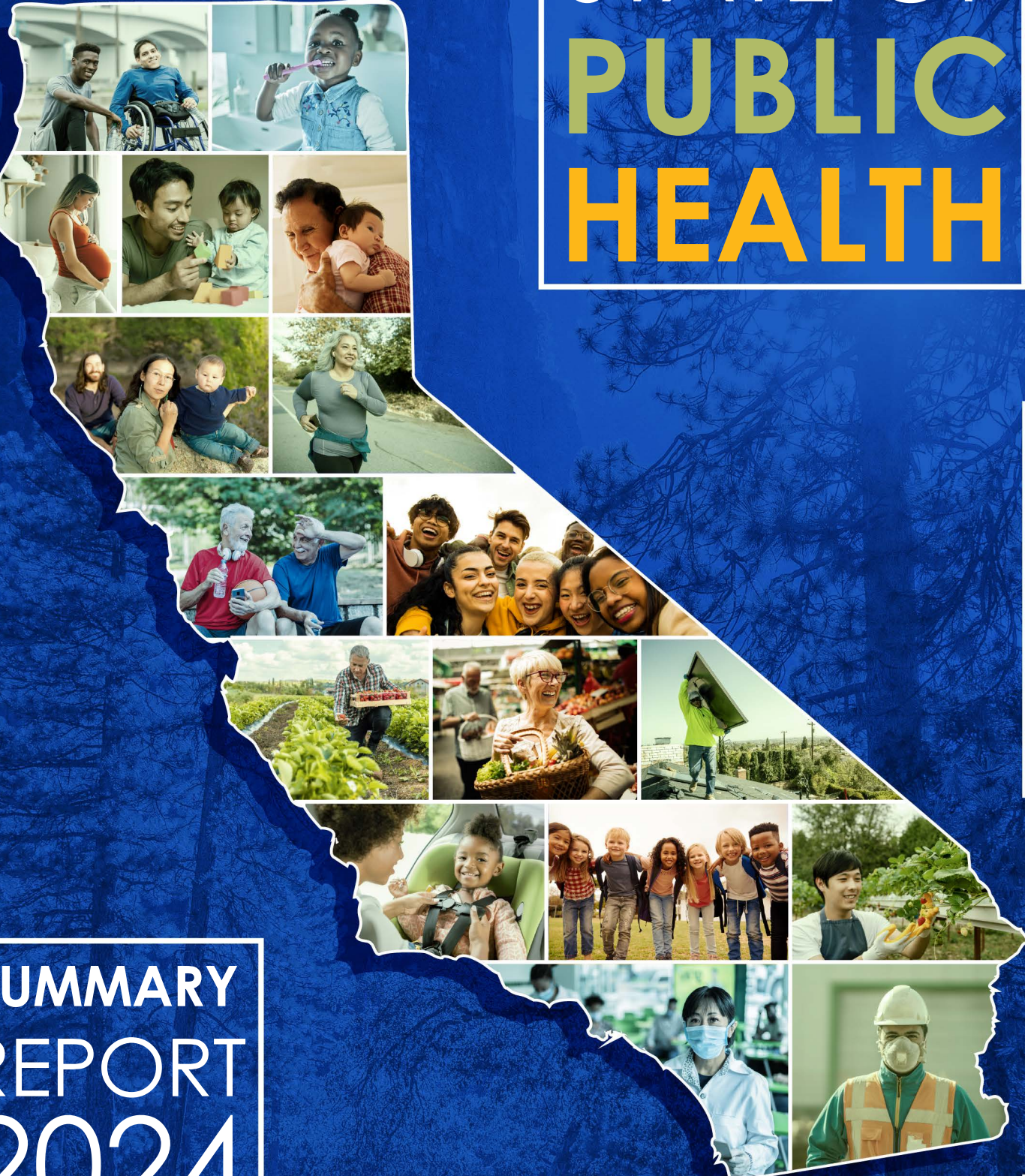




CALIFORNIA STATE OF PUBLIC HEALTH



SUMMARY
REPORT
2024

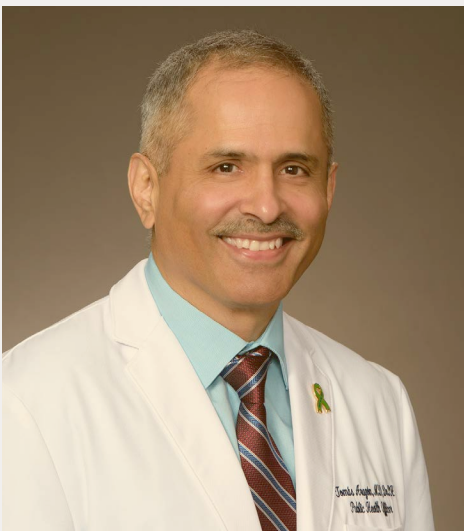


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A Letter from

THE STATE PUBLIC HEALTH OFFICER AND CALIFORNIA DEPARTMENT OF PUBLIC HEALTH DIRECTOR



Tomás J. Aragón, MD, DrPH
Director and State Public
Health Officer
California Department
of Public Health

Dear Governor Newsom and Honored
Members of the California State Legislature,

I am pleased to present the inaugural California State of Public Health Report as established in the California Health and Safety Code ([HSC 101320.3](#)). This comprehensive report, in the form of a Summary and Full Report, provides data and information on key public health indicators, health disparities, and leading causes of morbidity and mortality.

The mission of the California Department of Public Health (CDPH) is “to advance the health and well-being of California’s diverse people and communities” with the vision that all Californians enjoy “healthy communities with thriving families and individuals.”

Health is not the absence of disease or injury—it is a state of complete physical, mental, and social well-being. The National Academy of Medicine defines public health as “what we, as a society, collectively do to assure the conditions in which people can be healthy.”

Equity is a foundational guiding principle in public health. Every Californian should have the resources and opportunities to be healthy and thrive. California is taking on the pressing issues identified in this report. Through significant investments strengthening public

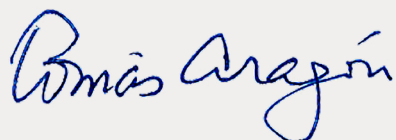
health infrastructure and workforce (e.g., Future of Public Health), addressing ongoing and emerging public health issues (e.g., Children and Youth Behavioral Health Initiative, Master Plan to Tackle the Fentanyl and Opioid Crisis, STD Prevention and Collaboration Grants), and bolstering supports for working families (e.g., California Earned Income Tax Credit), and so much more – we are charting a course toward a healthier, more equitable California for all.

Public health is OUR collective endeavor to protect, promote, and improve the health of our communities. By sharing this report with you, I hope to better foster collaboration and partnership to address the health challenges, especially health inequities, facing Californians. I look forward to working together in the coming months and years to achieve our shared mission and vision to protect and improve the health and well-being of California's communities.

I hope this report informs and inspires policymakers, communities, community-based organizations, and other stakeholders to thoughtfully prioritize prevention and evidence-based interventions that create environments in which all Californians can achieve their highest level of health.

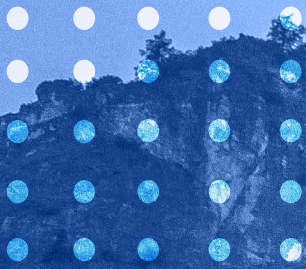
I am deeply grateful for your continued dedication and support to improving health and well-being for all Californians. Together, we can make a significant and positive impact.

Respectfully submitted,



Tomás J. Aragón, MD, DrPH
Director and State Public Health Officer
California Department of Public Health





2024

STATE OF PUBLIC HEALTH

SUMMARY REPORT

The Role of Public Health

The role of public health is to protect and promote the health and well-being of all California's diverse people and communities. Public health offers a unique perspective focusing on preventing injury and disease before it occurs to improve the health of communities and the entire population, across all stages of life.

Public health interventions at the local and state levels address community and economic conditions that foster health and well-being. This is often referred to as taking a primary prevention approach to address “upstream” factors (see Figure 1).

