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## INTRODUCTION

California's Central Coast is well known for its natural beauty and coastal resorts. Throughout the State, the Central Coast is often perceived as an area of wealth and abundant resources, with few health needs. However, paradoxes exist in the Central Coast. Behind the patina of affluence and luxury are real people and real health problems constrained by an inadequate healthcare delivery infrastructure. Interspersed among the more affluent residents are hidden populations of low wage service and agricultural workers who provide the food for the nation, lodging for the tourists and services for wealthier residents. These populations do not share equally in the region's abundance and have greater health needs, yet have inadequate access to health care.

The six counties of the Central Coast – Santa Cruz, Monterey, San Benito, San Luis Obispo, Santa Barbara and Ventura – have a complex mixture of communities, some with extraordinary wealth and some with extreme poverty. Demographic changes over the past 20 years have created an area with no majority ethnic population and where many households do not speak English at home. There are five-fold differences in the rate of women receiving late or no prenatal care, and seven-fold differences in births to teens between the Central Coast communities. Contrary to popular belief, obesity and physical inactivity abound and one-third of Central Coast children are overweight and at risk of obesity. There are fewer medical resources than more populated areas of the State and there are physician and dentist shortages in many communities. Also, major groups of residents – particularly the poor, Latino and immigrant populations – have disparate measures of health status and access to health care compared to the regional average.

This report documents the health conditions in the often overlooked Central Coast region. *Paradox in Paradise* presents over 60 health variables comparing the Central Coast counties to each other, to California as a whole, and to the *Healthy People 2010* objectives, where appropriate. The region has also been divided into 28 community clusters allowing for sub-county comparisons.

*Paradox in Paradise* is divided into four major sections:

- I. A profile of the Central Coast – describing its people and its health system, including demographics, economic indicators, environmental issues, health services, health financing, and insurance coverage. At-risk populations – low-wage service workers, farmworkers, children in immigrant families and low income seniors – have a special focus in this report.
  - II. An overview of the health of Central Coast residents, highlighting access to care, health status, diseases, maternal and infant health, and behavioral risks.
  - III. An analysis of the use of health and social services in the Central Coast, including care-seeking behavior, hospitalization rates, use of public health and nutrition programs, and cancer screening.
  - IV. A summary of key themes, recommendations and conclusions on the continuing health issues facing the Central Coast.
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*Paradox in Paradise* is designed to stimulate discussion among state and local policymakers and community leaders to improve the conditions in the varied Central Coast communities, provide the infrastructure necessary to serve the diverse populations, and address the needs of the marginalized populations of predominantly low-wage working families and immigrant farmworkers.

## KEY THEMES

To a degree, the Central Coast is doing slightly better than the rest of the state on a majority of indicators. Yet several key – often overlapping - themes related to the consistent health disparities between the general population and low income residents, Latinos and immigrants emerge. The Central Coast has opportunities to meet these health challenges before it is too late and progress becomes even more difficult and expensive.

### A. Changing demographics

The demographics of the Central Coast are changing rapidly. As in California, the Central Coast population is aging, and the working-age adult population is shrinking. This changing age structure affects the local revenue base and signals an increasing need for senior health services, including long term care. Also, although the Central Coast has a population that is nearly half white (49.8%), it has a higher percentage of Latinos than California as a whole. Ensuring that there is access to culturally appropriate care requires recruiting of providers from diverse backgrounds and training of providers to be more aware of ethnic differences. In addition to bilingual providers, trained interpreters and information that is translated into not only languages, but appropriate educational levels, are necessary. Health promotion and disease prevention programs need to be aware of cultural differences in how to encourage clients to take part in screenings and behavior change.

### B. Hidden populations

There are four distinct, yet overlapping Central Coast high need populations – low wage workers, farmworkers, children in immigrant families and low income seniors. These residents are often overlooked in the health system and have greater challenges in accessing care.

Major sectors of the Central Coast economy – agriculture and tourism – rely on low-income service workers and farmworkers who comprise one in five workers in the region. The salaries and employment benefits in these sectors are generally less than other industries making it difficult for workers to obtain health insurance, afford decent housing, and make ends meet.

