



# SAN BENITO COUNTY COMMUNITY HEALTH ASSESSMENT 2023 - 2024

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# Acknowledgements

The San Benito County 2023 Community Health Assessment (CHA) was an effort guided by the San Benito County (SBC) Community Health Coalition, consisting of a Core Team and Community Health Partners. The CHA development was led by the Core Team, which includes staff members of San Benito County Health and Human Services Agency – Public Health Services and Cole Communications, Inc. The Core Team was responsible for planning and coordination, data collection and analysis, and creation of the report. The broadly representative Community Health Partners supported the process by identifying and discussing priorities, providing county specific statistics, being alert to community concerns, and recruiting other key partners.

San Benito County Health and Human Services Agency – Public Health Services is grateful for the many partner organizations and individuals throughout the community who provided valuable time and input in identifying our community's health strengths and needs. Their commitment to community health has been critical in moving this process forward.

*We hope the information shared here can help build an equitable path to health for all who work, live, and engage in San Benito County.*



## **San Benito County Community Health Core Team**

- Tracey Belton, Agency Director, San Benito County Health and Human Services
- Nicholas Calvin, JD, MPH, Deputy Director, San Benito County Public Health Services
- Dr. Cheryl Scott, MD, MPH, Health Officer, San Benito County Public Health Services
- Janel Obenchain, MPH, Epidemiologist, San Benito County Public Health Services
- Janet Gonzalez, CHA/CHIP Coordinator, San Benito County Public Health Services
- Genesis Garcia, Health Education Associate, San Benito County Public Health Services
- Evelyn Mejia, Health Education Associate, San Benito County Public Health Services
- Eunice Estrada, Health Education Associate, San Benito County Public Health Services
- Nicole Lezin, Cole Communications, Inc.



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# Acknowledgements, Cont.

## San Benito County Community Health Partners

- Adriana Garcia, Opioid Task Force Health Education Associate, SBC Public Health Services
- Amy Bravo, Chief Operating Officer, Youth Recovery Connections
- Amy Breen-Lema, Vice President, Clinic, Ambulatory and Physician Services, Hazel Hawkins Hospital
- Audry Kodama, CalFresh Health Education Associate, SBC Public Health Services
- Bea Gonzales, Supervisor, San Benito County
- Bri Rodriguez, Farmer's Market Manager, Hollister Downtown Association
- Bryan Penney, Sergeant, SBC Sheriff's Office
- Caitlyn Gonzalez, COVID Communications Health Education Associate, SBC Public Health Services
- Christina Andrade, Senior Family Consultant, Health Projects Center
- Christy Eggers, San Benito County Community Member
- Connie Padron, Financial Analyst, Jovenes de Antaño
- Crystal Ortiz, Tobacco Education Health Education Associate, SBC Public Health Services
- Dana Edgull, Behavioral Health Director, San Benito County Behavioral Health
- Donald Reynolds, City Manager, City of San Juan Bautista
- Dr. Joshua Sanchez, Executive Director, Dentistry4Vets
- Emmanuel Nelson, Director of Student Services, Hollister High School
- Erika Costanzo, WIC Regional Breastfeeding Liaison, Community Bridges Santa Cruz County
- Erika Perez, Program Manager, SBC Public Health Services
- Evelyn Gonzalez, Staff Analyst, SBC Health and Human Services Agency
- Irene Davis, Community Liaison, Gabilan Seneca Chapter
- Javier Perez, Tobacco and COVID Communications Health Education Associate, SBC Public Health Services
- Jennifer Garcia, AVENIDA Case Manager, Youth Alliance
- Jennifer Frusetta, California Oral Health Program Manager, SBC Public Health Services
- Joshua Mercier, Deputy Director, SBC Children and Adult Services
- Juanita Leanos, Employment & Training Services Counselor, SBC Community Services & Workforce Development
- Kalil Macklin, Program Manager, Anthem Blue Cross
- Kassandra Flores, 211 Santa Cruz Program Manager, United Way of Santa Cruz County
- Kristina Chavez-Wyatt, Executive Director, SBC Business Council
- Leslie David, Executive Director, BenitoLink
- Linda Smith, Superintendent/Principal, Willow Grove Union School District
- Lisa Faulkner, Executive Director, First 5 San Benito County



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# Acknowledgements, Cont.

- Lizbeth Silva, Program Coordinator, Ventures
- Mackenzie Hignel, Education Services Specialist, SBC Office of Education
- Mallory Schmitt, Epidemiologist, SBC Public Health Services
- Maria Cadenas, Executive Director, Ventures
- Michael Salinas, Executive Director, Youth Recovery Connections
- Monica Abonce, Recycling and Resource Recovery Coordinator, SBC Integrated Waste Management
- Ofelia Toledo-Prieto, Safe Kids Coordinator, SBC Public Health Services
- Olivia Arias, Emergency Preparedness, SBC Public Health Services
- Patrice Kuerschner, Executive Director, Emmaus House
- Patricia Ramirez, Residential Coordinator, Youth Alliance
- Patricia Salcedo, Victim Witness Assistance Coordinator, San Benito County
- Patrisia Martinez, Migrant Program Coordinator, Hollister Elementary School District
- Rick Perez, Council Member, City of Hollister
- Salina Chacon, Senior Healthy Living Director, YMCA
- Samantha Hernandez, Family Resiliency Center Director, First 5 San Benito County
- Sarah Nordwick, Executive Director, Community Food Bank of San Benito County
- Shelly Werfelmann, Case Manager, Life Project
- Teri Adams, Legal Advocate and Paralegal, Senior Legal Services
- Veronica Ochoa, Community Outreach Specialist, Youth Alliance
- Wendy Shephard, Director at Hollister Presbyterian School, Christ Fellowship Church

## Community Members

A special thank you to the community residents who participated in the “2-cents” activity. The feedback and responses were a critical component in hearing directly from the San Benito County community.



# Introduction

*The Community Health Assessment compiles a variety of data about San Benito County in one place, with the goal of making San Benito County an equitably healthier place to live, work and engage for all county residents.*



By design, this Community Health Assessment (CHA) uses a broad definition of health and well-being, looking beyond the presence or absence of illness to consider the many factors that influence health outcomes for San Benito County residents. These factors, often called **social determinants of health** (SDOH) are major influencers of inequitable health outcomes and are used to help form health objectives in reports such as the County Health Rankings and for initiatives such as Healthy People 2030 and Let's Get Healthy California, all referenced for this CHA. In particular, the Healthy People 2030 social determinants of health were used as a starting point by the Community Health Coalition for a discussion of the **central role health equity plays in public health**.

The CHA has many potential uses. It can serve as a baseline for key indicators of health and well-being to track trends over time. It can illuminate health inequities, identify strengths, areas of improvement, and prepare for public health accreditation (which involves meeting a set of national standards). The CHA also can jump-start conversations among partners, such as ongoing work on a Community Health Improvement Plan (CHIP) developed by the Health and Human Services Agency (HHSA) and its partners across different sectors. These planning efforts can lead to health-promoting policies and draw increased funding to San Benito County to address ongoing and emerging health issues and health inequities alike.



# Community Health: Centering Equity

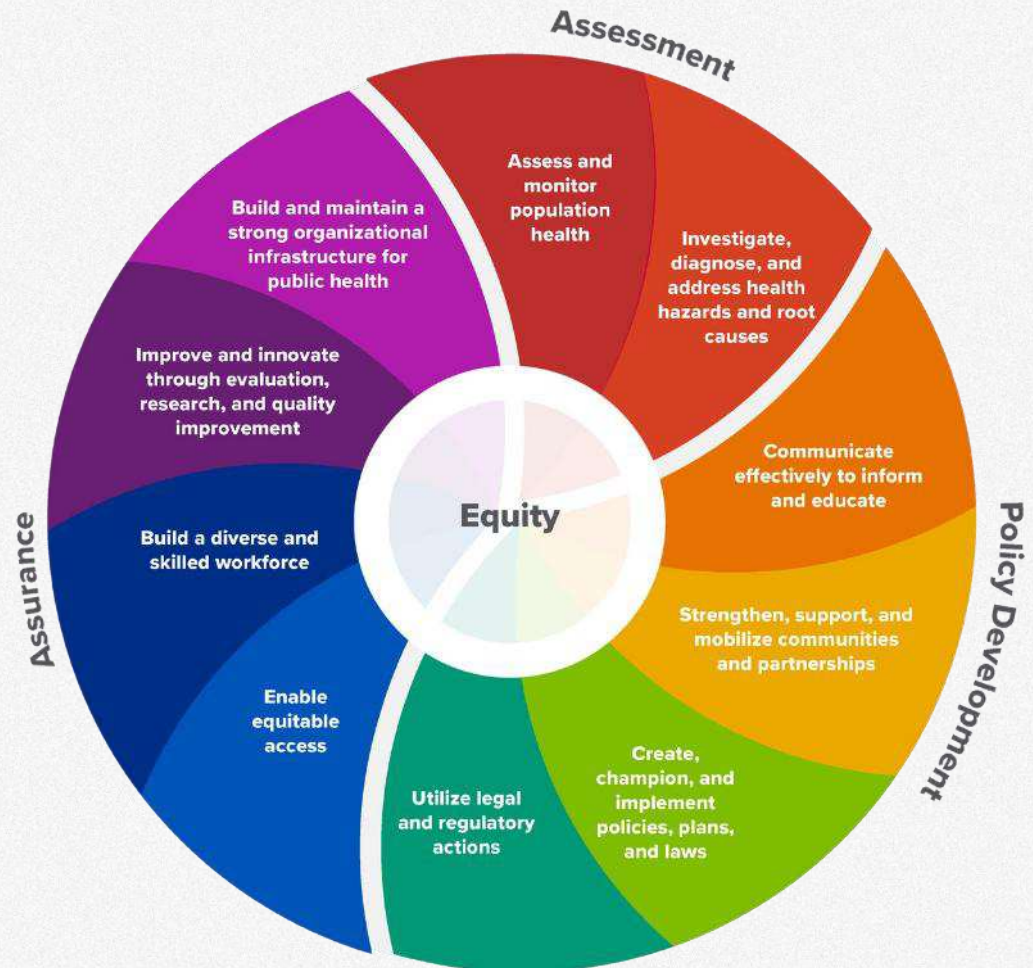
The 10 Essential Public Health Services is a framework that leverages assessment, such as this Community Health Assessment, to enable optimal health for all people.

The CHA provides the platform for San Benito Public Health Services to identify health inequities, and collectively, the CHA, CHIP and strategic plan provide the opportunity to address systemic issues and structural barriers – such as poverty, racism, gender discrimination – that contribute to those health inequities.

By strategically implementing the 10 Essential Public Health Services framework, the county seeks to improve health outcomes and promote the well-being of its diverse population by promoting healthy lifestyles through education, empowering residents to make informed decisions, and fostering a culture of prevention.

Equity is a central component of the framework because **everyone should have a fair and just opportunity to achieve optimal health and well-being.**

*The 10 Essential Public Health Services describes the activities that protect and promote the health of all people in all communities.*



Source: Public Health National Center for Innovations. 10 Essential Public Health Services Toolkit.



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# Data Sources & Methods

*Not all data are available at a county level, but these were reviewed wherever possible. The COVID-19 pandemic affected data collection and trends; some 2020-2021 data should be interpreted with caution.*

In 2023, the Community Health and Equity team at San Benito County Public Health Services, working alongside a consultant, began compiling data from multiple sources to include in the CHA. Team members collected insights from San Benito County residents at community events and Community Health Coalition meetings through surveys, as well as individual interviews with community leaders. The team also reviewed reports and data shared by coalition participants, some of which are highlighted in this assessment.

The team also pulled county-specific data from a variety of state and national sources, including the following:

- University of Wisconsin Population Health Institute, County Health Rankings
- United States Census data, including the American Community Survey
- KidsData
- Behavioral Risk Factor Surveillance System (BRFSS)
- California Hard-to-Count Index 2023
- California Healthy Kids Survey (CHKS)
- California Health Interview Survey (CHIS)
- California Department of Public Health (CDPH) and California Conference of Local Health Officers (CCLHO) County Health Status Profiles
- California State Health Assessment & San Benito County Core Module
- Centers for Disease Control (CDC), Division of Population Health, PLACES
- Healthy People 2030
- United Ways of California, Real Cost Measure

**Data highlighted in this report focus on areas of particular interest to San Benito County regarding trends or areas in which San Benito indicators differ notably from other regional, state or national data—indicating differences in the lived environment for San Benito County residents.** It is also worth noting that in some cases, similar data are presented by multiple sources, and there may be slight differences in the percentages reported, but the overall trends are consistent. The County Health Rankings (described on page 11) were used to set the stage for exploration of relevant categories in other datasets.



# County Demographics

Although predominantly composed of the 5 groups shown here, San Benito County is **diverse** in culture, languages, ancestry, and ethnicity.

