figure 45. Deaths by accidental drug overdose, 2009-2013.

<table>
<thead>
<tr>
<th>Year</th>
<th>Amphetamines</th>
<th>Cocaine (opioid)</th>
<th>Methadone (opioid)</th>
<th>Sedatives</th>
<th>Heroin (opioid)</th>
<th>Other &amp; unspecified opioids</th>
<th>Other opioid pharmaceuticals</th>
<th>Opioids combined</th>
<th>Total drug related deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td>2009</td>
<td>1</td>
<td>0</td>
<td>4</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>3</td>
<td><strong>7</strong></td>
<td><strong>8</strong></td>
</tr>
<tr>
<td>2010</td>
<td>2</td>
<td>1</td>
<td>5</td>
<td>4</td>
<td>0</td>
<td>0</td>
<td>5</td>
<td><strong>10</strong></td>
<td><strong>17</strong></td>
</tr>
<tr>
<td>2011</td>
<td>2</td>
<td>0</td>
<td>3</td>
<td>4</td>
<td>2</td>
<td>2</td>
<td>4</td>
<td><strong>11</strong></td>
<td><strong>17</strong></td>
</tr>
<tr>
<td>2012</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>2</td>
<td>1</td>
<td>4</td>
<td><strong>8</strong></td>
<td><strong>9</strong></td>
</tr>
<tr>
<td>2013</td>
<td>9</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>5</td>
<td>1</td>
<td>5</td>
<td><strong>13</strong></td>
<td><strong>25</strong></td>
</tr>
</tbody>
</table>

Source: California Department of Public Health, EpiCenter Injury Data

- The number of drug overdose related deaths in Placer County increased by more than 200% from 2009 to 2013.
- Opioid related deaths rose 86% over the period, driven primarily by heroin and other opioid pharmaceuticals.

Opioid prescription and abuse

Our nation is in the midst of an unprecedented opioid epidemic. Nationwide, more people died from drug overdoses in 2014 than in any year on record, and the majority of drug overdose deaths (more than six out of ten) involved an opioid. Health care providers in the United States wrote more than 240 million prescriptions for painkillers in 2014, enough for every American adult to have a bottle of pills, and more people in the U.S. now die from accidental drug overdose than automobile collisions. These troubling statistics have garnered concern and calls for action from citizens, public health officials, and our nation’s leadership. Thoughtfulness is essential when considering interventions, as efforts must strive to reduce overuse and abuse of prescription opioids while ensuring patients with pain are treated safely and effectively.
In California, deaths involving opioid prescription medications have increased 16.5% from 2006 to 2013. Here in Placer County, prescription opioids were involved in 73% of all opioid deaths from 2009-2013. Death by opioid overdose also appears to be largely accidental in our community. California Vital Statistics files show that Placer County opioid deaths from 2009-2013 were unintentional in 86% of cases.

There is no question that prescription drug abuse is a concern in Placer County. In 2016, Rx Drug Safety was formed. It is a physician-led collaboration of community members and local experts working to prevent opioid abuse, help save lives, and promote wellness in Placer and Nevada counties. The goals of Rx Drug Safety address the three major components of a comprehensive strategy to prevent prescription opioid overdose.

First, improving how opioids are prescribed can help care providers offer safe and effective treatment while reducing abuse and overdose. To this end, the Medical Board of California has issued guidelines for prescribing controlled substances for pain. Rx Drug Safety is working to develop and encourage the use of safe prescribing practices for various modes of practice at the local level.

The second element addresses prevention of opioid abuse. A primary method to prevent abuse is the utilization of a prescription drug monitoring program (PDMP), which serves as a repository of controlled substance prescription records as well as a powerful prescription abuse prevention verification tool for pharmacists and prescribers. California’s PDMP, the Controlled Substance Utilization Review and Evaluation System (CURES) currently receives about one million prescription records each week. All prescribers in California are required to be registered to use CURES. Rx Drug Safety, in partnership with the Placer-Nevada County Medical Society, aims to increase physician participation in CURES by 50% using physician outreach. The Placer County Department of Public Health also receives county-level CURES data, which will allow comparison of prescription data before and after prevention efforts are in full swing.

