THE BOARD OF SUPERVISORS OF THE COUNTY OF STANISLAUS
ACTION AGENDA SUMMARY

DEPT: HEALTH SERVICES AGENCY

Urgent_____ Routine X

CEO Concurs with Recommendation YES X NO____
(Information Attached)

BOARD AGENDA # B-16

AGENDA DATE April 10, 2001

4/5 Vote Required YES____ NO X

SUBJECT: ACCEPTANCE OF PRESENTATION OF THE STANISLAUS COUNTY 2001 COMMUNITY HEALTH REPORT BY THE HEALTH SERVICES AGENCY

STAFF RECOMMENDATIONS: ACCEPT PRESENTATION BY THE HEALTH SERVICES AGENCY OF THE STANISLAUS COUNTY 2001 COMMUNITY HEALTH REPORT.

FISCAL IMPACT: None

BOARD ACTION AS FOLLOWS:

No. 2001-269

On motion of Supervisor Blom **, Seconded by Supervisor** Caruso
and approved by the following vote,
Ayes: Supervisors: Mayfield, Blom, Simon, Caruso, and Chair Paul
Noes: Supervisors: None
Excused or Absent: Supervisors: None
Abstaining: Supervisor: None

1) X **Approved as recommended**
2)_____ **Denied**
3)_____ **Approved as amended**

Motion:

ATTEST: CHRISTINE FERRARO TALLMAN, Clerk **By: Deputy** Christine Ferraro **File No.**

1010-08 L

DISCUSSION: One of the strategic goals of the Health Services Agency (HSA) is to improve the health status of the community through focused efforts with measurable outcomes. One activity to achieve such a goal is to take a look at the community's health profile. The profile offers important data for the recommendation of policy and development of programs to improve the public's health.

This is the third community health report which continues to analyze results for selected health indicators in the County. This year, the four (4) critical health issues continue to be Chlamydia, Low Birth Weight Babies, Unintentional Injuries, and Cardiovascular Disease. These issues were presented to the Board with last year's report. During this past year, HSA has been very active in following through with establishing coalitions and community partnerships for the development and implementation of health improvement strategies.

In recognizing that Chlamydia has become an increasing concern in Stanislaus County, the Public Health Division applied and was awarded the Chlamydia Grant. Over the last year, this grant allowed the Agency to hire a Health Educator to conduct various prevention and education activities in the community. HSA was able to assess the need and capacity for conducting screening; implement a screening program; provide education, counseling, and testing at high risk sites; conduct outreach activities; and partner with various agencies and community organizations to continuously address this issue.

While low birth weight has continued to decline, that decline has been insignificant. In response to the problem impacting infants in Stanislaus County, the Perinatal Outreach Education staff has engaged in a variety of outreach and prevention activities. Of note are: The partnership effort with area hospitals and county departments, extensive outreach activities to educate child bearing age women and the high risk populations, as well as extending the education to males. HSA will continue to monitor progress in this area through data review of birth certificates and focus group and post discharge interviews.

In the area of injury prevention, the Agency has been awarded a grant from the Department of Health Services for a Safe Communities Project. This planning grant will allow HSA to establish a community wide coalition, review and compile vehicle injury data, create a community profile, and develop a strategic plan on vehicle injury prevention. At the end of this 18 month grant, further funding opportunities for implementation of the prevention strategies will be explored.

Last year, it was reported to the Board that HSA took the lead in establishing the countywide Cardiovascular Disease Prevention Coalition, which is now named the HEART (heart education awareness resource team) Coalition. This Coalition is starting its third year of existence. During the past year, the Coalition has been busy conducting various activities. A cardiovascular disease prevention resource guide has been developed and distributed to various physician offices, clinics, and health organizations. A Heart Info Fair with significant participation by the public was conducted in February of this year. The Coalition coordinated with County Risk Management on the

Automated External Defibrillator Program, and is now in the process of creating a website.

Although the Agency has been busy with the improvement of the public's health, much more work remains to be done. This year's analysis indicated two emerging health issues, which are Hepatitis C and Black Infant Health. Once the Agency has an opportunity to identify specific areas of focus in these two areas, strategic planning effort will begin to address the treatment and prevention of these issues.

It is recognized that prevention efforts are long term, and that every one in the community needs to play a part. With the Board's support, the Agency plans to continue to build community capacity and influence organizations as well as policy makers to implement prevention strategies and initiatives.

POLICY ISSUES: Acceptance of the 2001 community health report by the Board of Supervisors will support the Board's goal of providing a Safe and Healthy Community.

STAFFING IMPACTS: None.

HEALTH SERVICES AGENCY

Partnerships

for a healthy community

FAMILY

Outreach

VISION

service

TOGETHER

Stanislaus County

HSA vision

Leading the Way to a Healthy Community

Core Public Health Functions

Assessment
Policy and Program Development
Assurance and Education

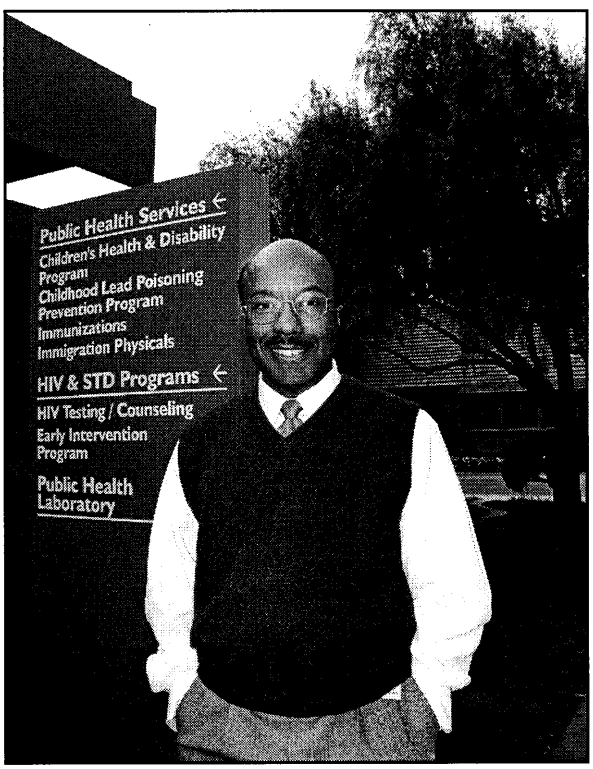
PUBLIC HEALTH MISSION

The mission of the Public Health Division is to ensure healthy communities through efforts that protect and promote the health of, and prevent disease in, all our communities and their members within Stanislaus County.

Message from the Public Health Officer

One of the strategic goals of the Stanislaus County Health Services Agency is to improve the health status of the community through focused efforts with measurable outcomes.

One activity to achieve such a goal is to review the community's health profile. The profile offers important data for the recommendation of policy and development of programs to improve the public's health.



This is the third community report which continues to analyze results for selected health indicators in the County.

At the same time, this report provides the reader information on various community health improvement projects and activities that the Agency is implementing.

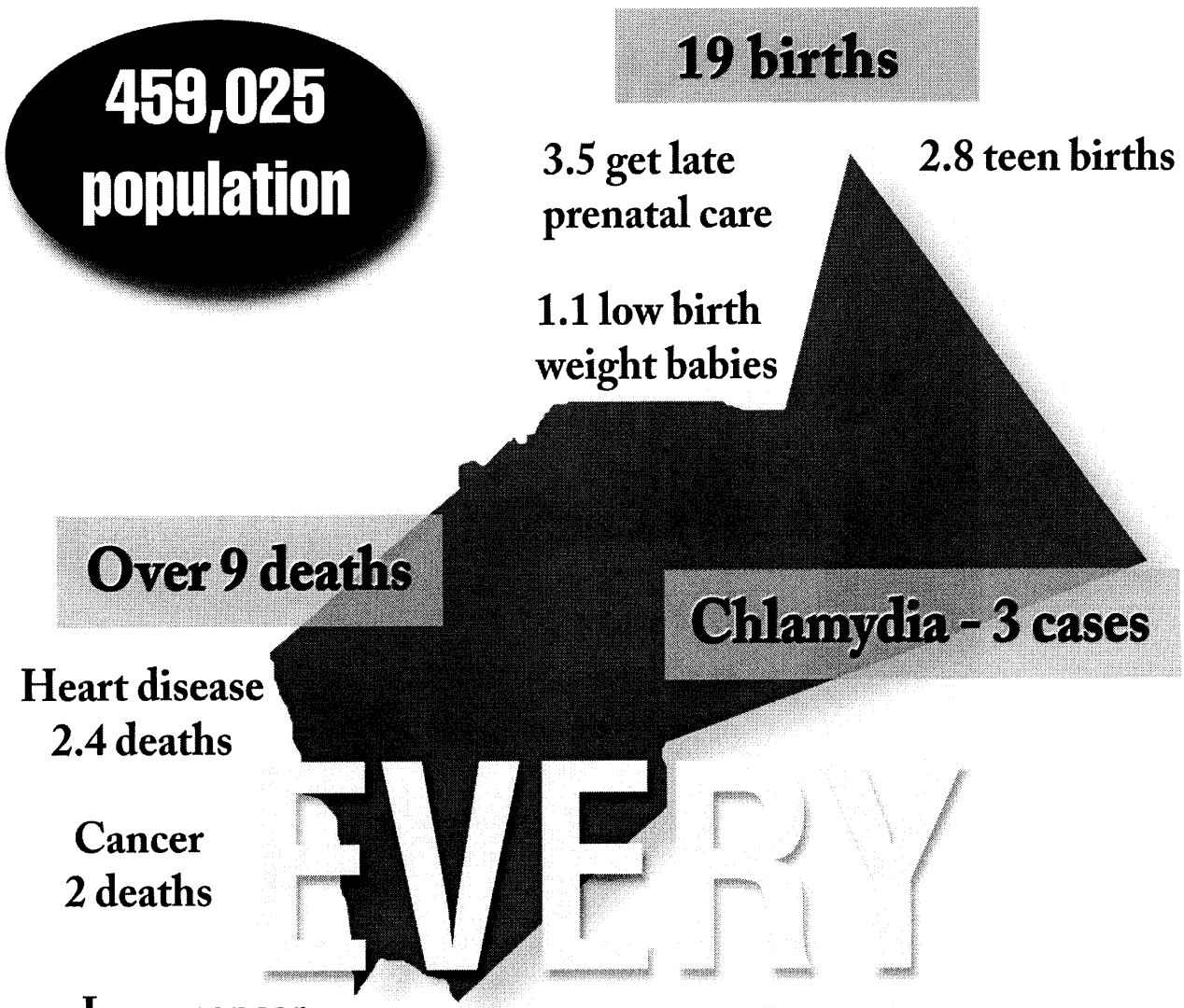
The Agency plans to continue improving the analysis of the community's health on an annual basis.

