



2022 - 2023



PUBLIC HEALTH ANNUAL REPORT

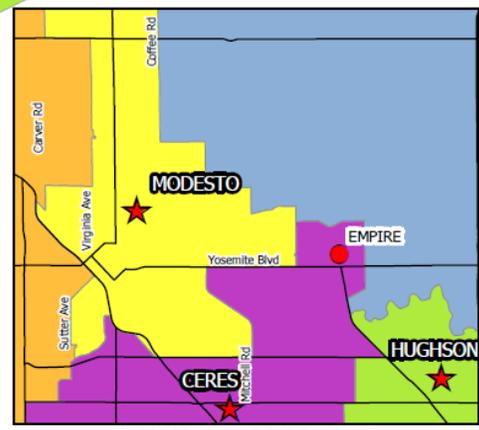
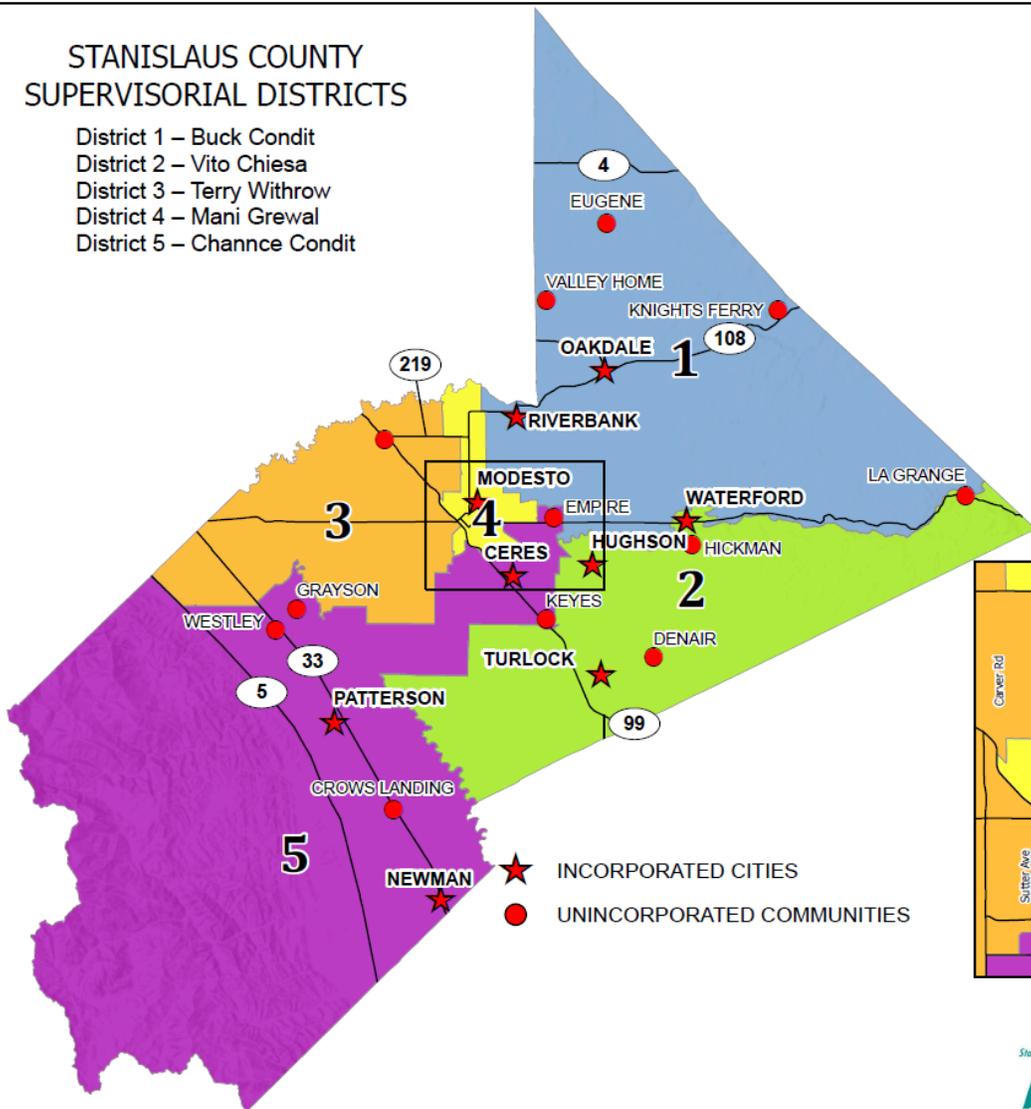


Public Health Works



STANISLAUS COUNTY SUPERVISORIAL DISTRICTS

- District 1 – Buck Condit
- District 2 – Vito Chiesa
- District 3 – Terry Withrow
- District 4 – Mani Grewal
- District 5 – Chance Condit



ENLARGEMENT

Date: 4/11/2023

Information Technology Central
Geographic Information Services
801 11th St. Modesto, CA 95354

Stanislaus County Health Services Agency

Mary Ann Lilly-Tengowski, MBA – Managing Director
Thea Papasozomenos, MD, MPH – Public Health Officer
Heather Duvall, MPA – Public Health Director

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917 Oakdale Road, Modesto, California 95355
Phone (209) 558 8804 | Fax (209) 558 7286
Email: CAPE@schsa.org



HEALTH SERVICES AGENCY

VISION

Healthy People in a Healthy Stanislaus!

MISSION

We build community by promoting health and wellness through services and collaboration for all people in Stanislaus County

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INTRODUCTION - HEATHER DUVALL

PUBLIC HEALTH DIRECTOR

I am pleased to share the 2023 Stanislaus County Health Services Agency, Public Health (HSA/PH) Annual Report with our community. The theme of this year's Public Health Annual Report is "Public Health Works," chosen to highlight this diligent team's achievements and hard work. As we saw the official end to both the State and Federal COVID-19 Public Health Emergency this year, HSA/PH staff were able to refocus on foundational programs and services to improve the health and wellness of the community.

This year, the report was designed around the focus of our work: supporting children and families, upstream prevention through policy, systems, and environmental changes, community preparedness and capacity building, and community outreach, engagement, and education. Major milestones are highlighted in these areas to share the impacts of Public Health programs and services for our community.

The report highlights our continued dedication to improving the health outcomes of all by developing a comprehensive staff training program on health equity, surveying staff to assess current understanding, and creating opportunities for dialogue about the role of Public Health in improving health disparities and inequities. We also spotlight the outcomes of the Community Health Improvement Plan (CHIP) convening held in the Spring. This work highlights our commitment to community engagement and the importance of aligned efforts with community partners and stakeholders through collective impact to efficiently and effectively move the needle on key health indicators.

The Public Health workforce, like so many others, was impacted by retirements, resignations, and difficulty filling positions. This area has significantly improved due to investments in recruitment, retention, and professional development. Key public health-specific roles have been highlighted in this report to raise awareness of the specialized knowledge and skills needed for this work. Without this caring and committed workforce, we could not be successful in our mission. Thank you for all that you do for our community!

