

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

DEPT: Health Services Agency *ms*

BOARD AGENDA # B-14

Urgent Routine

AGENDA DATE April 26, 2011

CEO Concurs with Recommendation YES NO
(Information Attached)

4/5 Vote Required YES NO

SUBJECT:

Approval to Accept the Health Services Agency's 2011 Annual Public Health Report to the Board of Supervisors

STAFF RECOMMENDATIONS:

Accept the Health Services Agency's 2011 Annual Public Health Report to the Board of Supervisors.

FISCAL IMPACT:

The total Adopted Final Fiscal Year 2010-2011 budget for the Public Health division of the Health Services Agency is \$23,377,030. There is no fiscal impact associated with acceptance of this report.

BOARD ACTION AS FOLLOWS:

No. 2011-256

On motion of Supervisor DeMartini, Seconded by Supervisor Withrow

and approved by the following vote,

Ayes: Supervisors: O'Brien, Chiesa, Withrow, DeMartini, and Chairman Monteith

Noes: Supervisors: None

Excused or Absent: Supervisors: None

Abstaining: Supervisor: None

1) Approved as recommended

2) Denied

3) Approved as amended

4) Other:

MOTION:

Christine Ferraro

ATTEST: CHRISTINE FERRARO TALLMAN, Clerk

File No.

DISCUSSION:

The annual report by Health Services Agency Public Health (Public Health) is presented to the Board of Supervisors in the Spring each year in recognition that April is National Public Health month.

The mission of Public Health is to promote, protect and improve the health of the community through leadership, partnership and innovation. The functions of Public Health are based on the following responsibilities: (a) create conditions within a community through collaboration and partnerships, in which residents can be healthy, (b) assess the needs of the community, developing creative strategies to meet those needs within fiscal constraints, (c) assure that services/systems are in place to address health and social problems, and (d) develop or promote the development of policies to promote health and prevent disease.

Chronic diseases are the epidemics of the 21st century. Although more progress is needed, data from 2000 to 2009 indicated that Stanislaus County has seen a decline in mortality rates of some of the leading causes of deaths:

Cardiovascular mortality rate	27.6% decrease
Stroke mortality rate	25.7% decrease
Cancer mortality rate	9.5% decrease
Overall mortality rate	10.2% decrease

Collaboration amongst stakeholders and community members has played an important role in addressing chronic disease prevention. Aligning with the Board of Supervisors' priority of A Healthy Community and Effective Partnerships, Public Health began to take steps to mobilize its community partners to address chronic diseases a decade ago. Some of the decline in the above mortality rates is likely attributable to collaborative efforts by the entire community.

With the start of a new decade, there are nationally renewed goals on health promotion and disease prevention, with focus areas to include access to health services, health related quality of life and well being, preparedness, public health infrastructure, and social determinants of health. Public Health will continue with its collaborative efforts to achieve the mission of promoting, protecting and improving the health of the community, recognizing that significant and sustainable improvements cannot be achieved by a County department alone.

This year's report examines the 10-year trend of some of the leading causes of death in Stanislaus County, and provides a discussion on these trends, prevention efforts contributing to the trends, and prevention plans for the next decade. The content of this report includes:

1. Mortality Trends in Stanislaus County,
2. Addressing Chronic Diseases in Stanislaus County, and
3. Prevention for the Next Decade

Mortality Trends in Stanislaus County

To examine the trends in mortality, this report presents mortality rates at two points a decade apart. The mortality data was taken from the California Department of Public Health's annual document, the County Health Status Profiles, in which mortality rates for each county are presented for three-year periods. The current report examines mortality rates during the ten-year period from 2000 to 2009 in Stanislaus County. It takes approximately 18-24 months for the State to review and tabulate all the data that are reported. Hence, the most recent data available are for 2007-2009.

There have been notable improvements in the mortality rates from three major chronic diseases – cardiovascular disease, stroke, and cancer - which are among the top ten causes of death, as well as the overall mortality rate, during this past decade, as noted above. California as a whole also saw a decrease in mortality rates in these chronic diseases. However, neither California nor Stanislaus County made much progress on reducing mortality rates from diabetes.

Addressing Chronic Diseases in Stanislaus County

The decline in the mortality rates of these three major chronic diseases is noteworthy as these diseases are among the top five causes of death annually, both locally and nationally. Collaboration amongst stakeholders and community partners, including area hospitals, community clinics, health care providers, community based organizations, schools, health plans, other county departments, as well as neighborhood collaboratives, has played an important role in the prevention of chronic diseases. Cardiovascular disease and childhood obesity were first identified as critical, yet preventable, health issues in Stanislaus County a decade ago. Since 1999, Public Health has taken steps to mobilize the community to address chronic diseases. The health improvement process started with engaging community partners and stakeholders, utilizing the Mobilizing Action through Planning and Partnerships (MAPP) process to form coalitions and task forces, to leverage resources and collaborate on programs and initiatives for the improvement of the health of community residents.

Of special significance are efforts by a number of these coalitions to implement prevention activities that likely contributed to the decline in mortality rates of some of these leading causes of death in Stanislaus County. Prevention activities and strategies follow the Spectrum of Prevention model, which expands prevention efforts beyond education models by promoting a multifaceted approach. Through the coalitions and task forces, community stakeholders conducted public awareness campaigns, disseminated resources and information, provided trainings for providers, organized neighborhoods and communities, as well as influenced organizational and policy changes. This report highlights efforts by some of these coalitions.

The 2010 Public Health report to the Board identified results from the *2008 Community Health Assessment (CHA)*, which echoed many research findings that chronic diseases are caused not only by health habits and behaviors, but also by more “upstream” factors such as the environment in which people live, educational attainment, and economic status. Hence, stakeholders took action to address the four broad determinants of health: 1) Access to Health Information and Health Care, 2) Basic Needs, 3) Education, and 4) The Built Environment.

Collective effort to improve the health of the community was formalized in 2010, with the formulation of a *Community Health Improvement Plan (CHIP)*. Through a series of “moving data to action” meetings, MAPP stakeholders identified community results/visions for each of the broad determinants, and task forces were formed to address each of these visions. Due to challenging economic times and diminishing resources, stakeholders decided to implement activities in phases. Phase I (from 2009 – 2010) ended with five (5) active Task Forces, which completed “action plans” that listed goals, activities, and outcome measures for their respective areas. Phase II started in mid 2010, with the formation of new task forces, to address developed action plans. These action plans are being compiled into one comprehensive document: *The Community Health Improvement Plan (CHIP)*.

The CHIP is intended to be a detailed document, describing a comprehensive plan of the community’s vision and strategies to improve the health of Stanislaus County residents. The document also includes plans for capturing and sharing achievements and results. It is acknowledged that resource availability, particularly during these challenging economic times, may impact the timing and implementation of the planned activities; however, the existence of the CHIP will provide focus on priorities and the ability to measure results.