**Low-wage service workers** are less likely to have health coverage and a usual source of care and are less likely to use primary and preventive health services. Adult workers in the service industries are among the least likely workers to have health insurance, with one third being uninsured compared to 17 percent of all workers. One in five (20%) service workers do not have a usual source of care compared to 15 percent of all workers. And, service workers are less likely to have seen a doctor in the past year (27.1% of service workers had no doctor visits in past year, compared to 22.2% of all workers). More attention must be paid to the low wage earners who provide necessary services for the region's economy and infrastructure. By not adequately addressing the current health needs, the region is only delaying the increased longer term cost of chronic diseases and disability, as well as a growing portion of the population that cannot afford to take care of itself.

Agriculture is nearly an \$8 billion a year industry on the Coast employing between 100,000 and 150,000 migrant and seasonal farmworkers. Studies show that over 90 percent of California **farmworkers** are immigrants and nearly all describe themselves as Mexican, Hispanic, or Latino. Sixty-three percent of California farmworkers have six or fewer years of formal education and only half said they could read Spanish well. Nearly 70 percent of farmworkers have no form of health insurance. Nearly one-third of male farmworkers (32.0%) interviewed said they have never been to a doctor or clinic in their lifetime. The studies show that the risks for chronic disease, such as heart disease, stroke, asthma, and diabetes, are startlingly high for a group that is mostly comprised of young men who would normally be in the peak of physical condition.

With between 20 and 30 percent of California's farmworkers residing in the Central Coast, the burdens imposed by high rates of chronic disease, low rates of health insurance, lack of access to care, and workplace safety issues are enormous. Efforts to cover farmworkers are underway in a number of counties, and may provide lessons for the industry.

A growing subset of farmworkers are those of indigenous origin from central and southern Mexico and Central America. A recent survey of California farmworkers estimates that between 16 percent and 20 percent of farmworkers are of indigenous origin. Indigenous farmworkers and their families face challenges to obtaining health care. Unfamiliarity with both Spanish and English languages is a barrier, as is unfamiliarity with Western medicine and such concepts as preventive and prenatal care. They often have different belief systems and rely on indigenous healers, *curanderos*, and folk and herbal remedies for care. Furthermore, since indigenous farmworkers tend to migrate more, they often lack a usual source of care. Efforts to provide services and organize the indigenous-language groups exist in places such as Ventura County where two clinics specialize in Mixtec care and offer translators.

**Children who are in immigrant families** are the future of the Central Coast. Nearly half (45%) of Central Coast children live in families in which at least one parent is an immigrant. These children tend to be poorer, have lower health status and have less access to care. These families are also less likely to take advantage of programs designed to help them. Health programs, including Medi-Cal and Healthy Families, need to engage in more effective culturally sensitive outreach to the parents of these children to engender their trust and participation.

Furthermore, not all **seniors** in the Central Coast region are well-off. Approximately one out of four seniors (23.3%), age 65 and over, had household incomes below 200% of the federal poverty level (\$26,400 for a family of 2 in 2006). Approximately 30,500 Central Coast seniors, aged 66 and over, or 12 percent of the senior population, were enrolled in the Medi-Cal program as of October 2005. Lower income seniors, Latino elderly and those on Medi-Cal generally reported lower perceived health status, and less use of preventive screenings and primary care than the general senior population. While a higher percentage of Latino elderly compared to the total elderly population reported having been diagnosed with diabetes and cancer, lower percentages of Latino elderly reported being diagnosed with heart disease and hypertension. Over four in ten (41.0%) elderly on Medi-Cal had not seen a dentist or hygienist in the past year, even though Medi-Cal covers dental services.