Additional opioid abuse prevention methods include patient education on the safe storage and disposal of prescription opioids; youth substance abuse prevention, such as intensive family or school-based programs; and insurance strategies such as prior authorization, quantity limits, and drug utilization review. Rx Drug Safety has initiated a program to encourage safe disposal of prescription drugs by installing prescription drop off
boxes at various locations. Additionally, the coalition is offering medication safety support to community organizations and to the public with a community wide push to “Lock it up, Clean it out, Drop it off”, promoting patient awareness of opioid dangers and alternative methods of pain management, and working with health insurance payers to support coverage for alternative forms of pain management.

The third and final component involves providing treatment and preventing death. Expanding access to evidence-based treatment is a way to address the needs of people with addiction that combines the use of medication, such as buprenorphine, with counseling and behavioral therapy. Providers authorized to dispense buprenorphine are required to obtain a special waiver from the Drug Enforcement Agency. These certified dispensers of buprenorphine are in short supply in Placer County. Rx Drug Safety plans to increase the number of clinics connected with Project ECHO (Extension for Community Healthcare Outcomes), an innovative care delivery model that trains primary care physicians in buprenorphine assisted treatment so that more people can get the help they need. A complimentary goal is to increase the number of buprenorphine-prescribing physicians by 20% and the number of prescriptions filled in the area by 5%.

In some cases, it is possible to prevent death when overdose occurs. When administered in time, the drug naloxone can save lives by reversing the effects of an opioid overdose. Naloxone is non-addictive, and expanding availability and training on how to administer the drug can help people from emergency responders to family members reverse an opioid overdose. Rx Drug Safety will track CURES data of pharmacies prescribing naloxone and launch a first responder’s naloxone pilot program in remote areas of Placer and Nevada Counties.

The Rx Drug Safety coalition is committed to this assertive, multifaceted response to the growing opioid overdose and abuse problem in Placer and Nevada Counties. If it is successfully implemented, long term benefits include a decrease in people experiencing opioid abuse, an increase in the number of patients receiving medication assisted therapy (ultimately followed by a decrease), and a decrease in drug overdose deaths. For more information about the coalition, please visit pncms.org/rxdrugsafety.

Select indicators about the opioid epidemic follow.
Opioid prescriptions

MEASURE: This indicator shows the relative number of all opioid prescriptions (any quantity) filled at a pharmacy.

WHERE ARE WE NOW?
The rate of opioid prescriptions dropped 5% from 2010 to 2013, but climbed in 2014 and 2015. The overall decrease from 2010 to 2015 was 2%. Increased physician reporting may be a factor in the recent uptick.

WHAT DOES THIS SHOW?
This indicator uses the total number of opioid prescriptions, divided by population of the county that year, multiplied by 1,000. Buprenorphine is excluded because its use for pain is not statistically significant compared to its use for addiction.

Source: California Department of Justice - Controlled Substance Utilization Review and Evaluation System Data

WHY IS THIS IMPORTANT?
The opioid epidemic has many sources, and solving this problem will take many coordinated solutions at once. One priority is to encourage safer prescribing practices. This includes the judicious and appropriate use of opioids, limiting the number of new patients starting chronic opioid therapy, and working with people on high-dose regimens to get to safer doses. Please visit Placer Nevada Rx Drug Safety to learn more.
**Morphine milligram equivalents**

**MEASURE:** This indicator illustrates all opioids filled at a pharmacy, translated into morphine milligram equivalents (MME) per resident. Buprenorphine is excluded from this calculation because its use for pain is not significant compared to its use for addiction.

**WHERE ARE WE NOW?**
Morphine milligram equivalents per resident dropped 19% from 2010 to 2015.

**WHAT DOES THIS SHOW?**
MME allows different types of medicines with different potencies to be compared (for example, 5 mg of oxycodone is equivalent to 7.5 mg of morphine, in terms of its effect on the body).

