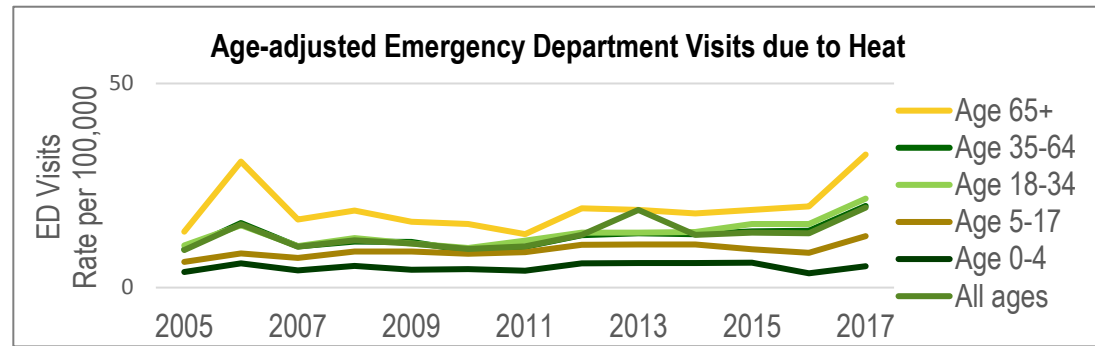
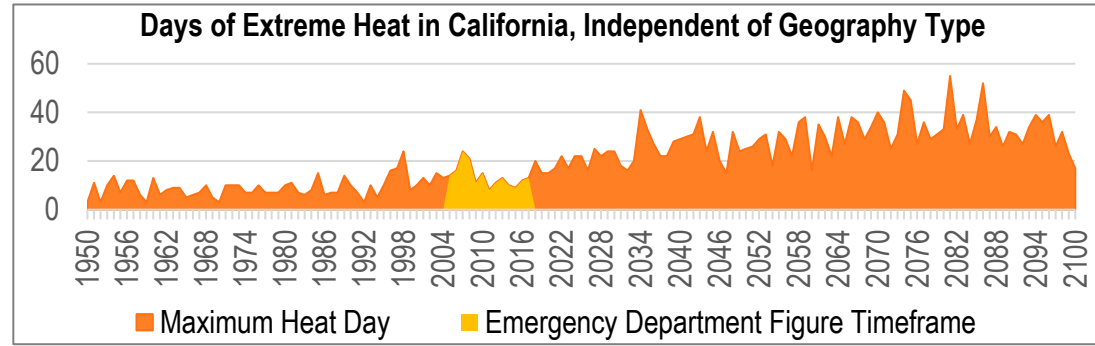


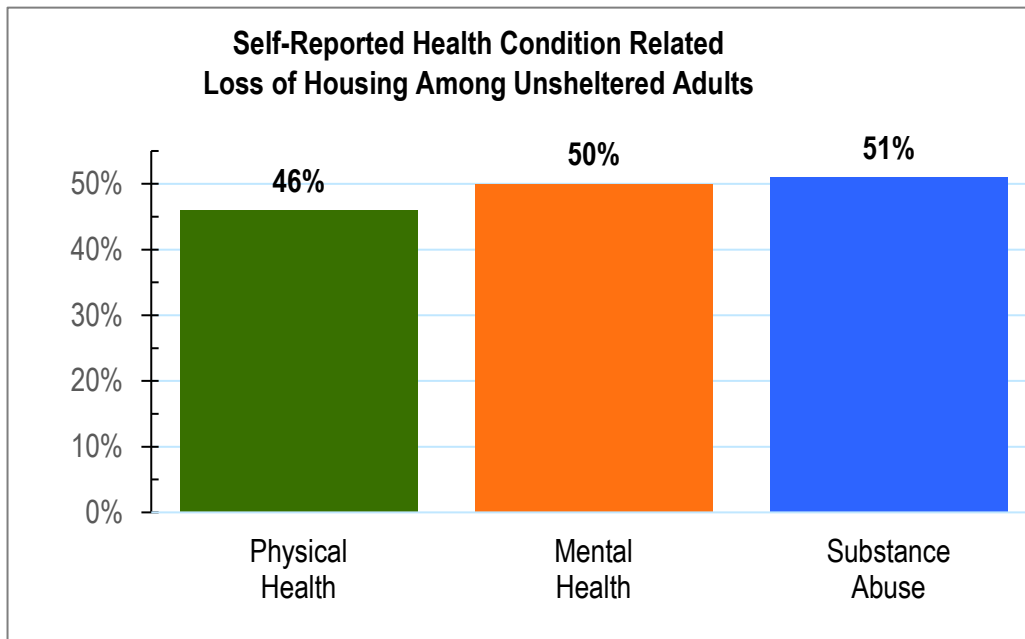
Looking Ahead

Climate and Health

- Extreme heat in California is associated with heat-related illness.
- Some populations are particularly vulnerable such as older adults or those with existing respiratory conditions.



