

**Stanislaus County**  
**Community Health Assessment**  
**2008**

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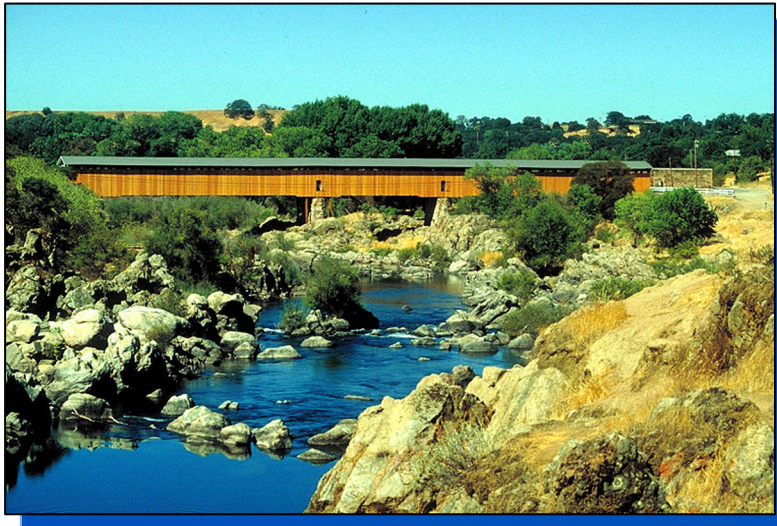
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# Introduction and Methodology

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# Introduction

## Community Health Assessment Project Overview

November 2008

The 2008 Community Health Assessment is a product of the enthusiastic commitment of the Mobilizing for Action through Planning and Partnership (MAPP) Stakeholder group, and the coordination efforts of Stanislaus County Health Services Agency/Public Health. Completion of this project demonstrates the synergistic effect of collaboration among Stanislaus County agencies, local hospitals, health plans, and community-based partners.

Health, as defined by the World Health Organization (WHO), is a “State of complete physical, mental, and social well-being, and not merely the absence of disease or infirmity.” In alignment with this definition, we are working towards identifying the issues that prevent the achievement of this healthy state of well-being, as well as recognizing and building on the strengths of our county in the areas of well-being.

This year’s comprehensive assessment takes into account over 70 social, economic, health and behavioral determinants of health. This assessment is part of an established cycle of surveying that began with the MAPP stakeholders in 2002. The previous Community Health Assessment, completed in 2004, set the visionary groundwork to actively work together for improving the health of our communities.

In keeping with the vision of the partnership, this assessment was conducted through self-administered surveys and secondary data analysis contributed by the partners and through data collected by Applied Survey Research.

This document is intended to provide valid information to human services agencies, individual institutions and the community to guide decisions in program design and service delivery. More importantly, the findings from this assessment can provide the impetus for the development of a plan that will propel the stakeholders from assessment to action as the partners attempt to leverage resources to address those priority health concerns identified. Through collaborative action, our goal is to improve the quality of life of Stanislaus County residents. You are part of the Public Health System and we invite you to get involved with our key community partners for a Healthier Stanislaus County. Please visit [www.healthierstanislaus.org](http://www.healthierstanislaus.org) to find out how you can get involved.

We thank the members of the 2008 Community Health Assessment Steering Committee for their leadership and support in making this project possible.

### How We’re Making a Difference

Included in this report are local stories of agencies in Stanislaus County who are making a difference to improve access to health care for local residents. These stories are inserted throughout each section in the report.

# Methodology

## Quality of Life Indicators

The community assessment model relies on quality of life indicators as the primary measures to illustrate the status of a system or issue that might otherwise be too large and complex to understand. As an example, we might ask ourselves, “Do people have adequate access to health care?” Increased use of the emergency department for non-emergency purposes could be an indicator that they do not.

For the purposes of this project, the Stanislaus County Community Health Assessment Steering Committee met in January 2008 and developed over 75 quality-of-life indicators. The committee was represented by a rich mixture of professionals and advocates, all of whom were experts in the respective areas under review. The group used special criteria to develop the quality of life indicators used for this project. These criteria stipulated that indicators need to be understandable to the general user and the public, need to respond quickly and noticeably to real changes, need to be relevant for policy decisions, and need to be available annually.

## Primary Data

One of the types of data gathered for this project is primary (original) data. The primary data were obtained from a face-to-face survey of Stanislaus County residents. There is much to be learned from people’s perceptions of their community, especially when those perceptions contradict the empirical evidence about its conditions. For instance, crime rates may be going down while perceptions of danger are going up.

### Face-to-Face Community Survey

Face-to-face self-administered surveys enabled the assessment to reach diverse groups including those who did not have a telephone, only used cell phones, lived in rural areas, had low incomes, and may not have been available to answer a telephone survey. Prior to survey distribution Applied Survey Research conducted a two hour training exercise attended by multiple agencies throughout the County. The training consisted of a survey review, survey administration, and tips to encourage participation. The agencies attending represented all areas of the County. Surveys were available in Spanish and English and took an average of 10 minutes to complete.

A “Survey Saturday” or convenience sample approach was used whereby agency members and community volunteers went to different areas in the County and asked residents attending events or visiting agencies to complete the survey. Surveys were also distributed to multiple agencies over a one month period. Over 2,800 valid face-to-face surveys were collected at many different sites and community agencies throughout the County.

In this face-to-face survey, the respondents were of lower income and less educated than the Census and Department of Finance data indicated for the County. The sample also contained fewer Caucasians/Whites (28% versus 49%) and more Latinos/Hispanics (56% versus 39%). This is not unusual considering the agencies involved with survey distribution and outreach, but caution should be used when comparing to the entire County. Please see Appendix III for demographic comparisons between the Stanislaus County respondents to this survey and to the U.S. Census.

Data were weighted by gender to better reflect the County. Data weighting is a procedure that adjusts for discrepancies between demographic proportions within a sample and the population from which the sample was drawn. For example, within the Stanislaus County survey, the sample was 72.9% female and 27.1% male, whereas the population in Stanislaus County is very near to evenly split between the two genders. When the data are weighted to adjust for the over-sampling of females, answers given by each female respondent are weighted slightly downward, and answers given by each male respondent are weighted slightly upward, thus compensating for the disproportionate sampling.

Throughout this report you will see N = #. This indicates how many respondents answered a particular question. This number changes as not all respondents answered each question.

## Secondary Data

Secondary (pre-existing) data were collected from a variety of sources, including but not limited to: the U.S. Census; federal, state and local government agencies; academic institutions; economic development groups; health care institutions; and computerized sources through online databases and the Internet.

### Note on Population Terminology Found in Report

Unless otherwise noted, the term “child” indicates youth ages birth to 17, “adult” signifies an individual 18 years of age or older and the term “senior” encompasses an adult age 60 or older.

### Note on Population Figures

Unless otherwise noted, population data were drawn from the California Department of Finance’s annual estimates for January of each year. This is a standard data set used by government agencies for population figures.

### American Community Survey

The American Community Survey is a survey conducted by the U.S. Census Bureau in every county, American Indian and Alaska Native Area, and Hawaiian Home Land. It provides communities every year the same kind of detailed information previously available only when the U.S. Census Bureau conducted a population census every 10 years. This gives communities and population groups a dynamic picture of changes throughout the decade. Wherever possible, 2007 data were used.

### Behavior Risk Factor Surveillance System

Established in 1984 by the Centers for Disease Control and Prevention (CDC), the Behavioral Risk Factor Surveillance System (BRFSS) is the world’s largest, on-going telephone health survey system, tracking health conditions and risk behaviors in the United States yearly. BRFSS provides state-specific information about issues such as asthma, diabetes, health care access, alcohol use, hypertension, obesity, cancer screening, nutrition and physical activity, tobacco use, and more.

## California Health Interview Survey for 2001, 2003 and 2005

Some responses from the California Health Interview Survey (CHIS) were included in this report. CHIS is the largest health survey of its kind in the nation and the largest telephone survey in California, interviewing one randomly selected adult in over 55,000 households. The survey reached over 5,000 adolescents (ages 12–17) and, through interviewing their parent, over 12,000 children under age 12. The major areas covered in the survey include health-related behaviors, health insurance coverage, health status and conditions and access to health care services. To ensure diverse populations were included in the survey, telephone interviews were conducted in six languages: English, Spanish, Chinese (Mandarin and Cantonese dialects), Vietnamese, Korean and Khmer (Cambodian). Note: the CHIS survey was a telephone survey and the Stanislaus County Community Health Assessment Survey was self-administered so they can not be compared.

## California Healthy Kids Survey

The California Healthy Kids Survey (CHKS) is an anonymous, confidential student and school staff report of attitudes, health risk behaviors, and protective factors. The survey gathers information on behaviors such as physical activity and nutritional habits; alcohol, tobacco, and other drug use; school safety; and environmental and individual strengths. Used by California schools since 1997, the CHKS consists of age-appropriate survey instruments for students in grades 5, 7, 9, and 11 and is designed in a flexible, modular format that can be customized to meet local district needs. The CHKS is intended for use in planning and evaluating student support programs, primarily alcohol, tobacco, other drug, and violence prevention programs.<sup>1</sup>

## Healthy People 2010 Objectives

The Healthy People 2010 Objectives are a set of health objectives for the nation to achieve over the first decade of the new century. Many different people, states, communities, professional organizations and others can use the objectives to help develop programs to improve health.

Healthy People 2010 goals build on initiatives pursued over the past two decades including *Healthy People 2000: National Health Promotion and Disease Prevention Objectives* developed by the United States Department of Health and Human Services. The goals of these initiatives were to establish national health objectives and serve as the basis for the development of state and community plans. Like its predecessors, Healthy People 2010 was developed through a broad consultation process, built on the best scientific knowledge and designed to measure programs over time.

## Additional Data to Support or Refine Your Work

The information in this report is intended for use in your own services and products, including other reports and proposals, and as a baseline for performance systems. Data in this report can be used to help agencies determine their clients' needs.

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<sup>1</sup> California Department of Education, 2007.

## Note on 2008 Data Collection

The majority of the data in this report, including the face-to-face community survey data, were collected prior to the severe global economic crisis in the Fall of 2008. Therefore, most of the data in this report will not reflect the downturn in the economy and its impact on the daily lives of residents. One data point that is included is foreclosure data, and it does reflect the beginnings of the housing crisis.

## Data Legend



Denotes a face-to-face survey question, 2008.



Indicates data from the California Health Interview Survey (CHIS), for 2001, 2003 and 2005.



Indicates U.S. Census Bureau, Census 2000 data.



Indicates American Community Survey 1999-2007 data.



Indicates State of California Department of Finance (DOF), Demographic Research Unit data. Projections are based on U.S. Census 2000.



Indicates Behavior Risk Factor Surveillance System data.



Indicates California Healthy Kids Survey data.



New data not available

# Acknowledgements

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- Anthem Blue Cross
- Doctors Medical Center
- Kaiser Permanente
- Memorial Medical Center
- Stanislaus County Aging & Veterans Services
- Stanislaus County Behavioral Health and Recovery Services
- Stanislaus County Children and Families Commission
- Stanislaus County Community Services Agency
- Stanislaus County Health Services Agency

## A special thank you to the agencies who assisted in survey distribution:

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

## For additional copies of this report please visit our website:

- [www.healthierstanislaus.org](http://www.healthierstanislaus.org)

## About the Researcher



Applied Survey Research (ASR) is a nonprofit, social research firm dedicated to helping people build better communities by collecting meaningful data, facilitating information-based planning, and developing custom strategies. The firm was founded on the principle that community improvement, sustainability, and program success are closely tied to assessment of needs, evaluation of community goals, and the development of appropriate responses.

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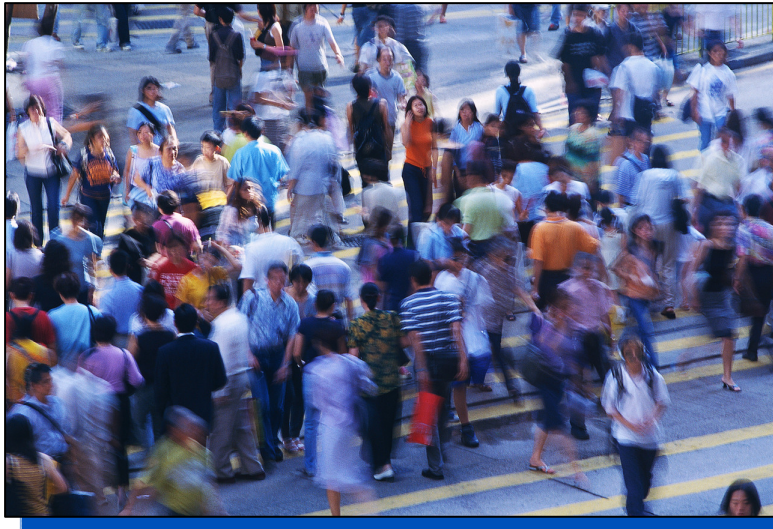
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# Demographics and Populations

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According to population projections, the demographics of Stanislaus County will be changing over the next several years. By 2015, Whites will comprise 43% of the population, Hispanics 46%, Asians 5%, and Blacks 3%. Understanding the cultural and educational backgrounds of different segments of the population can help service providers provide essential and culturally appropriate services. In Stanislaus County, the percentage of the youth population ages 0-5 and 6-11 is projected to remain nearly constant from 2005 to 2015, and the percentage of youth ages 12-17 is projected to decrease slightly. While the percentage of County adults ages 18 to 59 is expected to decrease, the percentage of those ages 60 and older is estimated to increase by 2015.

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# Population

## Why It Is Important

Population changes, both actual and projected, help illustrate the changes that communities experience. Reasons for population growth or decline are numerous, although the economy often plays a large role in migration patterns.

**Figure 1:**  **Population Estimates, All Ages**

	2004	2005	2006	2007	2008	04-08 % Change
<b>Stanislaus County</b>	<b>494,747</b>	<b>504,478</b>	<b>513,441</b>	<b>521,497</b>	<b>525,903</b>	<b>6.3</b>
Ceres	37,554	38,813	40,868	41,997	42,813	14.0
Hughson	5,260	5,941	6,112	6,082	6,187	17.6
Modesto	207,376	207,634	207,738	209,174	209,936	1.2
Newman	8,359	9,133	10,120	10,302	10,586	26.6
Oakdale	17,215	17,438	17,824	18,628	19,337	12.3
Patterson	14,244	16,157	19,231	20,875	21,229	49.0
Riverbank	18,302	19,986	21,176	21,492	21,757	18.9
Turlock	64,577	67,010	67,757	69,321	70,158	8.6
Waterford	7,902	7,898	8,201	8,590	8,763	10.9
<b>California</b>	<b>36,252,878</b>	<b>36,743,186</b>	<b>37,195,240</b>	<b>37,662,518</b>	<b>38,049,462</b>	<b>5.0</b>

Source: California Department of Finance, Demographic Research Unit, E-4 Population Estimates for Cities, Counties and State, 2004-2008 with 2000 DRU Benchmark, 2008.

## Data Summary

From 2004 to 2008, the overall population of Stanislaus County grew 6% from 494,747 residents in 2004 to 525,903 residents in 2008. Comparatively, over the same time period, California’s population increased by 5%. Within Stanislaus County, the cities of Patterson, Newman, Riverbank, and Hughson saw the greatest population growth from 2004 to 2008.

# Population - Age and Ethnicity

**Figure 2:**  **Population by Age, 2007**

		Under 5 Years Old	5-19 Years Old	20-59 Years Old	60 Years and Older	Median Age
<b>Stanislaus County</b>	%	8.1	23.9	54.1	13.9	31.6
	No.	41,412	122,192	276,593	71,066	
<b>California</b>	%	7.3	21.5	56.2	15.1	34.7
	No.	2,668,385	7,858,941	20,542,907	5,519,535	

Source: U.S. Census Bureau, American Community Survey, 2008.

**Figure 3:**  **Population by Race, 2007**

		White	Black	American Indian	Asian	Pacific Islander	Multi-Race
<b>Stanislaus County</b>	%	87.0	3.2	1.5	5.1	0.5	2.7
	No.	444,612	16,576	7,585	26,233	2,691	13,566
<b>California</b>	%	76.8	6.7	1.2	12.4	0.4	2.5
	No.	28,081,544	2,450,444	423,238	4,544,182	152,675	901,132

Source: U.S. Census Bureau, American Community Survey, 2008.

**Figure 4:**  **Hispanic or Latino Origin, 2007**

<b>Stanislaus County</b>	%	39.0
	No.	199,543
<b>California</b>	%	36.2
	No.	13,220,891

Source: U.S. Census Bureau, American Community Survey, 2008.

Note: According to the U.S. Census Bureau, race and Hispanic origin are two separate concepts; people who are Hispanic may be of any race.

## Data Summary

In 2007, the greatest proportion of Stanislaus County residents was between the ages of 20 and 59 years old (54%). In comparison to California, Stanislaus County had a slightly younger population with a median age of 32 years old.

The racial breakdown of Stanislaus County, in 2007, showed that 87% of the population was White compared to 77% in California. In California there were larger percentages of Black and Asian residents than in Stanislaus County (7% versus 3% and 12% versus 5%). In regards to the breakdown by origin, in 2007, Stanislaus County had a higher percentage of those who reported they were Hispanic or Latino than California (39% versus 36%).

# How We're Making a Difference

## Mobilizing for Action through Planning and Partnership (MAPP)

In 2002, Cle Moore, HSA Public Health Director, had the foresight to encourage Stanislaus County Public Health's implementation of Mobilizing for Action through Planning and Partnership (MAPP), a strategic approach to community health improvement. This tool helps communities improve health and quality of life through community-wide strategic planning. Using MAPP, communities seek to achieve optimal health by identifying and using their resources wisely, taking into account their unique circumstances and needs, and forming effective partnerships for strategic action. The MAPP tool was developed by the National Association of County and City Health Officials (NACCHO), in cooperation with the Public Health Practice Program Office, Centers for Disease Control and Prevention (CDC).

As a result of implementing MAPP, the Stanislaus County Health Services Agency has been able to complete a comprehensive community health assessment in 2004 and now again in 2008. In addition, the partnerships built through MAPP have been mobilized to address critical issues in our county such as the Stanislaus County Promotora Network, childhood obesity, infant mortality, Safe Sleep campaign, and Walkable Communities to name a few.

The benefits of the MAPP process are endless. The MAPP process brings these diverse interests together to collaboratively determine the most effective way to conduct public health activities. Although the process has taken time and much hard work, Stanislaus County as a whole will benefit from all the MAPP activities. With the tireless support of the Health Services Agency Senior Managers and the Community Assessment Planning and Evaluation Unit Staff, this initiative continues to move forward at full speed. The MAPP Process has already surpassed all initial expectations. We anticipate continued successes for achieving our goal of a Healthier Stanislaus County.



# Population - Age Projections

Figure 5:  Population and Projections, Stanislaus County, by Age

Stanislaus County						
		Ages 0-5	Ages 6-11	Ages 12-17	Ages 18-59	Ages 60 and Older
2005	%	10.6	10.7	10.7	54.5	13.4
	Num.	54,104	54,645	54,864	278,484	68,515
2006	%	10.5	10.6	10.8	54.5	13.6
	Num.	54,572	55,292	55,943	283,431	70,438
2007	%	10.3	10.7	10.7	54.4	13.8
	Num.	54,694	56,739	56,711	288,167	73,092
2008	%	10.2	10.7	10.6	54.4	14.1
	Num.	55,091	57,954	57,269	293,152	75,833
2009	%	10.1	10.8	10.4	54.3	14.3
	Num.	55,702	59,276	57,388	298,437	78,605
2010	%	10.2	10.8	10.3	54.2	14.6
	Num.	56,918	60,233	57,754	303,308	81,495
2011	%	10.3	10.8	10.3	53.9	14.8
	Num.	58,833	61,773	58,699	308,777	84,526
2012	%	10.4	10.7	10.2	53.7	15.0
	Num.	61,120	62,918	59,680	314,271	87,748
2013	%	10.6	10.6	10.3	53.3	15.2
	Num.	63,337	63,645	61,414	319,486	91,201
2014	%	10.7	10.6	10.3	53.0	15.5
	Num.	65,505	64,694	62,981	324,776	94,736
2015	%	10.8	10.5	10.3	52.6	15.7
	Num.	67,573	66,019	64,712	329,705	98,525

Source: California Department of Finance, 2000-2050 Race/Ethnic Population with Age and Sex Detail, 2008.

Note: Data include 2000 Census results; data based on projections.

**Figure 6:**  **Population and Projections, California, by Age**

California						
		Ages 0-5	Ages 6-11	Ages 12-17	Ages 18-59	Ages 60 and Older
<b>2005</b>	%	8.7	8.8	9.4	58.4	14.7
	Num.	3,222,375	3,262,608	3,474,299	21,576,828	5,421,326
<b>2006</b>	%	8.7	8.6	9.5	58.4	14.9
	Num.	3,246,271	3,208,681	3,533,247	21,838,501	5,554,170
<b>2007</b>	%	8.6	8.5	9.4	58.3	15.2
	Num.	3,249,515	3,195,028	3,562,958	22,055,091	5,747,990
<b>2008</b>	%	8.5	8.3	9.3	58.3	15.5
	Num.	3,269,326	3,185,567	3,549,003	22,297,908	5,944,794
<b>2009</b>	%	8.5	8.3	9.0	58.3	15.9
	Num.	3,290,873	3,204,155	3,497,305	22,552,436	6,143,524
<b>2010</b>	%	8.5	8.3	8.8	58.2	16.3
	Num.	3,321,979	3,235,810	3,431,608	22,785,001	6,361,278
<b>2011</b>	%	8.5	8.3	8.5	58.2	16.6
	Num.	3,359,002	3,274,796	3,372,234	23,034,266	6,569,411
<b>2012</b>	%	8.5	8.2	8.3	58.0	16.9
	Num.	3,414,426	3,300,030	3,324,161	23,265,325	6,786,119
<b>2013</b>	%	8.6	8.1	8.2	57.8	17.3
	Num.	3,472,173	3,302,435	3,313,439	23,472,396	7,017,437
<b>2014</b>	%	8.6	8.1	8.0	57.6	17.7
	Num.	3,531,850	3,322,112	3,305,654	23,651,507	7,261,496
<b>2015</b>	%	8.6	8.0	8.0	57.2	18.1
	Num.	3,591,939	3,344,056	3,324,833	23,784,631	7,527,493

Source: California Department of Finance, 2000-2050 Race/Ethnic Population with Age and Sex Detail, 2008.

Note: Data include 2000 Census results; data based on projections.

## Data Summary

In Stanislaus County, the percentages of the youth population ages 0-5 and 6-11 are projected to remain nearly constant from 2005 to 2015 and the percentage of those ages 12-17 is projected to decrease slightly. While the percentage of those ages 18 to 59 is expected to decrease, the percentage of County adults ages 60 and older is estimated to increase by 2015. At the state level, according to projections, very little change is expected to take place although those ages 6-11, ages 12-17, and ages 18 to 59 are projected to decrease slightly while those ages 60 and older are projected to increase by about three percentage points.

# Population - Race and Ethnicity Projections

**Figure 7:**  **Ethnic Distribution and Projections, Stanislaus County, All Ages**

Stanislaus County								
		White	Hispanic	Asian	Black	American Indian	Pacific Islander	Multi-Race
<b>2005</b>	%	51.6	38.2	4.6	2.4	0.8	0.3	2.0
	Num.	263,505	195,218	23,633	12,034	4,224	1,711	10,287
<b>2006</b>	%	50.8	39.0	4.7	2.4	0.8	0.3	1.9
	Num.	264,218	202,744	24,294	12,245	4,304	1,745	10,126
<b>2007</b>	%	50.0	39.7	4.7	2.4	0.8	0.3	1.9
	Num.	264,954	210,415	25,008	12,672	4,392	1,778	10,184
<b>2008</b>	%	49.3	40.5	4.8	2.4	0.8	0.3	1.9
	Num.	265,701	218,222	25,730	13,110	4,479	1,811	10,246
<b>2009</b>	%	48.5	41.2	4.8	2.5	0.8	0.3	1.9
	Num.	266,480	226,193	26,458	13,556	4,568	1,844	10,309
<b>2010</b>	%	47.8	41.9	4.9	2.5	0.8	0.3	1.9
	Num.	267,271	234,342	27,182	14,007	4,653	1,877	10,376
<b>2011</b>	%	46.8	42.7	4.9	2.5	0.8	0.3	1.8
	Num.	268,119	244,657	28,087	14,530	4,785	1,910	10,520
<b>2012</b>	%	45.9	43.6	5.0	2.6	0.8	0.3	1.8
	Num.	268,975	255,179	28,999	15,063	4,919	1,941	10,661
<b>2013</b>	%	45.0	44.4	5.0	2.6	0.8	0.3	1.8
	Num.	269,829	265,917	29,916	15,605	5,046	1,972	10,798
<b>2014</b>	%	44.2	45.2	5.0	2.6	0.8	0.3	1.8
	Num.	270,686	276,907	30,840	16,150	5,177	2,002	10,930
<b>2015</b>	%	43.3	46.0	5.1	2.7	0.8	0.3	1.8
	Num.	271,523	288,156	31,759	16,703	5,302	2,032	11,059

Source: California Department of Finance, 2000-2050 Race/Ethnic Population with Age and Sex Detail, 2008.

Note: Data include 2000 Census results; data based on projections.



**Figure 8:**  **Ethnic Distribution and Projections, California, All Ages**

California								
		White	Hispanic	Asian	Black	American Indian	Pacific Islander	Multi-Race
<b>2005</b>	%	44.4	34.9	11.5	6.1	0.6	0.3	2.1
	Num.	16,408,477	12,905,840	4,263,720	2,255,281	215,044	129,290	779,784
<b>2006</b>	%	43.9	35.4	11.6	6.0	0.6	0.4	2.1
	Num.	16,419,655	13,227,047	4,342,289	2,256,432	219,683	133,522	782,242
<b>2007</b>	%	43.4	35.8	11.7	6.0	0.6	0.4	2.1
	Num.	16,423,530	13,539,990	4,428,922	2,263,690	224,927	137,608	791,915
<b>2008</b>	%	43.0	36.2	11.8	5.9	0.6	0.4	2.1
	Num.	16,428,238	13,858,454	4,514,926	2,271,258	230,198	141,697	801,827
<b>2009</b>	%	42.5	36.7	11.9	5.9	0.6	0.4	2.1
	Num.	16,433,317	14,182,666	4,599,987	2,279,118	235,471	145,783	811,951
<b>2010</b>	%	42.0	37.1	12.0	5.8	0.6	0.4	2.1
	Num.	16,438,784	14,512,817	4,684,005	2,287,190	240,721	149,878	822,281
<b>2011</b>	%	41.5	37.5	12.0	5.8	0.6	0.4	2.1
	Num.	16,444,726	14,859,017	4,772,638	2,297,878	246,768	154,584	834,098
<b>2012</b>	%	41.0	37.9	12.1	5.8	0.6	0.4	2.1
	Num.	16,450,795	15,212,390	4,859,937	2,308,726	252,839	159,281	846,093
<b>2013</b>	%	40.6	38.4	12.2	5.7	0.6	0.4	2.1
	Num.	16,457,784	15,572,838	4,946,411	2,319,682	258,884	163,985	858,296
<b>2014</b>	%	40.1	38.8	12.3	5.7	0.6	0.4	2.1
	Num.	16,465,492	15,940,136	5,032,053	2,330,640	264,913	168,698	870,687
<b>2015</b>	%	39.6	39.2	12.3	5.6	0.7	0.4	2.1
	Num.	16,473,512	16,313,610	5,116,779	2,341,461	270,906	173,398	883,286

Source: California Department of Finance, 2000-2050 Race/Ethnic Population with Age and Sex Detail, 2008.

Note: Data include 2000 Census results; data based on projections.

## Data Summary

In 2005, according to Department of Finance projections, 52% of Stanislaus County’s population was White, 38% was Hispanic, and 5% was Asian. By 2015, Whites were projected to comprise 43% of the County population, while Hispanics were projected to increase to 46%, and Asians were projected to stay fairly consistent at 5%.

