

Message from the Public Health Officer

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

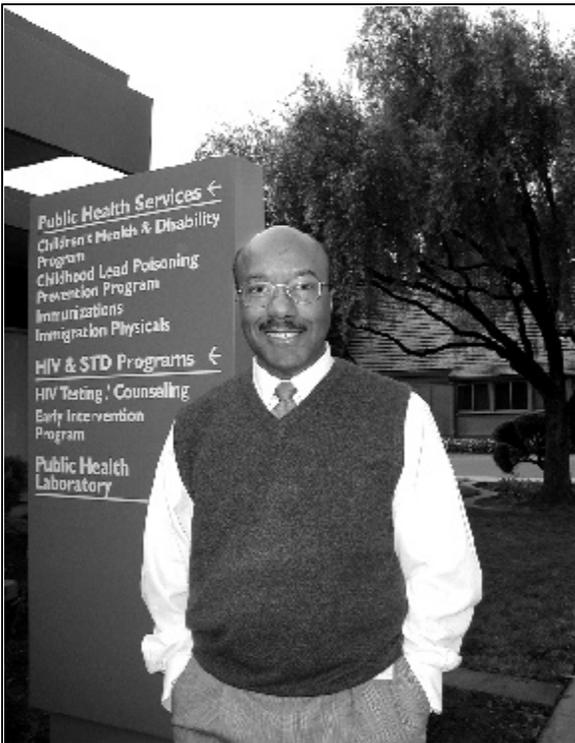
One activity to achieve such a goal is to review the community's health profile. The profile offers important data for the recommendation of policy and development of programs to improve the public's health.

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

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

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

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



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

Stanislaus County

On an average day in 2000 . . .

**459,025
population**

19 births

3.5 get late
prenatal care

2.8 teen births

1.1 low birth
weight babies

Over 9 deaths

Chlamydia - 3 cases

Heart disease
2.4 deaths

Cancer
2 deaths

Lung cancer
.6 deaths

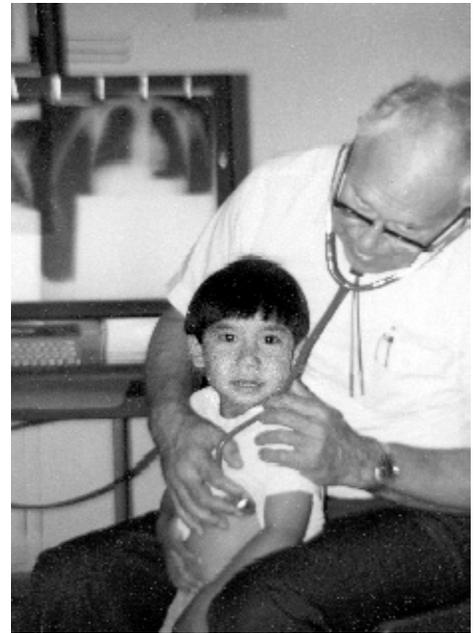
Stroke
.7 deaths

Unintentional
.5 deaths

**EVERY
DAY**

How was the analysis done?

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



What are the selected health indicators?

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

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

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

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

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

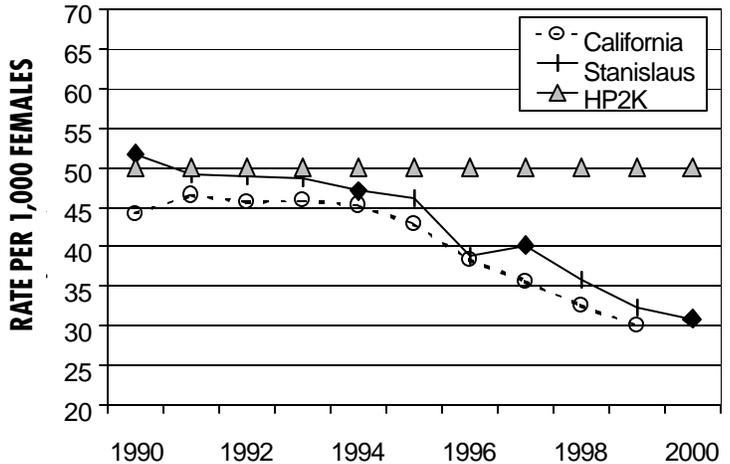


Maternal, Child and Adolescent Health

Teen Birth Rate

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

TEEN BIRTH RATE (15-17 YRS) IN CA AND STANISLAUS CO, 1990-2000



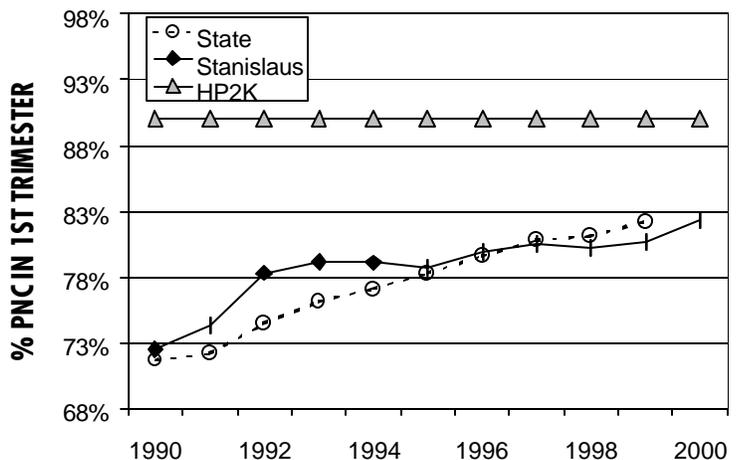
Prenatal Care

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

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

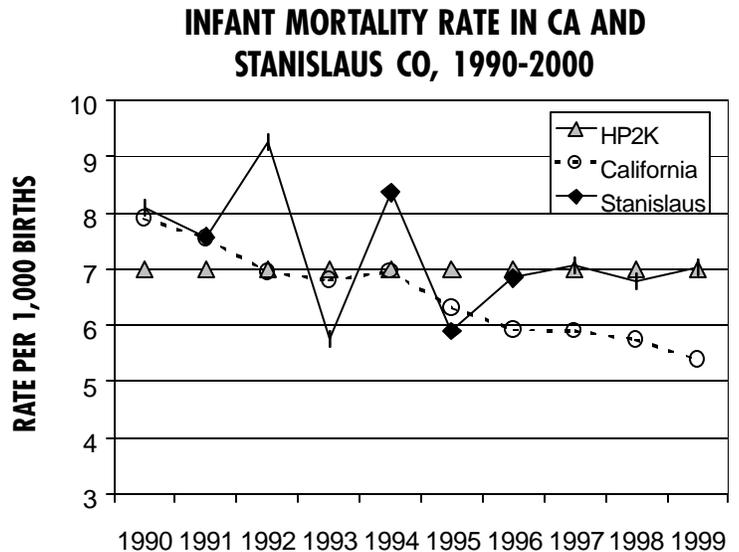
In spite of this, there is still significant work to be done in order to reach the goal of having 90% of women getting prenatal care in the first trimester.