Prevention for the Next Decade

Healthy People is a national initiative that provides science-based, 10-year national objectives for improving the health of all Americans. *Healthy People 2020 (HP2020)*, released in December of 2010 by the U.S. Department of Health and Human Services, provides renewed focus on reducing health disparities through the determinants of health approach, for health promotion and disease prevention. Some of the HP2020 focus areas are: access to health services, health information and health information technology health related quality of life and well being, preparedness, public health infrastructure, and social determinants of health. HP2020 focus areas have been incorporated into the Agency’s strategic plan. Three specific focus measures mentioned above were independently identified by MAPP stakeholders, and are included in the CHIP. The HP2020 focus areas also align with the Board of Supervisors’ priorities of A Healthy Community and A Safe Community. *Healthy People 2020* and the CHIP will serve as the framework for Stanislaus County and the Health Services Agency to achieve the vision of Healthy People in a Healthy Stanislaus. Given the fiscal climate during these challenging economic times, the Public Health Division will remain focused on maximizing and leveraging resources to implement prevention efforts.

POLICY ISSUE:

Acceptance of this report is consistent with the Board of Supervisors' priorities of A Healthy Community, Effective Partnerships and Efficient Delivery of Public Services, as the report details how the County continues to prepare to meet its core Public Health functions, highlights accomplishments and challenges, and describes strategic planning efforts to adapt to changing population needs and expectations.

STAFFING IMPACT:

There is no staffing impact associated with this report.

DEPARTMENT CONTACT:

Phoebe Leung, Assistant Director. Telephone: 209-558-7116

STANISLAUS COUNTY HEALTH SERVICES AGENCY

Annual Public Health Report

April 2011



Public Health
Prevent. Promote. Protect.

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Introduction

Chronic diseases are the epidemics of the 21st century. This year's Public Health Report describes the progress on reducing chronic diseases during the first decade of the 21st century within Stanislaus County. Prior reports to the Board of Supervisors have compared the County's ranking with other counties in the region, and trended the rankings from year to year. However, rankings only show changes relative to changes in other jurisdictions. In addition, chronic disease interventions often require a decade to produce significant results. The current report examines rates of some of the leading causes of death in Stanislaus County during a ten-year period (2000-2009), provides a discussion on the trends, describes efforts in chronic disease prevention during this last decade, and presents plans for continued prevention efforts to reduce morbidity and mortality from chronic diseases in Stanislaus County.

There have been notable improvements in the mortality rates from three major chronic diseases, which are among the top ten causes of death, as well as the overall mortality rate during these past ten years:

Cardiovascular mortality rate	27.6% decrease
Stroke mortality rate	25.7% decrease
Cancer mortality rate	9.5% decrease
Overall mortality rate	10.2% decrease

The source of the data reported is death certificates registered by Public Health, which are then reviewed, coded for cause of death and approved by the California Department of Public Health. The rates in this report are age-adjusted mortality rates, which are compiled in three (3) year blocks. This is to allow comparisons of the outcomes for each of California's 58 counties, whether it is Alpine (with a population of 25,000) or Los Angeles (9 million). Efforts are made to use the most current data; however, approximately 18 months is required for the State to review. Therefore, the study period is 2000 - 2009.

Included in this report is a brief discussion of the data presented, efforts taken to address prevention of chronic diseases, and strategies on further prevention efforts for sustained work over the next decade, targeting the four Broad Determinants of Health:

1. Access to Health Information and Health Care
2. Basic Needs
3. Education
4. The Built Environment

This approach recognizes that health improvements are the composite of multiple factors, not just the medical system.

Mortality Trends in Stanislaus County

To examine the trends in mortality, this report presents mortality rates (overall and for four specific causes) for Stanislaus County at two points a decade apart. To put the local trends into perspective, Stanislaus County is compared to California for the same time period. The mortality data for this report was taken from the California Department of Public Health's annual document, the *County Health Status Profiles*, in which mortality rates for each county and the State are presented for three-year periods. It takes approximately 18 months for the State to review and tabulate all the data that is reported. Hence, the most recent data available are for 2007-2009. Also featured in the State's document, are the national 10-year targets set in the federal government's Healthy People initiative.¹ The Healthy People targets are benchmarks used to assess the health status of a State and its local jurisdictions. Healthy People 2010 (HP 2010) goals and objectives represent a comprehensive and systematic health promotion and disease prevention agenda that provides health improvement objectives in Focus Areas to be achieved by the year 2010.

This report follows the field's standard practice to present the number of deaths due to a particular cause per 100,000 residents age-adjusted to the 2000 US population. Because people at different ages tend to die from very different causes (e.g. people who die young are more likely to die from unintentional injuries compared to older individuals who are more likely to die from chronic diseases), mortality rates are typically age-adjusted to make fair comparisons across jurisdictions with different age distributions.

Table 1: Mortality rates for selected major causes of deaths in Stanislaus and in California, comparing 2000-2002 to 2007-2009.²

Condition	Jurisdiction	2000-2002	2007-2009	Percent Change	HP 2010 Target
Coronary heart disease	Stanislaus County	237.8	172.1	27.6% decrease	162.0
	California	186.0	128.0	31.2% decrease	
Stroke	Stanislaus County	60.7	45.1	25.7% decrease	50.0
	California	58.9	38.4	34.8% decrease	
Cancer	Stanislaus County	185.4	167.7	9.5% decrease [^]	158.6
	California	172.7	154.0	10.8% decrease	
Diabetes [#]	Stanislaus County	25.6	23.1	no sig. change	NA
	California	21.0	20.3	no sig. change	
All causes	Stanislaus County	859.9	772.0	10.2% decrease	NA
	California	745.0	647.2	13.1% decrease	

[^]There is only a marginally significant trend over time for this condition.

[#]There is no significant trend over time for this condition.

¹ US Department of Health and Human Services. "Healthy People 2020". of Health and Human Services. "Healthy People 2020". <http://www.healthypeople.gov/2020/default.aspx>

² Data obtained from the California *County Health Status Profiles* reports

Table 1 on the previous page lists the rates of four causes of death and the all cause mortality rate in Stanislaus County, as compared to the State's average, at the beginning and the end of the ten year period. Also included is the percent change in each mortality rate over the period, and the HP 2010 targets.

Coronary Heart Disease

The mortality rate from coronary heart disease decreased by 27.6% in Stanislaus County compared to 31.2% in California as a whole. California has met the HP 2010 target, but Stanislaus County has not.

Stroke

The past decade saw a 25.7% decline in stroke mortality rate in the County compared to 34.8% for California. Both the County and the State have met the HP 2010 target.

Cancer

Mortality from cancer decreased (marginally statistically significantly) by 9.5% in Stanislaus County compared to 10.8% in California as a whole. California has met the HP 2010 target, while the County has not.