Since the spectrum of prevention starts with an individual and ends with policy makers, the Agency will continue building community involvement and partnerships that lead to policy development which creates a healthier community.

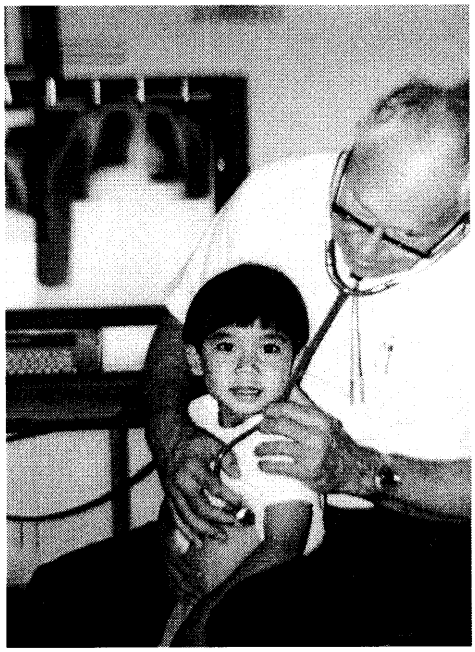
John Walker, M.D.
Public Health Officer
Stanislaus County Health Services Agency

Stanislaus County

On an average day in 2000 . . .



How was the analysis done?



The selected indicators analyzed for our county estimates were compared to two benchmarks. California's estimates and the National Healthy People 2000 Objectives (HP2K)were used to gauge how Stanislaus County's health and our progress toward improving that health rank. Data was analyzed from California's Departments of Health Services and Finance as well as Stanislaus County Health Services Agency data sets.

What are the selected health indicators?

"health indicators which we have identified can be impacted by individual and community action"

To understand a community, it is necessary to examine a broad range of information, which speaks to the fabric of our community and reflects the overall status of our populations.

These health indicators which have been identified can be impacted by individual and community action, and should be useful in directing policy and motivating actions of individuals, families, and community groups.

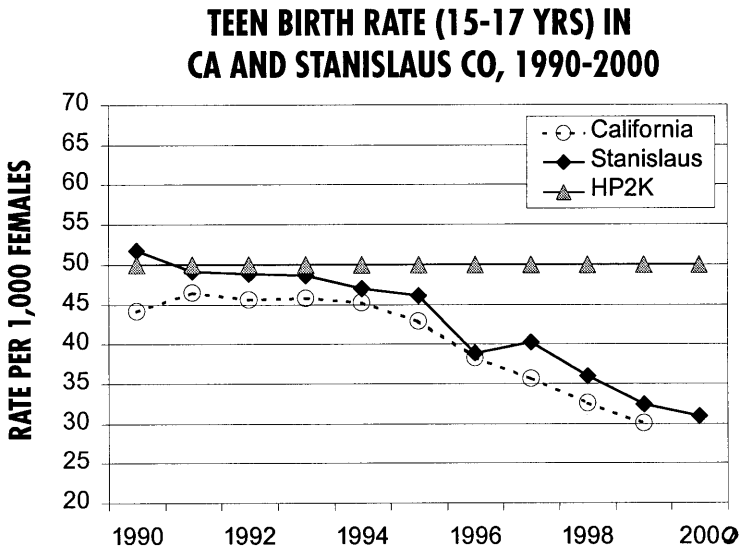
The following is a list of the health indicators chosen to be examined:

- Maternal Child Health, which includes infant births and deaths
- Reportable Diseases
- Deaths, including various causes

Maternal, Child and Adolescent Health

Teen Birth Rate

The teen birth rate has continued to decline in Stanislaus County as well as across the state. This encouraging trend is due to many factors, including increased partnerships with communities throughout the county, availability of services and families involved in addressing teen pregnancy, not only as a teen problem, but an adult problem.

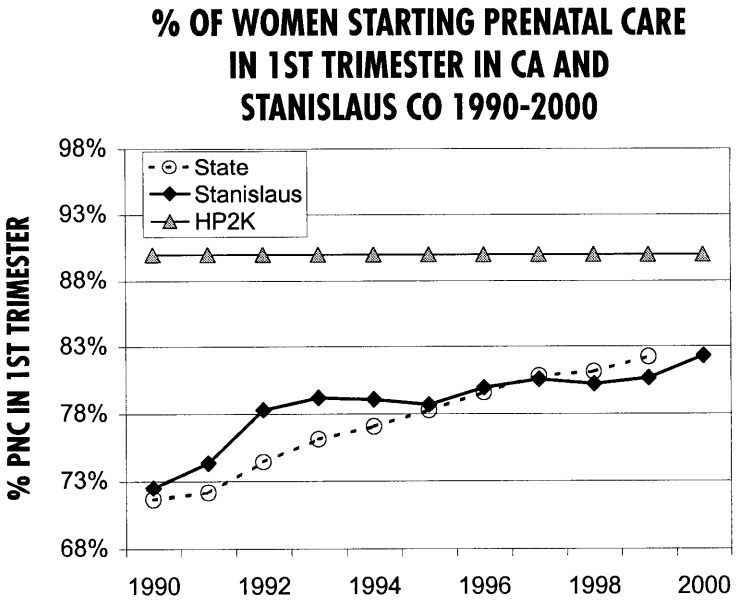


Prenatal Care

The percentage of women getting prenatal care starting in their first trimester has steadily risen. In the past 11 years, the percentage has gone up 10 percentage points in Stanislaus County.

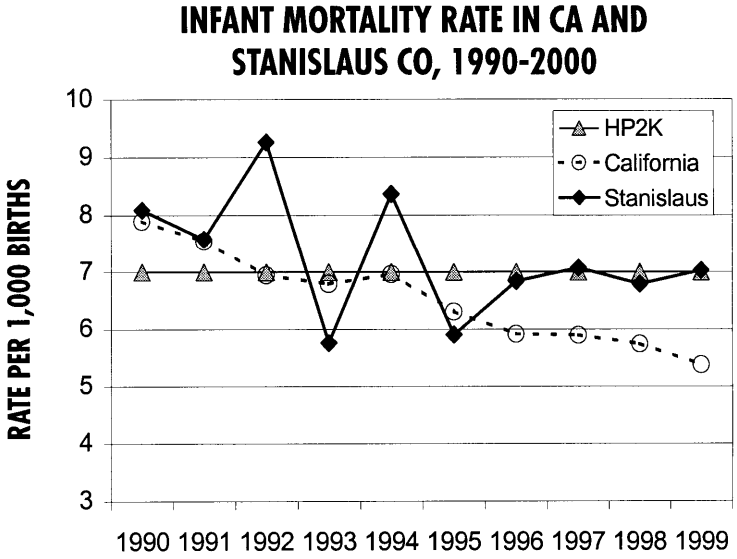
Prenatal care is one of the most important factors in determining the health of infants. Prenatal care in the first trimester has been increasing across all racial and ethnic categories as well.

In spite of this, there is still significant work to be done in order to reach the goal of having 90% of women getting prenatal care in the first trimester.



Infant Deaths

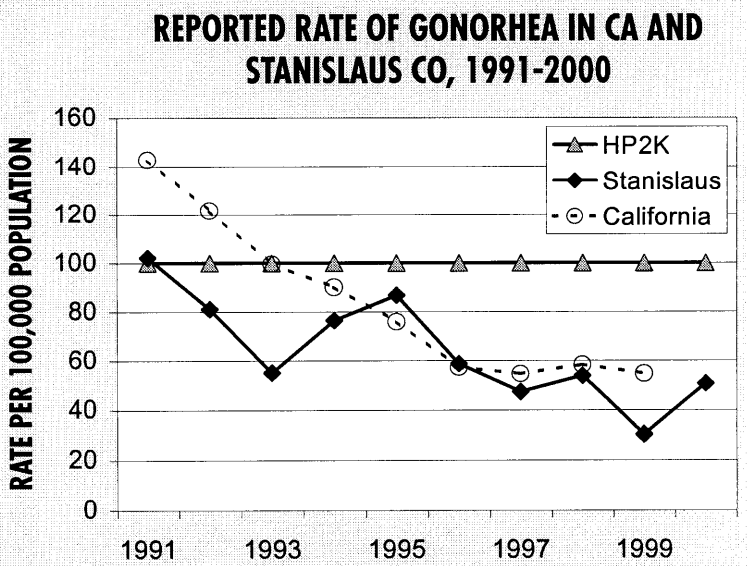
One of the starkest indicators of the health of a community is the number of infants that make it through their first year of life. The infant mortality rate in Stanislaus County has declined in the past decade to reach the national objective for the year 2000. California has had a lower rate than Stanislaus County for the past few years. The graph of the whole county does not tell the whole story. As is discussed later, deaths to African American infants is much higher than deaths to all other infants.