% OF WOMEN STARTING PRENATAL CARE IN 1ST TRIMESTER IN CA AND STANISLAUS CO 1990-2000



Infant Deaths

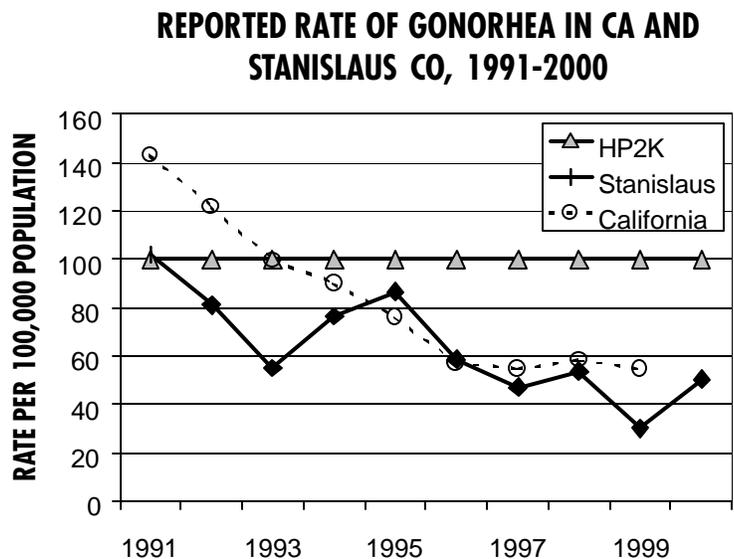
One of the starkest indicators of the health of a community is the number of infants that make it through their first year of life. The infant mortality rate in Stanislaus County has declined in the past decade to reach the national objective for the year 2000. California has had a lower rate than Stanislaus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