Diabetes

Neither California nor Stanislaus County made much progress on reducing mortality from diabetes. No statistically significant change occurred. There was no HP 2010 target set for diabetes mortality.

All Cause Mortality

The all cause mortality rate declined over the past decade for both Stanislaus County (by 10.2%) and California (by 13.1%). No HP 2010 target was established for all cause mortality.

Addressing Chronic Diseases in Stanislaus County

Over the past decade, the rate of deaths from chronic diseases such as coronary heart disease, stroke, and cancer, declined significantly in Stanislaus County, as well as in California and the nation.^{2,3} This achievement is noteworthy as these diseases are among the top five causes of death annually, both locally and nationally.

Four common, health damaging but modifiable behaviors – tobacco use, insufficient physical activity, poor eating habits, and excessive alcohol use – are responsible for much of the illness, disability, and premature mortality related to chronic diseases.⁴ The decline

³ National Center for Health Statistics. "Health, United States, 2010. With Special Feature on Death and Dying". See Table 24: Age-adjusted death rates for selected causes of death, by sex, race, and Hispanic origin, United States, selected years 1950-2007. <http://www.cdc.gov/nchs/data/hus/hus10.pdf#024>

⁴ World Health Organization. "Global Strategy on Diet, Physical Activity and Health. Facts related to chronic disease". <http://www.who.int/dietphysicalactivity/publications/facts/chronic/en/>

of the above mentioned mortality rates can be attributed at least in part to efforts taken to address these health risk factors and behaviors, including:

- Implementation of effective prevention programs,
- Public education and awareness campaigns,
- Changes and advances in medical practice, and
- Adoption of policies that reduce chronic disease risk factors.

These strategies follow the *Spectrum of Prevention* model,⁵ which expands prevention efforts beyond education models by promoting a multifaceted approach. The *Spectrum* has seven levels of prevention: the individual, community groups, providers, coalitions, neighborhood collaboratives, institutions, and policy change/legislation. By influencing and sustaining change at each level of the *Spectrum* instead of focusing on any single activity, greater effectiveness is achieved. The table below illustrates the seven levels of the spectrum and the definition for each level.

Table 2: The Spectrum of Prevention

Level of Spectrum	Definition of Level
1. Strengthening Individual Knowledge & Skills	Enhancing an individual's capacity of preventing injury or illness and promoting health and safety
2. Promoting Community Education	Reaching groups of people with information and resources to promote health and safety
3. Educating Providers	Informing providers who will transmit skills and knowledge to others
4. Fostering Coalition & Networks	Bringing together groups and individuals for broader goals and greater impact
5. Mobilizing Neighborhoods & Community	Meeting with communities and sharing agendas, prioritizing community concerns as well as health department goals
6. Changing Organizational Practices	Adopting regulations and shaping norms to improve health and safety
7. Influencing Policy & Legislation	Developing strategies to change laws and policies to influence outcomes

Effective Partnerships

Collaboration amongst stakeholders and community members, including area hospitals, community clinics, health care providers, community based organizations, schools, health plans, other county departments, as well as neighborhood collaboratives played an important role in the prevention of chronic diseases, leading to a decline in some of the mortality rates noted above. Cardiovascular disease and childhood obesity were first identified as critical, yet preventable, health issues in Stanislaus County a decade ago. Since

⁵ Prevention Institute. "The Spectrum of Prevention: Developing a Comprehensive Approach to Injury Prevention."

http://www.preventioninstitute.org/index.php?option=com_jlibrary&view=article&id=105&Itemid=127

1999, Public Health has taken steps to mobilize the community to address chronic diseases. The health improvement process started with engaging community partners and stakeholders, utilizing the Mobilizing Action through Planning and Partnerships⁶ (MAPP) process to form coalitions and task forces, to leverage resources and collaborate on programs and initiatives for the improvement of the health of community residents.

Of special significance are efforts by a number of these coalitions to implement prevention activities that likely contributed to the decline in mortality rates of some of these leading causes of death in Stanislaus County. (*Refer to Appendix D for a list of the various coalitions.*)

The Tobacco-control Outreach and Prevention Services Coalition

- Collaborated on the provision of smoking cessation classes within the County
- Promoted and supported local No Smoking ordinances and policies for the county, its cities, and area employers
- Collaborated with school youth on public and youth education and awareness
- Advocated for and implemented Smoke Free parks and other public facilities in areas throughout Stanislaus County

The Heart Education Awareness Resource Team (HEART) Coalition

- Increased public awareness and provided education and resources to the general public, schools, and health care providers
- Developed and disseminated a heart health resource guide to the community
- Incorporated physical activities into the after school programs in all Modesto City Schools as well as in Ceres, with the development of the *Walk It Out* program, and the publication of its tool kit
- Promoted worksite wellness to area employers, leading to the adoption by a number of employers, including Stanislaus County, of employee wellness policies
- Promoted American Heart Association's *Get with the Guidelines* program on heart disease and stroke

Safe Communities Coalition

- Conducted the annual *Walk to School Day* events, at 16 school sites within the County, while at the same time, identifying barriers and challenges for children to be able to walk to school
- Collaborated with City of Modesto on *Safe Routes to School* grant applications, resulting in grant funding of \$785,910 for infrastructure improvements
- Implemented the *Walking School Bus* program, and developed a tool kit for the program
- Promoted pedestrian and bicycle safety
- Promoted child passenger safety

⁶ National Association of City and County Health Officials. "MAPP Basics: Introduction to the MAPP Process." <http://www.naccho.org/topics/infrastructure/mapp/framework/mappbasics.cfm>

Childhood Obesity/Diabetes Prevention Task Force

- Conducted provider education and training to increase awareness in prevention and screening
- Provided diabetes screening at schools and the community, screening over 1,300 children and adults
- Promoted diabetes awareness and education to over 8,000 school children within the County
- Developed protocols and processes for diabetes risk assessment for school children

Stanislaus County Asthma Coalition

- Conducted annual medical provider education and training to increase knowledge and awareness
- Implemented the *Asthma-Friendly Flag Program* in 24 of the 26 school districts in the County

Health Risk Factors

While the County has achieved decreased mortality rates for coronary heart disease, stroke, and cancer, the rates of these chronic diseases are still higher than the State's. Further, neither the State nor Stanislaus County showed any progress in the mortality rate of diabetes. This is cause for concern, as Stanislaus County has a high prevalence of some of the major health and behavioral risk factors leading to most chronic diseases such as diabetes. These factors include poor nutrition, lack of physical activity and being overweight or obese. In Stanislaus County, it is estimated that over 65% of adults are overweight and/or obese⁷, while over 34% of the County's 5th, 7th, and 9th graders are in the unhealthy fitness zone for body composition⁸. In fact, the adult obesity rate has been increasing between 2001 to 2009. Stanislaus county's rate increased nearly twice as fast as the State (56% increase vs. 25% increase). Both the State and the County got further away from the HP 2010 target, which is 15% for adults and 5% for children (0-19).