## San Benito County's population is:

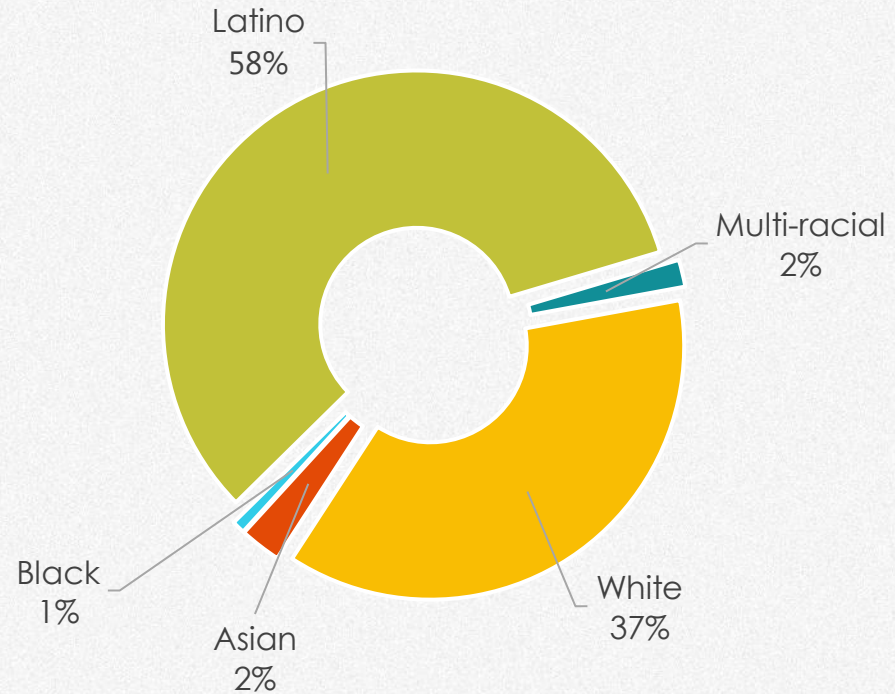
### Growing

5% between 2020 and 2022; 22% since 2010

### Young

25% are 18 years old or younger;  
13.5% are 65 or older

Nearly 60% **Latino**

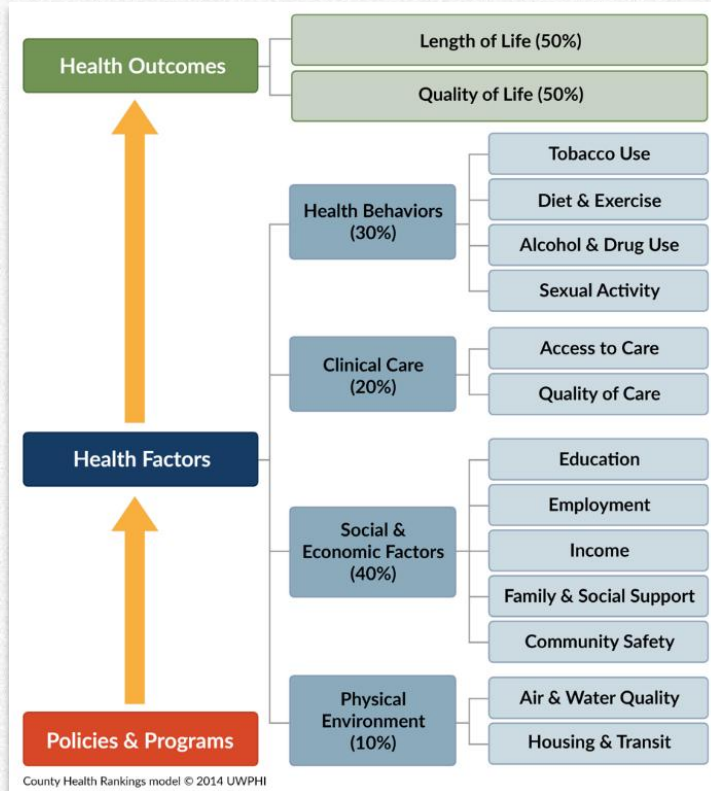


Many ethnic, ancestral, and cultural population groups within San Benito County are not reflected in this chart. For example, self-reported data indicates that almost half of the people reporting Asian ancestry in San Benito County may identify as Filipino. San Benito County also has a Native American and Native Pacific Islander population not shown in this chart because each group comprises less than 1% of the total. Additional insight on the rich demographic composition of San Benito County is provided by school data on the number of English learners enrolled in public school by primary language: in 2021 there were 8 Filipino, 7 Punjabi and 5 Vietnamese speakers enrolled. A total of 1,309 students (11.5%) were eligible for the Migrant Education Program. Additionally, San Benito County, like other agricultural counties in the region, has a historically hard-to-count and underserved Mexican Indigenous population for whom Spanish is a second language.



# County Health Rankings

This figure below shows the types of indicators included in the rankings and the relative weight given to each set of factors.



The University of Wisconsin's Population Health Institute compiles a variety of health-related data for most counties in the United States, including California's 58 counties.

Compared to other California counties, San Benito County is currently ranked 19th, placing it above the middle range of the 58 counties in the two main domains tracked by the Population Health Institute:

- **health outcomes** (how healthy the County is at this moment in time, in terms of both length of life and quality of life) **and**
- **health factors** (the things we can modify to improve the length and quality of life of San Benito County residents).

**Areas of strength** reported in 2023 for San Benito County, compared to California state overall, include a **higher percentage of flu vaccinations, less income inequality, fewer children in poverty and low levels of air pollution.**

Recognizing that county rankings provide useful, but limited, broad strokes for comparison, we encourage the use of this information going forward to reflect on trends when available and focusing on opportunities to address health factors and outcomes, rather than emphasizing movement in the ranking. For example, if other counties' indicators change dramatically in either direction, that would affect our ranking among counties even if our indicators and actual situation had not changed. Of course, if our ranking changes next year we will still strive to understand why, celebrate any gains, and work to address any deficit.



# Healthy People 2030

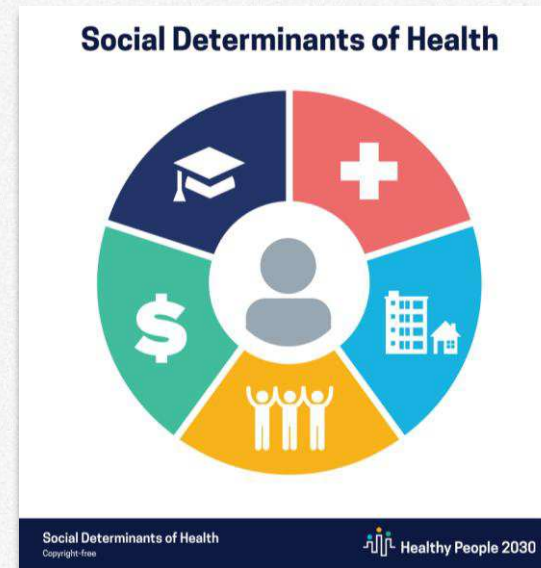
*Healthy People 2030 is a set of national objectives for improving the health and well-being of the population. Many objectives are related to social determinants of health.*

## Leading Health Indicators . . .

**Healthy People 2030** is a robust set of national objectives for improving the health and well-being of the population. “Leading Health Indicators” (LHIs) are a small subset of high-priority objectives. Although we may need to adopt different methods to measure progress here in San Benito County, or consider other objectives, the LHIs listed below provide a good starting point for developing our own high-priority objectives.

- **Drug overdose deaths**
- **Seasonal flu vaccinations**
- **Current use of any tobacco products among adolescents**
- **Added sugar consumption**
- **Adults who meet minimum guidelines for physical activity and muscle strengthening**
- **Adults who receive a colorectal cancer screening based on guidelines**
- **Increase the number of adults with hypertension whose blood pressure is under control**
- **New cases of diabetes**

## Social Determinants of Health . . .



**Social determinants of health (SDOH)** are the conditions in the environments where people are born, live, learn, work, play, engage and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. SDOH are broadly grouped as **economic stability, education access & quality, health care access & quality, neighborhood & built environment, and social & community context**. For most people, these social and community-based determinants are the most significant drivers of their health, and many Healthy People 2030 objectives are related to SDOH.



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# Let's Get Healthy California

## State Health Assessment and State Health Improvement Plan

**Let's Get Healthy California** is a State Health Assessment (SHA), with annual Core Module updates designed to inform the State Health Improvement Plan (SHIP). The Core Module provides data used here in our CHA and provides insight for future exploration of trends and health disparities when data are available at county level. Local data for San Benito County is not always available, due to data suppression when underlying counts in a category are too small to be displayed. Like Healthy People 2030, Let's Get Healthy California identifies progress indicators, but not all have accessible methods of measurement or recent data available. Nonetheless, the indicators compared below provide a good starting point for developing our own high-priority objectives in San Benito County.

Let's Get Healthy California Progress Indicators	Healthy People 2030 National Leading Health Indicators
Substance Use among Adolescents	Drug Overdose Deaths
Child Vaccination	Annual Seasonal Flu Vaccinations
Tobacco Use Among Adolescents	Current Use of Any Tobacco Products (including e-cigarettes) Among Adolescents
Sugar-Sweetened Beverage Consumption	Added Sugar Consumption (% of calories from added sugar)
Adult Physical Activity	Adults Physical Activity and Muscle Strengthening
Obesity	Children and Adolescents with Obesity
Hypertension (controlled)	Adults with Hypertension Whose Blood Pressure is Under Control
Diabetes Prevalence	New Cases of Diabetes Diagnosed in prior 12 months (incidence)
	Colorectal Cancer Screening Based on 2021 Guidelines: Adults Aged 45-75
	Children, Adolescents, and Adults who use the Oral Health Care system



# Community- Identified Concerns

*Overview*

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*Assistance Hotline*

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*Community  
Health Coalition Input*

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*Community Input*

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*Key Informant Interviews*



# Community-Identified Concerns

Community-identified concerns were collected by examining both secondary and primary data.

Secondary data included an analysis of San Benito County 211 call assistance data, from records provided by the 211-service provider United Way of Santa Cruz County. Primary data about community concerns were collected through several methods. A broad range of community members and stakeholders were invited to attend **key informant interviews** and **coalition meetings**.

This diverse group of individuals included Community Health Partners, representatives from local governmental agencies, members of community-based organizations, local health experts, and leaders or members from underserved, low-income, and racial/ethnic populations. Attendees of the coalition meetings voted on top health concerns through an initial lens of the Healthy People 2030 **social determinants of health**.

**San Benito County residents** were given opportunities to express their top two concerns related to obstacles hindering a healthier San Benito County through a community activity called "2-cents," where residents placed two pennies in jars representing common health issues.

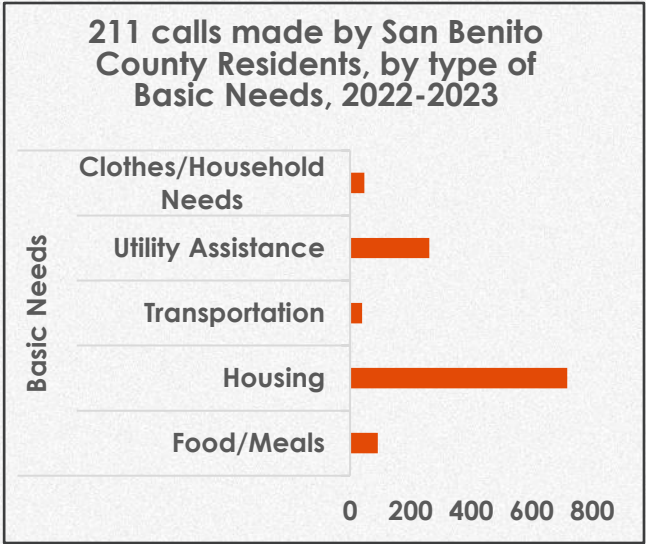
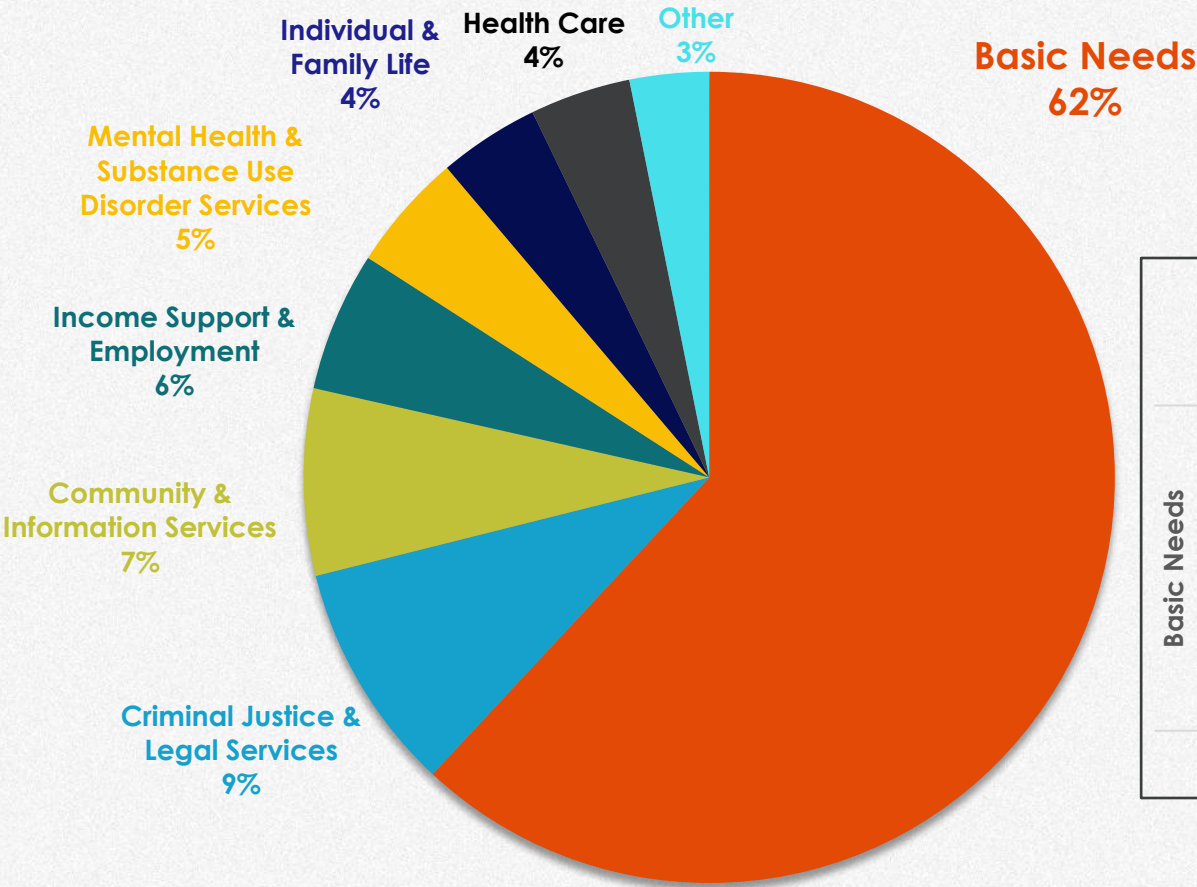




# Calls to 211 Assistance Hotline

211 San Benito County is a 24/7 information and referral service for San Benito County. Calls to this hotline provide a good insight into needs experienced by San Benito County residents that can influence inequitable health outcomes.

During 2022 - 2023, **1157** San Benito County calls (**62% of all calls**) were about **basic needs**: utility assistance, transportation, housing, food/meals, clothing/household needs. **717** of the basic need calls (**62%**) were regarding housing.



