

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

DEPT: Health Services Agency

BOARD AGENDA:7.1  
AGENDA DATE: March 27, 2018

**SUBJECT:**

Approval to Accept the 2018 Public Health Annual Report

**BOARD ACTION AS FOLLOWS:**

**RESOLUTION NO. 2018-0146**

On motion of Supervisor Monteith , Seconded by Supervisor Olsen

and approved by the following vote,

Ayes: Supervisors: Olsen, Chiesa, Withrow, Monteith, and Chairman DeMartini

Noes: Supervisors: None

Excused or Absent: Supervisors: None

Abstaining: Supervisor: None

1)  Approved as recommended


2)  Denied

3)  Approved as amended

4)  Other:

**MOTION:**

ATTEST:

  
\_\_\_\_\_  
ELIZABETH A. KING, Clerk of the Board of Supervisors

File No.

**THE BOARD OF SUPERVISORS OF THE COUNTY OF STANISLAUS  
AGENDA ITEM**

DEPT: Health Services Agency

BOARD AGENDA:7.1  
AGENDA DATE: March 27, 2018

CONSENT

CEO CONCURRENCE: YES

4/5 Vote Required: No

**SUBJECT:**

Approval to Accept the 2018 Public Health Annual Report

**STAFF RECOMMENDATION:**

1. Accept the Health Services Agency 2018 Public Health Annual Report

**DISCUSSION:**

An annual Public Health report is presented to the Board of Supervisors each year by the Health Services Agency to assure awareness and understanding of important public health issues, recent actions taken and to provide an opportunity for feedback. The 2018 Stanislaus County Public Health Annual Report (Attachment A) includes programmatic activities and achievements for the 2016-2017 Fiscal Year. Through leadership, teamwork, innovation and engagement in effective partnership, the overall mission of the Public Health Division is to protect, promote and improve the health and well-being of all Stanislaus Residents.

**Table 1: The 3 Core Functions and 10 Essential Public Health Services**

<i>Core Function</i>	<i>Essential Service</i>
<i>Assessment</i>	1. Monitor health status to identify and solve community health problems.
	2. Diagnose and investigate health problems and health hazards in the community.
<i>Policy Development</i>	3. Inform, educate, and empower people about health issues.
	4. Mobilize community partnerships and action to identify and solve health problems.
	5. Develop policies and plans that support individual and community health efforts.
<i>Assurance</i>	6. Enforce laws and regulations that protect health and ensure safety.
	7. Link people to needed personal health services and assure the provision of health care when otherwise unavailable.
	8. Assure competent public and personal health care workforce.
	9. Evaluate effectiveness, accessibility, and quality of personal and population-based health services.
	10. Research for new insights and innovative solutions to health problems.

While the HSA Public Health division operates under and carries out numerous mandates as directed by the Federal and State governments, describing the overall core functions of a Public Health jurisdiction through the nationally recognized 10 Essential Public Health Services provides for a comprehensive and categorically organized look at responsibilities. For HSA's Public Health division, viewing the numerous programs and initiatives through this lens allows for a more thoughtful and understandable approach to managing the requirements and explaining the role and services to the public being served.

The HSA Public Health division is dedicated to prevent diseases, outbreaks, and injuries with the ultimate goal of improving the health of the community. Prevention is often a hidden result of public health efforts. The report demonstrates how public health programming works to address factors that affect the health of the community through the 1) Foundational Capabilities of Assessment (Surveillance, Epidemiology and Laboratory Capacity), Emergency Preparedness and Response, Public Information and Communication, Policy Development and Support, Community Partnership Development, and Organizational Competencies, and 2) Foundational Services of Communicable Disease Control and Prevention, Chronic Disease and Injury Prevention, Maternal, Child, Adolescent and Family Health, and Access to and Linkage with Clinical Care.

As the pursuit of Public Health Accreditation is a key HSA initiative, the respective themes of the accreditation expectations are shown at the bottom of each page. The appendices provide numerous metrics which indicate areas of improvements and setbacks comparing Fiscal Year 2015/2016 to 2016/2017. Also included is the 2017 State produced County Health Status Profile which provides the Stanislaus County ranking against all California counties by numerous health status indicators, and illustrates by indicator the county's rate compared to the overall State rate and the national objective. While the report conveys services and activities which met the Ten Essential Services expectations, there is much progress to be made ahead to improve our population's health.

The 2018 National Public Health Theme is "Changing our Future Together." The HSA Public Health division is working with partners now to plan and produce the next Community Health Assessment which will guide a stakeholder driven Community Health Improvement Plan. HSA will continue to harness all efforts to address and create the conditions for the Board of Supervisor's priority of Community Health!

#### **POLICY ISSUE:**

Presenting the 2018 Annual Report reflects the agency's commitment to ensure the Board of Supervisors and the community is informed about emerging public health concerns, relevant policy issues, program accomplishments and challenges, as well as future focus areas and direction. After the report is approved, staff will post on the Health Services Agency website at [www.hsahealth.org](http://www.hsahealth.org) and disseminate to interested parties.

#### **FISCAL IMPACT:**

There is no fiscal impact associated with the acceptance of this report.

**BOARD OF SUPERVISORS' PRIORITY:**

The outcomes presented in the report are consistent with the Board's priority of *Supporting Community Health* by promoting and reporting on public health and wellness with detailed approaches and outcomes.

**STAFFING IMPACT:**

There is no staffing impact associated with this report.

**CONTACT PERSON:**

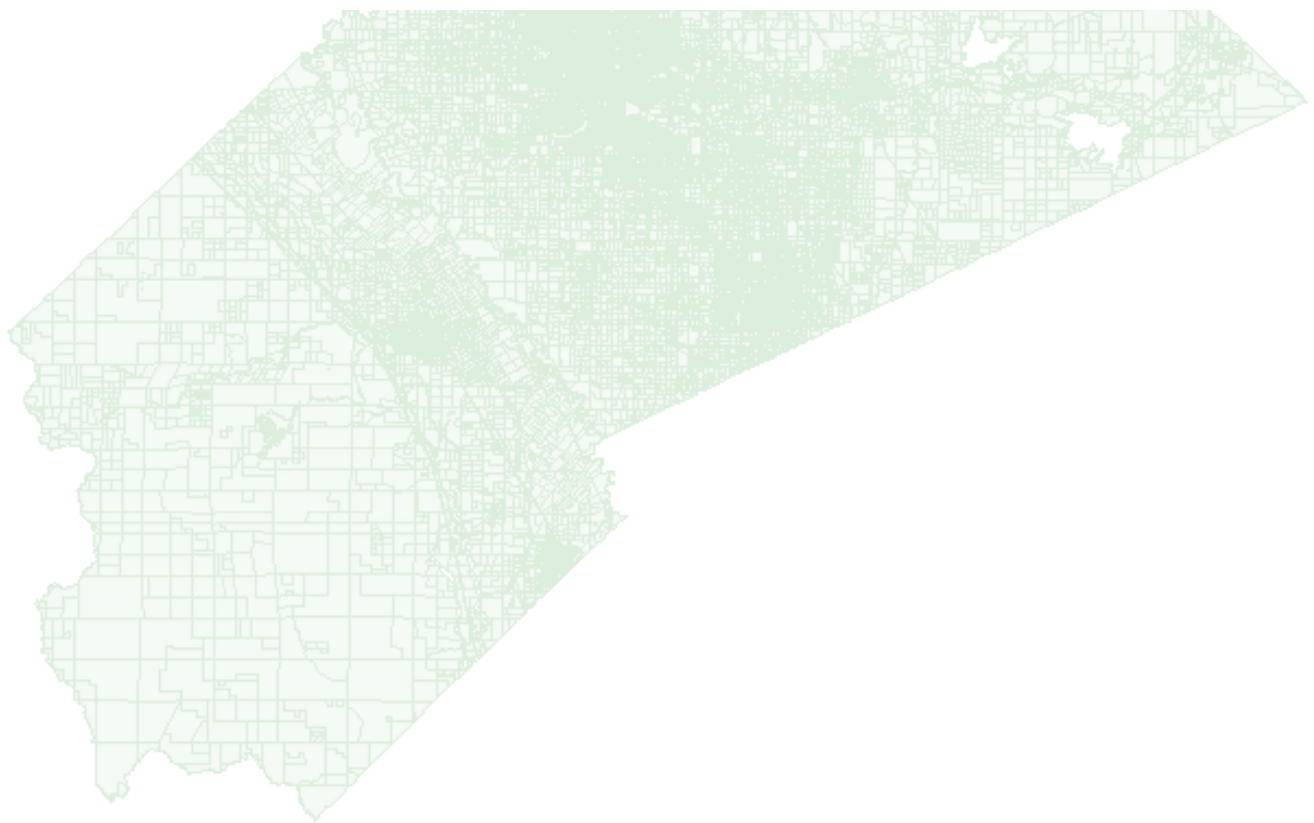
Dr. Julie Vaishampayan, Public Health Officer (209) 558-8804

**ATTACHMENT(S):**

1. 2018 Public Health Annual Report



# *2018 Stanislaus County Public Health Annual Report*



# Stanislaus County Public Health Annual Report 2018



## Stanislaus County Board of Supervisors

District 1: Kristin Olsen  
District 2: Vito Chiesa  
District 3: Terry Withrow  
District 4: Dick Monteith  
District 5: Jim DeMartini, Chair

## Stanislaus County Health Services Agency

Mary Ann Lee, MBA — Managing Director  
Julie Vaishampayan, MD, MPH — Public Health Officer  
Lori Williams, MSW — Public Health Director



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## Message from the Public Health Director and Health Officer

Public health departments work hard to prevent diseases, outbreaks, and injuries with the ultimate goal of improving the health of the community, but prevention is often a hidden result. The work of public health may seem invisible but in fact it is everywhere: affecting and touching our lives on a daily basis. As we look around our community and see bike lanes, walking paths, no smoking signs, immunizations clinics, community gardens, and farmers markets we are seeing public health in action.