Communicable diseases

Gonorrhea

This sexually transmitted disease has declined precipitously from its epidemic proportions in the 1980's. The rate of disease in Stanislaus County has mirrored the rate in California as a whole for the past several years. Both jurisdictions met and surpassed the national objective for the year 2000 several years ago. While it appears that the rate of gonorrhea is rather low, the rate among the 15-29 year old age group is much higher than all of the other ages in the county.

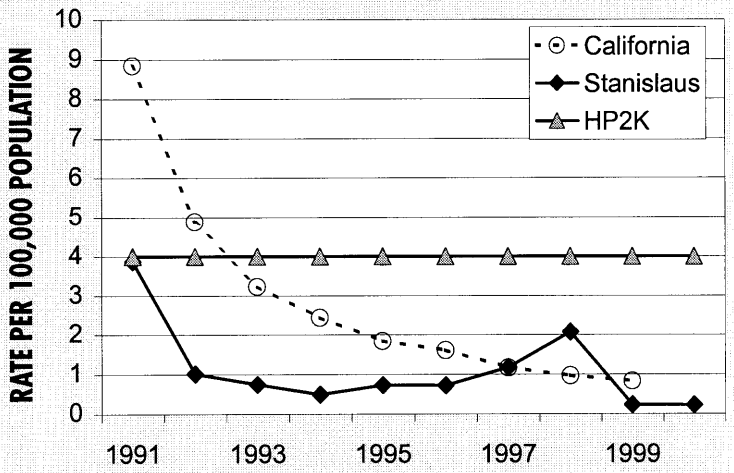


Syphilis

Syphilis has been on the decline in California now for several years. There is a concerted effort now to not only maintain the low incidence of new cases of syphilis but to push for its elimination altogether.

Stanislaus County had some outbreaks of new cases in 1998, but has been able to contain the spread, which has kept the rate beneath California's overall rate and much below the national objective.

REPORTED RATE OF 1° AND 2° SYPHILIS, CA AND STANISLAUS CO, 1991-2000

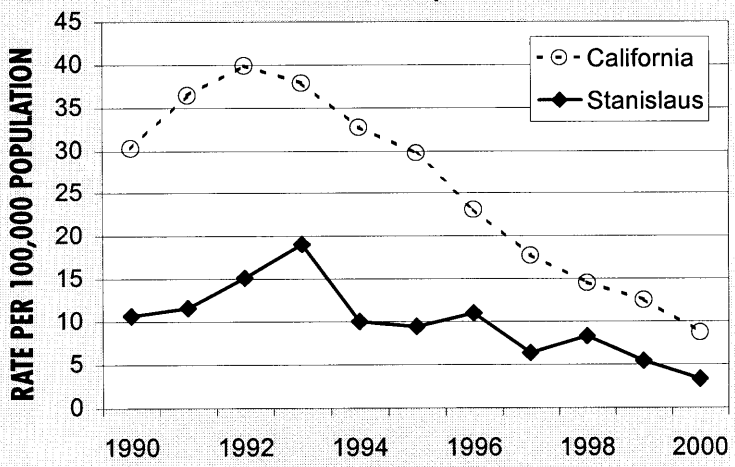


AIDS

The rate of newly diagnosed cases of AIDS in Stanislaus County has always been much lower than the California average, but in recent years, both rates have dropped significantly. This could be due to several factors.

Individuals could be lessening their risk, but most certainly, the availability of treatment for this infection has led to a decline in the number of individuals who have progressed to the point of being diagnosed with an AIDS defining illness.

REPORTED RATE OF AIDS, CA AND STANISLAUS CO, 1990-2000

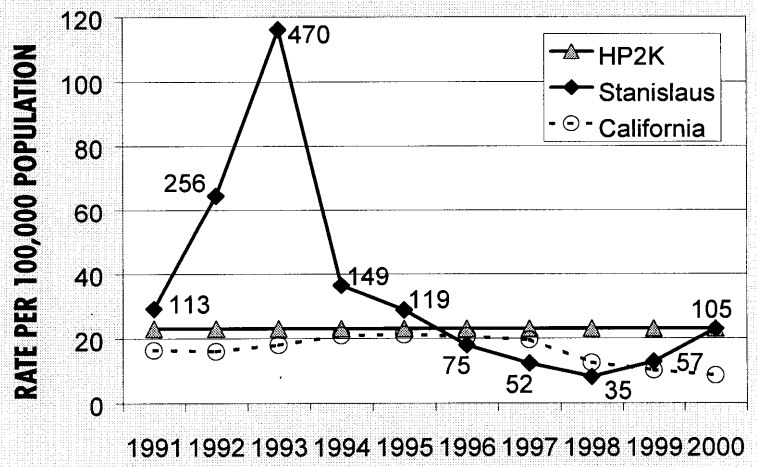


Hepatitis A

This infection can be prevented by having good hygiene. It can also be prevented through vaccination. Both Stanislaus County and California have reached the national objective for the year 2000, but it can be seen that periodic outbreaks of the disease occur every few years.

It is expected these infections will continue to decline as more children become vaccinated against it.

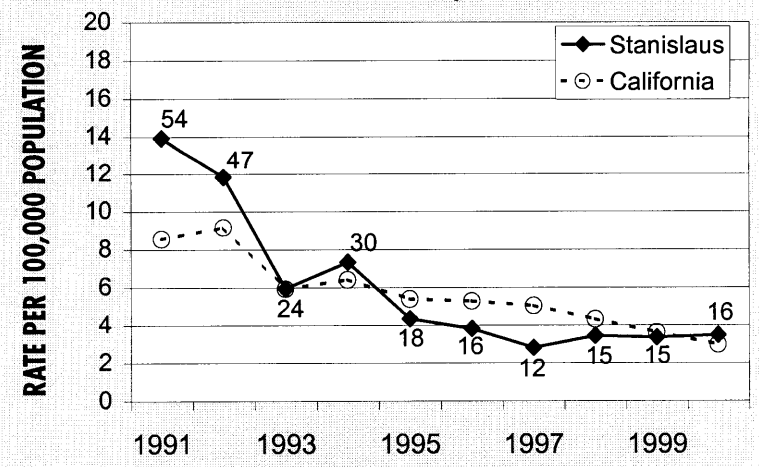
TOTAL REPORTED CASES OF HEPATITIS A, CA AND STANISLAUS CO, 1991-2000



Hepatitis B

The rate of acute hepatitis B has been declining for several years now. With the new laws requiring students entering kindergarten and 7th grade to be up-to-date with the vaccinations against Hepatitis B, it is expected that this serious infection of the liver will continue to decline.

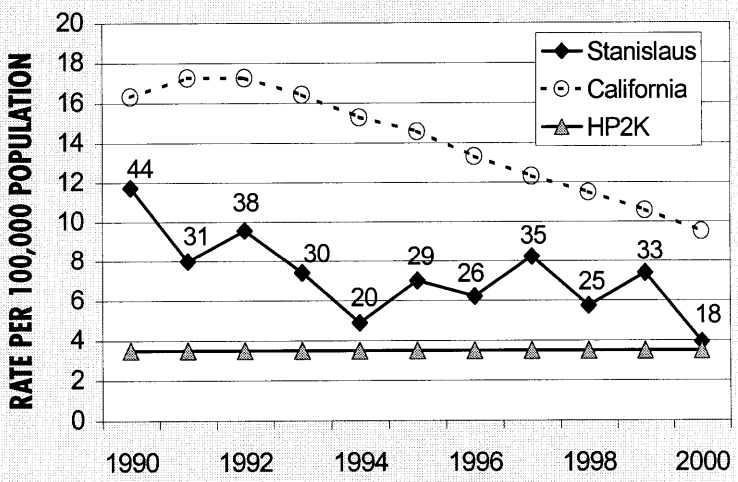
RATE OF REPORTED ACUTE HEPATITIS B, CA AND STANISLAUS CO, 1991-2000



Tuberculosis

The rate of tuberculosis in Stanislaus County has consistently remained well below that of California. The severity of cases has increased due to the tuberculosis bacteria becoming resistant to multiple antibiotics. This provides a significant challenge to Public Health. Stanislaus County has come close to reaching the Year 2000 National Objective, but has not been able to sustain that level.

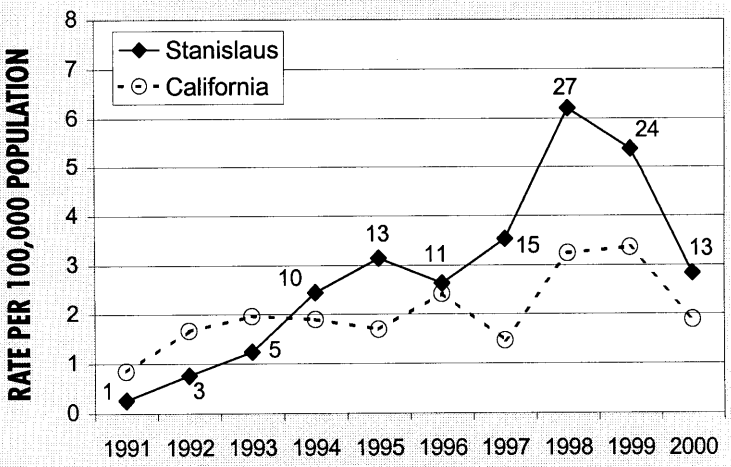
TOTAL REPORTED CASES OF TUBERCULOSIS, CA AND STANISLAUS CO, 1990-2000



Pertussis (whooping cough)

There has been a slight rise in the rate of pertussis in both California as well as Stanislaus County. Several cases of this disease have occurred among very young infants who have not been old enough to be vaccinated against this disease. Many times adults, whose immunity has waned over the years, have exposed infants to the bacteria. There continue to be cases in individuals who have not been immunized. This underscores the need to continue vaccination efforts for all vaccine preventable diseases.