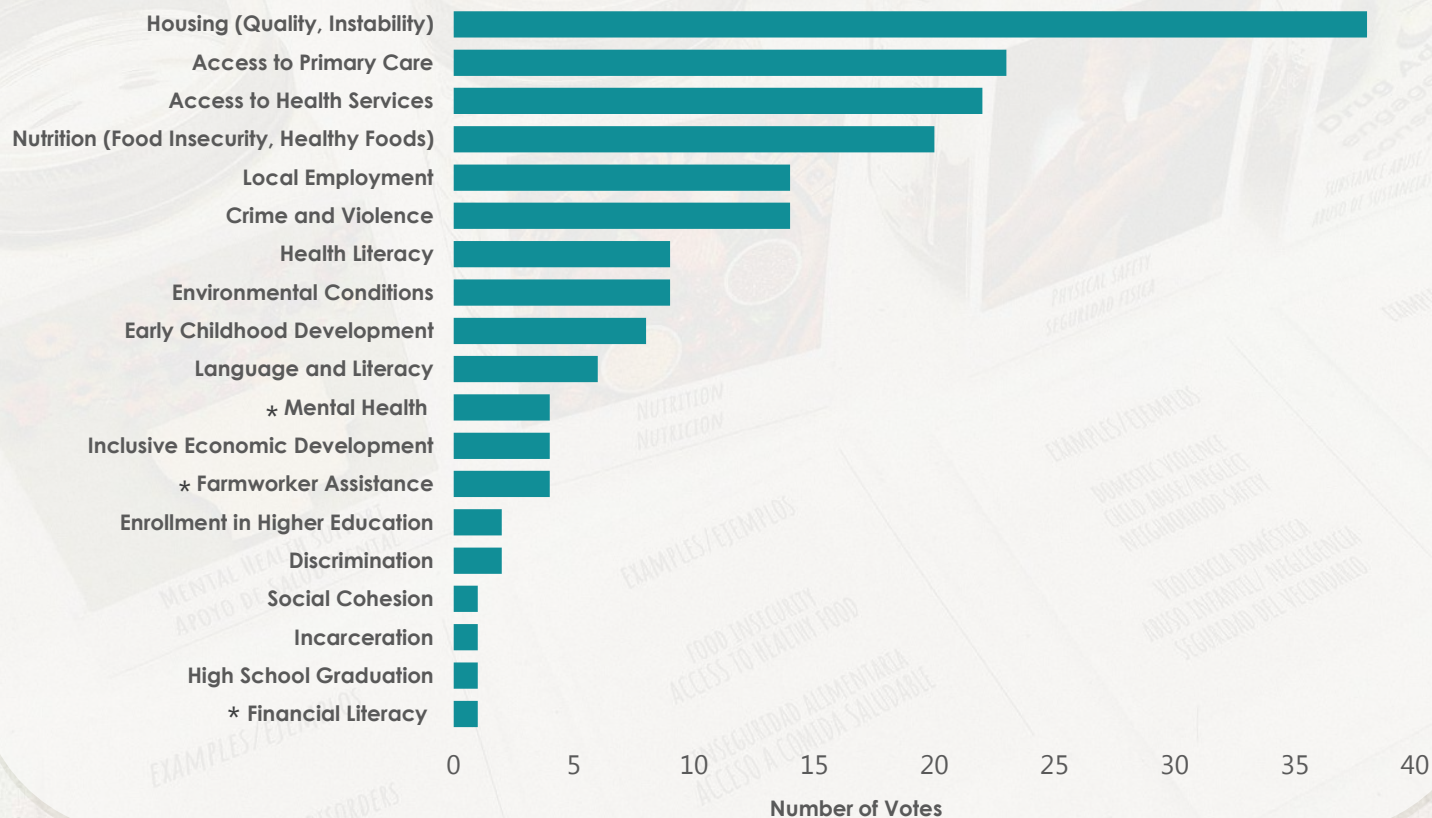


# Community Health Coalition Input

A group of just over thirty **Community Health Coalition** members voted on their top concerns among Healthy People 2030 **social determinants of health subdomains** over the course of two meetings in May 2023.

\*Coalition members were given the choice to include more specific responses in addition to the HP 2030 SDOH subdomains.

## Partner's Top Concerns for San Benito County

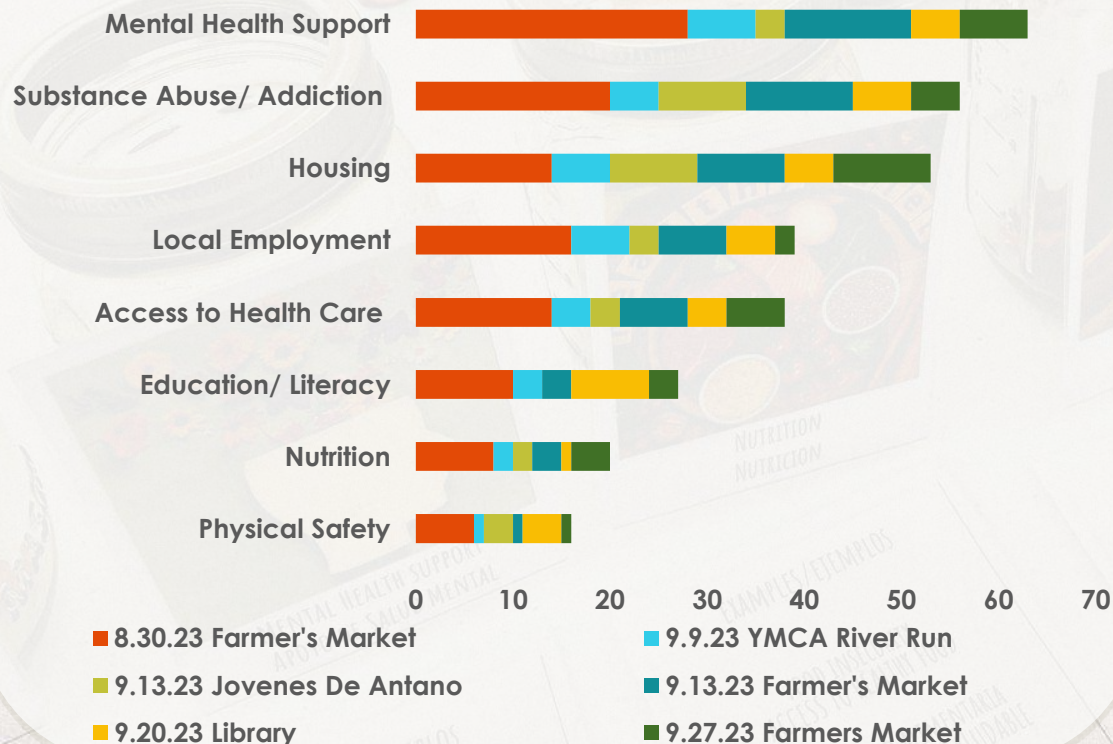




# Community Input

Invited to put in their “2 cents” and vote on their greatest health concerns, **312 participants at community events** during August and September 2023 elevated **mental health support, substance use and addiction, and housing** to the top of the list.

## Health Concerns Ranked at Community Events



## Youth Input

The team brought the “2 cents” participation project to the San Benito County Youth Summit and to a Gavilan College health fair to discern topics of specific importance to **San Benito Youth**.

The 7 participants at the **San Benito Youth Summit** identified **housing and physical safety as the top 2 concerns** with **access to health care, local employment and substance abuse/addiction** tied for third place.

The Gavilan College health fair had 50 participants; the top concerns **were mental health support, housing, and nutrition**. The votes from this health fair are not tailed in the graph to the left as most of the participants were Santa Clara County residents. Nonetheless, it highlights the shared regional nature of these concerns.



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# Key Informant Interviews



*Eight local leaders were interviewed to assess their concerns and priorities for a healthier San Benito County.*

Their responses generally align with the responses from community members, covering **access to healthy foods, education and literacy, family support and childcare for young children, housing, and economic opportunities across the board.**

These respondents also expressed optimism about making San Benito County even better, taking advantage of the existing assets and collaborating to produce even more services and resources.

Looking ahead, they envision **more activities for all ages, more opportunities for engagement, a cleaner downtown, a continuum of child and family services, better public transit and roads, improved housing, and a stronger local health system yielding better access to care of all kinds.**



*“It’s about the people, it’s not about the place.  
The people make the place.”*

*“There’s a lot of room for improvement. So where can we start?”*



# Social Determinants of Health

Overview

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Income & Economic Security

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Home Ownership & Affordability

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Homeless & Unhoused

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Food Assistance

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Education Access & Quality

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Child Wellbeing

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Transportation

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Community Conditions

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Physical Environment

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Health Care Access & Quality



# Social Determinants of Health

**Social determinants of health** (SDOH) play a vital role in generating poor health outcomes for particular groups of people and significantly contribute to health disparities and inequities.

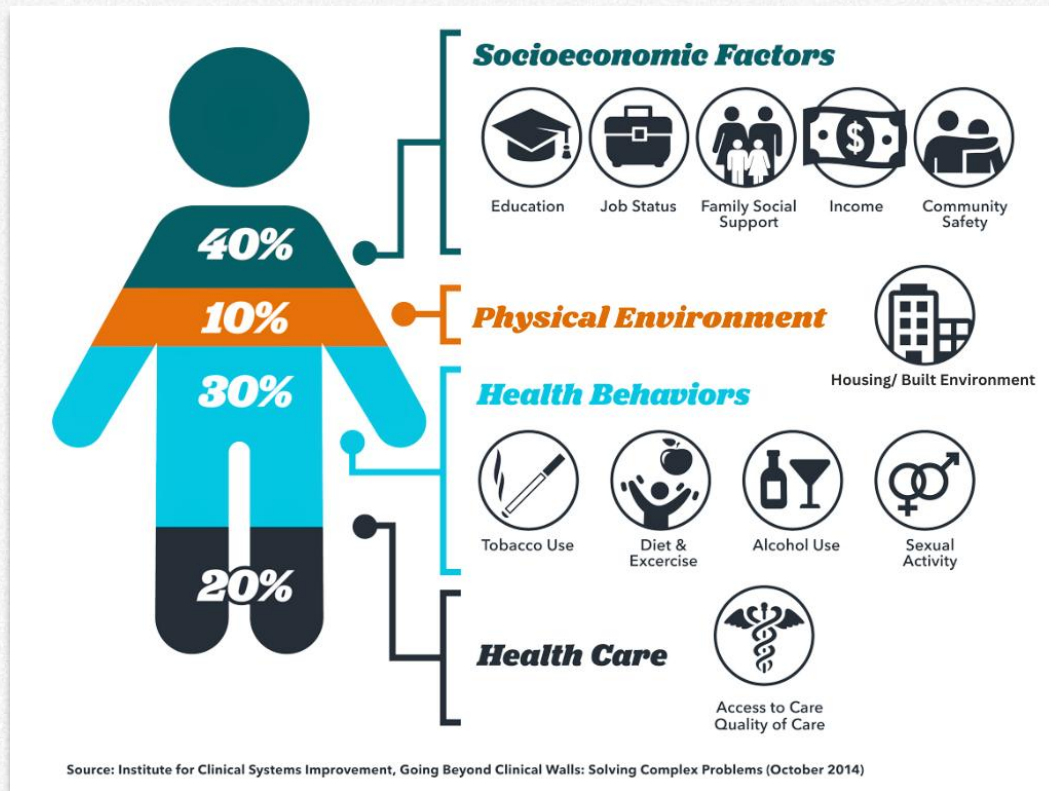
**Every resident in San Benito County should have the chance to lead a long, healthy life, regardless of factors such as race, ethnicity, gender, sexual orientation, ability status, birthplace, age, or geography.**

As defined by the CDC, **health equity** is the condition in which everyone has a fair and just opportunity to reach their highest level of health. The pursuit of health equity involves addressing a community's healthy conditions and SDOH through a lens rooted in equity. The **socioeconomic factors** noted in the graphic to the right are examples of SDOH, which **also include issues such as racism and discrimination.**

Examining the SDOH can provide valuable insights for planning interventions aimed at achieving health equity within the community.

The following pages highlight areas of potential concern for San Benito County.

**The power of social determinants of health:** Health care (access and quality) contributes 20% to health outcomes, while **socioeconomic factors contribute 40%.**



Source: Institute for Clinical Systems Improvement, Going Beyond Clinical Walls: Solving Complex Problems (October 2014). Adapted from CoverageToolkit.org



# Income & Economic Security

**\$55,000**

Income considered to be 200% of the Federal Poverty Level (FPL) **for a family of 4.**

**\$91,723**

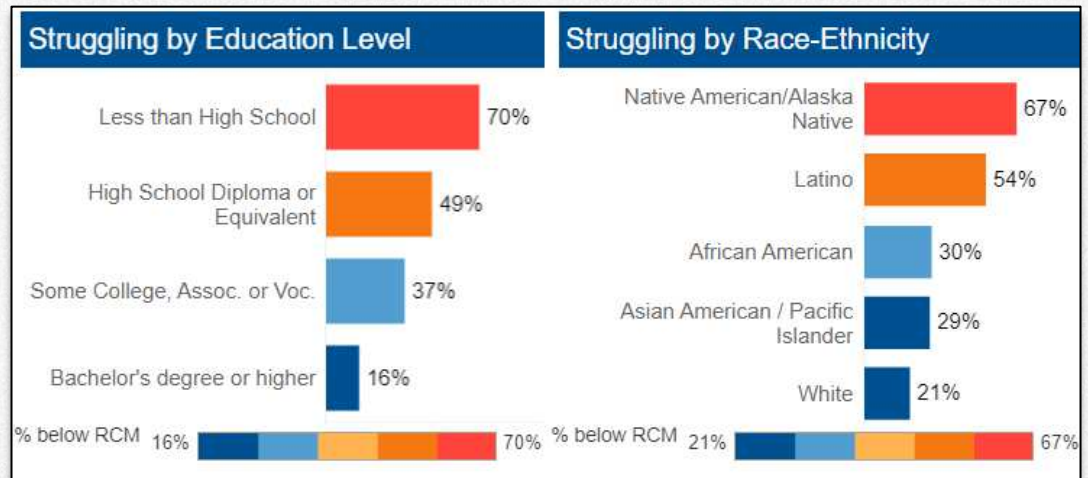
Real costs of living in San Benito/Monterey counties, per United Way's Real Cost Measure **for a family of 4.**

**38%**

San Benito County households struggling economically to cover basic costs.

**Median household income** in San Benito County in 2021, according to the U.S. Census, was \$95,606, above the median household income for California of \$84,097. This still leaves 1 in 10 San Benito County children living below 200 percent of the Federal Poverty Level (FPL), which is \$55,500 for a family of four. It is important to note that the federal poverty measure is tied to the cost of food over other expenses. Federal poverty statistics are widely considered to be misleading, especially in California where housing costs are markedly higher than the national average.

A more accurate picture of the adequacy of household incomes in California is reflected in United Way's **Real Cost Measure**, an equity lens that considers not only food but housing, health care, childcare, and transportation costs, among others. **By this measure, many more San Benito County households—up to 38 percent—are struggling.**



Nearly all households (96%) that are below the Real Cost Measure include at least one working adult.

The real costs for a household with two adults, one preschool child, and one school-aged child in San Benito and adjoining Monterey County are \$91,723, as calculated by United Way's real cost measure. **It would take more than 3 full-time minimum wage jobs to reach economic security using this measure.**



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# Home Ownership & Affordability

**Rates of home ownership** in San Benito County are relatively **high** (68 percent compared to 55 percent for California). However, the U.S. News and World Report Healthiest Communities project gives San Benito County a **low housing affordability score**.

The housing affordability score incorporates the percentage of households spending at least 30 percent of their income on housing, the eviction rate, and the hours of work needed to pay for affordable housing.

In San Benito County, **just over 40 percent** of households are spending at least 30 percent of their income on housing, the eviction rate is 0.9 percent, just above the state average of 0.8, and **60.8 hours of work are needed to pay for affordable housing, far higher than the 49.9 average for the state**.

California Health Interview Survey (CHIS) data from 2021 and 2022 (pooled for statistical stability) report that 6 percent of San Benito County residents worry very often about struggling with mortgage or rent, 10 percent worry somewhat often, and 25 percent worry from time to time. It is worth keeping an eye on this going forward, as this reported data was gathered during the period of historically low interest rates.