Mental Health, Substance Use & Homelessness



- About half of the unsheltered adults identified physical and mental health debilitation and substance use as causes for their homelessness.
- Additional factors include but are not limited to violence, transitioning out of foster care, and former incarceration.

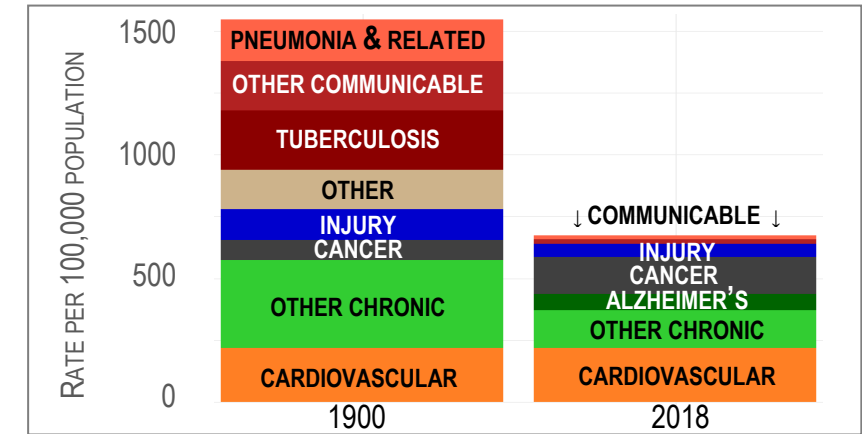


2020 State of Public Health Briefing

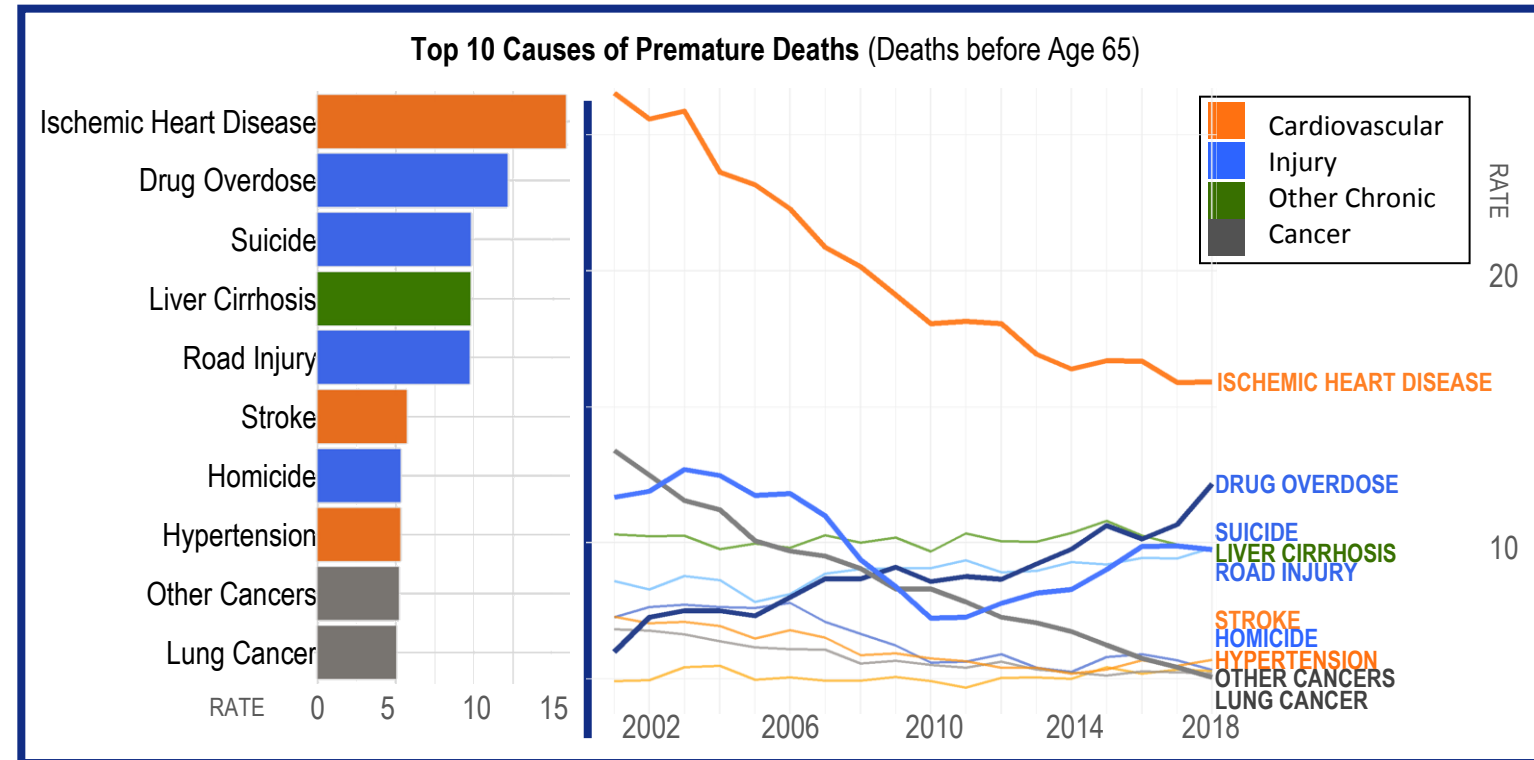
Public Health Works

Leading Causes of Death (1900–2018)

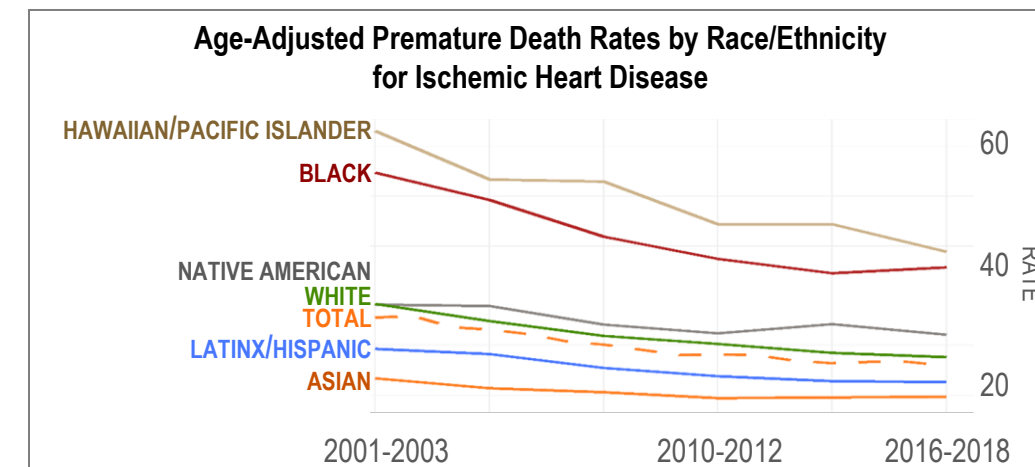
- Communicable diseases were once a leading cause of death in California.