Upstream approaches require broad involvement across sectors to increase protective factors (such as economic stability, safe housing, nutrition security, access to safe parks and open spaces, health services, and social supports), reduce inequities, decrease risk factors for negative health outcomes, and create the conditions that promote the best possible health for all populations.

Over the past 20 years, there has been significant improvement in health and well-being among Californians, as reflected in longer life expectancy and improvement in key population health outcomes, such as:

- **Reducing the lung cancer death rate** by 59% (between 2001 and 2022)ⁱ and achieving the second lowest smoking rates in the countryⁱⁱ due to comprehensive tobacco control and prevention efforts including laws and regulations, cessation support, and education.
- **Reducing the ischemic heart disease death rate** by 60% (between 2001 and 2022) through medical advances and continuous efforts in public health education, prevention, and intervention such as increasing access to care, nutritious foods, and promoting healthy eating and exercise.ⁱⁱⁱ
- **Reducing the HIV death rate** by 72% (between 2001 and 2022) for all groups, and by 74% among Black individuals, through stigma reduction, increased routine testing, expanded awareness of prevention tools (e.g., pre-exposure prophylaxis [PrEP]), and improvements in access to care and treatment.^{iv}
- **Reducing infant mortality rates** to among the lowest in the country through maternal and child health programs including nutritional support and genetic disease screening.^v

Figure 1
Upstream 101: Decoding Public Health.



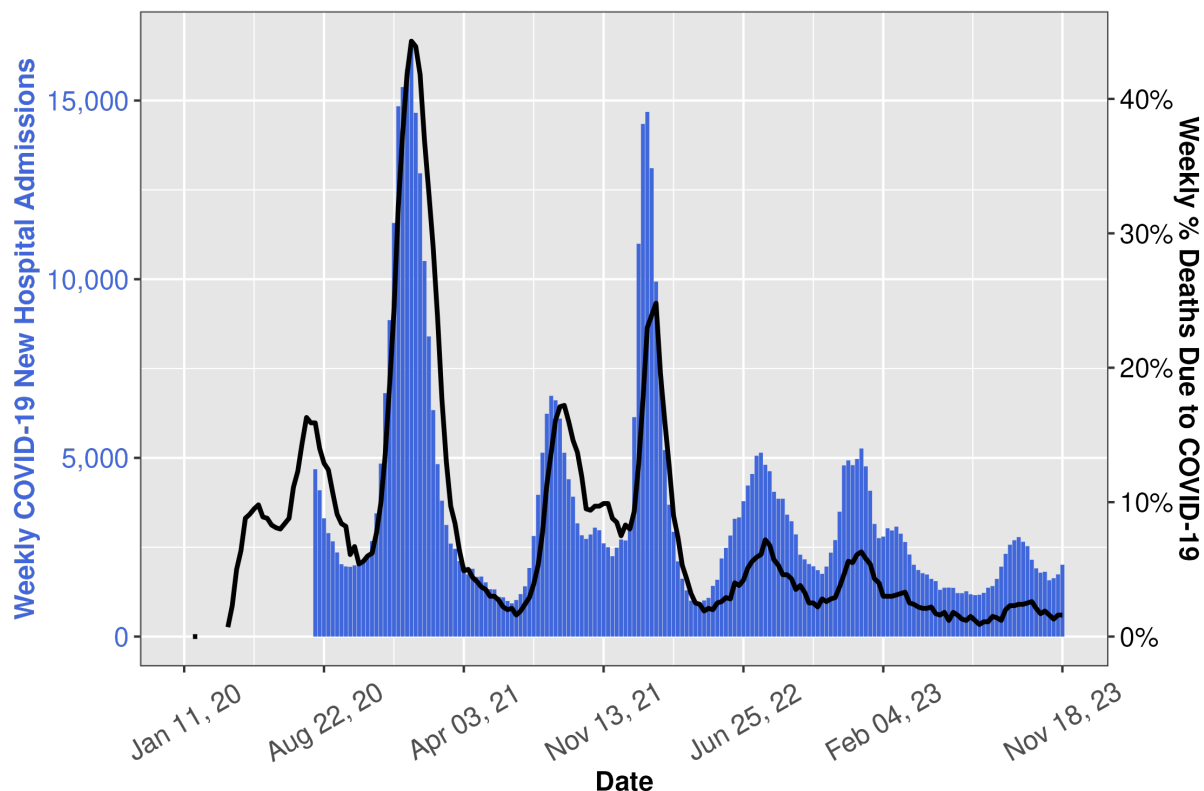
- **Reducing the adolescent birth rate** by 72% (between 2007 and 2021), due to improved access to public health prevention strategies, including comprehensive sexual health education, clinical and social support services, and promotion of healthy relationships and communication practices.^{vi}

Post-Pandemic Recovery

California has experienced overall improvements in population health and is also facing numerous public health challenges. The COVID-19 pandemic had an unprecedented and lasting impact on California. For the first time in 20 years, Californians experienced a drop in life expectancy. Importantly, the pandemic experience highlighted the shared cost of long-standing racial inequities^{vii} and fault lines in the health ecosystem and affected everyone across the state at all stages of life.

California's COVID-19 response played a critical role in preventing and mitigating the health, social, and economic impacts of the pandemic, including policy, communication, and planning strategies that prioritize equity and community partnership. The trend data below reflect the shift in impact of COVID-19 from widespread cases, hospitalizations, and the leading cause of death, to a less severe endemic status within a two-year period due to public health interventions for prevention, testing, and treatment.

Figure 2
 COVID-19 New Hospital Admissions and Percentage of Deaths Due to COVID-19 by Week



Source: [Centers for Disease Control and Prevention. COVID Data Tracker](https://www.cdc.gov/covid-data-tracker/#trends_weeklyhospitaladmissions_select_06) (covid.cdc.gov/covid-data-tracker/#trends_weeklyhospitaladmissions_select_06)

California's public health system now faces a moment of challenge and opportunity:

Communities across the state are striving to rebound from the COVID-19 pandemic in the context of daunting pressures on population health including experiences of collective trauma, secondary chronic health conditions (e.g., long COVID), and socioeconomic effects that involve longer term support and intervention.

- Children and youth experienced unique challenges during the pandemic, including extended disruptions in education, social isolation, changes to routines, and threats to their sense of security and safety. As of March 31, 2023, more than 44,000 children lost a parent or caregiver due to COVID-19. Almost 30,000 of those were Latino children.^{viii, 1} Combined with other stressors, and without protective factors and support to buffer the experience, this type of traumatic family loss can have both immediate and long-term health consequences on children and families.
- The pandemic highlighted and exacerbated escalating behavioral health trends and outcomes across the state and its diverse populations (e.g., isolation among older adults).

California is also experiencing increasingly severe and simultaneous climate change-driven emergency events.

- Almost half of adults experienced a hazardous weather-related event between 2020 and 2021, with 17% and 22% of those reporting the event had harmed their physical or mental health, respectively.^{ix}
- Nearly every Californian breathed severe wildfire smoke at some point between 2020 and 2021. Researchers estimate that wildfire smoke during August and September of 2020 may have contributed to as many as 3,000 excess deaths among older Californians.^x

¹ Note on the use of "Latino:" With a few exceptions, this report uses the term "Latino" when describing data about people from or with roots in Latin America and the Caribbean. CDPH recognizes suitable alternatives such as Latine and Latinx and their use to advance gender-inclusive language.



California and CDPH have made significant and strategic investments in the public health system to advance recovery and population health improvement. This includes new emergency response capacities to address gaps and prepare for emerging threats as well as conducting critical public health programmatic work to respond to ongoing impacts across a range of health issues.

The 2024 State of Public Health report, as authorized by the California Health and Safety Code ([HSC 101320.3](#)), describes important patterns and trends in the health status of Californians. The report, in the form of this Summary Report and the Full Report,² provides data and perspectives for long-range planning as public health leaders coordinate and plan inclusive, cross-sector efforts to secure the health, safety, and resilience of all residents.