For those owning homes, the stress and extra work hours (and commuting to work for many) can contribute to potential poor health outcomes, and the unaffordability and higher rate of evictions can increase the likelihood of becoming unhoused and exposure to health inequities.



Houses constructed in Hollister near Avenida Cesar Chavez.  
Photo by Noe Magaña, BenitoLink.

*"It seems like nowadays there are so many barriers, particularly in housing. That's a big issue even I'm dealing with now. There's no way I could afford to buy a home even in Hollister, where I grew up."*  
- Quote taken during a Community Health meeting.



# Homeless & Unhoused

Approximately 112 unhoused individuals provided insight into their experience by answering a survey conducted after the 2022 Point-In-Time count.

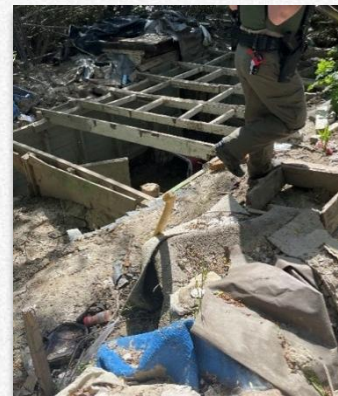
About 12 percent of survey respondents were under the age of 18, and 10 percent aged 18-24. Roughly 28 percent of the survey respondents had some form of employment.

Many unhoused individuals (70 percent) were Latinos. When asked about race, the top four responses were white (29 percent), multi-racial (17 percent), American Indian or Alaskan Native (29 percent) and Black (14 percent). The percentage of unhoused American Indian/Alaskan Native and Black respondents reported is particularly striking given that each of these populations comprise less than 1% of the county total population, revealing a concerning health disparity/equity issue.

Primary conditions leading to being unhoused included financial issues such as a job loss (37 percent), a divorce or separation (31 percent), a fight or conflict (30 percent), and physical, emotional, or sexual abuse (24 percent).

The survey respondents also self-reported depression (51 percent), a chronic health condition (47 percent), PTSD (45 percent), physical disability (41 percent), psychiatric or emotional conditions (36 percent), traumatic brain injury (32 percent), and alcohol & drug use (20 percent).

*A Point-in-Time count of San Benito County's unhoused population, conducted on January 27, 2022 by Applied Survey Research, identified 268 people living unsheltered and another 89 (mostly families) living in shelters. The next Point-in-Time count will be conducted on January 31, 2024.*



*Unhoused shelters found in the Brigantino Park to Nash Rd river area during mapping by HHSA for an illegal dumping assessment and homeless outreach, April 2023.*



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# Food Assistance

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*Feeding America reported in 2021 that 4,520 people in San Benito County were food insecure, a rate of 7.1%, and estimates this has risen to 8% as of 2023.*

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UC Santa Cruz Blum Center on Poverty, Social Enterprise and Participatory Governance has developed a new tool, the Food Insecurity Index, to measure food insecurity. A 2022 report from the Blum Center and the Community Foundation for San Benito County, using the Food Insecurity Index, estimates that 17 percent of the need for food assistance was not met during the period 2019 – 2020, translating to 1.2 million “missing meals” and leaving up to 1 in 4 County residents at risk of food insecurity during that period.

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*Many San Benito County residents who are eligible for CalFresh assistance are not enrolled.*

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In October 2023, 3,418 households (covering 6,576 individuals) participated in **CalFresh** (California's Supplemental Nutrition Assistance Program – SNAP) to receive assistance purchasing food, but the population eligible by income could be twice that. In 2021, the SNAP-ED eligibility county profile dashboard indicated that 11,789 San Benito County residents were <185% of the Federal Poverty Level. San Benito County Public Health Services is partnering with the Public Assistance division of HHSA to reduce stigma around asking for assistance and to help promote enrollment opportunities.





# Education Access & Quality

## Good news ...

**Reading and math scores for third graders were on track with California averages.**

After a dip to 84 percent in 2020 (possibly associated with the COVID-19 pandemic), **high school graduation rates rose to 87.2 percent** in 2021, according to KidsData. This is higher than the state average of 84 percent.

The June 2023 groundbreaking of the Gavilan College campus will **increase access to post-high school educational opportunities** for thousands of local students.

## But also, some concerning news...

High school graduate preparation in anticipation of further education is lower among Hispanics than among Whites. In 2019, **40.0 percent** of Hispanic/Latino high school graduates had completed college preparatory courses, compared to **55.1 percent** of White high school graduates. Furthermore, during discussions with the Community Health team, the Director of Student Services at Hollister High School described an uptick during 2023 of students lingering on campus without participating in classes, particularly among 9th-grade Hispanic/Latino males. It's worth noting that this group would have been in middle school during the COVID-19 pandemic and engaged in remote learning during that time.

Examining suspensions also highlight disparities reflective of underlying inequities. In San Benito County during 2018 – 2020, Hispanic/Latino students were suspended at a rate of **43.8 per 1,000 students** compared to a rate of **31.4** for White students. Similarly, socioeconomically disadvantaged students were suspended at a rate of **50.1 per 1,000 students** compared to a rate of **25.9** for non- socioeconomically disadvantaged students during that period.

Community Health Coalition members also raised concerns about a perceived surge in pregnancies among teens (15-19 year-olds). In 2020, the teen birth rate in San Benito County was 16 births per 1,000 females aged 15-19, the same rate as for California. However, the rate for Hispanic females was much higher (17 per 1,000) than for Whites (6 per 1,000), but this is not unique to San Benito County and is similar to national-level rate differences.





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# Child Wellbeing

## Childcare

CHIS data pooled for statistical stability over the years of 2020–2022 estimate that on a weekly basis, 34 percent of childcare in San Benito County is provided by a grandparent or family member, and 41 percent by more than one source. The 2022 CHIS reported that almost 75 percent of respondents asked about childcare indicated that they did not have regular childcare for their child. Consistent access to affordable, quality childcare options is important for the wellbeing of children and families.

During the May meetings, the Community Health Coalition members discussed anecdotal knowledge that the lack of affordable childcare within San Benito County was contributing to parents leaving the workforce.



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## Adverse Childhood Experiences

Adverse Childhood Experiences (ACEs) can have a deep-seated impact not just on childhood health, but also later in life. ACEs include household level behaviors such as child abuse, intimate partner violence, substance abuse, and mental illness. ACEs contribute to poor health outcomes throughout the lifespan, including **elevated rates of mental health issues, substance use, and chronic disease**. Data from CHIS 2021 and 2022 (pooled for statistical stability) indicate **30 percent** of San Benito County adult residents may have experienced **4 or more ACEs**. CDPH, using BRFSS data from 2015 -2019, reported that San Benito County had the **highest prevalence of adults with 4 or more ACEs across all California counties** at 65.9 percent.

**Good News...** Community-level trends reflect an overall decrease in the rate of substantiated child abuse reports.

**Concerning Trends...** Although ACEs are often documented as household behaviors, children also experience ACEs as a consequence of **social inequities** manifesting beyond or resulting in household behaviors. Although attributable percentages are unknown, risk factors such as poverty, racial discrimination, separation from family, and justice system involvement can coexist with, and compound ACEs. Over the period of April 2022 through November 2023, **50 substantiations of general neglect** were documented in San Benito County. General neglect refers to inadequate food, shelter, clothing, supervision, medical/mental health care or caregiver absence/abandonment, failure to protect, or involving child in criminal activity and some argue that what may be observed as general neglect is too easily conflated with poverty.



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# Transportation: Commuting



Traffic heading toward Hollister on Highway 25 near the Highway 101 on-ramp. Photo by Noe Magaña, BenitoLink.

*The Council of San Benito County Governments, as regional transportation planning agency, works to improve commuting options with projects such as commuter bus to rail. Monthly meeting provide an open forum of public discussion.*

Commuting is a significant risk factor in chronic disease development due to increased amount of time spent sitting, along with increased likelihood of stress, physical inactivity and sleep problems.

About 20 percent of San Benito residents who commute are driving between 25 and 50 miles and 23 percent are commuting 50 miles or more to get to work from home.

Commuting data show that a significant number of San Benito County residents have a lengthy commute time, with an average commute time from home to work of almost 37 minutes compared to the average US worker commute of 27 minutes. Almost 10 percent of SBC residents have “super commutes” that exceed 90 minutes.

The County Health Rankings reports that 53 percent of SBC resident “long” commuters (those driving more than 30 minutes each way to get to and from work) drive alone, higher than the state average of 42 percent. Nearly all (97 percent) of these commuters are in personal vehicles.



# Transportation: Mobility

Transportation for non-commuters, particularly for senior citizens and youth, was a concern raised in the Community Health Coalition member meetings. The discussions by Health Coalition members connected transportation challenges to mental and physical health outcomes for both seniors and youth.

*"I missed out on afterschool sports opportunities because my parents were commuting and there weren't any alternative transportation options for me to get home afterwards." — Quote taken during a Community Health meeting*

According to the Council of San Benito County Governments Short Range Transit Plan (S RTP), one of the biggest transportation challenges for San Benito County is future increases in the senior population, as the percentage of senior citizen residents is expected to increase by 220 percent from 2010 to 2060.

*"A lot of [seniors] live without a caregiver or on their own. So, a lot of [difficulties] is about not having that extra person for support or someone to drive them places." — Quote taken during a Community Health meeting*



County Express San Benito County Transit. Photo provided by Council of San Benito County Governments.

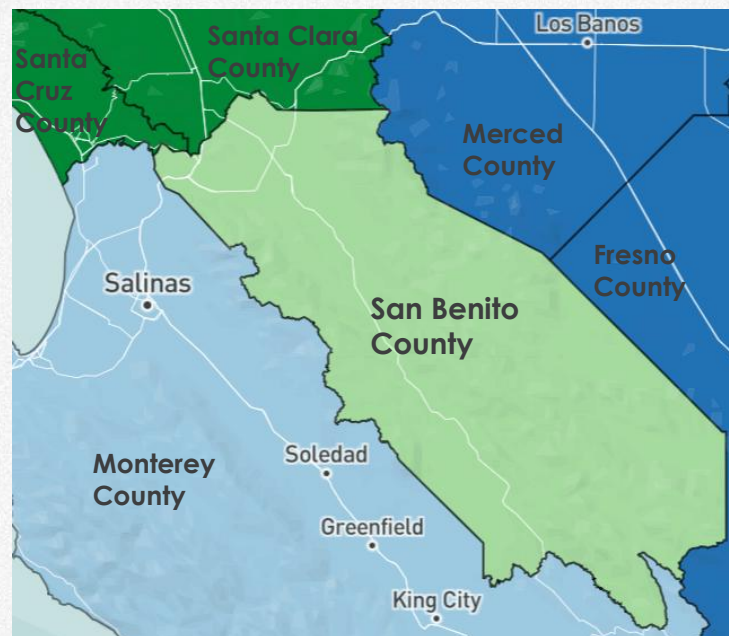


# Community Conditions: Healthy Place Index

The Healthy Place Index (HPI) is a project of the Public Health Alliance of Southern California. The HPI measures healthy community conditions in 8 policy action areas: economic, education, social, housing, transportation, neighborhood built-environment, air and drinking water quality and health care access. Community and local government leaders can use the mapped data on social conditions to compare the intersections of health inequities and health outcomes at a local, geographic level to support policy making and resource allocation.

**Good news:** San Benito County has more healthy community conditions than **62 percent** of the other California counties. And in comparison, to our direct neighbors, we see this relative ranking: Santa Clara and Santa Cruz counties in the top quartile (dark green), San Benito County in the next- highest quartile (light green), Monterey County in the second quartile (light blue) and Merced County in the bottom quartile (dark blue).

**Concerning news:** Overall, San Benito County is doing well, but not all neighborhoods within our county have an equal share of healthy conditions. Some neighborhoods are in the second quartile (light blue) but just barely over the threshold of the bottom quartile, as discussed on the following page.



**HPI Score (3.0): 62.5 percentile**

Less → More healthy conditions



County Avg: 62.5

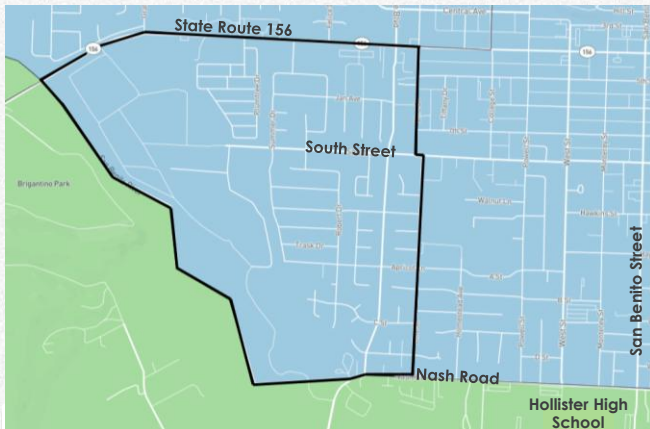
**This County has healthier community conditions than 62.5% of other California Counties.**



# Community Conditions: Healthy Place Index

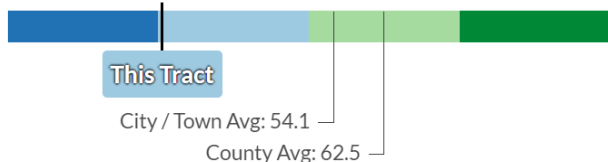
*Although San Benito County as a whole averages 62.5 on the Healthy Place Index, not all neighborhoods in San Benito County experience equivalent healthy conditions.*

As noted previously, not all neighborhoods in San Benito County experience equivalent healthy conditions. Census tract 7.01 in Hollister outlined below (aka “Westside”) has more healthy community conditions than **only 25 percent** of other California census tracts.



## HPI Score (3.0): 25.6 percentile

Less → More healthy conditions



This Tract has healthier community conditions than **25.6%** of other California Tracts.

The “**Westside**” neighborhood in Hollister **has the least healthy community conditions** in San Benito County.

**Challenges** for “Westside” (conditions under the 25th percentile) include lower percentage of secondary degree completion, lower preschool enrollment, no opportunity of active commuting, limited park access, low retail density, minimal tree canopy, and higher percentage of crowded housing (households that have more than 1 occupant per room). About 77% of adults have health insurance, which is at the 8th percentile ranking.

**Strengths** (conditions above the 75th percentile) include robust high school enrollment, high automobile access, low ozone and low pollution (particulate matter).

The California Hard-to-Count Index 2023 also identified challenging community conditions in this neighborhood related to collecting census information. The top three variables identified were:

1. High number of new residents: 14.1 percent moved from outside the county in prior year
2. Many households (6.1 percent) receiving public assistance
3. Crowded housing units (5.4 percent)

About 24 percent of the adults are not high school graduates and 22 percent of the population are foreign-born. **This neighborhood is 80 percent Hispanic/Latino.**

Additionally, HUD indicates the “Westside” tract (7.01) has over 65% low to moderate income population.