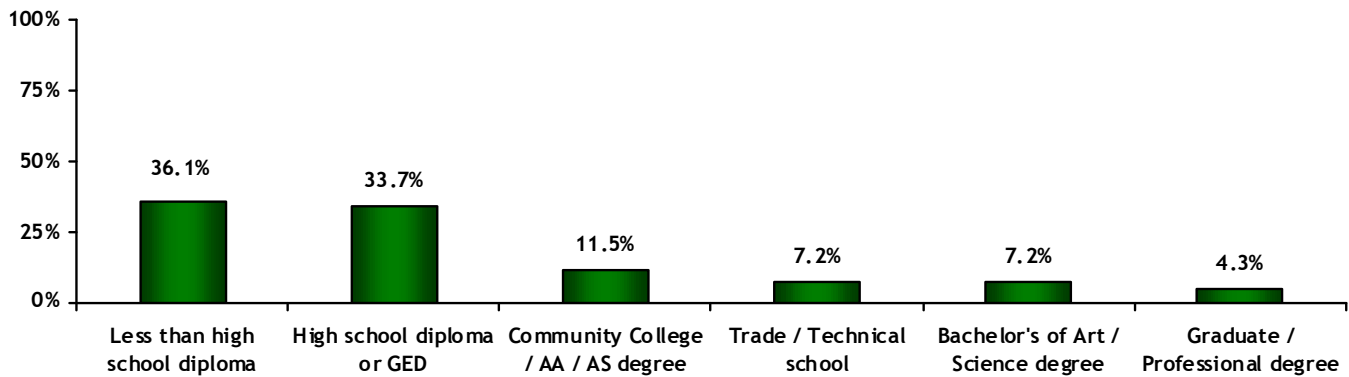
In California, similar population trends were predicted from 2005 to 2015. The percentage of Whites was projected to decrease from 44% to 40%, while the percentage of Hispanics was estimated to increase from 35% to 39%, and the Asian population was projected to remain relatively consistent at 12%.

# Educational Attainment

## Why It Is Important

Educational attainment is an important indicator of future success as those with at least a high school diploma will likely have better employment opportunities than those without one. Limited education, and therefore limited employment opportunities, can also impact other quality of life areas such as access to health care.

**Figure 9:**  What is the Highest Level of Education You Have Obtained? (Mark One Response), 2008



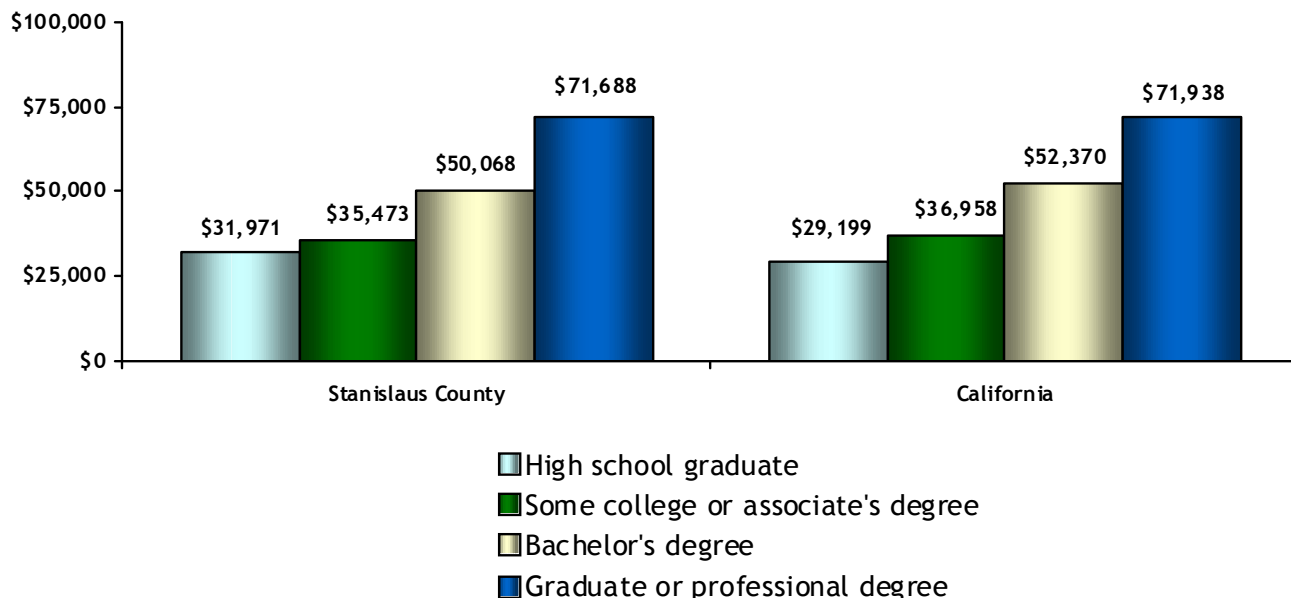
Source: Applied Survey Research, *Stanislaus County Community Health Assessment Survey, 2008*.  
N=2,707

**Figure 10:**  Educational Attainment, 2007

Educational Attainment	Stanislaus County				California			
	Ages 18-24		Ages 25 and Older		Ages 18-24		Ages 25 and Older	
	%	No.	%	No.	%	No.	%	No.
<b>Total population of age group</b>	<b>100.0</b>	<b>81,355</b>	<b>100.0</b>	<b>309,855</b>	<b>100.0</b>	<b>3,837,832</b>	<b>100.0</b>	<b>23,331,762</b>
Less than high school graduate	16.7	13,551	24.2	75,014	18.2	696,763	19.8	4,612,748
High school graduate (includes equivalency)	42.8	34,841	29.5	91,383	33.2	1,273,846	23.1	5,396,253
Some college (no degree)	33.8	27,501	23.2	72,018	35.6	1,366,914	20.0	4,657,119
Associate's degree	2.7	2,159	6.7	20,658	4.9	189,951	7.6	1,782,118
Bachelor's degree	3.0	2,444	11.7	36,284	7.6	291,788	19.0	4,425,024
Graduate or professional degree	1.1	859	4.7	14,498	0.5	18,570	10.5	2,458,500

Source: U.S. Census Bureau, American Community Survey, 2008.

**Figure 11:**  **Median Earnings in the Past 12 Months, by Educational Attainment, Ages 25 Years and Older, 2007**



Source: U.S. Census Bureau, American Community Survey, 2008.

## Data Summary

According to the 2008 Stanislaus County Community Health Assessment Survey, 36% of respondents had obtained “less than a high school diploma,” 34% had obtained a “high school diploma or a GED,” 12% attended a “community college or completed an AA or AS degree,” 7% had completed a “trade or technical school,” 7% had received a “BA or BS degree,” and 4% had received a “graduate or professional degree.”

In 2007, according to the U.S. Census Bureau, 17% of Stanislaus County residents and 18% of California residents between the ages of 18-24, had obtained less than a high school graduate degree. For those ages 25 and older, the percentages were 24% and 20%. In Stanislaus County, 43% of people between the ages of 18-24 had obtained a high school degree, 34% had some college but no degree, 3% had obtained an associate’s degree, 3% had obtained a bachelor’s degree, and 1% had obtained a graduate or professional degree.

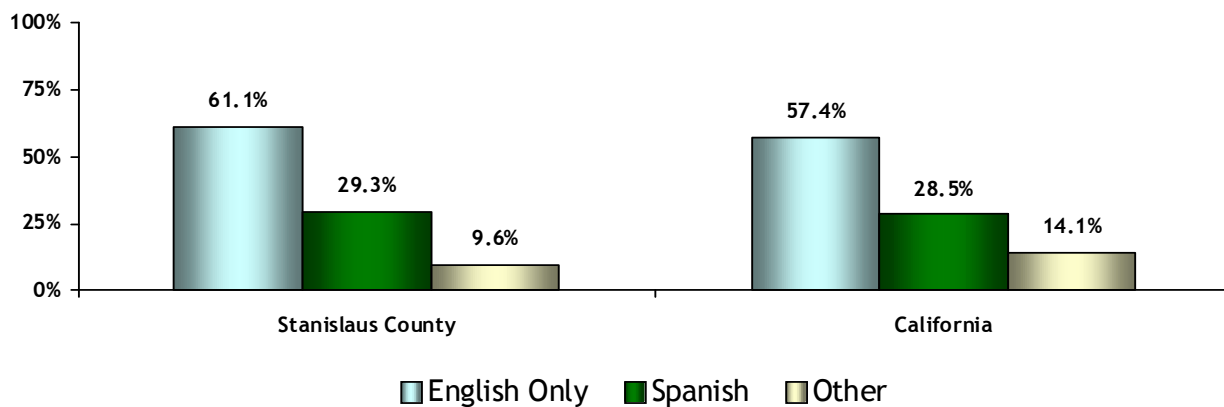
In 2007, the median earnings of those who had obtained a high school graduate degree were slightly higher in Stanislaus County than in California (\$31,971 versus \$29,199). The reverse is true for those who had obtained a bachelor’s degree, some college or an associate’s degree, or a graduate or professional degree.

# Languages Spoken at Home

## Why It Is Important

Language barriers between clients and providers can prevent access to critical services such as employment, transportation, and medical and social services. Examining the percentage of residents who speak a language other than English at home helps providers offer language-appropriate services to the community. There has been an increase in the percentage of U.S. residents who primarily speak a language other than English. According to the 2000 Census, 50.3 million (18%) of the 281.4 million people aged 5 years and older, in the U.S., spoke a language other than English at home.<sup>2</sup>

**Figure 12:**  Languages Spoken at Home, Ages 5 Years and Over, 2007



Source: U.S. Census Bureau, American Community Survey, 2008.

Stanislaus County N: 470,097.

California N: 33,891,325.

## Data Summary

According to the U.S. Census, in 2007 the majority of Stanislaus County residents (61%) spoke only English in their homes, 29% spoke Spanish, and 10% spoke a language other than English or Spanish. Compared to California, in Stanislaus County there was a slightly higher percentage of English only speakers (61% compared to 57%).

<sup>2</sup> U.S. Census Bureau, *USA QuickFacts*, 2000.

## *How We're Making a Difference*

### **WellPoint Inc.'s State Sponsored Business**

WellPoint's State Sponsored Business (SSB) division seeks to improve the lives of the underserved and uninsured people in our country. WellPoint's SSB serves nearly two million members in 13 states, making it one of the nation's largest Medicaid managed care companies. SSB helps people in need find quality health care coverage through programs such as Medicaid, Children's Health Insurance Program (CHIP), Aged, Blind, or Disabled (ABD), and other publicly funded programs. WellPoint's SSB reaches out to the countless families and children who are eligible for Medicaid by expanding outreach and accessibility for Medicaid enrollment and working closely with numerous community and civic organizations to educate residents about the availability of Medicaid.

Through a model rooted in service that is based in the communities where its members live, SSB achieves personalized service and community involvement with members and providers. The community resource model is a vital link between Medicaid and other publicly funded health care programs and those members who are eligible to benefit from these programs. Local staff conducts outreach programs in low-income neighborhoods and provides members with convenient access to information on public programs and assistance with enrollment. Additionally, the SSB staff offers training on member benefits, plan orientation, claims and billing, pharmacy policies and electronic processing. Typically, SSB participates in outreach events throughout the year including: community or school health fairs; minority expos; state, federal and local conferences; conventions; and new member orientations.

The local staff has strong community connections to help remove obstacles that can prevent a person from accessing services. At times, those barriers are related to language and culture. SSB's bilingual representatives are able to help those individuals and families understand the services available. Sometimes they arrange transportation for members who have no other way to see a doctor. Often members are contacted by phone, mail or in-home visits to help assure their needs are addressed.

SSB develops leading-edge programs that reach members where they live. Through its van program in California, SSB outreach personnel travel throughout the state to offer education and on-site application assistance to prospective members. Eligibility for public programs is determined at the state and county level, so van personnel help facilitate the enrollment process, but do not assess eligibility. The vans travel to schools, clinics, fairs and other community events to help eligible families sign up for their health care coverage.

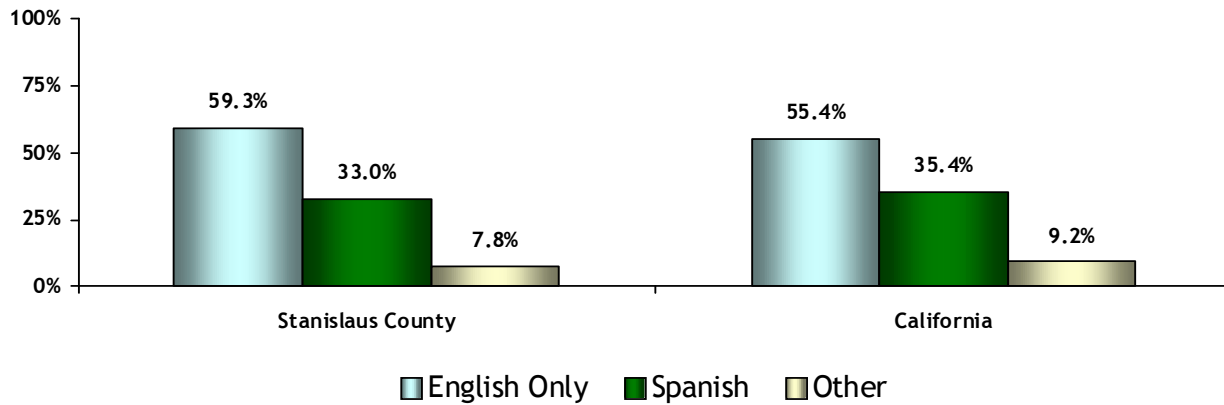
WellPoint knows that one of the best ways to help vulnerable populations is to increase awareness of the health and social services available. Through its outreach and enrollment activities, WellPoint SSB strives to ensure that members have convenient access to comprehensive services. It works to ensure that members and providers have a true managed care collaborator who lives in the community, understands their needs and challenges and helps achieve mutually beneficial outcomes.

# Languages Spoken by Youth

## Why It Is Important

Understanding what languages are spoken by students highlights student diversity and assists efforts to provide language-appropriate education to County residents.

**Figure 13:**  Languages Spoken at Home, Youth Ages 5-17 Years, 2007



Source: U.S. Census Bureau, American Community Survey, 2008.

Stanislaus County N: 105,782.

California N: 6,721,731.

**Figure 14:** Top Ten Languages Spoken Other Than English, Stanislaus County Schools, 2006-07

Rank	Language	# Students who Speak the Language	% of All Students Who Speak the Language
1	Spanish	35,506	33.2%
2	Punjabi	972	0.9%
3	Khmer (Cambodian)	915	0.9%
4	Assyrian	884	0.8%
5	Hindi	580	0.5%
6	Lao	354	0.3%
7	Portuguese	339	0.3%
8	Vietnamese	272	0.3%
9	Arabic	258	0.2%
10	Filipino (Tagalog)	253	0.2%

Source: State of California, Department of Education, Educational Demographics Office, 2008.

Note: Total 2006-2007 enrollment in Stanislaus County schools was 106,994 students.



**New data not available**

**Figure 15: Number of Bilingual Aides, Stanislaus County Schools, 2006-07**

Language	# of Bilingual Aides	# Students who Speak Language
Spanish	119	35,506
Punjabi	-	972
Khmer (Cambodian)	1	915
Assyrian	-	884
Hindi	1	580
Lao	3	354
Portuguese	1	339
Vietnamese	-	272
Arabic	-	258
Filipino (Tagalog)	-	253

Source: State of California, Department of Education, Language Census Paraprofessionals, 2007; State of California, Department of Education, Educational Demographics Office, 2008.



**New data not available**

## Data Summary

According to the U.S. Census, in 2007, 41% of children spoke a language other than English in their homes in Stanislaus County. This percentage was slightly lower than the state percentage of 45%.

After English, Spanish was the most common language spoken by students in the Stanislaus County School System in 2006-07 (33%). Punjabi and Khmer (Cambodian) were the second and third most spoken languages (1%, respectively).

In 2006-07, there were many more Spanish/English bilingual aides (119) than any other type. The next most represented language among bilingual aides was Lao (3 aides). While there were 5 different languages spoken by aides in the school system, there were still other groups, namely Punjabi and Assyrian speakers, that did not have any aides who spoke their language during the 2006-07 school year.

# Immigration Status

## Why It Is Important

There are more than 38 million immigrants in the U.S., and government and private estimates put the number of undocumented immigrants in the U.S. at about 12 million. Since 1990, about one million immigrants, both legal and illegal, enter the U.S. each year on average. In 2007, the nation added about half a million immigrants which is down from the 1.8 million immigrants that entered the U.S. in 2006. While immigrants have always traditionally come to the U.S. due to job prospects, they have also moved to areas in which they have family and friends. Now however, people’s choice of location is much more dependent on job availability, and as the U.S. economy is growing more and more sluggish, the prospects of jobs are diminishing.<sup>3</sup>

**Figure 16:**  **Percent of the Population That Is Not a U.S. Citizen**

	2004	2005	2006	2007	04-07 Net Change
Stanislaus County	13.2	13.8	12.3	11.9	-1.3
California	15.4	15.5	15.5	15.5	0.1

Source: U.S. Census Bureau, American Community Survey, 2008.

## Data Summary

Since 2004, the percent of the population that is not a U.S. citizen in Stanislaus County has decreased by a net change of 1.3. In 2007, 12% of the population in the County was not a U.S. citizen. This includes those in the County both legally and illegally. The percent of the population that was not a U.S. citizen in California has been fairly consistent since 2004.

<sup>3</sup> Ohlemacher, Stephen (September 22, 2008). Immigration Boom Slows As Economy Falter. Retrieved September 24, 2008, from San Jose Mercury News website. URL: <http://www.mercurynews.com>.



## *How We're Making a Difference*

### **Public Health**

Refugees face many health challenges as they arrive in the United States. Forced migration, refugee camp living, as well as conditions in their home country exposes them to a host of health risks. To address these challenges, the Refugee Health Assessment Program (RHAP) provides health screenings that focus on a wide range of medical conditions as well as the general health of new arrivals. Additionally, health screenings protect the public health of U.S. citizens by including screenings for communicable disease and immunizations for all refugees. Once health screenings are complete, refugee patients are referred to local health care providers to ensure continual care to new arrivals. RHAP staff often become aware of health needs of refugees upon their arrival in the U.S. and may also become aware of health issues years after their arrival. In all cases, appropriate information is provided and if needed, referrals are made.



Many refugees arrive with serious health issues that require consultation with a specialist immediately upon arrival. Recently RHAP staff received an arrival notice for an Iraqi family that had lived in Jordan for several years before being granted refugee status. During their time in Jordan, they had a baby, who was born with Spina Bifida. Due to their status in Jordan, very little healthcare was available for the child.

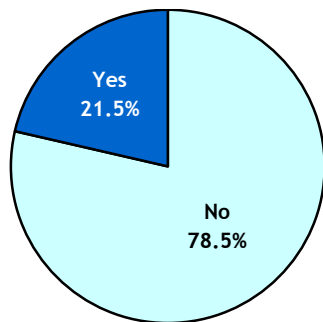
After receiving the information, RHAP staff immediately contacted the local Medi-Cal office to alert them to the family's imminent arrival and their immediate need for Medi-Cal approval. The California Children's Services (CCS) staff at the Health Services Agency was also contacted. Upon arrival, the family was granted immediate Medi-Cal enrollment, their RHAP Health Assessment was immediately scheduled, and appropriate referral was made to CCS for surgical consultation. The child was seen by a local specialist and referred to Children's Hospital in Madera for any needed surgical intervention.

# People with Disabilities

## Why It Is Important

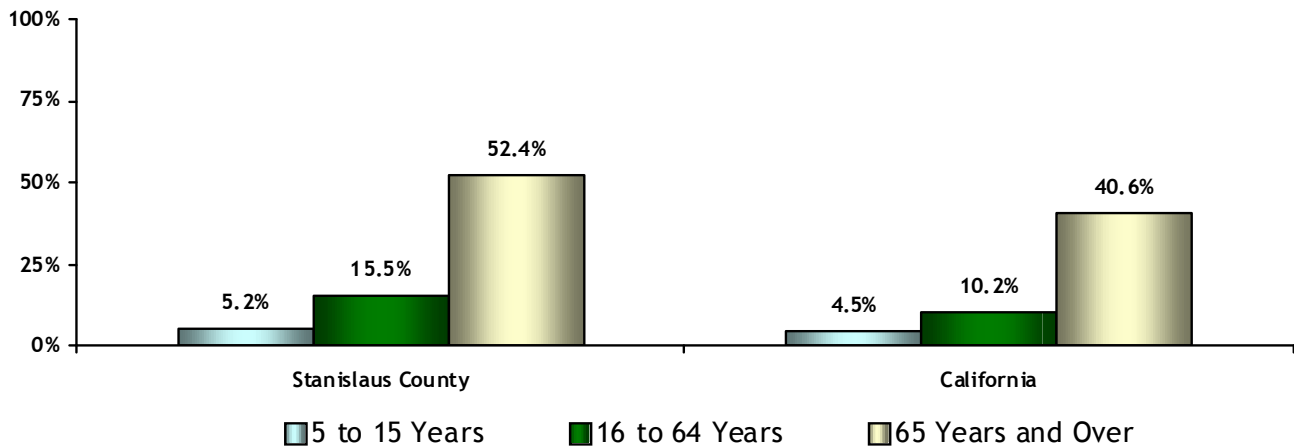
Knowing how many people with disabilities live in the County is important to understanding and meeting the needs of those with disabilities. A disability is a condition or function judged to be significantly impaired relative to the usual standard of an individual or group. The term is used to refer to individual functioning, including physical impairment, sensory impairment, cognitive impairment, intellectual impairment, mental illness, and various types of chronic disease.

**Figure 17:**  **Do You Consider Yourself to Be a Person With a Disability? 2008**



Source: Applied Survey Research, *Stanislaus County Community Health Assessment Survey, 2008*.  
N=2,687

**Figure 18:**  **Percent of Those With a Disability, by Age, 2007**



Source: U.S. Census Bureau, American Community Survey, 2008.  
Stanislaus County Ages 5-15 N: 88,411; Ages 16-64 N: 325,051; Ages 65 and Older N: 51,812.  
California Ages 5-15 N: 5,611,263; Ages 16-64 N: 23,813,857; Ages 65 and Older N: 3,896,341.

**Figure 19: Usage of Modesto Area Dial-A-Ride**

	FY 2003-04	FY 2004-05	FY 2005-06	FY 2006-07	FY 2007-08	03-08 % Change
ADA passengers <sup>1</sup>	71,214	66,541	65,696	65,223	66,146	-7.1
Disabled passengers <sup>2</sup>	4,432	4,214	4,791	5,593	5,404	21.9
Senior passengers <sup>3</sup>	7,246	5,691	7,460	8,248	8,336	15.0
<b>Total passengers<sup>4</sup></b>	<b>101,803</b>	<b>96,000</b>	<b>95,684</b>	<b>103,627</b>	<b>108,371</b>	<b>6.5</b>

Source: City of Modesto, Public Works Department, Transit Division, Modesto Area Dial-A-Ride Annual Fiscal Year Summary Comparison, 2008.

<sup>1</sup> Passengers meeting the City of Modesto certification criteria under the Americans with Disabilities Act (ADA)

<sup>2</sup> Disabled passengers not meeting ADA guidelines, but meeting City of Modesto requirements for using DAR service

<sup>3</sup> Passengers ages 65 or older

<sup>4</sup> Includes fare paying passengers, transfers, attendants, and riders diverted to Red Top Taxi

## Data Summary

Twenty-two percent (22%) of respondents to the Stanislaus County Community Health Assessment Survey reported that they consider themselves to be a person with a disability.

In 2007, 5% of youth ages 5 to 15 in Stanislaus County and 5% of youth in California had a disability. Among those ages 16 to 64 and those ages 65 years and over, a greater percentage of residents in Stanislaus County than in California had a disability (16% versus 10% and 52% versus 41%).

The City of Modesto provides a specialized transportation service seven days a week, every day of the year, for persons with disabilities, and people 65 and older. Over the past five years, the total number of passengers has increased seven percent (7%) with a high of 108,371 passengers in FY 2007-08. Over the same time period, the number of passengers considered disabled by the City of Modesto, but not by the ADA, increased 22%.



## Economy

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Stanislaus County is located in the northern half of the San Joaquin Valley. The leading agricultural products include livestock and livestock products, fruits and nuts, poultry and poultry products, and field crops (California Department of Finance, 2007). Stanislaus County's unemployment rate of 11% and an almost 180% increase in notices of housing defaults in the past year reflect the economic problems that challenge the entire state.

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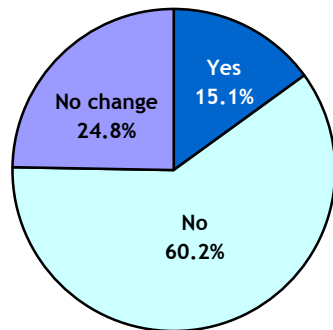
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# Economic Well-Being

## Why It Is Important

Respondents to the Stanislaus County Community Health Assessment Survey were asked whether or not they feel economically better off this year compared to last year. This is an important measure of Stanislaus County residents’ experiences of economic well-being and economic security.

**Figure 20:**  **Do You Feel You Are Economically Better Off This Year Than Last Year? 2008**



Source: Applied Survey Research, *Stanislaus County Community Health Assessment Survey, 2008*.  
 N=2,737

## Data Summary

According to the Stanislaus County Community Health Assessment Survey, in 2008, only 15% of respondents felt that they were economically better off this year than last year. Sixty percent (60%) of respondents did not feel that they were economically better off this year and 25% felt that there was no change.

# Household Income

## Why It Is Important

Personal and household incomes are two indicators that assess the economic vitality of the County and the spending power of individuals, including their ability to afford basic needs such as housing and health care.

**Figure 21: 🏠 Which Income Range Best Describes Your Annual Household Income? 2008**

Response	Frequency	Percent
Less than 10,000	707	26.6
10,000 to 14,999	426	16.0
15,000 to 24,999	448	16.9
25,000 to 34,999	374	14.1
35,000 to 49,999	311	11.7
50,000 to 74,999	209	7.9
75,000 to 99,999	97	3.7
100,000 to 149,999	58	2.2
150,000 to 199,999	19	0.7
200,000 or more	8	0.3
<b>Total respondents</b>	<b>2,657</b>	<b>100.0</b>

Source: Applied Survey Research, *Stanislaus County Community Health Assessment Survey*, 2008.

**Figure 22: Per Capita Personal Income**

Income	2002	2003	2004	2005	2006	02-06 % Change
Stanislaus County	23,972	24,511	26,075	26,995	27,811	16.0
California	32,826	33,554	35,440	37,462	39,626	20.7
U.S.	30,821	31,504	33,123	34,757	36,714	19.1

Source: U.S. Department of Commerce, Bureau of Economic Analysis, *Regional Economic Accounts*, 2008.

**Figure 23: Median Household Income**

Income	FY 2004	FY 2005	FY 2006	FY 2007	FY 2008	04-08 % Change
Stanislaus County	52,000	52,650	54,400	56,000	56,500	8.7
California	62,500	62,500	64,100	65,000	67,800	8.5
U.S.	57,500	58,000	59,600	59,000	61,500	7.0

Source: U.S. Department of Housing and Urban Development, *Income Limits*, 2008.

Note: Median family income estimates are calculated for each metropolitan and non-metropolitan area and are based on 1990 Census estimates updated to 2002 with a combination of Bureau of Labor Statistics earnings and employment data.



**Figure 24:**  **Population by Household Income, Stanislaus County**

Income	2004		2005		2006		2007	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Less than 10,000	6,667	4.3	11,084	7.0	9,465	5.9	8,807	5.6
10,000 to 14,999	7,132	4.6	7,600	4.8	9,626	6.0	8,807	5.6
15,000 to 24,999	22,790	14.7	20,426	12.9	19,412	12.1	19,658	12.5
25,000 to 34,999	19,689	12.7	19,318	12.2	17,968	11.2	15,569	9.9
35,000 to 49,999	23,565	15.2	25,176	15.9	26,150	16.3	24,690	15.7
50,000 to 74,000	34,573	22.3	30,560	19.3	32,086	20.0	31,452	20.0
75,000 to 99,999	17,829	11.5	19,634	12.4	18,931	11.8	20,601	13.1
100,000 to 149,000	14,573	9.4	16,468	10.4	17,647	11.0	18,871	12.0
150,000 to 199,999	4,651	3.0	4,434	2.8	4,332	2.7	5,190	3.3
200,000 or more	3,411	2.2	3,484	2.2	4,813	3.0	3,932	2.5
<b>Total households</b>	<b>155,035</b>	<b>100.0</b>	<b>158,342</b>	<b>100.0</b>	<b>160,431</b>	<b>100.0</b>	<b>157,262</b>	<b>100.0</b>

Source: U.S. Census Bureau, *American Community Survey*, 2008.  
 Note: the numbers for 2007 are the same for the first two categories.