### **C. Community disparities**

A consistent theme throughout this report is that the Central Coast is not the region that outsiders and tourists necessarily think it is. Impressions gathered from visiting the beach communities or tasting

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wine at the vineyards are not representative of life in the region's diverse communities. For example, the wealth of coastal Carmel and Monterey does not translate into the Salinas Valley, which is only 20 miles away. And the glamour of the tourist areas of Santa Barbara belies the fact that nearly 70% of Santa Barbara city elementary students are Latino, and that Santa Barbara County had the state's highest rate of uninsured children in 2001. When funding decisions and program development are based upon perceptions of the region rather than individual communities, those residents who need services have difficulty obtaining them. Funding formulae developed by the state and federal governments often overlook the intricacies of this rural region, making it difficult to compete for funding with more urban and populous areas.

Disparities among communities also mean that a "one size fits all" approach within a county might not work. A prenatal care outreach program in central Santa Cruz County where only 4.4% of women receive late or no prenatal care may not be appropriate in the Watsonville area of the county where 15.9% of women receive inadequate care. Similarly, within Ventura County, a program to reduce low birthweight babies in the Ojai Valley where only 4.2% of babies are of low birthweight might not be the same in the Conejo Valley where 8.3% of births are low birthweight.

#### **D. Health disparities among populations**

As stark as differences are among individual communities, the disparities between populations on ethnic, immigration and income lines is even more pronounced. Throughout the report, stratified analysis shows that the three "target" groups – poor families, Latinos and immigrants –compare unfavorably to the higher income, white and citizen families. They are more likely to: have poorer health status, be overweight as adolescents, need help for emotional/mental health, smoke tobacco, not have a usual source of care, not have had a recent dental visit, and not have had screenings for cervical, breast, colorectal and prostate cancer. While some of the differences in access and health status in these communities can potentially be explained by demographic differences such as income and educational attainment, there is a large body of research that suggests that the disparate health outcomes are related to how different races and ethnic groups are treated by our health care system.

#### **E. Access to care and coverage**

The increasing costs of care and diminishing health insurance coverage are putting strains on the ability of Central Coast residents to receive care. As noted in the report, a premium for an HMO insurance plan would amount to approximately 17 percent of median family income in Santa Barbara and Ventura counties. With the high concentration of industries that do not provide coverage, one out of six Central Coast residents goes without insurance. Medi-Cal will only cover some of the poorest residents, thus leaving many uninsured working families without assistance.

The burden of caring for the uninsured patients has shifted to local government and community resources such as hospitals, clinics and other charity care. Insured patients end up paying more as the providers attempt to shift some of the cost of uncompensated care to those who able to pay.

#### **F. Chronic disease prevention – nutrition and exercise**

Medical care alone does not result in good health. Diet, exercise and avoiding unhealthy activities, such as smoking and excessive drinking, affect health much more than health care. Genetics and environment also play large roles in determining the health of a person. Furthermore, preventive health screenings and treatment are available for major diseases such as breast and cervical cancer, but they are not

always utilized by the target populations. Lack of education, difficulties in accessing services and cost can all act as barriers to use of preventive services.

The epidemic of obesity and resulting chronic diseases will eventually overwhelm the health system. Over half of Central Coast adults are overweight or obese. One-third of Central Coast children are above the normal Body Mass Index and at risk of developing adult obesity. Programs which provide education for healthy living; environments – including schools and worksites - which ensure access to affordable, quality foods; and communities which are conducive to physical activity can help stem the tide of the epidemic. The Gold Coast Collaborative for Nutrition and Fitness, a regional approach in Ventura, Santa Barbara and San Luis Obispo Counties, and Monterey County independently, have been attempting to raise awareness of childhood obesity issues, galvanize support and highlight effective programs to combat obesity.

### **G. Oral health**

Oral and dental health care have not been integrated into general health care to the extent that is possible. Dental caries is an epidemic among children with approximately 7 out of 10 California third graders having some evidence of decay, and 3 out of 10 third graders having untreated decay. Access to dental care for children, particularly from low income families, is limited due to poor provider reimbursement, a general shortage of dentists, and a lack of dentists willing to treat young children. Oral health education and dental disease prevention programs lack sufficient funding to provide the continuous services that are necessary to improve dental health. And, the most effective population-based approach – fluoridation of water supplies – has been rejected by several Central Coast communities. Prevention of dental disease is far more cost-effective than its treatment, but adequate resources have not been forthcoming.