# Physical Environment: Climate Health Impact

## Overall, San Benito County fares well:

**HEAT RISK** 9.7 extreme heat days per year, **lower** than the median for US (10.3) and CA (12.0)

**AIR QUALITY** 4.90 average daily density of fine particulate matter (PM2.5), **lower** than CA average (7.10)

Although San Benito County currently has moderate heat risk overall, attention to heat risk, heat-related health issues, infrastructure solutions and policies may become a more predominant concern for the county population in the future. **Some neighborhoods may be more vulnerable to potential impacts.**

Air pollution (fine particulate matter) is linked to several health concerns, including heightening the risk of premature death in people with heart or lung disease.

Heat can lead to death directly, or indirectly by affecting other conditions such as cardiovascular or respiratory conditions. Per the National Weather Service, heat is the weather hazard that causes the most fatalities. Outdoor workers are the most susceptible. According to the California Department of Public Health, there was a 5 percent increase in deaths in California during the September 2022 record-breaking 10-day heat wave in California.

CalEPA has designated priority populations for California Climate Investments, considered to be particularly vulnerable by CalEPA to the impacts of climate change.

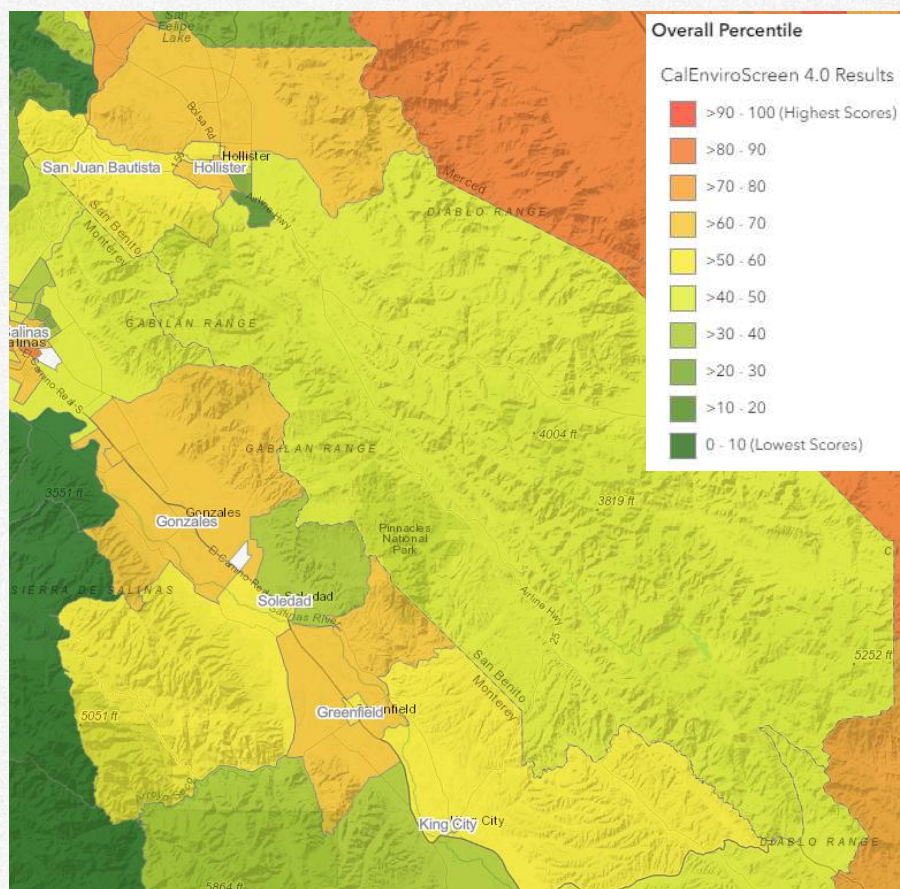
CalEPA identified the low-income community census tracts shown here in blue (which include Census Tract 7.01 “Westside” discussed previously) as a priority population.

These are populations that CalEPA believes should be considered in investment and policy making decisions related to climate burden.





# Physical Environment: Pollutants



The California Office of Environmental Health Hazard Assessment created the CalEnviroScreen 4.0 tool to identify communities disproportionately burdened by multiple sources of pollution. Overall, San Benito County is middle of the road, but some neighborhoods are within the 60-70th percentile. However, some pollutants are of a higher burden to San Benito County compared to California overall. As of 2021, **pesticide use and drinking water contaminants are of highest concern** regarding potential pollutant burdens in San Benito County.

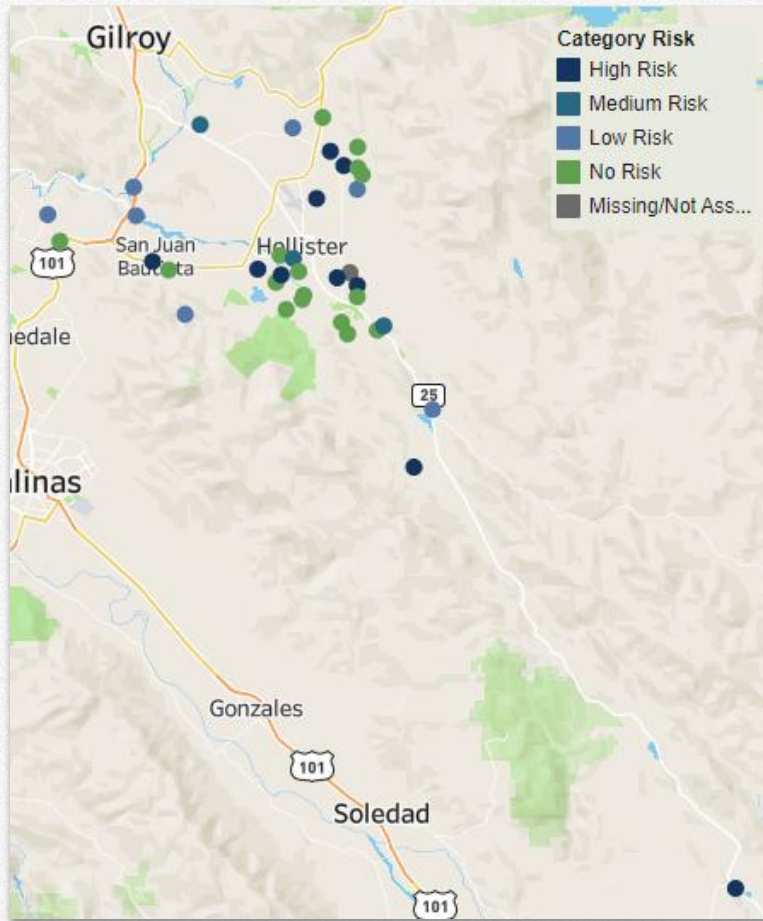
## 2021 Estimates from CalEnviroScreen

Pesticide use (0+) - 2021 (lb/mile)	1039.3	289.5	
Drinking water contaminant index (0+) - 2021	779.7	544.7	
Children's Lead Risk from Housing - 2021	51.6	41.3	
Pollution burden (0+) - 2021	40.2	23.4	
Particulate matter (PM2.5) (0+) - 2021 (ug/m3)	7.2	6.7	
Ozone ratio (0+) - 2021	0.0	0.1	

■ San Benito Estimate  
■ California Estimate



# Physical Environment: Drinking Water Quality



## SAFER Dashboard Drinking Water Needs Assessment 2023

There are 37 water systems in San Benito County, serving 61,135 people. Out of 37 water systems, **10** are classified as being at a **high risk for quality**. These 10 water systems serve 28,278 people - **almost ½ of the overall county population**. Additionally, there are 102 domestic small wells and 3 small water systems in areas that are at risk of providing adequate service based on a combination of water quality, water shortage, and socioeconomic risk.

In September 2023, the LA Times published a compilation of violations, monitoring results and contamination notices for arsenic, nitrates, and 1,2,3-TCP. Over the last three years, 3 providers in San Benito County sent water to households that had contaminant levels above the maximum allowed for arsenic (n=2) and nitrates (n=1).

Additional providers received violation notices but were able to treat the water before serving or provided alternate water to clients. Nitrate contamination of drinking water is an important concern for agricultural areas, including San Benito County, and testing of private wells should be done regularly.



# Health Care Access & Quality

*Access to health care and services remained a common thread throughout the community and stakeholder conversations.*



## Colon Cancer Screening

Over half of colon cancer deaths nationally are considered preventable with early screening and treatment. Over the 3-year period of 2019-2021, **20 San Benito County residents died** due to colorectal cancer.

In 2020, 64 percent of people aged 50- 75 in San Benito County reported being up-to-date with colorectal cancer screening. More work needs to be done, however, as colon cancer cases are rising in young people. Recommendations now call for screening starting at age 45.



## Oral Health

According to 2023 County Health Rankings data, **San Benito County has 1,960 people for each dentist**, compared to the state average of 1,100 patients per dental provider.

A shortfall of nearby dental providers contributes to challenges in consistently accessing oral health care along with affordability constraints.

In 2020, AskCHIS results (Neighborhood Edition) indicates that close to 36 percent of San Benito County residents aged 18 and over lacked dental insurance, compared to 31 percent for California overall.



## Provider Shortages

According to 2023 County Health Rankings data, **San Benito County has 3,370 people for each primary care provider**, compared to the state average of 1,230 patients per provider.

In 2022, AskCHIS results indicated that 12.2 percent of San Benito County reported having difficulty finding primary care, an increase from 10.8 percent reported in 2020.



# Health Care Access & Quality

## Hazel Hawkins Memorial Hospital Quality Incentive Pool Performance Metrics- 2021

IMPROVEMENT MEASURE	Target Rate	Achievement Rate
Breast Cancer Screening	48.1%	43.3%
Cervical Cancer Screening	51.8%	59.6%
Child and Adolescent Well Care Visits	39.4%	42.2%
Childhood Immunization Status	31.9%	29.7%
Controlling High Blood Pressure	50.6%	64.1%
Comprehensive Diabetes Care: HbA1c Poor Control (>9.0%)*	51.9%	36.4%
Cesarean Birth*	24.8%	23.7%
Exclusive Breast Milk Feeding	47.8%	71.1%
Prenatal and Postpartum Care: Postpartum Care	71.1%	80.0%

\*Reversed measures: lower scores are better

Hazel Hawkins Memorial Hospital began participating in the California Department of Health Care Services Medi-Cal managed care Designated Public Hospital (DPH) Quality Incentive Pool (QIP) in 2021 with the goal of improving important health screenings; maternal, newborn and child health; and the management of chronic conditions in the community.

The chart shown here covers the performance metrics chosen by Hazel Hawkins in the first year of DPH/QIP for 2021 and is publicly available on the California Health and Human Services open data portal. While the first year had many challenges, foremost the COVID-19 pandemic, Hazel Hawkins achieved the targets for seven out of nine quality measures.

In 2022, Hazel Hawkins achieved the top 10 percent performance for four quality measures: controlling high blood pressure, blood sugar control for diabetic patients, postpartum care for mothers and newborns and a low C-Section rate for first pregnancies. The 2022 data are not shown here as they are not yet publicly available.

It is important to keep in mind these target and achievement rates are specific to the Medi-Cal managed care population and are not county-level rates. Nonetheless, this information helps illustrate important targets in health care access and outcomes for the San Benito County community as well as areas/barriers that need attention towards achieving health equity.



# Health Behaviors

*Overview*

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*Tobacco Use*

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*Alcohol and Other  
Drug Use*

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*Nutrition*

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*Physical Activity*



# Health Behaviors

Behaviors such as eating nutritious foods, being physically active; avoiding tobacco, alcohol, and other drugs; and getting restful sleep all contribute to better health outcomes.

These behaviors by individuals are influenced by policies, systems, and structures, such as ready access to healthy food and safe places to be physically active, or no-smoking and no-vaping policies that discourage tobacco use.

The data about health behaviors compiled in this section suggest opportunities for individuals to be healthier but should not be interpreted as blame for those whose environment or behaviors may place them at risk for adverse health outcomes such as diabetes or cardiovascular disease.

Changing behaviors and habits can be extremely difficult for many. The challenges public health and its partners face are creating the conditions that make healthier choices more feasible and routine for all ages.



*SBC Public Health: Oral Health and Tobacco programs at an outreach event.*



# Tobacco Use

## Adults ...

The 2023 County Health Rankings report that **12 percent of San Benito County residents are current cigarette smokers, higher than the state average of 9 percent.**



A total of 444 cigarette butts were gathered in only half a mile in downtown Hollister by the Tobacco Education staff at Public Health during an Earth Day clean-up in April 2023.

## Adolescents ...

Although San Benito County high school students do not report cigarette use in the California Healthy Kids Survey (CHKS), **nearly a quarter of 11th grade students (23 percent) said they were current users of vape products** in the most recent (2019-21) CHKS.

In August of 2022, the San Benito County Board of Supervisors passed an ordinance that prohibited the sale of flavored tobacco and single use electronic cigarettes.

The Tobacco Program at San Benito County Public Health Services is actively working with the Public Health Law Center to promote a smoke-free outdoor dining policy and with Hollister City Council members to continue to restrict tobacco sales.

These initiatives will contribute to promoting equitable outcomes of the health and safety of San Benito County residents by limiting sales of the products most attractive to young people and by reducing undesired exposure to secondhand smoke. Numerous poor health outcomes are linked to tobacco consumption and to secondhand smoke exposure.



Most recent collection  
of tobacco products  
from Hollister High  
School, 2023.



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# Alcohol & Other Drug Use

## Adults . . .

According to 2020 data from the national Behavioral Risk Factor Surveillance System (BRFSS), **21 percent of San Benito County adults reported binge or heavy drinking during the last 30 days**—slightly higher than the state average of 18 percent and higher than the national average of 15.5 percent. Binge drinking is 5 or more drinks consumed within 2-3 hours.



## Adolescents . . .

High school students also report common **binge drinking at 18 percent of 11th graders**.

Just under one-third of 11th graders (30 percent) reported in the California Healthy Kids Survey (CHKS) that they had ever been drunk or high **at school at least once** (ever, not necessarily frequently), but **43 percent do report current alcohol or drug use** in the CHKS (from 2019-21).

## Elementary Aged School Children . . .

Concerns regarding alcohol and other drug use extend beyond just adults and adolescents. The well-being of children was also a subject of worry in Community Health meetings.

*"We're seeing an increase in youth substance abuse...this trend of earlier age and onset of exposure. We were called to a school because a fourth grader had a pretty sophisticated operation and was selling drugs on campus."*

*- Quote taken during a Community Health meeting.*



# Nutrition



15.4% of San Benito County adults ages 18+ drink at least 1 sweetened drink a day, compared to 13.7% of Californians generally in 2020.



Eating the recommended amounts of fruits, vegetables and whole grains can reduce chronic disease risk.

Nearly two-thirds (63.5 percent) of San Benito County **adults** reported eating more than 1 serving of vegetables per day, higher than the California average (60 percent) in 2020-21. The percent who report eating more than one serving of fruit per day is slightly lower: 55.7 percent, compared to a similar percentage (55.1 percent) statewide.