Ranking Leading Causes of Mortality, Premature Death, and Morbidity

There are many ways to view the health status of Californians. Public health looks across multiple mortality and morbidity measures to assess different levels of burden and identify public health challenges from different perspectives. Public health also conducts analyses to understand the shared risk and protective factors that are the underlying causes of multiple health conditions.

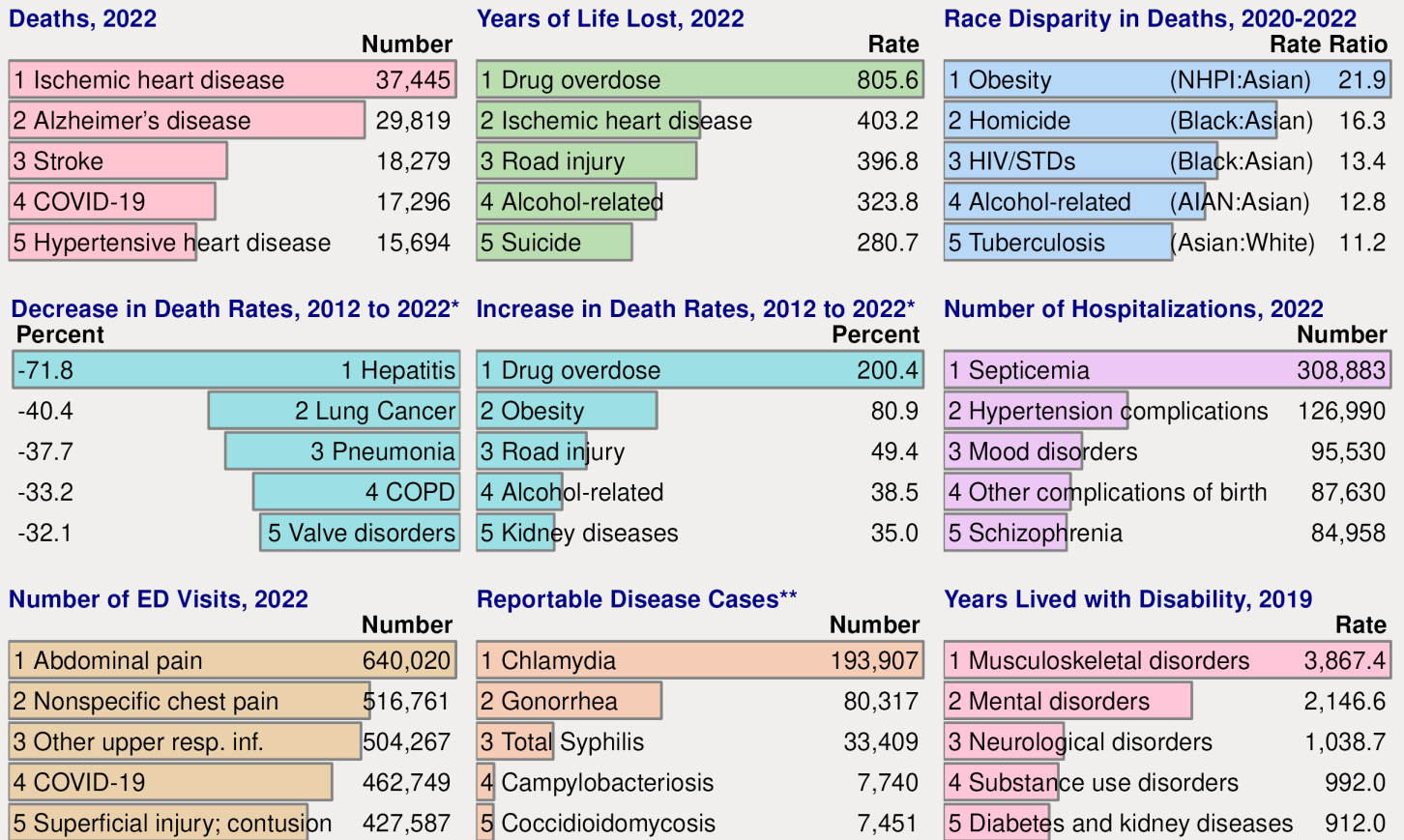
Many conditions rank high on more than one health outcome measure (Figure 3).

- Ischemic heart disease caused the most deaths in California, as well as high rates of years of life lost (also called premature death).
- Behavioral health related conditions such as drug overdose and mental health conditions caused high rates of premature death, hospitalization, and years lived with disability.
- COVID-19 remained a key issue contributing to deaths and emergency department visits.

² The 2024 State of Public Health Report: Full Report is a comprehensive, long-form version of this Summary Report. Unless otherwise cited, findings in this Summary Report are based on data included in the Full Report. Please see the Full Report for additional details and technical notes.



Figure 3
Multiple Lenses – Top 5 Conditions Based on Multiple Measures†



Notes:

†Years of life lost and years lived with disability values are crude rates per 100,000. Increase and decrease in death rates are based on percent increases or decreases in age-adjusted death rates. Racial and ethnic disparities are indicated by ratios between the age-adjusted death rates in the group with the highest rate and the group with the lowest rate. Alcohol-related conditions do not include partially or indirectly attributed conditions.

*COVID-19 is excluded as a cause in comparisons that involve years before the pandemic. Conditions with fewer than 100 deaths in either period are excluded.

**Data are for 2022 except for campylobacteriosis which is for 2021. Reported COVID-19 cases not shown.

Abbreviations: NHPI - Native Hawaiian and Pacific Islander; AIAN - American Indian and Alaska Native

Detailed race and ethnicity data are available in the Full Report.