**Source:** California Department of Justice - Controlled Substance Utilization Review and Evaluation System Data

**WHY IS THIS IMPORTANT?**
The opioid epidemic has many sources, and solving this problem will take many coordinated solutions at once. One priority is to encourage safer prescribing practices. This includes the judicious and appropriate use of opioids, limiting the number of new patients starting chronic opioid therapy, and working with people on high-dose regimens to get to safer doses. Please visit Placer Nevada Rx Drug Safety to learn more.
**Buprenorphine prescriptions**

**MEASURE:** This indicator measures the relative number of buprenorphine prescriptions filled per 1,000 residents.

**WHERE ARE WE NOW?**
In 2015, there were 19 buprenorphine prescriptions per 1,000 Placer County residents.

**WHAT DOES THIS SHOW?**
From 2010 to 2015, there was a 58% increase in buprenorphine prescription rates in Placer County.

**Source:** California Department of Justice - Controlled Substance Utilization Review and Evaluation System Data

**WHY IS THIS IMPORTANT?**
Buprenorphine is a medication proven to be effective in lowering death rates from opioid addiction and increasing retention in treatment. Increasing numbers of prescriptions are a sign of increasing access to opioid addiction treatment.
DID YOU KNOW?
Increasing numbers of prescribing physicians are a sign of increasing access to opioid addiction treatment.

WHERE ARE WE NOW?
In 2015, there were 27 DEA waivered physicians in Placer County, with 16 of those physicians actively prescribing buprenorphine at least one time.

MEASURE:
This indicator measures the absolute number of Placer County physicians with a Drug Enforcement Agency (DEA) waiver for buprenorphine, and those who have prescribed at least one prescription for buprenorphine in one year.

WHAT DOES THIS SHOW?
From 2010-2015, there was a 42% increase in the number of DEA waivered physicians (X certified physicians). During this same time period, there was a 45% increase in the number of physicians in Placer County who actively prescribed buprenorphine.

Source: California Department of Justice - Controlled Substance Utilization Review and Evaluation System Data

WHY IS THIS IMPORTANT?
Primary care physicians can only prescribe buprenorphine, an effective medication for opioid addiction, if they take an eight-hour course and apply for a waiver from the Drug Enforcement Agency. Without this waiver, physicians are prohibited from treating addiction with buprenorphine outside of regulated opioid treatment programs, such as methadone clinics. Please visit Rx Drug Safety to learn more.
Suicide

Suicide is a serious public health problem that can have lasting harmful effects on individuals, families, and communities. Its causes are complex and determined by multiple factors. The goal of suicide prevention is to reduce risk factors and increase resilience, or protective factors. Ideally, prevention addresses all levels of influence: individual, relationship, community, and societal. Effective prevention strategies are needed to promote awareness of suicide and encourage a commitment to social change.

Figure 46. Suicide rate per 100,000 residents

- In the 23 year period from 1991 to 2013, the total number of suicides in Placer County was 811.
- The average number of suicides per year is 35, ranging as low as 19 and as high as 55 suicides per year. Suicides were at the lowest number in 1999 (19) and the highest in 2009 and 2010 (55).
- The average suicide rate was 12.9 per 100,000, ranging from 7.8 to 18.3 per 100,000.
- During the time period, yearly suicide rates for Placer County exceeded California rates for all but six years.
Among Placer County residents, from 1991 to 2013, the greatest number of suicides was among persons age 40 to 44 (87, 10.7%) and 50 to 54 (85, 10.5%). These two age groups combined had 21% of all the suicides during the time period.

The total rate of suicide was highest in ages 80 to 84 at 25.9 per 100,000 people.
- Among Placer County residents, from 1991-2013, the most common suicide mechanism was use of firearm (415, 51%).
- The second most common mechanism was hanging/suffocation (169, 21%) followed by poisoning (148, 18%).
- Among Placer County residents, from 1991 to 2013, men were more likely to die by suicide with a firearm than women (56% versus 40%).
- Women were more likely than males to die by suicide via poison than men (37% versus 13%).
Environmental Health

Good environmental health is a significant determinant of a healthy community. Preventing health problems caused by environmental hazards includes activities such as investigating and responding to food and waterborne illness outbreaks and responding to situations that can affect shelter, water, food, and air quality.

Foodborne illness

Certain biological agents are responsible for the most common types of food poisoning. Please see the indicator pages about Salmonellosis and Campylobacteriosis located in the Health Status section of this report.