Only 26.4 percent of **children** aged 2-11 consume the daily recommended servings of fruit or vegetables, lower than the state average (33.2 percent).

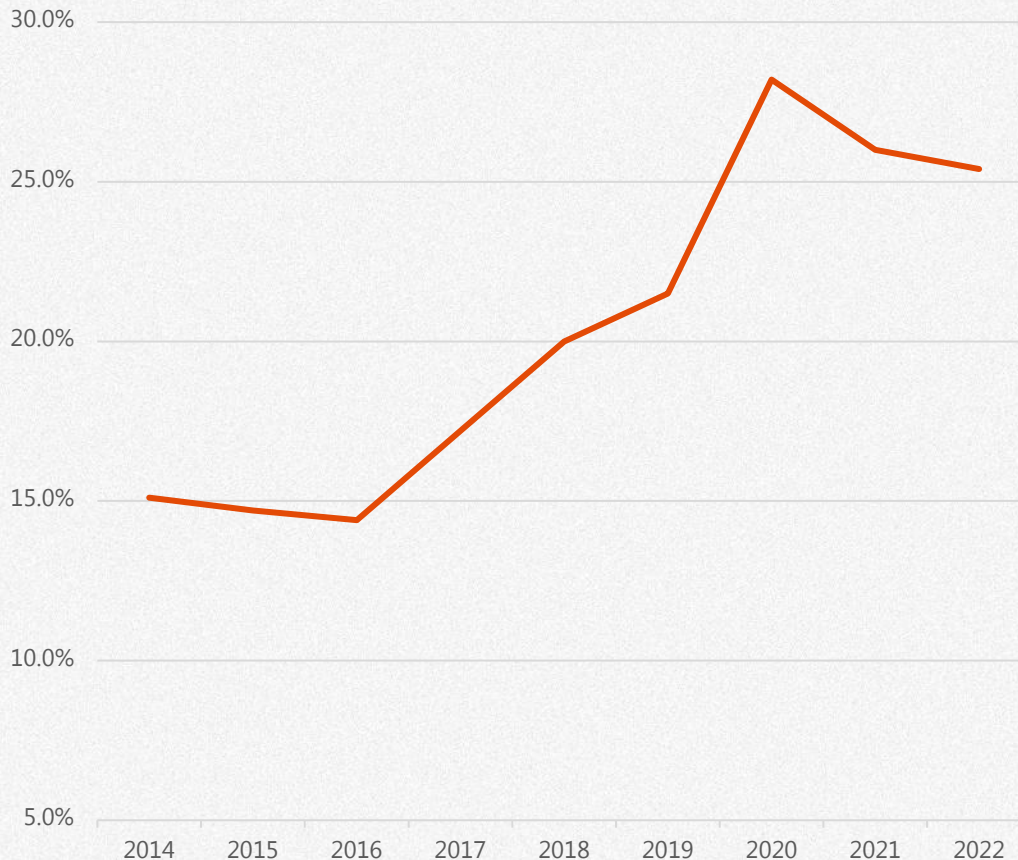
1 in 4 children and teens reported consumption of two or more glasses of sugary drinks (other than soda) the day before being asked, per CHIS pooled data for 2021 and 2022.

Reducing consumption of added sugars is also an important health risk modifier for the development of chronic diseases and is one of the Leading Health Indicators for Healthy People 2030.



# Physical Activity

Percent of San Benito County adults reporting NO leisure time physical activity 2014-2022



In 2022, one-fourth of San Benito County residents aged 18 and over reported **no** leisure-time physical activity.

Insufficient time for physical activity emerged as a concern during Community Health Coalition meetings, with one potential factor being the burden of commuting.

Coalition partners discussed an abundance of outdoor opportunities for exercising in San Benito County, accredited to favorable weather conditions and available spaces for activities such as running and walking, hiking, and biking.

However, lack of time and fatigue resulting from long commutes in traffic can prevent individuals and families from taking advantage of these options.

*"We have a largely commuter-centric county... If you ever come from [Highway] 25 or from San Jose and get stuck in that traffic, you don't want to go to the gym. You're stuck in traffic for two hours going to and from work." — Quote taken during a Community Health meeting.*



# Health Outcomes

*Overview*

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*Quality of Life*

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*Mortality Trends*

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*Years Of Potential  
Life Lost*

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*Road Injury Deaths*

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*Chronic Disease  
Deaths*

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*Death Disparities*



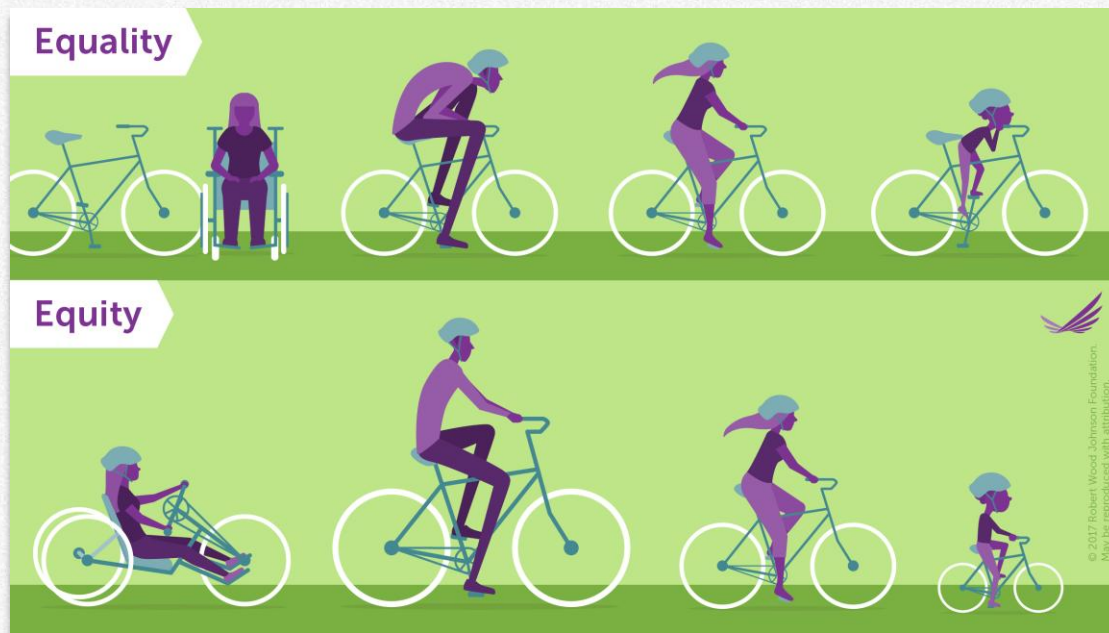
# Health Outcomes

In this section, we present information on quality of life and mortality trends in San Benito County.

Population-wide policies can contribute to health outcome improvements for everyone, but achieving equitable health outcomes may require more specifically targeted policies, interventions and public health campaigns.

The last slide in this section touches on death disparities, but many other health outcomes incorporate disparities that we cannot statistically observe and measure.

As we continue to develop our data acquisition and analysis methods, we hope to also find more nuanced tools and methods for understanding health disparities and health inequities within San Benito County.



*Reproduced with permission of the Robert Wood Johnson Foundation, Princeton, N.J.*

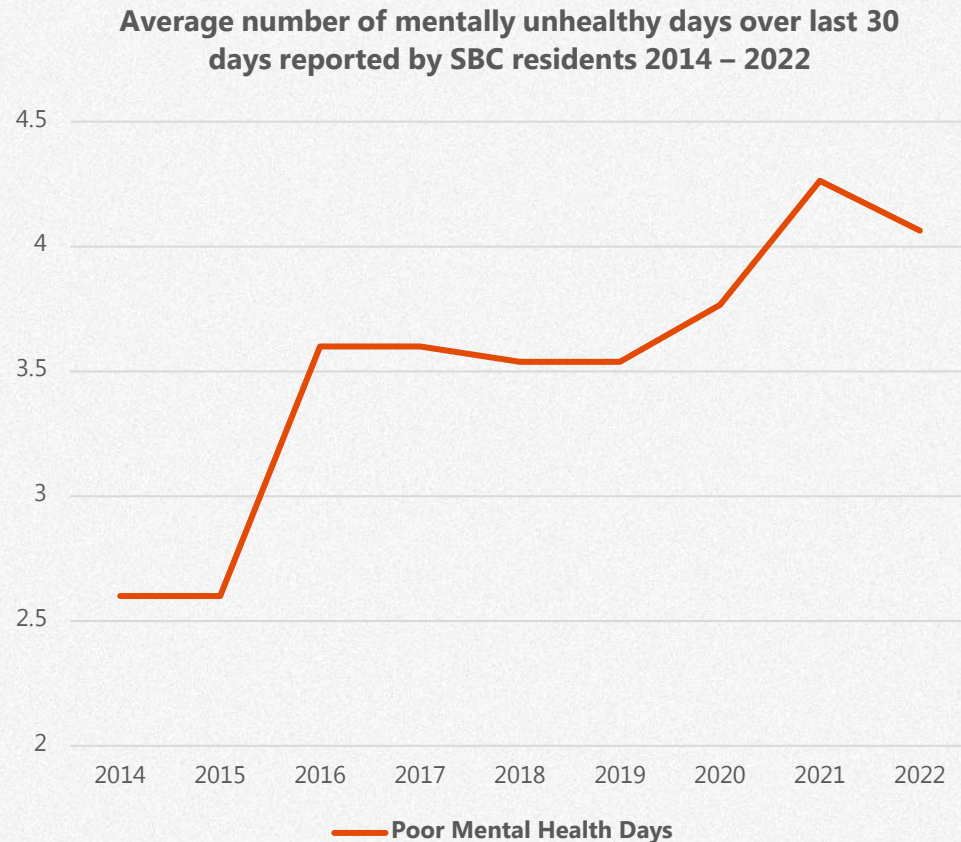


# Quality of Life: Mental Health

**Poor Mental Health Days:** The frequency of self-reported poor mental health days over a 30-day period (which includes stress, depression and problems with emotions) has been trending upwards since 2014. The most recent reported average number of such days (age-adjusted) reported by San Benito County residents was 4.06.

**Frequent Mental Distress:** 12.4 percent of adults reported 14 or more days of poor mental health per month.

**Ever seriously thought about committing suicide.** As many as 1 in 5 San Benito County adults report having thought about committing suicide (based on CHIS 2021 and 2022 pooled data).





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# Quality of Life:

## Chronic Disease Prevalence

The conditions highlighted here were selected for several reasons. **Heart disease** is highlighted because it is a declining trend that could inform public health intervention in other areas. **Diabetes and hypertension** are highlighted because of links to concerning mortality trends presented later in this report. Finally, we have included **chronic kidney disease** to emphasize that even a condition that is not currently high in prevalence could become of concern in the future. According to the CDC, diabetes and hypertension are the leading causes of kidney failure in the United States.

Other conditions, such as Alzheimer's disease are also important to San Benito County residents. Public Health Services will continue to assess and evaluate chronic disease areas of focus.



### Heart Disease

In 2022, CHIS reported that **6.2 percent** of San Benito County residents have been “ever diagnosed” with coronary heart disease.

**Good news:** this has declined from 7.5 percent in 2019.



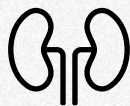
### Diabetes

The prevalence of diabetes is a health concern in San Benito County. Percentages differ slightly by reporting source; however, all report a troubling upward trend. The CDC Places tool reports that as of 2021 the percentage of adults aged 18 and above with diagnosed diabetes (age-adjusted) was **10.4 percent** in San Benito County.



### Hypertension

In 2022, CHIS reported that **25.6 percent** of San Benito County residents have been “ever diagnosed” with high blood pressure, and the CDC Places tool estimates high blood pressure within the same range at an age-adjusted 26.3 percent. **Hypertension is a significant risk factor for stroke.**



### Chronic Kidney Disease

The CDC Places tool reports that as of 2021, the age-adjusted prevalence of self-reported diagnosed chronic kidney disease (CKD) among San Benito County adults is 2.9 percent, slightly higher than the California state prevalence of 2.7 percent. It is important to note, however, that most cases of CKD remain undiagnosed – up to 40 percent of people with severely reduced kidney function are not aware of having CKD.



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# Quality of Life:

## Communicable Disease Prevalence

Disease	Case Rates by Year in San Benito County (Cases per 100,000 population)				% increase 2020-2021
	2018	2019	2020	2021	
Chlamydia	495.9	544.4	241.5	289.9	20.0%
Gonorrhea	109.7	106.9	74.0	120.3	62.57%
Syphilis (combined stages)	38.6	43.6	29.2	63.1	116.1%

The communicable diseases highlighted here are three of the most commonly sexually transmitted infections. Nationally, gonorrhea rates increased by more than 4% from 2020 – 2021. Syphilis surged nearly 32% nationally (combined stages of infection) and because it can be passed on in childbirth, can lead to heart breaking congenital infection and death. Chlamydia rates increased nearly 4% nationally as well, but has not returned to pre-pandemic levels. The COVID-19 pandemic affected data collection and trends: while less STD testing generally was being conducted during the beginning of the pandemic, screening for Chlamydia may have been impacted for a longer period, as this infection is often asymptomatic. The overall trend of rising case rates for these three infections is also observed in San Benito County as shown in the table above, however, it is important to keep in mind that 2020-2021 data is from an unusual period, making it difficult to interpret increases. Importantly, these three infections are quite treatable, highlighting the importance of sexual health education and screening.



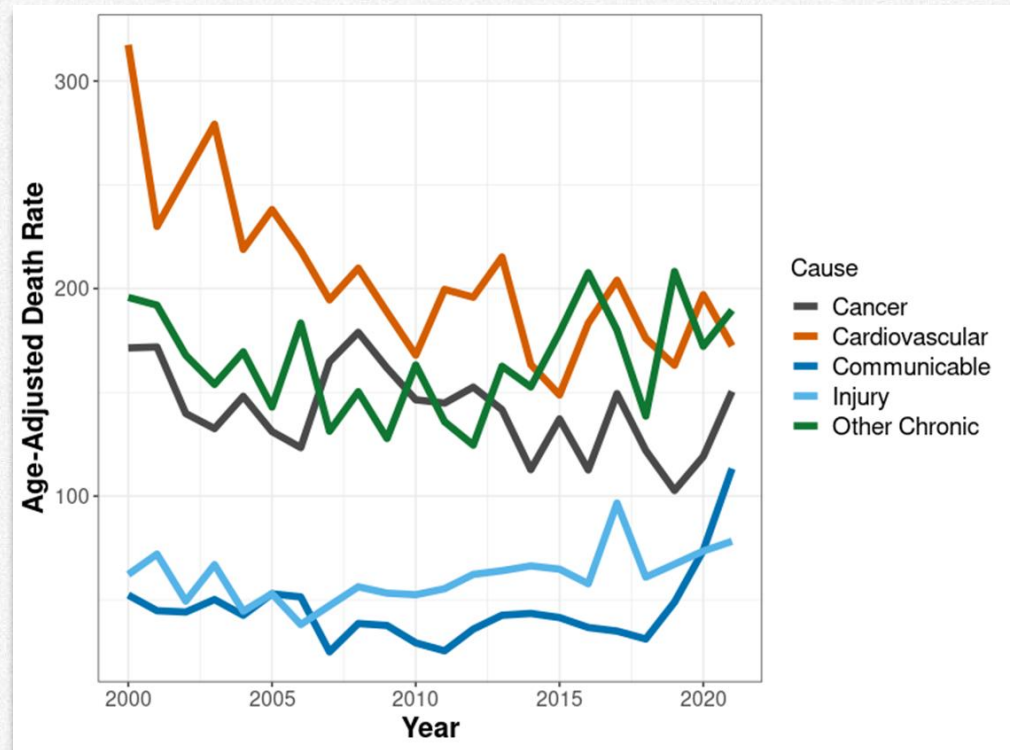
# Mortality Trends

**Good news:** Since 2000, deaths from cardiovascular disease overall have declined in San Benito County. This trend is shown by the orange line in the graph to the right.