### **H. Data availability**

The absence of reliable community-level health data makes it difficult to fully understand a community's needs. Most data sources do not allow for sub-county analysis, thus masking the nature of health issues in individual communities. Data sets, such as hospital discharge data, that have the potential for small area analysis, are difficult to obtain. More localized data is necessary not only for local officials to develop programs to reach the needier populations, but also for state and federal officials to understand the nature of the region.

## **RECOMMENDATIONS AND CONCLUSIONS**

While specific recommendations and implementation plans for each community are best left in the hands of those communities, the authors provide the following general recommendations:

- Be cognizant of and address the changing demographics of communities and the region through recruiting more bilingual providers, providing appropriate oral interpreters and written translations at an educational appropriate level, and training the existing workforce to be more culturally aware.
- Prepare for the continued increase in the elderly population in not only the delivery of health care, but also in the delivery of home and community based services.
- Address the barriers to care faced by “hidden populations” – service industry workers, farmworkers and immigrants, by improving access to health care for low wage workers including industry based health coverage, outreach by community clinics, and workplace health

promotion and disease prevention education, and encouraging immigrants who are eligible for health programs to enroll, stay enrolled and utilize these programs for cost-effective preventive, primary and necessary care.

- Identify needs on a community level and work with individual communities to address them, allocating funds and resources based on needs in communities, rather than on current location of services.
- Ensure that all residents have access to quality care, including access to affordable, comprehensive coverage, continued support of safety net institutions, and increased provider reimbursement for public programs.
- Utilize region-wide resources to initiate community efforts to combat the growing epidemic of obesity and overweight children and adults through programs that incorporate healthy eating and physical activity in schools, workplaces and senior centers, and community planning that facilitates safe and accessible physical activities and access to fresh, nutritious foods.
- Incorporate oral health as a component of physical health through fluoridation, oral health education and disease prevention programs for children and parents, and improved access to dental care for low income populations.
- Engage in continuous surveillance of community health through data gathering and dissemination.

While further research on understanding the extent of and underlying causes of the health conditions in the Central Coast is clearly imperative, this should not deter immediate action to combat disparities already identified. It is important that community stakeholders, community leaders and policy makers work diligently to devise and implement solutions that are affordable, practical, and effective. Failing this, the intense beauty and positive attributes of the region will only be available to those that can afford it while the health of many residents falters. The paradox of bounty and poor access to health care need not continue, and the paradise that is enjoyed by many can be shared by all who live here.

For a full copy of *Paradox in Paradise*:

- Access it on the web at [www.diringerasociates.com](http://www.diringerasociates.com)
- Request a copy by
  - Email: [joel@diringerasociates.com](mailto:joel@diringerasociates.com)
  - Mail: PO Box 14822, San Luis Obispo, CA 93406
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  - Fax: 805-481-2992

Additional data tables and figures are available at [www.diringerasociates.com](http://www.diringerasociates.com).