Many elements affect the health of our community and last year we explored some of these factors such as health behaviors, access to clinical care, social and economic issues and the environment.

This year we will discuss how public health works to address these factors. Figure 1 on page five provides an excellent visual of the framework of the foundational public health services and will be the lens through which we present this year's report.

A major project this past year was creating, gathering, and submitting documentation for public health accreditation. Public Health accreditation is organized around the Ten Essential Services (Figure 2 on page 5), aligning with the foundational capabilities. The themes of accreditation are quality improvement, planning, partnerships, community engagement, leadership and governance, customer/community focus, and health and racial equity. Under each foundational area we will highlight the themes of public health accreditation.

Health starts—long before illness—in our homes, schools and jobs. Through our efforts to address the obstacles and barriers to health we aspire to help create the conditions where the healthy choice is the easy choice and everyone has the opportunity to live the healthiest life possible, regardless of their income, education or ethnic background.

When everyone has these opportunities, we will have *“Healthy People in a Healthy Stanislaus!”*



Accreditation Coordinator Andria Jimenez and retired Public Health Officer Dr. Walker preparing to submit Accreditation documentation at the 2017 Public Health Annual Meeting.

Lori Williams, MSW  
Public Health Director

Julie Vaishampayan, MD, MPH  
Public Health Officer



## Foundational Public Health Services

The Foundational Public Health Services framework consists of foundational areas and foundational capabilities essential to all health departments. Foundational areas, the colored boxes in Figure 1, are the areas of expertise, or program specific activities, in all health departments essential to protect the community's health. Foundational capabilities are the skills needed in health departments to support all activities. The foundational capabilities align with the Ten Essential Services and the domains for public health accreditation.

Health departments also need the capacity for additional important programs and activities specific to the needs of their community (the "above the line" services). In Stanislaus County, these additional services include treatment for people with syphilis and immunization of children for school.



**Figure 1. Foundational Public Health Services**



**Source: Adapted from:** Foundational Public Health Services, Resolve, 2013.  
<http://www.resolve.org/site-foundational-ph-services/>

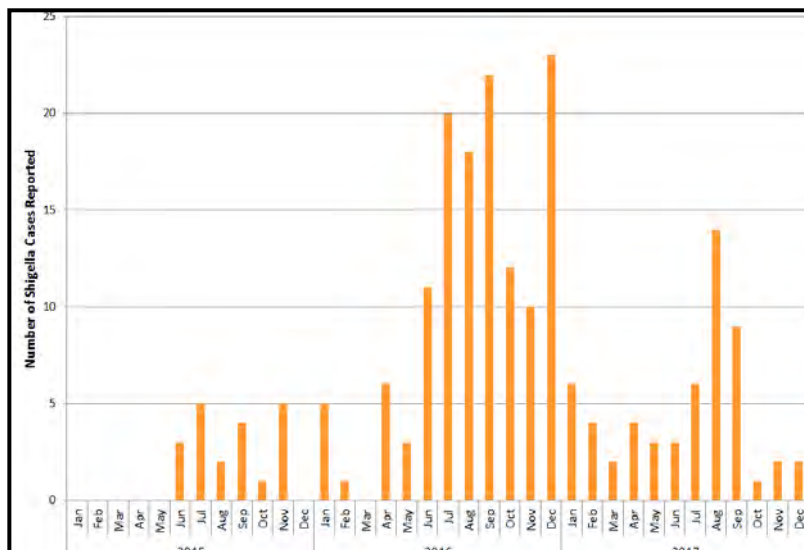
## Communicable Disease Control *Shigella*

Shigella is an intestinal disease that causes diarrhea, fever, and stomach cramps. A unique, toxin-producing strain was first identified in California in 2014. Stanislaus County saw a large increase in this new strain in 2016.

In response, HSA/PH:

- Partnered with Department of Environmental Resources to increase awareness and promote handwashing and staying home when sick.
- Alerted Healthcare Providers.
- Expanded laboratory surveillance.
- Partnered with CDPH to try to identify a common source.

### Reported Cases of Shigella by Month Stanislaus County, 2015-2017

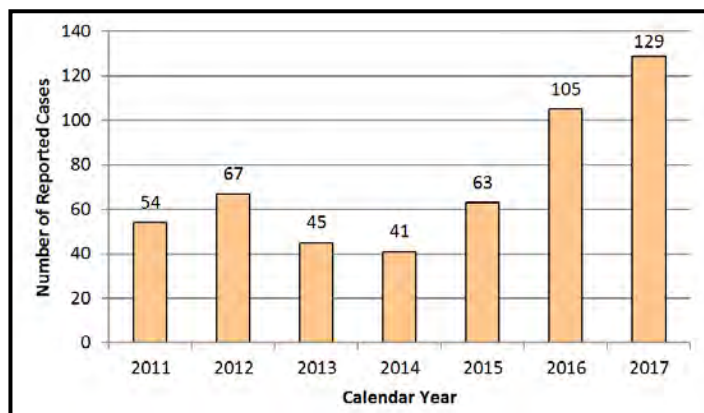


## *Valley Fever*

Valley Fever, also known as coccidioidomycosis, is an increasing health concern in the southern central valley and central coast of California. It is caused by a fungus that grows in certain types of soil; it can cause respiratory symptoms when breathed in, especially when soil is disturbed

by digging or wind. Most infected people will not show signs of illness. Those who do become ill with Valley Fever often have a flu-like illness that can last for two weeks or more. While most people recover fully, some may develop more severe disease or complications of Valley Fever such as infection of the brain, joints, bone, skin or other organs.

### Reported Cases of Valley Fever by Year, Stanislaus County, 2011-2017



In response, HSA/PH sent out information to:

- The public to let them know who is at risk for Valley Fever and how to avoid this potentially deadly infection.
- Healthcare providers to alert them to the increasing number of people with Valley Fever being diagnosed in this County and remind them to consider this as a possible cause of illness.

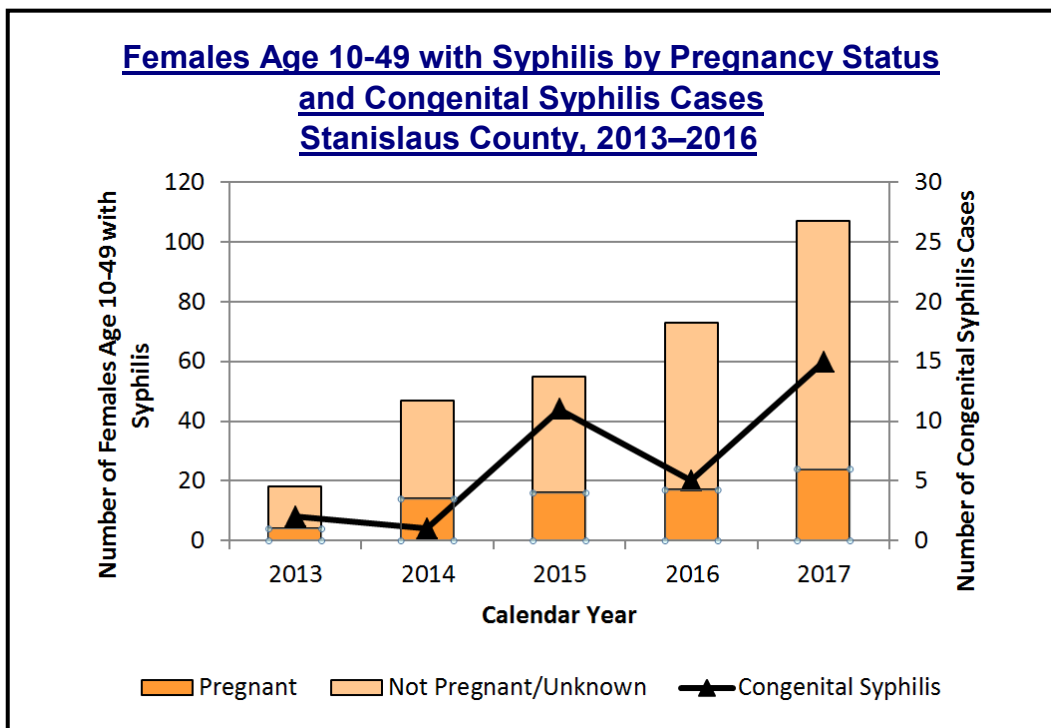
*These activities reflect the accreditation themes of planning, partnerships, and community engagement.*

# Communicable Disease Control

## Syphilis

Stanislaus County, along with the entire San Joaquin Valley, has seen a rise in syphilis in women and congenital syphilis over the past few years. Syphilis is a potentially fatal sexually transmitted disease which can be treated. In pregnant women syphilis can lead to pregnancy complications including miscarriage and still birth. Babies with congenital syphilis can have life-threatening health problems. In order to prevent transmission of syphilis from a pregnant woman to her baby, syphilis must be treated correctly at least 30 days prior to birth.

treatments are completed. This joint program was presented at the California Syphilis Prevention Summit at the University of Southern California on January 10, 2017.



To address

gaps in diagnosis and treatment of syphilis, Stanislaus County Health Services Agency Public Health Division (HSA/PH) is:

- Working with the California Department of Public Health (CDPH) to develop a toolkit with resources for preventing, testing, diagnosing, treating and reporting syphilis.
- Reaching out to providers to raise awareness.
- Partnering with our local jail to test female inmates for syphilis. Positive test results lead to treatment initiation while patients are incarcerated, and upon release, care is transferred to public health to ensure



Dana Fagen, Medical Investigator, presents at the CDPH Syphilis Prevention Summit

*These activities reflect the accreditation themes of planning, quality improvement, partnerships, and leadership.*

## Maternal, Child and Family Health *Monitoring Blood Lead Levels*

There is no safe level of lead in the blood, especially for children. Lead poisoning in children can lead to nervous system and brain damage, low blood count, and major organ damage.