Communicable diseases

Gonorrhea

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

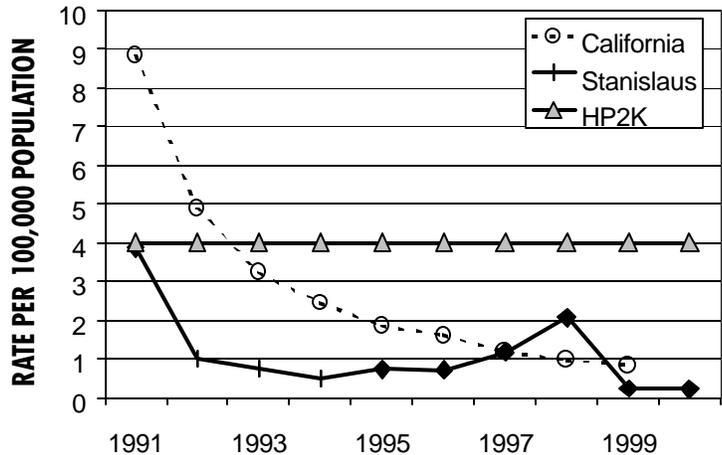


Syphilis

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

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

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

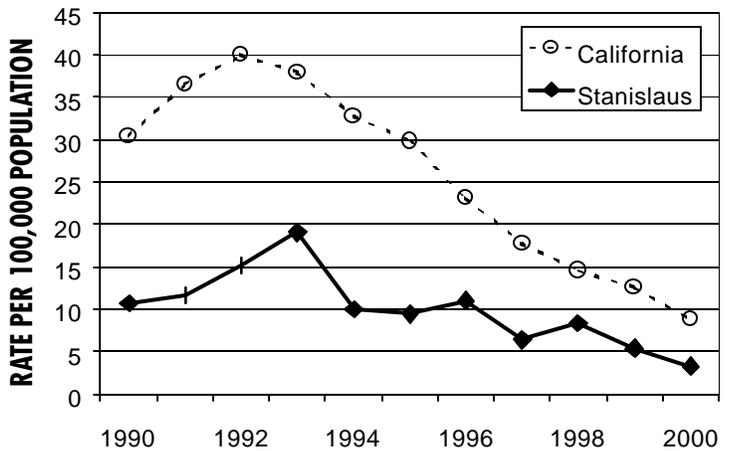


AIDS

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

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

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

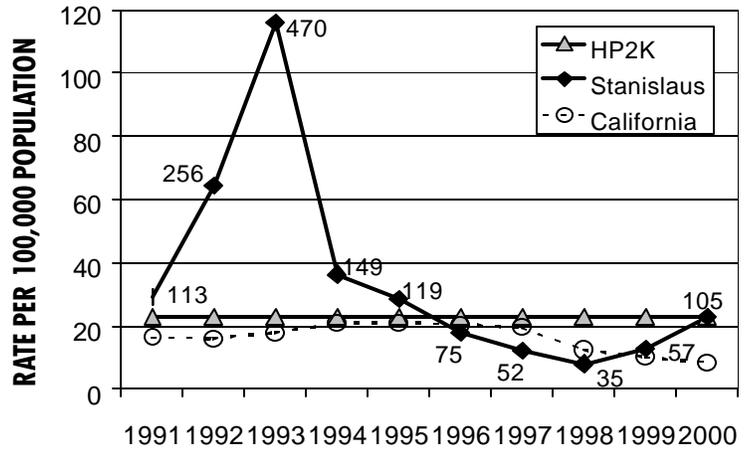


Hepatitis A

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

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

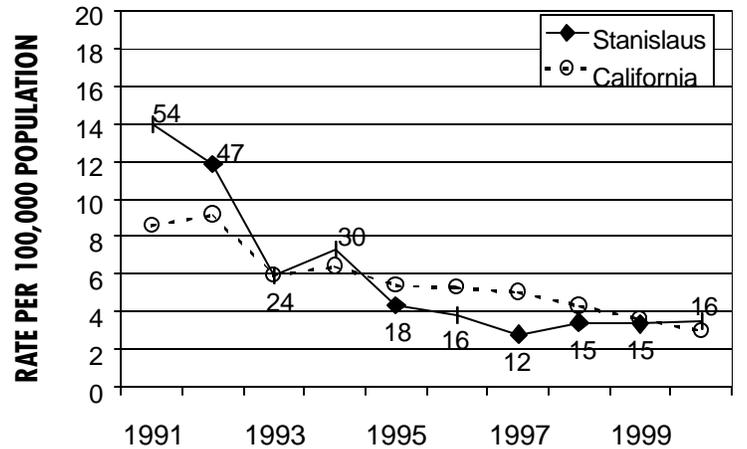
TOTAL REPORTED CASES OF HEPATITIS A, CA AND STANISLAUS CO, 1991-2000



Hepatitis B

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

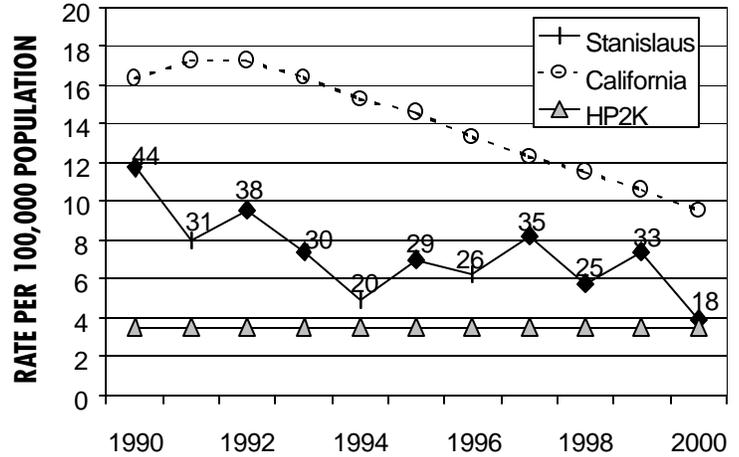
RATE OF REPORTED ACUTE HEPATITIS B, CA AND STANISLAUS CO, 1991-2000



Tuberculosis

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

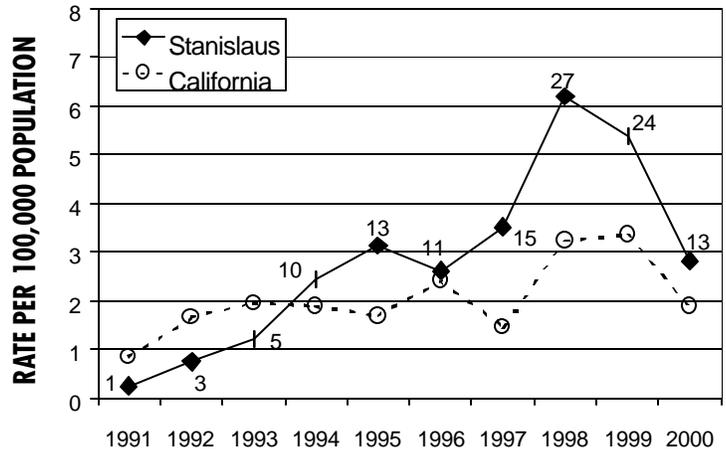
TOTAL REPORTED CASES OF TUBERCULOSIS, CA AND STANISLAUS CO, 1990-2000



Pertussis (whooping cough)

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

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

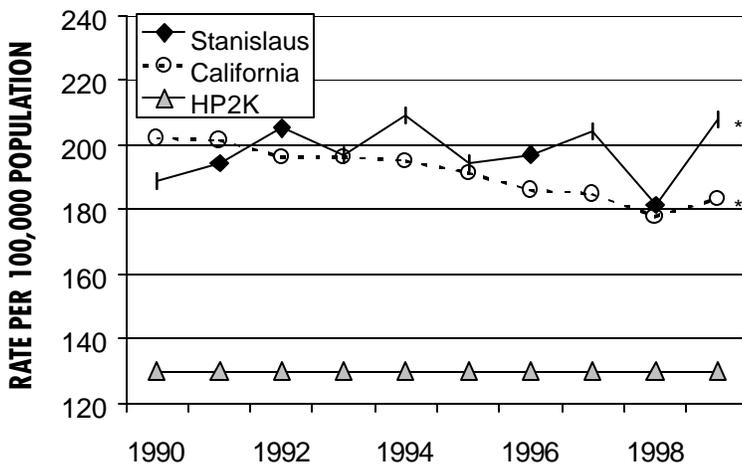


Deaths

All Cancer

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

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



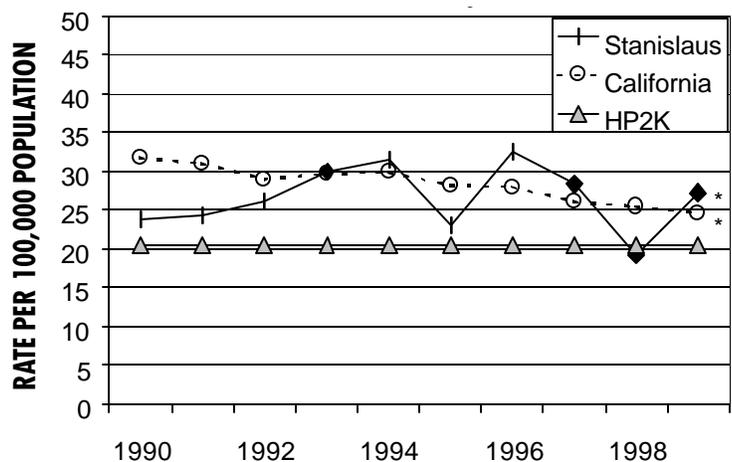
* Data Note

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

Breast Cancer

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

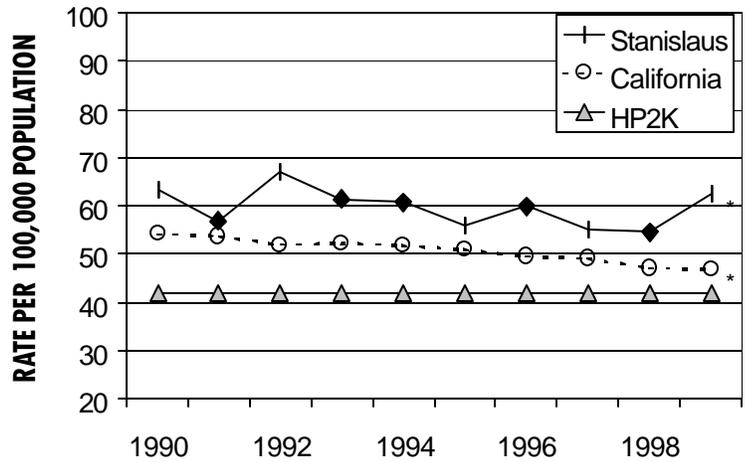
AGE ADJ. RATE OF DEATH DUE TO BREAST CANCER, CA AND STANISLAUS COUNTY, 1990-1999