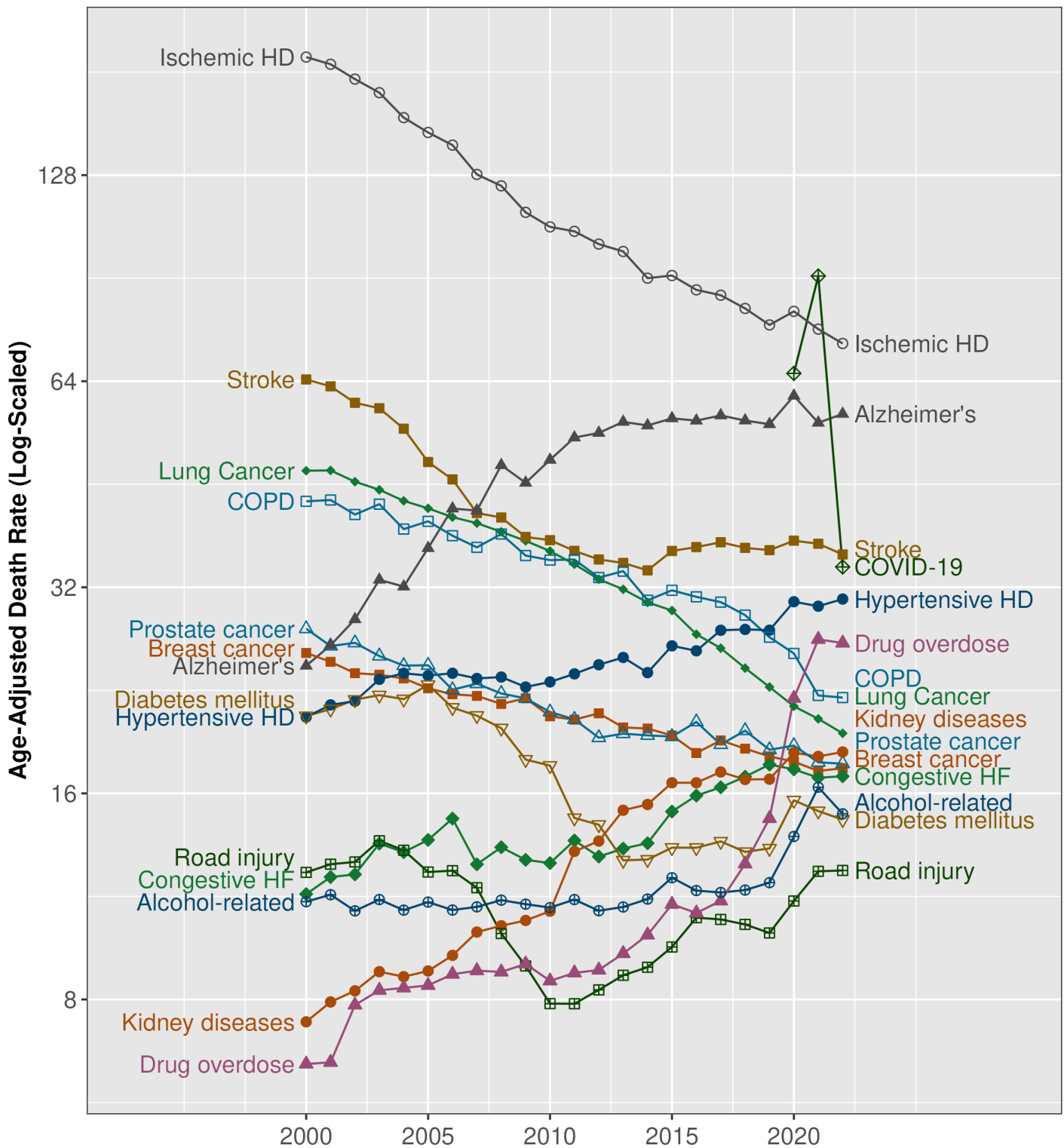
Trends in Leading Causes of Death

There is a general long-term pattern of decline in mortality rates in California.

- Encouraging decreases in death rates were seen in several chronic conditions including ischemic heart disease, stroke, lung cancer, chronic obstructive pulmonary disease (COPD), prostate cancer, and breast cancer.

- In contrast, significant long-term increases were seen in deaths due to Alzheimer's disease, hypertensive heart disease, and drug overdose.
- COVID-19 emerged in 2020 and became the leading cause of death in 2021 at the height of the pandemic. Death rates dropped sharply in 2022.

Figure 4
Trends in Age-Adjusted Death Rates for Top 15 Conditions, 2000–2022



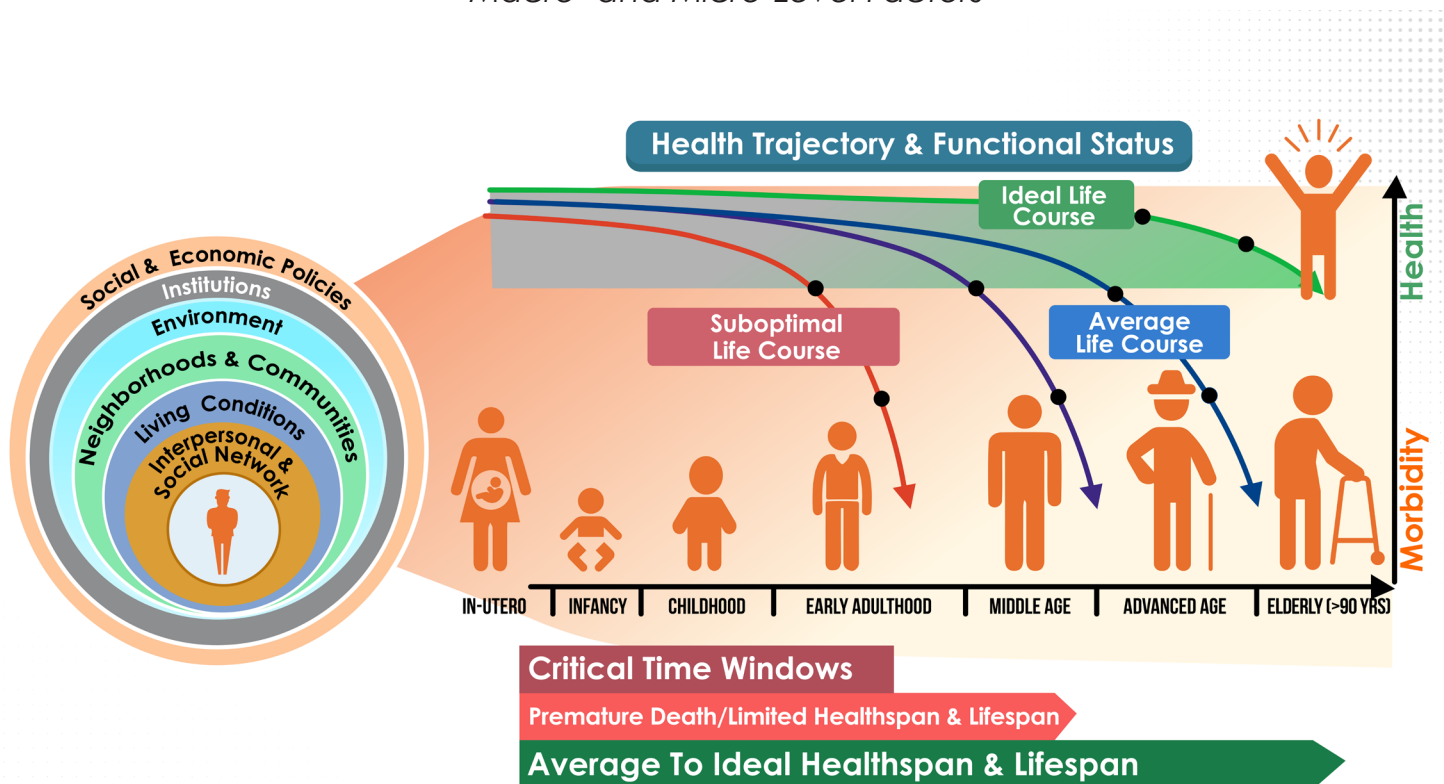
Abbreviations: HD - heart diseases; HF - heart failure

Population Outcomes across the Life Course

The cumulative impact of life experiences and exposures shape our health. Public health policies and programs place a strong emphasis on prevention to support a healthy trajectory over the life course. Supporting good health in early years is generally more effective and less costly than later intervention, and it can set the path for health throughout life, and for future generations.

Many health issues are connected by a shared set of risk and protective factors that overlap and interact at various societal levels and life stages. These factors include community conditions (where we live, work, learn, and play), which significantly influence opportunities for health for people at all ages. The differences in access to conditions that support good health can contribute to significant health disparities, especially early in life. Due to long-standing structural and systemic racism and discrimination, communities of color and other disadvantaged groups experience increased exposure to multiple risk factors across the life course which can contribute to poor health outcomes and persistent inequities.

Figure 5
The Evolution of Health Trajectories Under the Influence of Macro- and Micro-Level Factors



Source: [Vasan, R, Zachariah, J, Xanthakis, V. \(2020\). Life course developmental approach to cardiovascular health and cardiovascular disease prevention: Opportunities and unanswered questions. Journal of American College of Cardiology, 76\(23\), 2708–2711. \(doi.org/10.1016/j.jacc.2020.10.011\)](#)

Public health uses prevention approaches to reduce exposure to risk factors and increase protective factors so that all people can enjoy good health. In the case of chronic disease prevention, for example, upstream interventions such as promoting healthy food access, safe communities, and supportive family and community environments, along with strategic approaches encouraging healthy behaviors, are priorities of the public health system.

Conditions affecting health vary across life stages. The chart below shows the top 5 leading causes of death within each age group.

- The health status of individuals before and during pregnancy affects infant health.
- Injury related deaths are leading causes of mortality in childhood through young adulthood.
- For older adults, chronic conditions are prominent such as cardiovascular disease, cancer, and Alzheimer's disease.
- Death rates for nearly all causes and stages are significantly higher among males.