ELEVATING HEALTH EQUITY: BUILDING RESILIENCY

HSA/PH recognizes the need to elevate health equity in every aspect of public health work to achieve optimum health for everyone in the community. This work starts by designing effective programs targeting health disparities and their root causes within communities marginalized due to poverty, gender, race/ethnicity, social norms, or stigma. Elevating health equity within the organization positions the employees to understand and acknowledge factors influencing the community's health outcomes, how to tailor programs, and ensuring that vulnerable communities receive the attention and resources they need. HSA/PH employees are uniquely positioned to drive positive change in this regard.

Building Understanding

A series of resources and employee engagement initiatives were launched within HSA/PH to foster a shared understanding of health equity principles. Equity Co-LABS (Collaboratively Learning in Actively Brave Spaces) were launched to support dialogue, build a foundational knowledge of health equity, and facilitate peer learning to build staff empathy to integrate equity into how they approach their work. Employees receive a monthly newsletter, Elevating Equity, to learn about national observances, training, and engagement opportunities for staff to build their capacity to embed equity into their everyday work. HSA/PH also established a health equity resource library with workbooks and reading materials to aid staff in gaining diverse perspectives and utilizing tools to advance health equity within the community.

Building a Roadmap

Through data collection, HSA/PH developed a roadmap for future health equity efforts within the organization and the community. In May 2023, a Health Equity Staff Perceptions and Skills Assessment survey was conducted to provide direction for implementing improvement strategies within HSA/PH to embed health equity into organizational policies and practices. In collaboration with the Community Assessment, Planning, and Evaluation unit, the Health Equity Team is also finalizing Health Equity Dashboards, which will inform public health decision-making and serve as a resource for community partners.

Building Resiliency

This year's efforts to elevate equity into the organization and culture, enhance HSA/PH's ability to identify, assess, and respond to community needs, and build resiliency so everyone in Stanislaus County can thrive!



CHIP AT WORK

Through collaborative efforts with community organizations, leaders, and residents, HSA/PH hosted the 2023 Community Health Improvement Plan (CHIP) Convening. Attendees were presented with updated information, a deeper understanding of CHIP strategies, a commitment to ongoing collaboration, and a sense of shared responsibility to improve the health of all residents in Stanislaus County.

Nearly 80 attendees received updated information and data from the Community Partner Leads of each Action Workgroup for the four CHIP focus areas of chronic disease prevention, communicable disease prevention, housing and homelessness, and tobacco and substance use. They shared the updated CHIP strategies and activities that reflect the active involvement and dedication of community partners and residents in their continuous efforts to enhance the health and well-being of Stanislaus County's residents.

Attendees had an opportunity to join Action Workgroup meetings to expand participation and dive deeper into the work needed to make meaningful progress toward the CHIP goals. The Action Workgroups continued to convene to foster collaboration, identify other partners to aid in implementing the plan, and monitor progress on performance measures.

CHIPs are intended to be living documents that can be adjusted to ensure the plan's ongoing effectiveness. An updated version is available with the data provided at the 2023 convening this year. Additionally, a Community Health Scorecard was created and published on the HSA website, schsa.org, to build transparency and accountability by informing the community about CHIP's goals, strategies, and progress. The scorecard provides a clear and accessible way to communicate key information and progress to the community.

HSA/PH looks forward to continuing its partnership with the community to ensure that the CHIP vision of "a thriving Stanislaus County where all people have the opportunity to be safe and healthy" is realized. To learn more about CHIP, visit schsa.org/PublicHealth/pages/CHR/

Focus Areas



Housing and Homelessness



Chronic Disease



Tobacco and Substance Use



Communicable Disease



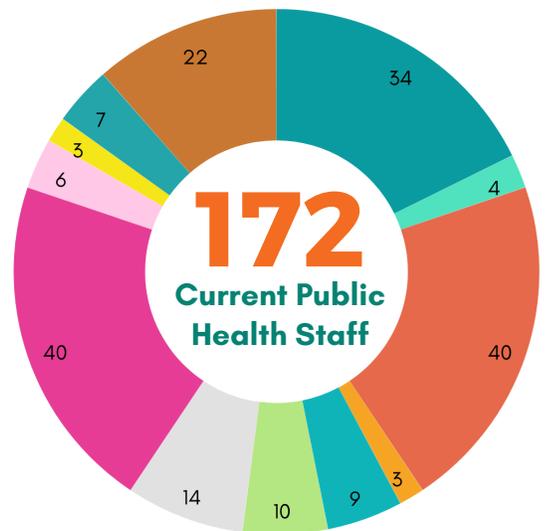
INVESTING AND REBUILDING THE PUBLIC HEALTH WORKFORCE

Public Health encompasses many job opportunities dedicated to improving and safeguarding the health and well-being of communities and populations. On the heels of the "Great Resignation," HSA/PH also navigated the challenges of filling many roles to better serve the community. These included Medical Investigators, Community Health Workers, Administrative staff, Epidemiologists, Public Health Nurses, Nutritionists, Public Health Educators, as well as supervisory and management staff. Each of these roles in Public Health contributes to the overall goal of promoting and protecting the health of communities. The COVID-19 pandemic led to burnout and high turnover, further exacerbating the challenge of filling these positions.

Certain positions, such as Epidemiologists and Public Health Nurses, are in high demand and often require specialized education and training. These positions have traditionally been challenging to fill. Epidemiologists typically need a master's or doctoral degree in epidemiology or a related field, while public health nurses need nursing degrees and specialized training in public health. These job responsibilities are detailed below:

- Epidemiologists investigate patterns and causes of diseases and injuries in populations. They are crucial in disease surveillance, outbreak investigation, and public health research. Epidemiologists gather and analyze data to identify risk factors and develop disease prevention and control strategies.
- Public Health Nurses work to improve the health of communities and populations by providing nursing care, health education, and preventive services. They focus on addressing the unique health needs of communities, promoting wellness, and preventing diseases. They often work in clinics, schools, or public health agencies, focusing on immunizations, maternal-child health, and disease prevention.

To overcome some of the workforce challenges, HSA/PH worked closely with Human Relations to streamline the hiring processes, invest in training and development programs, and proactively recruit and retain qualified professionals to address these challenges. Additionally, promoting public health careers and educational opportunities can help grow the pool of qualified candidates long term. HSA/PH works with local colleges to develop a college-to-career pipeline to engage students toward education in public health. Attracting skilled candidates to Public Health-related jobs is essential for the effectiveness of Public Health programs.



- Administrative Support Staff
- Community Health Worker
- Epidemiologist
- Health Educator
- Manager/Nurse Manager
- Medical Investigation Staff
- PH Nurse
- PH Nutritionist
- Social Worker/MH Clinician
- Staff Nurse
- Lead Staff
- PH Leadership

MPOX RESPONSE

As the COVID-19 emergency started winding down, HSA/PH set up a response to yet another disease, Mpox (formerly called Monkeypox), which posed a threat to community well-being. Building on lessons learned and partnerships cultivated during the COVID-19 pandemic, HSA/PH staff demonstrated swift responsiveness in addressing Mpox. HSA/PH organized with communities that had been identified as the highest risk and started education, outreach, and surveillance efforts in collaboration with them. HSA/PH's efforts included Mpox testing, investigating the disease, tracing contacts, organizing vaccination clinics, coordinating treatment, and raising community awareness through education initiatives.