Four Broad Determinants of Health

The 2008 *Community Health Assessment (CHA)* results echoed many research findings that chronic diseases are caused not only by health habits and behaviors, but also by more "upstream" factors such as the environment in which people live, educational attainment, and economic status.¹ After reviewing data findings from the 2008 *CHA*, stakeholders took action to address the four broad determinants of health: 1) Access to Health Information and Health Care, 2) Basic Needs, 3) Education, and 4) The Built Environment.

The Community Health Improvement Plan (CHIP)

Collective effort to improve the health of the community was formalized in 2010, with the formulation of a *Community Health Improvement Plan (CHIP)*. Through the MAPP process, stakeholders participated in a series of "moving data to action" meetings. Community

⁷ Stanislaus County Community Health Assessment, 2008

⁸ California State Department of Education (<http://dq.cde.ca.gov/dataquest>)

results/visions were identified for each of the broad determinants, and task forces were formed to address each of these visions. A total of 14 focus areas were initially identified. Due to challenging economic times and diminishing resources, stakeholders decided to implement activities in phases. Phase I (from 2009 – 2010) ended with five (5) active Task Forces, which completed “action plans” that listed goals, activities, and outcome measures for their respective areas.

Table 3: Phase I CHIP Goals and Task Forces

Broad Determinant	Goal	Task Force
I. Access to Health Information and Health Care	<ul style="list-style-type: none"> ▪ Increase enrollment of eligible individuals in public insurance programs 	Public Program Enrollment
II. Basic Needs	<ul style="list-style-type: none"> ▪ Reduce hunger among Stanislaus County residents ▪ Make identifying existing child care openings easier for parents 	Food Security Child Care Availability
III. Education	<ul style="list-style-type: none"> ▪ Engage parents and students in order to prevent truancy and increase graduation rates 	Parent and Student Engagement
IV. Built Environment	<ul style="list-style-type: none"> ▪ Improve infrastructure to promote safety and physical activity 	Health Impact of the Built Environment

Most of these groups continue to be active, meeting on a regular basis to move forward with the implementation of their respective planned activities, as resources and time allow. Phase II started in mid 2010, with the formation of new task forces, consisting of the specific and appropriate organizations and agencies to formulate and address other goal areas. These action plans are being compiled into one comprehensive document: *The Community Health Improvement Plan (CHIP)*.

The CHIP, coordinated by Health Services Agency (HSA) Public Health staff, is a collaborative community project with oversight by an Executive Team. (Refer to Appendix A, B, and C for CHA partners, Data to Action Task Force members, and Executive Team membership). The CHIP is a detailed document, describing a comprehensive plan of the community’s vision and strategies to improve the health of Stanislaus County residents. It documents the work of each of the active Task Forces, with the desired community results (i.e. vision), goals under each result, and selected strategies for how to achieve them, including planned activities and outcome measures. The document also includes plans for capturing and sharing achievements and results. It is intended to be a useful guidance tool that is revisited as progress assessments are made, and which can be updated and added to, as outcomes are achieved and additional goals and activities are developed. As noted above, the CHIP is being implemented in phases, starting with the focus areas with the

most stakeholder interest and the most available resources. It is acknowledged that resource availability, particularly during these challenging economic times, may impact the timing and implementation of the planned activities; however, the existence of the CHIP will provide focus on priorities and the ability to measure results.

Prevention for the Next Decade

Healthy People

Healthy People is a national initiative that provides science-based, 10-year national objectives for improving the health of all Americans. For three decades, *Healthy People* has established benchmarks and monitored progress over time in order to:

- Encourage collaborations across sectors
- Guide individuals toward making informed health decisions
- Measure the impact of prevention activities

Healthy People 2020

Healthy People 2020 (HP2020), released in December of 2010, provides renewed focus on reducing health disparities through the determinants of health approach, for health promotion and disease prevention. Included in the goals are thirteen new topic areas for 2020.¹ Four foundation measures serve as indicators of progress towards achieving HP2020 goals:

- General Health Status
- Health-Related Quality of Life and Well-Being
- Determinants of Health
- Disparities

The *Healthy People 2020* vision strives to identify nationwide health improvement priorities where action must be taken to achieve better health by the year 2020. Some of the *Healthy People 2020* focus areas are: access to health services, diabetes, health information and health information technology health related quality of life and well being, physical activity, preparedness, public health infrastructure, and social determinants of health.

HP2020 focus areas have been incorporated into the Agency's strategic plan. Three specific focus measures mentioned in the previous paragraph were independently identified by MAPP stakeholders, and are included in the CHIP. These areas also align with the Board of Supervisors' priorities of a Healthy Community and a Safe Community. *Healthy People 2020* and the CHIP will serve as the framework for Stanislaus County and HSA to achieve the vision of Healthy People in a Healthy Stanislaus.

Summary

Recognizing the power of effective partnerships, HSA Public Health began to address chronic disease over the last decade by leveraging resources and collaborating efforts with the many stakeholders and community partners within Stanislaus County, and is pleased to be able to report a decline in the mortality rates of some of the leading causes of death. However, health risk conditions and factors such as diabetes, obesity, poor nutrition and physical inactivity continue to be prevalent amongst county residents. With many research findings indicating that health outcomes are also affected by broader determinants, Public Health, together with its community partners and stakeholders, are working collaboratively to address four broad determinants of health, which are factors outside of the traditional health care system. These areas are also listed as national *Healthy People 2020* focus areas. Given the fiscal climate during these challenging economic times, HSA Public Health will remain focused on maximizing and leveraging resources to implement prevention efforts to achieve improved health status of Stanislaus County residents.

Acknowledgement

A special thank you to the following Public Health staff for their contribution to the publication of this report:

Sharon Hutchins
Phoebe Leung
Olivia Tong
John Walker

Stanislaus County Board of Supervisors

Dick Monteith, Chairman, District Four
William O'Brien, Vice-Chair, District One
Vito Chiesa, District Two
Terry Withrow, District Three
Jim DeMartini, District Five

Health Services Agency, Public Health Administration

Mary Ann Lee, Managing Director
John Walker, M.D., Public Health Officer, Stanislaus County
Colleen Woolsey, Associate Director, Director of Public Health Services
Phoebe Leung, Assistant Director, Public Information Officer

Appendix A: Stanislaus County Community Health Assessment (2008) Participants

Stanislaus County Community Health Assessment (2008) Steering Committee

Aging and Veterans Services	Doctors Medical Center
Anthem Blue Cross	Health Services Agency
Behavioral Health and Recovery Services	Kaiser Permanente
Children and Families Commission	Memorial Medical Center
Community Services Agency	Oak Valley Hospital District