- The percentage of deaths from communicable disease has been reduced from 39% in 1900 to 6% in 2018.



Public Health Identifies Causes of Early Death as a Priority Opportunity for Prevention



Blacks and Native Hawaiian/Pacific Islanders are twice as likely to die from ischemic heart disease before the age of 65.



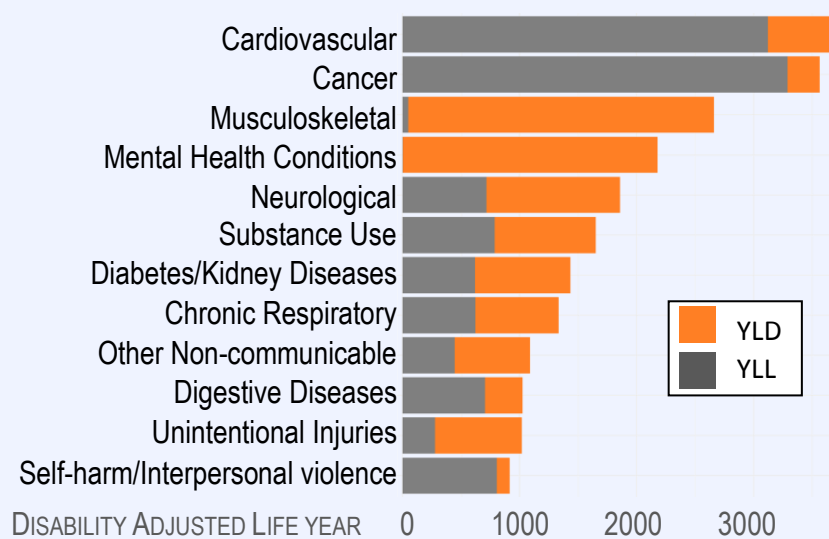
Technical Notes: This summary document is produced using a wide range of public health data resources. For data sources, methodology and limitations and to explore expanded content, visit the California Department of Public Health website at www.cdph.ca.gov.