Animal services

Figure 49. Animal services outcomes, 2014-2016

<table>
<thead>
<tr>
<th>Animal Services Activities</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dog licenses issued</td>
<td>9,177</td>
<td>9,139</td>
<td>9,064</td>
</tr>
<tr>
<td>Citations for rabies vaccination / licensing violations</td>
<td>355</td>
<td>285</td>
<td>180</td>
</tr>
<tr>
<td>Reported dog, cat, and wild animal bites</td>
<td>654</td>
<td>493</td>
<td>442</td>
</tr>
</tbody>
</table>

Source: Placer County Animal Services

Air quality

There is a relationship between elevated air pollution, particularly fine particulate matter and ozone, and compromised health. Negative consequences of ambient air pollution include decreased lung function, chronic bronchitis, asthma, and other adverse pulmonary effects, according to Pope, et. al. (1995).

Particulate matter is the average daily density of fine particulate matter in micrograms per cubic meter. Fine particulate matter is defined as particles of air pollutants with a diameter less than 2.5 micrometers. These
particles can be directly emitted from sources such as forest fires, or they can form when gases emitted from various industries and vehicles react in the air. While this measure estimates the average annual concentration of fine particulate pollution in the county, it can miss important short-term fluctuations in air quality, local patterns (such as concentrations near roads and other major sources), and other pollutants such as ozone, etc.

The US EPA Environmental Public Health Tracking Network reports the annual average concentration of fine particulate matter in the air. The current annual fine particle standard is 15 micrograms per cubic meter (µg/m³), which refers to the density of particles in the air. Concentrations at or above 15 µg/m³ are considered potentially harmful.

Figure 50. Annual average particulate matter concentration, 2010 - 2014

<table>
<thead>
<tr>
<th>Micrograms per cubic meter</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>California</td>
<td>8.9</td>
<td>9.9</td>
<td>9.3</td>
<td>10.7</td>
<td>10.4</td>
</tr>
<tr>
<td>Placer County</td>
<td>6.6</td>
<td>8.5</td>
<td>6.5</td>
<td>7.5</td>
<td>7.8</td>
</tr>
</tbody>
</table>

Source: U.S. Environmental Protection Agency, National Environmental Public Health Tracking Network

Ozone concentrations are also tracked by the US EPA Environmental Public Health Tracking Network. Ozone concentrations are measured and averaged over each 8-hour testing period; then, the number of days per year exceeding the standard is calculated. The data illustrates the number of days in a year with ozone concentrations above the U.S. standard (0.075 parts per million).
Figure 51. Days with ozone levels above the regulatory standard, 2010 – 2014

<table>
<thead>
<tr>
<th></th>
<th>Number of days</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2010</td>
</tr>
<tr>
<td>California</td>
<td>15</td>
</tr>
<tr>
<td>Placer County</td>
<td>17</td>
</tr>
</tbody>
</table>

Source: U.S. Environmental Protection Agency, National Environmental Public Health Tracking Network

Water Quality

Recent studies estimate that contaminants in drinking water sicken 1.1 million people in the United States each year. Ensuring the safety of drinking water is important to prevent illness, birth defects, and death for those with compromised immune systems. A number of other health problems have been associated with contaminated water, including nausea, lung and skin irritation, cancer, kidney, liver, and nervous system damage.

This measure examines violations at community water systems regulated by the state of California’s Drinking Water Program, which includes any system serving more than 25 connections.

Figure 52. Water quality violations, by violation type, 2010 - 2014

<table>
<thead>
<tr>
<th>Violation Type</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2010</td>
</tr>
<tr>
<td>Maximum Contaminant Level (MCL) Violations</td>
<td>1</td>
</tr>
<tr>
<td>Monitoring and Reporting Violations</td>
<td>12</td>
</tr>
</tbody>
</table>

Source: California Environmental Protection Agency, State Water Resources Control Board

The most common type of Maximum Contaminant Level (MCL) violations in 2015 were for coliform bacteria contamination. There was also one violation for lead. The number of customers affected by MCL violations was 6,195. Four public water system sites had multiple violations.
Thank you

The staff at Placer County Health and Human Services Department, Public Health Division hope you enjoyed reading the 2017 Community Health Status Assessment. We welcome you to monitor the progress of many of our health indicators on the Placer Dashboard at www.placerdashboard.org.