Several groups of people are required or encouraged to get tested for blood lead levels including:

- Newly arrived refugee children age 6 months to 16 years,
- Children in publicly funded programs for low-income children (eg. Head Start) with testing requirements at one and two years old, and
- Children who are at risk for lead exposure (for example: living in an older home with potential lead paint).

HSA/PH works to protect children (age 0-21 years) with abnormal blood lead levels from further harm through monitoring and case management. In response to reports of elevated blood lead levels, HSA/PH staff partner with Environmental Health staff to

Lead Poisoning in Children:  
Signs and Symptoms:

- Developmental delay
- Learning difficulties
- Irritability
- Loss of appetite
- Weight loss
- Sluggishness and fatigue
- Abdominal pain
- Vomiting
- Constipation
- Hearing loss
- Seizures
- Eating things, such as paint chips, that aren't food (pica)

Source: mayoclinic.org

conduct joint home visits to identify potential sources of lead poisoning in the home. Environmental Health staff evaluate the environment (lead house paint, contaminated soil, etc), and HSA/PH Staff inspect products such as ointments and dishes for possible sources of lead.



In order to better align with CDC guidelines, the State of California lowered the blood lead level thresholds requiring public health investigation and case management, lengthened the time required for ongoing follow-up, and increased funding for the increased workload. These changes, in addition to an increase in people immigrating to Stanislaus County from countries with more exposure to lead, have resulted in greatly increased numbers of children needing follow-up. (See Appendix A).

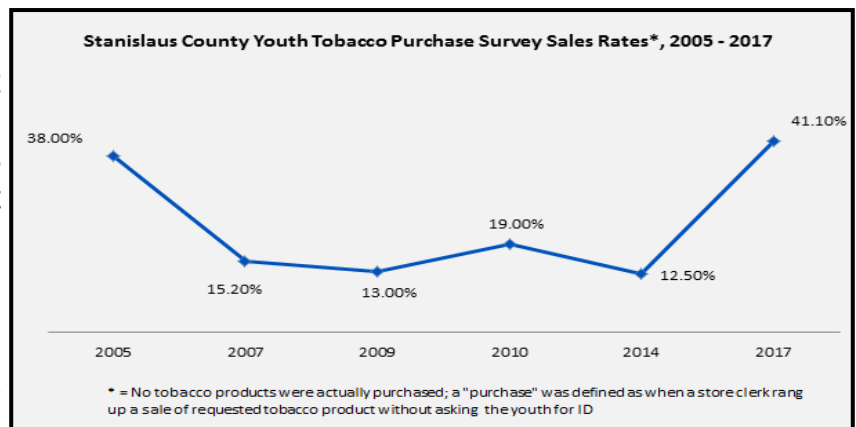
*These activities reflect the accreditation themes of leadership and governance, partnership, and customer service.*



## Chronic Disease and Injury Prevention Youth Access to Tobacco

In Stanislaus County, youth and young adult use of tobacco is an issue with a changing face. New products like e-cigarettes and flavored tobacco appeal to younger audiences, with 80% of youth who use tobacco starting with a flavored product. Electronic smoking devices, the most popular tobacco product for youth, are available in over 7,000 flavors including sweet and candy flavors like bubblegum and pancakes. These products produce a toxic aerosol that includes chemicals known to cause cancer and reproductive harm. Initiation of tobacco use as a youth can lead to life-long addiction: 90% of current smokers started before they were 18 years old.

- Surveyed tobacco retailers, finding that all surveyed stores near schools sold flavored tobacco products and the availability of electronic smoking devices had increased by 10% since 2013.



In response to this changing threat to the health of our teens, HSA/PH:

- Conducted the 2017 Youth Tobacco Purchase Survey which showed out of 51 randomly selected tobacco retailers, 41% were willing to sell tobacco products without asking for identification, and two thirds of those stores also sold electronic smoking devices.

- Coordinated a leadership training in partnership with the Stanislaus County Office of Education for 42 young people to build their public speaking capacity and educate them on the local issue of youth access to tobacco. Youth advocates travelled to the State Capital and spoke with local representatives and their staff about the problem of youth access and exposure to tobacco. Ten of these youth spoke at three Modesto City Council meetings in support of a proposed smoke-free parks ordinance with materials from HSA/PH. In March, the Modesto City Council passed an ordinance declaring all parks and walking trails in Modesto to be smoke-free, including electronic smoking devices.



*These activities reflect the accreditation themes of leadership and governance, community engagement, and planning.*

## Access to and Linkage with Clinical Care

### Flu Immunization Community Clinics

Emergency Preparedness conducted 13 Community Flu immunization clinics in 2016/2017 in various locations throughout the county. These community clinics administered 912 immunizations at minimal cost to community residents and provided practice for mass vaccinations. These vaccination events are supported by volunteers from the medical reserve corps.



HSA/PH Staff share information about HSA services at a Community Resource Event

#### 2017 Flood Response:

In February 2017, Stanislaus County experienced widespread flooding, prompting emergency response. HSA/PH staff were deployed to the Emergency Operations Center and local emergency shelters. The recently completed All Hazards Emergency Operations Plan was a valuable asset in identifying tools and resources. The All Hazards Plan is now being updated in response to this event with a supplement clarifying roles and responsibilities of nurses in emergency shelters to better serve the community in emergency situations.

### HIV Services

The STD/HIV program administers the Care program which provides services to 126 HIV positive residents of Stanislaus County. The Care program provides case management, linkage to resources, and acts as health care payment of last resort for those who are not eligible for any other health insurance. The Ceres Medical Office (a clinic operated by Stanislaus County Health Services Agency) offers an HIV clinic one afternoon per week.



Ceres Medical Office



*These activities reflect the accreditation themes of customer/community focus, health equity, planning, quality improvement and partnerships.*

## Foundational Capabilities *Policy, Systems, and Environment*

Policy, systems, and environment (PSE) changes lead to long-lasting and impactful improvements in the health of a community and have a broader impact than direct client services. The Nutrition Education and Obesity Prevention (NEOP) program has shifted its focus from conducting nutrition education classes to engaging stakeholders in PSE changes. In August of 2016, NEOP staff proposed, developed, and coordinated the “Painting

Preschool Playgrounds for Movement” stencil project at three Empire Unified School District Head Start sites. NEOP staff then worked together with school administration and staff to help paint all sites. This project increased opportunities for Head Start students to be active in an educational and colorful way. The project also improved safety by providing bicycle paths and parking spots.

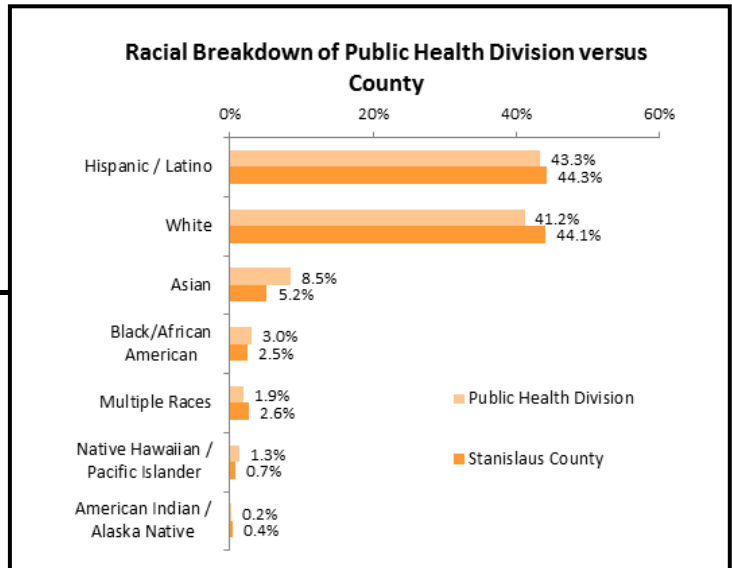


## Staffing

One way to better serve the community is to ensure that HSA/PH staff reflect the diversity of the public. The HSA/PH staff very closely mirrors the racial and ethnic diversity of our community. In response to the significant staff turnover HSA/PH has seen this year, HSA/PH has been involved with recruitment

events at local colleges, leading to at least one hire. Local students have also been getting experience by working with HSA/PH programs through internships. The Public Health leadership team welcomed a new

Public Health Workforce	
Total Employees	530
Age	20-76
Over 55	23.5%
Women	88.7%
New Staff	45 full time 32 part time
New Managers	6 Full time 1 Transfer 4 Promoted
Open Positions	49 Full time 39 Part time



Director, Public Health Officer, Chief Epidemiologist, and Communicable Disease Manager this year, giving fresh perspective on processes and procedures and offering a unique opportunity for internal program evaluation, especially in the context of submitting documentation for public health accreditation.

*These activities reflect the accreditation themes of partnerships, customer/community focus, and health and racial equity.*



## Highlights from 2016/2017

- The Keep Baby Safe child passenger safety program's funding was renewed, providing classes and free and reduced cost car seats for children from qualifying families. Classes are offered at Family Resource Centers in Ceres, Hughson, Modesto, Newman, Oakdale, Patterson, and Turlock.

- After participating as a research site since June 2015, HSA/PH was awarded the highly competitive Adolescent Family Life Program-Positive Youth Development grant to serve pregnant and parenting teens with comprehensive case management to help them meet their goals including graduation from high school and/or obtaining a GED, as well as offering education and support regarding parenting.

- As part of continuous quality improvement, the home visiting programs began administering surveys to assess and quantify the impact of home visiting on local families. Families will be asked to complete the surveys at initiation of services and again after six months of home visiting, and at conclusion of services for comparison. During this year, 309 clients completed baseline surveys.

- In conjunction with the San Joaquin Valley Public Health Consortium, HSA/PH is participating in the Local and Regional Government Alliance on Race and Equity (GARE) project which invites participants to identify and address racial equity/disparity issues in systems, institutions, and policies.

This will lead to creating a racial equity plan for the region.

- HSA/PH has been working with local detention facilities to ensure detainees are screened and treated for chlamydia and gonorrhea. Out of 152 females held in juvenile hall in 2016, 87% were screened with 21 positive for chlamydia and 4 testing positive for gonorrhea.