Figure 6
Leading Causes of Death across the Life Course, 2022

Rank	Ages 0 - 4	Ages 5 - 14	Ages 15 - 24	Ages 25 - 34	Ages 35 - 44	Ages 45 - 54	Ages 55 - 64	Ages 65 - 74	Ages 75 - 84	Ages 85+
1	Neonatal conditions 1,002 (o)	Road injury 80 (>)	Road injury 765 (>)	Drug overdose 2,309 (>)	Drug overdose 2,382 (>)	Drug overdose 2,072 (>)	Ischemic heart disease 4,631 (x)	Ischemic heart disease 8,190 (x)	Ischemic heart disease 9,672 (x)	Alzheimer's disease 20,246 (<)
2	Congenital anomalies 423 (<)	Congenital anomalies 45 (<)	Drug overdose 723 (>)	Road injury 1,088 (>)	Alcohol-related 995 (>)	Alcohol-related 1,467 (>)	COVID-19 2,279 (v)	COVID-19 3,635 (v)	Alzheimer's disease 7,371 (<)	Ischemic heart disease 13,073 (x)
3	Other un-intentional injuries 97 (>)	Brain & nervous system cancers 44 (^)	Homicide 480 (>)	Suicide 724 (>)	Road injury 827 (>)	Ischemic heart disease 1,433 (x)	Drug overdose 2,254 (>)	Lung Cancer 3,034 (^)	Stroke 4,625 (x)	Stroke 8,347 (x)
4	Other Infections or Nutrition 39 (v)	Suicide 38 (>)	Suicide 441 (>)	Homicide 668 (>)	Suicide 654 (>)	COVID-19 977 (v)	Alcohol-related 2,065 (>)	Stroke 2,865 (x)	COVID-19 4,325 (v)	Hypertensive heart disease 6,678 (x)
5	Endo., blood, immune dis. 37 (<)	Other neurological 34 (<)	Other neurological 104 (<)	Alcohol-related 408 (>)	Homicide 506 (>)	Hypertensive heart disease 757 (x)	Hypertensive heart disease 1,768 (x)	Hypertensive heart disease 2,581 (x)	COPD 3,891 (<)	COVID-19 5,409 (v)

Broad Condition Group

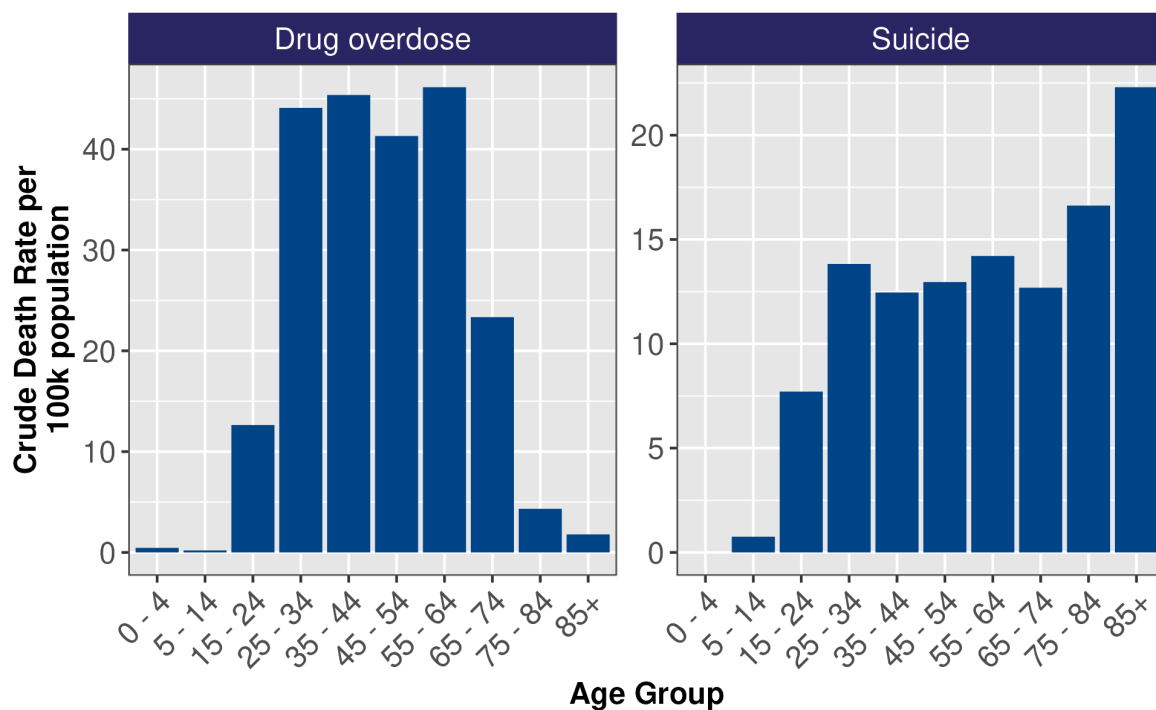
(v) Communicable	(^) Cancer	(x) Cardiovascular
(<) Other Chronic	(>) Injury	(o) Perinatal

Notes: Neonatal conditions are health issues affecting newborns in the first few weeks of life. Preterm birth, childbirth-related complications (birth asphyxia or lack of breathing at birth), infections, and birth defects cause most neonatal conditions and comprise the vast majority of neonatal mortality. Alcohol-related conditions do not include partially or indirectly attributed conditions.

Certain conditions have a widespread impact across multiple stages of life.

- Drug overdose was a leading cause of death between ages 15–64 in 2022. Various substances including opioids and methamphetamines were involved in fatal overdoses across age groups.
- Suicide death rates were higher in 2022 among older adults, while the highest numbers were among ages 19–44. Recent increases have also been observed among youth.

Figure 7
Death Rates for Drug Overdose and Suicide by Age Group, 2022



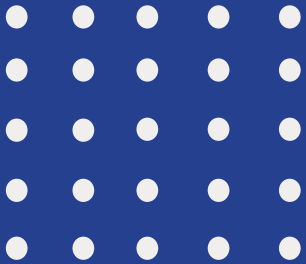
- Communicable diseases, including respiratory infections such as COVID-19 and influenza, were significant causes of acute illness and mortality for people of many ages in 2022. Whereas severe outcomes associated with COVID-19 have decreased over time, hospitalization and death rates were significantly higher among people over 65.

Many of the health conditions and outcomes highlighted in this report impact individuals at all stages of life. However, some age groups and populations experience a greater burden than others. Understanding these impacts can help focus public health action through use of both universal and targeted approaches for health improvement.



Early Life Stages

A healthy beginning sets the stage for the health and well-being for a person’s entire life. Health before and during pregnancy, access to health care, economic stability, and social support, along with the health of family and community, all contribute to a healthy start. Many of public health’s efforts focus on intervening during earlier life stages (e.g., preconception, pregnancy, infancy, childhood, and adolescence) to create healthy, safe, stable, and nurturing environments at these critical life stages and to prevent health challenges before they occur. The life course perspective takes into account intergenerational adversity and trauma that impact health. Focusing program and policy work to support healthy early life development is foundational to advancing health equity.



Some of the greatest disparities in health outcomes begin in the earliest life stages.

- The mortality rate among ages 0-4 was over 3 times higher for Black children, and nearly 2 times higher for Latino children, compared to White children. For most age levels, Black individuals had much higher rates than White individuals. A similar pattern was observed among Native Hawaiian and Pacific Islander and American Indian and Alaska Native individuals.
- These higher death rates among Black, Native Hawaiian and Pacific Islander, and American Indian and Alaska Native individuals across the life course result in disparities in life expectancy, with gaps of 8-10 years or more.

Figures 8 and 9 below illustrate a comparison of racial and ethnic disparities in all cause death rates by age group and life expectancy, respectively. Differing death rates throughout the life course, particularly in the youngest ages, lead to gaps in life expectancy.