Stanislaus County Community Health Assessment (2008) Financial Contributors

Aging and Veterans Services	Community Services Agency
Anthem Blue Cross	Doctors Medical Center
Behavioral Health and Recovery Services	Health Services Agency
Children and Families Commission	Memorial Medical Center

Stanislaus County Community Health Assessment (2008) Face-to-Face Survey

Distributors

Airport Neighbors United	Modesto Parks and Recreation
Anthem Blue Cross	Newman Family Resource Center
Area Agency on Aging	North Modesto Family Resource Center
Catholic Charities	Oak Valley Family Support Network
Ceres Partnership for Healthy Children	Oak Valley Hospital
Community Services Agency	Patterson Family Resource Center
El Concilio	Sierra Vista Child and Family Services
Golden Valley Health Clinics	Stanislaus County Library
Grayson/Westley Family Resource Center	Sutter-Gould Health Education Center
Health Plan of San Joaquin	Turlock Family Resource Center
Health Services Agency	West Modesto King Kennedy
Hughson Family Resource Center	Neighborhood Collaborative
Migrant Education	

Appendix B: CHIP Task Force Members

Partners Attending *Data to Action* Workshops (09) or Serving on CHIP Task Forces (09-10)

Advancing Vibrant Communities	Health Insurance Advocacy and Counseling (HICAP) of Stanislaus Health Net
Airport Neighbors United	Health Plan of San Joaquin
American Cancer Society	Health Services Agency
Anthem Blue Cross	Housing Authority
Area Agency on Aging	Hughson Family Resource Center
AspiraNet	Interfaith Ministries
Behavioral Health and Recovery Services	Kaiser Permanente
California State University, Stanislaus	Kaplan College
Center for Human Services	LaChaux Tutoring
Ceres Partnership for Healthy Children	Migrant Education
Ceres Unified School District	Modesto Chamber of Commerce
Children and Families Commission	Modesto City Schools
City Ministries	Modesto Junior College
City of Ceres Redevelopment and Economic Development	Modesto Love Center
City of Modesto Community & Economic Development	Modesto Parks and Recreation
City of Modesto Police Department	Newman Family Resource Center
City of Patterson Planning Department	Newman-Crows Landing Unified School District
Community Health Services Board	North Modesto Family Resource Center
Community Housing and Shelter	Oak Valley Family Support Network
Community Services Agency	Oak Valley Hospital
Congregations Building Community	Orville Wright Healthy Start
County Nutrition Action Plan Council	Parent Institute for Quality Education
County Planning and Community Development	Parent Resource Center
Del Puerto Health District	Patterson Family Resource Center
Disability Resource Agency for Independent Living	Patterson Joint Unified School District
E & J Gallo Winery	Planned Parenthood Mar Monte
El Concilio	Project Uplift
Emanuel Medical Center	Project Yes
Empire Union School District	Renaissance Christian Center
Family Promise of Greater Modesto	Riverbank Joint Unified School District
Foster Farms	Salvation Army
Golden Valley Health Clinics	San Joaquin Valley Air Pollution Control District
Grayson/Westley Family Resource Center	Sierra Vista Child and Family Services
Haven Women's Center	St. Paul's Preschool

Stanislaus Local Child Development
Planning Council
Stanislaus Mentoring Coalition
Stanislaus County Asthma Coalition
Stanislaus County HEART Coalition
Stanislaus County Justice Center
Stanislaus County Library
Stanislaus County Resource & Referral
Program
Stanislaus County Safe Communities
Coalition
Stanislaus County Sheriff
Stanislaus Economic Development and
Workforce Alliance
Stanislaus Health Services Agency
Foundation
Stanislaus Partners in Education

Stanislaus Surgical Hospital
Sutter-Gould Health Medical Foundation
Turlock Family Resource Center
Turlock Unified School District
United Way
University of California Extension/
Stanislaus County
Warden's Office Products
Waterford Unified School District
Weed and Seed
West Modesto King Kennedy
Neighborhood Collaborative
Westside Community Alliance
YMCA of Stanislaus County
Yosemite Community College
Individual community members

Appendix C: CHIP Executive Team

CHIP Executive Team

Community Services Agency

Health Services Agency

Stanislaus County Office of Education

Stanislaus Economic Development and Workforce Alliance

United Way of Stanislaus County

Appendix D: List of Chronic Disease Related Coalitions

Coalition	Mission/Goals	Established
Breastfeeding Coalition of Stanislaus County	To improve the health and wellbeing of Stanislaus County residents by working collaboratively to protect, promote and support breastfeeding.	1999
Childhood Obesity & Diabetes Prevention Taskforce	To reduce obesity and diabetes in children in Stanislaus County, through awareness, education, screening, treatment and research.	2005
HEART Coalition of Stanislaus County	To reduce cardiovascular disease risk factors to improve the health status and quality of life of the residents of Stanislaus County. <ul style="list-style-type: none"> ▪ Increasing public awareness ▪ Promoting healthy heart prevention education ▪ Coordinating and directing accessible community resources 	1999
Immunization Coalition of Stanislaus County	To ensure age appropriate immunizations for children and adults of Stanislaus County <ul style="list-style-type: none"> ▪ Increasing public awareness ▪ Promoting vaccine-preventable disease education ▪ Coordinating and directing accessible community resources 	1995
Maternal Child Adolescent Health Advisory Board	To identify the most critical health issues facing women, adolescents, children and their families and to develop action priorities and plans to maximize the health and wellbeing of the MCAH population through the coordination, integration and efficient use of resources.	1985
Nutrition & Fitness Council	To improve the health of people in Stanislaus County by promoting healthy eating and physical activity.	2000
Oral Health Advisory Committee	To improve the oral health of County residents by: <ul style="list-style-type: none"> ▪ Increasing public awareness on oral health related issues, and ▪ Promoting good oral health 	2001
Protecting Health and Slamming Tobacco (PHAST)	To slam tobacco usage by organizing per education and advocacy projects in our schools, our community, and throughout Stanislaus County with creative and collaborative style.	2005
Safe Communities Coalition of Stanislaus County	To empower and mobilize Stanislaus County residents by supporting community awareness and education to develop a safe and healthy community.	2001
Senior Fall Prevention Coalition of Stanislaus County	To reduce the risk of falls and increase fall prevention awareness in a collaborative community effort through education, training, and implementation of best practice interventions for fall prevention	2007
Stanislaus County Asthma Coalition	To create an asthma-friendly community by promoting awareness, education, management and prevention.	2002
Stanislaus County Nutrition Action Plan (CNAP) Partnership	To increase the consumption of fruits and vegetable of all participants in federally funded food assistance programs.	2006
Teen Pregnancy Prevention Collaborative	To promote healthy relationships, sexuality, and lifestyles among teenagers and young adults in Stanislaus County.	1996
Tobacco control Outreach and Prevention Services Coalition	To support the community in the development and promotion of tobacco control outreach and prevention services efforts.	1989