TOTAL REPORTED CASES OF PERTUSSIS, CA AND STANISLAUS CO, 1991-2000

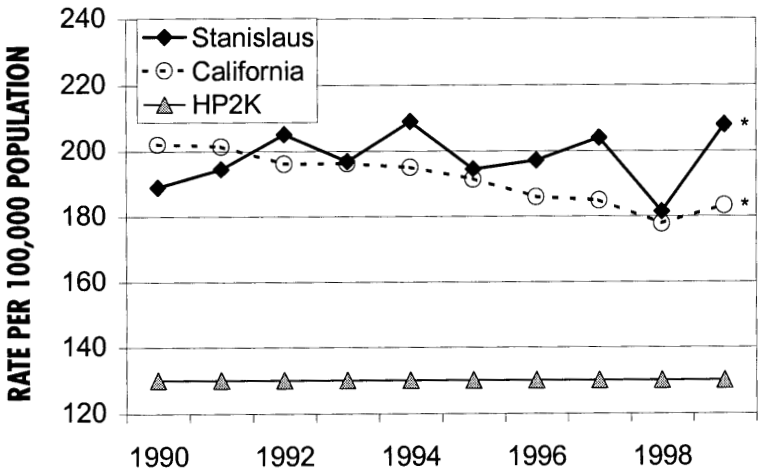


Deaths

All Cancer

Deaths due to all types of cancer continue to be the second largest cause of death. Neither California as a whole nor Stanislaus County is making much progress toward reaching the national goal.

AGE ADJUSTED RATE OF DEATH DUE TO ALL CANCERS, CA AND STANISLAUS CO, 1990-1999



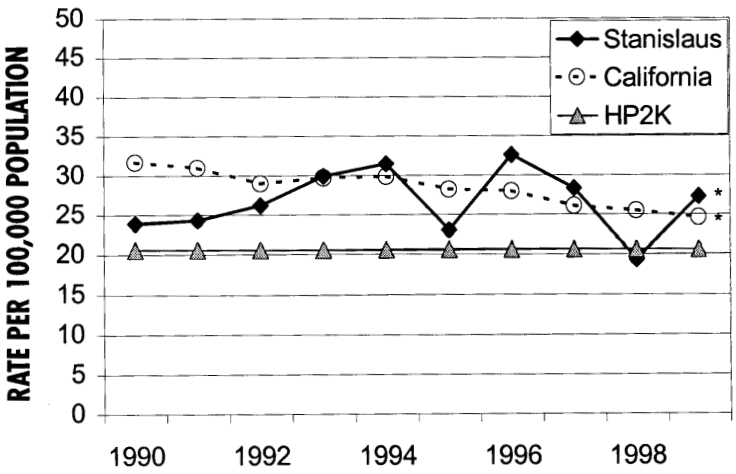
* Data Note

The asterisk next to all of the estimates for 1999 death rates is to alert the reader that a new classification of disease was used for the coding of 1999 deaths. Data prior to 1999 were coded using the International Classification of Diseases, 9th Revision (ICD-9), but starting in 1999 California began to use ICD-10. This means that some of the differences in rates between 1998 and 1999 could be due to classification issues and not due to any real change in the population's health at all.

Breast Cancer

Deaths to Breast Cancer among women have been quite steady over the years. The age-adjusted rate for Stanislaus did dip below the national objective, but bounced up again in 1999. As diagnostic tests and treatment continue to improve, it becomes imperative that women get their preventative mammograms, as early detection is the best way to decrease these deaths.

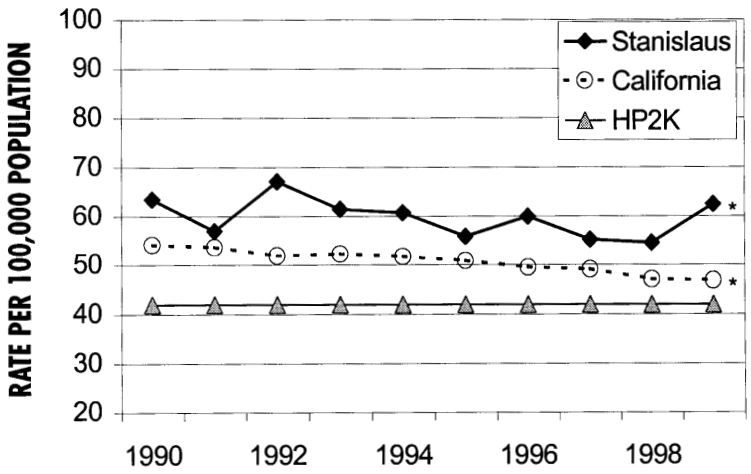
AGE ADJ. RATE OF DEATH DUE TO BREAST CANCER, CA AND STANISLAUS COUNTY, 1990-1999



Lung Cancer

Neither California nor Stanislaus County has reached the national goal for this cause of death. Stanislaus County has had higher rates of death due to lung cancer than the state for several years.

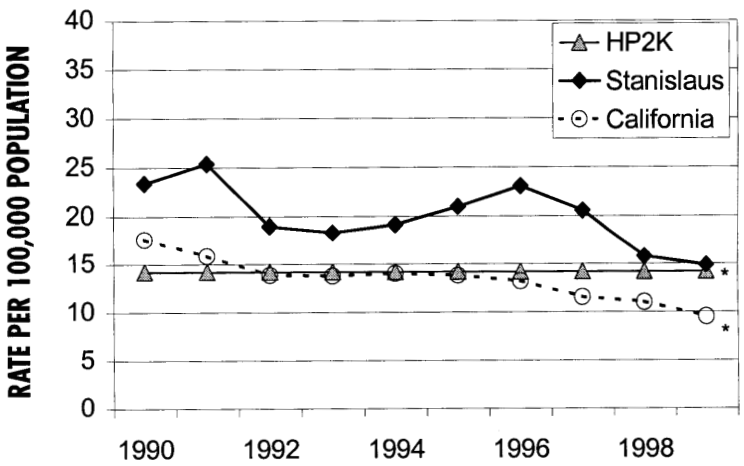
AGE ADJUSTED RATE OF DEATH DUE TO LUNG CANCER, CA AND STANISLAUS CO, 1990-1999



Motor Vehicle

Stanislaus County is fast approaching the national goal for the year 2000 in this category, but is still significantly higher than California as a whole and has been for several years. This is the most common cause of unintentional injury death in this county.

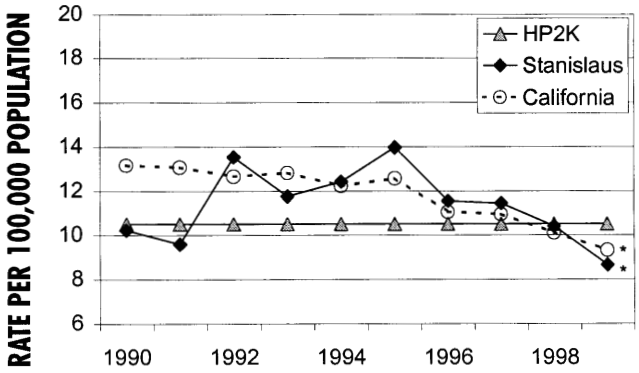
AGE ADJUSTED RATE OF DEATH DUE TO MOTOR VEHICLES, CA AND STANISLAUS CO, 1990-1999



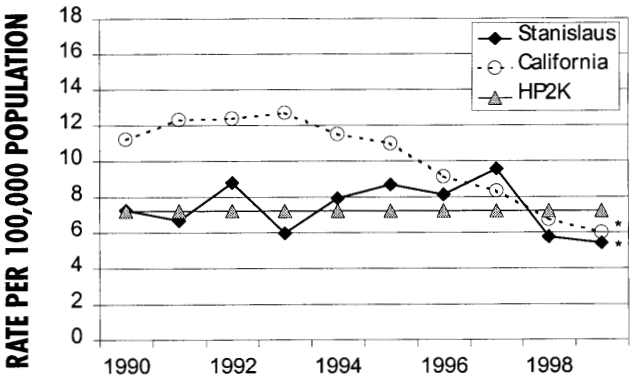
Suicide

Both Stanislaus County and California have met and surpassed the national goal for the year 2000 for Suicide deaths per year. Stanislaus County has mirrored the trends in California fairly closely over the past decade.

AGE ADJ. RATE OF DEATH DUE TO SUICIDE, CA AND STANISLAUS CO, 1990-1999



AGE ADJ. RATE OF DEATH DUE TO HOMICIDE, CA AND STANISLAUS CO, 1990-1999



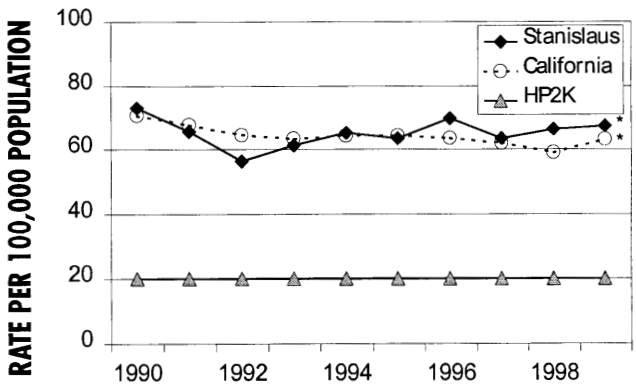
Homicide

Stanislaus County has hovered near the national goal for death due to homicides over the last decade while California has just recently reached the lower mortality rate.

Stroke

After Heart Disease and All Cancers, Stroke is the most common cause of death in Stanislaus County. There were 255 deaths to this cause in 1999 with no sign of a decline. California and Stanislaus County are both much higher than the national goal for 2000. In fact, they are almost 3 times higher than the goal.