**Figure 25:**  **Population by Household Income, California**

Income	2004		2005		2006		2007	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Less than 10,000	897,912	7.5	834,755	6.9	729,074	6.0	658,836	5.4
10,000 to 14,999	634,524	5.3	641,188	5.3	631,864	5.2	610,034	5.0
15,000 to 24,999	1,292,993	10.8	1,294,475	10.7	1,227,274	10.1	1,183,465	9.7
25,000 to 34,999	1,269,049	10.6	1,209,789	10.0	1,178,669	9.7	1,134,662	9.3
35,000 to 49,999	1,747,935	14.6	1,657,411	13.7	1,628,264	13.4	1,586,087	13.0
50,000 to 74,000	2,202,877	18.4	2,226,012	18.4	2,223,675	18.3	2,196,121	18.0
75,000 to 99,999	1,460,603	12.2	1,500,139	12.4	1,543,206	12.7	1,549,485	12.7
100,000 to 149,000	1,448,631	12.1	1,584,824	13.1	1,701,172	14.0	1,781,298	14.6
150,000 to 199,999	526,775	4.4	580,699	4.8	644,015	5.3	732,040	6.0
200,000 or more	490,858	4.1	580,699	4.8	644,015	5.3	756,442	6.2
<b>Total households</b>	<b>11,972,158</b>	<b>100.0</b>	<b>12,097,894</b>	<b>100.0</b>	<b>12,151,227</b>	<b>100.0</b>	<b>12,200,672</b>	<b>100.0</b>

Source: U.S. Census Bureau, *American Community Survey*, 2008.

## Data Summary

In 2006, the per capita personal income in Stanislaus County was \$27,811. This was a 16% increase since 2002. However, per capita personal income in Stanislaus County was lower than that in California and the U.S. and did not increase as much as California and the U.S. since 2002. The median household income in Stanislaus County during the 2008 fiscal year was \$56,500. This was a 9% increase since the 2004 fiscal year. Again, the median household income in Stanislaus County was lower than that in California and the U.S., although median household income has increased at a rate greater than that of California and the U.S. since 2004.

According to the American Community Survey, in 2007, 6% of the population in Stanislaus County earned a household income that was less than \$10,000. Twenty-eight percent (28%) had a household income between \$10,000 and \$34,999, 16% earned between \$35,000 and \$49,999, 33% earned between \$50,000 and \$99,999, and 18% of the population earned \$100,000 or more. The 2008 face-to-face survey respondents indicated they earned a much lower income.

# Poverty

## Why It Is Important

The Federal Poverty Level (FPL) is a measure of income insecurity and is used to determine income eligibility for many public aid programs. Developed in the early 1960s, the FPL is based on three times the cost of a nutritionally adequate Department of Agriculture food plan (assuming the average family spends one third of their income on food). Since 1963, annual adjustments have been based on changes in the Consumer Price Index. Unlike the Self Sufficiency Standard, the FPL does not consider other expenses besides food, that add to the cost of living.

The population living below 100% of the FPL is considered to be in poverty. Comparatively, the number of people living below 300% of the FPL is a common measure of insufficient income in California, where the cost of living is very high. It provides a more accurate picture of the true need than 100% of the FPL. Further, in California, people living at 300% of the FPL begin to qualify for public aid programs such as subsidized child care. Nationwide, 17% of children—nearly 13 million—live in families with incomes below the federal poverty level. The number of children living in poverty increased 11% between 2000 and 2006. Official poverty rates are highest for young children, with 20% of children under age 6 and 16% of children age 6 or older living in poor families. Food insecurity, lack of affordable housing, and other hardships affect millions of American children, and many poor children lack health insurance.<sup>4</sup>

**Figure 26: Federal Poverty Guidelines, by Family Size**

Family Size	2000	2001	2002	2003	2004	2005	2006	2007	00-07 % Change
1	\$8,350	\$8,590	\$8,860	\$8,980	\$9,310	\$9,570	\$9,800	\$10,210	22.3
2	11,250	11,610	11,940	12,120	12,490	12,830	13,200	13,690	21.7
3	14,150	14,630	15,020	15,260	15,670	16,090	16,600	17,170	21.3
4	17,050	17,650	18,100	18,400	18,850	19,350	20,000	20,650	21.1
5	19,950	20,670	21,180	21,540	22,030	22,610	23,400	24,130	21.0
6	22,850	23,690	24,260	24,680	25,210	25,870	26,800	27,610	20.8
7	25,750	26,710	27,340	27,820	28,390	29,130	30,200	31,090	20.7
8	28,650	29,730	30,420	30,960	31,570	32,390	33,600	34,570	20.7

Source: U.S. Department of Health and Human Services, *Federal Register*, 2008.

Note: The poverty guidelines shown above represent the 48 contiguous states, including Washington, D.C.; poverty guidelines differ for the states of Hawaii and Alaska.

<sup>4</sup> Fass, S., & Cauthen, N. K. *Who are America's Poor Children? The Official Story*. [Electronic version]. National Center for Children in Poverty. Retrieved January 14, 2008 from [http://www.nccp.org/publications/pub\\_787.html](http://www.nccp.org/publications/pub_787.html), 2007.

**Figure 27:**  **Percent Below Poverty Level, by Age**

Ages	2004	2005	2006	2007	04-07 Net Change
<b>Stanislaus County</b>	<b>14.5</b>	<b>14.4</b>	<b>14.3</b>	<b>13.5</b>	<b>-1.0</b>
Under 18 years	20.0	18.9	20.1	17.9	-2.1
18 to 64 years	13.2	13.1	12.7	12.1	-1.1
65 years and over	5.5	8.9	6.5	8.9	3.4
<b>California</b>	<b>13.3</b>	<b>13.3</b>	<b>13.1</b>	<b>12.4</b>	<b>-0.9</b>
Under 18 years	18.9	18.6	18.1	17.3	-1.6
18 to 64 years	11.9	11.9	11.9	11.1	-0.8
65 years and over	7.8	8.1	8.4	8.2	0.4

Source: U.S. Census Bureau, American Community Survey, *Poverty Status in the Past 12 Months*, 2008.

## Data Summary

According to the federal poverty guidelines, in 2007, a family of four was considered to be at the poverty level if they made \$20,650 or less per year. This was a \$650 increase from 2006 and a 21% increase since 2000. A family of five would be considered at the poverty level if they made \$24,130 or less per year.

In 2007, 18% of individuals less than 18 years of age, in Stanislaus County, and 17% in California, were living below the federal poverty level. In 2007, 12% of individuals between the ages of 18 to 64, and 9% of those 65 years or older, were living in poverty in Stanislaus County. For the Stanislaus County population overall, 14% were living in poverty in 2007. In California, 12% of the population was living in poverty.

# Self-Sufficiency Income

## Why It Is Important

The California Family Self-Sufficiency Standard (Self-Sufficiency Standard) measures how much income is needed for a family of a certain composition living in a particular county to adequately meet its minimal basic needs. It is based on the costs families face on a daily basis – housing, food, child care, out-of-pocket medical expenses, transportation, and other necessary spending – and provides a complete picture of what it takes for families to make ends meet. In contrast, the Federal Poverty Level (FPL), which was developed in the early 1960s and is used to determine income eligibility for many public programs, is based on the outdated assumption that food represents one-third of a family’s budget. The FPL fails to take into account housing and transportation costs, geography, and most importantly, child care costs, which are increasingly more expensive. For a family of four – whether in a high cost market like San Francisco, CA, or a more affordable market like Baton Rouge, LA – the federal poverty level is \$21,200 in annual household earnings.<sup>5</sup>

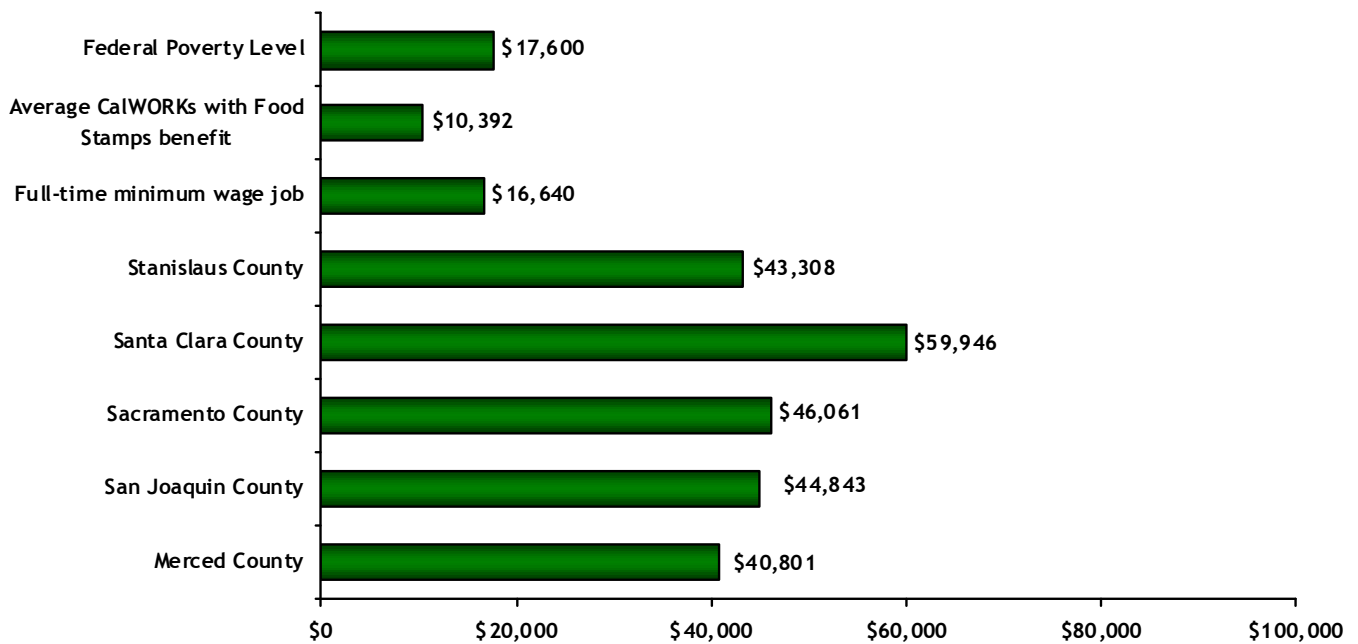
**Figure 28: Income Required to be Self-Sufficient in Stanislaus County, 2008**

Monthly Costs	1 Adult	1 Adult, 1 Infant	1 Adult, 1 Infant, 1 School Age	2 Adults	2 Adults, 1 Infant	2 Adults, 1 Infant, 1 School Age
Housing	\$734	\$864	\$864	\$734	\$864	\$864
Child care	0	612	942	0	612	942
Food	294	432	654	580	708	905
Transportation	255	262	262	494	500	500
Health care	104	258	276	302	315	333
Miscellaneous	139	243	300	211	300	354
Taxes	299	426	501	346	520	574
Earned Income Tax Credit (-)	0	0	0	0	0	0
Child Care Tax Credit (-)	0	-60	-105	0	-50	-100
Child Tax Credit (-)	0	-83	-167	0	-83	-167
<b>Self-Sufficiency Wage (per adult)</b>						
Hourly	10.37	16.78	20.04	7.58	10.47	11.95
Monthly	1,825	2,953	3,527	2,668	3,687	4,206
Annual	21,895	35,434	42,323	32,012	44,240	50,477

Source: Insight Center for Community Economic Development, *California Family Self-Sufficiency Standard*, 2008.

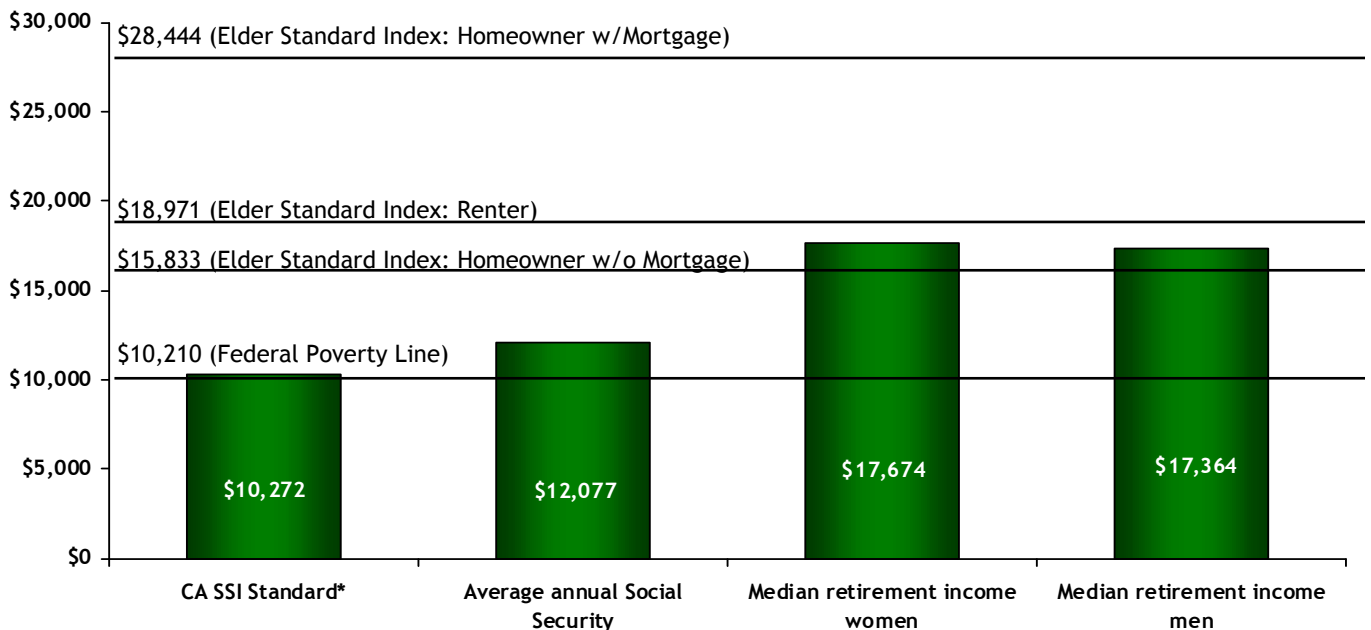
<sup>5</sup> Insight: Center for Community Economic Development, 2008. URL: <http://www.insightccd.org>

**Figure 29: Income Required to be Self-Sufficient with One Adult, One Preschooler, and One School-age Child, 2008**



Source: Insight Center for Community Economic Development, *California Family Self-Sufficiency Standard*, 2008.

**Figure 30: California Elder Economic Security Standard Index for Individual Stanislaus County Elders, 2008**



Source: Insight Center for Community Economic Development, *California Family Self-Sufficiency Standard*, 2008.

\*Supplemental Security Income

## Data Summary

According to the California Family Self-Sufficiency Standard, in order to be self-sufficient in Stanislaus County, in 2008, a single adult needed to make \$10.37 an hour or \$21,895 annually. For a single adult with one infant, one needed to make \$16.78 an hour and, if the single adult had one infant and one school age child, one needed to make \$20.04 an hour. However, for two adults with one infant, each adult needed to make \$10.47 an hour, and if the two adults had one infant and one school age child, each adult needed to make \$11.95 an hour, unlike single adults who needed to almost double their hourly wage were they to have an additional school age child.

In Stanislaus County, one adult with one preschooler and one school-age child needed to make \$43,308 annually in order to be self-sufficient. This necessary level of income was slightly greater than in Merced County, where one needed to make \$40,801 annually, but less than in San Joaquin, Sacramento, and Santa Clara Counties.

In 2008, the average Social Security payment of \$12,077 was not enough for a senior to live on, yet one out of three seniors in California relied exclusively on Social Security to cover their basic expenses. Public supports are designed to fill the need between senior's living expenses and their income, yet public supports are based off of the Federal Poverty line, which was \$10,210 in 2008 and was unrealistically low. The Supplemental Security Income (SSI) program is designed to help the most vulnerable population—the blind, aged, and disabled—yet the program puts this population at barely above the Federal Poverty Level. According to the California Elder Economic Security Standard, the SSI program put one at an income level that was far below what it cost to cover one's basic living expenses. The previous chart shows that only seniors in Stanislaus County who had their home mortgage paid off had enough income to meet their expenses. Those who were renting or who were still paying a mortgage on their home did not have enough retirement income to meet their living expenses.

## *How We're Making a Difference*

### **Integrated Services for Families in Crisis**

How do you help a single mother living on the brink of poverty whose children are at risk of abuse and neglect due to the mother's constant struggle with substance abuse, and an abusive relationship? Help is available from the Stanislaus County Community Services Agency's (CSA) Integrated Services Program, which provides the following array of services: Child Protective Services to help ensure the safety of children, access to public assistance to help families pay the rent and put food on the table, and Welfare-to-Work services to help adults remove barriers to employment and attain self-sufficiency .

CSA accepted the challenge of helping coordinate services among agency programs and community partners to ensure that families in crisis get help without delays and gaps in aid. CSA took the initiative several years ago to become one of the first county welfare departments in the state to implement the CalWORKs/Child Welfare Partnership Project, also known as Linkages at the state level and Integrated Services in Stanislaus County.

CSA has fully embraced integrated services by establishing the Families in Partnership Program: Child Welfare Services and CalWORKs program staff work together to provide effective services that produce better outcomes for families with multiple social and economic issues. Effective partnerships have been established with the county mental health, health services, and probation departments, as well as community based organizations, in order to provide critical services such as substance abuse treatment and domestic violence counseling.

Here are two real life integrated services success stories:

- Maryellen was referred to Families in Partnership when she and her newborn baby tested positive for drugs. She had been using drugs since the age of 12. She was enrolled in the First Step program to learn how to live clean and sober. Recovery was difficult, but she persevered. The Welfare-to-Work program provided Maryellen with the opportunity to train as a Certified Nursing Assistance (CNA). She received the necessary tools that helped her succeed in class and she passed her state exam. Maryellen is now on her way to a new job and a promising life with her child.
- Hope and her boyfriend, the father of two of her five children, squandered their earnings on drugs, forcing them to move when they could not pay the rent. Hope and her boyfriend would disappear for days at a time, leaving her children with relatives. Hope was eventually arrested and Child Protective Services became involved. Faced with the possibility of losing her children and tired of the drug life, Hope decided to work with the integrated services multidisciplinary team of professionals who developed a comprehensive recovery plan for her and her children, including housing, access to medical care, and supportive services. Hope got sober, and then received vocational training to become a CNA. She also received child care, transportation, and work related clothing. With job offers in hand and her family intact, Hope is facing a better future thanks to the network of community integrated services.

There are no quick solutions or easy fixes for families in crisis. CSA recognizes this fact and knows that the Integrated Services program provides an opportunity for families willing to work for a better life. CSA buys into the integrated services philosophy that through improved coordination, Child Welfare Services can serve as an anti-poverty program, and CalWORKs can help prevent child abuse and neglect. And you know what, it's working.

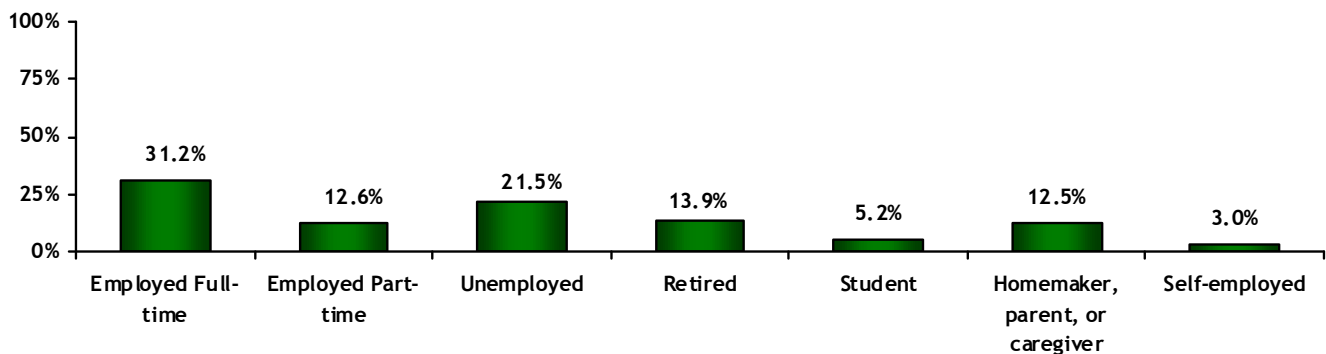


# Unemployment

## Why It Is Important

A prosperous community has an adequate supply of jobs that generate income sufficient to pay for basic needs. The unemployment rate represents one piece of a complex puzzle that helps us determine whether or not we are achieving this goal. Jeff Michael, director of the University of the Pacific’s Business Forecasting Center, reported that “The valley is experiencing the ripple effect of the housing bust, which has resulted in thousands of layoffs in construction and related fields.”<sup>6</sup>

**Figure 31:**  What Is Your Employment Status? (Mark one response), 2008



Source: Applied Survey Research, Stanislaus County Community Health Assessment Survey, 2008. N=2,743

**Figure 32:** Unemployment Rate

County/City/Area	2004	2005	2006	2007	2008	04-08 Net Change
<b>Stanislaus County</b>	<b>9.2</b>	<b>8.5</b>	<b>8.0</b>	<b>8.8</b>	<b>10.8</b>	<b>1.6</b>
Ceres	11.7	10.7	10.1	11.1	13.5	1.8
Denair	4.4	4.0	3.8	4.2	5.2	0.8
Empire	19.3	17.8	16.9	18.4	22.0	2.7
Fresno	10.5	9.1	8.0	8.6	9.7	-0.8
Hughson	11.2	10.3	9.7	10.7	13.0	1.8
Keyes	15.7	14.5	13.7	15.0	18.1	2.4
Modesto	7.9	7.2	6.8	7.5	9.2	1.3
West Modesto	16.6	15.3	14.5	15.9	19.1	2.5
Newman	13.3	12.3	11.6	12.7	15.4	2.1
Oakdale	8.1	7.4	7.0	7.7	9.5	1.4
Patterson	12.8	11.8	11.1	12.2	14.8	2.0
Riverbank	13.8	12.7	12.0	13.1	15.9	2.1
Salida	6.3	5.8	5.4	6.0	7.4	1.1
Turlock	6.9	6.3	6.0	6.6	8.1	1.2
Waterford	8.5	7.8	7.4	8.1	9.9	1.4

(cont.)

<sup>6</sup> Michael, J., “Stanislaus County unemployment sixth-worst in California” (2008, August 16). *Modesto Bee*. [Retrieved October 29, 2008 at <http://www.modbee.com/1618/story/394809.html>].

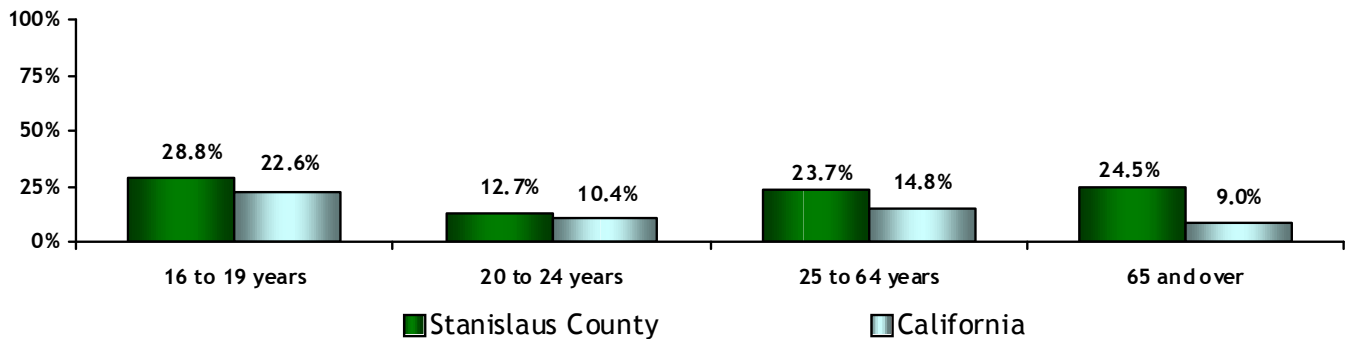
**Unemployment Rate (cont.)**

County/City/Area	2004	2005	2006	2007	2008	04-08 Net Change
Merced County	11.0	10.1	9.5	10.1	11.7	0.7
Santa Clara County	6.4	5.4	4.5	4.7	5.5	-0.9
San Joaquin County	8.8	7.9	7.5	8.2	9.5	0.7
Sacramento County	5.6	5.0	4.8	5.5	6.5	0.9
California	6.2	5.4	4.9	5.4	6.5	0.3
U.S.	5.5	5.1	4.6	4.6	5.5	0.0

Source: State of California Employment Development Department, Labor Market Information Division, 2008.

Note: Data for 2004-2007 reflect the annual average unemployment rate. Data for 2008 reflect the unemployment rate for May.

**Figure 33:**  **Unemployment Rate, by Age, 2006**

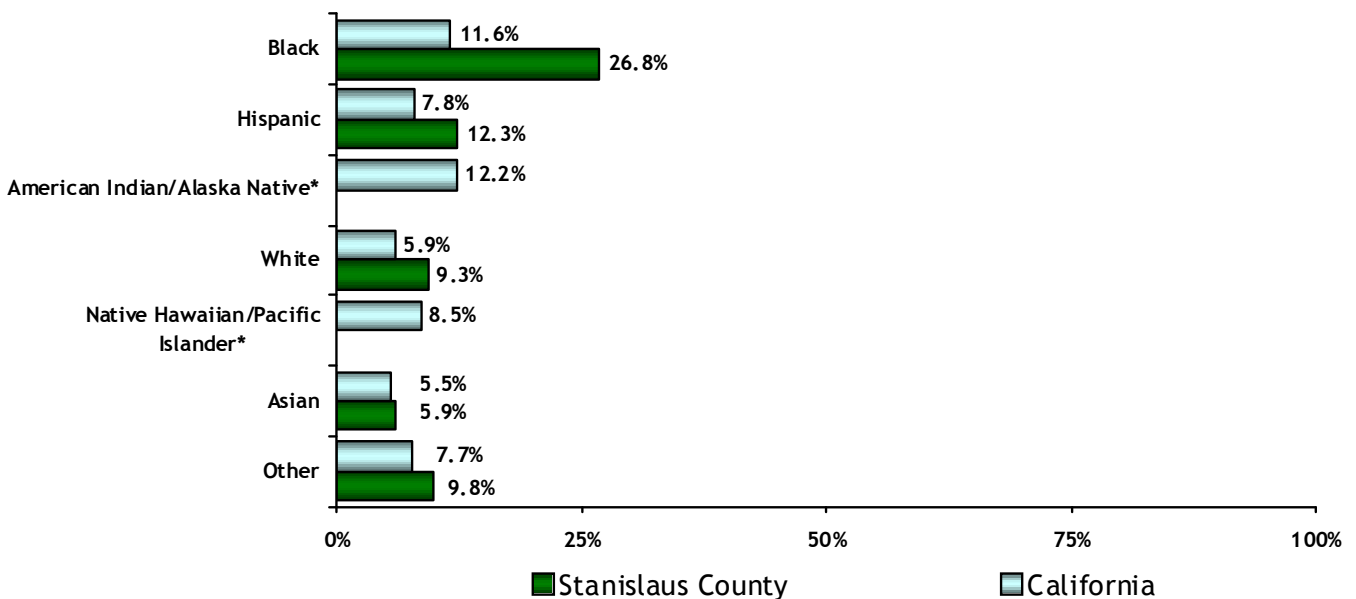


Source: U.S. Census Bureau, American Community Survey, 2008.

Stanislaus County 16-19 N: 34,757; 20-24 N: 38,627; 25-64 N: 258,300; 65 and over N: 50,909.

California 16-19 N: 2,183,461; 20-24 N: 2,697,878; 25-64 N: 19,205,344; 65 and over N: 3,927,830.

**Figure 34:**  **Unemployment Rate, by Ethnicity, 2006**



Source: U.S. Census Bureau, American Community Survey, 2008.

\*Data are not available for Stanislaus County.

Stanislaus County Black N: 9,998; Hispanic N: 131,501; American Indian/Alaska Native N: N/A; White N: 287,283; Native Hawaiian/Pacific Islander N: N/A; Asian N: 21,763; Other N: 47,860.