PowerPoint Presentation

ANNUAL PUBLIC HEALTH REPORT

APRIL 26, 2011

John Walker, MD

Stanislaus County Health Officer

Phoebe Leung, RD

Assistant Director

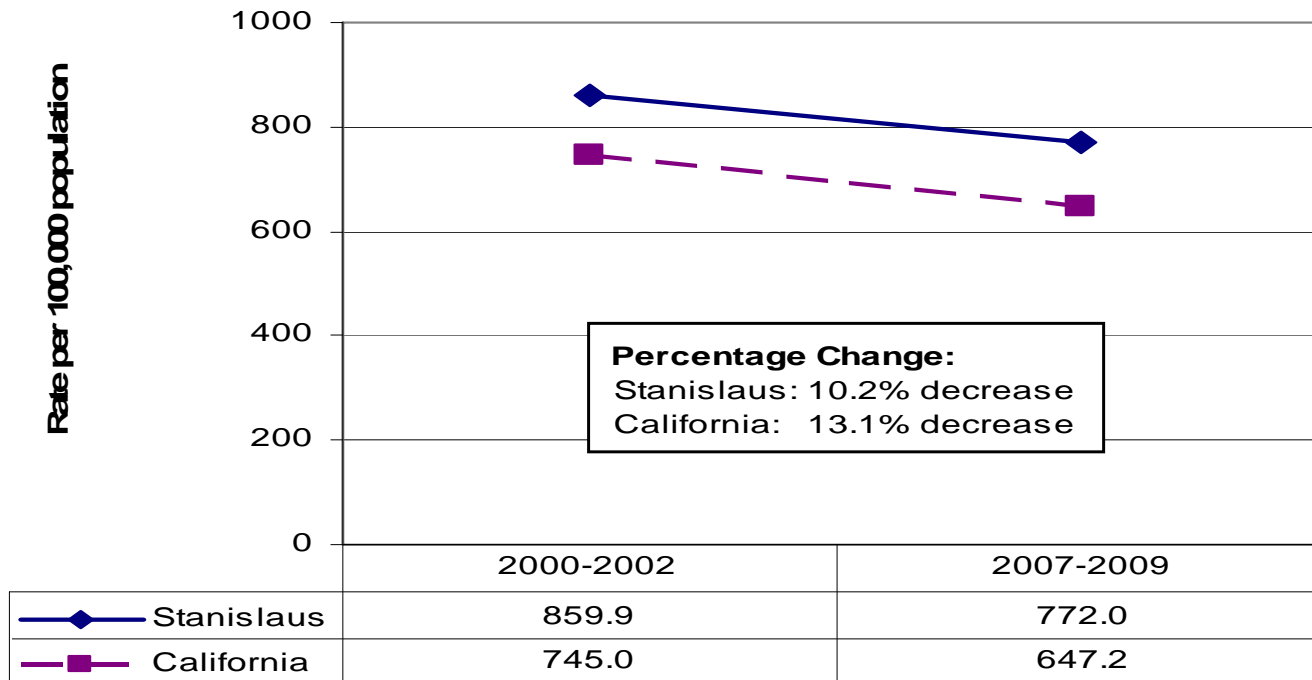


The Public Health System



Ten Year Mortality Trend – All cause

Age-Adjusted All Cause Mortality Rate



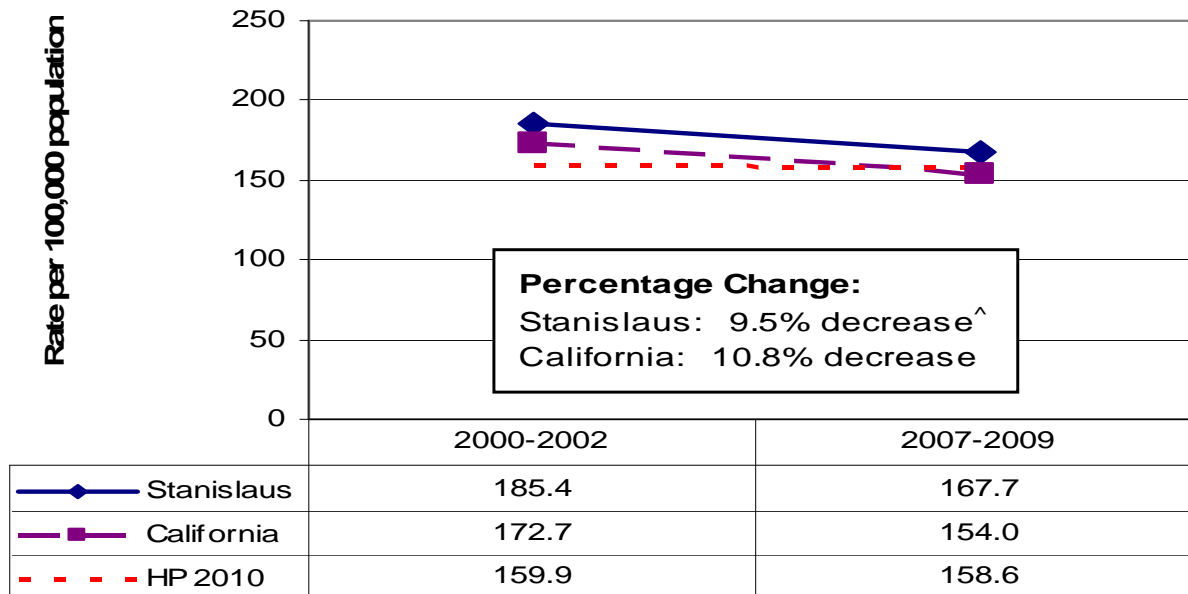
**Age-adjusted annual mortality rate per 100,000 residents.*

Source: California Department of Health, Center for Health Statistics.

No Healthy People 2020 target was set for all cause mortality rate.