- HSA/PH Leadership and the Performance Management Quality Improvement Committee are being trained in Results-Based Accountability, a framework for identifying opportunities for improvement, implementing plans, and continual assessment and revision of the plan, leading to a fully implemented system for performance management.

- Twenty-seven Head Starts now participate in the Harvest of the Month program, offering monthly taste testing of healthy foods with a nutrition education lesson. HSA/PH is working with Head Start to incorporate these healthy foods into the snack menus for children in the program.

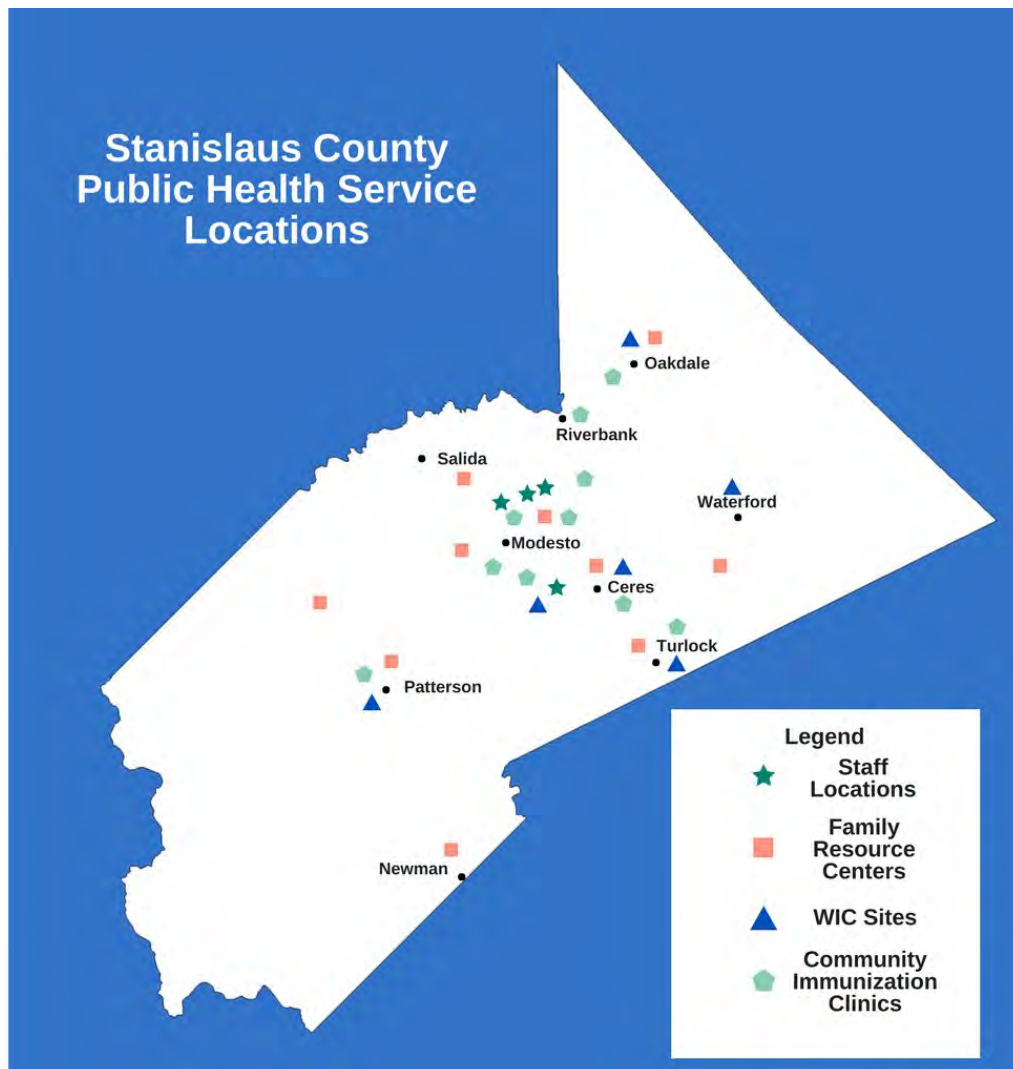
- Through a CDPH HIV Supplemental Grant for transportation and nutrition services, HSA/PH provides weekly produce baskets from a local farm to qualified people living with HIV. The baskets contain fruit and vegetables as well as healthy recipes to prepare them. Baskets were provided to 39 clients in June 2017.



## Conclusions/Looking Ahead

“Changing Our Future Together” is the 2018 National Public Health theme. This theme both resonates and motivates HSA/PH as another year begins. This is a new year ripe with possibilities. Moving forward, HSA/PH remains committed to becoming an exceptional public health department— focused, organized, strategic and accredited. HSA/PH will continue to direct efforts toward building up people, developing new partnerships and creating an updated Community Health Improvement Plan which will serve as the roadmap toward health and wellness for all residents. With a clarity of focus and a shared vision, HSA/PH is eager to play a pivotal role in creating a community abundant in health and wellness.

Fully embracing the role and responsibility for improving and protecting the health of the community, HSA/PH will continue to harness all efforts to address and create the conditions that ensure that everyone in Stanislaus County has an opportunity to be healthy. This is what it will take to move closer to making the vision of *“Healthy People in a Healthy Stanislaus”* a reality.



## Acknowledgements

Many thanks to those who contributed to this report including:

Folorunso Akintan  
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Cynthia Haynes

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Jessica Montoya-Juarez  
Gloria Rios  
Larry Sampson  
Angela Shelton  
Barbara Vassell  
Analisa Zamora

## Acronyms

**AIDS** Acquired Immune Deficiency Syndrome  
**CDC** United States Centers for Disease Control and Prevention  
**CDPH** California Department of Public Health  
**DOT** Directly Observed Treatment  
**GARE** Local and Regional Government Alliance on Race and Equity  
**GED** General Education Diploma  
**HBO** Healthy Birth Outcomes Program  
**HIV** Human Immunodeficiency Virus  
**HR** Human Resources  
**HSA** Stanislaus County Health Services Agency  
**HSA/PH** Stanislaus County Health Services Agency Public Health Division  
**IT** Information Technology  
**MTC** Medical Therapy Clinic  
**NEOP** Nutrition Education and Obesity Prevention  
**NFP** Nurse Family Partnership Program  
**OT** Occupational Therapy  
**PH** Public Health Division  
**PSE** Policy System and Environment  
**PT** Physical Therapy  
**QI** Quality Improvement  
**STD** Sexually Transmitted Disease  
**TB** Tuberculosis  
**WIC** Special Supplemental Nutrition Program for Women, Infants and Children

## Appendix A:

<b>Annual Key Metrics Summary</b>		
<b>Fiscal Years 2015/2016 and 2016/2017</b>		
	<b>2015/16</b>	<b>2016/17</b>
<b>Public Health Services</b>		
Children immunized, age 0-18 years	2,598	2,982
Adults immunized, age 19 years and older	2,827	1,487
Flu vaccines administered in a community setting	1,093	912
People seen at STD clinic	672	1,111
TB skin tests administered	2,586	1,269
People with active TB	14	9
Active TB medication visits (DOT)	1,667	1,655
Latent TB treatment visits	880	547
People in AIDS case management	123	125
# of HIV tests (non-STD clinic) community/anonymous	216	277
<b>Vital Records</b>		
Births registered	10,918	10,524
Deaths registered	4,822	4,851
<b>Maternal, Child, and Adolescent Health</b>		
Healthy Birth Outcomes (HBO) home visits	1,228	1,064
Nurse Family Partnership (NFP) home visits	1,480	1,699
High risk maternal child health home visits	1,860	1,242
Cal Learn/Adolescent Family Life Program home visits	2,060	1,973
HBO classes taught by staff	240	240
Children with high blood lead levels case managed <sup>1</sup>	5	33
Children with abnormal blood lead levels monitored <sup>1</sup>	15	221
<b>California Children's Services/Medical Therapy</b>		
New client referrals	1,731	1,788
Children connected to a medical home	95%	89%
Children attending their annual medical team meetings	52%	55%
Children in case management	3,182	3,178
Medical Therapy (OT/PT/MTC) visits	6,418	5,540
<b>Nutrition Programs</b>		
WIC participants	17,939	17,028
WIC classes <sup>2</sup>	2,085	1,875
Nutrition Education Obesity Prevention classes <sup>3</sup>	906	639
<b>Emergency Preparedness</b>		
Number of drills, exercises, and trainings	31	24
New Medical Reserve Corps (licensed) volunteers	21	5
New Medical Reserve Corps (non-licensed) volunteers	15	4

<sup>1</sup>The thresholds and timelines for monitoring blood lead levels have changed, see page 8.

<sup>2</sup>Education is now available online, decreasing the need for in person classes, see page 12.

<sup>3</sup>There has been a change in NEOP program priorities away from classes in favor of policy, system, environment changes, see page 11.