Figure 8
Age-Specific Death Rate Ratios (with White as Reference)
by Race/Ethnicity, 2020–2022

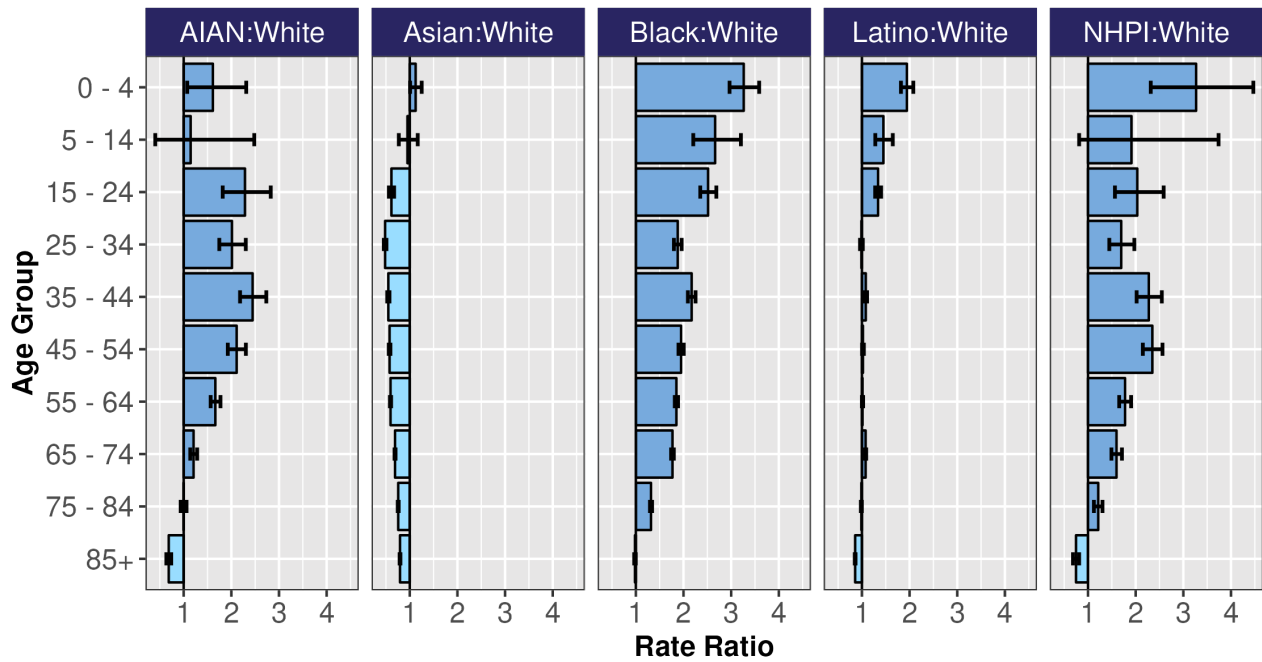
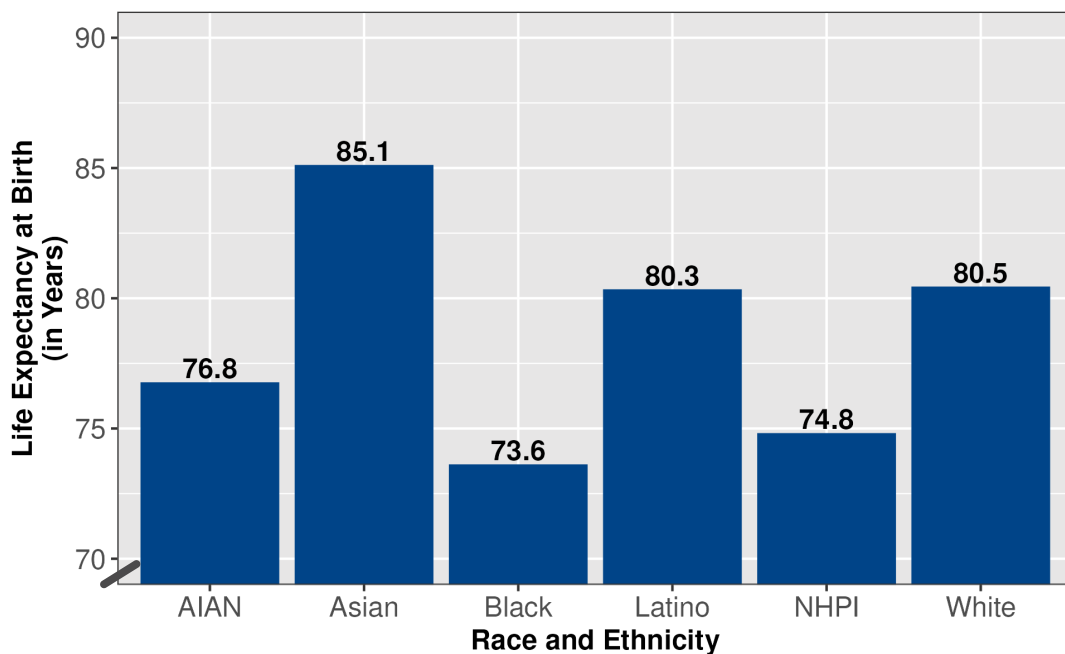


Figure 9
Life Expectancy by Race/Ethnicity, 2020–2022

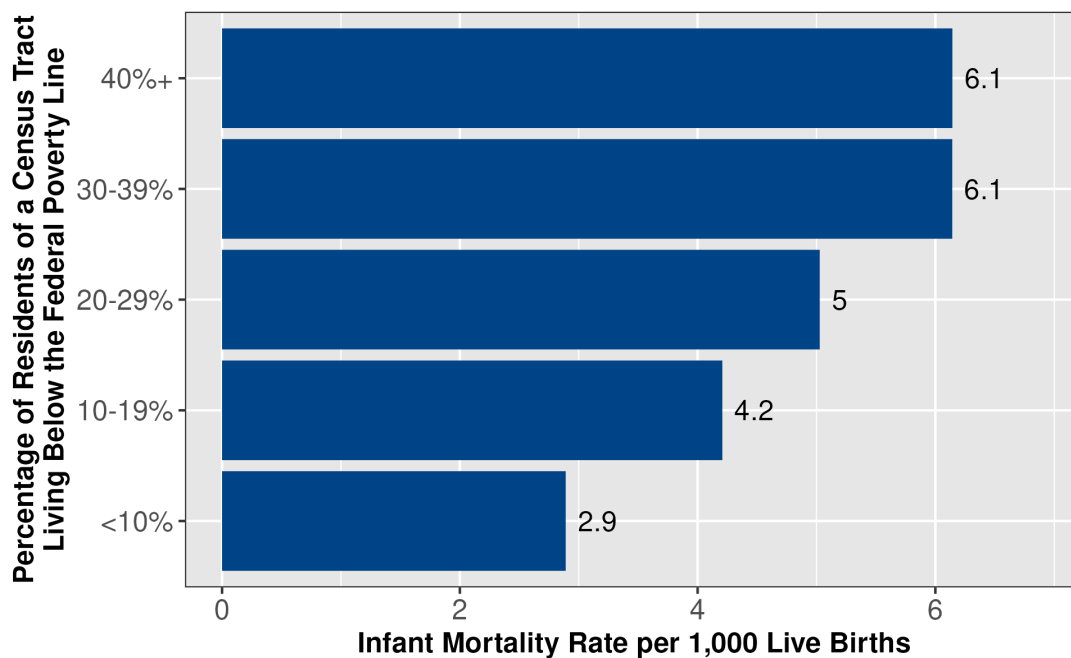


Note: Line break indicates that y-axis does not start at 0.

Racial and ethnic disparities are also observed in specific health outcomes and exposures early in life, such as infant and pregnancy-related mortality and Adverse Childhood Experiences (ACEs). Structural racism, living in a high poverty neighborhood, housing insecurity, lack of access to culturally responsive and quality health care, nutrition insecurity, mental health challenges, and substance use are key drivers of poor health outcomes during pregnancy, birth, and childhood.^{xi}

- **Infant and pregnancy-related mortality** are important indicators of overall community health. Although California has some of the lowest infant and pregnancy-related mortality rates in the nation, Black infants and families experience significant disparities in perinatal outcomes.^{xii} Infant mortality rates are also significantly higher in neighborhoods with higher rates of poverty.

Figure 10
Infant Mortality Rate (per 1,000 Live Births) by Neighborhood Poverty, 2020



Source: California Department of Public Health, Center for Family Health, Maternal, Child and Adolescent Health Division, Infant Mortality Dashboard. Last Modified June 2023.