Lung Cancer

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

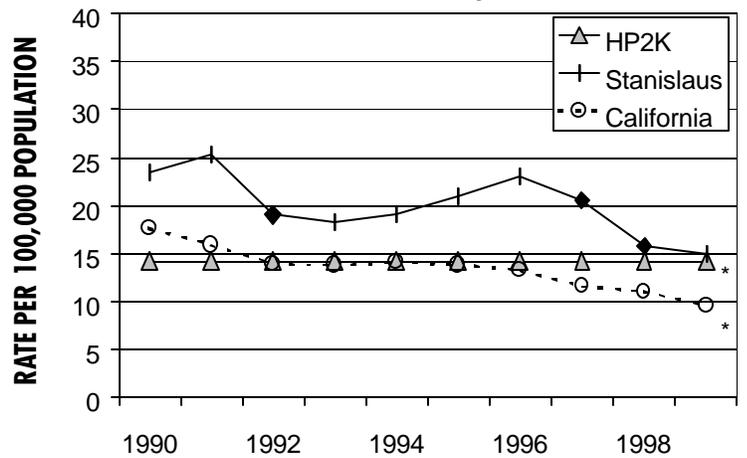
AGE ADJUSTED RATE OF DEATH DUE TO LUNG CANCER, CA AND STANISLAUS CO, 1990-1999



Motor Vehicle

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

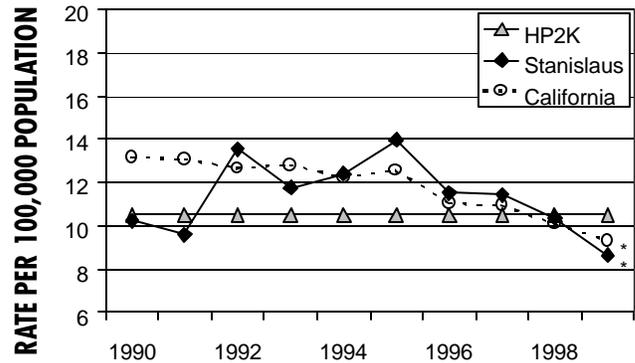
AGE ADJUSTED RATE OF DEATH DUE TO MOTOR VEHICLES, CA AND STANISLAUS CO, 1990-1999



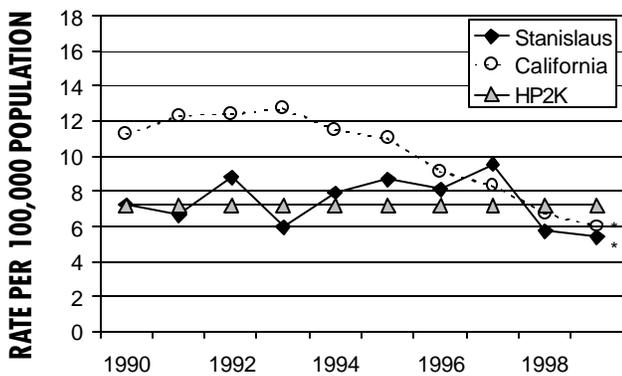
Suicide

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

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



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



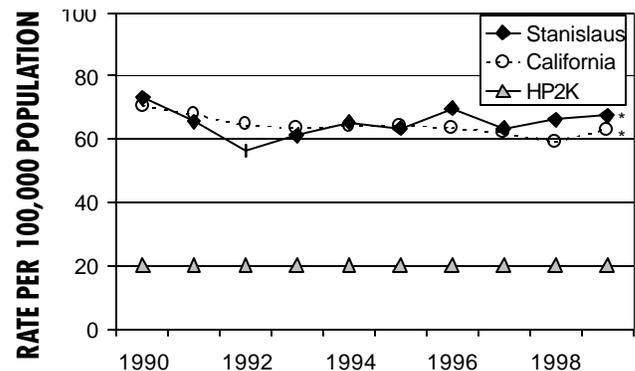
Homicide

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

Stroke

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

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



Notable results

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

Improving the community's health

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

Chlamydia

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

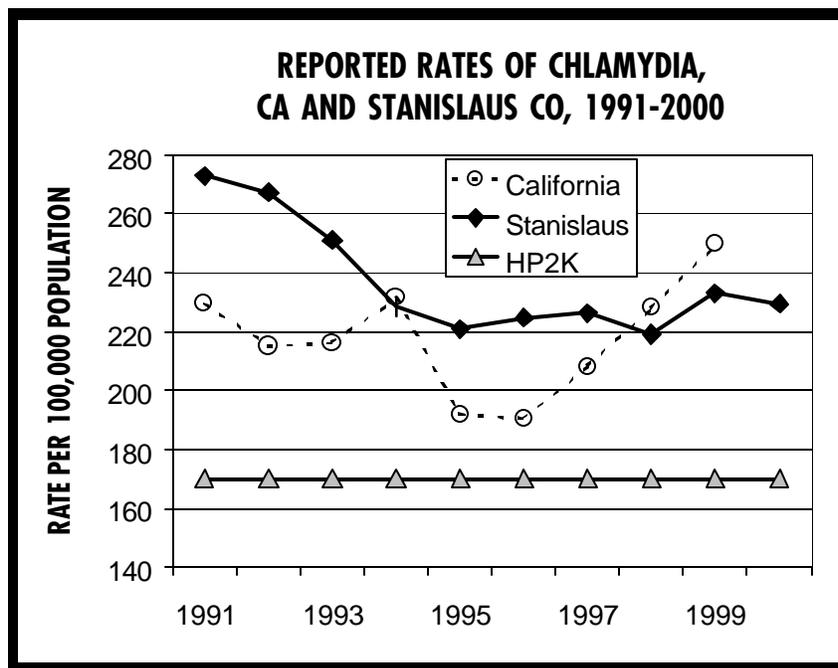
Reported cases of chlamydia are highest among the African American and Hispanic populations, but some of these differences could be due to selective reporting. Much work is needed, both in Stanislaus County and California as a whole, in order to begin to approach the national objective of 170 cases per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

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

- Assessment of the availability, capacity and need for conducting chlamydia screens
- Implementation of the Get Tested Chlamydia Screening Program
- Provision of education, counseling and testing at: Juvenile Hall, Public Safety Center and selected alternative schools.
- Provision of outreach activities utilizing the Momobile and the Sexually Transmitted Disease Van
- Establishment of an advisory committee

which includes youth, members of the community, Sutter Gould Medical Group and Blue Cross

- Development of a chlamydia fact card which was distributed throughout the community
- Formation of a partnership with the community collaborative's Teen Life Challenge Program, the Stanislaus County Office of



Education, and California Forensic Medical Group, to address chlamydia as a growing problem in Stanislaus County.

Additional strategies are in the process of being developed.

Low Birth Weight

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

- Continued partnership efforts in the Perinatal Outreach and Education Plan-

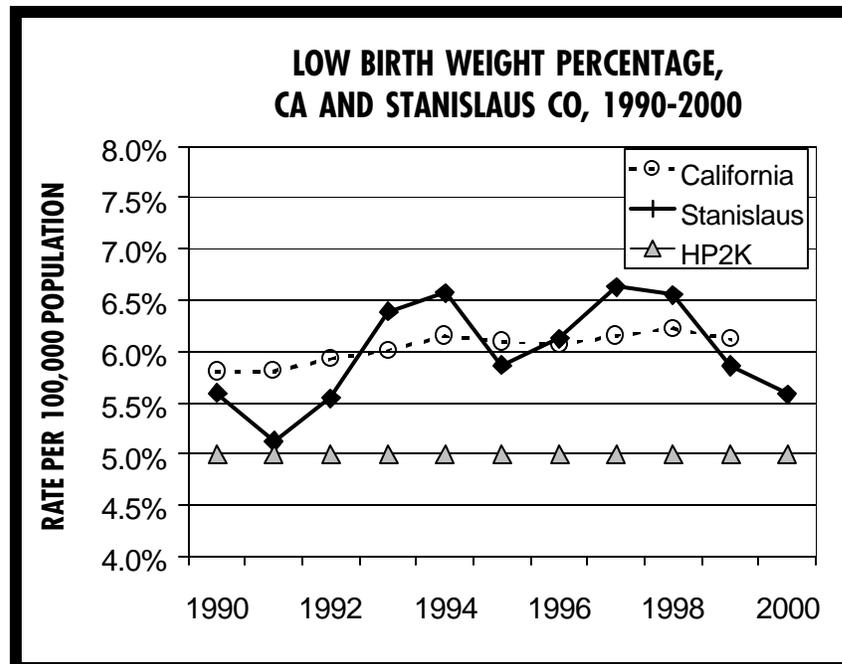
ning Task Force. Representatives from Doctors Medical Center, Memorial Hospitals Association, Emanuel Medical Center and Oak Valley Hospital help comprise the make up of the Task Force. Other members include the epidemiologist, Maternal Child Health Director, Perinatal Outreach Education staff, health educators,