## Appendix B:

Annual Reportable Disease Summary		
Fiscal Years 2015/2016 and 2016/2017		
	2015/2016	2016/2017
	Cases	Cases
<b>All Title 17 Conditions Reported</b>	<b>6,159</b>	<b>8,342</b>
<b>Selected Reportable Conditions</b>		
Botulism	1	0
Campylobacter	185	219
Coccidioidomycosis (Valley Fever)	53	94
E. coli 0157	11	8
Giardiasis	26	48
Hepatitis A	2	3
Hepatitis B (Chronic)	86	98
Hepatitis C (Chronic)	902	1,013
Meningitis, Bacterial (<5 years old)	9	6
Meningitis, Viral	27	23
Rabies (Animal)	2	0
Pertussis	10	10
Salmonella	78	78
Shiga Toxin producing E. coli	14	19
Shigella	44	129
Tuberculosis (Clinically Active)	14	9
West Nile Virus	14	26
<b>Outbreaks</b>		
Total	11	14
Gastrointestinal	6	9
Rash	4	1
Respiratory, non-Tuberculosis	1	4
<b>Selected Sexually Transmitted Diseases (STDs)</b>		
Chlamydia	2,338	2,466
Gonorrhea	768	833
Syphilis	219	224
Primary/Secondary	71	94
Early Latent	39	49
Women 12-44 yrs (child-bearing)	62	79
Congenital	9	10

# Appendix C:

## STANISLAUS COUNTY'S HEALTH STATUS PROFILE FOR 2017

STANISLAUS COUNTY'S HEALTH STATUS PROFILE FOR 2017									
MORTALITY									
RANK	HEALTH STATUS INDICATOR	2013-2015 DEATHS (AVERAGE)	CRUDE DEATH RATE	AGE-ADJUSTED DEATH RATE	95% CONFIDENCE LIMITS LOWER	95% CONFIDENCE LIMITS UPPER	NATIONAL OBJECTIVE	AGE-ADJUSTED CALIFORNIA CURRENT	ED DEATH RATE COUNTY PREVIOUS
51	ALL CAUSES	4,041.7	759.2	793.3	768.6	818.1	a	616.2	782.0
54	ALL CANCERS	893.0	167.7	174.1	162.6	185.7	161.4	143.8	163.6
55	COLORECTAL CANCER	84.3	15.8	16.4	13.1	20.3	14.5	13.2	17.5
51	LUNG CANCER	202.3	38.0	39.5	34.0	45.0	45.5	30.6	40.4
39	FEMALE BREAST CANCER	60.0	22.3	21.2	16.2	27.3	20.7	19.8	18.6
42	PROSTATE CANCER	45.3	17.2	21.9	16.0	29.3	21.8	19.3	19.8
47	DIABETES	128.0	24.0	24.9	20.5	29.2	b	20.6	21.1
50	ALZHEIMER'S DISEASE	205.0	38.5	41.6	35.9	47.3	a	32.1	40.1
58	CORONARY HEART DISEASE	719.0	135.1	141.7	131.2	152.2	103.4	93.2	154.4
53	CEREBROVASCULAR DISEASE (STROKE)	216.7	40.7	43.6	37.7	49.5	34.8	34.7	43.2
46	INFLUENZA/PNEUMONIA	91.0	17.1	18.0	14.5	22.1	a	15.2	18.5
46	CHRONIC LOWER RESPIRATORY DISEASE	244.3	45.9	48.4	42.2	54.5	a	33.3	52.0
37	CHRONIC LIVER DISEASE AND CIRRHOSIS	80.7	15.2	15.1	11.9	18.7	8.2	12.1	13.5
30	ACCIDENTS (UNINTENTIONAL INJURIES)	209.7	39.4	39.9	34.4	45.4	36.4	29.1	38.0
34	MOTOR VEHICLE TRAFFIC CRASHES	66.7	12.5	12.5	9.7	15.8	12.4	8.3	12.0
18	SUICIDE	55.3	10.4	10.6	8.0	13.7	10.2	10.3	10.6
35	HOMICIDE	30.3	5.7	5.7	3.8	8.1	5.5	4.8	6.9
27	FIREARM-RELATED DEATHS	48.3	9.1	9.2	6.8	12.2	9.3	7.6	9.6
34	DRUG-INDUCED DEATHS	89.3	16.8	17.0	13.6	20.9	11.3	11.8	16.6

MORBIDITY									
RANK	HEALTH STATUS INDICATOR	2013-2015 CASES (AVERAGE)	CRUDE CASE RATE	95% CONFIDENCE LIMITS LOWER	95% CONFIDENCE LIMITS UPPER	NATIONAL OBJECTIVE	CRUDE CALIFORNIA CURRENT	CASE RATE COUNTY PREVIOUS	
30	AIDS INCIDENCE (AGE 13 AND OVER)	13.0	3.0 *	1.6	5.2	a	6.5	3.7 *	
44	CHLAMYDIA INCIDENCE	2,202.0	413.6	396.4	430.9	c	460.2	374.8	
47	GONORRHEA INCIDENCE FEMALE AGE 15-44	277.3	252.4	222.7	282.1	251.9	192.2	86.7	
50	GONORRHEA INCIDENCE MALE AGE 15-44	350.7	310.1	277.7	342.6	194.8	307.3	79.4	
32	TUBERCULOSIS INCIDENCE	13.7	2.6 *	1.4	4.3	1.0	5.6	2.1 *	

INFANT MORTALITY									
RANK	HEALTH STATUS INDICATOR	2012-2014 DEATHS (AVERAGE)	BIRTH COHORT INFANT DEATH RATE	95% CONFIDENCE LIMITS LOWER	95% CONFIDENCE LIMITS UPPER	NATIONAL OBJECTIVE	BC INFANT CALIFORNIA CURRENT	DEATH RATE COUNTY PREVIOUS	
49	INFANT MORTALITY: ALL RACES	47.7	6.3	4.6	8.4	6.0	4.6	5.3	
51	INFANT MORTALITY: ASIAN/PI	2.7	6.3 *	1.1	19.4	6.0	3.3	5.9 *	
50	INFANT MORTALITY: BLACK	2.3	15.2 *	2.3	50.3	6.0	10.2	22.5 *	
48	INFANT MORTALITY: HISPANIC	23.7	5.8	3.7	8.7	6.0	4.5	6.2	
49	INFANT MORTALITY: WHITE	16.3	6.3 *	3.6	10.2	6.0	3.8	3.1 *	

NATALITY									
RANK	HEALTH STATUS INDICATOR	2013-2015 BIRTHS (AVERAGE)	PERCENT	95% CONFIDENCE LIMITS LOWER	95% CONFIDENCE LIMITS UPPER	NATIONAL OBJECTIVE	PERCENT CALIFORNIA CURRENT	PERCENT COUNTY PREVIOUS	
19	LOW BIRTHWEIGHT INFANTS	474.0	6.2	5.7	6.8	7.8	6.8	6.1	
27	FIRST TRIMESTER PRENATAL CARE	5,732.0	78.6	76.6	80.7	77.9	83.3	78.0	
47	ADEQUATE/ADEQUATE PLUS PRENATAL CARE	4,822.3	68.4	66.5	70.4	77.6	78.3	70.1	

BIRTHS TO MOTHERS AGED 15-19									
RANK	HEALTH STATUS INDICATOR	2013-2015 BIRTHS (AVERAGE)	AGE-SPECIFIC BIRTH RATE	95% CONFIDENCE LIMITS LOWER	95% CONFIDENCE LIMITS UPPER	NATIONAL OBJECTIVE	AGE-SPECIFIC CALIFORNIA CURRENT	BIRTH RATE COUNTY PREVIOUS	
42	BIRTHS TO MOTHERS AGED 15-19	555.3	27.7	25.4	30.0	a	21.0	35.9	

BREASTFEEDING									
RANK	HEALTH STATUS INDICATOR	2013-2015 BREASTFED (AVERAGE)	PERCENT	95% CONFIDENCE LIMITS LOWER	95% CONFIDENCE LIMITS UPPER	NATIONAL OBJECTIVE	PERCENT CALIFORNIA CURRENT	PERCENT COUNTY PREVIOUS	
53	BREASTFEEDING INITIATION	6,006	88.7	86.5	90.9	81.9	93.5	86.3	

CENSUS									
RANK	HEALTH STATUS INDICATOR	2014 NUMBER	PERCENT	95% CONFIDENCE LIMITS LOWER	95% CONFIDENCE LIMITS UPPER	NATIONAL OBJECTIVE	PERCENT CALIFORNIA CURRENT	PERCENT COUNTY PREVIOUS	
36	PERSONS UNDER 18 IN POVERTY	34,198	23.9	23.6	24.1	a	22.4	30.4	

Rates, percentages and confidence limits are not calculated for zero events.

\* Rates are deemed unreliable based on fewer than 20 data elements.

a Healthy People 2020 (HP 2020) National Objective has not been established.

b National Objective is based on both underlying and contributing cause of death which requires use of multiple cause of death files.

c California's data exclude multiple/contributing causes of death.

Prevalence data are not available in all California counties to evaluate the Healthy People 2020 National Objective STD-1, as the Healthy People objective is restricted to females who are 15-24 years old and identified at a family planning clinic, and males and females under 24 years old who participate in a national job-training program.

Note Crude death rates, crude case rates, and age-adjusted death rates are per 100,000 population. Birth cohort infant death rates are per 1,000 live births.

The age-specific birth rates are per 1,000 female population aged 15 to 19 years old.

Previous refers to previous period rates. These periods vary by type of rate: Mortality 2010-2012, Morbidity 2010-2012, Infant Mortality 2009-2011, Natality 2010-2012, Census 2013.

Sources State of California, Department of Finance, Report P-3: State and County Population Projections by Race/Ethnicity, Detailed Age, and Gender, 2010-2060, Sacramento, California, December 2014.

California Department of Public Health: 2010-2015 Death Records.

California Department of Public Health, Office of AIDS, HIV/AIDS Surveillance Section, data as of 12/31/2016.

California Department of Public Health, STD Control Branch, Data Request, September 2016. Chlamydia data.

California Department of Public Health, STD Control Branch, Data Request, September 2016. Gonorrhea data.

California Department of Public Health, Tuberculosis Control Branch, Data request, August 2016.

California Department of Public Health: 2009-2014 Birth Cohort-Perinatal Outcome Files.

California Department of Public Health: 2010-2015 Birth Records.

California Department of Public Health, Center for Family Health, Genetic Disease Screening Program, Newborn Screening Data, 2010-2015.

California Department of Public Health, Center for Family Health, Maternal, Child and Adolescent Health Program.