July 6,
2022

1st Case of Mpox confirmed in Stanislaus County

July 12,
2022

First 20 Doses of Jynneos Vaccine received for prevention of Mpox in Stanislaus County

July 20,
2022

Global Health Emergency declared by WHO

Aug 4,
2022

CDPH declares Public Health Emergency in response to Mpox outbreaks

Dec 25,
2022

Last Mpox case reported in Stanislaus County

Continuous

Throughout the response, Stanislaus County administered **439 vaccine doses** (1st and 2nd) and **investigated 29 cases** to reduce the spread of Mpox



SUPPORTING CHILDREN AND FAMILIES

HSA/PH plays a vital role in promoting the health and well-being of children and families in the community. It's a collaborative effort involving partnerships with healthcare providers, schools, community organizations, and other stakeholders to create a healthier community. While specific programs and services may vary, many milestones were achieved throughout Fiscal Year 2023 to support improving families' health from childbirth to adulthood.

Maternal education and support for new mothers and infants were provided through PH sections such as Women, Infants and Children, Family Health Services, Communicable Disease Prevention Program, Children's Medical Services, and Medical Therapy Unit. These programs and initiatives help reduce infant mortality, promote healthy pregnancies, provide childhood vaccinations, and improve children's nutrition. HSA/PH programs worked on many initiatives, as detailed below:

- Provide immunization services at clinics, schools, and through collaborations with community-based organizations to ensure that children are up to date on their vaccinations, protecting them from vaccine-preventable diseases.
- Educate families on proper nutrition and provide access to healthy foods, especially for low-income families.
- Collaborate with schools to promote health and wellness among students through oral health, nutrition education, and tobacco prevention-related education programs.
- Work with community partners and families to prevent lead poisoning in children, including lead testing and lead hazard remediation in homes and environments.
- Help parents navigate the challenges of raising healthy children through support groups and classes.
- Promote child passenger safety and injury prevention, such as car seat safety checks and education on preventing childhood injuries.



WORKING WITH FAMILIES TO CREATE A PATHWAY TO HEALTHIER GENERATIONS

27,394 prenatal and post partum women, infants and children served by improving access to nutritious foods, reducing food insecurity, and providing nutrition education and counseling



6,546 home visits provided to clients through tailored care plans for maternal, infant, and adolescent health as well as to ensure safe living spaces for children in need of medical care



4,000 children and youth provided with medical case management and access to medical resources and support

175 psychotropics medication reviews were conducted to ensure medication safety for youth in foster care



5,503 physical therapy and occupational therapy visits provided to children with injuries or disabilities that affect physical and cognitive functioning



827 families educated on child passenger safety, car seat installation, correct child safety seats



247 car seats replaced due to safety concerns

4,777 families served through oral health education, screenings, and provision of services such as dental sealants, toothbrush prophylaxis, fluoride varnish, and linkage to care



4,230 CalFresh eligible community members served by providing nutrition, garden, and physical activity education



POLICY, SYSTEMS, AND ENVIRONMENTAL CHANGE

HSA/PH works towards policy, systems, and environmental changes (often called PSE changes) to improve community health and address public health challenges. PSE strategies are instrumental in addressing the underlying or root causes of health issues, promoting health equity, and establishing long-lasting conditions for healthier lives.

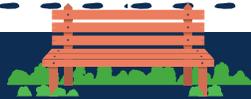
By focusing on PSE changes, HSA/PH can create impactful systemic changes beyond individual behavior and target the broader factors influencing public health. Moreover, emphasizing equity in these strategies underscores the importance of ensuring that health improvements benefit all community residents, especially those who are most vulnerable or marginalized.

Some of the ongoing initiatives during Fiscal Year 2023 include, but are not limited to:

- Families participating in the Women, Infants, and Children (WIC) program receiving increased fruit and vegetable benefits or purchasing power due to federal policy changes, which increased the Cash Value Benefit (CVB).
- Collecting and analyzing tobacco-related data to identify community residents' attitudes and perceptions regarding outdoor smoke-free policies. The data collected will educate and inform the community about adopting outdoor smoke-free policies.
- Supporting initiatives to make communities more walkable and bike-friendly, promote healthier lifestyles, and improve the quality of life in the community by addressing issues related to street conditions and pedestrian safety.
- Collaborating with elementary schools to increase oral health education and linkage to care for children.



WORKING WITH COMMUNITY TO BUILD FOUNDATIONS FOR A HEALTHIER LIFESTYLE



78% of residents believe making parks and outdoor public spaces smoke-free would improve the health of the community



6 "Walk Audits" conducted throughout Stanislaus County to listen and learn from the community regarding bike and pedestrian safety



1,358 children received oral health care and coordination through school-linked oral health programs at 3 West Modesto elementary schools



School garden projects for 5th and 6th graders started with after school programs in collaboration with Empire Wellness Committee



\$4,176,110 worth of fruits and vegetables purchased with benefits provided to WIC participants



Launched **food insecurity screening at HSA clinics** and provided Food Access Guide to patients and clients



COMMUNITY PREPAREDNESS AND CAPACITY BUILDING

HSA/PH plays a crucial role in community preparedness and capacity building to enhance the overall health and well-being of the community. This includes preparing for, responding to, and mitigating public health emergencies in partnership with community-based organizations and healthcare providers. In Fiscal year 2023, Public Health helped with community preparedness and capacity building through:

Emergency Preparedness Trainings

In collaboration with various partners, HSA/PH's Emergency Preparedness (EP) Program developed plans, provided training, and conducted exercises to improve overall emergency preparedness and resilience in Stanislaus County. Emergency Planning and Response limits the impact of public health threats, outbreaks, disasters, acts of terrorism, or other artificial disasters. During Fiscal Year 2023, EP:

- **Responded to 5 emergency incidents with 4 activations**, including events such as Mpox, Heat Waves, and Floods.
- **Recruited 30 new Medical Reserve Corps (MRC) volunteers** for capacity building and to deploy for emergency responses.
- **Conducted 14 training sessions, exercises, and workshops** aimed at reviewing facility roles and responsibilities in emergency response situations, including radiological workshops, radiation surge tabletop exercises, Chempack deployment drills, and pediatric surge simulations.



Disease Prevention Trainings

The Communicable Disease Prevention (CDP) Section engaged educational institutions, including schools and school districts, to deliver comprehensive preventive measures in education systems. These measures encompassed a range of strategies, including but not limited to masking recommendations, vaccination efforts, and effective outbreak control measures. Additionally, the CDP Section:

- **Trained and educated providers, healthcare facilities, and first responders on infection control** for transmission of multiple-drug resistant organisms (MDRO) and disease reporting.
- **Guided 19 skilled nursing facilities and 15 Care Facilities** surrounding changes and updates in infection prevention policies.
- **Held 2 training sessions for 20 Doctors Medical Center residentstraining sessions for 20 Doctors Medical Center residents** to raise awareness of the challenges faced by county residents in emergency departments and enhance their understanding of Title 17 guidelines to improve timely and accurate reporting.