California Black N: 1,700,902; Hispanic N: 8,934,918; American Indian/Alaska Native N: 212,492; White N: 17,271,624; Native Hawaiian/Pacific Islander N: 100,653; Asian N: 3,650,045; Other N: 4,396,948.

Note: Race and Hispanic origin are two separate concepts in the federal statistical system. People who are Hispanic may be of any race.

## Data Summary

Thirty-one percent (31%) of respondents to the 2008 Stanislaus County Community Health Assessment Survey were “employed full-time.” Thirteen percent (13%) were “employed part-time,” 22% were “unemployed,” 14% were “retired,” and 13% were a “homemaker, parent, or caregiver.”

In 2008, in Stanislaus County, the unemployment rate was 11%. This was a net increase of 1.6 from 2004. The rate of unemployment was the lowest in Denair at 5%. In Merced County, the rate of unemployment was slightly higher than Stanislaus County at 12%. However, the rate of unemployment in Stanislaus County was greater than that of California (7%) and the U.S. (6%) in 2008.

According to the U.S. Census Bureau, in 2006, 29% of the Stanislaus County population ages 16-19 were unemployed. Thirteen percent (13%) of the population from 20 to 24 years of age, 24% of the population from 25 to 64 years of age, and 25% of the population ages 65 years or older were unemployed. These percentages by age were consistently higher than the percentages of unemployment in California.

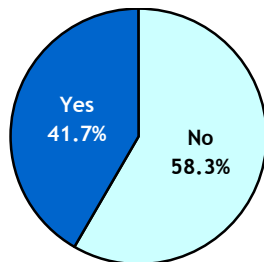
In 2006, in Stanislaus County, the greatest percentage of unemployment by ethnic group was among Blacks. Twenty-seven percent (27%) of Blacks were unemployed. In comparison, 12% of Hispanics and 9% of Whites were unemployed in Stanislaus County.

# Basic Needs

## Why It Is Important

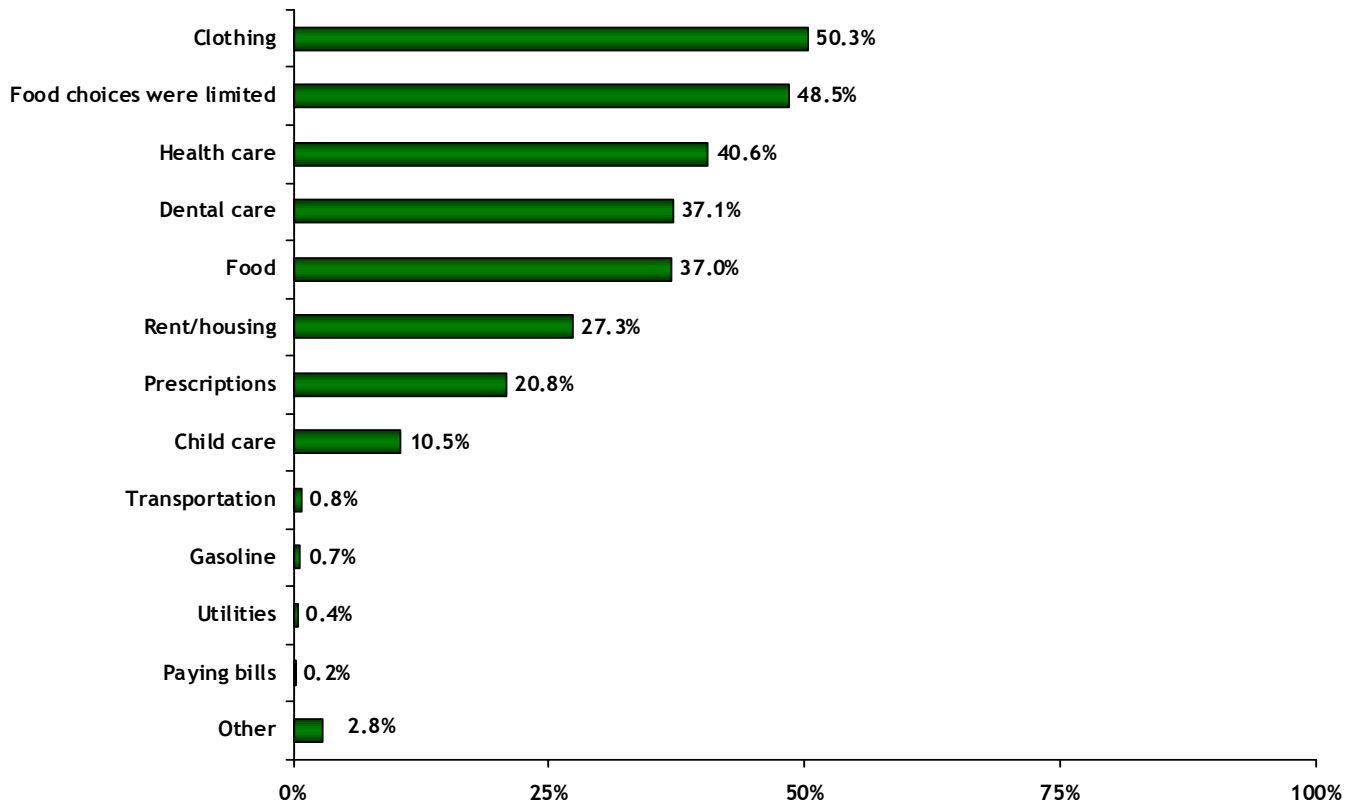
Individuals and families living in poverty or below the self-sufficiency level often have to make tough choices each month, sometimes forgoing certain basic needs to pay for others. Going without basic needs such as food, housing, child care, health care, or clothing can have short and long term consequences for residents' health and well-being.

**Figure 35:**  During the Past 12 Months, Did You Find You or Your Family Having to Go Without Basic Needs Such as Food, Child Care, Health Care, or Clothing? 2008



Source: Applied Survey Research, *Stanislaus County Community Health Assessment Survey*, 2008. N=2,815

**Figure 36:**  If You or Your Family Had to Go Without Basic Needs During the Past 12 Months, What Did You Go Without? (Mark all that apply) 2008



Source: Applied Survey Research, *Stanislaus County Community Health Assessment Survey*, 2008. Multiple response question with 1,137 respondents offering 3,150 responses.

## Data Summary

Forty-two percent (42%) of respondents said that they or their family had to go without basic needs during the past 12 months. Of those that had to go without basic needs, half of respondents (50%) went without “clothing.” Among some of the other responses given, 49% said that their “food choices were limited,” 41% went without “health care,” 37% went without “dental care” and “food,” 27% went without “rent/housing,” 21% went without “prescriptions,” and 11% went without “child care.”

# Food Insecurity

## Why It Is Important

Food insecurity exists when people lack sustainable physical or economic access to safe, affordable, and nutritious food. Food insecurity may be chronic, seasonal, or based on an isolated, temporary episode and can occur at the household, regional, or national level. In a developed country, like the United States, food insecurity usually occurs due to poverty as opposed to less developed countries where war, political corruption, trade barriers, environmental degradation, etc., are also contributing factors. Low levels of education, disabilities, and poor health can also increase the risk of becoming food insecure in the United States.<sup>7</sup>

At low and moderate levels, food insecurity contributes to anxiety and stress, and usually requires a household to restructure their budget, which typically means certain household needs go unmet. At high levels of food insecurity, family members are forced to reduce their consumption of food and often go hungry. Data show that children in food insecure households experience more emotional problems, miss more school, and do worse in school than their peers that do not come from a food insecure household.<sup>8</sup>

**Figure 37: Percentage of the Prevalence of Food Insecurity and Very Low Food Security Among Adults Age 18 and Over, Below 200% of the Federal Poverty Level (FPL)**

County	Food Insecure		Very Low Food Security	
	2003	2005	2003	2005
Stanislaus County	38.6	30.6	15.4	7.5*
Fresno County	35.8	37.1	7.6	9.3
Merced County	34.9	37.3	9.2	13.2
Santa Clara County	30.0	31.0	12.0	7.9
San Joaquin County	41.0	30.0	11.4	9.0
Sacramento County	29.5	29.6	7.4	7.2
California	33.9	30.0	10.3	9.3

Source: *Health Policy Research Brief*, UCLA Center for Health Policy Research, 2008.

\* Statistically unstable estimate.

<sup>7</sup> Internet FAQ Archives, *Food Insecurity*, 2008.

<sup>8</sup> Harrison, Gail G., Sharp, Matthew, Manalo-LeClair, George, Ramirez, Anthony, and McGarvey, November, *Food Security among California's Low-Income Adults Improves, but Most Severely Affected Do Not Share in Improvement*, UCLA Center for Health Policy Research, 2008.

**Figure 38: Food Insecurity and Hunger, November 2007, Stanislaus County**

	Number
Total population	512,138
Total population below 200% of FPL	220,000
Estimated number of low-income adults that are food insecure	43,000
Estimated number of other people living in these households	109,000
Total number of people living in food insecure households	152,000
Percent of people living in food insecure households	29.7

Source: *Touched by Hunger*, California Food Policy Advocates, 2008.

**Figure 39: Federal Nutrition Assistance Program, November 2007, Stanislaus County**

<b>Food Stamp Program (FSP)</b>	
Number of participants	44,230
Number of eligible non-participants	42,603
Lost federal food stamp dollars	\$50,638,236
Total lost economic impact of low FSP participation	\$93,174,354
<b>School Breakfast Program (SBP)</b>	
Number of breakfasts served to low-income children daily	15,499
Number of low-income children eating school lunch but not eating school breakfast	38,948
SBP participation rate (% of students eating breakfast who also eat lunch)	35%
Lost federal breakfast dollars	\$5,556,945
<b>Total lost federal reimbursements due to Low Nutrition Assistance Program participation</b>	<b>\$56,195,181</b>

Source: California Food Policy Advocates, *Touched by Hunger*, 2008.

**Figure 40: Second Harvest Food Bank, Stanislaus County**

	FY 2006-07	FY 2007-08
Total persons served*	116,000	130,000

Source: Second Harvest Food Bank of San Joaquin & Stanislaus Counties, Inc., 2008.

\* Numbers are approximate.

## Data Summary

According to the UCLA Center for Health Policy Research, in 2005, 31% of the population in Stanislaus County was food insecure and 8% of the population had very low food security. In California, in 2005, 30% of the population was food insecure and 9% had very low food security.

In November, 2007, there were 512,138 people in Stanislaus County and 220,000 people in the County were living 200% below the federal poverty level. Forty-three thousand (43,000) people were estimated to be food insecure and 152,000 people were estimated to be living in food insecure households.

In November, 2007, there were 44,230 participants in the food stamp program in Stanislaus County and there were an additional 42,603 eligible non-participants. Due to the low food stamp program participation, \$50,638,236 food stamp dollars were lost and the total lost economic impact was \$93,174,354. In addition, there were children who were eating low-income school lunch but not eating low-income school breakfast. The percent of children who were eating breakfast who also ate lunch was 35% in November 2007. This low percentage translated into \$5,556,945 lost federal breakfast dollars. The total lost federal reimbursements due to low nutrition assistance program participation was \$56,195,181.

During the 2007-08 fiscal year, the Second Harvest Food Bank that serves Stanislaus County delivered 1,300,000 pounds of food and served 130,000 people. The number of persons served by the food bank in Stanislaus increased by 14,000 from the previous year.



# Public Assistance

## Why It Is Important

Public assistance can come in the form of both cash and non-cash benefits. Benefits include programs such as CalWORKs (welfare), child care assistance, Food Stamps, and Medi-Cal. These public resources can often be critical in helping a family with basic needs while they work towards becoming self-sufficient.

**Figure 41: Food Stamp Program Participation, by Number of Households, May 2008**

County	Federal	Federal/ State	State	Total
Stanislaus County	19,387	110	15	19,512
California	919,623	14,140	4,641	938,404

Source: California Department of Social Services, Data Systems and Survey Design Bureau, 2008.

**Figure 42: Food Stamp Program Participants, Stanislaus County**

	FY 2003-04	FY 2004-05	FY 2005-06	FY2006-07	FY 2007-08	03-08 % Change
Households participating, monthly average	12,329	14,105	14,936	15,703	18,116	46.9
Persons participating, monthly average	34,528	38,223	39,234	40,355	45,655	32.2
Percent of Households by Ethnicity	FY 2003-04	FY 2004-05	FY 2005-06	FY2006-07	FY 2007-08	03-08 Net Change
Hispanic or Latino	39.0	N/A	40.2	40.4	41.0	2.0
Not Hispanic or Latino	61.0	N/A	59.8	59.6	59.0	-2.0

Source: California Department of Social Services (CDSS), Research and Data Reports for CalWORKs & Food Stamps, 2008.

**Figure 43: CalWORKs Aided Cases and People Receiving Cash Aid, Stanislaus County**

	FY 2003-04	FY 2004-05	FY 2005-06	FY2006-07	FY 2007-08	03-08 % Change
Aided cases, monthly average	8,786	9,190	9,157	9,209	9,872	12.4
People receiving cash aid, monthly average	20,820	21,959	22,167	22,966	25,167	20.9
Age of People Receiving Cash Aid	FY 2003-04	FY 2004-05	FY 2005-06	FY2006-07	FY 2007-08	03-08 % Change
Children (0-17)	15,670	16,272	16,967	17,726	19,088	21.8
Adults (18+)	5,149	5,687	5,200	5,240	6,079	18.1

Source: California Department of Social Services (CDSS), Research and Data Reports for CalWORKs & Food Stamps, 2008.

**Figure 44: CalWORKs Aided Cases, by Ethnicity, Stanislaus County**

	July 2003	July 2004	July 2005*	July 2006	July 2007	03-08 Net Change
White	47.4	46.9	N/A	44.9	43.4	-4.0
Hispanic	38.0	39.0	N/A	41.6	42.8	4.8
Black	6.7	6.5	N/A	6.9	7.1	0.4
Asian or Pacific Islander	7.7	7.2	N/A	5.9	6.0	-1.7
American Indian or Alaskan Native	0.3	0.4	N/A	0.7	0.7	0.4

Source: California Department of Social Services (CDSS), Research and Data Reports for CalWORKs & Food Stamps, 2008.

\* Stanislaus did not report for 2005.

## Data Summary

In May of 2008, 19,512 households in Stanislaus County participated in the federal food stamp program. On average, during the 2007-2008 fiscal year, 18,116 households and 45,655 persons in Stanislaus County participated in the food stamp program every month. Among households, this was a 47% increase since the 2003-2004 fiscal year and among individuals, this was a 32% increase. In July 2007, 41% of food stamp program participants were Latino and 59% were not of Latino ethnicity.

During the 2007-2008 fiscal year, there were 9,872 CalWORKs aided cases and 25,167 people receiving cash aid in Stanislaus County on average every month. Persons receiving cash aid have increased 21% from the 2003-2004 fiscal year. Among those receiving cash aid during the 2007-2008 fiscal year, 19,088 were children, ages 0- 17, and 6,079 were adults, ages 18 years or older.

In July, 2007, 43% of those receiving CalWORKs aid were white, 43% were Hispanic, 7% were black, 6% were Asian or Pacific Islander, and 0.7% were American Indian or Alaskan Native. This was a 4% decrease among whites and a 5% increase among Hispanics since July, 2003.

# Income Spent On Housing


## Why It Is Important

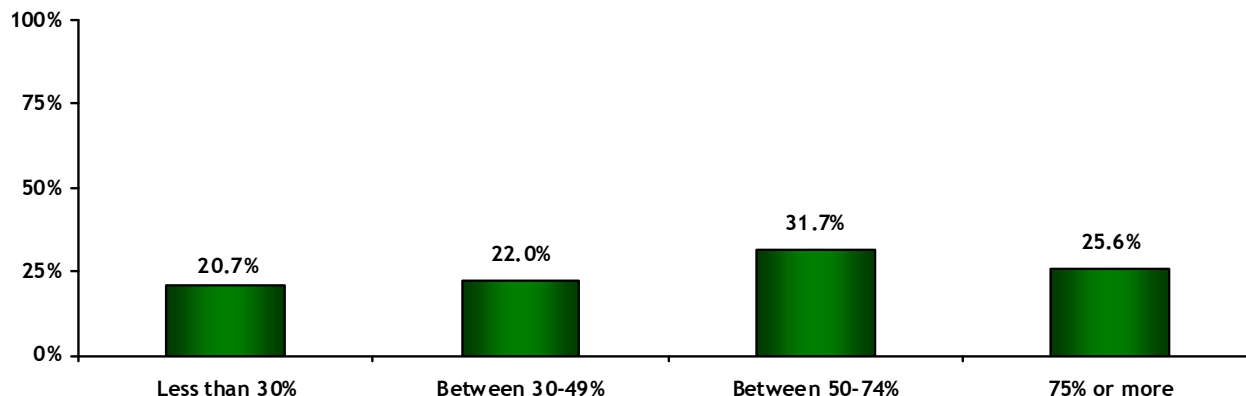
The U.S. Department of Housing and Urban Development’s definition of affordable housing is for a household to pay no more than 30% of its annual income on housing. Spending much more than 30% impacts residents’ ability to afford other basic needs such as health care and child care.

**Figure 45:**  **Do You Rent or Own Your Home? 2008**

Response	Frequency	Percent
Rent	1,401	52.6
Own	897	33.7
Other	365	13.7
<b>Total respondents</b>	<b>2,663</b>	<b>100.0</b>

Source: Applied Survey Research, *Stanislaus County Community Health Assessment Survey, 2008.*

**Figure 46:**  **How Much of Your Total Household Take-Home Pay (Income After Taxes) Goes to Rent/Housing Costs? Housing Costs Are Considered Any Type of Payment Having to Do with Housing, Such as Rent, or Mortgage Payments, and Utilities. 2008**




Source: Applied Survey Research, *Stanislaus County Community Health Assessment Survey, 2008.*

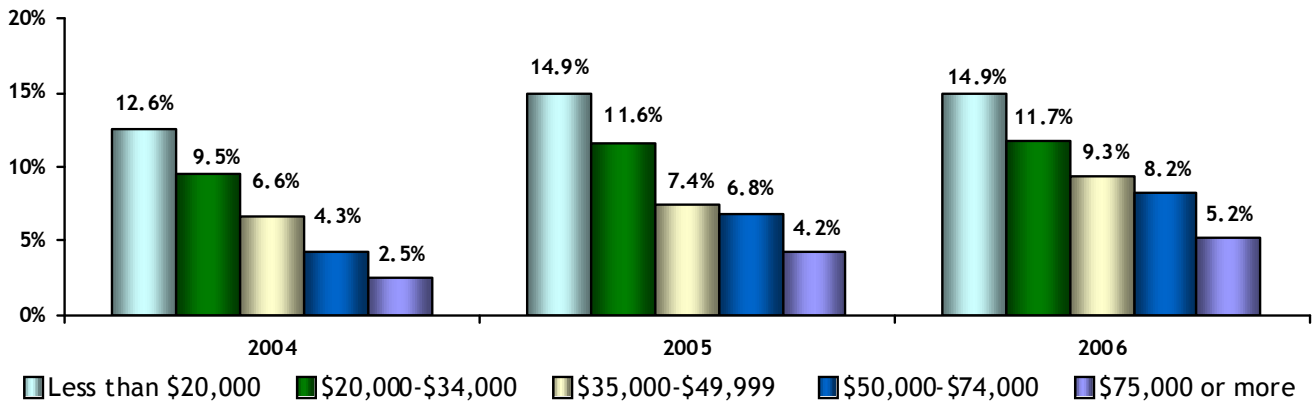
N=2,613

**Figure 47:**  **How Much of Your Total Household Take-Home Pay, That is Income After Taxes, Goes to Rent/Housing Costs? 2008**


Response	Frequency	Percent
Less than 30%	540	20.7
Between 30% and 49%	576	22.0
Between 50% and 74%	829	31.7
75% or more	668	25.6
<b>Total respondents</b>	<b>2,613</b>	<b>100.0</b>

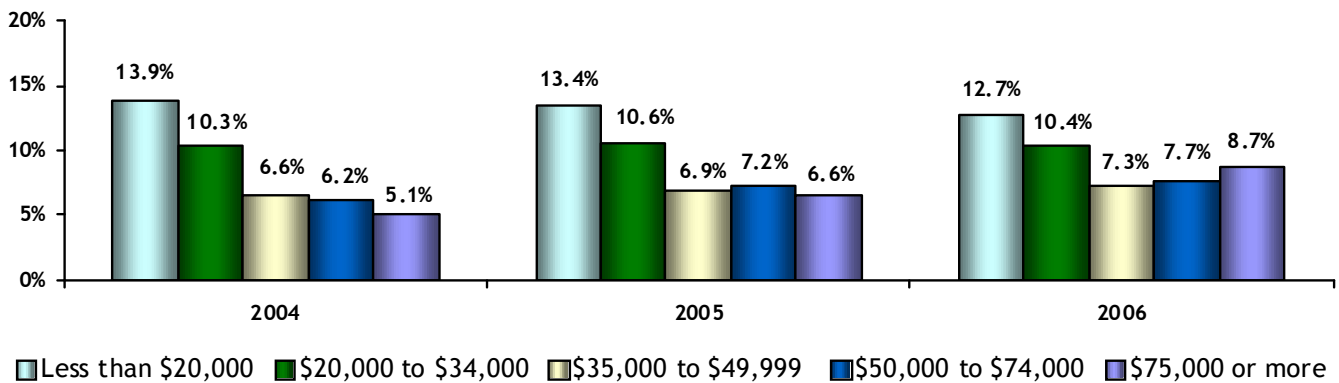
Source: Applied Survey Research, *Stanislaus County Community Health Assessment Survey, 2008.*

**Figure 48:**  **Monthly Housing Costs that are 30% or more of Household Income by Percent of Occupied Housing Units, Stanislaus County**



Source: U.S. Census Bureau, *American Community Survey*, 2008.

**Figure 49:**  **Monthly Housing Costs that are 30% or more of Household Income by Percent of Occupied Housing Units, California**



Source: U.S. Census Bureau, *American Community Survey*, 2008.

## Data Summary

According to the 2008 Stanislaus County Community Health Assessment Survey, 53% of respondents rented their home and 34% owned their home. Another 14% responded to the question “Do you rent or own your own home?” with “Other.”

Twenty-one percent (21%) of survey respondents reported spending less than 30% of their income on housing. Twenty-two percent (22%) reported spending between 30%-49%, 32% reported spending between 50%-74%, and 26% reported spending 75% or more of their total household take-home pay on housing.

In 2006, in Stanislaus County, 15% of the population had an income that was less than \$20,000 and monthly housing costs that were 30% or more of their household income. The percentage of those whose housing costs were 30% or more of their household income decreased as their income increased. This trend however was not observed in California. There were higher percentages of those with incomes between \$50,000 to \$74,000 and \$75,000 or more that paid 30% or more of their household income on housing than those earning between \$35,000 to \$49,000.

# Foreclosures and Home Sales Prices

## Why It Is Important

The subprime mortgage crisis is a new and highly pertinent component that is affecting residents' access to affordable housing. The subprime mortgage crisis began in the summer of 2007. The first quarter of 2008 saw the highest number of California homes going into foreclosure within the last 15 years. The likelihood of default was lowest in San Francisco, Marin, and San Mateo Counties.<sup>9</sup> According to Marshall Prentice, DataQuick's president, "Foreclosures activity is closely tied to a decline in home values. With today's depreciation, an increasing number of homeowners find themselves owing more on a property than its market value, setting the stage for default if there is mortgage payment shock, a job loss, or the owner needs to move."<sup>10</sup>

While home values have plunged, home buyers are still hard to find, as it is also difficult to secure a home loan. Combined with an economy that is on the brink of a recession, all of this is adding up to a difficult housing market in Stanislaus County.

**Figure 50: Notices of Default, Houses and Condos**

County/Region	2007 Quarter 1	2008 Quarter 1	Percent Change
<b>Stanislaus County</b>	<b>1,141</b>	<b>3,192</b>	<b>179.8</b>
Fresno County	1,116	2,464	120.8
Merced County	511	1,759	244.2
Santa Clara County	1,058	3,074	190.5
San Joaquin County	1,721	4,657	170.6
Sacramento County	3,234	6,898	113.3
Central Valley	11,054	26,793	142.4
California	46,760	113,676	143.1

Source: DataQuick Information System, 2008.

Note: The Central Valley is comprised of the Counties of Sacramento, San Joaquin, Placer, Kern, Fresno, Madera, Merced, Tulare, Yolo, El Dorado, Stanislaus, Kings, San Benito, Yuba, Colusa, and Sutter.

<sup>9</sup> Data Quick Information Systems, (2008). *Another Jump in California Foreclosure Activity*. Retrieved July 3, 2008, from <http://www.dqnews.com/News/California/CA-Foreclosures/RRFor080422.aspx>.

<sup>10</sup> DataQuick Information Systems, (2008). *California Foreclosure Activity Still Rising*. Retrieved February 26, 2008, from <http://www.dqnews.com/RRFor0108.shtm>.

**Figure 51: Median Home Sale Price**

County/City/Area	May 2007	May 2008	Percent Change
<b>Stanislaus County</b>	<b>\$339,000</b>	<b>\$214,500</b>	<b>-36.7</b>
Ceres	335,000	225,000	-32.8
Denair	679,500	235,000	-65.4
Fresno*	268,500	200,000	-25.5
Hughson	332,500	239,000	-28.1
Keyes	399,500	185,000	-53.7
Modesto	325,000	190,000	-41.5
Newman	335,000	185,000	-44.8
Oakdale	387,000	320,000	-17.3
Patterson	420,500	220,000	-47.7
Riverbank	340,000	230,000	-32.4
Salida	330,000	209,000	-36.7
Turlock	345,000	247,000	-28.4
Waterford	296,000	170,000	-42.6
Merced County	295,000	176,000	-40.3
Santa Clara County	720,000	630,000	-12.5
San Joaquin County	390,000	241,500	-38.1
Sacramento County	345,000	225,000	-34.8

Source: DataQuick Information System, 2008.

Note: Reporting resale single family residences and condos as well as new homes. Excludes sales where the site city is unknown.

\*Fresno County data only available for September. California data not available.

## Data Summary

In Stanislaus County, during the first quarter of 2008, 3,192 notices of default were received on houses and condos. This was a 180% increase from the first quarter in 2007. While the percentage increase was less than the percentage increase in Merced and Santa Clara Counties, it was greater than the percentage increase in San Joaquin and Sacramento Counties, as well as that of the entire Central Valley and state.


The median home sale price in Stanislaus County was \$214,500 in May 2008. This was a 37% decrease in home sale price from May 2007. During these two time periods, median home sale prices decreased the most in Denair (65%) and Keyes (54%) and decreased the least in Oakdale (17%). In Merced County, median home sale prices decreased by 40% between May 2007 and May 2008 and in Santa Clara County, home sale prices decreased by a much smaller percentage (-13%).

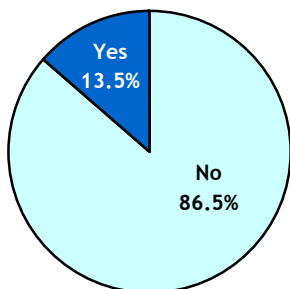
# Homelessness

## Why It Is Important

Homelessness is a social problem that affects every facet of society. Homeless people are responsible for a disproportionate use of judicial, social, and health care resources.

Today, families and children constitute an ever increasing portion of the homeless population. Children are especially adversely affected by homelessness. Children who are homeless are sick at twice the rate of other children and are twice as likely to suffer from an ear infection, have four times the rate of asthma, and have five times more diarrhea and stomach problems. Homeless children have twice the rate of learning disabilities and three times the rate of emotional and behavioral problems as their non-homeless peers. These problems tend to be compounded as the child becomes older.

**Figure 52:**  **Have You Been Without Housing in Stanislaus County at Any Time During the Past 2 Years? (Homeless, in a Shelter, on the Street, Living in Your Vehicle, or Lost Your House), 2008**



Source: Applied Survey Research, *Stanislaus County Community Health Assessment Survey*, 2008. N=2,701

**Figure 53:** **Continuum of Care Homeless Assistance Programs, Stanislaus County, 2007**

	Sheltered		Unsheltered	Total
	Emergency Shelter	Transitional Housing		
Households without children	243	33	661	937
Households with children	56	61	81	198
<b>Total</b>	<b>299</b>	<b>94</b>	<b>742</b>	<b>1,135</b>
Persons in households without children	249	33	719	1,001
Persons in households with children	166	186	240	592
<b>Total homeless persons in households</b>	<b>415</b>	<b>219</b>	<b>959</b>	<b>1,593</b>

Source: HUD’s 2007 Continuum of Care Homeless Assistance Programs Homeless Populations and Subpopulations, 2008. Note: the point-in time date for this count was January 25, 2007.