U.S. Census Bureau, Small Area Income and Poverty Estimates. <http://www.census.gov/did/www/saiper/data/statecounty/data/2014.html>, Accessed April 2016



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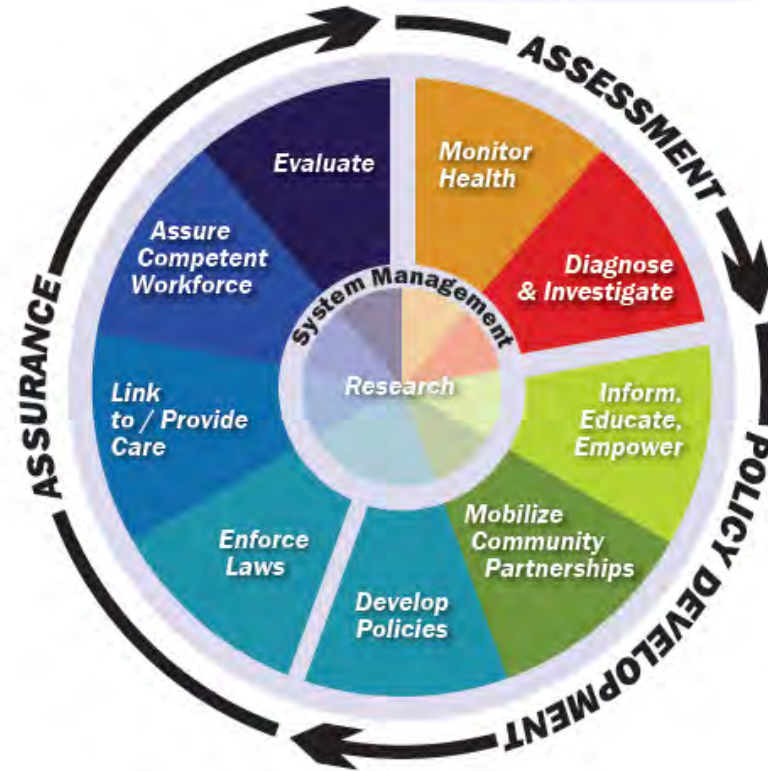
# Annual Public Health Board Report, 2018

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JULIE VAISHAMPAYAN, MD, MPH, PUBLIC HEALTH OFFICER

LORI WILLIAMS, MSW, PUBLIC HEALTH DIRECTOR

# Essential Public Health Services



*prevent*

*promote*

*protect*

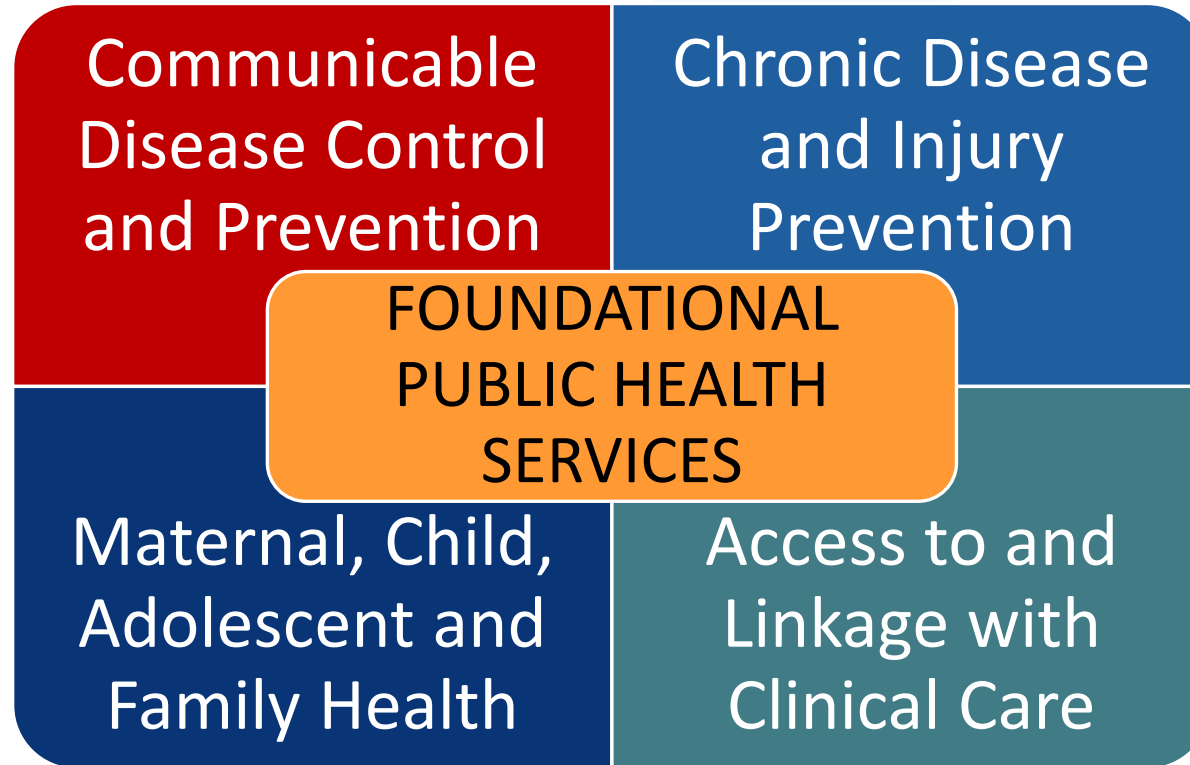


# Foundational Capabilities

Assessment (Surveillance, Epidemiology & Laboratory Capacity)  
Emergency Preparedness and Response  
Public Information and Communication  
Policy Development and Support (e.g. Accreditation)  
Community Partnership Development  
Organizational Competencies



# Foundational Public Health Services

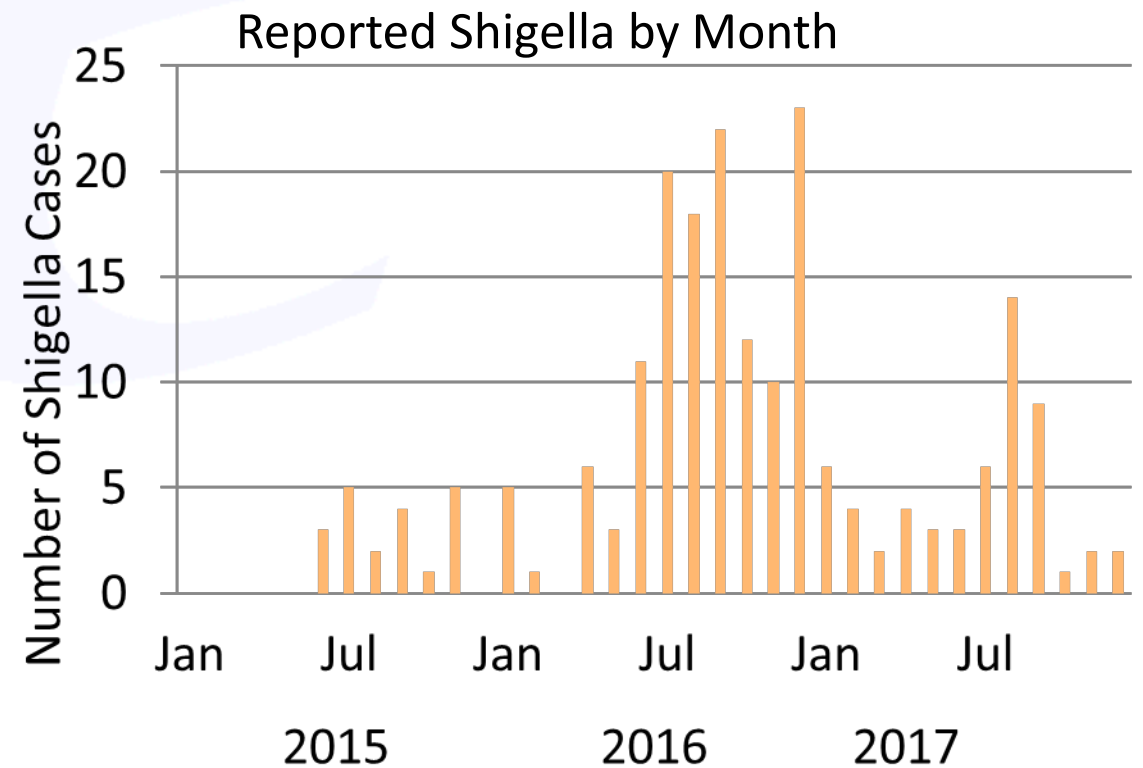
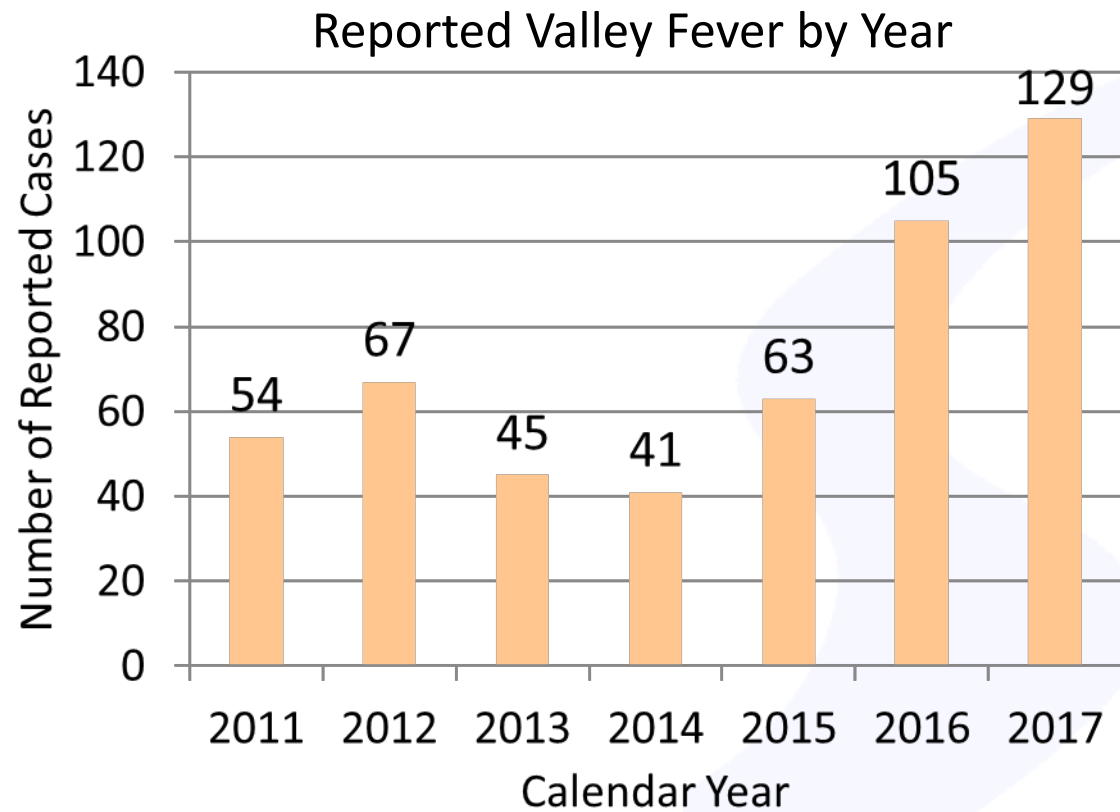