Women, Infants, and Children (WIC) Program staff, nursing directors from area hospitals, the Medi-Cal Program staff, and hospital social workers.

- Identified specific areas of the county with high Low Birth Weight rates.
- Developed an Outreach Team of Community Health Workers with language skills to address the diverse populations.
- Developed an Educational Calendar with information for pregnant women/teens. These calendars have been distributed through various outreach methods such as door to door, at flea markets, etc.
- Extended the education and outreach activities to include males to assist in encouraging the understanding of the need for

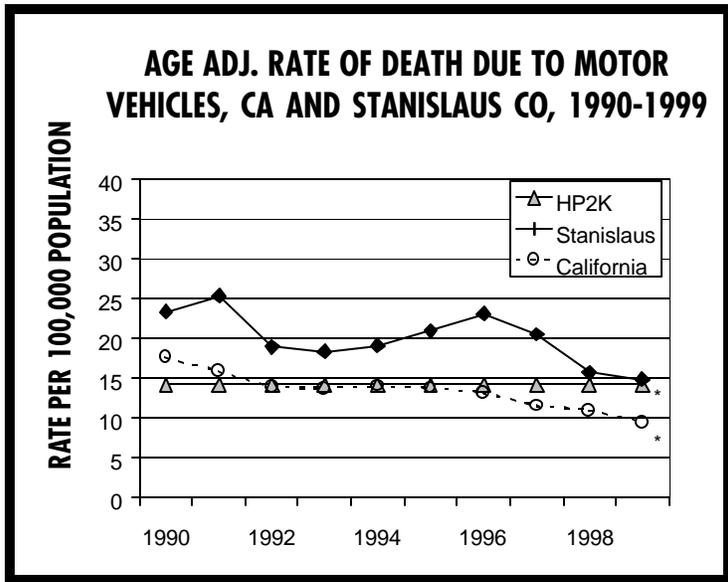
early prenatal care and fetal development.

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



Injury Prevention

As indicated in the graph below, the rate of unintentional deaths, the largest fraction of which includes motor vehicle deaths, is higher in Stanislaus County when compared with the State's rate. We have applied for and have been awarded a grant for a Safe



Communities Project, to focus on vehicle injury prevention. The objectives of this planning grant are to:

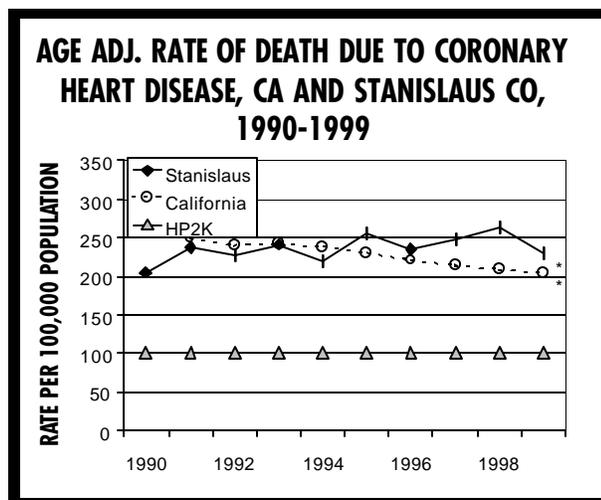
- Establish a community wide coalition
- Review and compile vehicle injury data
- Create a community profile on vehicle injuries, to include demographics, data, and resources
- Develop a strategic plan on vehicle injury prevention
- Seek further funding for implementation of prevention strategies

Cardiovascular Disease (CVD) Prevention

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

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

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



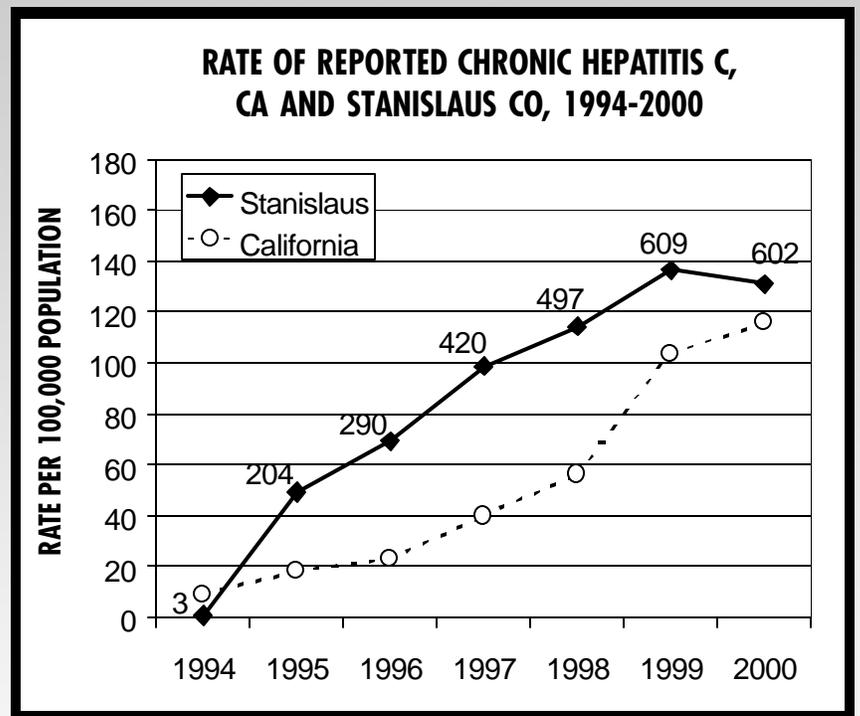
Emerging Health Issues

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

Hepatitis C

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

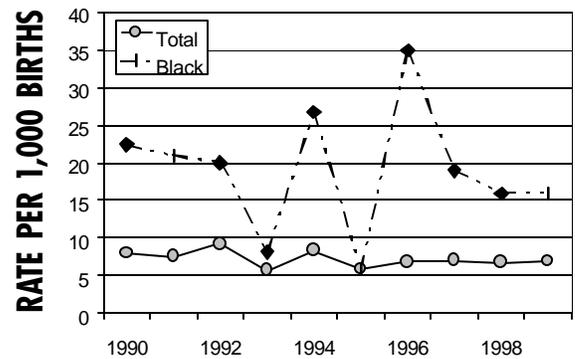
- There is more awareness due to education, media coverage etc.
- There is more awareness among providers who now test pre-operation and High Risk individuals.
- A large group of people having used IV drugs perhaps in the 70's, are now becoming symptomatic, are seeking medical care and finding that they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