**Figure 54: Continuum of Care Homeless Assistance Programs, by Subpopulations, Stanislaus County, 2007**

	Sheltered	Unsheltered	Total
Chronically homeless	82	470	552
Severely mentally ill	41	0	41
Chronic substance abuse	115	0	115
Veterans	40	0	40
Persons with HIV/AIDS	20	0	20
Victims of domestic violence	39	0	39
Unaccompanied youth (under 18)	8	0	8

Source: HUD'S 2007 Continuum of Care Homeless Assistance Programs Homeless Populations and Subpopulations, 2008.  
 Note: the point-in time date for this count was January 25, 2007.

**Figure 55: Homeless Children in Stanislaus County, by School District, 2007-08**

School District	Pre-K	K-5	6-8	9-12	Total
Ceres Unified	0	6	8	6	20
Chatom Union	0	0	0	0	0
Denair Unified	5	34	8	5	52
Empire Union	0	17	4	0	21
Gratton	0	0	0	0	0
Hickman	0	0	0	0	0
Hughson Unified	0	1	1	0	2
Keyes Union	0	0	0	0	0
La Grange	0	2	0	0	2
Modesto City	0	70	30	56	156
Newman-Crows Landing Unified	0	0	0	0	0
Oakdale Joint Union	0	10	3	7	20
Paradise Elementary	0	0	0	0	0
Patterson Joint Unified	0	17	4	1	22
Riverbank Unified	0	5	5	4	14
Roberts Ferry	0	2	1	0	3
Salida Union	0	8	17	0	25
Stanislaus Union	0	6	1	0	7
Sylvan Union	0	16	5	0	21
Turlock Unified	0	141	40	2	183
Valley Home	0	3	0	0	3
Child and Family Services/SCOE	54	0	0	0	54
<b>Total</b>	<b>59</b>	<b>338</b>	<b>127</b>	<b>81</b>	<b>605</b>

Source: Stanislaus County Office of Education, 2008.



**Figure 56: Primary Nighttime Residency of Homeless Children in Stanislaus County, by School District, 2007-08**

School District	Shelters	Doubled-up/ Tripled-up	Unsheltered	Hotels/ Motels	Total
Ceres Unified	0	15	0	5	20
Chatom Union	0	0	0	0	0
Denair Unified	0	49	0	3	52
Empire Union	11	6	3	1	21
Gratton	0	0	0	0	0
Hickman	0	0	0	0	0
Hughson Unified	0	2	0	0	2
Keyes Union	0	0	0	0	0
La Grange	0	0	2	0	2
Modesto City	15	110	5	26	156
Newman-Crows Landing Unified	0	0	0	0	0
Oakdale Joint Union	0	13	3	4	20
Paradise Elementary	0	0	0	0	0
Patterson Joint Unified	4	8	3	7	22
Riverbank Unified	1	6	0	7	14
Roberts Ferry	0	3	0	0	3
Salida Union	0	25	0	0	25
Stanislaus Union	2	4	1	0	7
Sylvan Union	3	14	0	4	21
Turlock Unified	0	160	10	13	183
Valley Home	0	0	3	0	3
Child and Family Services/SCOE	1	53	0	0	54
<b>Total</b>	<b>37</b>	<b>468</b>	<b>30</b>	<b>70</b>	<b>605</b>

Source: Stanislaus County Office of Education, 2008.

## Data Summary

In 2008, according to the Stanislaus County Community Health Assessment Survey, 14% of respondents were without housing at one point during the past two years.

In January of 2007, there were a total of 1,593 homeless people in Stanislaus County making up 1,135 households. Seventeen percent (17%) of the households contained children, and 41% of these families were unsheltered. Among the households without children, 71% were unsheltered. Among homeless persons who were chronically homeless, 85% were unsheltered.

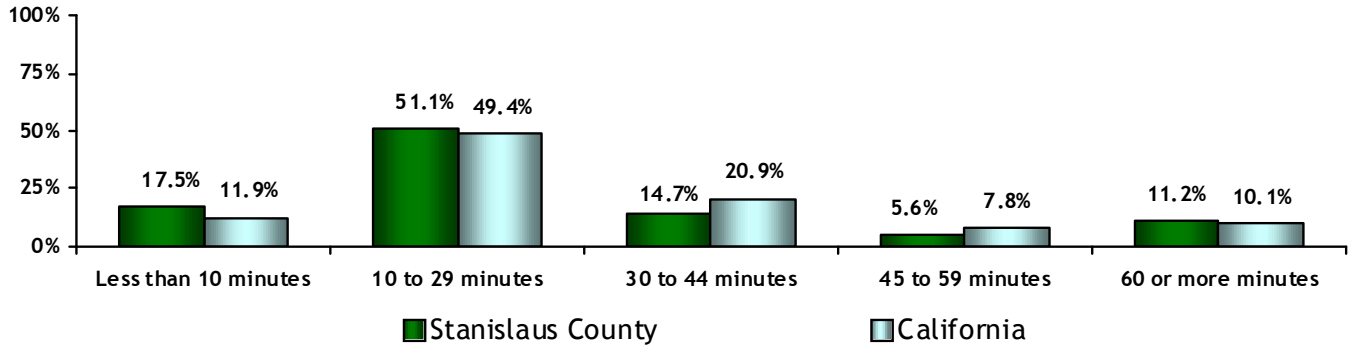
In Stanislaus County, the school districts with the highest number of homeless children during the 2007-08 school year were Modesto City and Turlock Unified School District. Of the students who were homeless, the majority were living in units that were doubled-up or tripled-up with families. The next most common living arrangement was in hotels or motels, followed by shelters, and then being unsheltered.

# Commuting

## Why It Is Important

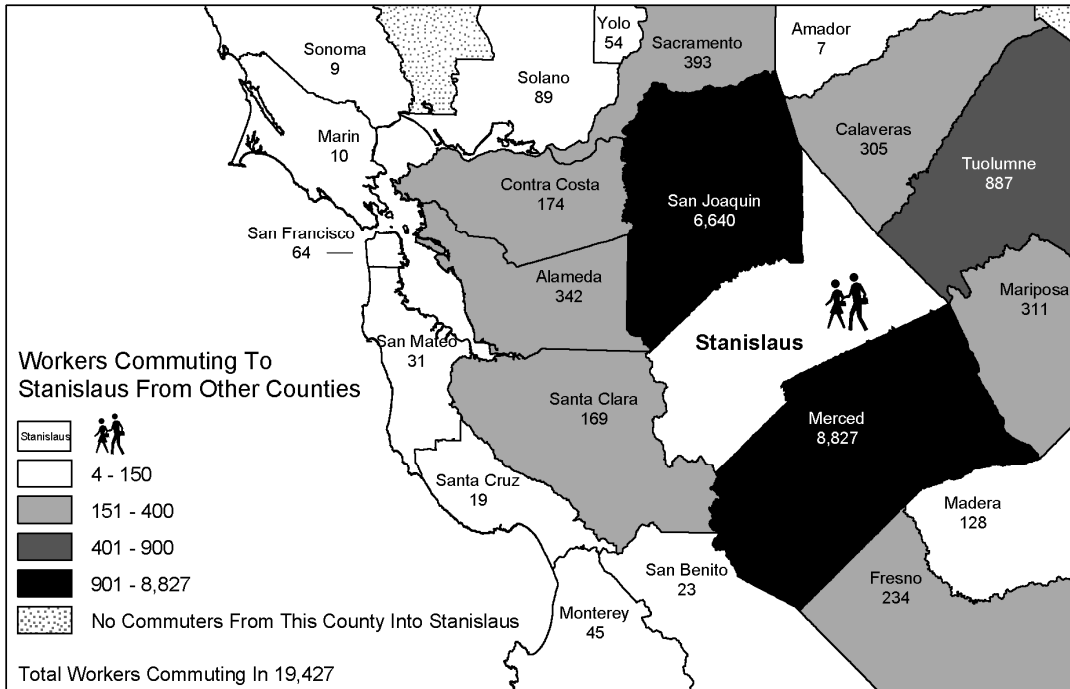
Longer commutes can impact residents' quality of life as it cuts down on time spent with family and friends and in engaging in recreational and leisure activities. In addition, as gas prices continue to increase, transportation costs comprise an ever increasing percentage of people's incomes.

**Figure 57:**  **Travel Time to Work for Workers, Ages 16 Years and Older, Who Did Not Work at Home, 2006**



Source: U.S. Census Bureau, American Community Survey, 2008.  
 Stanislaus County N: 196,505.  
 California N: 15,556,756.

**Figure 58:**  **Workers Commuting To Stanislaus County From Other Counties, 2000**

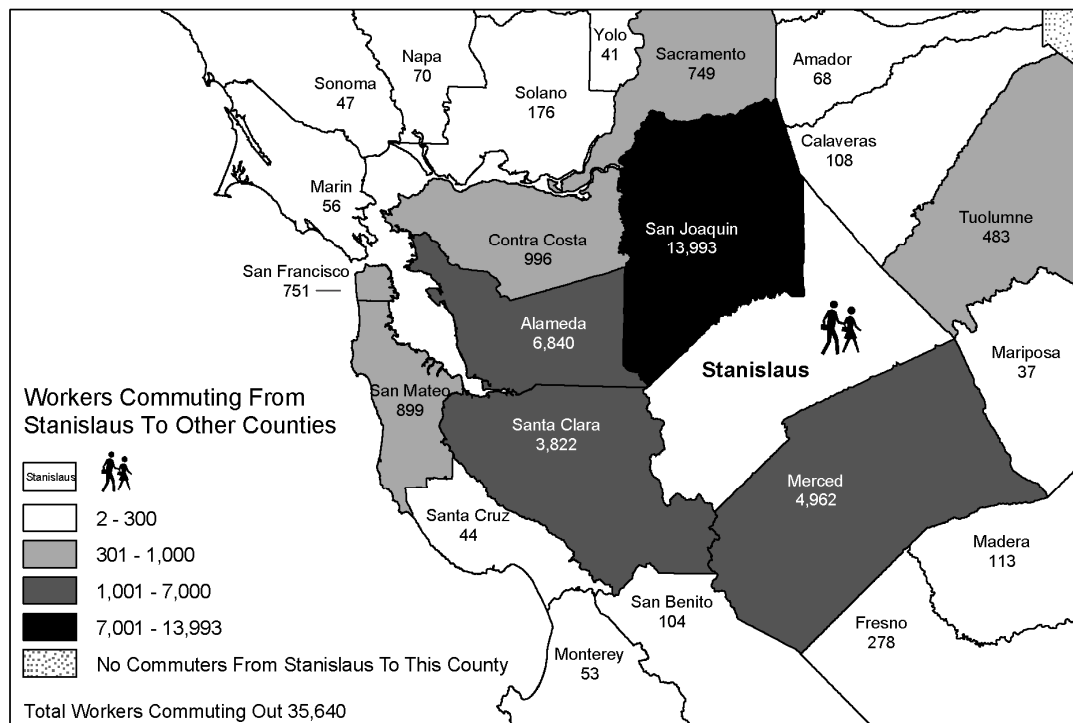


Source: U.S. Census 2000.  
 Cartography by Current Economic Statistics Group, Labor Market Information Division, California Employment Development Department, www.labormarketinfo.edd.ca.gov, August 2006.



**New data not available**

**Figure 59:**  **Workers Commuting From Stanislaus County To Other Counties, 2000**



Source: U.S. Census 2000.

Cartography by Current Economic Statistics Group, Labor Market Information Division, California Employment Development Department, [www.labormarketinfo.edd.ca.gov](http://www.labormarketinfo.edd.ca.gov), August 2006.



**New data not available**

## Data Summary

In 2006, in Stanislaus County, over 50% of workers took between 10 to 29 minutes to travel to work. Eighteen percent (18%) spent less than 10 minutes traveling to work, 15% spent 30 to 44 minutes, and 17% spent 45 minutes or more traveling to work.

According to the U.S. Census Bureau, in 2000, the greatest number of people commuting to Stanislaus from another county for work were from San Joaquin and Merced Counties. Meanwhile, the greatest number of people from Stanislaus who were traveling to other counties for work, were traveling to San Joaquin County. The next most popular counties in which people worked were Alameda, Merced, and Santa Clara County (in descending order).



## Access to Health Care

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Escalating health costs, increasing unemployment, and rising eligibility requirements are all factors in the growing number of Americans without health insurance, leaving many to use the emergency room as their only source of health care. Many health care issues such as chronic disease, inadequate nutrition, low birth weight babies, and diseases caused by tobacco use can be alleviated and even prevented through timely access to health care, prenatal care, and education.

Note: Chart data concerning adults represent people who are ages 18 and older.

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# Births

## Why It Is Important

Births are an indication of population growth as well as a demand on a community’s infrastructure, such as hospitals and schools. Areas with high birth rates can have a larger percentage of the population in younger age groups compared with areas that have lower birth rates. Understanding this trend can help communities plan where to best allocate resources.

**Figure 60: Number of Live Births**

Area	2003	2004	2005	2006	2007	03-07 % Change
Stanislaus County	8,022	8,061	8,445	8,728	8,799	9.7
California	540,827	544,685	548,700	562,157	N/A	N/A

Source: State of California, Department of Public Health, Birth Records, 2003-2006, 2008. Health Services Agency, Public Health, 2007, 2008.

## Data Summary

From 2003 to 2007, the number of live births to Stanislaus County mothers increased 10%, from 8,022 in 2003 to 8,799 in 2007.

## *How We're Making a Difference*

### **Hughson Family Resource Center Healthy Birth Outcomes**

Caritina heard about the Healthy Birth Outcomes class being held at Hughson Family Resource Center and started attending in February. She was very afraid because she had two miscarriages previously, but others in the class made her feel very welcome and understood and as a result, she immediately felt more confident.

Caritina began to understand how to take care of herself and have a healthy pregnancy. "I learned how to be pregnant and have children." She learned how to ask for help and how to take care of a baby. "Once I heard how to be well with a family and take care of babies, I felt that maybe I could do it."

On June 15th (Father's Day) her healthy baby girl was born, seven weeks early, but at 6 pounds and 17 ½ inches long. She is growing as any healthy and happy baby does.

Caritina began bringing her seven year old daughter to classes with her. While Caritina learned how to better parent her daughter, her daughter learned better communication through the social skills instruction for the children. Caritina even enrolled her daughter in the Girl Scout Latina Leadership program held at Hughson Family Resource Center.

Caritina also realized the importance of education and learning. She has started taking ESL classes at the Hughson Family Resource Center. "It has improved my life and learning English is the only way to reach the things you need like school and doctors... really, for everything." It was exciting for her to be able to go to the hospital and not need translation services.

Her enthusiasm for the programs at the Hughson Family Resource Center is contagious. "I am willing to be here for a long time. There are so many people who need help and don't know it's here." Caritina is now more secure and confident and trusts her own experiences. "I am helping other women and have made new friends here." The Healthy Birth Outcomes (HBO) program is run by the Stanislaus County Health Services Agency with funding by the Stanislaus County Children and Families Commission.



# Births - Low Birth Weight and Prenatal Care

## Why It Is Important

Low birth weight is defined as the percentage of infants born below 2,500 grams or 5.5 pounds. In contrast, the average newborn weighs about 7 pounds. The most common reason for low birth weight is premature birth, though the mother's age, ethnicity, health and whether or not it is a multiple birth can also affect the baby's birth weight. Infants born at low birth weight are at greater risk for complications including infections, breathing problems, neurological problems and Sudden Infant Death Syndrome (SIDS).<sup>11</sup> Other studies have shown that low birth weight babies are also at a higher risk for developmental handicaps, such as learning disabilities and attention deficits, than babies with normal birth weights. Low birth weight babies also demonstrate higher rates of sub-average IQ (< 85) than their normal birth weight peers.<sup>12</sup>

Further, prenatal care is comprehensive medical care provided for the mother and fetus, which includes screening and treatment for medical conditions as well as identification and interventions for behavioral risk factors associated with poor birth outcomes. Women who receive adequate prenatal care are more likely to have better birth outcomes, such as full term and normal weight babies.<sup>13</sup> Prenatal care can provide health risk assessments for the mother and fetus, early intervention for medical conditions and education to encourage healthy habits during pregnancy, such as the avoidance of tobacco, alcohol and substance use. Adequate prenatal care is measured by the percentage of women who receive prenatal care in the first trimester of their pregnancy. According to a study by The National Public Health and Hospital Institute, financial barriers including cost of care were often reasons women did not get adequate prenatal care.<sup>14</sup>

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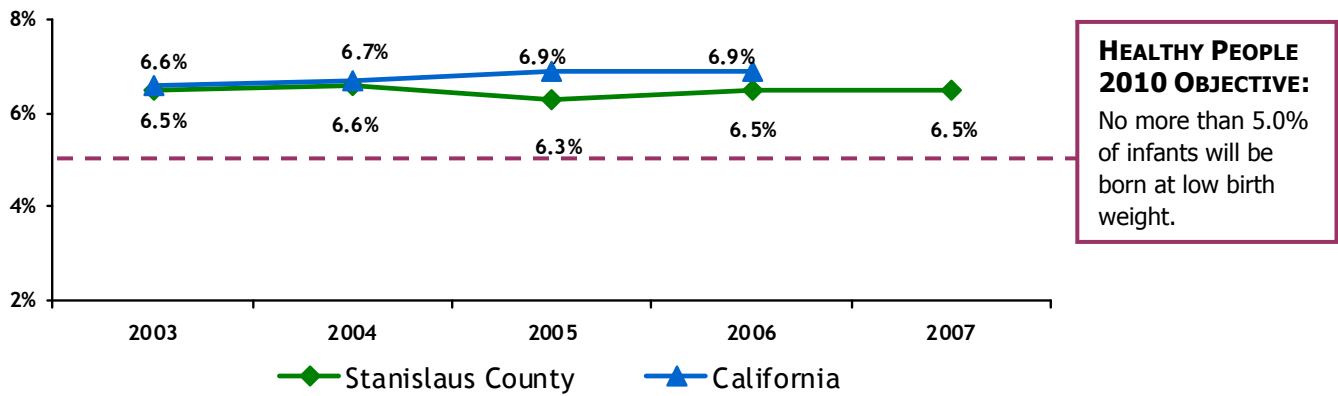
<sup>11</sup> Lucile Packard Children's Hospital, *High-Risk Newborn: Low Birthweight*, 2005, retrieved February 28, 2005 from <http://www.lpch.org/DiseaseHealthInfo/HealthLibrary/hrnewborn/lbw.html>.

<sup>12</sup> Kessenich, Maureen, The Triplet Connection, *Developmental Outcomes of Premature, Low Birth Weight and Medically Fragile Infants*, 2003, retrieved April 15, 2005 from <http://www.tripletconnection.org/medical/premie.html>.

<sup>13</sup> Kids in Common, Cross-Systems Evaluations County of Santa Clara, Public Health Department Santa Clara Valley Health & Hospital System and Applied Survey Research, *Santa Clara County Children's Report: Key Indicators of Well-being*, 2005.

<sup>14</sup> The National Public Health and Hospital Institute, *Barriers to Prenatal Care Study: A Survey of Women Who Deliver at Public Hospitals*, 2003.

**Figure 61: Percentage of All Live Births Born at Low Birth Weight (<2,500 grams up to 5.5 pounds)**



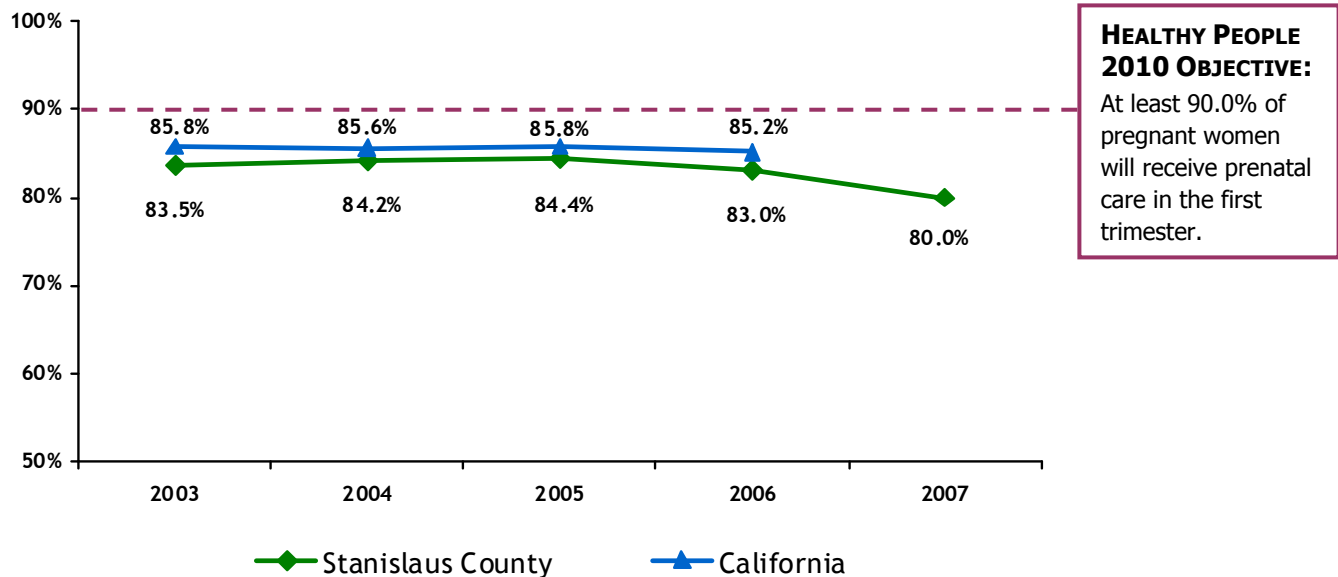
**HEALTHY PEOPLE 2010 OBJECTIVE:**  
No more than 5.0% of infants will be born at low birth weight.

Source: State of California, Department of Public Health, Birth Records, 2003-2006, 2008. Health Services Agency, Public Health, 2007, 2008.

Stanislaus County 2003 N: 8,022; 2004 N: 8,061; 2005 N: 8,445; 2006 N: 8,728; 2007 N: 8,799.

California 2003 N: 540,827; 2004 N: 544,685; 2005 N: 548,700; 2006 N: 562,157; 2007 N: N/A.

**Figure 62: Percentage of All Live Births with Prenatal Care in the First Trimester**



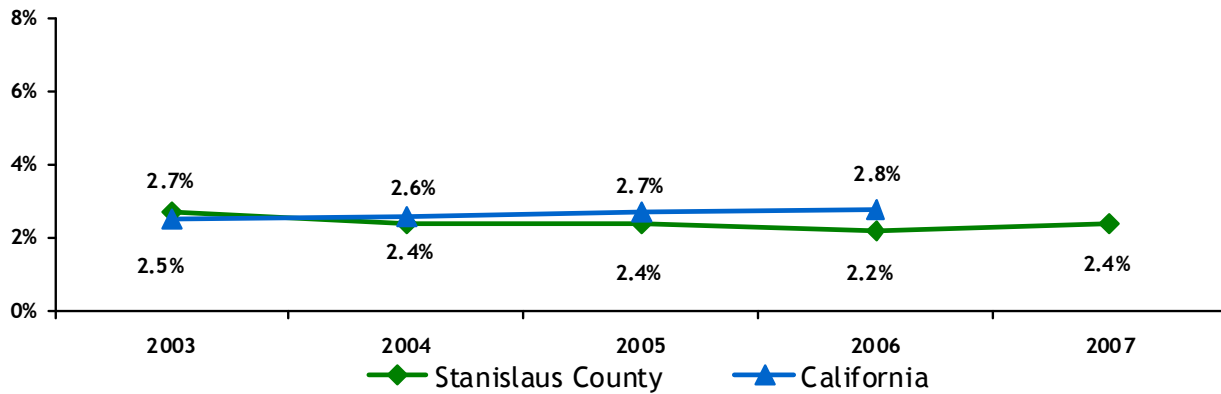
**HEALTHY PEOPLE 2010 OBJECTIVE:**  
At least 90.0% of pregnant women will receive prenatal care in the first trimester.

Source: State of California, Department of Public Health, Birth Records, 2003-2006, 2008. Health Services Agency, Public Health, 2007, 2008.

Stanislaus County 2003 N: 8,022; 2004 N: 8,061; 2005 N: 8,445; 2006 N: 8,728; 2007 N: 8,559.

California 2003 N: 540,827; 2004 N: 544,685; 2005 N: 548,700; 2006 N: 562,157; 2007 N: N/A.

**Figure 63: Percentage of All Live Births with Late\* or No Prenatal Care**



Source: State of California, Department of Public Health, Birth Records, 2003-2006, 2008. Health Services Agency, Public Health, 2007, 2008.

Stanislaus County 2003 N: 8,022; 2004 N: 8,061; 2005 N: 8,445; 2006 N: 8,728; 2007 N: 8,559.

California 2003 N: 540,827; 2004 N: 544,685; 2005 N: 548,700; 2006 N: 562,157; 2007 N: N/A.

\* Late prenatal care is care beginning in the third trimester.

## Data Summary

Between 2003 and 2006, the percentage of all live births born at low birth weight in Stanislaus County was slightly lower than that of California. In 2007, almost 7% of all live births in Stanislaus County were born at low birth weight. Between 2003 and 2007, neither Stanislaus County nor California met the Healthy People 2010 Objective that no more than 5% of infants will be born at low birth weight.

The Healthy People 2010 Objective is that 90% of all pregnant women will receive prenatal care in the first trimester. Between 2003 and 2006, neither California nor Stanislaus County reached this goal. In 2007, 80% of all live births in Stanislaus County received prenatal care in the first trimester, down from 84% in 2005. In 2004, 2005, and 2006, the percentage of all live births with late or no prenatal care was slightly lower in Stanislaus County than in California. In 2007, about 2% of all live births in Stanislaus County received late or no prenatal care.

## How We're Making a Difference

### Doctors Medical Center

In today's world, most babies are born without difficulties. However, if a problem does arise, it is reassuring to know that Doctors Medical Center specializes in taking care of high-risk moms and babies. From advanced ultrasound equipment to help doctors evaluate pregnancy-related conditions to computerized X-ray and other diagnostic equipment from which physicians can receive results instantaneously, our patients benefit from Doctors Medical Center's leading-edge technology.

Expectant parents hope that pregnancy is a healthy, happy time. But for women with high-risk pregnancies, the miracle of birth may need help from the miracle of modern medicine. At Doctors Medical Center's Perinatology Clinic, our team is highly skilled in caring for women with medical problems that may affect their health and the health of their newborns.

For more than 16 years, the physicians at the Perinatology Clinic have done everything in their power to help mothers and their infants during complicated pregnancies. A high-risk pregnancy may be due to the mother having an illness such as high blood pressure, diabetes or an array of other problems that could put the fetus at risk for premature birth, growth restriction or other severe complications. Our goal is to provide our expectant mothers with a happy outcome.

In addition, our 45-bed licensed and certified Level III Neonatal Intensive Care Unit is staffed and equipped to increase successful outcomes through life-saving treatments and technologies. We even have trained "cuddlers" for babies whose mothers live far away.

Once a child graduates from Intensive Care, continuing care may be provided in the Intermediate Nursery. The High-Risk Infant Follow-up Program, overseen by a developmental specialist, provides follow-up services to many NICU patients for up to three years after leaving the hospital.



Recently, Doctors Medical Center invited families whose lives were touched by the Neonatal Intensive Care Unit (NICU) to submit an essay on what our NICU has meant to them. We extend a heartfelt congratulation to the Oliveira Family, who was one of the two winners of the contest. In honor of the Oliveiras, Doctors Medical Center has donated \$500 to the March of Dimes in their name. Read below for an excerpt of one of the winning entries:

*"Two years ago we received the unbelievable and unexpected news that we were expecting twins. The boys, weighing 5.7 each, suffered from premature lung disease and infections. We spent the next three weeks in vigil as amazing doctors and nurses aided our boys in growing, breathing, and preparing to leave their tiny incubator "homes" in hopes of being released to ours. Through tense moments of worry, the staff at DMC gave us continued hope. They tirelessly explained the machines and procedures to us, allowed us special moments with our little boys whenever possible, and rejoiced with us at their tiny milestones. After three long weeks of hospitals, our boys came home to us.*

*We cannot speak highly enough of the staff at DMC ICU and the DMC transfer team. So many angels fought and championed for our children's lives while all we could do was watch and pray."*

--The Oliveira Family

Every day, the Women and Children's Center at Doctors Medical Center brings the joy of new life – new families begin, and others grow larger. Our commitment to meeting you and your family's needs is not only professional, it's personal. Our Women and Children's Center is designed to care for you from the time you're considering pregnancy until well after giving birth.