*prevent*

*promote*

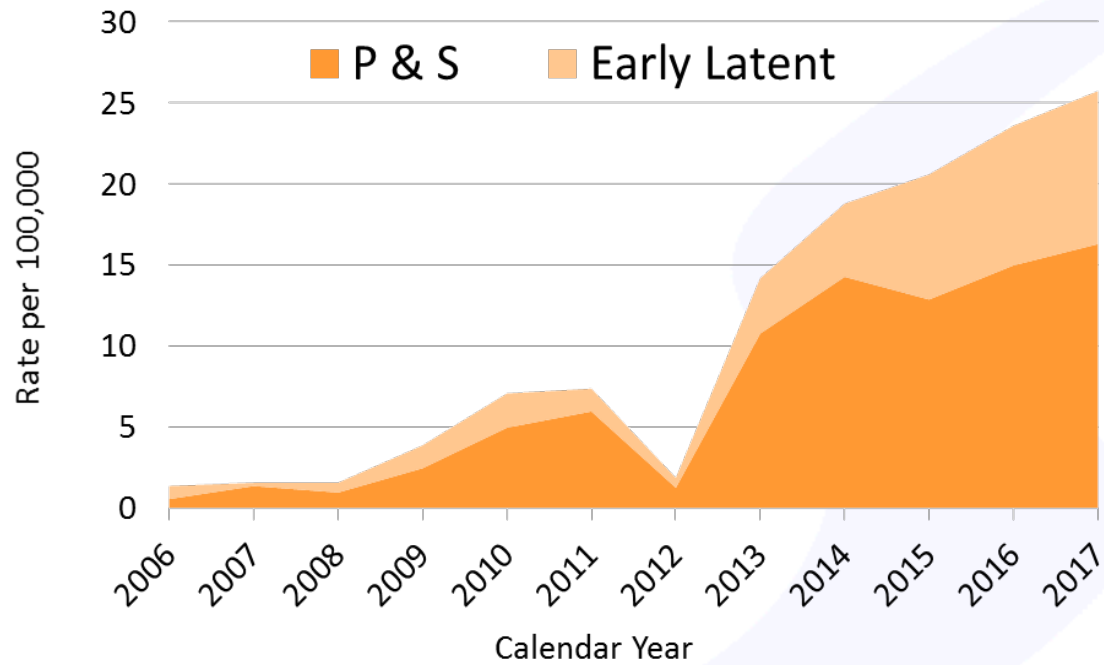
*protect*

# Communicable Disease Control - Valley Fever and Shigella

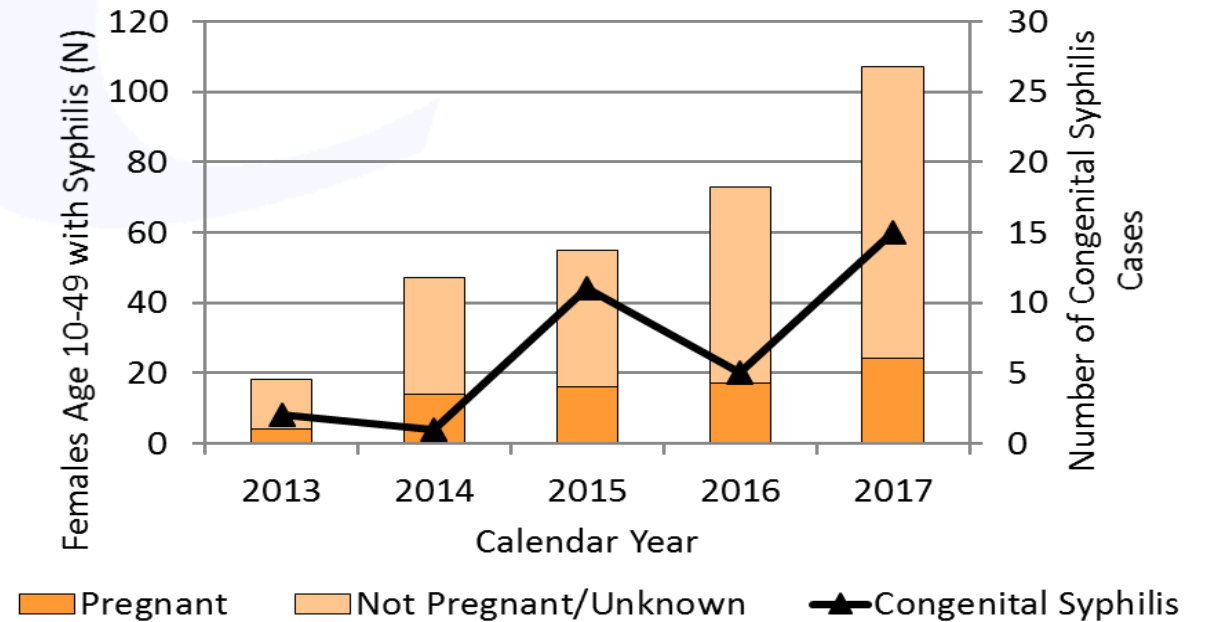


# Communicable Disease Control - Syphilis

## Early Syphilis Incidence Rate by Year



## Females Age 10-49 with Syphilis by Pregnancy Status and Congenital Syphilis



# Maternal, Child and Family Health - Lead

## Children Case Managed

- FY 15/16 5
- FY 16/17 33

## Children Monitored

- FY 15/16 15
- FY 16/17 221



# Chronic Disease and Injury Prevention - Tobacco

The single greatest cause of disease and premature death in the United States

Tobacco use accounts for:

- 40% of all cancer diagnosis
- 30% of all cancer deaths
- 30% of cardiovascular disease

16% of California deaths annually are related to tobacco use

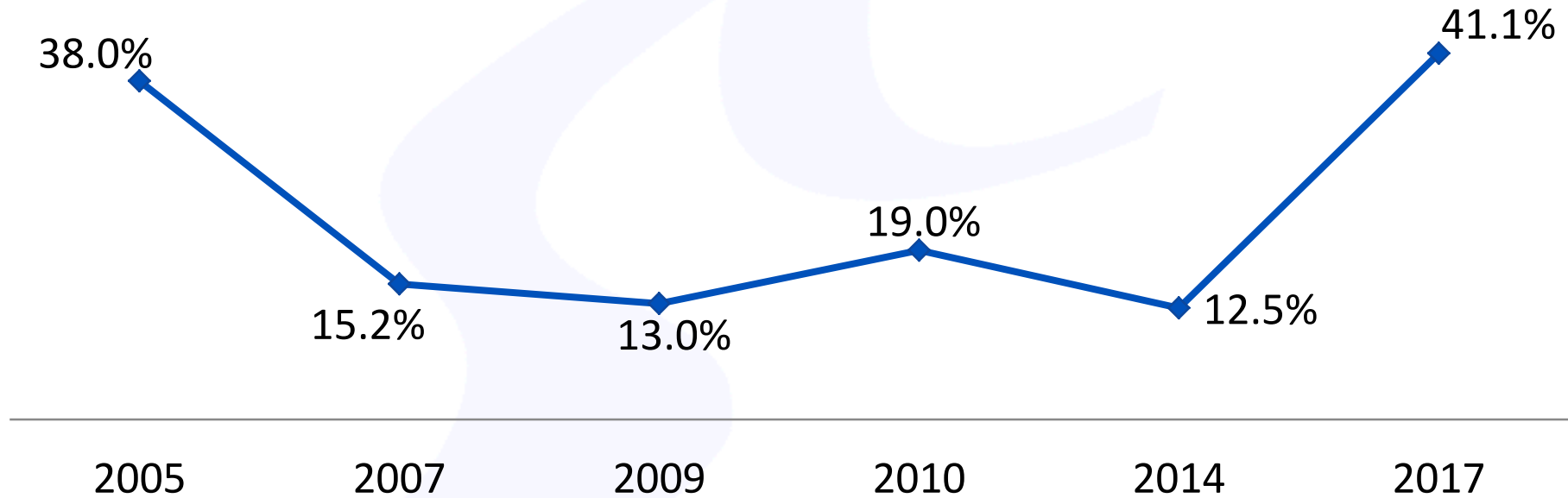
90% of current smokers started before they were 18 years old

RANK	HEALTH STATUS INDICATOR
51	ALL CAUSES
54	ALL CANCERS
55	COLORECTAL CANCER
51	LUNG CANCER
39	FEMALE BREAST CANCER
42	PROSTATE CANCER
47	DIABETES
50	ALZHEIMER'S DISEASE
58	CORONARY HEART DISEASE
53	CEREBROVASCULAR DISEASE (STROKE)