## APPENDIX: SUMMARY OF HEALTH INDICATORS

Indicator	Santa Cruz County	Monterey County	San Benito County	San Luis Obispo County	Santa Barbara County	Ventura County	Central Coast	California	Coast Latino	Central Coast Low income (<FPL)	Central Coast Non-citizen
<b>Demographics</b>											
Number of residents (2005)	262,312	428,905	58,452	262,634	419,599	817,288	2,249,190	36,854,224			
Population growth (2000 - 2010)	5.8%	11.4%	14.9%	11.1%	9.3%	12.5%	10.8%	13.7%			
Youth (% of pop., age 0-17; 2005)	22.6%	27.3%	30.3%	19.4%	24.0%	26.4%	25.0%	26.1%			
Non-elderly adults (% of population, age 18-64; 2005)	67.3%	62.9%	61.5%	65.4%	63.7%	62.3%	63.6%	62.9%			
Elderly (% of population, age 65 and over; 2005)	10.1%	9.9%	8.3%	15.1%	12.2%	11.3%	11.4%	11.0%			
Latinos (% of population; 2005)	29.4%	51.2%	49.6%	18.4%	37.6%	42.6%	39.1%	35.9%			
Spanish speakers (% of households; 2004)	24.1%	43.9%	35.0% <sup>1</sup>	10.5%	26.2%	27.3%	27.8%	27.6%			
Per capita income (2004)	31,396	22,502	20,932 <sup>1</sup>	25,125	26,496	30,797		25,411			
Children in poverty (% of children; 2004)	15.9%	21.9%	11.4% <sup>1</sup>	7.1%	16.6%	11.3%		18.5%			
Family income below \$35,000 (% of families; 2004)	16.5%	32.3%	24.2% <sup>1</sup>	22.4%	23.2%	19.1%	22.4%	28.6%			
Unemployment (% of workforce; 2004)	7.0%	8.2%	9.5%	4.4%	4.7%	5.3%		6.2%			
No high school diploma (% of adults, age 25 and over; 2004)	15.2%	27.2%	25.1% <sup>1</sup>	8.3%	17.0%	15.2%	16.9%	19.6%			
<b>Health services and providers</b>											
Staffed hospital beds (per 1000 persons; 2004)	1.4	1.4	2.2	1.0	1.5	1.5	1.4	1.9			

Indicator	Santa Cruz County	Monterey County	San Benito County	San Luis Obispo County	Santa Barbara County	Ventura County	Central Coast	California	Coast Latino	Central Coast Low income (<FPL)	Central Coast Non-citizen
Primary care physicians (per 100,000 persons; 2002)	82	61	40	73	79	67		71			
Registered nurses (RNs) (per 100,000 persons; 2005)	921	604	484	984	649	844	778	814			
Dentists (per 100,000 persons; 2002)	64.3	62.1	29.0	61.4	69.4	64.9	63.8	76.0			
Licensed psychologists (per 100,000 persons; 2000)	45	19	5	58	45	30	35	32			
<b>Health insurance and programs</b>											
Uninsured (% of residents, 0-64 years; 2001, 2003)	13.9%	17.1%		14.0%	18.2%	15.1%	15.9%	15.9%	28.0%	29.2%	41.2%
Employer-based coverage (% of residents, 0-64 years; 2001, 2003)	60.6%	59.7%		58.2%	56.7%	62.3%	60.1%	59.4%			
Medi-Cal program enrollment (% of residents, 0-64 years; 2003-2004)	12.8%	14.4%		13.5%	14.7%	10.8%	12.8%	15.4%			
No dental insurance (% of adults, 18 years and over; 2001-2003)	37.0%	38.4%		41.7%	34.6%	35.5%	36.9%	35.2%	41.6%	34.7%	47.6%
<b>Health status</b>											
Perceived health status (% of residents, 0-64 years, reporting fair/poor health; 2001, 2003)	15.1%	19.0%		9.9%	15.0%	13.6%	15.0%	15.0%	26.9%	29.6%	35.3%
Low birthweight (% of live births; 2001-2003)	5.2%	5.8%	4.7%	5.5%	6.4%	6.1%	5.6%	6.4%			
Infant mortality (no. of infant deaths per 1000 live births; 2001-2003)	4.2*	5.8	4.3*	4.4*	4.8	5.2	4.8	5.5			
Late or no prenatal care (% of births; 2001-2003)	8.9%	16.2%	19.6%	17.6%	19.2%	9.5%	15.2%	13.6%			