WORKING WITH PARTNERS FOR A SAFER COMMUNITY

WORKING WITH PARTNERS FOR A SAFER COMMUNITY

Capacity Building

CalFresh Healthy Living program partnered with the University of San Diego Extended Studies to provide lactation counselor courses and training to community partners, partner agencies, and providers in Stanislaus County.

- This 45-hour course **educated 24 healthcare staff from various hospitals in Stanislaus County, community health centers, schools, the Office of Education, and Public Health.** The course equipped participants with the fundamental knowledge and skills necessary to promote breastfeeding and actively engage in breastfeeding support for the mother, baby, and support person.

Health Information Coordination

HSA/PH improved its capacity in health information exchange with partners by integrating a better technological infrastructure to facilitate effective coordination and communication between community members, health programs, and providers.

- WIC successfully launched a referral system using electronic medical records to connect with women in early pregnancy and connect them to WIC services without further delays.
- Maternal Child Adolescent Health program improved clinical services related to prenatal care by utilizing electronic medical records to improve healthy birth outcomes.



COMMUNITY OUTREACH AND SERVICES

HSA/PH plays a multifaceted role in preventing communicable and chronic diseases and promoting healthier lifestyles and behaviors through a range of strategies and interventions. These include disease surveillance and monitoring, vaccination, health education and promotion, emergency response, and research and data analysis. HSA/PH continuously monitors the occurrence of communicable diseases in the community as well as collects and analyzes data on the prevalence and trends of diseases to identify and prevent potential outbreaks or emerging threats.

HSA/PH programs engage with the community through education and awareness campaigns to inform residents about public health issues through community outreach, press releases, health alerts, social media, and advertisements.

During Fiscal Year 2023, HSA/PH programs participated in 56 community events where educational flyers, test kits, and resources were distributed. New partnerships were established with over 70 different community-based organizations to conduct vaccination clinics throughout the county.



WORKING WITH FAMILIES TO CREATE A PATHWAY TO HEALTHIER GENERATIONS

26,000 communicable diseases investigated
4,600 considered confirmed or probable diseases for case and contact management



56 newly diagnosed HIV cases.
77% of HIV patients were connected with a provider and started antiretroviral therapy (ART)



9 out of 92 pregnant women tested for syphilis tested positive

17 out of 46 congenital syphilis cases confirmed positive

Responded to **10 Scabies** and **7 Norovirus** outbreaks



228,969 unique audience members reached through social media, showing an increase of **525.6%** from the previous year

75 Narcan and **200 Fentanyl Test Strips** distributed by HSA/PH



4 known successful overdose reversals via Narcan distribution

15 vaccine clinics held in collaboration with **12** school districts with school district staff, Medical Reserve Corps and HSA/PH staff



Vital Records Registered
10,139 Births
5,717 Deaths
29 Medical Marijuana ID Cards processed



31,557 vaccine doses administered to reduce vaccine-preventable diseases

COMMUNITY HEALTH DATA

REPORTABLE DISEASE SUMMARY

Select Reportable Conditions*

(2021-2022)

(2022-2023)

Percent Change In Total Cases From 2022 To 2023

(2021-2022)	Condition	(2022-2023)	Percent Change In Total Cases From 2022 To 2023
(0)	Botulism (Wound)*	(0)	0% (No Change)
(133)	Campylobacter	(190)	43% (Increase)
(83)	Coccidioidomycosis (Valley Fever)	(76)	-8% (Decrease)
(69,231)	COVID-19	(21,314)	-69%
(40)	Giardia	(55)	38%
(0)	Hepatitis A*	(0)	0%
(83)	Hepatitis B, Chronic	(95)	14%
(443)	Hepatitis C, Chronic	(378)	-15%
(0)	Meningitis, Bacterial (<5 years old)*	(0)	0%
(0)	Meningitis, Viral*	(0)	-27%
(0)	Rabies (Animal)	(0)	0%
(0)	Pertussis	(0)	0%
(45)	Salmonella (Non-Typhoidal)	(72)	60%
(34)	Shiga-Toxin Producing E. Coli	(32)	-6%
(27)	Shigella	(32)	18%
(14)	Tuberculosis	(12)	-14%
(0)	West Nile Virus Total Cases*	(0)	50%

Select Sexually Transmitted Diseases (STDs)

(2021-2022)	Condition	(2022-2023)	Percent Change In Total Cases From 2022 To 2023
(2329)	Chlamydia**	(2212)	-5%
(876)	Gonorrhea	(667)	-24%
(49)	HIV	(56)	14%
(640)	Syphilis***	(440)	-31%
(25)	Syphilis (Congenital)	(17)	-32%

Reported Outbreaks

(2021-2022)	Outbreak Type	(2022-2023)	Percent Change In Total Cases From 2022 To 2023
(1)	Foodborne	(1)	0%
(2)	Gastro-Intestinal, Other/Unknown	(5)	150%
(6)	Respiratory, non TB	(8)	33%
(6)	Skin Soft Tissue/Rash	(12)	100%

*Reportable disease cases have varying selection criteria in terms of the disease itself and resolution status for reporting purposes. Case counts of less than 10 were not included in this report. Contact CAPE Unit for more details - cape@schs.org. Source CalREDIE data accessed 08/21/2023

