

County of Santa Clara
Board of Supervisors
Supervisory District Four
Supervisor Ken Yeager



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DATE: April 7, 2009

TO: Board of Supervisors

FROM: 

Ken Yeager
Supervisor, District 4

SUBJECT: Establishment of a comprehensive, data-driven health agenda for Santa Clara County

RECOMMENDED ACTION

Refer to the Administration a request to report back to the Health and Hospital Committee with recommendations for creating and implementing a data-driven, comprehensive health agenda for the County.

REASONS FOR RECOMMENDATION

As budget decisions become more challenging with a growing demand for services coupled with shrinking resources, a health agenda will be an important tool to guide the decision-making of the Board. A health agenda will help the Board determine if our County's health-related infrastructure, policies, and budgets prioritize what the data indicates are our most pressing health concerns.

While the Santa Clara Valley Health and Hospital System (SCVHHS) has an overall mission statement, this referral requests a report-back from each department that includes specific priorities, which can be used to create an overarching health agenda for our County.

In crafting their priorities, staff should also consider health inequities, or disparities, that exist in our community. For instance, public health data from our County reflects that obesity levels decrease with increased educational attainment. The Bay Area Regional Health Inequities Initiative reports that life expectancy decreases as poverty increases.

BACKGROUND

Santa Clara County is the sixth largest county by population in California. With nearly two million residents, our County is one of the biggest protectors of the public's health in our State. This tremendous responsibility at a time of diminishing resources makes it imperative that health care dollars are spent as strategically as possible.

Significant data from our County's mortality records from 2006 show that 50% of all deaths in our County are caused by malignant neoplasm (cancer) and heart disease. Also among the ten leading causes of death in our County are cerebrovascular disease (stroke), diabetes, and hypertension (high blood pressure).

In terms of morbidity, approximately 5% of the U.S. population has a serious mental illness.^[1] Under that formula, we can reasonably estimate that nearly 92,000 residents in our community suffer from a serious mental illness. Furthermore, results of a National Co-Morbidity Survey reflect that 51% of those with a mental disorder have at least one addictive disorder.^[2]

In addition to this, much more data exists that could aid the Board when making decisions about the future service delivery models of the SCVHHS. A health agenda that weaves together a data-driven, priorities-based plan will help the Board determine how to prevent and treat the diseases from which our residents suffer in the most effective and cost-efficient manner possible.

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^[1] R.C. Kessler et al., “A Methodology for Estimating the 12-Month Prevalence of Serious Mental Illness,” In *Mental Health United States 1999*, edited by R.W. Manderscheid and M.J. Henderson, Rockville, MD, Center for Mental Health Services.

^[2] Kessler, Nelson and McGonagle, “The Epidemiology of Co-Occurring Addictive and Mental Disorders: Implications for Prevention and Service Utilization,” *American Journal of Orthopsychiatry*, 1996.