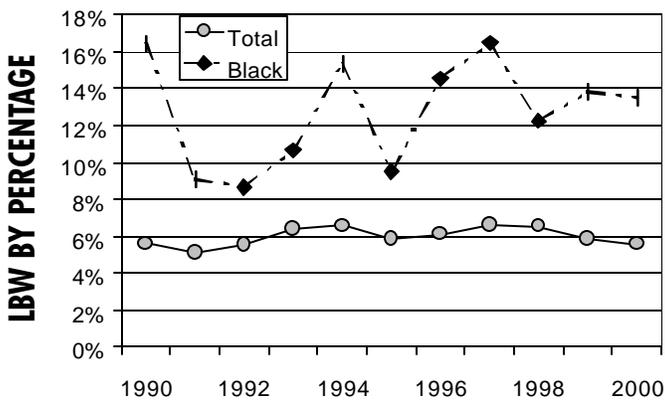
Black Infant Health

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

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



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



Recommendations to Policy Makers

The spectrum of prevention covers everyone in the community:

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

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

1) Data Collection and Analysis

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

2) Commitment to Long Term Strategies

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

3) Program Development

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

GLOSSARY

Age-adjusted Rate

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

Birth Rate

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

Crude Rate

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

Death Rate

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

Early Prenatal Care

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

Incidence

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

Infant Mortality Rate

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

Low Birthweight Birth

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

Prenatal

Occurring before birth.

Communicable Diseases

	CALIFORNIA			STANISLAUS			CALIFORNIA			STANISLAUS			
	Cases	Pop	Rate	Cases	Pop	Rate	Cases	Pop	Rate	Cases	Pop	Rate	
AIDS													
1990	9,084	29,942,397	30.34	40	375,089	10.66	1991	2,615	30,563,276	8.56	110	387,686	28.37
1991	11,152	30,563,276	36.49	45	387,686	11.61	1992	2,857	31,186,559	9.16	190	397,218	47.83
1992	12,451	31,186,559	39.92	60	397,218	15.11	1993	1,867	31,515,753	5.92	125	404,867	30.87
1993	11,950	31,515,753	37.92	77	404,867	19.02	1994	2,038	31,790,557	6.41	141	409,155	34.46
1994	10,413	31,790,557	32.76	41	409,155	10.02	1995	1,729	32,062,912	5.39	95	413,806	22.96
1995	9,549	32,062,912	29.78	39	413,806	9.42	1996	1,710	32,383,811	5.28	95	418,455	22.70
1996	7,473	32,383,811	23.08	46	418,455	10.99	1997	1,658	32,956,588	5.03	92	425,316	21.63
1997	5,840	32,956,588	17.72	27	425,316	6.35	1998	1,445	33,506,406	4.31	72	434,835	16.56
1998	4,862	33,506,406	14.51	36	434,835	8.28	1999	1,241	34,072,478	3.64	82	446,056	18.38
1999	4,265	34,072,478	12.52	24	446,056	5.38	2000*	1,033	34,653,395	2.98	75	459,025	16.34
2000*	3,023	34,653,395	8.72	15	459,025	3.27	Hepatitis B						
Syphilis													
1990	4,567	29,942,397	15.25		375,089	0.00	1991	5,016	30,563,276	16.41	113	387,686	29.15
1991	2,703	30,563,276	8.84	15	387,686	3.87	1992	5,000	31,186,559	16.03	256	397,218	64.45
1992	1,523	31,186,559	4.88	4	397,218	1.01	1993	5,651	31,515,753	17.93	470	404,867	116.09
1993	1,019	31,515,753	3.23	3	404,867	0.74	1994	6,641	31,790,557	20.89	149	409,155	36.42
1994	775	31,790,557	2.44	2	409,155	0.49	1995	6,773	32,062,912	21.12	119	413,806	28.76
1995	591	32,062,912	1.84	3	413,806	0.72	1996	6,661	32,383,811	20.57	75	418,455	17.92
1996	521	32,383,811	1.61	3	418,455	0.72	1997	6,422	32,956,588	19.49	52	425,316	12.23
1997	385	32,956,588	1.17	5	425,316	1.18	1998	4,178	33,506,406	12.47	35	434,835	8.05
1998	324	33,506,406	0.97	9	434,835	2.07	1999	3,447	34,072,478	10.12	57	446,056	12.78
1999	283	34,072,478	0.83	1	446,056	0.22	2000*	2,934	34,653,395	8.47	105	459,025	22.87
2000*		34,653,395		1	459,025	0.22	Hepatitis A						
Gonorrhea													
1990	54,306	29,942,397	181.37		375,089	0.00	1991	4,889	29,942,397	16.33	44	375,089	11.73
1991	43,719	30,563,276	143.04	396	387,686	102.14	1992	5,273	30,563,276	17.25	31	387,686	8.00
1992	37,953	31,186,559	121.70	322	397,218	81.06	1993	5,382	31,186,559	17.26	38	397,218	9.57
1993	31,401	31,515,753	99.64	223	404,867	55.08	1994	5,173	31,515,753	16.41	30	404,867	7.41
1994	28,663	31,790,557	90.16	313	409,155	76.50	1995	4,860	31,790,557	15.29	20	409,155	4.89
1995	24,673	32,062,912	76.95	359	413,806	86.76	1996	4,675	32,062,912	14.58	29	413,806	7.01
1996	18,570	32,383,811	57.34	246	418,455	58.79	1997	4,313	32,383,811	13.32	26	418,455	6.21
1997	18,002	32,956,588	54.62	201	425,316	47.26	1998	4,059	32,956,588	12.32	35	425,316	8.23
1998	19,561	33,506,406	58.38	234	434,835	53.81	1999	3,855	33,506,406	11.51	25	434,835	5.75
1999	18,657	34,072,478	54.76	135	446,056	30.27	2000*	3,608	34,072,478	10.59	33	446,056	7.40
2000*		34,653,395		232	459,025	50.54	Tuberculosis						
Chlamydia													
1991	70,176	30,563,276	229.61	1,058	387,686	272.90	1991	259	30,563,276	0.85	1	387,686	0.26
1992	67,063	31,186,559	215.04	1,062	397,218	267.36	1992	520	31,186,559	1.67	3	397,218	0.76
1993	68,132	31,515,753	216.18	1,016	404,867	250.95	1993	619	31,515,753	1.96	5	404,867	1.23
1994	73,548	31,790,557	231.35	935	409,155	228.52	1994	603	31,790,557	1.90	10	409,155	2.44
1995	61,541	32,062,912	191.94	914	413,806	220.88	1995	543	32,062,912	1.69	13	413,806	3.14
1996	61,666	32,383,811	190.42	940	418,455	224.64	1996	783	32,383,811	2.42	11	418,455	2.63
1997	68,603	32,956,588	208.16	963	425,316	226.42	1997	483	32,956,588	1.47	15	425,316	3.53
1998	76,411	33,506,406	228.05	953	434,835	219.16	1998	1,085	33,506,406	3.24	27	434,835	6.21
1999	85,040	34,072,478	249.59	1,039	446,056	232.93	1999	1,109	34,072,478	3.25	24	446,056	5.38
2000*		34,653,395		1,053	459,025	229.40	Pertussis						
Tuberculosis													
1990	4,889	29,942,397	16.33	44	375,089	11.73	1991	4,889	29,942,397	16.33	44	375,089	11.73
1991	5,273	30,563,276	17.25	31	387,686	8.00	1992	5,382	31,186,559	17.26	38	397,218	9.57
1992	5,382	31,186,559	17.26	38	397,218	9.57	1993	5,173	31,515,753	16.41	30	404,867	7.41
1993	5,173	31,515,753	16.41	30	404,867	7.41	1994	4,860	31,790,557	15.29	20	409,155	4.89
1994	4,860	31,790,557	15.29	20	409,155	4.89	1995	4,675	32,062,912	14.58	29	413,806	7.01
1995	4,675	32,062,912	14.58	29	413,806	7.01	1996	4,313	32,383,811	13.32	26	418,455	6.21
1996	4,313	32,383,811	13.32	26	418,455	6.21	1997	4,059	32,956,588	12.32	35	425,316	8.23
1997	4,059	32,956,588	12.32	35	425,316	8.23	1998	3,855	33,506,406	11.51	25	434,835	5.75
1998	3,855	33,506,406	11.51	25	434,835	5.75	1999	3,608	34,072,478	10.59	33	446,056	7.40
1999	3,608	34,072,478	10.59	33	446,056	7.40	2000*	3,297	34,653,395	9.51	18	459,025	3.92
2000*	3,297	34,653,395	9.51	18	459,025	3.92	Pertussis						
Pertussis													
1991	259	30,563,276	0.85	1	387,686	0.26	1991	259	30,563,276	0.85	1	387,686	0.26
1992	520	31,186,559	1.67	3	397,218	0.76	1992	520	31,186,559	1.67	3	397,218	0.76
1993	619	31,515,753	1.96	5	404,867	1.23	1993	619	31,515,753	1.96	5	404,867	1.23
1994	603	31,790,557	1.90	10	409,155	2.44	1994	603	31,790,557	1.90	10	409,155	2.44
1995	543	32,062,912	1.69	13	413,806	3.14	1995	543	32,062,912	1.69	13	413,806	3.14
1996	783	32,383,811	2.42	11	418,455	2.63	1996	783	32,383,811	2.42	11	418,455	2.63
1997	483	32,956,588	1.47	15	425,316	3.53	1997	483	32,956,588	1.47	15	425,316	3.53
1998	1,085	33,506,406	3.24	27	434,835	6.21	1998	1,085	33,506,406	3.24	27	434,835	6.21
1999	1,109	34,072,478	3.25	24	446,056	5.38	1999	1,109	34,072,478	3.25	24	446,056	5.38
2000*	654	34,653,395	1.89	13	459,025	2.83	2000*	654	34,653,395	1.89	13	459,025	2.83