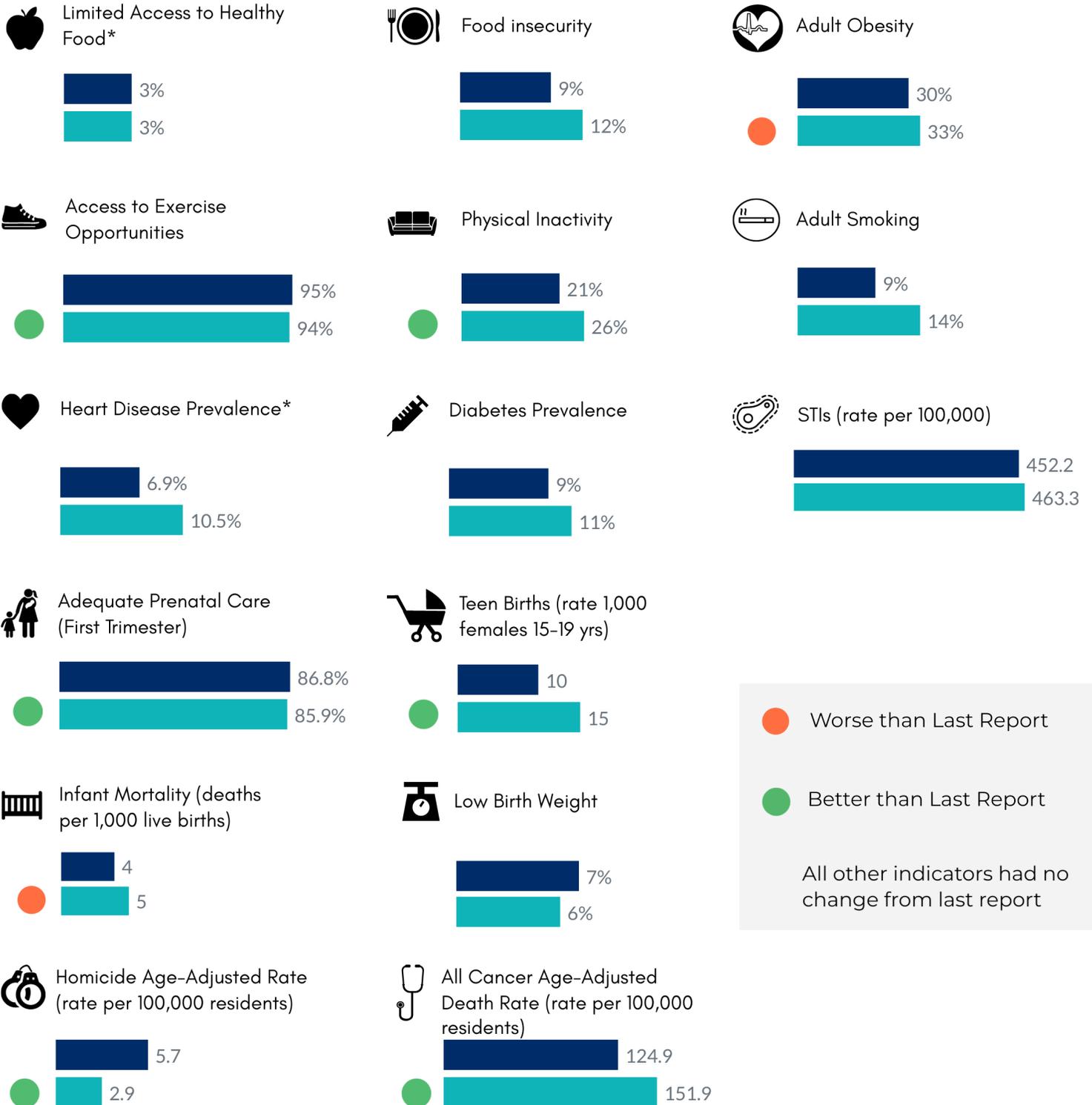
**Removed from CDPH 250(j) Reportable Communicable Disease list as of 10/01/2019. Lab results are still required to be reported to CDPH but case counts for 2022 and 2023 may be an underrepresentation of true case counts.

***Includes primary, secondary, early non-primary non-secondary, and late/unknown duration.

COMMUNITY HEALTH MATRIX

California Stanislaus

2023 County Health Rankings



Data source include CDC Behavioral Risk Factor Surveillance System (BRFSS), National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP), The United States Department of Agriculture (USDA), National Center for Health Statistics (NCHS) and National Vital Statistics System (NVSS), Population Reference Bureau (PRB) and Feeding America. The County Health Rankings makes every effort to provide the most reliable data available, but readers should be aware that reliability can vary by place and by measure. The data may vary from 2019- 2022 depending on the source being used.

*Data source year did not change from previous report.

OPIOID DATA

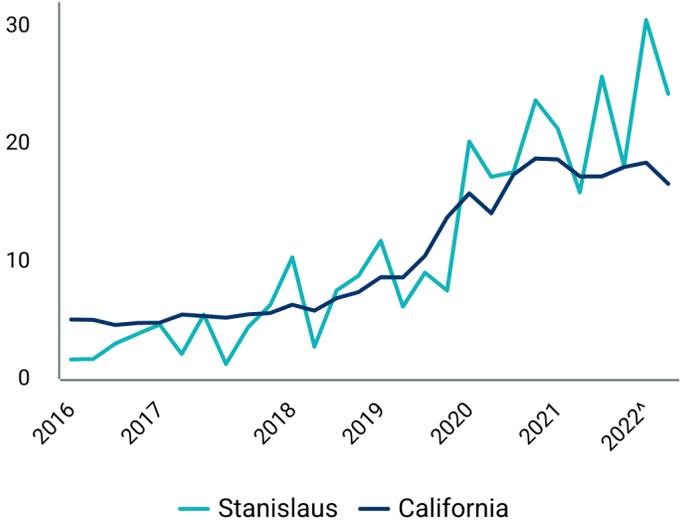
Stanislaus County residents have been affected by the rising opioid epidemic, leading to a substantial increase in opioid-related fatalities in recent years. The residents who identify as white in the county have been more significantly impacted, with a 130% increase in age-adjusted death rates from 2020 to 2022.

Age-Adjusted* Deaths Related to Any Opioid Overdose Rate per 100,000 in 2022 ^

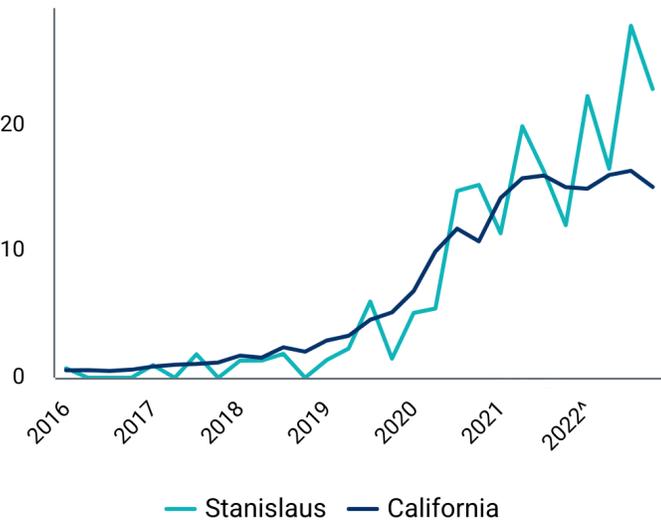
California 17.6

Stanislaus 24.7

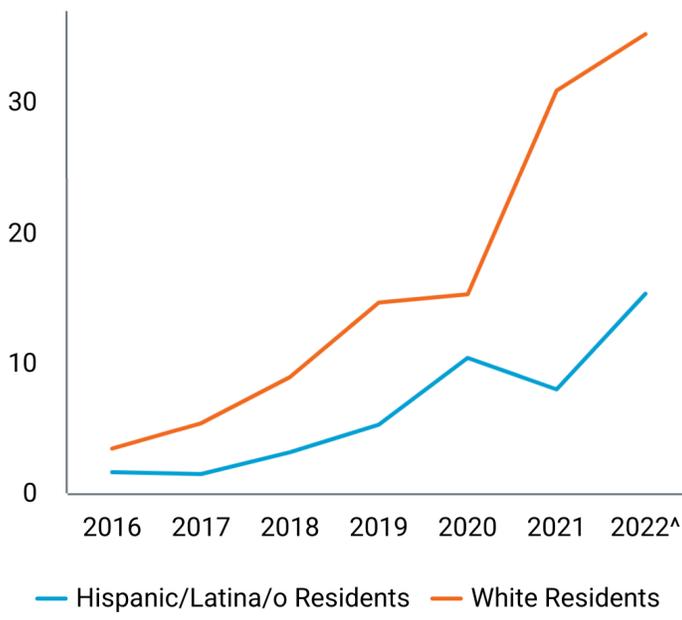
Any Opioid-Related Overdose Age-Adjusted* Death Rate per 100,000



Age-Adjusted* Deaths Related to Fentanyl Overdose Rate per 100,000



Any Opioid-Related Overdose Age-Adjusted* Death Rate per 100,000 by Race/Ethnicity~ In Stanislaus County



The increase in fentanyl usage has added to the opioid-related overdose mortality rate in Stanislaus County since 2021.