AGE ADJ. RATE OF DEATH DUE TO STROKE, CA AND STANISLAUS CO, 1990-1999



Notable results

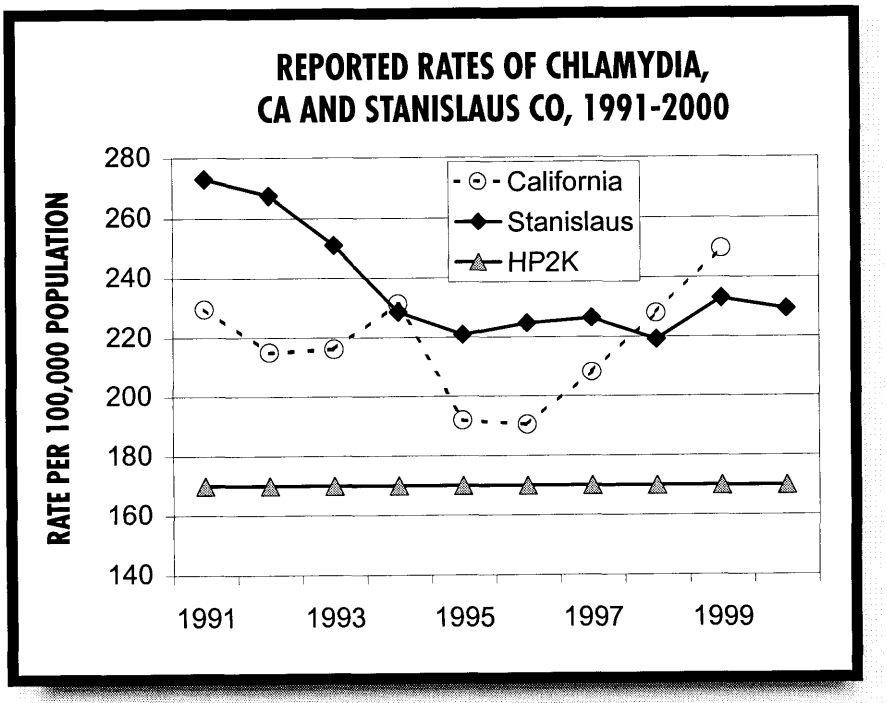
As a result of last year's report, four (4) critical health issues were identified. These were Chlamydia, Low Birth Weight babies, Unintentional Injuries, and Cardiovascular Disease. HSA takes an active role in the implementation of a community health improvement process to address each of these issues.

Improving the community's health

The following are specific strategies that the Health Services Agency has incorporated over the past year in response to the four (4) critical health issues.

Chlamydia

The rate of chlamydia has declined slightly in the past 6 years, but this infection is still the most commonly reported disease in the county as well as the state. The rate of infection is highest in the 15-24 year old age groups with rates above 2,000 per 100,000 population.



Reported cases of chlamydia are highest among the African American and Hispanic populations, but some of these differences could be due to selective reporting. Much work is needed, both in Stanislaus County and California as a whole, in order to begin to approach the national objective of 170 cases per 100,000 population.

In recognizing that Chlamydia has become an increasing concern in Stanislaus County, Health Services Agency/Public Health wrote and was awarded the Chlamydia Grant. Over the last year this has allowed the Agency to hire a Health Educator and begin conducting the following:

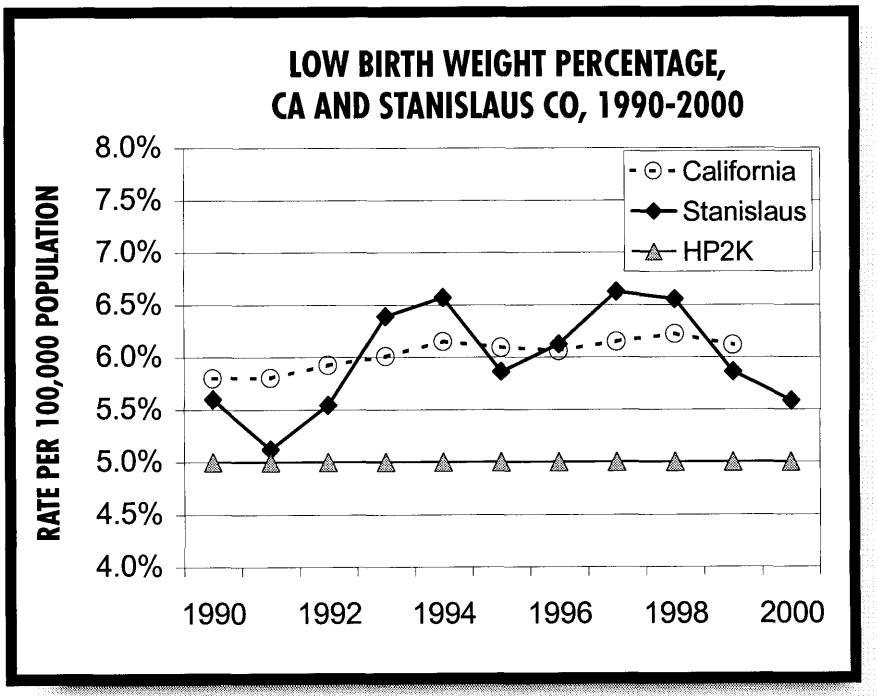
- Assessment of the availability, capacity and need for conducting chlamydia screens
- Implementation of the Get Tested Chlamydia Screening Program
- Provision of education, counseling and testing at: Juvenile Hall, Public Safety Center and selected alternative schools.
- Provision of outreach activities utilizing the Momobile and the Sexually Transmitted Disease Van
- Establishment of an advisory committee which includes youth, members of the community, Sutter Gould Medical Group and Blue Cross
- Development of a chlamydia fact card which was distributed throughout the community
- Formation of a partnership with the community collaborative's Teen Life Challenge Program, the Stanislaus County Office of Education, and California Forensic Medical Group, to address chlamydia as a growing problem in Stanislaus County.

Additional strategies are in the process of being developed.

Low Birth Weight

Low birth weight percentage has declined for three years, but that decline has been insignificant. In response to the problem impacting infants in Stanislaus County, the Perinatal Outreach Education staff has engaged in the following:

• Continued partnership efforts in the Perinatal Outreach and Education Planning Task Force. Representatives from Doctors Medical Center, Memorial Hospitals Association, Emanuel Medical Center and Oak Valley Hospital help comprise the make up of the Task Force. Other members include the epidemiologist, Maternal Child Health Director, Perinatal Outreach Education staff, health educators, Women, Infants, and Children (WIC) Program staff, nursing directors from area hospitals, the Medi-Cal Program staff, and hospital social workers.



• Identified specific areas of the county with high Low Birth Weight rates.

• Developed an Outreach Team of Community Health Workers with language skills to address the diverse populations.

• Developed an Educational Calendar with information for pregnant women/teens. These calendars have been distributed through various outreach methods such as door to door, at flea markets, etc.

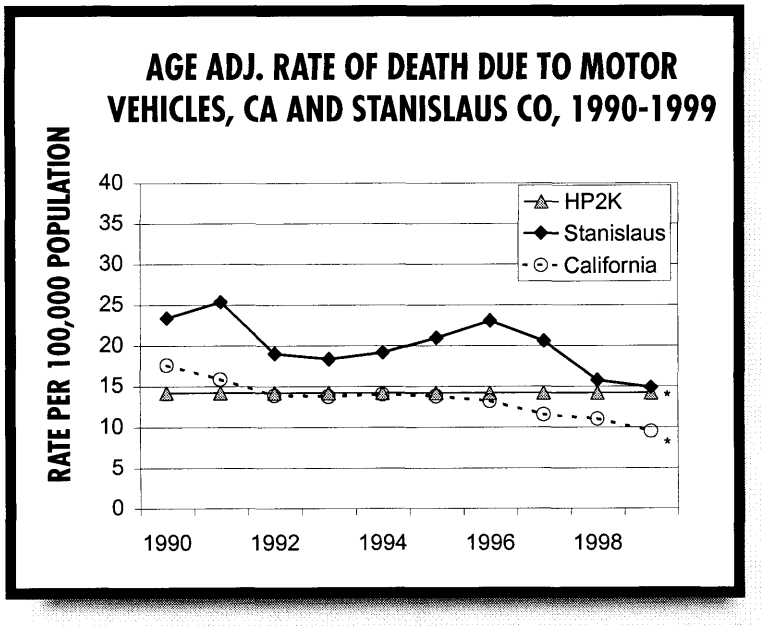
• Extended the education and outreach activities to include males to assist in encouraging the understanding of the need for early prenatal care and fetal development.

• Continued monitoring through birth certificate data, focus groups and post discharge interviews.

