Report Narrative 1999

Why a community health report?
Community health profiles offer data to inform policy and program development and improvement. This, the second annual community health report, analyzes results for selected health indicators in our County, compares them with important benchmarks, identifies critical health issues requiring community attention, and recommends action to improve our County's community health.

How was the analysis done?
Our county's results for a national standard set of selected health indicators were estimated. These were then compared with two benchmarks, the national Healthy People 2000 Objectives, and the California statewide results. The selected indicators fit within the larger groups of births, infant deaths, general deaths, and reportable diseases.

What are important results?
The 1999 results are very similar to last year's results. Births to teens compared favorably last year and are even slightly better this year. Low birth weight births dropped this year, but there is still work to be done to reach the Healthy People 2000 Objective. Deaths from breast cancer, homicide, suicide and firearms also compared favorably as did the immunization status of entering kindergartners. Once again, gonorrhea compares very favorably, but this shows the need for further testing and reporting rather than the absence of the infection.

Those areas that compare unfavorably to the benchmarks are Black infant deaths, deaths from injuries, drug related causes and cardiovascular disease and chlamydia infections. Last year the three critical health issues that were identified were injuries, cardiovascular disease and chlamydia infections. As this report shows, these issues are still very important to our community's health.

What are we doing to improve our community health?
Last year's report indicated three critical preventable public health issues: cardiovascular disease, injuries, and chlamydia (sexually transmitted) infections. We are taking steps in the implementation of a community health improvement process to address these issues. Our plan is to establish community coalitions for the development and implementation of improvement strategies.

HSA took the lead in mobilizing the community and established the Stanislaus County CVD Prevention Coalition, a countywide coalition of interested parties. With the establishment of a formal organizational structure, the Coalition is currently developing a three year workplan to achieve its mission of reducing CVD risk factors and improving the quality of life for County residents. The Agency is working with the State to obtain more definitive data on specific injuries before forming a task force to address injury prevention. At the same time, we are collaborating with law enforcement and child care providers on car seat safety for children. As for chlamydia, we have applied and received funding from the State, and will begin to start a county collaborative to address the problem.

This year marks the second year of our community health report. As stated in last year's plan, we will continue to repeat and improve our analysis of community health annually. At the same time, we will look at building community involvement and monitoring the outcomes of the improvement process.