From 2021 to 2022, data shows opioid overdose death rates **increased by 44%** among 35 to 44-year-old residents.

Data source: <https://skylab.cdph.ca.gov//ODdash/?tab=CTY>
 ^Data is still Preliminary for 2022

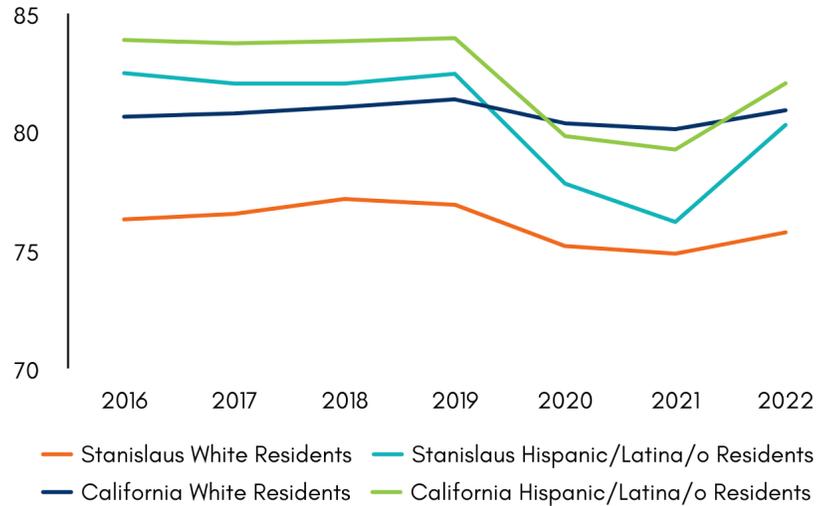
*Age-adjusted rates are applied to rates of disease, death, injury, or other health outcomes which allows communities with different age distributions to be compared.

~Only Hispanic/Latina/o Residents and White Residents represented as all other race/ethnicity groups contained small numbers leading to unstable rates.

DEATH DATA

Life expectancy at birth is a widely used indicator of overall health status. Life expectancy can be attributed to various factors, including living standards, lifestyle behaviors, education, and access to high-quality health care. Historically, residents identifying as white had a lower life expectancy than those identifying as Hispanic/Latina/o populations. However, in 2020 and 2021, life expectancy decreased across all demographics, with a particularly notable decline among the Hispanic/Latina/o community compared to their white counterparts. This change was due to the unprecedented COVID-19 pandemic. Disproportionate COVID-19 infection and mortality rates exemplified underlying socioeconomic factors known to affect health.

Life Expectancy Race/Ethnicity~ by Calendar Years



In 2022, the average life expectancy at birth was **77.3 in Stanislaus County** compared to 81.1 in California overall.

Stanislaus County Top Five Causes of Death (5 Year Average 2018-2022)

Rank	County	Asian Residents	Black/African American Residents	Hispanic/Latina/o Residents	Native American/Alaska Natives Residents	Pacific Islander/ Native Hawaiian Residents	White Residents	Multiple Race Residents
1	Heart Disease	Cancer	Heart Disease	Cancer	Heart disease	Heart disease	Heart disease	Cancer
2	Cancer	Heart disease	Cancer	Heart disease	Cancer	Cancer	Cancer	Heart disease
3	COVID-19	COVID-19	Accidents*	COVID-19	COVID-19	COVID-19	Chronic Lower Respiratory Disease	Accidents*
4	Alzheimer's Disease	Cerebrovascular disease	Cerebrovascular disease	Accidents*	Chronic Lower Respiratory Disease	Diabetes	Alzheimer's Disease	COVID-19
5	Chronic Lower Respiratory Disease	Diabetes	Diabetes	Cerebrovascular disease	Accidents*	Accidents*	COVID-19	Chronic Lower Respiratory Disease

Data source: VRBIS dataset, 5-year average death data. <http://skylab.cdph.ca.gov/communityBurden/?tab=mcod>.

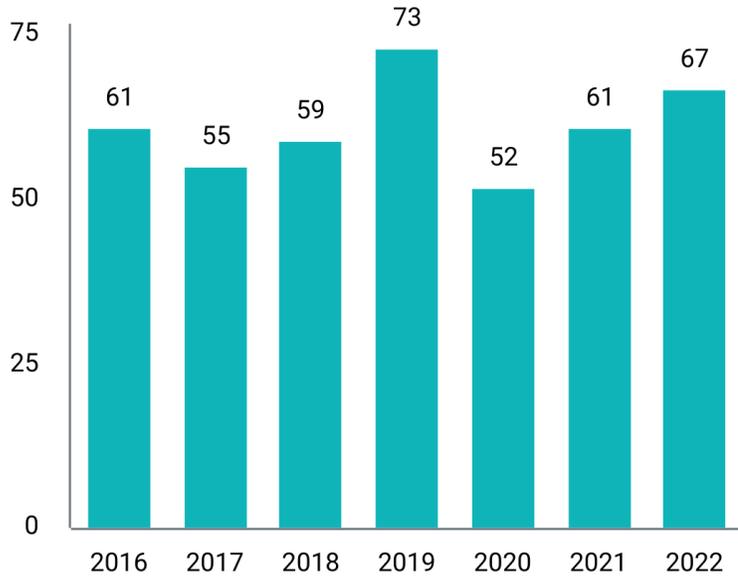
*Accidents refers to unintentional injuries.

~Only Hispanic/Latina/o Residents and White Residents represented as all other race/ethnicity groups contained small numbers leading to an unstable rate of life expectancy

DEATHS RELATED TO SUICIDE DATA

Suicide stands as one of the leading causes of mortality in the country. Men experience disproportionately high rates of suicide mortality. In Stanislaus County, residents who identify as white are disproportionately affected by the higher prevalence of suicide-related deaths.

Suicide-Related Death by Calendar Years

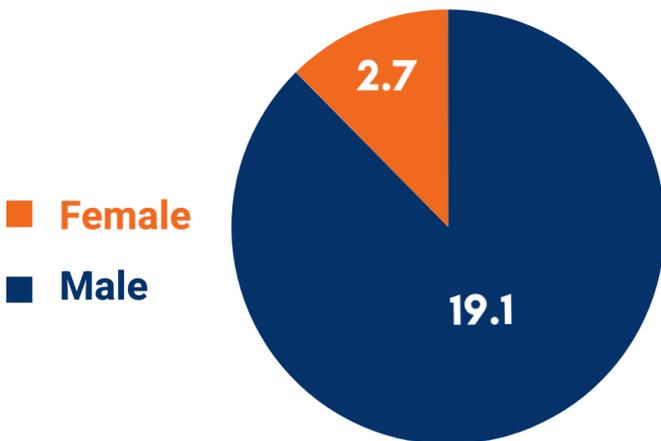


Age-Adjusted* Deaths Related to Suicide per 100,000 in 2022^



- In 2022, 62% of people who died by suicide had no college degree.
- In 2022, 53% of suicide-related deaths involved a firearm.
- Between 2020 through 2022, the highest suicide death rate was among white residents (15 per 100,000).