Indicator	Santa Cruz County	Monterey County	San Benito County	San Luis Obispo County	Santa Barbara County	Ventura County	Central Coast	California	Coast Latino	Central Coast Low income (<FPL)	Central Coast Non-citizen
Teen births (per 1000 women age 15-19; 2001-2003)	32.2	58.8	40.4	21.3	40.2	36.6	38.3	41.1			
Chlamydia (cases per 100,000 persons; 2001-2003)	216.5	288.2	181.1	166.9	235.4	179.6		310.3			
AIDS (cases per 100,000 persons; 2001-2003)	7.3*	7.5	5.4*	8.2*	6.3	5.0		14.7			
Asthma diagnoses (% of adults; 2001, 2003)	14.3%	11.0%		14.5%	11.2%	12.1%	12.3%	11.8%	7.5%	9.0%	4.0%
Suffer from hunger (% of adults < 200% FPL; 2001)	16.3%	12.7%	4.7*%	13.7%	5.1*%		10.3%				
Adult obesity (% of adults overweight or obese; 2001, 2003)	51.2%	59.8%		54.9%	51.5%	52.4%	53.9%	55.2%	64.2%	50.8%	57.8%
Children at risk of obesity (% of 7th graders above normal BMI; 2004-05)	32.3%	36.5%	29.6%	27.2%	31.3%	30.7%	31.7%	33.3%			
Hypertension diagnoses (% of adults, 45 yrs. and over; 2001, 2003)	19.7%	21.9%		24.9%	20.9%	22.1%	21.9%	22.8%	16.4%	15.5%	11.5%
Mental health services need (% of adults reporting need; 2001)	16.9%	13.1%		16.1%	16.9%	16.5%	15.9%	15.1%	16.5%	19.8%	17.9%
Suicide (deaths per 100,000 population; 2001-2003)	13.0	9.3	9.5*	13.4	10.2	9.2		9.5			
<b>Health behaviors</b>											
Alcohol use (% of adults reporting drinking in prior month; 2001, 2003)	69.8%	56.1%		67.6%	62.1%	62.0%	62.4%	57.6%			
Binge drinking (% of adults reporting drinking more than 5 drinks at single time in past month; 2001, 2003)	19.6%	14.1%		19.0%	18.5%	16.8%	17.2%	15.3			

Indicator	Santa Cruz County	Monterey County	San Benito County	San Luis Obispo County	Santa Barbara County	Ventura County	Central Coast	California	Coast Latino	Central Coast Low income (<FPL)	Central Coast Non-citizen
Tobacco use (% of adults who are current smokers; 2003)	13.8%	16.5%		16.0%	14.3%	13.4%	14.6%	16.5%			
Motor vehicle deaths (deaths per 100,000 persons; 2001-2003)	11.0	14.0	21.4*	12.5	9.5	10.3	n/a	12.0			
No usual source of care (% of adults; 2001, 2003)	12.6%	16.8%		13.7%	13.5%	13.8%	14.2%	14.0%	24.2%	24.7%	30.8%
Delayed or foregone care (% of adults; 2001, 2003)	21.5%	15.0%		16.7%	12.7%	13.4%	14.9%	14.0%			
Cervical cancer screening (% of women, 18 years and over, never had pap test; 2001,2003)	5.5%	10.9%		4.4%	5.6%	7.7%	7.3%	7.2%	15.0%	17.3%	13.8%
Breast cancer screening (% of women, 30 years and over, never had a mammogram; 2001, 2003)	32.4%	31.0%		16.3%	26.6%	258.8%	26.6%	26.9%	43.3%	36.4%	48.1%
Colorectal cancer screening (% of persons, 40 years and over, never had screening; 2001, 2003)	47.2%	51.1%		39.0%	42.1%	49.7%	46.9%	46.1%	73.0%	69.4%	82.3%
Prostate cancer screening (% of men, 40 years and over, never had screening; 2001, 2003)	56.3%	54.6%		50.8%	52.4%	55.4%	54.3%	58.2%	82.1%	81.1%	86.7%
Immunizations (% of kindergarteners fully immunized; 2004)	87.0%	95.5%	94.7%	93.0%	92.5%	89.9%		92.9%			
<sup>1</sup> Data is unreliable due to small sample size / low rate of occurrence. * For San Benito County, 2004 ACS data and not available, thus Census 2000 data provided. Monterey and San Benito Counties are combined in reports from the California Health Interview Survey											