Many Systems Influence Health and Wellbeing

Physical and Mental Health

- Disability Adjusted Life Years combines, 1) number of years lost to early death and 2) years during life where people suffer poorer health due to disability.
- Mental health and musculoskeletal conditions like chronic back and neck pain are major contributors to “years lived with disability,” which negatively impact quality of life.

Disability Adjusted Life Year (DALY),
Years Lived with Disability (YLD), & Years of Life Lost (YLL)



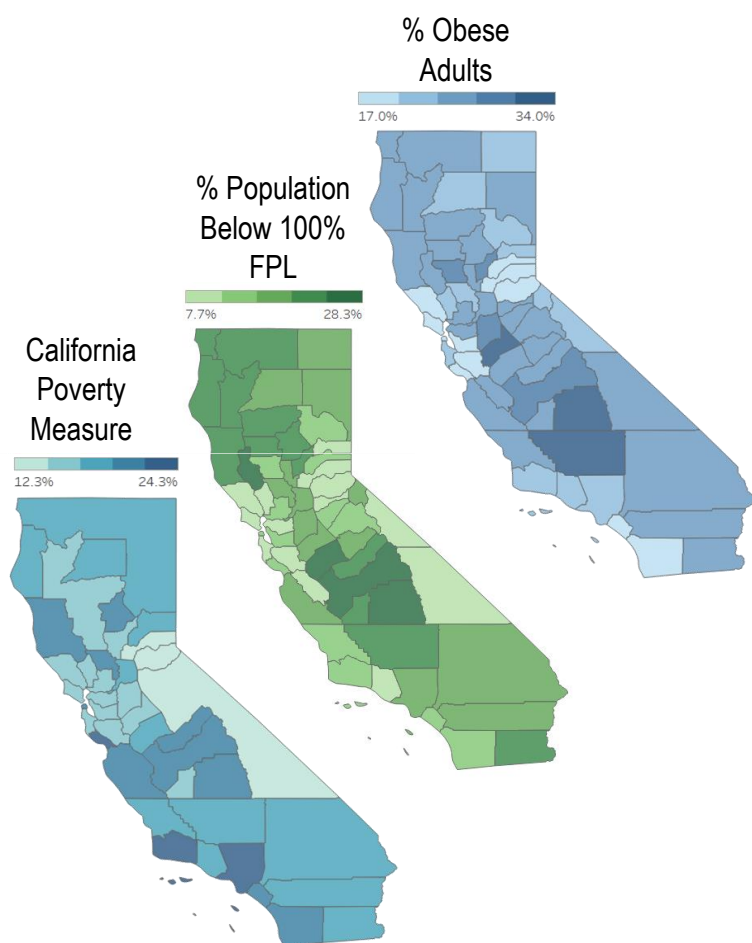
Understanding Health Across the Lifespan

Health across the lifespan means that all Californians – from infants to older adults – are able to achieve their highest potential for health. There are a number of ways to measure health across the lifespan. The examples below provide a snapshot of the health status in California. Let's Get Healthy California – the state health assessment and improvement plan – monitors several of these measures and more at [Let's Get Healthy California](https://letsgethealthy.ca.gov). (letsgethealthy.ca.gov)