Suicide-Related Death Rates Per 100,000, 2020-2022 Calendar Year



Between 2020 through 2022, the suicide rates for males were seven times higher than the rates for females.

Data source: VRBIS dataset, 5-year average death data. <http://skylab.cdph.ca.gov/communityBurden/?tab=mcod>
 Age-adjusted rates are applied to rates of disease, death, injury, or other health outcomes, which allows communities with different age distributions to be compared.

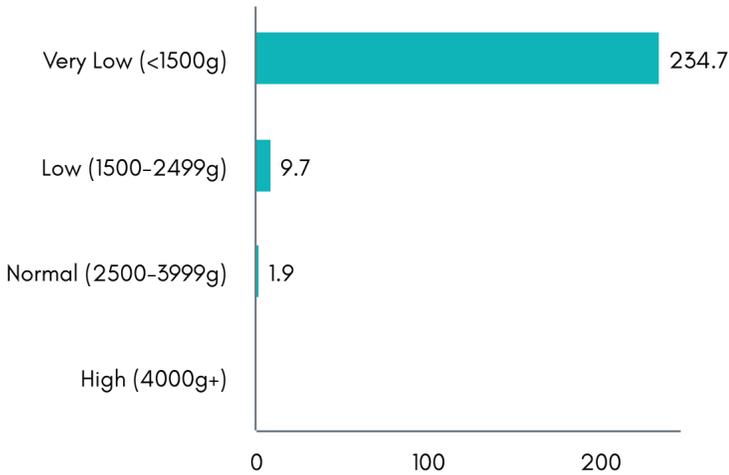
^Data is still preliminary for 2022.

MATERNAL HEALTH DATA STANISLAUS COUNTY

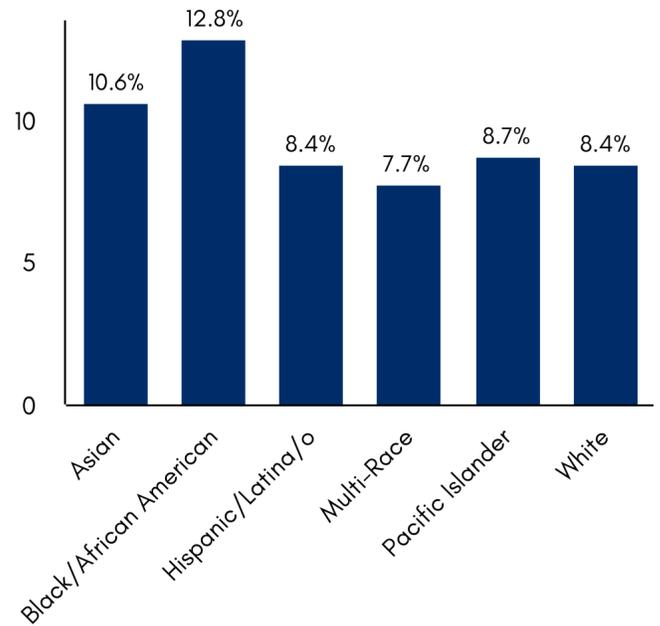
Enhancing the health and welfare of mothers, infants, and children in Stanislaus County is a crucial public health goal. Their well-being not only shapes the future of the county's next generation but also serves as a valuable indicator for anticipating future public health issues affecting families, communities, and the healthcare system.

Infant mortality refers to the loss of an infant within the first year of life, which is highly linked to low and very low birth weight. In Stanislaus County, 6.5% of babies are born with very low and low birth weights among live births compared to 7.3% of very low and low birth weights among live births in California.

Infant Mortality by Birthweight per 1,000 Live Births 2018-2020



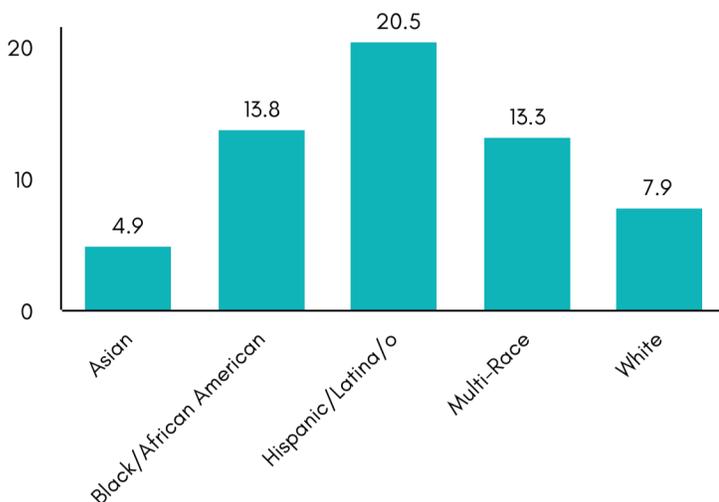
Percentage of Births that are Preterm by Race/Ethnicity 2020-2022



Preterm birth, occurring before 37 weeks gestation, significantly contributes to high infant mortality rates and poses a heightened risk for long-term health issues in surviving infants. Beyond its emotional and financial impact on individuals and families, preterm birth substantially burdens communities regarding healthcare, education, and social support costs.

African American mothers exhibit a higher prevalence of total preterm births, low birth weight, and hypertension at delivery.

Teen Birth Rates (Ages 15-19) Per 1,000 Live Births 2019-2021



The teen birth rate indirectly measures access to reproductive health services. Despite an overall decline in the teen birth rate across California over time, the continued increase in certain racial and ethnic groups and specific geographic areas highlights the disparities in resource accessibility.

Teen birth rates tend to be elevated among the Hispanic/Latina/o and African American communities.