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

Rates are per 100,000 population

Natality

CALIFORNIA						STANISLAUS			CALIFORNIA						STANISLAUS		
	Cases	Total		Cases	Total		Cases	Total			Cases	Total		Cases	Total		
		Births	Rate		Births	Rate		Births	%	Births		%					
Teen Birth Rate						Prenatal Care Starting in 1st Trimester											
1989	22,225	561,714	39.57	313	7,321	42.75	1989	410,267	569,308	72.1%	5,186	7,121	72.8%				
1990	24,828	561,743	44.20	403	7,788	51.75	1990	438,407	611,666	71.7%	5,738	7,913	72.5%				
1991	25,914	557,492	46.48	394	8,019	49.13	1991	439,733	609,228	72.2%	5,691	7,654	74.4%				
1992	25,967	569,137	45.63	410	8,390	48.87	1992	447,434	600,838	74.5%	5,920	7,560	78.3%				
1993	26,301	573,941	45.83	425	8,735	48.65	1993	445,079	584,483	76.1%	5,912	7,464	79.2%				
1994	26,378	583,290	45.22	427	9,082	47.02	1994	437,094	567,034	77.1%	5,862	7,412	79.1%				
1995	25,821	602,236	42.88	443	9,607	46.11	1995	431,572	551,226	78.3%	5,732	7,284	78.7%				
1996	24,047	627,740	38.31	396	10,201	38.82	1996	428,724	538,628	79.6%	5,729	7,166	79.9%				
1997	23,064	646,663	35.67	421	10,474	40.19	1997	423,640	524,174	80.8%	5,470	6,790	80.6%				
1998	21,630	663,642	32.59	383	10,660	35.93	1998	422,866	521,265	81.1%	5,557	6,927	80.2%				
1999	20,209	671,509	30.09	346	10,673	32.42	1999	426,020	518,073	82.2%	5,739	7,115	80.7%				
2000				340	10,993	30.93	2000				5,957	7,238	82.3%				
Infant Mortality						Low Birth Weight											
1989	4,853	569,308	8.52	57	7,121	8.00	1989	34,737	569,308	6.1%	409	7,121	5.7%				
1990	4,828	611,666	7.89	64	7,913	8.09	1990	35,474	611,666	5.8%	443	7,913	5.6%				
1991	4,596	609,228	7.54	58	7,654	7.58	1991	35,359	609,228	5.8%	392	7,654	5.1%				
1992	4,174	600,838	6.95	70	7,560	9.26	1992	35,608	600,838	5.9%	419	7,560	5.5%				
1993	3,970	584,483	6.79	43	7,464	5.76	1993	35,116	584,483	6.0%	477	7,464	6.4%				
1994	3,948	567,034	6.96	62	7,412	8.36	1994	34,876	567,034	6.2%	487	7,412	6.6%				
1995	3,478	551,226	6.31	43	7,284	5.90	1995	33,588	551,226	6.1%	427	7,284	5.9%				
1996	3,186	538,628	5.92	49	7,166	6.84	1996	32,649	538,628	6.1%	439	7,166	6.1%				
1997	3,091	524,174	5.90	48	6,790	7.07	1997	32,232	524,174	6.1%	450	6,790	6.6%				
1998	2,994	521,265	5.74	47	6,927	6.79	1998	32,438	521,265	6.2%	454	6,927	6.6%				
1999	2,787	518,073	5.38	50	7,115	7.03	1999	31,686	518,073	6.1%	417	7,115	5.9%				
							2000				404	7,238	5.6%				