Injury Prevention

As indicated in the graph below, the rate of unintentional deaths, the largest fraction of which includes motor vehicle deaths, is higher in Stanislaus County when compared with the State's rate. We have applied for and have been awarded a grant for a Safe Communities Project, to focus on vehicle injury prevention. The objectives of this planning grant are to:

- Establish a community wide coalition
- Review and compile vehicle injury data
- Create a community profile on vehicle injuries, to include demographics, data, and resources
- Develop a strategic plan on vehicle injury prevention
- Seek further funding for implementation of prevention strategies

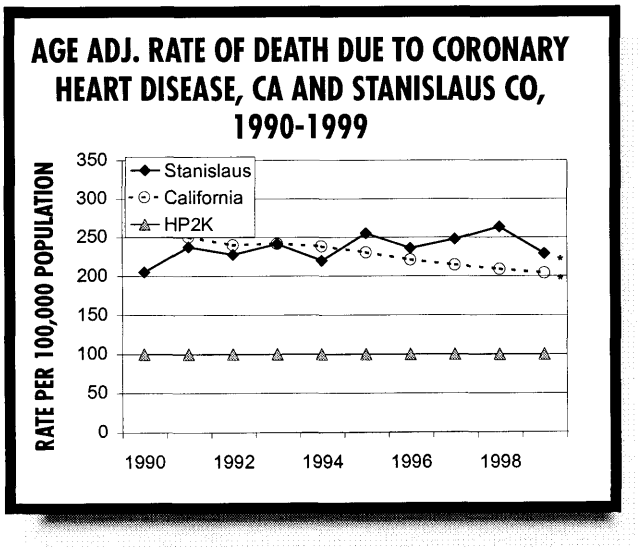


Cardiovascular Disease (CVD) Prevention

In response to the recent statistics that have shown that Stanislaus County has a high hospitalization rate due to heart disease and stroke, the Health Services Agency established a CVD prevention coalition in early 1999. The HEART (heart education awareness resource team) Coalition is starting its third year of existence. Accomplishments include:

- Established a 3-year (2000 – 2002) work plan, which is being implemented.
- Developed a CVD prevention resource guide. This guide was distributed to various health care providers and facilities, as well as schools and other organizations within the County.
- Coordinated with the County's Risk Management Division in the development of a Public Access Defibrillator Program.
- Conducted a Heart Info Fair to educate the community on risk prevention.
- In the process of developing a website on CVD prevention.

The Coalition is committed to continue to gather and analyze CVD health risk and behavioral data, as well as develop community education programs to reduce cardiovascular diseases in the community.



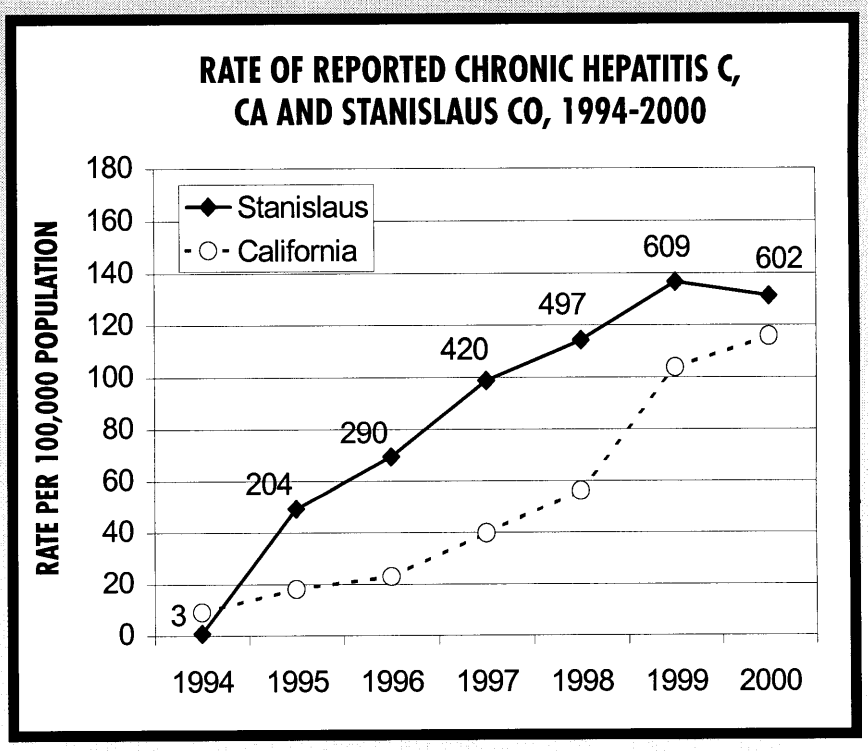
Emerging Health Issues

On examining the health indicator data, two (2) emerging health issues have been discovered in Stanislaus County. They are Hepatitis C infection and Black Infant Health. Once specific areas of focus are identified, strategic planning efforts will begin to start addressing these issues.

Hepatitis C

The number of individuals becoming infected with the Hepatitis C virus is not necessarily increasing, but the number being newly diagnosed is increasing. This is an epidemic of awareness more than a real epidemic of infection. This increase can be attributed to the following:

- There is more awareness due to education, media coverage etc.
- There is more awareness among providers who now test pre-operation and High Risk individuals.
- A large group of people having used IV drugs perhaps in the 70's, are now becoming symptomatic, are seeking medical care and finding that they have Hepatitis C.

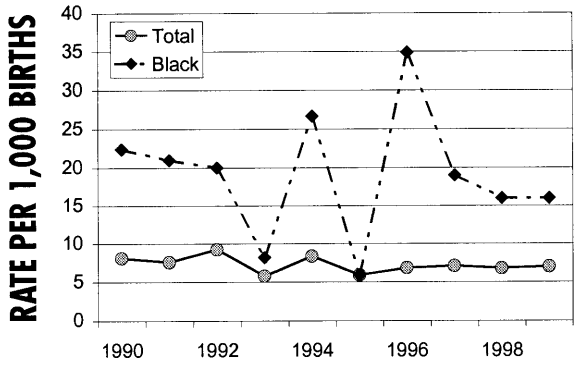


Emerging Health Issues Continued

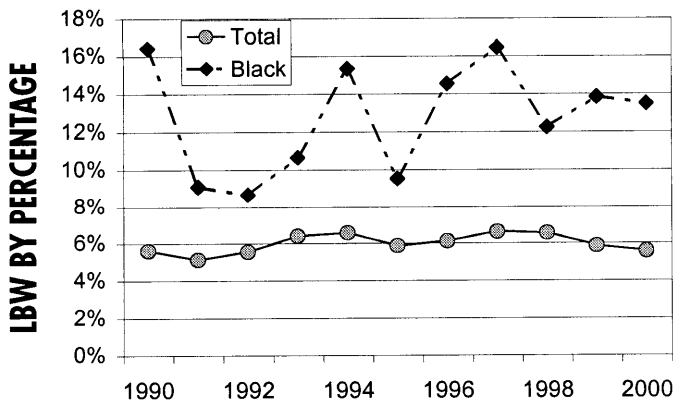
Black Infant Health

African Americans in Stanislaus County have the highest low birth weight percentages when compared to any other race or ethnicity. The infant death rate is linked quite closely with the low birth weight percentage. African Americans, while making up a small proportion (2.6%) of the total population in Stanislaus County, have the highest infant mortality rate at 16 deaths per 1,000 live births in 1998 and 1999. This is more than double the overall national target of 7 deaths per 1,000 live births by the year 2000. [Note: low birth weight in African-American newborns is a national finding.]

INFANT MORTALITY RATE BY RACE/ETHNICITY, STANISLAUS CO, 1990-1999



LOW BIRTH WEIGHT % BY RACE/ETHNICITY, STANISLAUS CO, 1990-2000



Recommendations to Policy Makers

The spectrum of prevention covers everyone in the community:

Individuals
Providers
Community/Media
Coalitions/Networks
Organizations/Institutions
Policy Makers

As the Agency continues to build community capacity and influence organizations to implement prevention strategies and initiatives, the following recommendations are being made to policy makers:

1) Data Collection and Analysis

County-wide, comprehensive methods should be developed to gather and store data, and analyze and monitor epidemiological trends of health status.

2) Commitment to Long Term Strategies

These identified critical health issues cannot be addressed by quick fixes. There needs to be commitment to resources and funding for community wide, asset based long term prevention strategies.

3) Program Development

- Continue immunization efforts within the county
- Provide community based chronic disease prevention activities
- Implement injury prevention strategies
- Strengthen senior services
- Develop neighborhood specific data systems
- Continue partnership and outreach with neighborhood collaboratives

GLOSSARY

Age-adjusted Rate

A summary statistic of age-specific rates that takes into account the differences in the age distribution of the populations which are being compared (usually expressed in units of 100,000 persons); all age-adjusted rates in this Public Health Data Set are based on the 2000 estimated U.S. standard population distribution.

Birth Rate

Number of live births reported during a period divided by the population of the area at the midpoint of the period, multiplied by 1,000.

Crude Rate

Number of events per estimated total population (usually expressed in units of 1,000 or 100,000 persons).

Death Rate

Total number of deaths in a population during a specified time period (usually one year) per estimated number of persons in the population at risk (usually expressed in units of 100,000 persons). The crude death rate is the actual risk of dying. When comparing death rates between groups, they need to be age-adjusted rates.

Early Prenatal Care

Prenatal care, which begins in the first trimester of pregnancy.

Incidence

The number of new cases, of a disease, occurring in a population at risk.

Infant Mortality Rate

Number of deaths of infants (under one year of age) per 1,000 live births during the same time period (usually one year).

Low Birthweight Birth

Live birth weighing less than 2,500 grams or 5.5 pounds.

Prenatal

Occurring before birth.