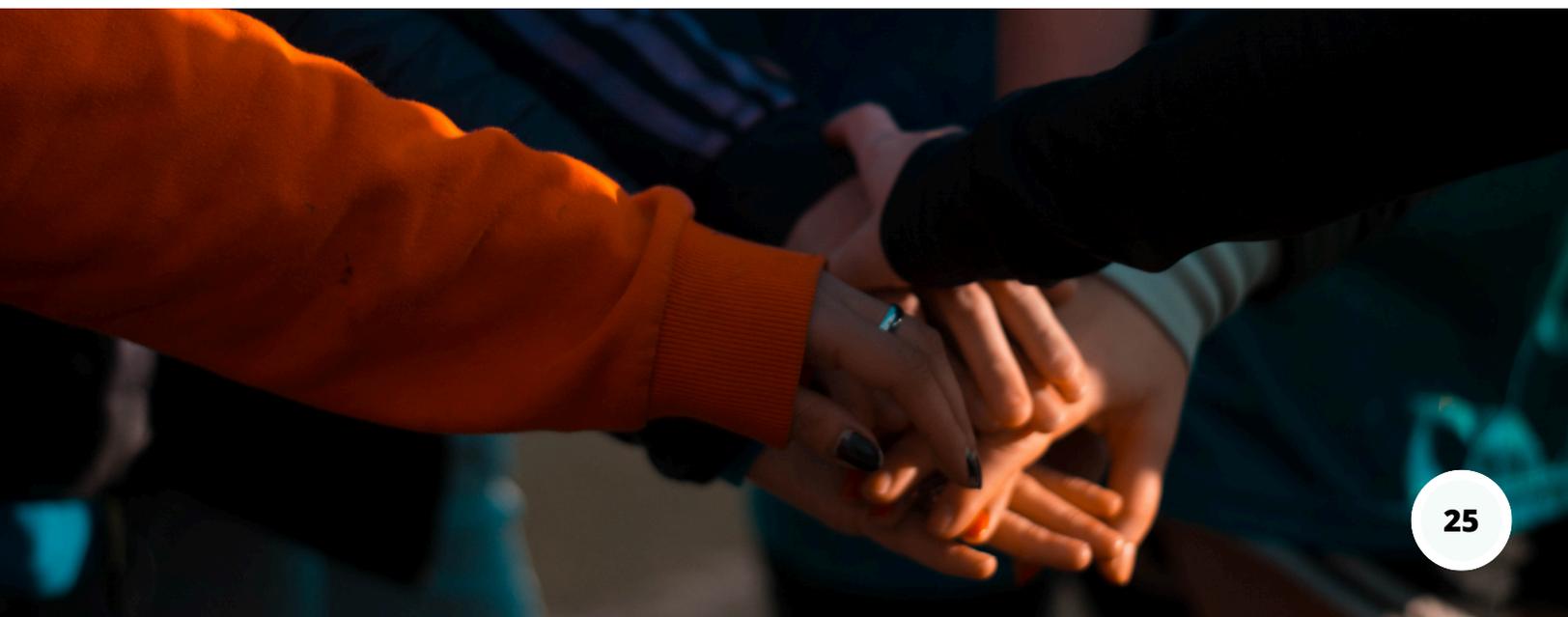
Data source: www.cdph.ca.gov/Programs/CFH/DMCAH/surveillance/Pages/default.aspx#backtoTop (2018-2022)

CONCLUSION - DR. THEA PAPASOZOMENOS PUBLIC HEALTH OFFICER

The COVID-19 pandemic brought our public health systems to the forefront of the public's consciousness for a time. But in addition to disease control activities, Public Health performs vital work in many areas to enhance the overall health of our community. This report highlights the wonderful work that HSA/PH does to promote the optimal health of Stanislaus County residents through our many programs and the services provided.

Unfortunately, as much as we want to put the hardships and disruptions of the COVID-19 pandemic behind us, we cannot eliminate the threats from future public health challenges and other crises. As we emerged from the COVID-19 pandemic, we faced a new threat with the unprecedented global outbreak of Mpox. Strengthening our capacity to respond to future public health threats and other disasters is integral to ensuring the health and well-being of our community. Our Emergency Preparedness Program plays a crucial role in these efforts through such endeavors as recruiting our Medical Reserve Corps and collaborating with our healthcare and other community partners for training and exercise activities.

There remains much work to be done. This report shows the devastating impact the opioid/fentanyl crisis has had in our community and the higher rates of many chronic diseases, such as heart disease and diabetes, compared to California as a whole. A collaborative approach is necessary to move the needle in these and other areas in the coming years to improve the overall health of all Stanislaus County residents.



PUBLIC HEALTH PROGRAMS

<p>Children's Medical Services (CMS)</p>	<p>Provides preventative health/dental education and medical case management for children birth to 21 years old in four programs:</p> <ul style="list-style-type: none"> • California Children’s Services • Child Health and Disability Prevention Program • Health Care for Children in Foster Care • Childhood Lead Poisoning Prevention Program
<p>Community Assessment, Planning & Evaluation (CAPE)</p>	<p>Epidemiologists and analysts who monitor the health status of Stanislaus County through surveillance and assessments and offer technical support in intervention, planning, and evaluation</p>
<p>Communicable Disease Prevention (CDP)</p>	<p>Provides services related to acute communicable diseases, emerging/re-emerging disease outbreaks, immunizations, and sexually transmitted diseases, including HIV and tuberculosis. Programs include:</p> <ul style="list-style-type: none"> • Communicable Disease (CD) • Human Immunodeficiency Virus (HIV) • Sexually Transmitted Diseases (STD) • Tuberculosis (TB) • Immunizations (IZ)
<p>Emergency Preparedness (EP)</p>	<p>Dedicated to limiting the impact of public health threats, outbreaks, natural disasters, acts of terrorism, and other disasters</p>
<p>Family Health Services (FHS)</p>	<p>Dedicated to improving access to care and reducing health disparities for pregnant and birthing people, infants, children, and adolescents through:</p> <ul style="list-style-type: none"> • Adolescent Family Life Program • Cal-Learn • Comprehensive Perinatal Services Program • Healthy Families America • High Risk Maternal and Child Health • Maternal Child and Adolescent Health • Nurse Family Partnership • Sudden Infant Death Syndrome

PUBLIC HEALTH PROGRAMS (CONT'D)

<p>Health Equity, Policy and Promotion (HEHP)</p>	<p>Dedicated to policy, systems, and environmental changes to improve the health and well-being of Stanislaus County residents. Programs include:</p> <ul style="list-style-type: none"> • CalFresh Healthy Living • Injury Prevention • Oral Health • Tobacco Prevention Programs • Health Equity Infrastructure Improvement Unit
<p>Medical Therapy Unit (MTU)</p>	<p>Serves children from birth to age 21 who need medically necessary occupational and physical therapy services and medical equipment through the assistance of a case management team</p>
<p>Public Health Administration</p>	<p>Provides strategic and operational management of programs, services, and resources aimed at protecting and enhancing the health and well-being of the community. Responsibilities and functions, including:</p> <ul style="list-style-type: none"> • Public Health Accreditation: Managing the implementation of the framework to strengthen public health infrastructure through quality improvement, accountability and transparency, and performance management to provide high-quality programs • Policy Development: Developing health policies and guidelines that address current public health challenges and ensure compliance with relevant laws and regulations <p>Consists of Public Health Leadership team and administrative support, including Public Health Director, Public Health Officer, Assistant Public Health Director, Assistant Public Health Officer, and Administrative Operations team</p>
<p>Vital Records</p>	<p>Responsible for registering all birth and death records that occur in the county, and issuing Medical Marijuana Identification Cards</p>
<p>Women, Infants, & Children (WIC)</p>	<p>Supplemental nutrition program helping improve the health of pregnant and postpartum women, infants, and children under the age of 5</p>