# Births - Breastfeeding

## Why It Is Important

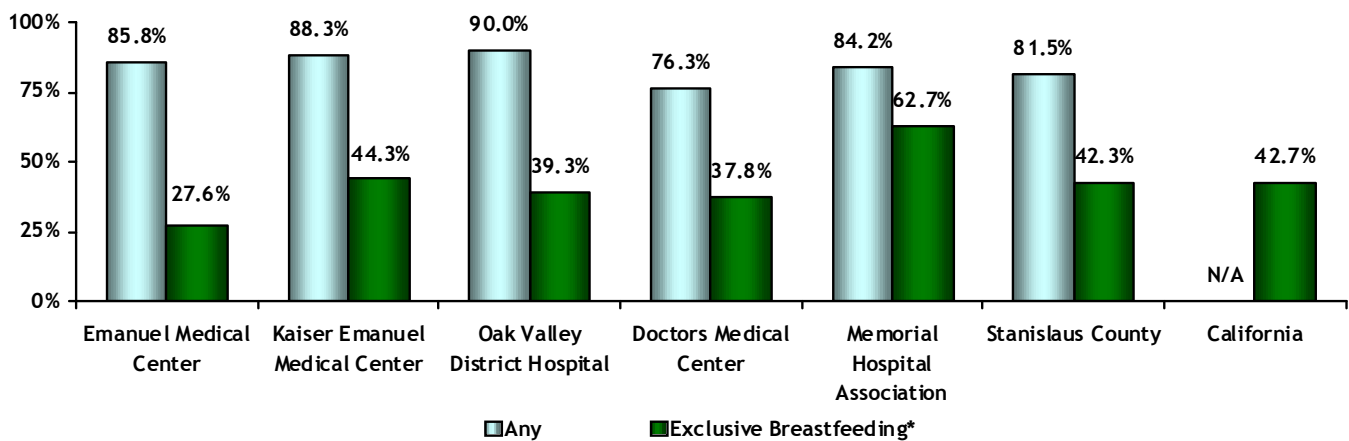
The American Academy of Pediatrics, American College of Obstetricians and Gynecologists, American Academy of Breastfeeding Medicine, and World Health Organization all recommend exclusive breastfeeding for the first six months of life.

Breastfeeding is of benefit to the infant, the mother, families, and society. Studies have shown that infants who are breastfed have a decrease in incidences of ear infections, diarrhea, and respiratory problems compared to non-breastfed infants, as well as less hospitalizations. Some studies have even suggested that the occurrence of Sudden Infant Death Syndrome (SIDS), within the first year of life, is lower among infants who have been breastfed.

More than 86% of California mothers breastfeed or provide breast milk for their infants during the hospital stay after the delivery. Unfortunately, only half of these babies – 43% of all California infants – are breastfed exclusively; that is, breast milk is their only food.<sup>15</sup>

Breastfeeding is a low-tech and low cost health intervention that can reduce and prevent childhood obesity and related problems, such as type 2 diabetes, heart disease, and hypertension, saving millions of dollars.<sup>16,17</sup>

**Figure 64: In-Hospital Breastfeeding Rates, Stanislaus County, 2007**



Source: State of California, Department of Public Health, Center for Family Health, Genetic Disease Screening Program, Newborn Screening Data, 2008.

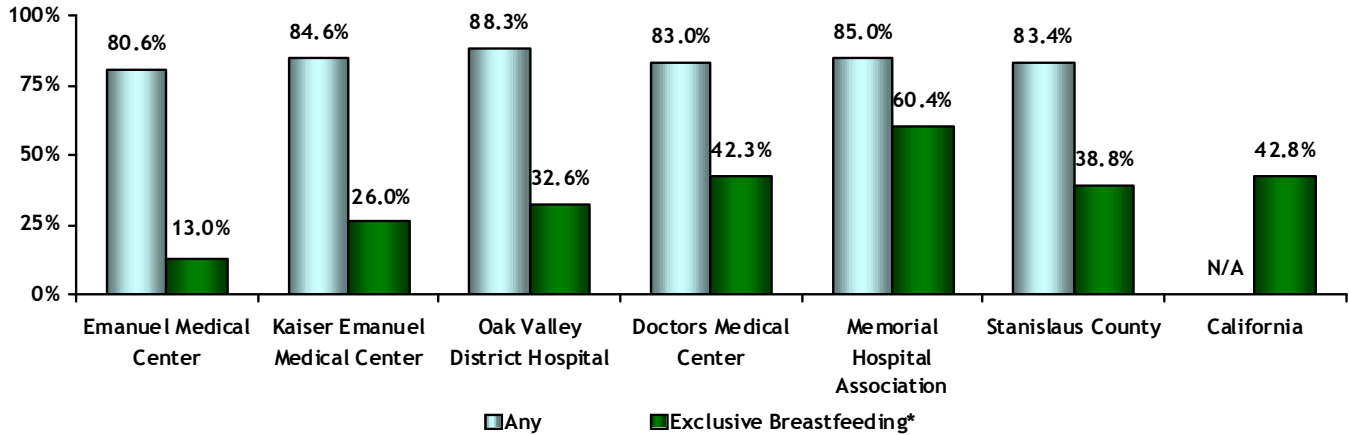
\* Mothers who breastfeed or provide breast milk for their infants during the hospital stay and no other food or fluid.

<sup>15</sup> California In-hospital Breastfeeding Rates. Statewide, County, and Hospital of Occurrence by Race/Ethnicity, 2006. <http://cdph.ca.gov/data/statistics/Pages/BreastfeedingStatistics.aspx>

<sup>16</sup> Finkelstein EA, Fiebelkorn IC, Wang G. State-level estimates of annual medical expenditures attributable to obesity. *Obes Res.* 2004; 12: 18-24.

<sup>17</sup> Weiss R, Spiro S. The metabolic consequences of childhood obesity. *Best Pract Res Clin Endocrinol Metab.* 2005; 19: 405-419.

**Figure 65: In-Hospital Breastfeeding Rates, Stanislaus County, 2006**



Source: State of California, Department of Public Health, Center for Family Health, Genetic Disease Screening Program, Newborn Screening Data, 2008.

\* Mothers who breastfeed or provide breast milk for their infants during the hospital stay and no other food or fluid.

**Figure 66: Percentage of Mothers Who Exclusively Breastfeed\* Their Infants During Their Hospital Stay, by Race/Ethnicity**

Race/Ethnicity	2006		2007	
	Stanislaus County	California	Stanislaus County	California
African American	35.9	34.2	32.2	33.1
American Indian	N/A	54.3	N/A	56.6
Asian	28.9	44.5	38.7	43.8
Pacific Islander	N/A	40.6	N/A	36.3
White	55.1	64.0	58.7	63.6
Hispanic	29.1	32.1	32.8	32.4
Other	42.6	44.2	45.0	44.3
Multiple race	35.2	54.7	41.2	55.8
<b>Total</b>	<b>38.8</b>	<b>42.8</b>	<b>42.3</b>	<b>42.7</b>

Source: State of California, Department of Public Health, Center for Family Health, Genetic Disease Screening Program, Newborn Screening Data, 2008.

\* Mothers who breastfeed or provide breast milk for their infants during the hospital stay and no other food or fluid.

## Data Summary

In 2007, the percentage of Stanislaus County mothers who exclusively breastfed their infants when staying in-hospital varied depending upon the hospital. The highest percentage was 63% at Memorial Hospital Association and the lowest was 28% at Emanuel Medical Center. In 2006, 39% of Stanislaus County infants were exclusively breastfed during their hospital stay, meaning breast milk was their only food. Memorial Hospital Association reported the highest level of exclusive breastfeeding (60%), while Emanuel Medical Center reported the lowest level of exclusive breastfeeding (13%).

When broken down by race/ethnicity, in 2006, Whites reported the highest level of exclusive breastfeeding on both the County and state levels (55% and 64%, respectively). Exclusive breastfeeding was more prominent at the state level with every race/ethnicity except for African Americans in 2006. In 2007, 42% of mothers on average in Stanislaus County exclusively breastfed their infants up from 39% in 2006. When broken down by ethnicity, the highest percentage of those who exclusively breastfed was among White mothers (59%) and the lowest was among African American mothers (32%) and Hispanic mothers (33%).

## *How We're Making a Difference*

### **Breastfeeding Assistance Program at Memorial Medical Center**

Although breastfeeding is a rewarding and healthful experience for both mother and baby, it isn't always a skill that develops effortlessly upon childbirth. New moms have questions and concerns, and they appreciate instruction from a trusted, knowledgeable professional.

That's why Memorial Medical Center's Breastfeeding Assistance Program was created.

The program was a lifesaver for Angela Burge, who gave birth to her son, Anderson, in December 2007.

"After Anders was born, he would fall asleep every time I put him to my breast," Angela remembers. "He wouldn't eat, I wasn't producing milk, and he was losing weight rapidly."

Angela was determined to breastfeed because of the benefits of breast milk for her baby. According to the American Academy of Pediatrics, breast milk is superior to any manufactured human milk substitute. Breastfed babies receive their mothers' antibodies and immunities, which help protect them from infections and may reduce the risk of asthma, allergies, digestive problems, respiratory infections, childhood cancers, diabetes, bacterial meningitis and even diaper rash.

"We grow up thinking that you put your baby to your breast and that's it," Angela observes. "In my experience that wasn't the case, and many women I know have had trouble and stopped trying to breastfeed because they didn't have the resources that I had. I credit Memorial for making it possible for me to breastfeed my baby."

The Breastfeeding Assistance Program provides education and support to expectant and breastfeeding mothers and is open to women who have recently had a child and are breastfeeding, regardless of where they delivered. Moms may contact Memorial's Health Center at (209) 572-7262 to make an appointment with a certified lactation consultant (a physician's referral is not required).

"When I visited Memorial, I was very fatigued and stressed from trying to feed Anders every two hours, and that wasn't helping my milk production," Angela recalls. "I left my first appointment with a heavy duty breast pump, a breastfeeding schedule, another appointment and a lactation aide."

After using the lactation aide and the hospital-grade breast pump for about a week, Anders had learned to suckle and Angela was producing the milk that he needed.

"We met with a lactation consultant every few days for a couple of weeks, just to make sure everything was on track and Anders was gaining weight," she adds.

Angela also joined Memorial's Mommy and Me Support Group. "It's a wonderful resource that's enabled me to talk to other moms and share experiences, ideas and solutions," she reflects.

"Breastfeeding wasn't something I was willing to give up," Angela says. "I was prepared to put the effort into it, but if it wasn't for Memorial's Breastfeeding Assistance Program, I might have given up."



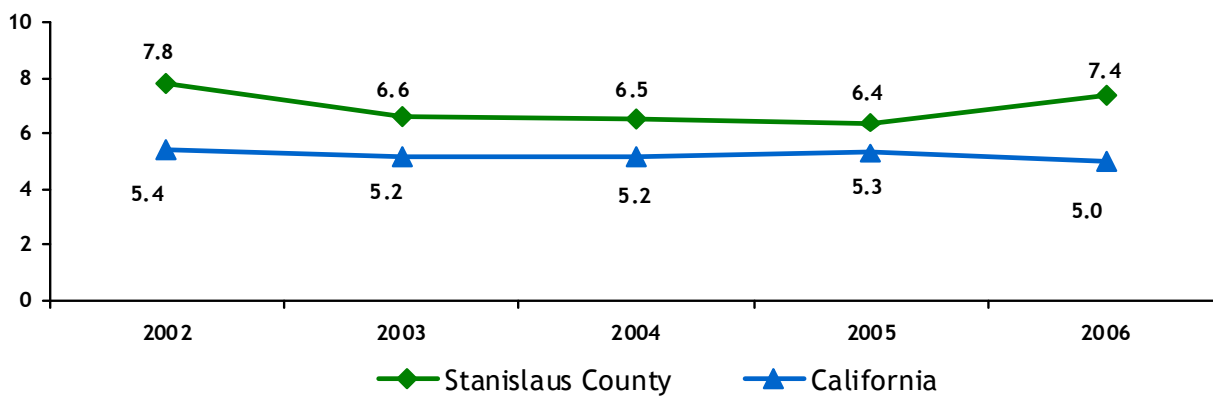


# Infant Mortality

## Why It Is Important

The infant mortality rate is the rate at which babies under one year of age die. In the United States, the rate has continued to steadily decline over the past several decades, from 26.0 per 1,000 live births in 1960 to 6.9 per 1,000 live births in 2000.<sup>18</sup> Risk factors for infant mortality include poverty, low birth weight, young maternal age, low maternal education level, inadequate prenatal care, infection, and respiratory distress syndrome.<sup>19</sup> Infant mortality can be reduced by appropriate infant care, including immunizations, and may be impacted by healthy habits during pregnancy, such as good nutrition and avoidance of tobacco.<sup>20</sup>

**Figure 67: Infant Death Rate per 1,000 Live Births**



Source: State of California, Department of Health Services, Death and Birth Records, 2008.  
 Stanislaus County 2002 N: 7,929; 2003 N: 8,022; 2004 N: 8,061; 2005 N: 8,445; 2006 N: 8,728.  
 California 2002 N: 529,245; 2003 N: 540,827; 2004 N: 544,685; 2005 N: 548,700; 2006 N: 562,157.

 **New data not available**

## Data Summary

Stanislaus County consistently had a higher infant death rate per 1,000 live births between 2002 and 2006 than California. During this time period, the infant death rate remained fairly constant in Stanislaus County (ranging from 6-8 deaths per 1,000 live births) and in California (at 5 deaths per 1,000 live births).

<sup>18</sup> Centers for Disease Control and Prevention, *Infant Mortality Fact Sheet*, 2007.  
<sup>19</sup> Community Partnerships, Lucile Packard Children’s Hospital at Stanford, *Maternal, Child and Adolescent Health Needs in San Mateo and Santa Clara Counties*, 2003.  
<sup>20</sup> Community Partnerships, Lucile Packard Children’s Hospital at Stanford, *Maternal, Child and Adolescent Health Needs in San Mateo and Santa Clara Counties*, 2005.

# Health Insurance

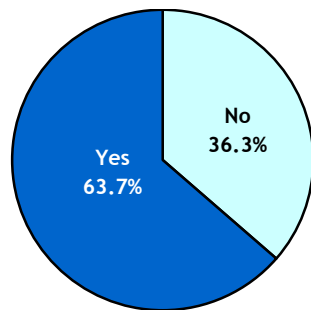
## Why It Is Important

Health insurance facilitates entry into the health care system. The uninsured are more likely to die early and have poor health status; the costs of early death and poor health among the uninsured total \$65 billion to \$130 billion. The financial burden of having no insurance is also great for uninsured individuals; almost 50% of personal bankruptcy filings are due to medical expenses. The uninsured report more problems getting care, are diagnosed at later disease stages, and get less therapeutic care. They are sicker when hospitalized and more likely to die during their stay.<sup>21</sup>

Families without health insurance often receive fewer preventative health screenings and immunizations, less prenatal care, and may avoid or delay medical treatment when problems arise.<sup>22</sup> Without medical insurance, families often lack a regular health care provider or clinic and are more likely to use emergency departments as their primary source of medical treatment.

Nearly one in five Californians, or 6.8 million residents, went without health insurance at some time during 2006. Nationally, a record 47 million Americans, including 8.7 million children, lacked health coverage, an increase of one million since the previous year.<sup>23</sup> The recent increase in the number of uninsured people has been attributed to a number of factors, including rising health care costs, the economic downturn, an erosion of employer-based insurance, and public program cutbacks.

**Figure 68:**  **Do You Have Health Insurance? 2008**



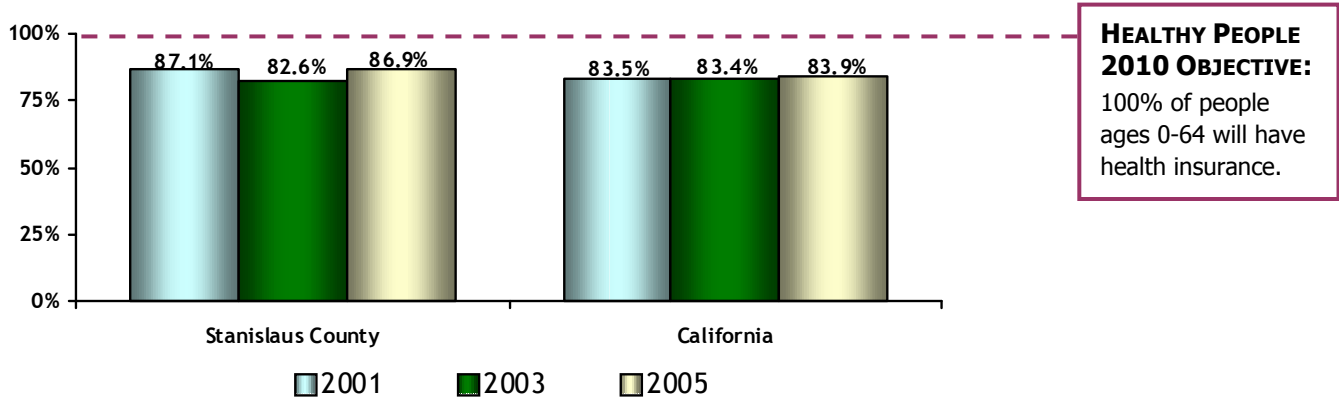
Source: Applied Survey Research, *Stanislaus County Community Health Assessment Survey, 2008*.  
N=2,751

<sup>21</sup> U.S. Department of Health and Human Services, Agency for Healthcare Research and Quality, *National Healthcare Disparities Report*, 2005.

<sup>22</sup> U.S. Department of Health and Human Services, *Healthy People 2010*. Retrieved August 5, 2004 from [http://www.healthypeople.gov/Document/html/uih/uih\\_bw/uih\\_4.htm#accesshealth](http://www.healthypeople.gov/Document/html/uih/uih_bw/uih_4.htm#accesshealth).

<sup>23</sup> U.S. Census Bureau, 2007.

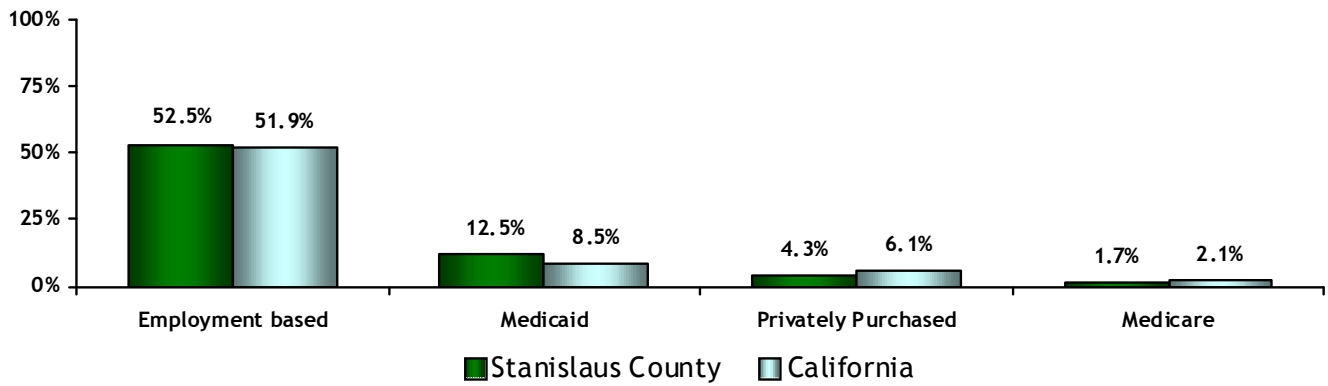
**Figure 69:**  **Percentage of Adults, Ages 18 and Older, Who Are Currently Insured**




Source: 2001, 2003, and 2005 California Health Interview Survey.  
 Stanislaus County 2001 N: 315,000; 2003 N: 335,000; 2005 N: 352,000.  
 California 2001 N: 24,606,000; 2003 N: 25,597,000; 2005 N: 26,388,000.

 **New data not available**

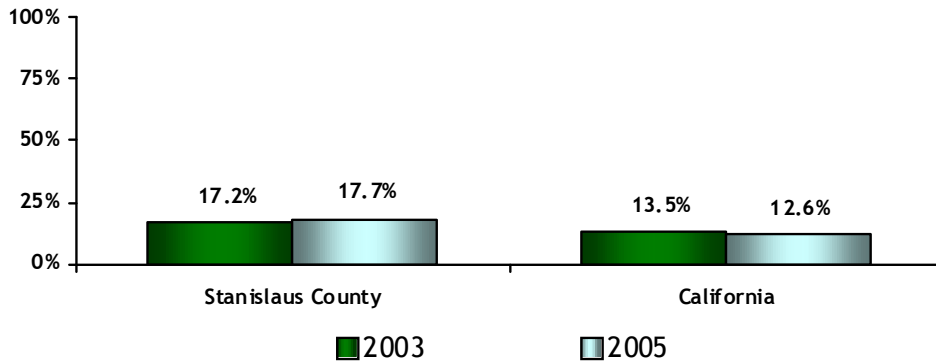
**Figure 70:**  **Health Insurance, by Type of Coverage, 2005**



Source: 2005 California Health Interview Survey.  
 Stanislaus County N: 352,000.  
 California N: 26,388,000.

 **New data not available**

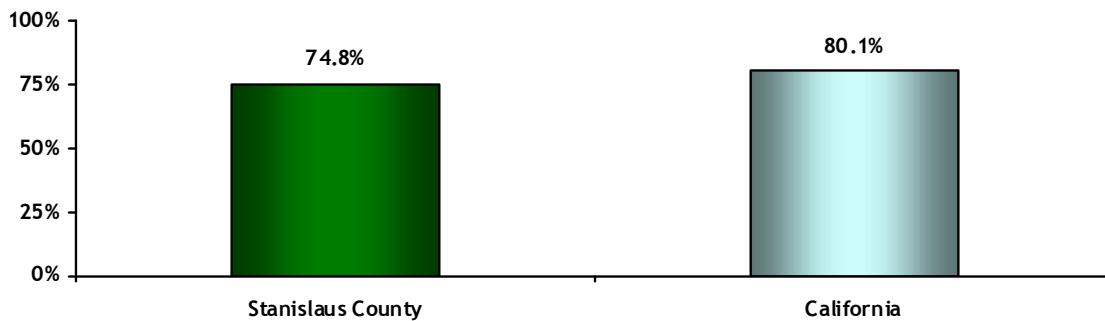
**Figure 71:**  **Percentage of Adults, Ages 18 and Older, Covered by Medi-Cal**



Source: 2003 and 2005 California Health Interview Survey.  
 Stanislaus County 2003 N: 335,000; 2005 N: 352,000.  
 California 2003 N: 25,597,000; 2005 N: 26,388,000.

 **New data not available**

**Figure 72:**  **Percentage of Adults, Ages 18 Years and Older, Whose Mental Health Treatment is Covered by Insurance, 2005**



Source: 2005 California Health Interview Survey.  
 Stanislaus County 2005 N: 61,000.  
 California 2005 N: 4,523,000.  
 Note: Comparable data not available for prior years.

 **New data not available**

## Data Summary

According to the 2008 Stanislaus County Community Health Assessment Survey, 64% of survey respondents reported having health insurance.

According to CHIS, 87% of adults in Stanislaus County and 84% of adults in California had health insurance in 2005. This percentage has stayed relatively level since 2001. From 2001 to 2005, neither the County nor the state met the Healthy People 2010 Objective that all (100%) people will have health insurance. In 2005, the majority of insurance coverage in Stanislaus County and California was employment based (53% and 52%, respectively), followed by Medicaid (13% and 9%, respectively). A higher percentage of Stanislaus County residents (18%) than California residents (13%) were covered by Medi-Cal in 2005. During this same year, 75% of Stanislaus County residents and 80% of California residents had insurance that covered mental health treatment.

## *How We're Making a Difference*

### **Healthy Cubs Program**

Applying for health care coverage and accessing medical care can be an overwhelming process, especially if faced with a multitude of other challenges. Healthy Cubs provides that important intermediary medical care for children ages 0-5 and pregnant women without health care coverage while they apply for more permanent coverage.

During a Community Health Fair, Gloria made just the connection she needed during a challenging time. In her second trimester of pregnancy, diabetic, and in a wheel chair, Gloria explained to a Healthy Cubs representative that although she didn't want to lose her benefits, her current health program did not cover pregnancy related services. The fear of losing coverage for her medications also prevented Gloria from pursuing other options.

Although Gloria was considered a high-risk pregnancy patient, she had not yet started prenatal care. After the Healthy Cubs program was fully explained, and Gloria completed an application, she was promptly accepted into Healthy Cubs. There was no interruption of coverage for her current conditions, and when she picked up her card, she immediately headed over to the pharmacy to refill her medications. Maria also began receiving the appropriate prenatal care that is such an important component of giving birth to a healthy baby.

Looking back, Gloria was very pleased that assistance was available to her and stated that she had felt great relief once she knew that she would receive the care she needed. She was also quite satisfied with everything that was done for her and very appreciative of the Healthy Cubs Program for providing her medical care for her pregnancy, while at the same time completing her Medi-Cal application for more permanent coverage.

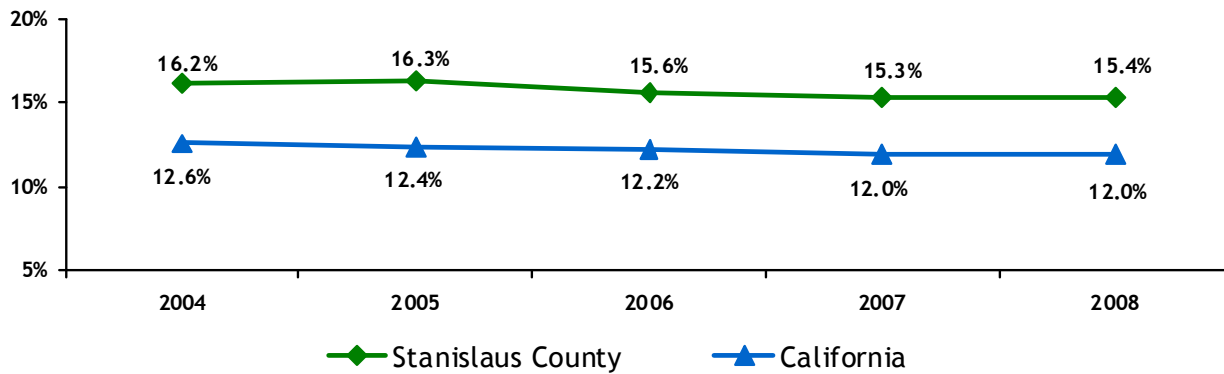
Healthy Cubs is a Health Services Agency program funded by the Stanislaus County Children and Families Commission in collaboration with Golden Valley Health Centers and Oakdale Community Health Center. It offers primary, ambulatory, rehabilitation, and obstetrical care, along with pharmaceuticals and dental care, and provided medical services to 2,592 children ages 0-5 in 2007-2008.

# Medi-Cal Enrollment

## Why It Is Important

The federal Medicaid program, administered as Medi-Cal in California, is available to low-income children and adults. Medi-Cal offers low or no cost insurance to those who might otherwise be uninsured. However, Medi-Cal eligibility is based on narrowly defined categories such as medical need and resource level. There are a large number of families whose resources require them to share the cost of services and, for many, this share of cost is too high, making Medi-Cal services basically unaffordable.

**Figure 73: Percentage of Adults, Ages 18 and Older, Enrolled in Medi-Cal**



Source: California Department of Health Care Services, Medical Care Statistics Section, Medi-Cal Beneficiaries by Age Category (Quarterly Historical), 2008; California Department of Finance, 2000-2050 Race/Ethnic Population with Age and Sex Detail, May 2004.

Stanislaus County 2004 N: 351,771; 2005 N: 360,330; 2006 N: 369,015; 2007 N: 377,882; 2008 N: 386,948.