- **Adverse Childhood Experiences (ACEs)** are associated with immediate and long-term negative health outcomes, such as behavioral health challenges and chronic disease. American Indian and Alaska Native, Pacific Islander, and Black Californians reported higher rates than other groups.^{xiii}
- **Congenital syphilis** cases reached their highest levels in 30 years in 2022, consistent with national trends. Cases were more common among parents receiving late or no prenatal care, using methamphetamine and injection drugs, experiencing homelessness or unstable housing, and/or having been incarcerated within the prior 12 months.^{xiv,xv}

California children and adolescents also experience some of the greatest behavioral health challenges.

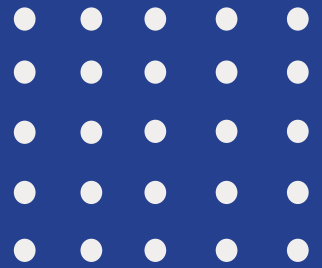
- Between 2016–2020, California youth had the second largest percent increase in depression and anxiety among children ages 3–17 in the nation.^{xvi}
- In 2021, more than 1 in 3 California adolescents reported that climate change caused them to feel nervous, depressed, or emotionally stressed.^{xvii}
- The majority (57%) of non-fatal self-harm related emergency department visits among California residents occurred among children and youth aged 10–24.
- National data indicate that adolescents who experience homelessness, in the child welfare and juvenile justice systems, and who are lesbian, gay, bisexual, transgender, queer (or questioning), and other sexual identities (LGBTQ+) are more likely to experience risk factors for behavioral health challenges but are the least likely to receive services.^{xviii}





Young Adulthood

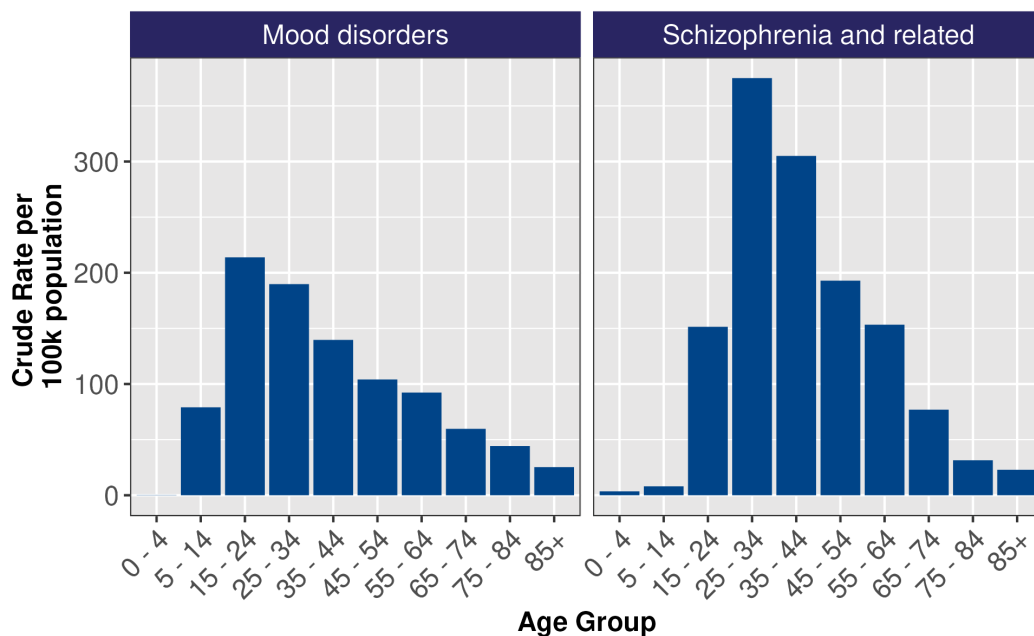
Young adulthood is a critical life stage that consists of behavioral experimentation and the expansion of social networks that influence health behaviors and set the trajectory for health and well-being into late adulthood. In addition, social determinants further shape a young adult's living conditions into adulthood and ultimately influence health outcomes later in life.



Young adults in California experience unique challenges and concerning increases in death rates. Death rates among young adults (25–34) and adults (35–44) increased prior to the pandemic, while generally decreasing for all other age groups. During the pandemic, young adults experienced the largest relative increase in death rates compared to all other groups. In 2022, death rates decreased across most groups, including among young adults and adults. However, despite these recent decreases, death rates among young adults and adults were still around 38% higher than their pre-pandemic rates in 2019.

- The leading causes of death among young adults in 2022 included drug overdose, road injuries, alcohol-related deaths, suicide, and homicide.
- Young adults also experienced higher rates of emergency department visits and hospitalization for mood disorders and schizophrenia related disorders. Although emergency department visits were high for young adults in all race/ethnicity groups, the rates were significantly higher among Black young adults.

Figure 11
Emergency Department Visit Rates for Mood Disorders and Schizophrenia by Age Group, 2022



Substance Use

- Drug overdose was the condition with both one of the largest long term and recent increases in death. In 2022, overdose deaths did not increase further but the death rate remains among the highest in the past 20 years.
- Even though the increase in overdose rates has slowed statewide, it has continued to increase for young adults ages 35–44.
- Young adults and adults (25–44) had higher rates of any opioid-related and fentanyl-related overdose deaths than older age groups.
- Social isolation, mental health challenges, economic distress, and structural inequities that give rise to systematic social and economic disadvantages contribute to disparities in substance use.
- Mixing drugs (polysubstance use) such as opioids and sedatives can increase the risk of overdose, damage to the brain or other organs, and contributes to other health consequences.^{xix}

Homicide

- Young adults experienced the highest rates of homicide death across age groups.
- Homicide was the leading cause of death among Black young adults.
- Black males experienced a homicide rate more than 8 times greater than the overall rate, and nearly 18 times greater than the overall rate among younger age groups. The homicide death rate for Black young adult males was higher than any cause of death for children, youth, and young adults of all race and ethnic groups.
- There was also a high homicide burden among Latino individuals (about half of all homicide deaths).
- Firearms are a uniquely fatal weapon, accounting for 72% of all homicide deaths in 2022.
- Death and injury are only part of the societal and public health impact of violence on individuals and communities. Communities with high levels of violence experience trauma as a result of secondary and anticipatory exposure to violence (e.g., hearing gun shots and walking to work or school near sites where violent events have occurred).

Suicide

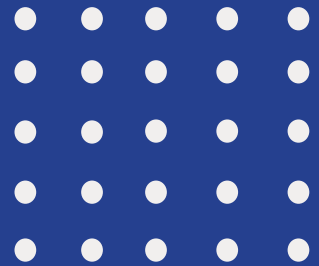
- The total number of suicides was highest among White individuals, accounting for 58% of all suicide deaths in California in 2022.^{xx}
- Suicide rates showed regional variations, with rural communities in Northern regions generally experiencing higher mortality rates.
- The use of firearms was the most common mechanism for suicide overall.
- There are a range of factors that can increase risk of suicide death including easy access to lethal means, stigma associated with seeking help, health conditions linked to chronic pain, lack of access to health care and services, job loss or financial problems, bullying, loss of relationships, and social isolation.^{xxi}
- Exposure to ACEs is associated with an increased risk for suicide, increasing risk up to 30 times higher for adults who experienced four or more ACEs compared to those who had not experienced ACEs.^{xxii}
- Demographic shifts in suicide and self-harm rates during recent years were likely impacted by several factors, including the stressors and associated impacts created by the COVID-19 pandemic, which were differentially experienced by the various populations within California.



Adulthood and Older Adults

Cardiovascular diseases, such as ischemic heart disease, are among the leading causes of death for adult age groups (starting with ages 45 and older).

Ischemic heart disease accounted for the greatest number of deaths in California in 2022, although there have been steady decreases in recent decades.



- Social determinants, such as community conditions, contribute to disparities in cardiovascular disease risk and mortality, including prevalence of risk factors such as obesity and diabetes among households with lower incomes, and Black, Latino, and Pacific Islander individuals.
- Existing public health practice and actions focus on addressing structural, social, and environmental barriers to healthy nutrition, physical activity, secondhand smoke exposure, education, employment, and access to preventive services.
- In contrast to declines in mortality from ischemic heart disease, steady recent increases have been observed for mortality from hypertensive heart diseases.