All Cancer

Age-Adjusted Mortality Rate from All Cancers



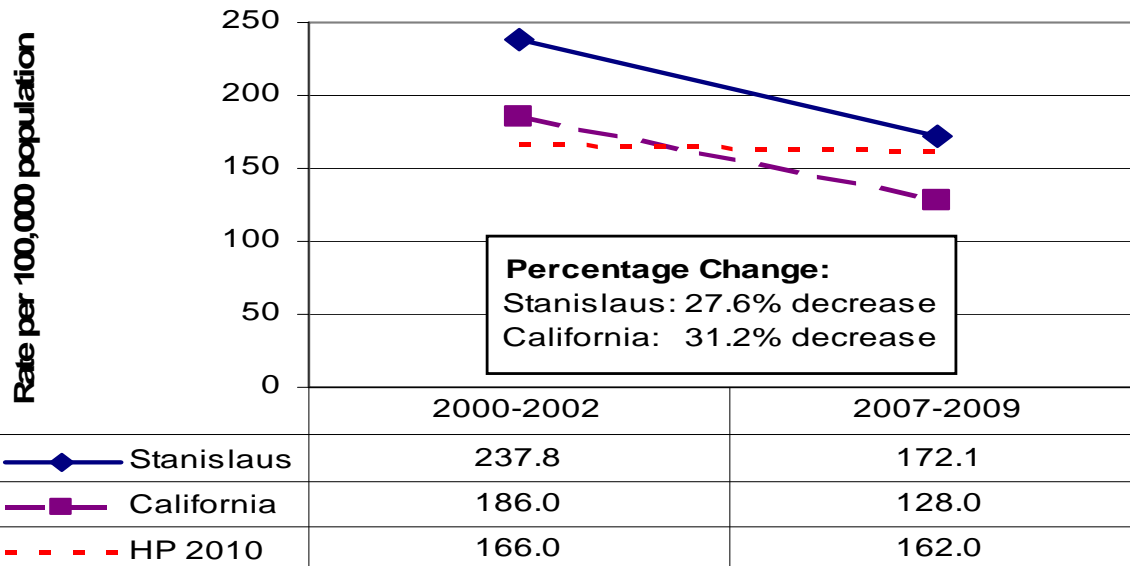
*Age-adjusted annual mortality rate per 100,000 residents.

Source: California Department of Health, Center for Health Statistics.

^Marginally statistically significant change.

Coronary Heart Disease

Age-Adjusted Coronary Heart Disease Mortality Rate

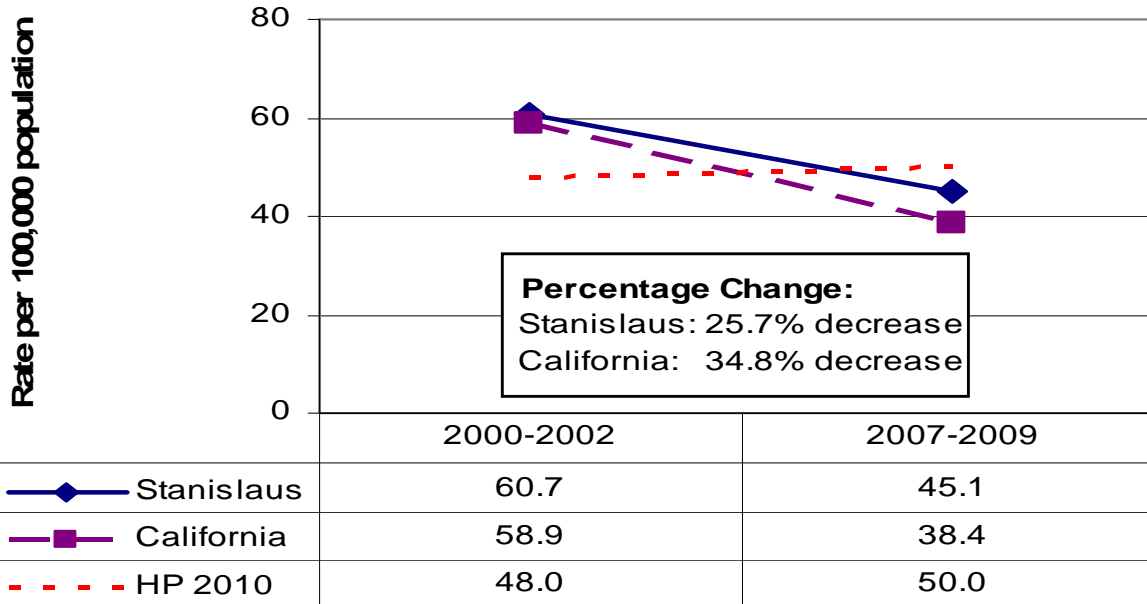


**Age-adjusted annual mortality rate per 100,000 residents.*

Source: California Department of Health, Center for Health Statistics.

Stroke

Age-Adjusted Cerebrovascular Mortality Rate

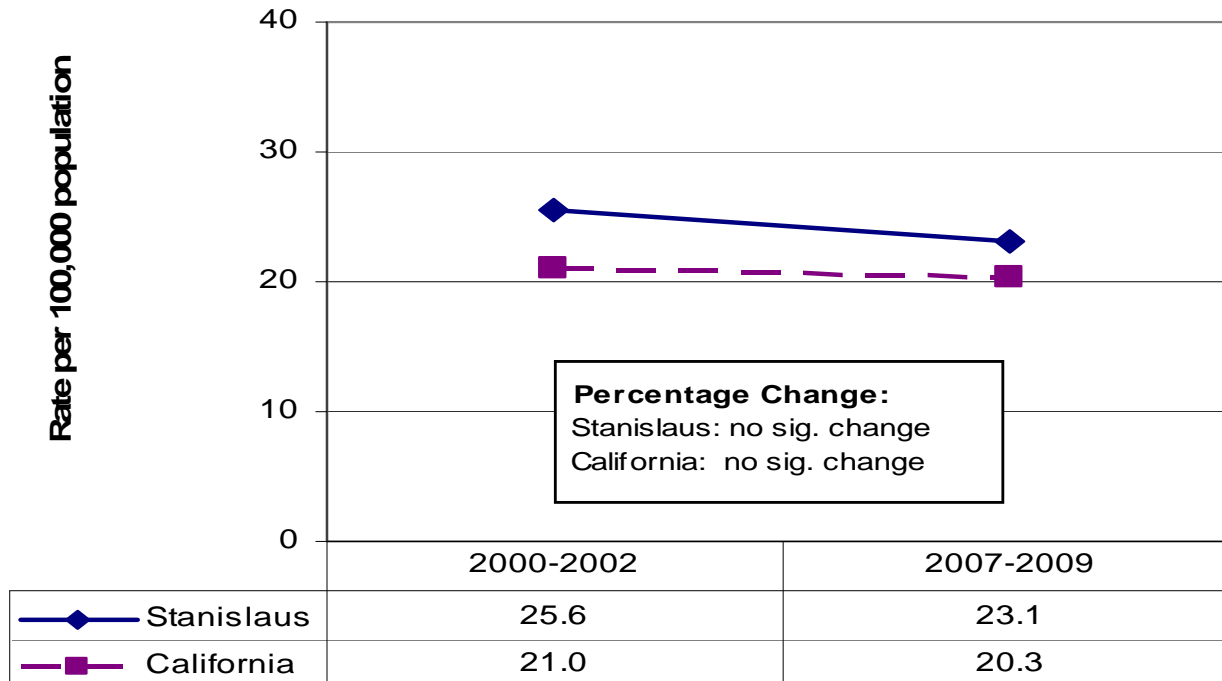


*Age-adjusted annual mortality rate per 100,000 residents.

Source: California Department of Health, Center for Health Statistics.