California 2004 N: 26,800,891; 2005 N: 27,233,713; 2006 N: 27,670,221; 2007 N: 28,113,092; 2008 N: 28,578,707.

Note: Enrollment counts are from the month of January of each year. The terms “eligible,” “beneficiary,” and “enrollee” are used interchangeably within Medi-Cal. Each refers to a person who meets all requirements for receiving a Medi-Cal medical service or good (e.g., drugs, DME items) and is enrolled in the Medi-Cal program by the Department.

**Figure 74: Percentage of People Enrolled in Medi-Cal, by Ethnicity, Monthly Average, Stanislaus County**

	FY 2003-04	FY 2004-05	FY 2005-06	FY 2006-07	FY 2007-08
Caucasian	38.0	36.3	36.0	35.7	34.4
Hispanic	47.3	48.9	50.1	50.4	51.1
African American	3.4	3.8	3.9	4.0	4.1
Asian/Pacific Islander	6.2	6.2	6.1	6.1	5.8
American Indian/Alaska Native	0.3	0.3	0.4	0.4	0.4
Unknown	4.7	4.6	3.5	3.5	4.2
<b>Total</b>	<b>111,686</b>	<b>116,172</b>	<b>114,094</b>	<b>113,082</b>	<b>115,630</b>

Source: California Department of Health Care Services (DHCS), Medi-Cal Care Statistics, Beneficiary Data Files, 2008.

## Data Summary

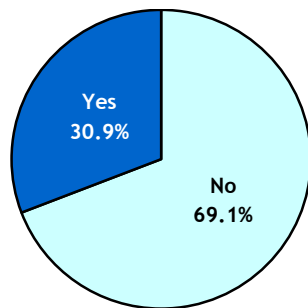
In January 2008, 15% of Stanislaus County residents ages 18 and over were enrolled in Medi-Cal compared to 12% of California residents. Between 2004 and 2008, Stanislaus County consistently had higher percentages of residents enrolled in Medi-Cal than California. During this period, there was a very slight decrease in the percentage of Stanislaus County residents enrolled in Medi-Cal, from 16% in 2004 to 15% in 2008. When broken down by race/ethnicity, it becomes clear that the greatest proportion of Medi-Cal users were Hispanic (51% in FY 2007-08), followed by Caucasians (34% in FY 2007-08).

# Emergency Room Use

## Why It Is Important

Emergency room usage for primary care is often an indicator of a lack of access to care. Residents without health insurance or with limited provider choices often use the emergency room for their primary care as well as for emergencies. Delaying care until the need is urgent often results in poorer health outcomes and increased health care costs.<sup>24</sup>

**Figure 75:**  **Do You Use the Emergency Room for Your Main Source of Health Care? (This Would Be for Illness as Well as for Emergencies.) 2008**



Source: Applied Survey Research, *Stanislaus County Community Health Assessment Survey*, 2008. N=2,723

## Data Summary

The 2008 Stanislaus County Community Health Assessment Survey revealed that 31% of respondents used the emergency room for their main source of health care.

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<sup>24</sup> United States Department of Health and Human Services, Agency for Healthcare Research and Quality, *National Healthcare Disparities Report*, 2005.



## *How We're Making a Difference*

### **Oak Valley Hospital District — Quality Health Care, Close to Home**

Established more than 30 years ago, Oak Valley Hospital continues as a non-profit organization serving Stanislaus and southeast San Joaquin counties and provides quality care close to home. The hospital also serves the communities in the area with emergency care services, ambulance services, as well as laboratory and diagnostic imaging services. Short- and long-term services are provided through Oak Valley Care Center which has 115 licensed skilled nursing beds.

While transportation can be a barrier to health care, Oak Valley Hospital District is making a difference for families in our area. In Oakdale, Riverbank, and Escalon, families have access to quality health care close to home through the District's three community health centers. Families are able to access primary adult and pediatric health care, immunizations, sports or school wellness exams, women's health and prenatal care, and breast and cervical cancer control programs. Also available are dental services, diabetes management, and illness and minor injury care. During the most recent (fiscal) year more than 41,000 visits were made to the community health centers.



The hospital district's Family Support Network is another service that is making a difference for children and families. The Family Support Network is a collaborative partnership with many agencies representing education, law enforcement, churches, service groups and social services. Among the services provided through the resource center are insurance enrollment, parent support groups in English and Spanish, car seat inspection and distribution, health education classes, and resource and referrals.

Whether you need a physical exam or have the sniffles, are having a baby or need a parenting class or support, or have a loved one needing long-term care, Oak Valley Hospital District is there to help you, regardless of where you live.


# Health Care Access and Utilization

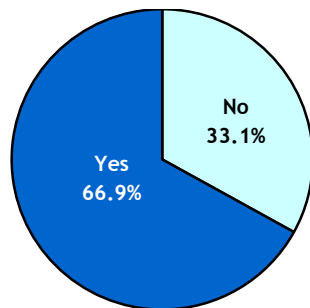
## Why It Is Important

Having a usual source of care (a facility where one regularly receives care) helps people get into the health care system, yet over 40 million Americans do not have a specific source of ongoing care. Individuals without a usual source of care report more difficulties obtaining needed service and fewer preventive services including blood pressure monitoring, flu shots, prostate exams, Pap tests and mammograms.<sup>25</sup>

Simply having health care coverage does not guarantee access to health care services. Transportation is one of the many barriers that individuals face in accessing care. Millions of Americans are considered to be transportation disadvantaged due to their inability to drive, low income, far proximity from a health care center, or due to a physical or mental disability. Because Medicaid caps the number of miles it will pay to transport a person to medical care, those who live far from care are especially disadvantaged.

Such transportation dependency reduces the likelihood that a person will stay on top of preventative care or treat a symptom before it becomes acute. Ultimately, the loss in preventative care leads to high health care costs in the long run for both the individual and society.

**Figure 76:**  **If You Needed Health Care during the Past 12 Months, Were You Able to Receive It? 2008**



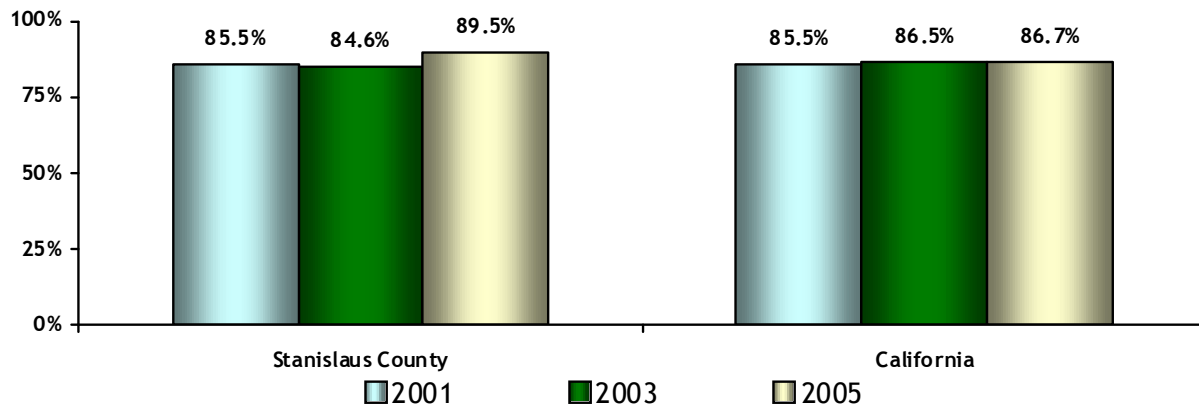
Source: Applied Survey Research, *Stanislaus County Community Health Assessment Survey*, 2008.

Note: Chart reflects those respondents who indicated that they needed health care in the past 12 months.

N=2,485

<sup>25</sup> United States Department of Health and Human Services, Agency for Healthcare Research and Quality, *National Healthcare Disparities Report*, 2005.

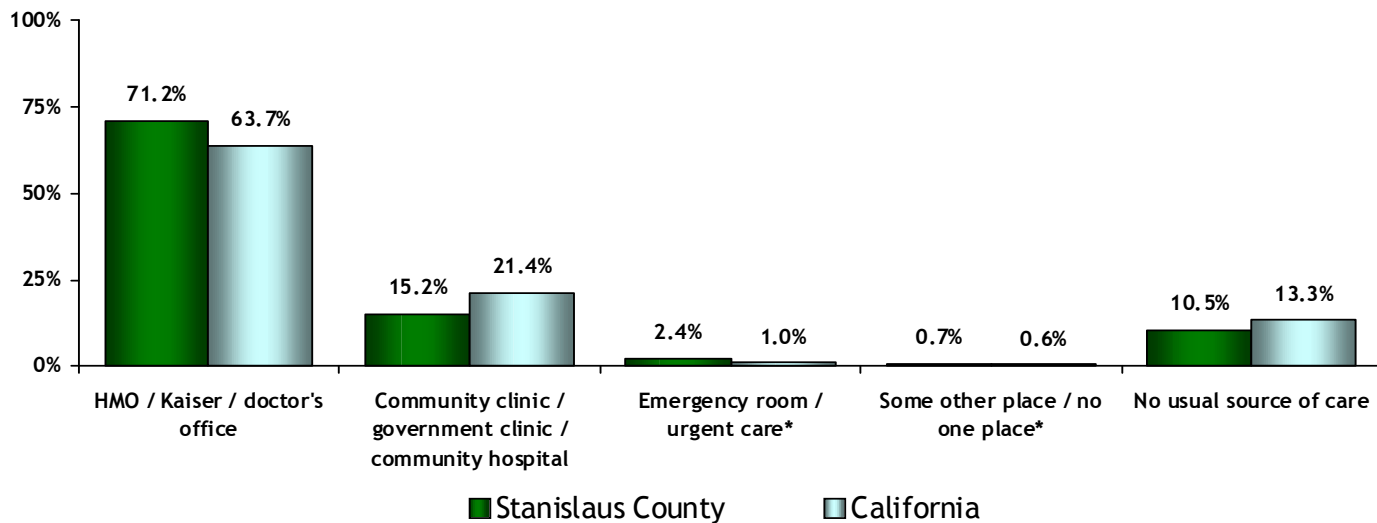
**Figure 77:**  **Adults, Ages 18 Years and Older, Who Have a Usual Place to Go to When They Are Sick or Need Health Advice**



Source: 2001, 2003 and 2005 California Health Interview Survey.  
 Stanislaus County 2001 N: 314,000; 2003 N: 335,000; 2005 N: 352,000.  
 California 2001 N: 24,565,000; 2003 N: 25,597,000; 2005 N: 26,388,000.

 **New data not available**

**Figure 78:**  **Type of Clinic Used as Usual Source of Care by Adults, Ages 18 and Older, 2005**

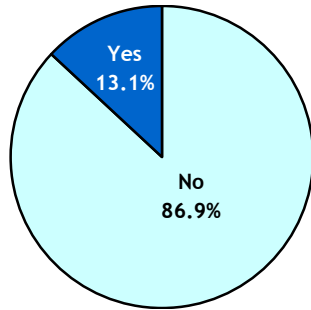


Source: 2005 California Health Interview Survey.  
 Stanislaus County N: 352,000.  
 California N: 26,388,000.

\* Data are statistically unstable. According to CHIS, this is most often caused by a limitation of the sample collected in the survey. Thus, data should be interpreted with caution.

 **New data not available**

**Figure 79:**  **Do You Travel Out of Stanislaus County for Health Care? 2008**




Source: Applied Survey Research, *Stanislaus County Community Health Assessment Survey, 2008*.  
 N=2,747

**Figure 80:**  **If You Needed Health Care during the Past 12 Months and Were Unable to Receive It, Why Couldn't You Receive It? (Mark All That Apply), 2008**

Response	Frequency	Percent
No insurance	481	73.9
Couldn't afford it	190	29.2
Didn't know where to go	79	12.1
Insurance wouldn't cover it	76	11.7
Couldn't afford co-pay	70	10.7
Transportation issues	61	9.4
Unable to find doctor to accept public health insurance (Medi-Cal, Medicaid, etc.)	51	7.9
Unable to communicate due to language or cultural differences	45	6.9
Not enough doctors/specialists available	37	5.6
Couldn't get a timely appointment	30	4.6
Unable to understand phone instructions to make an appointment	28	4.3
Doctor's office hours were not convenient	23	3.5
No child care	22	3.3
New to area/moved to another area	5	0.7
Money issues	4	0.6
Doctor's office/hospital did not want to attend to me	2	0.3
Other	24	3.7
<b>Total respondents</b>	<b>652</b>	<b>-</b>
<b>Total responses</b>	<b>1,228</b>	<b>-</b>

Source: Applied Survey Research, *Stanislaus County Community Health Assessment Survey, 2008*.

**Figure 81:  If You Needed Health Care during the Past 12 Months and Were Unable to Receive It, What Type of Health Care Did You Go Without? (Mark All That Apply), 2008**

Response	Frequency	Percent
Basic care (routine care)	451	60.9
Dental	333	45.0
Preventive care/annual exams	166	22.3
Prescription medications	151	20.4
Specialist care	123	16.5
Chronic (ongoing) problem	119	16.1
Mental health (counseling or other help)	98	13.2
Acute (new) problem	59	7.9
Substance abuse treatment (drugs/alcohol)	55	7.5
Alternative (homeopathic or acupuncture)	35	4.7
Prenatal	32	4.4
Vision care	17	2.3
Other	19	2.5
<b>Total respondents</b>	<b>741</b>	<b>-</b>
<b>Total responses</b>	<b>1,659</b>	<b>-</b>

Source: Applied Survey Research, *Stanislaus County Community Health Assessment Survey, 2008*.

## Data Summary

According to the 2008 Stanislaus County Community Health Assessment Survey, 13% of respondents traveled out of Stanislaus County for health care. Among survey respondents, 33% of those who needed health care within the past year were unable to receive it. The most common reason for being unable to receive health care was due to “no insurance” (74%). Some of the other reasons for being unable to receive care included “couldn’t afford it” (29%), “didn’t know where to go” (12%), “insurance wouldn’t cover it” (12%), and “couldn’t afford co-pay” (11%). Of those who were unable to receive care, the most common types of care that people went without were “basic care (routine care)” (61%), “dental” (45%), “preventive care/annual exams” (22%), and “prescription medications” (20%).

According to CHIS, in 2005, the majority of adults ages 18 and older had a usual place to access health care in both Stanislaus County (90%) and California (87%). In Stanislaus County, this represented a small increase from 86% in 2001. In 2005, CHIS survey respondents were asked which type of clinic they used as their usual source of care. In Stanislaus County, 71% of residents used an HMO/Kaiser/Doctor’s Office, 15% used a community clinic/government clinic/community hospital, 2% used emergency rooms/urgent care, and 11% had no usual source of care. Compared to California, a slightly higher percentage of Stanislaus County adults used an HMO/Kaiser/Doctor’s Office (71% vs. 64%), and a slightly lower percentage used a community clinic/government clinic/community hospital (15% vs. 21%).

## *How We're Making a Difference*

### **Stanislaus County Health Services Agency Public Health**

Vital quality services are delivered daily through Stanislaus County Health Services Agency Public Health. Public Health plays a critical role in creating positive impact on the community's health. This synergy helps decrease co-morbid factors to ameliorate health outcomes. We are dedicated to meet the current and emergent needs of our clientele and continue to work in our current models by enhancing the reciprocal equitable relationship in a more effective manner.

Public Health's systematic approach to health equity for our clients is established through collaboration with the current interdisciplinary team.

Following is the success story of one of our clients, which shows a direct result of our collaboration and the impact created through our services.

A patient was discharged to our care with the co-infection of active TB and AIDS. The individual was hospitalized for a long time with low expectancy to live. The syndemic interaction between these diseases is very difficult and challenging to manage. In addition to his illness the patient required basic needs like shelter, food, money, and medical care. The patient was immediately placed under care at Public Health for TB, but did not qualify for additional medical coverage. However, the public health team of HIV/STD and TB immediately built on established collaborations within the Health Services Agency and outside facilities coordinated with an HIV Specialist to manage care.

Public Health teams, TB and HIV/STD were able to stabilize the patient and connect him with medical care, medication, treatment, food and housing. Staff provided intense support to the client, such as driving to appointments, delivering daily vital medication and treatments, supplying with basic necessities, and making sure nutritional supplements were available to enable recovery. The patient was eventually referred to stable housing, encouraging him to follow up on a regular basis until he was independent enough to transition to less intensive case management. After a year, Public Health received gratitude for saving the client's life. During that period the patient gained weight and was healthy enough to go back to work.



This success illustrates the teamwork, integration of care, and coordination of services that maximize the positive impact of Public Health interventions. Our integration of all programs and services has allowed us to provide prevention, education, testing, effective referrals and treatment focusing on the continuity of services for Stanislaus County.

# Physician Capacity

## Why It Is Important

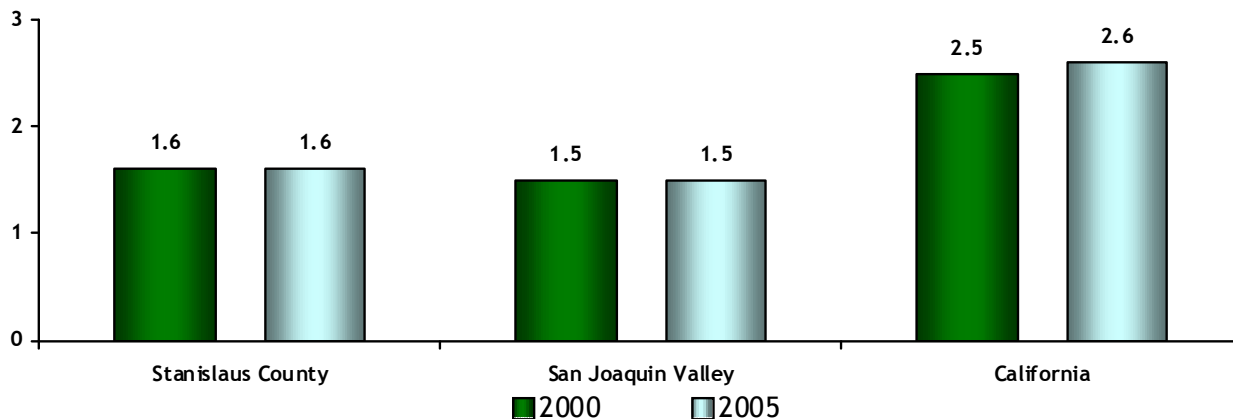
Stanislaus County has 48 specialists per 100,000 residents, compared with 113 per 100,000 in Santa Clara County, 230 per 100,000 in Marin County and 252 per 100,000 in San Francisco, according to the Central Valley Health Policy Institute at California State University, Fresno.

San Joaquin County has 44 specialists per 100,000 and Merced County, at 21 per 100,000, has one of the lowest rates in the state.

Due to low reimbursements and paperwork hassles, an increasing number of specialists across the country are not accepting patients with Medicaid, the nation’s health coverage for the poor. (Medicaid is called Medi-Cal in California.) The Center for Studying Health System Change, a nonprofit research group, reported in 2006 that nearly half the nation’s physicians were not taking Medicaid patients or restricted how many they accepted.

In a California survey, 85% of medical directors at community health centers said their patients frequently had trouble getting access to specialists, according to the California Healthcare Foundation. The clinics had the most trouble referring patients to neurologists, immunologists and orthopedists.<sup>26</sup>

**Figure 82: Rate of Physicians and Surgeons per 1,000 Residents**



Source: Bengiamin, M., Capitman, J.A., and Chang, X. *Healthy People 2010: A 2007 Profile of Health Status in the San Joaquin Valley*, 2007.

Note: San Joaquin Valley includes Fresno, Kern, Kings, Madera, Merced, San Joaquin, Stanislaus, and Tulare Counties.

 **New data not available**

## Data Summary

In both 2000 and 2005, Stanislaus County had 1.6 physicians and surgeons per 1,000 residents. In comparison, San Joaquin Valley had 1.5 physicians and surgeons per 1,000 residents in both 2001 and 2005. In California, in 2005, the rate was 2.6 per 1,000 residents.

<sup>26</sup> The Modesto Bee, Carlson. Ken, Updated November 19, 2007.

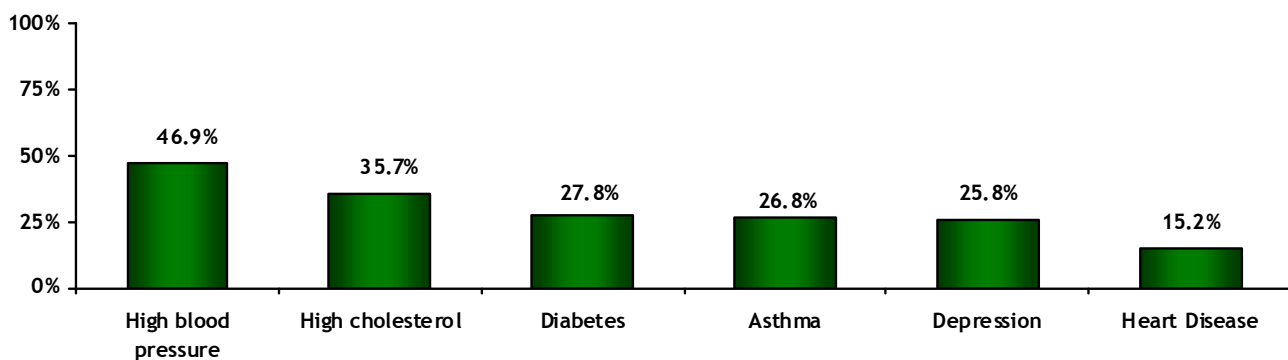
# Health Concerns and Treatment

**Figure 83:**  What Do You Feel is the Number One Health Concern in Your Community Today? (Check Only One)

Response	2003		2008	
	Frequency	Percent	Frequency	Percent
Alcohol/drug abuse	1,373	40.6	859	32.6
Obesity/nutrition	272	8.0	351	13.3
Diabetes	245	7.2	333	12.6
Stress	N/A	N/A	189	7.2
Cancer	253	7.5	165	6.2
Depression	N/A	N/A	165	6.3
Violence	262	7.7	155	5.9
Asthma	186	5.5	121	4.6
High cholesterol	85	2.5	114	4.3
Coronary heart disease	183	5.4	95	3.6
Sexually Transmitted Diseases	118	3.5	N/A	N/A
Tobacco use	174	5.1	44	1.7
Hepatitis	64	1.9	N/A	N/A
Other	169	5.0	50	1.9
<b>Total</b>	<b>3,384</b>	<b>100.0</b>	<b>2,640</b>	<b>100.0</b>

Source: Stanislaus County Public Health Services, Stanislaus County Community Health Assessment Survey, 2003. Applied Survey Research, *Stanislaus County Community Health Assessment Survey*, 2008.

**Figure 84:**  Have You Ever Been Treated for or Advised by a Doctor That You Have Any of the Following? (Mark All That Apply), 2008



Source: Applied Survey Research, *Stanislaus County Community Health Assessment Survey*, 2008. Multiple response question with 1,588 respondents offering 2,830 responses.



## Data Summary

When asked what they feel is the number one health concern in their community today, 41% of respondents to the 2003 Stanislaus County Community Health Assessment Survey responded with “alcohol/drug abuse.” In 2008, 33% of the Stanislaus County Community Health Assessment Survey respondents reported that “alcohol/drug abuse” was their number one concern (please note that 2003 and 2008 survey data are not necessarily comparable due to different survey methodologies). Other top concerns among 2003 respondents were “obesity/nutrition” (8%), “violence” (8%), “cancer” (8%), and “diabetes” (7%). Among 2008 survey respondents, other top concerns were “obesity/nutrition” (13%), “diabetes” (13%), “stress” (7%), and “cancer” (6%).

Forty-seven percent (47%) of the 2008 Stanislaus County Community Health Assessment Survey respondents reported that they have been treated for or advised by a doctor that they have “high blood pressure.” Another 36% reported having been treated for or advised by a doctor for “high cholesterol,” 28% for “diabetes,” 27% for “asthma,” 26% for “depression,” and 15% for “heart disease.”

## How We're Making a Difference

### Cardiac Independence Program at Memorial Medical Center

Memorial Medical Center's Cardiac Independence Program has helped thousands of people recover from life-threatening heart conditions and live healthy, active lives. Jack Barse is one of them.

In January 2007, Jack received emergency open heart surgery to repair an arterial hemorrhage in his aorta and replace a damaged aortic valve. Although he survived the experience and returned home, over the next several months his condition did not improve as expected.

"I was a physical and emotional wreck," Jack recalls. "I was at the end of my rope when I got in touch with the staff at Memorial's Cardiac Independence Program. I owe them everything. They healed me and made me strong once more."

The Cardiac Independence Program provides comprehensive outpatient care and support to patients with heart disease, helping them achieve maximum physical and physiological well being through safe and appropriate exercise, education, risk factor modification and social interaction.

"It's an amazing program that's structured for success," Jack says. "It's designed to help the people who participate in it get better, and it really works."

The Cardiac Independence Program is available to persons who have experienced a heart attack, heart surgery, congestive heart failure, angioplasty, stent, stable angina, pacemakers, irregular hearth rhythms, or heart and lung transplant. A physician's referral is required to participate.

"The program is special because the wonderful staff has genuine compassion for people," Jack reflects. "They really care, and when you're in that situation, that's important to know. They give you the will to get better."

Jack says the program taught him how to get the proper nutrition while avoiding medication interactions, how to deal with stress, and how to exercise safely.

The program features:

- Physician-directed care. The Cardiac Independence staff regularly communicates with each participant.
- Personalized exercise sessions. An individual exercise program is developed for each client. Clients participate in medically supervised exercise sessions that are staffed by registered nurses who help them review their exercise goals.
- Education. Topics include: understanding heart disease, risk factor modification, nutrition, medication review, and stress management.
- Support group: Clients are invited to participate in a support group where they can share their experience with others who have the same diagnosis.

The Cardiac Independence Program also put Jack in touch with local resources including Mended Hearts, the cardiac support group sponsored by Memorial. He currently serves as the group's vice president and inspires other heart patients to recover and heal.

"The staff from Memorial's Cardiac Independence Program gave me everything I needed for total recovery," Jack says. "They nurtured me back to full health, and now I have an active lifestyle and can enjoy playing tennis, long walks, and bicycle rides with my wife. They gave me my life back."

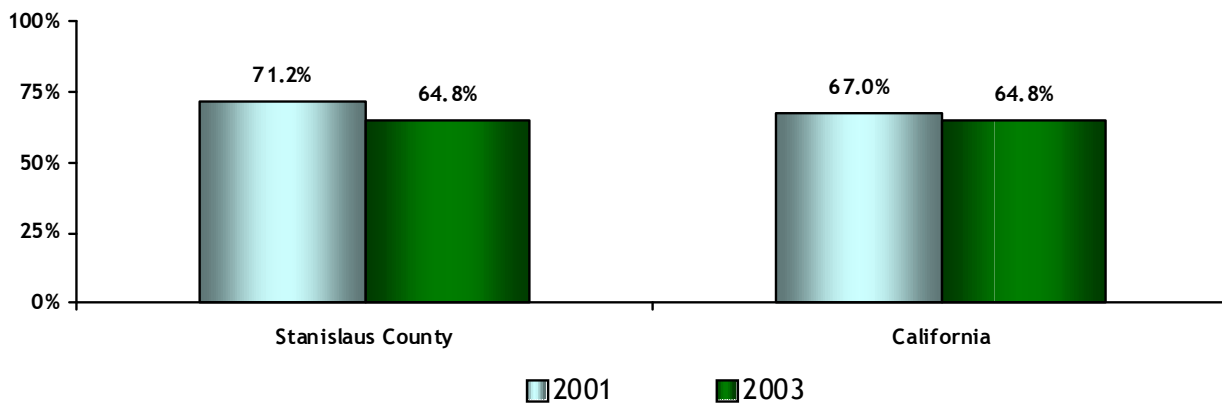


# Dental Insurance / Oral Health

## Why It Is Important

Regular dental visits – at least once per year – are important for preventing, diagnosing and treating oral diseases. Having dental insurance makes getting regular, adequate dental care easier. Further, recent research suggests that periodontal disease or gum disease can impact overall health; periodontal bacteria can enter the blood stream and infect major organs. This may contribute to the development of heart disease, increase the risk of stroke and increase a woman’s risk of having a preterm or low birth weight baby. Periodontal bacteria may also be more dangerous for those with compromised health due to respiratory diseases, diabetes or osteoporosis.<sup>27</sup>

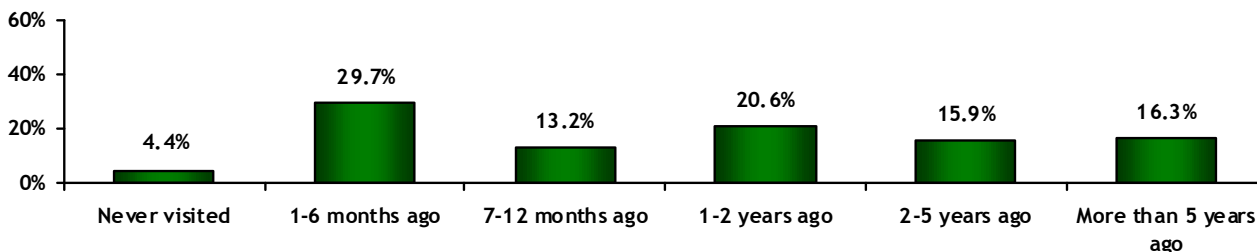
**Figure 85:**  **Percentage of Adults, Ages 18 and Older, with Dental Insurance**



Source: 2001 and 2003 California Health Interview Survey.  
 Stanislaus County 2001 N: 315,000; 2003 N: 335,000.  
 California 2001 N: 24,606,000; 2003 N: 25,597,000.