Communicable Diseases

AIDS

	CALIFORNIA Cases	Pop	Rate	STANISLAUS Cases	Pop	Rate
1990	9,084	29,942,397	**30.34**	40	375,089	**10.66**
1991	11,152	30,563,276	**36.49**	45	387,686	**11.61**
1992	12,451	31,186,559	**39.92**	60	397,218	**15.11**
1993	11,950	31,515,753	**37.92**	77	404,867	**19.02**
1994	10,413	31,790,557	**32.76**	41	409,155	**10.02**
1995	9,549	32,062,912	**29.78**	39	413,806	**9.42**
1996	7,473	32,383,811	**23.08**	46	418,455	**10.99**
1997	5,840	32,956,588	**17.72**	27	425,316	**6.35**
1998	4,862	33,506,406	**14.51**	36	434,835	**8.28**
1999	4,265	34,072,478	**12.52**	24	446,056	**5.38**
2000*	3,023	34,653,395	**8.72**	15	459,025	**3.27**

Syphilis

1990	4,567	29,942,397	**15.25**		375,089	**0.00**
1991	2,703	30,563,276	**8.84**	15	387,686	**3.87**
1992	1,523	31,186,559	**4.88**	4	397,218	**1.01**
1993	1,019	31,515,753	**3.23**	3	404,867	**0.74**
1994	775	31,790,557	**2.44**	2	409,155	**0.49**
1995	591	32,062,912	**1.84**	3	413,806	**0.72**
1996	521	32,383,811	**1.61**	3	418,455	**0.72**
1997	385	32,956,588	**1.17**	5	425,316	**1.18**
1998	324	33,506,406	**0.97**	9	434,835	**2.07**
1999	283	34,072,478	**0.83**	1	446,056	**0.22**
2000*		34,653,395		1	459,025	**0.22**

Gonorrhea

1990	54,306	29,942,397	**181.37**		375,089	**0.00**
1991	43,719	30,563,276	**143.04**	396	387,686	**102.14**
1992	37,953	31,186,559	**121.70**	322	397,218	**81.06**
1993	31,401	31,515,753	**99.64**	223	404,867	**55.08**
1994	28,663	31,790,557	**90.16**	313	409,155	**76.50**
1995	24,673	32,062,912	**76.95**	359	413,806	**86.76**
1996	18,570	32,383,811	**57.34**	246	418,455	**58.79**
1997	18,002	32,956,588	**54.62**	201	425,316	**47.26**
1998	19,561	33,506,406	**58.38**	234	434,835	**53.81**
1999	18,657	34,072,478	**54.76**	135	446,056	**30.27**
2000*		34,653,395		232	459,025	**50.54**

Chlamydia

1991	70,176	30,563,276	**229.61**	1,058	387,686	**272.90**
1992	67,063	31,186,559	**215.04**	1,062	397,218	**267.36**
1993	68,132	31,515,753	**216.18**	1,016	404,867	**250.95**
1994	73,548	31,790,557	**231.35**	935	409,155	**228.52**
1995	61,541	32,062,912	**191.94**	914	413,806	**220.88**
1996	61,666	32,383,811	**190.42**	940	418,455	**224.64**
1997	68,603	32,956,588	**208.16**	963	425,316	**226.42**
1998	76,411	33,506,406	**228.05**	953	434,835	**219.16**
1999	85,040	34,072,478	**249.59**	1,039	446,056	**232.93**
2000*		34,653,395		1,053	459,025	**229.40**

Hepatitis B

	CALIFORNIA Cases	Pop	Rate	STANISLAUS Cases	Pop	Rate
1991	2,615	30,563,276	**8.56**	110	387,686	**28.37**
1992	2,857	31,186,559	**9.16**	190	397,218	**47.83**
1993	1,867	31,515,753	**5.92**	125	404,867	**30.87**
1994	2,038	31,790,557	**6.41**	141	409,155	**34.46**
1995	1,729	32,062,912	**5.39**	95	413,806	**22.96**
1996	1,710	32,383,811	**5.28**	95	418,455	**22.70**
1997	1,658	32,956,588	**5.03**	92	425,316	**21.63**
1998	1,445	33,506,406	**4.31**	72	434,835	**16.56**
1999	1,241	34,072,478	**3.64**	82	446,056	**18.38**
2000*	1,033	34,653,395	**2.98**	75	459,025	**16.34**

Hepatitis A

1991	5,016	30,563,276	**16.41**	113	387,686	**29.15**
1992	5,000	31,186,559	**16.03**	256	397,218	**64.45**
1993	5,651	31,515,753	**17.93**	470	404,867	**116.09**
1994	6,641	31,790,557	**20.89**	149	409,155	**36.42**
1995	6,773	32,062,912	**21.12**	119	413,806	**28.76**
1996	6,661	32,383,811	**20.57**	75	418,455	**17.92**
1997	6,422	32,956,588	**19.49**	52	425,316	**12.23**
1998	4,178	33,506,406	**12.47**	35	434,835	**8.05**
1999	3,447	34,072,478	**10.12**	57	446,056	**12.78**
2000*	2,934	34,653,395	**8.47**	105	459,025	**22.87**

Tuberculosis

1990	4,889	29,942,397	**16.33**	44	375,089	**11.73**
1991	5,273	30,563,276	**17.25**	31	387,686	**8.00**
1992	5,382	31,186,559	**17.26**	38	397,218	**9.57**
1993	5,173	31,515,753	**16.41**	30	404,867	**7.41**
1994	4,860	31,790,557	**15.29**	20	409,155	**4.89**
1995	4,675	32,062,912	**14.58**	29	413,806	**7.01**
1996	4,313	32,383,811	**13.32**	26	418,455	**6.21**
1997	4,059	32,956,588	**12.32**	35	425,316	**8.23**
1998	3,855	33,506,406	**11.51**	25	434,835	**5.75**
1999	3,608	34,072,478	**10.59**	33	446,056	**7.40**
2000*	3,297	34,653,395	**9.51**	18	459,025	**3.92**

Pertussis

1991	259	30,563,276	**0.85**	1	387,686	**0.26**
1992	520	31,186,559	**1.67**	3	397,218	**0.76**
1993	619	31,515,753	**1.96**	5	404,867	**1.23**
1994	603	31,790,557	**1.90**	10	409,155	**2.44**
1995	543	32,062,912	**1.69**	13	413,806	**3.14**
1996	783	32,383,811	**2.42**	11	418,455	**2.63**
1997	483	32,956,588	**1.47**	15	425,316	**3.53**
1998	1,085	33,506,406	**3.24**	27	434,835	**6.21**
1999	1,109	34,072,478	**3.25**	24	446,056	**5.38**
2000*	654	34,653,395	**1.89**	13	459,025	**2.83**

* 2000 data are still provisional and may vary slightly from final tallies.

Rates are per 100,000 population

Natality

Teen Birth Rate

	CALIFORNIA			STANISLAUS		
	Cases	Total Births	Rate	Cases	Total Births	Rate
1989	22,225	561,714	**39.57**	313	7,321	**42.75**
1990	24,828	561,743	**44.20**	403	7,788	**51.75**
1991	25,914	557,492	**46.48**	394	8,019	**49.13**
1992	25,967	569,137	**45.63**	410	8,390	**48.87**
1993	26,301	573,941	**45.83**	425	8,735	**48.65**
1994	26,378	583,290	**45.22**	427	9,082	**47.02**
1995	25,821	602,236	**42.88**	443	9,607	**46.11**
1996	24,047	627,740	**38.31**	396	10,201	**38.82**
1997	23,064	646,663	**35.67**	421	10,474	**40.19**
1998	21,630	663,642	**32.59**	383	10,660	**35.93**
1999	20,209	671,509	**30.09**	346	10,673	**32.42**
2000				340	10,993	**30.93**

Prenatal Care Starting in 1st Trimester

	CALIFORNIA			STANISLAUS		
	Cases	Total Births	%	Cases	Total Births	%
1989	410,267	569,308	**72.1%**	5,186	7,121	**72.8%**
1990	438,407	611,666	**71.7%**	5,738	7,913	**72.5%**
1991	439,733	609,228	**72.2%**	5,691	7,654	**74.4%**
1992	447,434	600,838	**74.5%**	5,920	7,560	**78.3%**
1993	445,079	584,483	**76.1%**	5,912	7,464	**79.2%**
1994	437,094	567,034	**77.1%**	5,862	7,412	**79.1%**
1995	431,572	551,226	**78.3%**	5,732	7,284	**78.7%**
1996	428,724	538,628	**79.6%**	5,729	7,166	**79.9%**
1997	423,640	524,174	**80.8%**	5,470	6,790	**80.6%**
1998	422,866	521,265	**81.1%**	5,557	6,927	**80.2%**
1999	426,020	518,073	**82.2%**	5,739	7,115	**80.7%**
2000				5,957	7,238	**82.3%**

Infant Mortality

1989	4,853	569,308	**8.52**	57	7,121	**8.00**
1990	4,828	611,666	**7.89**	64	7,913	**8.09**
1991	4,596	609,228	**7.54**	58	7,654	**7.58**
1992	4,174	600,838	**6.95**	70	7,560	**9.26**
1993	3,970	584,483	**6.79**	43	7,464	**5.76**
1994	3,948	567,034	**6.96**	62	7,412	**8.36**
1995	3,478	551,226	**6.31**	43	7,284	**5.90**
1996	3,186	538,628	**5.92**	49	7,166	**6.84**
1997	3,091	524,174	**5.90**	48	6,790	**7.07**
1998	2,994	521,265	**5.74**	47	6,927	**6.79**
1999	2,787	518,073	**5.38**	50	7,115	**7.03**

Low Birth Weight

1989	34,737	569,308	**6.1%**	409	7,121	**5.7%**
1990	35,474	611,666	**5.8%**	443	7,913	**5.6%**
1991	35,359	609,228	**5.8%**	392	7,654	**5.1%**
1992	35,608	600,838	**5.9%**	419	7,560	**5.5%**
1993	35,116	584,483	**6.0%**	477	7,464	**6.4%**
1994	34,876	567,034	**6.2%**	487	7,412	**6.6%**
1995	33,588	551,226	**6.1%**	427	7,284	**5.9%**
1996	32,649	538,628	**6.1%**	439	7,166	**6.1%**
1997	32,232	524,174	**6.1%**	450	6,790	**6.6%**
1998	32,438	521,265	**6.2%**	454	6,927	**6.6%**
1999	31,686	518,073	**6.1%**	417	7,115	**5.9%**
2000				404	7,238	**5.6%**

Teen Birth Rate is number of births to 15-17 year olds per 1,000 15-17 year old females
Infant Mortatlity Rate is number of infant deaths per 1,000 live births