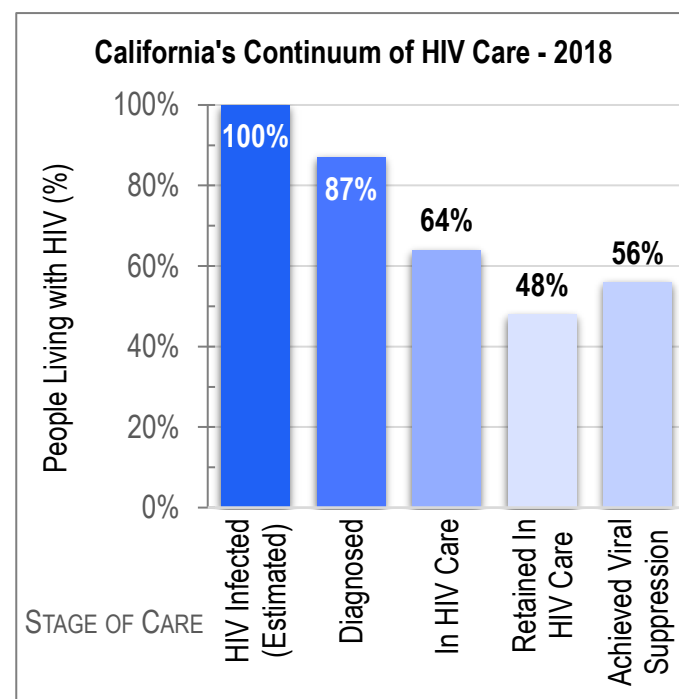
| CA Birth Cohort – Infant Mortality Rate Deaths per 1,000 live births | Adverse Childhood Experiences (ACEs) % of adults who reported having experienced one or more ACE | Healthy Aging – Brain Health % of adults 65+ who reported having cognitive difficulty |
|---|---|--|
| 4.4ⁱ (2015-2017) ↓ | 63.5%ⁱⁱ (2015) ↑ | 9.8%ⁱⁱⁱ (2019) ↓ |
| The rate for African-Americans is two times higher and has increased from 9.6 in 2013-2015 to 9.8 in 2015-2017. | There is a high level of variance between counties having experienced four or more ACEs, ranging as high as 30% to as low as 15%. | California ranks 42 nd in the nation, with a rate higher than the US average of 8.6%. |

Place Matters

Health is powerfully shaped by community conditions.



Clinical Care & Population Health



- Public health and health care systems work together in complementary roles.
- Individual care and treatment is provided through clinical services.
- Community level strategies extend the impact to the population as a whole.

| Youth Tobacco Use % of students who reported having smoked cigarettes in the last 30 days | Obesity % of adults with a body mass index (BMI) of 30.0 or above | Hypertension % of adults who reported being told they have high blood pressure |
|--|--|--|
| 2.0%^{iv} (2018) ↓ | 26.4%^v (2017) ↑ | 28.4%^{vi} (2019) ↑ |
| Despite this progress, the rate for e-cigarettes has increased from 8.6 in 2016 to 10.9 in 2018. | Populations with less than high school education have higher obesity rates (37.8%) than those with a college degree (18.8%). | Although California's rate is increasing, the state is better than the National average (32.2%). |

| Violence Violent crime rate per 100,000 population | Homelessness Point in time count of the homeless population | Drug Overdose Age-adjusted death rate for drug overdose (per 100,000 people) |
|---|---|--|
| 447.4^{vii} (2018) ↓ | 151,278^{viii} (2019) ↑ | 11.4^{ix} (2018) ↑ |
| Homicide is the second leading cause of death for young adults age 15-24. | Homelessness in California increased by 21,306 people, or 16.4 percent, which is more than the total national increase of every other state combined. | The rate for opioids increased from 4.76 in 2008 to 5.8 in 2018 and methamphetamines increased from 1.22 to 5.8. |

ⁱ CA Birth Cohort - Infant Mortality: County Health Status Profiles - CDPH Birth and Death Records (4.7 in 2013-2015 to 4.4 in 2015-2017)

ⁱⁱ Adverse Childhood Experiences: CDPH - Behavioral Risk Factor Surveillance system (59.0% in 2008-2009 to 63.5% in 2015)

ⁱⁱⁱ Brain Health – Cognitive Difficulty: America’s Health Ranking – American Community Survey (10.7% in 2013 to 9.8% in 2019)

^{iv} Youth Tobacco: CDPH – California Student Tobacco Survey (4.3% in 2016 to 2.0% in 2018)

^v Adult Obesity: LGHC – California Health Interview Survey (22.7 in 2009 to 26.4 in 2017)

^{vi} Hypertension: America’s Health Rankings - Behavioral Risk Factors Surveillance Survey (27.8 in 2012 to 28.4 in 2019)

^{vii} Violent Crime: LGHC - FBI Uniform Crime Report (617.0 in 2001 to 447.4 in 2018)

^{viii} Homelessness: United States Department of Housing and Urban Development (HUD) and United States Interagency Council on Homelessness

^{ix} Drug Poisoning Deaths: CCB – CDPH Death Records (8.0 in 2008 to 11.4 in 2018)