**Troubling news:** Deaths in the cardiovascular disease category were lowest in 2015. In addition to the recent dramatic spike in communicable disease primarily due to COVID-19, shown by the dark blue line in the graph to the right, there is also an upward trend in deaths from chronic disease, which includes diabetes. The chronic disease trend is shown by the dark green line in the graph to the right.

**Highly concerning news:** Deaths due to injuries have been trending upwards since about 2006, as shown by the light blue line in the graph to the right. The injury category includes road accidents and drug overdoses.

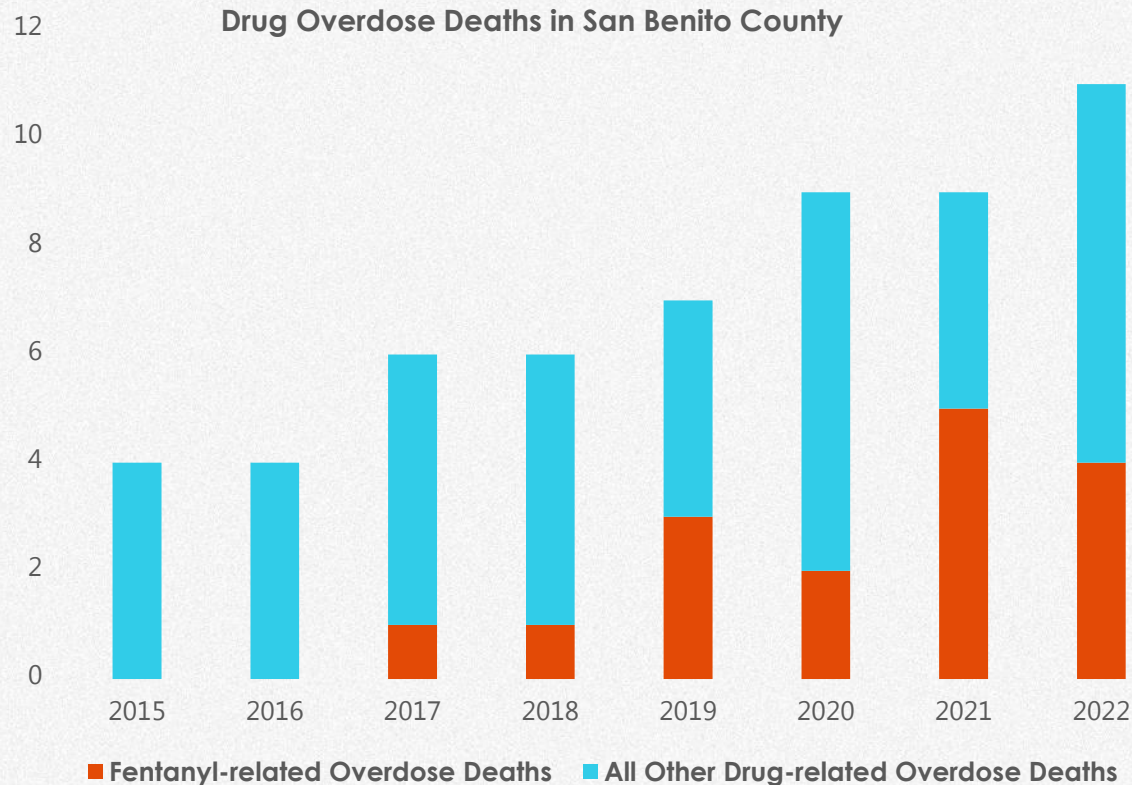
*One way to look at mortality trends is by general category—cardiovascular disease, communicable disease, cancer, injury, and other chronic disease.*





# Mortality Trends: Drug Use Deaths

According to the San Benito County Opioid Task Force, drug-related overdose deaths have increased steadily, with fentanyl-related deaths surpassing all other drug-related deaths in 2021 (similar to patterns throughout the state and country). Similarly, the state reports a **196% increase** in the age-adjusted mortality rate of opioid overdose deaths from 2020 to 2022.





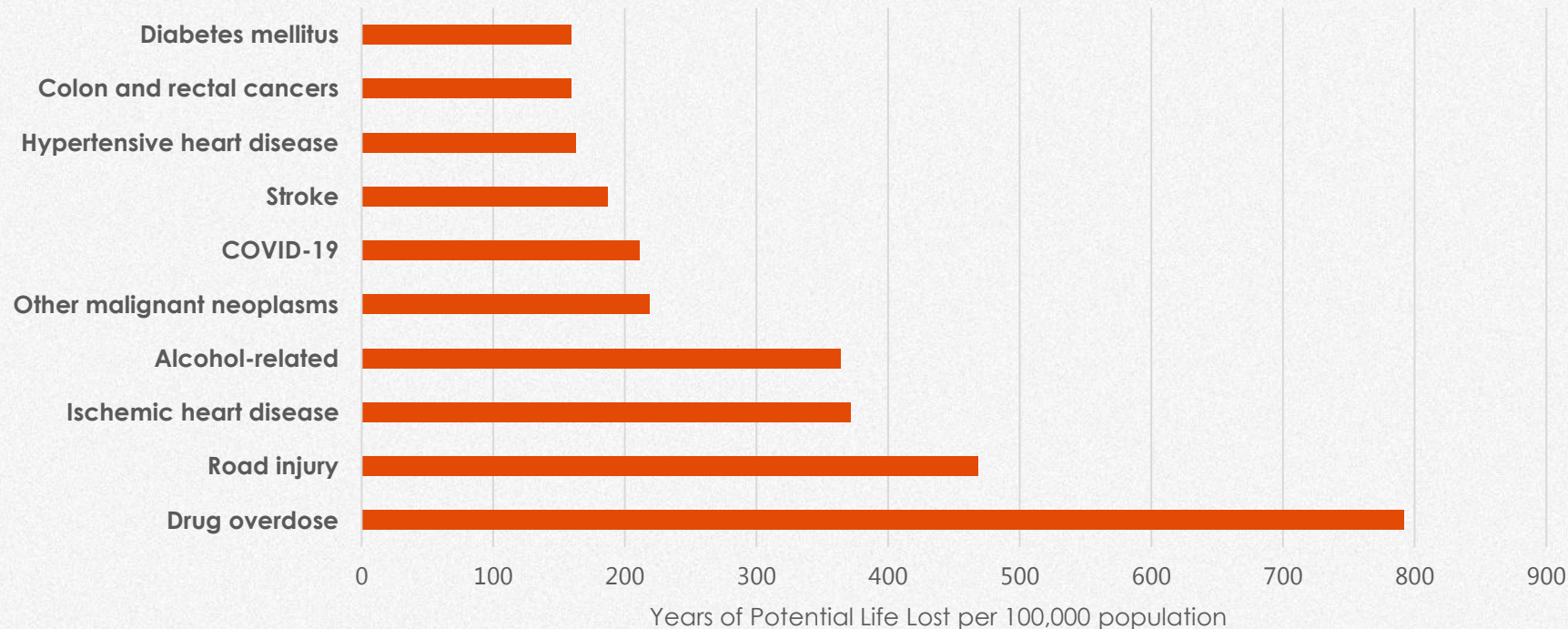
# Years of Potential Life Lost: Deaths in Young People

Deaths in young people are measured by years of potential life lost.

Life expectancy at birth varies by gender and race, but for purposes of this measurement, we expect people to live to the age of 75, which is close to the average. Given an expectation of 75 years of life to live, when a person dies at the age of 25, that is considered 50 years of potential life lost.

**Road injury and drug overdose** are significant issues for young people in San Benito County, but **diabetes and colon/rectal cancers** are also increasingly concerning for young people.

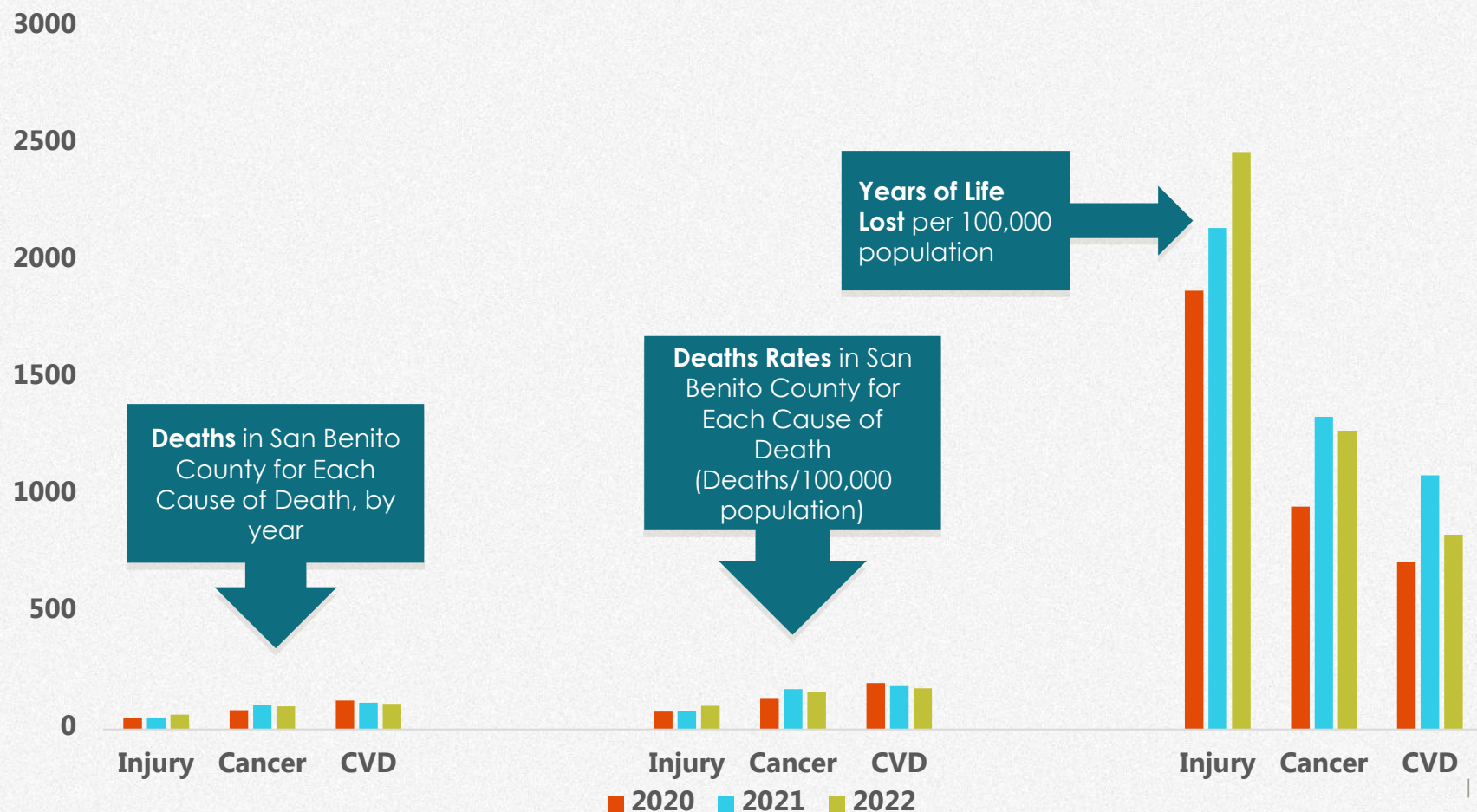
Years of Potential Life Lost in San Benito County, 2022





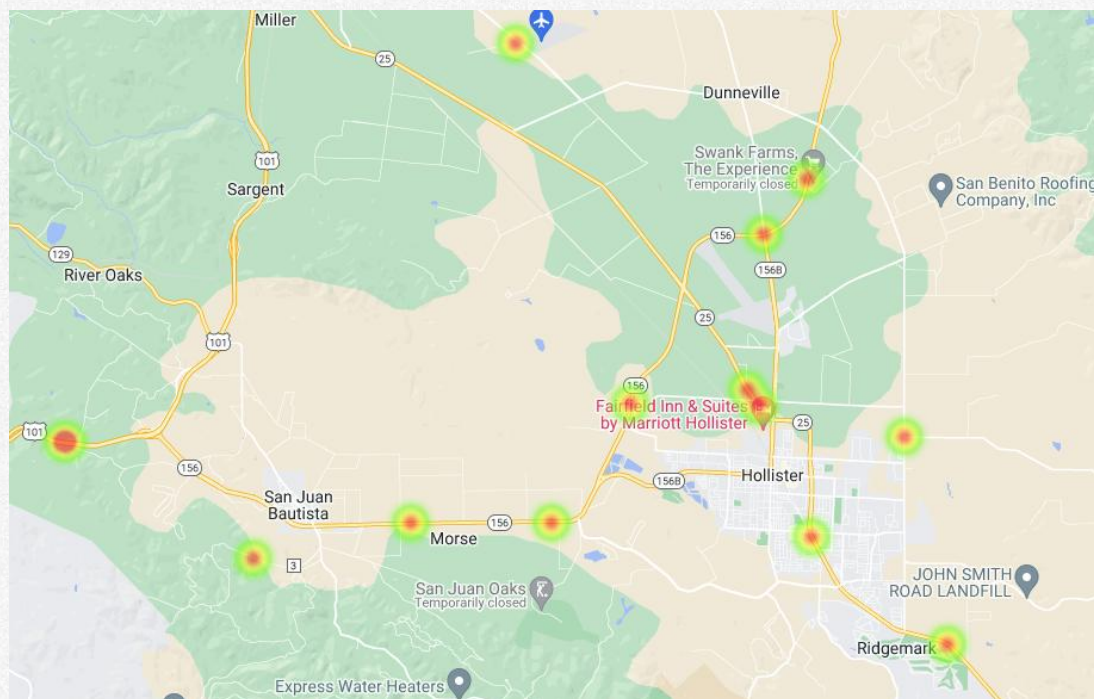
# Comparing Death Rates and Years of Potential Life Lost

Cardiovascular disease (CVD) and cancer cause more crude numbered deaths. However, injuries (including drug overdose) cut lives short at younger ages, causing more Years of Life Lost than either cancer or CVD.