Teen Birth Rate is number of births to 15-17 year olds per 1,000 15-17 year old females

Infant Mortality Rate is number of infant deaths per 1,000 live births

Deaths

Unintentional				Lung Cancer									
Deaths	Population	Age	Deaths	Population	Age	Deaths	Population						
		Adj. Rate			Adj. Rate								
1989	10,744	29,142,106	37.83	193	354,186	58.36	1989	13,127	29,142,106	55.38	171	354,186	58.93
1990	10,120	29,942,397	34.81	171	375,089	49.63	1990	13,275	29,942,397	54.16	194	375,089	63.48
1991	9,382	30,563,276	31.88	167	387,686	46.60	1991	13,469	30,563,276	53.69	184	387,686	56.93
1992	9,216	31,186,559	30.82	152	397,218	40.05	1992	13,364	31,186,559	51.91	224	397,218	67.09
1993	9,503	31,515,753	31.44	173	404,867	45.44	1993	13,650	31,515,753	52.30	206	404,867	61.47
1994	9,209	31,790,557	30.39	178	409,155	46.76	1994	13,682	31,790,557	51.74	207	409,155	60.73
1995	9,346	32,062,912	30.59	186	413,806	48.38	1995	13,666	32,062,912	50.88	193	413,806	55.84
1996	9,193	32,383,811	29.92	187	418,455	48.29	1996	13,579	32,383,811	49.52	211	418,455	59.90
1997	8,736	32,956,588	28.06	146	425,316	36.95	1997	13,754	32,956,588	49.11	197	425,316	55.16
1998	8,578	33,506,406	27.08	161	434,835	39.73	1998	13,498	33,506,406	47.04	200	434,835	54.53
1999*	8,917	34,072,478	27.50	172	446,056	41.38	1999*	13,737	34,072,478	46.85	236	446,056	62.44

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

Deaths (continued)

Motor Vehicle			Age Adj.	Breast Cancer			Age Adj.	Suicide			Age Adj.		
Deaths	Population	Rate	Deaths	Population	Rate	Deaths	Population	Rate	Deaths	Population	Rate		
1989	5,600	29,142,106	18.76	98	354,186	27.67	1989	4,258	14,568,118	32.64	45	180,189	28.34
1990	5,366	29,942,397	17.61	86	375,089	23.38	1990	4,292	14,952,881	31.72	41	190,707	23.89
1991	4,886	30,563,276	15.86	97	387,686	25.36	1991	4,295	15,262,093	31.00	41	197,041	24.31
1992	4,296	31,186,559	13.87	74	397,218	18.99	1992	4,116	15,570,183	29.00	47	201,779	26.19
1993	4,277	31,515,753	13.78	71	404,867	18.33	1993	4,310	15,733,587	29.72	54	205,505	29.91
1994	4,354	31,790,557	14.03	74	409,155	19.15	1994	4,404	15,869,548	29.88	59	207,584	31.48
1995	4,306	32,062,912	13.80	85	413,806	20.96	1995	4,241	16,000,360	28.22	44	209,920	23.03
1996	4,132	32,383,811	13.21	91	418,455	23.07	1996	4,295	16,155,887	27.99	63	212,255	32.58
1997	3,651	32,956,588	11.55	83	425,316	20.55	1997	4,090	16,430,397	26.08	56	215,641	28.31
1998	3,560	33,506,406	11.03	66	434,835	15.76	1998	4,095	16,696,243	25.47	40	220,415	19.33
1999*	3,134	34,072,478	9.51	63	446,056	14.87	1999*	4,065	16,972,666	24.61	58	226,081	27.27
Suicide				Coronary Heart Disease				Stroke					
1989	3,830	29,142,106	13.87	50	354,186	15.30	1989	59,772	29,142,106	278.86	718	354,186	265.90
1990	3,733	29,942,397	13.16	35	375,089	10.22	1990	58,182	29,942,397	261.02	595	375,089	205.05
1991	3,759	30,563,276	13.07	36	387,686	9.59	1991	57,474	30,563,276	250.39	709	387,686	237.45
1992	3,696	31,186,559	12.66	49	397,218	13.53	1992	56,845	31,186,559	239.96	707	397,218	227.76
1993	3,813	31,515,753	12.82	44	404,867	11.75	1993	58,433	31,515,753	241.83	773	404,867	241.31
1994	3,682	31,790,557	12.23	47	409,155	12.42	1994	58,775	31,790,557	238.29	716	409,155	219.84
1995	3,820	32,062,912	12.57	54	413,806	13.96	1995	58,225	32,062,912	230.45	850	413,806	255.04
1996	3,401	32,383,811	11.04	44	418,455	11.54	1996	57,597	32,383,811	220.93	804	418,455	235.91
1997	3,422	32,956,588	10.94	45	425,316	11.44	1997	57,729	32,956,588	214.23	865	425,316	247.46
1998	3,212	33,506,406	10.09	42	434,835	10.39	1998	58,194	33,506,406	209.01	957	434,835	263.25
1999*	3,025	34,072,478	9.32	36	446,056	8.65	1999*	58,471	34,072,478	203.99	862	446,056	228.81
Homicide				All Cancer				AIDS					
1989	3,245	29,142,106	10.16	21	354,186	5.68	1989	4,363	29,142,106	15.39	17	354,186	5.40
1990	3,683	29,942,397	11.26	26	375,089	7.23	1990	5,033	29,942,397	17.12	16	375,089	4.29
1991	4,038	30,563,276	12.32	25	387,686	6.66	1991	5,530	30,563,276	18.46	25	387,686	7.03
1992	4,077	31,186,559	12.39	34	397,218	8.79	1992	5,986	31,186,559	19.37	28	397,218	7.24
1993	4,196	31,515,753	12.72	24	404,867	5.94	1993	6,285	31,515,753	19.97	28	404,867	6.92
1994	3,809	31,790,557	11.52	32	409,155	7.90	1994	6,737	31,790,557	21.18	36	409,155	9.38
1995	3,611	32,062,912	10.99	36	413,806	8.70	1995	6,449	32,062,912	20.08	37	413,806	9.30
1996	2,998	32,383,811	9.13	33	418,455	8.11	1996	6,449	32,383,811	12.93	36	418,455	8.89
1997	2,769	32,956,588	8.35	40	425,316	9.57	1997	4,207	32,383,811	12.93	10	425,316	2.53
1998	2,256	33,506,406	6.74	25	434,835	5.74	1998	1,857	32,956,588	5.62	7	434,835	1.67
1999*	2,033	34,072,478	5.99	24	446,056	5.38	1999*	1,432	33,506,406	4.28	7	434,835	1.67
							1999*	1,558	34,072,478	4.60	7	446,056	1.69

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

Rates are deaths per 100,000 population

DATA SOURCES

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