# Chronic Disease and Injury Prevention - Youth Access to Tobacco

Stanislaus County Youth Tobacco Purchase Survey Sales Rates, 2005 - 2017



# Access to/Linkage with Clinical Care

## Flu shot clinics

- 13 community clinics
- 912 flu shots given



## HIV Care program

- Case Management
- Linkage to resources
- Payer of last resort

to 126 HIV positive residents

 *Care*

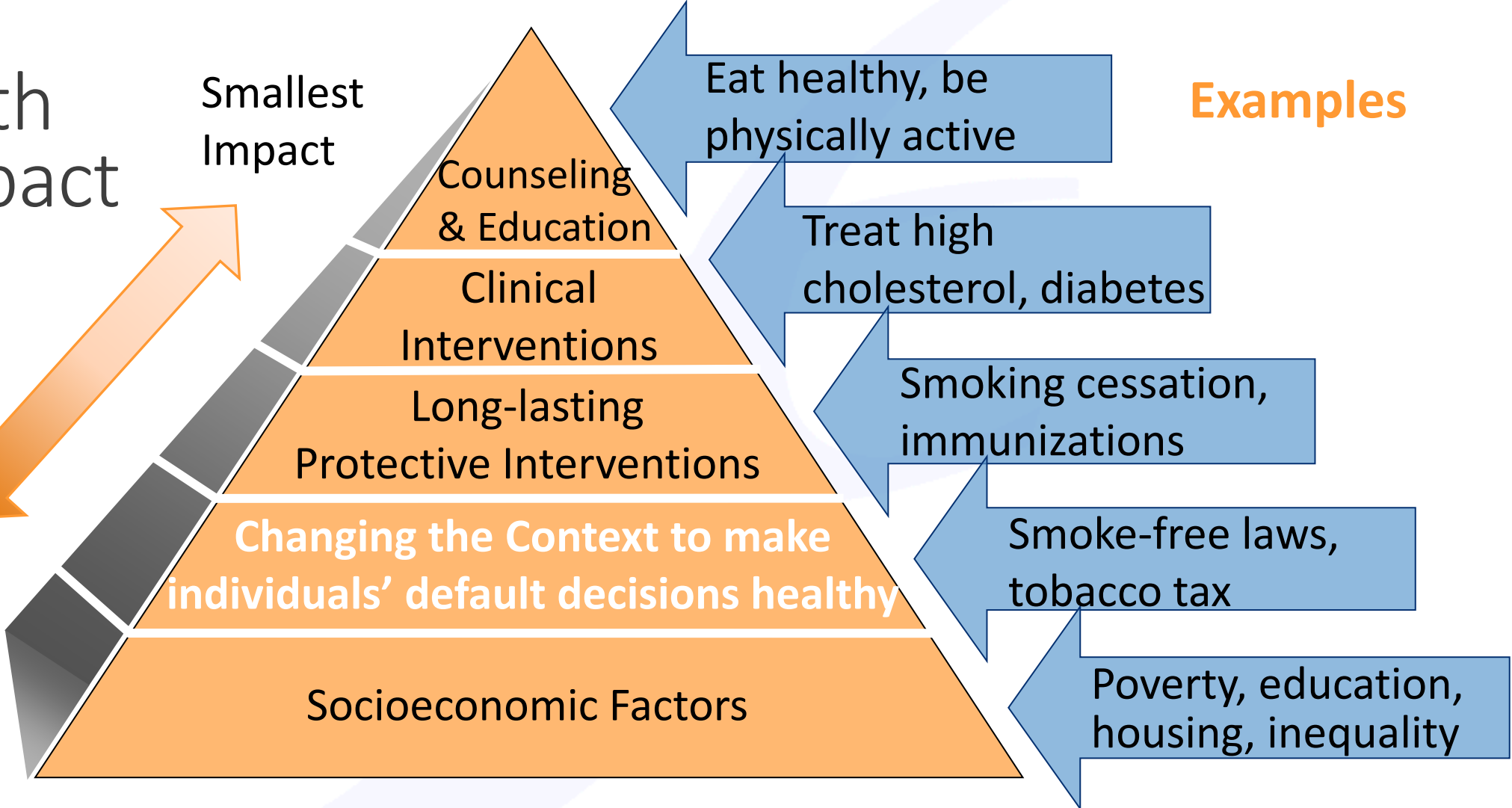


Health Impact

Smallest Impact

Examples

Largest Impact



Counseling & Education

Eat healthy, be physically active

Clinical Interventions

Treat high cholesterol, diabetes

Long-lasting Protective Interventions

Smoking cessation, immunizations

Changing the Context to make individuals' default decisions healthy

Smoke-free laws, tobacco tax

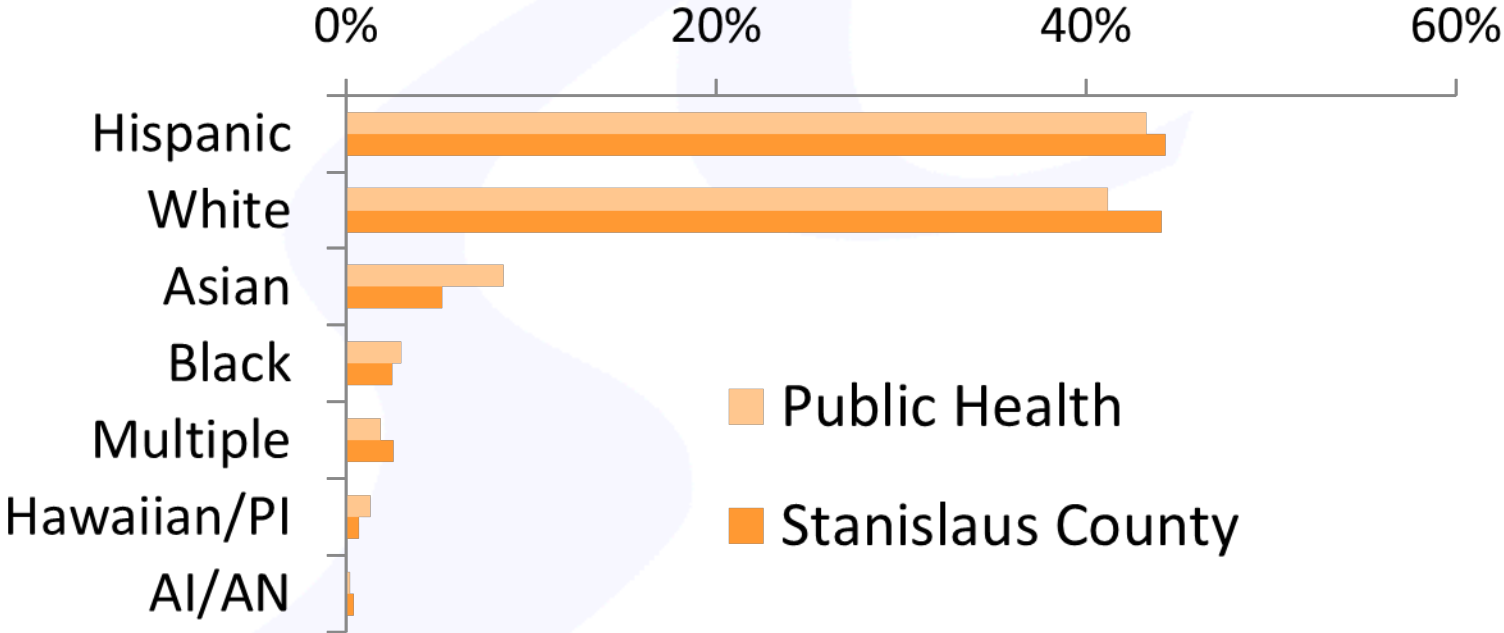
Socioeconomic Factors

Poverty, education, housing, inequality



# Foundational Capabilities - Organizational Competencies

## Race/Ethnicity of Public Health and County



# Highlights - Public Health Accreditation

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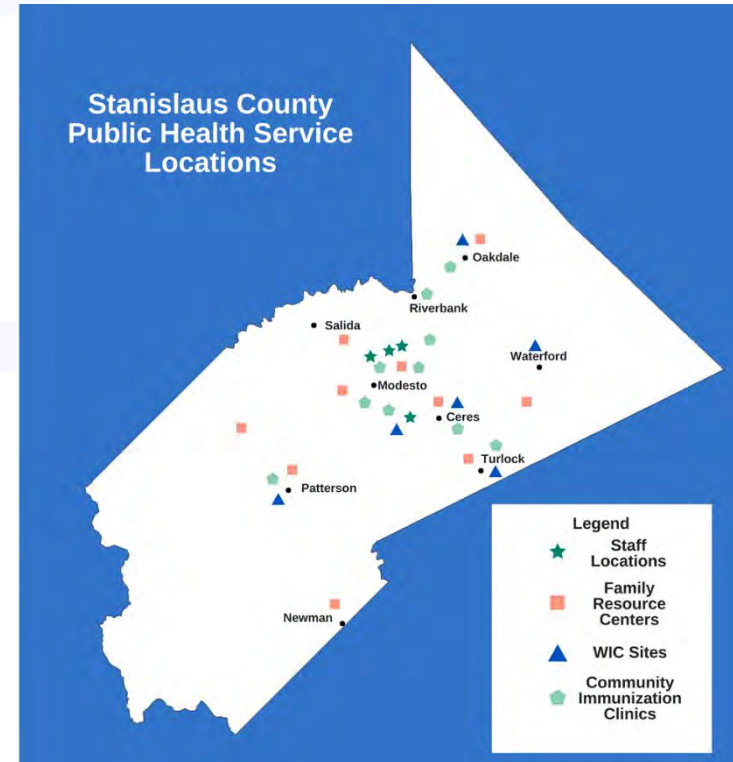
- Platform for **quality improvement**
  - Means for **accountability**
    - **Energizes** the staff
      - Improves **communication** with governance
        - Initiates new **partnerships**
          - Identifies **successes and opportunities** for improvement
            - Increases the understanding of public health



# Looking Ahead...

Community Health Assessment  
Community Health Improvement Plan

Community Focus  
Partnerships  
Quality Improvement



# Recommendation

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Accept the Public Health Annual Report



*Healthy People in a Healthy Stanislaus!*

Comments?  
Questions?

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