Diabetes

Age-Adjusted Diabetes Mortality Rate



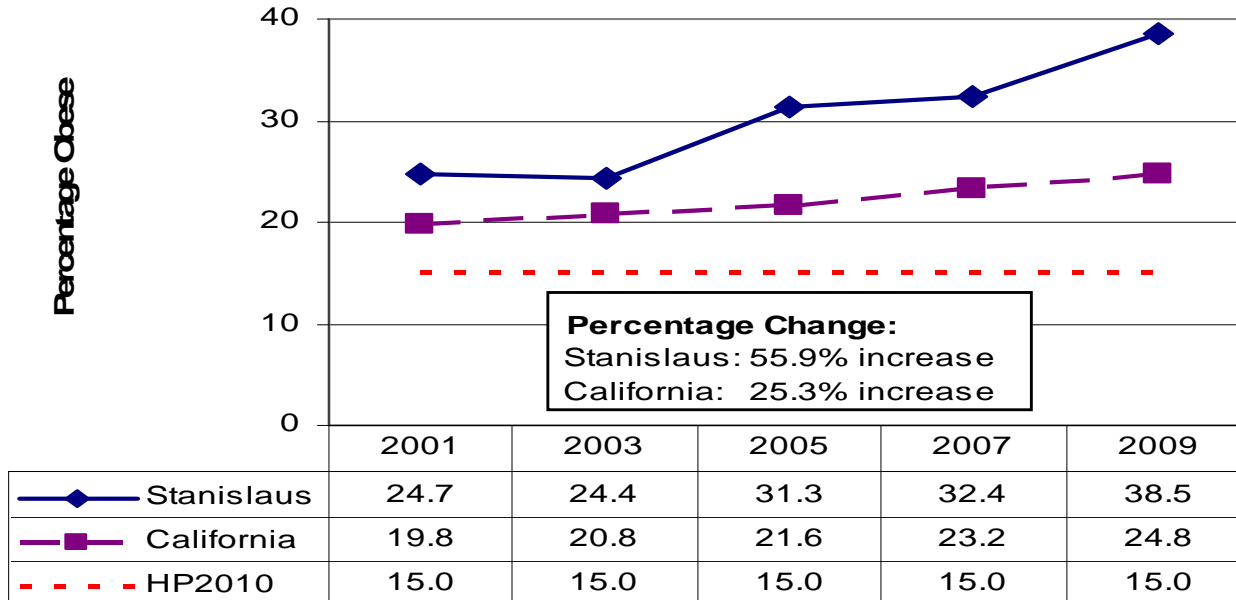
**Age-adjusted annual mortality rate per 100,000 residents.*

Source: California Department of Health, Center for Health Statistics.

No Healthy People 2020 target was set for all the diabetes mortality rate.

Obesity

**Percentage of Obese Adults Over Time:
Stanislaus County vs. California**



**Age-adjusted annual mortality rate per 100,000 residents.*

Source: California Department of Health, Center for Health Statistics.

Addressing Chronic Diseases

- **Comprehensive and coordinated** approach
- **Long term** process
- **Multiple levels** of intervention
- **Collaboration**

The Spectrum of Prevention

Impact



7. Influencing policy and legislation

6. Mobilizing neighborhoods and communities

5. Changing organizational practices

4. Fostering coalitions and networks

3. Educating providers

2. Promoting community education

1. Strengthening individual knowledge and skills

Prevention for Next Decade

“Health begins where we live, work and play.”

- Robert Wood Johnson Foundation

Four Broad Determinants of Health

- Access to Health Information and Health Care
- Basic Needs
- Education
- The Built Environment

Framework for a Healthy Stanislaus

- National Initiative: Healthy People 2020
- Local Initiative: Community Health Improvement Plan
- Continue to leverage resources



2009-2010 Community Health Improvement Plan Task Force Members

Advancing Vibrant Communities
Airport Neighbors United
American Cancer Society
Anthem Blue Cross
Area Agency on Aging
AspiraNet
Behavioral Health and Recovery Services
California State University, Stanislaus
Center for Human Services
Ceres Partnership for Healthy Children
Ceres Unified School District
Children and Families Commission
City Ministries
City of Ceres Redevelopment and
Economic Development
City of Modesto Community & Economic
Development
City of Modesto Police Department
City of Patterson Planning Department
Community Health Services Board
Community Housing and Shelter
Community Services Agency
Congregations Building Community
County Nutrition Action Plan Council
County Planning and Community Dev. Dept.
Del Puerto Health District
Disability Resource Agency for Independent Living

E & J Gallo Winery
El Concilio
Emanuel Medical Center
Empire Union School District
Family Promise of Greater Modesto
Foster Farms
Golden Valley Health Clinics
Grayson/Westley Family Resource Center
Haven Women's Center
Health Insurance Advocacy and Counseling
(HICAP) of Stanislaus
Health Net
Health Plan of San Joaquin
Health Services Agency
Housing Authority
Hughson Family Resource Center
Interfaith Ministries
Kaiser Permanente
Kaplan College
LaChaux Tutoring
Migrant Education
Modesto Chamber of Commerce
Modesto City Schools
Modesto Junior College
Modesto Love Center
Modesto Parks and Recreation
Newman Family Resource Center

2009-2010 Community Health Improvement Plan Task Force Members

Newman-Crows Landing Unified School District

Oak Valley Family Support Network

Oak Valley Hospital

Orville Wright Healthy Start

Parent Institute for Quality Education

Parent Resource Center

Patterson Family Resource Center

Patterson Joint Unified School District

Planned Parenthood Mar Monte

Project Uplift

Project Yes

Renaissance Christian Center

Riverbank Joint Unified School District

Salvation Army

San Joaquin Valley Air Pollution Control District

Sierra Vista Child and Family Services

St. Paul's Preschool

Stanislaus Local Child Development Planning Council

Stanislaus Mentoring Coalition

Stanislaus County Asthma Coalition

Stanislaus County HEART Coalition

Stanislaus County Justice Center

Stanislaus County Library

Stanislaus County Resource & Referral Program

Stanislaus County Safe Communities Coalition

Stanislaus County Sheriff

Stanislaus Economic Development and Workforce Alliance

Stanislaus Health Services Agency Foundation

Stanislaus Partners in Education

Stanislaus Surgical Hospital

Sutter-Gould Health Medical Foundation

Turlock Family Resource Center

Turlock Unified School District

United Way

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- Nutrition & Fitness Council
- Oral Health Advisory Committee
- Protecting Health and Slamming Tobacco (PHAST)
- Safe Communities Coalition of Stanislaus County
- Senior Fall Prevention Coalition of Stanislaus County
- Stanislaus County Asthma Coalition
- Stanislaus County Nutrition Action Plan (CNAP) Partnership
- Teen Pregnancy Prevention Collaborative
- Tobacco control Outreach and Prevention Services Coalition

The Public Health System



Staff Recommendation

- Accept the Health Services Agency's 2011 Annual Public Health Report