# Road Injury Deaths: Fatal Crash Heat Map 2022



## Total Fatal Crashes in 2022

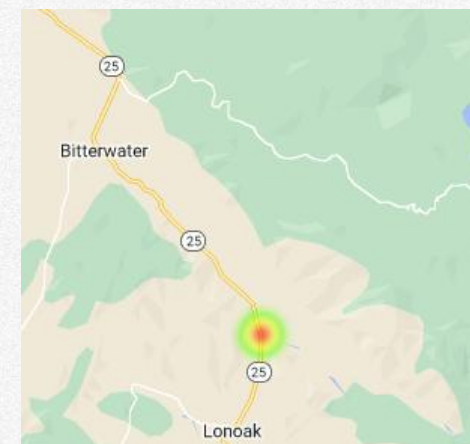
17

## Total Victims

21 Killed and 15 Injured

## State Highway Related

12 (70.6 percent)



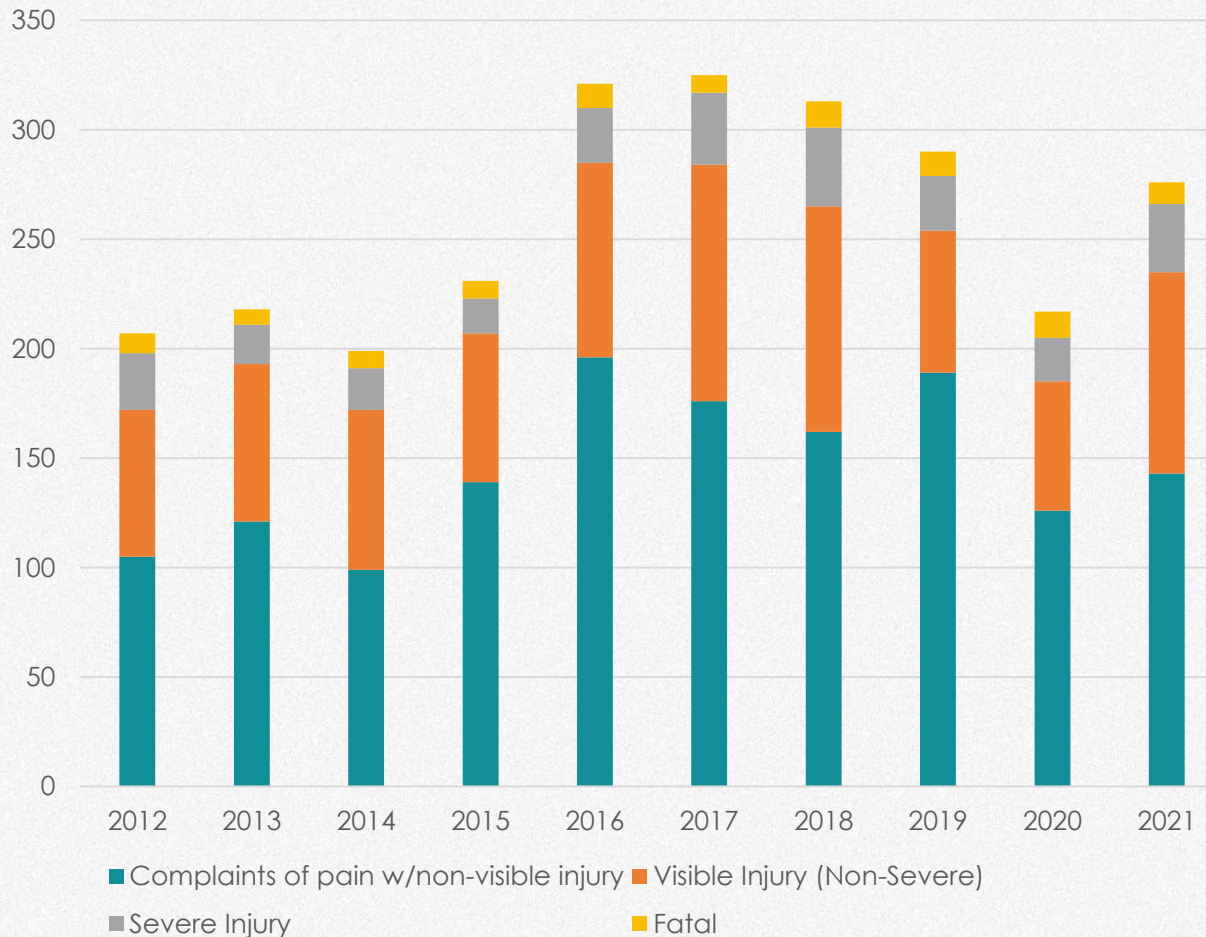
The map and data shown above is from UC Berkeley's Transportation Injury Mapping System.

Additional indicators point to higher-than-average rates of road injury in San Benito County, in particular **deaths due to motor vehicle crashes** (19.7 per 100,000 residents, compared to 10.7 for California), and **injuries overall** (51.4 per 100,000 compared to 43.4 for California), as reported by the CDPH/CCLHO 2023 County Health Status Profile. San Benito's high rates of death by road injury place the county at a low ranking of 44. The improvements currently underway on Highway 156 will hopefully reduce the number of deaths and injuries due to motor vehicle crashes.

The rate of death due to motor vehicle crashes was higher for Whites (24 per 100,000) than Hispanic/Latino residents (16 per 100,000). About 28 percent of these crash fatalities involved alcohol, similar to state and national rates.



# Road Injury: 2012 – 2021



Data from UC Berkeley's Transportation Injury Mapping System are available and shown here from 2012 through 2021. The top three road intersections with the highest number of collisions causing death and severe injuries are associated with 156 (Bolsa Road, Buena Vista and San Felipe Road).

## Total Crashes

2,597; 96 fatal

## Total Victims

100 Killed & 3,645 Injured

## Most Common Type:

Rear End 29.42%

## Most Common Time:

Friday 3:00 – 6:00 pm

## Most Common Violation:

Unsafe Speed 32.07%

## State Highway Related

1,309 (50.4%)

## Ped Involved

92 (3.5%)

## Bike Involved

102 (3.9%)

## Motorcycle Involved

219 (8.4%)



# Chronic Disease Deaths



## Diabetes

San Benito County adults have diabetes listed as a cause of death at a rate far higher than the **California average**: 30.7 per 100,000 residents, compared to the California average of 23.1/100,000. Out of 58 counties in California, **San Benito County is ranked 50<sup>th</sup>.**



## Stroke

Rates of cerebrovascular disease (stroke) deaths are also higher: 42.3 per 100,000 compared to 37.2/100,000. Out of 58 counties in California, **San Benito County is ranked 43<sup>rd</sup>.**

Higher than state average



## Heart Disease

San Benito County has the lowest crude death rate for coronary heart disease in California at 47.2/100,000, and the **third lowest age-adjusted death rate** at 45.9/100,000. The age-adjusted death rate for California averaged 79.0/100,000.

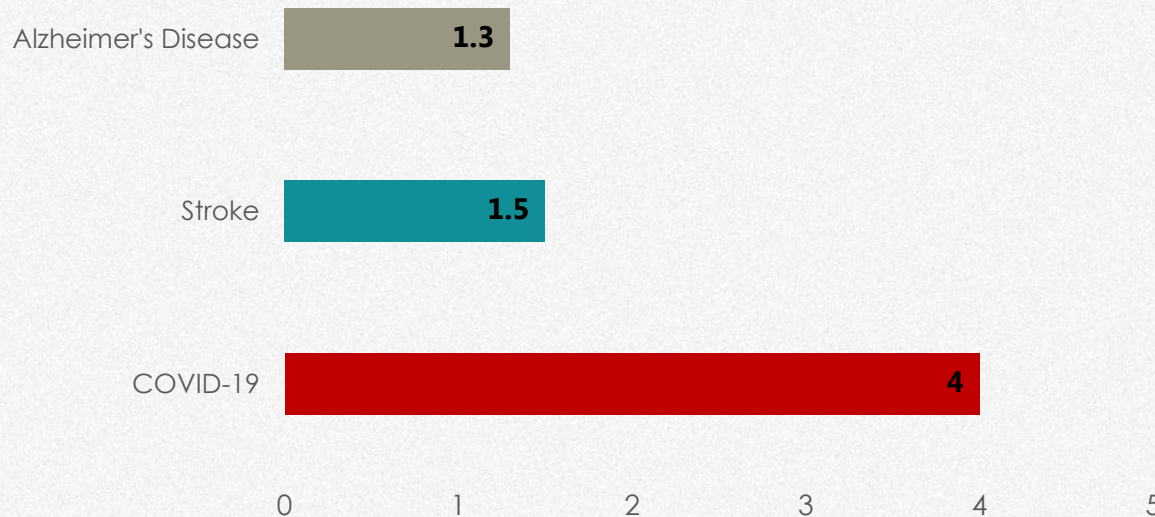
Lower than state average



# Death Disparities: Hispanic/Latino compared to Whites

*In San Benito County, about 73 percent of COVID-19 cases were among Latinos. The **death rate ratio for COVID-19 cases** (Latinos: Whites) was 4.0, strikingly higher than for other death disparities.*

**Death Disparities Ratios for San Benito County, 2020-2022**  
(Deaths Among Hispanic/Latinos Compared to Deaths Among Whites)



**Hispanics/Latinos died 4 times more frequently from COVID-19 than Whites in San Benito County.**



# Conclusion

*Overview*

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*Looking Forward*

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# Conclusion

The County Health Rankings place San Benito County firmly in the third quartile of California counties for both health outcomes and modifiable factors affecting health and quality of life. This means that San Benito County is in line with other counties that are between the 50th and 75th percentile of California counties—not the highest ranked, but above average.



**Many indicators show strength and positive trends.** Rates of influenza vaccination, children living in poverty, air pollution, mammography screening of Medicare enrollees and income inequality are better than state averages, although there is always room for improvement.

Areas of concern, where **San Benito County's trends are worse than the state average and/or moving in the wrong direction** include adult smoking, health provider shortages, deaths from diabetes, stroke and death disparities between Latinos and Whites.

These are not necessarily far off state averages but point to potential areas of investment and monitoring. The CHA and Community Health Improvement Plan (CHIP) represent opportunities to set priorities and address them across sectors, with the goal not only to improve future health rankings, but to elevate San Benito County once again among the equitably healthiest places to live, work, and raise a family in California.



# Looking Forward

Although not all Healthy People 2030 or Let's Get Healthy California indicator data are available at the County level or trackable by the same metrics, this subset of high-priority indicators suggests items to consider going forward, as more data become available.

Leading Health Indicator (Healthy People 2030) / Let's Get Healthy California Progress Indicators	National Target/ State Target	San Benito County Baseline
Drug Overdose Deaths	20.7/100,000	14/100,000
<i>Substance Use among Adolescents</i>	<i>TBD</i>	<i>TBD</i>
Annual Seasonal Flu Vaccinations	70%	55% (of Medicare enrollees) *
<i>Child Vaccination</i>	<i>80%</i>	<i>TBD</i>
Current Use of Any Tobacco Products (including e-cigarettes) Among Adolescents <i>Cigarettes usage among Adolescents **</i>	11.3%	23% ( of 11th graders report vaping)
Added Sugar Consumption (% of calories from added sugar)	11.5%	TBD
<i>Sugar-Sweetened Beverage Consumption (Adolescent/Adult)</i>	<i>17.0% adolescent 3.0% adult</i>	<i>TBD</i>
Adult Physical Activity and Muscle Strengthening ( <i>Aerobic</i> )***	29.7%	TBD
Children and Adolescents with obesity / <i>Obesity (Adult)</i>	68.3%/ 11%	64.4% / <i>TBD</i>
Adults with Hypertension Whose Blood Pressure is Under Control****	18.9%	TBD
New Cases of Diagnosed Diabetes within past 12 months	4.8%/1,000 adults (18-84)	9.0% /1,000 adults (aged 20+)
<i>Diabetes Prevalence (per 100 adults)</i>	<i>7</i>	<i>TBD</i>
Colorectal Cancer Screening: Adults Aged 45-75 (2021 Guidelines)	4.8%/1,000 adults (18-84)	9.0% /1,000 adults (aged 20+)
Usage of the Oral Health Care system (all ages over 2)	45%	TBD

\*San Benito County Flu Vaccination baseline for overall population will be developed in 2024

\*\* Cigarette specific goal is no longer appropriate in isolation of vaping behavior

\*\*\* California aerobic activity target subsumed in more relevant Healthy People target

\*\*\*\* California has same indicator but without data for target/baseline



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# Looking Forward

In 2024, the San Benito County HHS Public Health team plans on continuing to work with partners serving on the multisector Community Health Coalition and Community Health Improvement Plan (CHIP) committee to collectively share data and priorities in community forums to obtain feedback and ideas on how to address community health concerns and issues highlighted in the CHA.

The team will share the CHA data in community forums to obtain feedback and ideas about how to address issues highlighted in the CHA, including potential indicators drawn from the national Healthy People 2030 goals, and indicators related to the two priority areas identified through the CHIP process: behavioral health and support for families with young children.

A three-year cycle is planned for formally updating the CHA. However, population health is dynamic. We anticipate ongoing work throughout the cycle to improve our data acquisition, analysis, and ability to take action to promote the health of all San Benito County residents. As new data and insights become available on health disparities and health inequities, we hope the CHA will become an evolving platform for tracking progress, noting new issues to address, and continuing to move forward to make San Benito County an equitably healthier place to live, work, and engage.





# References



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## Cover Page

- Photo top left: Folklorico dance members that performed at the Migrant Health Fair 2022.
- Photo top right: Pinnacle National Park mountainside.
- Photo bottom left: Wildflowers at the San Benito Historical Park, reversed.
- Photo bottom middle: San Benito Saddle Horse Show 2022.
- Photo bottom right: Photo of downtown Hollister, 5<sup>th</sup> Street.
- All photos taken by Genessis Garcia Smith.

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- Photo (Bottom): Outreach by Public Health Services CalFresh Healthy Living Education program.
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- Photo (Bottom): Public Health's CalFresh Healthy Living education program brings awareness to students and youth about the sugar content in popular beverages and the harmful effects on health.
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# References

## Looking Forward

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- San Benito County. California Healthy Kids Survey, 2019-2021: Main Report. San Francisco: WestEd for the California Department of Education.
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- Centers for Disease Control and Prevention, Diagnosed Diabetes - Total, Adults Aged 18+ Years, Age-Adjusted Percentage, National, <https://gis.cdc.gov/grasp/diabetes/diabetesatlas-surveillance.html>.
- Photo: Nic Calvin, Deputy Director of Public Health Services, speaking at the Community Health Improvement Plan (CHIP) meeting held at the Epicenter in Hollister.





**Phone**

831-637-5367

**Location**

351 Tres Pinos Rd, Suite A-202  
Hollister, CA 95023

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