COVID-19 deaths dropped below ischemic heart disease, Alzheimer's disease, and stroke among older adults (ages 75+) in 2022.

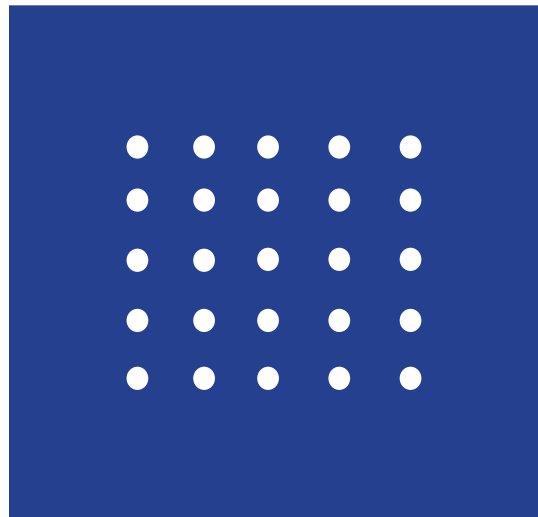
- Although death rates declined statewide, COVID-19 remained the leading cause of death for Latina women in the 55–64 age group.

Occupational health risks are also a source of injury and illness among adults.

- Examples of occupational health risks include musculoskeletal disorders, work-related asthma, COVID-19, and work-related environmental exposures.
- Over 2 million California workers are employed in high-risk occupations.^{xxiii}
- Some occupational health risks, such as Valley fever and heat- and smoke-related illness have been exacerbated by recent changes in the California climate.^{xxiv}

Alzheimer's disease was the leading cause of death for older adults 85 years and older, and the second leading cause of death overall for Californians in 2022.

- The COVID-19 pandemic masked and accelerated cognitive decline in older adults, while increasing the isolation and stress of older adults living with dementia and that of their caregivers as well.
- It is estimated that by 2040, the number of adults living with Alzheimer's disease in California will have increased by 127%, or nearly 1.6 million.^{xxv}
- There are strong intersections between health conditions such as hearing loss, stroke, and depression and increased risk of Alzheimer's disease.
- A lower education level, experiencing poverty, and lived trauma and discrimination—which are prevalent in underserved populations—are all factors that are associated with an increased risk of Alzheimer's disease and related dementia.^{xxvi}
- Increasing protective factors such as maintaining a healthy diet, reducing alcohol use and smoking, increasing physical activity and social connections, and maintaining good sleep for older adults can reduce negative health outcomes, improve quality of life, and may delay or prevent up to 40% of dementias.^{xxvii}



What is Public Health Doing?





Effective solutions for improving the delivery of public health call for sustained efforts across public health policies and programs:

■ Preparedness and Resilience:

CDPH is building statewide and community resilience to respond to the next public health emergency and threat through,

- Robust and coordinated preparedness planning and systems to alert and protect the population, especially the most vulnerable, against the health effects of extreme weather and wildfires.
- Improved emergency response infrastructure to address emerging and ongoing threats, as demonstrated during responses to COVID-19, Mpox, and winter respiratory viruses, as well as the growing health effects of climate change.
- Building climate resilience using a health equity lens to improve infrastructure and building design, create stronger workforce protections, and invest in community-led solutions.

■ Behavioral Health:

Promote primary prevention, resiliency, equity, and improve the social and economic conditions within communities.

- Continue to foster safe, stable, nurturing relationships and environments through policy and community empowerment efforts (e.g., economic, housing and food security, child friendly business policies, safe public spaces, family relationships, and community social connections).
- More than 50 different programs at CDPH are working to improve behavioral health outcomes for all Californians.

■ Public Health Infrastructure:

The [Future of Public Health initiative](#) strengthens state and local infrastructure, addressing critical gaps and building capacity to achieve a more resilient, equitable public health system. Funding will:

- Strengthen the six foundational governmental public health services (e.g., Workforce, Emergency Preparedness and Response, IT, Data Science and Informatics, Communications and Public Education, Community Partnerships, and Community Health Improvement).
- Expand and build a strong, well-supported public health workforce.
- Advance equity in local and state public health departments, including authentic and deep community engagement.



There are over 200 CDPH and local programs and initiatives underway to address the health conditions and disparities described throughout this report. The throughline to a successful statewide support for community health and safety is the intentional application of equity-focused prevention and intervention approaches positioned upstream. Examples include:

- **Healthy pregnancy and child development**

such as the [California Home Visiting](#) and [Women, Infants, and Children](#) programs that link families to social supports, wraparound services, as well as, education (e.g., nutrition and breastfeeding) and coping services.

- **Culturally responsive health promotion and education**

that raises awareness, reduces stigma, and catalyzes social norm and behavior change, such as the [Children and Youth Behavioral Health Initiative](#) and [Opioid Use and Overdose Prevention Initiative](#).

- **[Trauma-informed and accessible screening, testing, and linkages to care](#)** for HIV, sexually transmitted infections (STI), and hepatitis C virus.

- **Community-developed solutions to advance mental health equity**, as demonstrated by the [California Reducing Disparities Project](#).

- **Policy, systems, and environmental change strategies**

to improve community conditions and increase access to healthy foods, walkable neighborhoods, and limit exposure to tobacco smoke and products (e.g., the [California Tobacco Prevention Program](#) and [Safe Streets and Roads for All](#)).

- **Data and surveillance** to identify high burden health conditions and effectively allocate resources, as well as, to identify, implement, and evaluate policies and strategies. [Visit the State of Public Health [Resource Hub](#) to view public health data dashboards and other materials.]

- **Licensing and certifying health care facilities**, agencies, and qualified providers to ensure provision of high-quality care.

- **Multisector partnerships and a whole-of-government approach** to address complex public health problems and achieve health equity.

Some examples of a whole-of-government approach include:

- [Safe Schools for All](#), a partnership with the Department of Education.
- [Essentials for Childhood](#), a partnership with the Department of Social Services to prevent ACEs and promote safe, stable, nurturing, and healthy relationships and environments for children.
- [Weatherization Assistance Program](#), a program led by the Department of Community Services and Development that offers weatherization, energy efficiency improvements, and education for low-income renters and homeowners to build resiliency to climate impacts.
- **Collaboration with health care** and the Department of Health Care Services to amplify and leverage funding streams to address social needs (e.g., [California Advancing and Innovating Medi-Cal \(CalAIM\)](#)).
- [Healthy Aging Initiative](#) in partnership with the state's [Master Plan for Aging](#), promoting healthy and resilient communities that support older Californians.



Conclusion

This report utilizes multiple health measures and data sources to highlight the major trends and disparities in health outcomes across California. There have been major improvements in health and well-being over the past 20 years, and California continues to strive to boldly address issues through a myriad of initiatives. There is also a great opportunity to reduce health inequities and address the structural and social determinants of health. The effects of structural racism are evident across the life stages, disparities in health conditions, and life expectancy, as they continue to drive unequal access to the resources and opportunities necessary for good health and well-being.

The life course perspective emphasized in this report illustrates the opportunity to address the unique disparities of health conditions within specific groups through prevention strategies that promote safe conditions for all Californians as they live and grow. These public health priority approaches, include:

- Intervention at the earliest stages of life,
- Prevention, especially primary prevention,
- Upstream strategies to improve social determinants that create healthy conditions for all, with a priority focus on advancing health equity, and
- Strengthening public health readiness and resiliency in the face of emerging threats and challenges such as climate change.



Public health plays a critical role as California continues on the path to recovery following the COVID-19 pandemic, ensuring that California's individuals, families, and communities have the resources and supports needed to be resilient and thrive.

We hope the data, analysis, and public health strategies and actions outlined in this report serve as a guide to the current state of public health, past achievements, and where to focus our future efforts for the greatest impact as we continue to pursue a California for All.

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