Deaths

Unintentional

	Deaths	Population	Age Adj. Rate	Deaths	Population	Age Adj. Rate
1989	10,744	29,142,106	**37.83**	193	354,186	**58.36**
1990	10,120	29,942,397	**34.81**	171	375,089	**49.63**
1991	9,382	30,563,276	**31.88**	167	387,686	**46.60**
1992	9,216	31,186,559	**30.82**	152	397,218	**40.05**
1993	9,503	31,515,753	**31.44**	173	404,867	**45.44**
1994	9,209	31,790,557	**30.39**	178	409,155	**46.76**
1995	9,346	32,062,912	**30.59**	186	413,806	**48.38**
1996	9,193	32,383,811	**29.92**	187	418,455	**48.29**
1997	8,736	32,956,588	**28.06**	146	425,316	**36.95**
1998	8,578	33,506,406	**27.08**	161	434,835	**39.73**
1999*	8,917	34,072,478	**27.50**	172	446,056	**41.38**

Lung Cancer

	Deaths	Population	Age Adj. Rate	Deaths	Population	Age Adj. Rate
1989	13,127	29,142,106	**55.38**	171	354,186	**58.93**
1990	13,275	29,942,397	**54.16**	194	375,089	**63.48**
1991	13,469	30,563,276	**53.69**	184	387,686	**56.93**
1992	13,364	31,186,559	**51.91**	224	397,218	**67.09**
1993	13,650	31,515,753	**52.30**	206	404,867	**61.47**
1994	13,682	31,790,557	**51.74**	207	409,155	**60.73**
1995	13,666	32,062,912	**50.88**	193	413,806	**55.84**
1996	13,579	32,383,811	**49.52**	211	418,455	**59.90**
1997	13,754	32,956,588	**49.11**	197	425,316	**55.16**
1998	13,498	33,506,406	**47.04**	200	434,835	**54.53**
1999*	13,737	34,072,478	**46.85**	236	446,056	**62.44**

* Started using ICD-10 in 1999. Some changes between 1998 and 1999 could be due to coding changes alone and not due to any underlying health issues in the population in general.
Rates are deaths per 100,000 population

Deaths *(continued)*

Motor Vehicle

	Deaths	Population	Age Adj. Rate	Deaths	Population	Age Adj. Rate
1989	5,600	29,142,106	**18.76**	98	354,186	**27.67**
1990	5,366	29,942,397	**17.61**	86	375,089	**23.38**
1991	4,886	30,563,276	**15.86**	97	387,686	**25.36**
1992	4,296	31,186,559	**13.87**	74	397,218	**18.99**
1993	4,277	31,515,753	**13.78**	71	404,867	**18.33**
1994	4,354	31,790,557	**14.03**	74	409,155	**19.15**
1995	4,306	32,062,912	**13.80**	85	413,806	**20.96**
1996	4,132	32,383,811	**13.21**	91	418,455	**23.07**
1997	3,651	32,956,588	**11.55**	83	425,316	**20.55**
1998	3,560	33,506,406	**11.03**	66	434,835	**15.76**
1999*	3,134	34,072,478	**9.51**	63	446,056	**14.87**

Suicide

	Deaths	Population	Age Adj. Rate	Deaths	Population	Age Adj. Rate
1989	3,830	29,142,106	**13.87**	50	354,186	**15.30**
1990	3,733	29,942,397	**13.16**	35	375,089	**10.22**
1991	3,759	30,563,276	**13.07**	36	387,686	**9.59**
1992	3,696	31,186,559	**12.66**	49	397,218	**13.53**
1993	3,813	31,515,753	**12.82**	44	404,867	**11.75**
1994	3,682	31,790,557	**12.23**	47	409,155	**12.42**
1995	3,820	32,062,912	**12.57**	54	413,806	**13.96**
1996	3,401	32,383,811	**11.04**	44	418,455	**11.54**
1997	3,422	32,956,588	**10.94**	45	425,316	**11.44**
1998	3,212	33,506,406	**10.09**	42	434,835	**10.39**
1999*	3,025	34,072,478	**9.32**	36	446,056	**8.65**

Homicide

	Deaths	Population	Age Adj. Rate	Deaths	Population	Age Adj. Rate
1989	3,245	29,142,106	**10.16**	21	354,186	**5.68**
1990	3,683	29,942,397	**11.26**	26	375,089	**7.23**
1991	4,038	30,563,276	**12.32**	25	387,686	**6.66**
1992	4,077	31,186,559	**12.39**	34	397,218	**8.79**
1993	4,196	31,515,753	**12.72**	24	404,867	**5.94**
1994	3,809	31,790,557	**11.52**	32	409,155	**7.90**
1995	3,611	32,062,912	**10.99**	36	413,806	**8.70**
1996	2,998	32,383,811	**9.13**	33	418,455	**8.11**
1997	2,769	32,956,588	**8.35**	40	425,316	**9.57**
1998	2,256	33,506,406	**6.74**	25	434,835	**5.74**
1999*	2,033	34,072,478	**5.99**	24	446,056	**5.38**

All Cancer

	Deaths	Population	Age Adj. Rate	Deaths	Population	Age Adj. Rate
1989	48,107	29,142,106	**206.18**	614	354,186	**214.08**
1990	48,890	29,942,397	**202.10**	579	375,089	**188.89**
1991	49,996	30,563,276	**201.42**	619	387,686	**194.47**
1992	49,900	31,186,559	**196.10**	673	397,218	**205.14**
1993	50,750	31,515,753	**196.13**	656	404,867	**196.82**
1994	51,245	31,790,557	**195.00**	708	409,155	**208.99**
1995	51,216	32,062,912	**191.39**	668	413,806	**194.48**
1996	50,904	32,383,811	**185.95**	693	418,455	**197.07**
1997	51,818	32,956,588	**184.83**	729	425,316	**203.98**
1998	51,186	33,506,406	**177.81**	669	434,835	**181.43**
1999*	53,976	34,072,478	**183.31**	792	446,056	**207.89**

Breast Cancer

	Deaths	Population	Age Adj. Rate	Deaths	Population	Age Adj. Rate
1989	4,258	14,568,118	**32.64**	45	180,189	**28.34**
1990	4,292	14,952,881	**31.72**	41	190,707	**23.89**
1991	4,295	15,262,093	**31.00**	41	197,041	**24.31**
1992	4,116	15,570,183	**29.00**	47	201,779	**26.19**
1993	4,310	15,733,587	**29.72**	54	205,505	**29.91**
1994	4,404	15,869,548	**29.88**	59	207,584	**31.48**
1995	4,241	16,000,360	**28.22**	44	209,920	**23.03**
1996	4,295	16,155,887	**27.99**	63	212,255	**32.58**
1997	4,090	16,430,397	**26.08**	56	215,641	**28.31**
1998	4,095	16,696,243	**25.47**	40	220,415	**19.33**
1999*	4,065	16,972,666	**24.61**	58	226,081	**27.27**

Coronary Heart Disease

	Deaths	Population	Age Adj. Rate	Deaths	Population	Age Adj. Rate
1989	59,772	29,142,106	**278.86**	718	354,186	**265.90**
1990	58,182	29,942,397	**261.02**	595	375,089	**205.05**
1991	57,474	30,563,276	**250.39**	709	387,686	**237.45**
1992	56,845	31,186,559	**239.96**	707	397,218	**227.76**
1993	58,433	31,515,753	**241.83**	773	404,867	**241.31**
1994	58,775	31,790,557	**238.29**	716	409,155	**219.84**
1995	58,225	32,062,912	**230.45**	850	413,806	**255.04**
1996	57,597	32,383,811	**220.93**	804	418,455	**235.91**
1997	57,729	32,956,588	**214.23**	865	425,316	**247.46**
1998	58,194	33,506,406	**209.01**	957	434,835	**263.25**
1999*	58,471	34,072,478	**203.99**	862	446,056	**228.81**

Stroke

	Deaths	Population	Age Adj. Rate	Deaths	Population	Age Adj. Rate
1989	15,722	29,142,106	**74.85**	205	354,186	**77.30**
1990	15,459	29,942,397	**70.58**	208	375,089	**73.12**
1991	15,347	30,563,276	**67.76**	194	387,686	**65.59**
1992	15,110	31,186,559	**64.61**	173	397,218	**56.23**
1993	15,195	31,515,753	**63.39**	196	404,867	**61.29**
1994	15,703	31,790,557	**64.33**	211	409,155	**65.07**
1995	16,176	32,062,912	**64.37**	208	413,806	**63.39**
1996	16,480	32,383,811	**63.53**	236	418,455	**69.78**
1997	16,649	32,956,588	**61.95**	222	425,316	**63.48**
1998	16,385	33,506,406	**58.96**	241	434,835	**66.36**
1999*	18,079	34,072,478	**63.25**	255	446,056	**67.39**

AIDS

	Deaths	Population	Age Adj. Rate	Deaths	Population	Age Adj. Rate
1989	4,363	29,142,106	**15.39**	17	354,186	**5.40**
1990	5,033	29,942,397	**17.12**	16	375,089	**4.29**
1991	5,530	30,563,276	**18.46**	25	387,686	**7.03**
1992	5,986	31,186,559	**19.37**	28	397,218	**7.24**
1993	6,285	31,515,753	**19.97**	28	404,867	**6.92**
1994	6,737	31,790,557	**21.18**	36	409,155	**9.38**
1995	6,449	32,062,912	**20.08**	37	413,806	**9.30**
1996	4,207	32,383,811	**12.93**	36	418,455	**8.89**
1997	1,857	32,956,588	**5.62**	10	425,316	**2.53**
1998	1,432	33,506,406	**4.28**	7	434,835	**1.67**
1999*	1,558	34,072,478	**4.60**	7	446,056	**1.69**

* Started using ICD-10 in 1999. Some changes between 1998 and 1999 could be due to coding changes alone and not due to any underlying health issues in the population in general.

Rates are deaths per 100,000 population

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