 **New data not available**

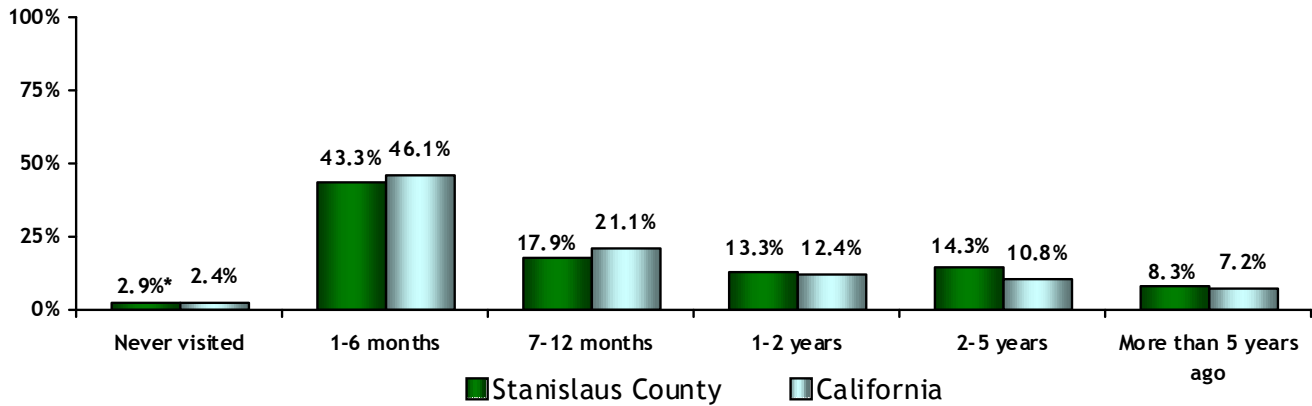
**Figure 86:**  **How Long Has It Been Since You Last Visited a Dentist, Hygienist, or Orthodontist? 2008**



Source: Applied Survey Research, *Stanislaus County Community Health Assessment Survey, 2008*.  
 N=2,735

<sup>27</sup> American Academy of Periodontology, *Mouth Body Connection, 2004*.

**Figure 87:**  **Time Since Last Dentist Visit, Ages 18 and Older, 2003**



Source: 2003 California Health Interview Survey.

Stanislaus County N: 335,000

California N: 25,597,000

\* Data are statistically unstable. According to CHIS, this is most often caused by a limitation of the sample collected in the survey. Thus, data should be interpreted with caution.

 **New data not available**

## Data Summary

In 2003, CHIS data showed that 65% of Stanislaus County and California residents had dental insurance, a decrease since 2001. In 2003, 61% of Stanislaus County residents and 67% of California residents had visited the dentist within the last year, according to CHIS.


According to the 2008 Stanislaus County Community Health Assessment Survey, 30% of respondents had visited a dentist, hygienist, or orthodontist one to six months ago. Thirteen percent (13%) had visited a dentist seven to twelve months ago, 21% had been one to two years ago, 16% had been two to five years ago, 16% had been more than five years ago, and 4% had never been.

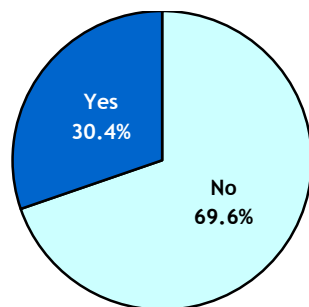
# Mental Health

## Why It Is Important

Mental health problems include depression, anxiety disorders, and psychotic disorders such as schizophrenia, attention-deficit/hyperactivity disorder and conduct disorder. A recent study found that 7.6 million out of 32 million (about 1 in 4) hospital stays by Americans ages 18 and older involved mental illness or alcohol or other drug disorders.<sup>28</sup> Access to quality mental health services is often difficult for many people, but often more so for people with low incomes. Compared with coverage of physical health issues, private insurance has generally been more restrictive in coverage of mental health illness. Public insurance programs such as Medicare and Medicaid also impose limitations on mental health coverage.<sup>29</sup>

Timely and appropriate treatment for mental health issues can sometimes shorten the duration of symptoms or lessen the impact of the illness on the person’s quality of life. Depression is the most common mental health disorder, affecting more than 19 million adults in the United States.<sup>30</sup> In any given year, about one in ten American adults suffer from a depressive disorder.<sup>31</sup> It is estimated that more than two-thirds of those who commit suicide each year suffered from depression.<sup>32</sup> Often, health professionals, such as primary care physicians, are the first to discuss and diagnose mental health issues.

**Figure 88:**  **During the Past 12 Months, Did You Ever Feel so Sad or Hopeless Almost Every Day for Two Weeks or More in a Row That You Stopped Doing Some Usual Activities? 2008**



Source: Applied Survey Research, *Stanislaus County Community Health Assessment Survey, 2008.*

N=2,653

<sup>28</sup> Join Together: Advancing Effective Alcohol and Drug Policy, Prevention and Treatment, “Community Hospitals Hit Hard by Addiction, Mental Illness,” April 11, 2007.

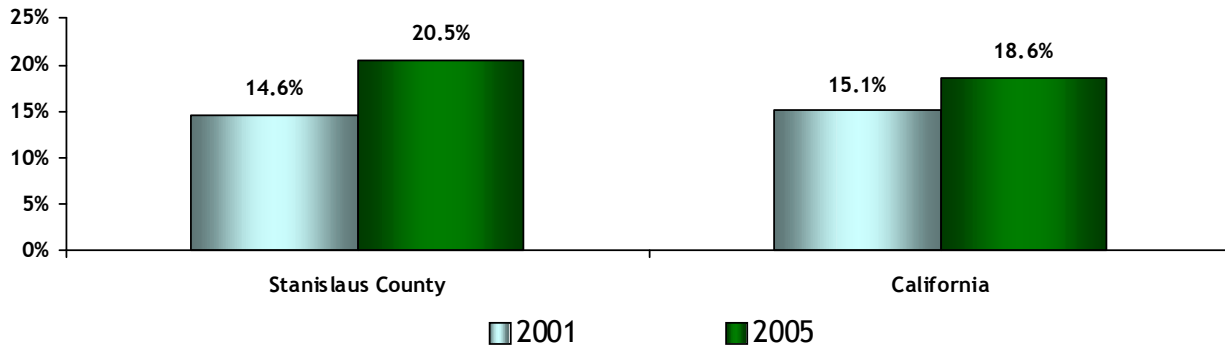
<sup>29</sup> The Office of the Surgeon General, *Mental Health: A Report of the Surgeon General, 1997.*

<sup>30</sup> U.S. Department of Health and Human Services, *Mental Health: A Report of the Surgeon General*, Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services, National Institutes of Health, National Institute of Mental Health, 1999.

<sup>31</sup> U.S. Department of Health and Human Services, Public Health Service, National Institutes of Health, National Institute of Mental Health, *Depression, 2002.*

<sup>32</sup> U.S. Department of Health and Human Services, *Mental Health: A Report of the Surgeon General*, Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services, National Institutes of Health, National Institute of Mental Health, 1999.

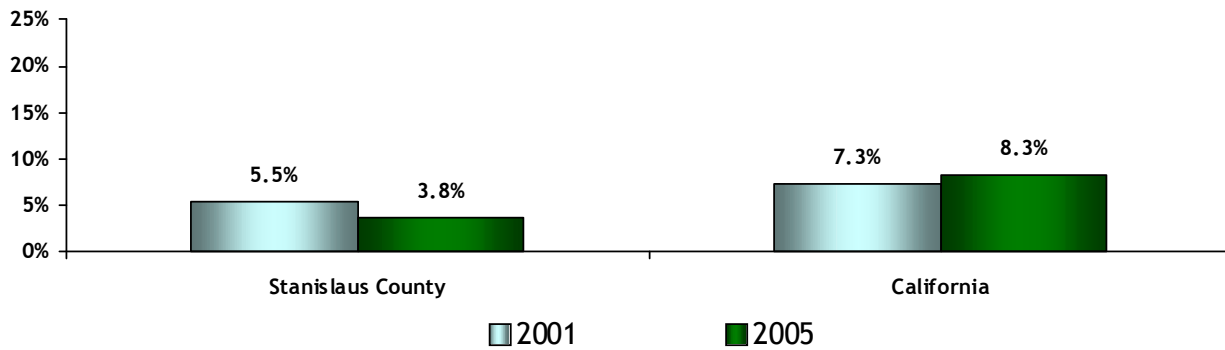
**Figure 89:**  **Percentage of Adults, Ages 18 Years and Older, Who Needed Help for Emotional or Mental Health Problems**



Source: 2001 and 2005 California Health Interview Survey.  
 Stanislaus County 2001 N: 313,000; 2005 N: 351,000.  
 California 2001 N: 24,466,000; 2005 N: 26,291,000.  
 Note: Comparable data not available for 2003.

 **New data not available**

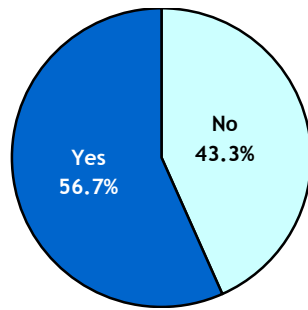
**Figure 90:**  **Percentage of Adults, Ages 18 Years and Older, Who Saw a Health Professional for Emotional or Mental Problems**



Source: 2001 and 2005 California Health Interview Survey.  
 Stanislaus County 2001 N: 314,000; 2005 N: 351,000.  
 California 2001 N: 24,535,000; 2005 N: 26,291,000.  
 Note: Comparable data not available for 2003.

 **New data not available**

**Figure 91:**  **If You Needed Mental Health Treatment (Counseling or Other Help) in the Last 12 Months, Were You Able to Receive It? 2008**



Source: Applied Survey Research, *Stanislaus County Community Health Assessment Survey, 2008.*


N=1,383

Note: Chart reflects those respondents who indicated that they needed mental health treatment in the last 12 months.

**Figure 92:**  **If You Needed Mental Health Treatment in the Last 12 Months and Were Unable to Receive It, Why Couldn't Receive It? (Mark All That Apply), 2008**

Response	Frequency	Percent
No insurance	256	62.4
Couldn't afford it	96	23.3
Didn't know where to go	75	18.3
Insurance wouldn't cover it	62	15.1
Uncomfortable asking for help	60	14.5
Couldn't afford co-pay	38	9.2
Lack of services/services unavailable	36	8.7
Unable to find doctor to accept public health insurance	35	8.4
Transportation issues	31	7.5
Unable to communicate due to language or cultural differences	29	7.2
Doctor's office hours were not convenient	15	3.7
No follow-up from providers	3	0.7
Other	10	2.4
<b>Total respondents</b>	<b>411</b>	<b>-</b>
<b>Total responses</b>	<b>745</b>	<b>-</b>

Source: Applied Survey Research, *Stanislaus County Community Health Assessment Survey, 2008.*

**Figure 93:  If You Didn't Get Professional Mental Health Assistance, Did You Go to Any of the Following for Help? (Mark All That Apply) Those Responding "Yes," 2008**

Response	Frequency	Percent
Friend	141	26.0
Family	137	25.2
Church	108	19.8
Doctor	61	11.2
Spouse	53	9.8
Pastor/minister	45	8.2
Social services provider	39	7.2
Teacher	7	1.3
None of the above	244	44.7
<b>Total respondents</b>	<b>545</b>	<b>-</b>
<b>Total responses</b>	<b>835</b>	<b>-</b>

Source: Applied Survey Research, *Stanislaus County Community Health Assessment Survey, 2008*.

## Data Summary

According to CHIS, in 2005, 21% of Stanislaus County adults and 19% of California adults were in need of help for an emotional or mental health problem, which was an increase from 15% since 2001 for both regions. Although 21% of Stanislaus County adults reported needing mental help, only 4% saw a health professional for emotional or mental problems in 2005.

Thirty percent (30%) of survey respondents reported having felt so sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities. Of those who needed mental health treatment in the last 12 months, 43% were unable to receive treatment. The most common reasons for being unable to receive treatment were "no insurance" (62%), "couldn't afford it" (23%), "didn't know where to go" (18%), "insurance wouldn't cover it" (15%), and "uncomfortable asking for help" (15%). For those who didn't get professional mental health assistance, the most common resources to whom people turned were "friend" (26%), "family" (25%), "church" (20%), "doctor" (11%), and "spouse" (10%).



## *How We're Making a Difference*

### **Doctors Behavioral Health Center**

Doctors Behavioral Health Center is a 67-bed adult inpatient psychiatric treatment center, dedicated to providing quality mental health services. The center offers a progressive treatment environment with caring professionals working in harmony to help improve the quality of life for individuals experiencing acute psychiatric impairment.

#### **Adult Psychiatric Program**

Doctors Behavioral Health Center offers a program designed for adults who may be experiencing a range of difficulties, including:

- Depression and mood disorders
- Anxiety
- Traumatic Stress
- Impaired thinking
- Suicidal thinking and behaviors
- Inability to function
- Prolonged grief reactions
- Combined mental health and substance abuse disorders (dual diagnosis)

This structured and nurturing environment provides close observation and treatment, while promoting a higher level of independence. Goals for patients may include becoming stronger decision makers; enhancing social skills and self-esteem; emerging from self-isolation; and developing independent functioning.

Upon admission to the program, patients receive a psychiatric and medical evaluation. Based on this information, an individualized treatment plan is developed under the direction of a professional, multi-disciplinary team consisting of affiliated physicians, licensed psychiatric nurses, masters level therapists, mental health counselors, recreational therapists and clinical case managers.

Individualized treatment plans may include medication stabilization; group therapy; individualized therapy; recreation therapy; education programs; family sessions; and discharge planning. Patients are also connected to necessary resources in the community upon discharge.

#### **Assessment Services**

Our Assessment Services team is dedicated to assisting those in need of emergent mental health services. Available 24 hours a day, seven days a week, the team works to assess each patient's needs and helps find appropriate treatment, whether it is providing information, admission, or a referral. All assessments are confidential. Our mobile assessment team is available to travel to local area hospitals.

If you, or someone you love, are experiencing emotional, behavioral or psychological difficulty, please call Doctors Behavioral Health Center to speak with a mental health professional at 209.557.6300.

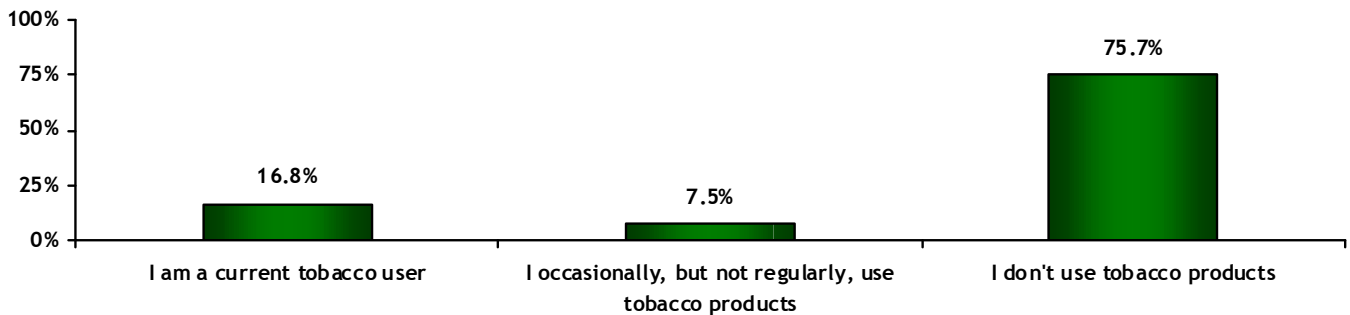
Doctors Behavioral Health Center is an affiliate of Doctors Medical Center and is part of Tenet California. Doctors Medical Center is a 465-bed acute care hospital located at 1441 Florida Ave. in Modesto, and is fully accredited by the Joint Commission. To receive a referral to one of our 550 affiliated physicians, please call 1.888.284.6641.

# Tobacco Use

## Why It Is Important

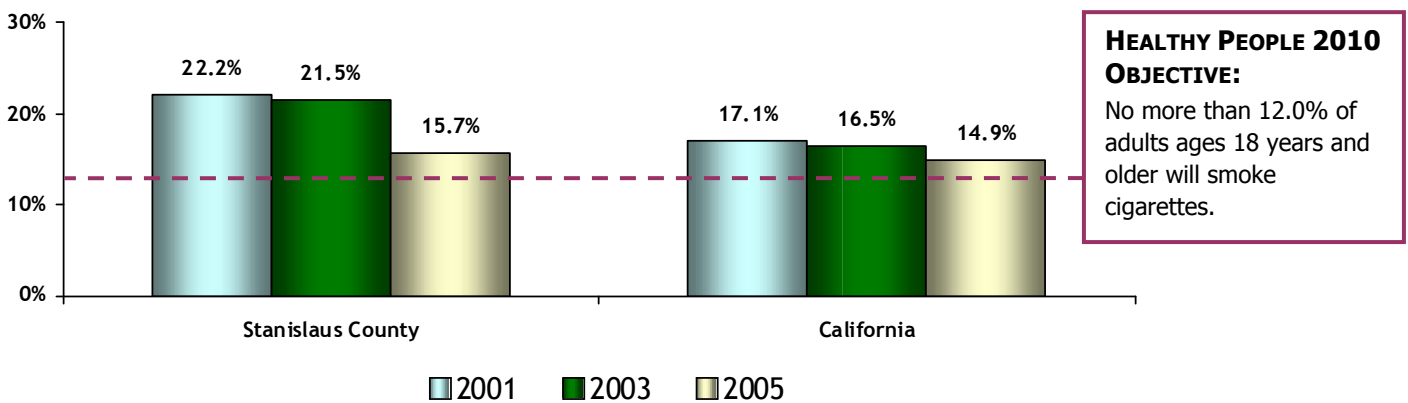
Cigarette smoking is the most preventable cause of disease and death in the United States.<sup>33</sup> Lung cancer is the most frequent cause of cancer deaths. Smoking is a huge risk factor in lung cancer and chronic lung diseases such as emphysema, heart disease and stroke. People who are exposed to environmental tobacco smoke are also more likely to develop heart disease and chronic lung diseases.<sup>34</sup> Quitting smoking can improve overall health and reduce the risk of developing these chronic diseases. Further, smoking has many economic consequences. In 2003, it was estimated that the direct medical costs as well as those due to lost productivity cost California \$14,652,000,000.<sup>35</sup>

**Figure 94:**  Presently, How Would You Classify Yourself With Regard to Tobacco Use (e.g., Cigarettes, Cigars, Chewing Tobacco, and Pipes)? 2008



Source: Applied Survey Research, *Stanislaus County Community Health Assessment Survey*, 2008. N=2,741

**Figure 95:**  Percent of Adults, Ages 18 and Older, Who Currently Smoke



Source: 2001, 2003, and 2005 California Health Interview Survey. Stanislaus County 2001 N: 314,000; 2003 N: 330,000; 2005 N: 352,000. California 2001 N: 24,558,000; 2003 N: 25,469,000; 2005 N: 26,388,000.

 **New data not available**

<sup>33</sup> Great Valley Center, *The State of the Great Central Valley of California: Supporting the Economic, Social, and Environmental Well-being of California's Great Central Valley*, 2003.

<sup>34</sup> American Lung Association, *Facts about Lung Cancer*, retrieved May 6, 2005 from <http://www.lungusa.org>.

<sup>35</sup> American Lung Association, *State of Tobacco Control*, 2004.

## Data Summary

Seventy-six percent (76%) of respondents to the 2008 Stanislaus County Community Health Assessment Survey reported not using tobacco products. Eight percent (8%) of respondents indicated that they occasionally use tobacco products and 17% classified themselves as a “current tobacco user.”

Between 2001 and 2005, neither Stanislaus County nor California met the Healthy People 2010 Objective that no more than 12% of adults will smoke cigarettes. Although, in 2005, slightly smaller percentages of adults reported that they were current smokers in Stanislaus County (16%) and California (15%) than in 2001 (22% and 17%, respectively).

# Alcohol & Drug Use

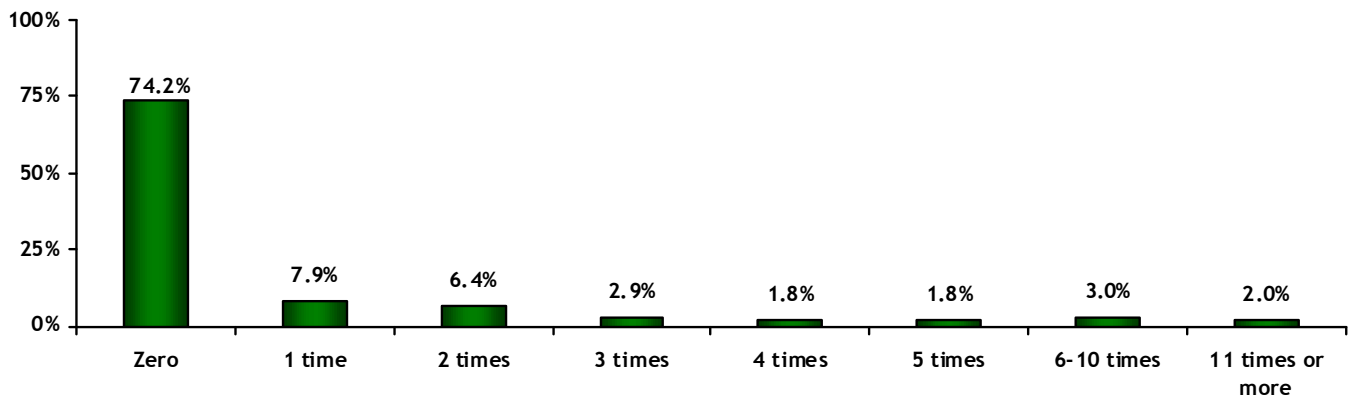
## Why It Is Important

Some research suggests that moderate drinking may be beneficial for the heart and circulatory system and may protect against type II diabetes. In the United States, moderate drinking is usually defined as no more than two drinks per day for men and no more than one drink per day for women. However, heavy drinking is detrimental to health and is a major cause of preventable death in the nation. It can damage the liver and heart and increase the chances of developing breast and some other cancers. Heavy drinking is often called binge drinking which is defined as having five or more drinks on one occasion.

The cost of alcohol in California is roughly \$1,000 per California resident or \$3,000 per family each year. Alcohol use causes a disturbing array of health problems from liver disease to cancer, all of which cost California \$18.2 billion annually. The annual cost to the workplace due to alcohol problems is \$25.3 billion, the cost of traffic collisions and other injuries is about \$12.4 billion, and the total economic cost per year is \$38.4 billion. However, the yearly sales revenue generated by the alcohol industry is \$22.8 billion.

In California, alcohol-caused injury and traffic collisions are responsible for roughly 3,524 deaths and a staggering 109,917 non-fatal injuries each year. Tragically, alcohol results in 784 suicides each year, while 26% of all traffic deaths are caused by alcohol. The total number of lives lost per year due to alcohol use is 9,439 California residents.<sup>36</sup>

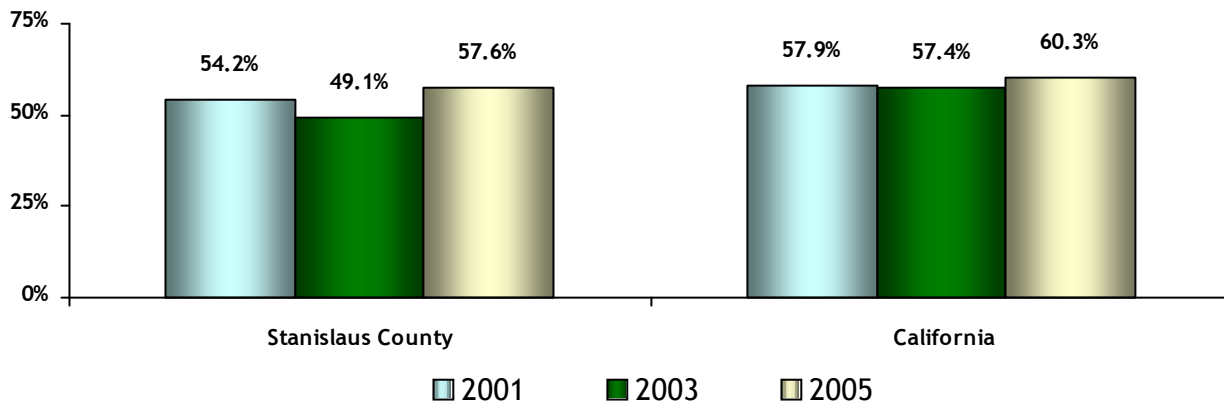
**Figure 96:**  Considering All Types of Alcoholic Beverages, About How Many Times Did You Have 5 or More Drinks in About 2 Hours during the Past 30 Days? 2008



Source: Applied Survey Research, *Stanislaus County Community Health Assessment Survey*, 2008. N=2,562

<sup>36</sup> Marin Institute: *The Annual Catastrophe of Alcohol in California*, July 2008.

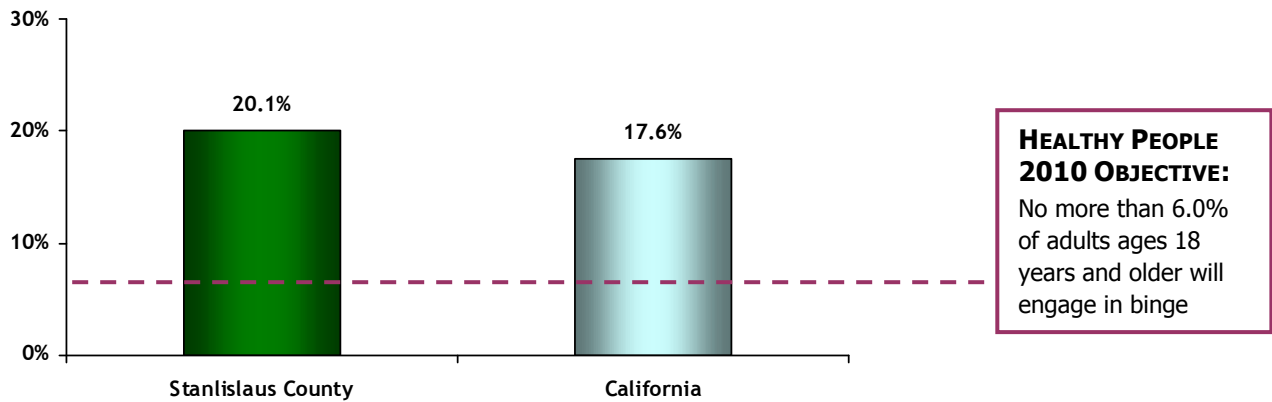
**Figure 97:**  **Percentage of Adults, Ages 18 and Older, Who Drank Alcohol in the Past Month**



Source: 2001, 2003, and 2005 California Health Interview Survey.  
 Stanislaus County 2001 N: 315,000; 2003 N: 330,000; 2005 N: 352,000.  
 California 2001 N: 24,594,000; 2003 N: 25,469,000; 2005 N: 26,388,000.

 **New data not available**

**Figure 98:**  **Percentage of Adults, Ages 18 and Older, Who Engaged in Binge Drinking in the Past Month, 2005**



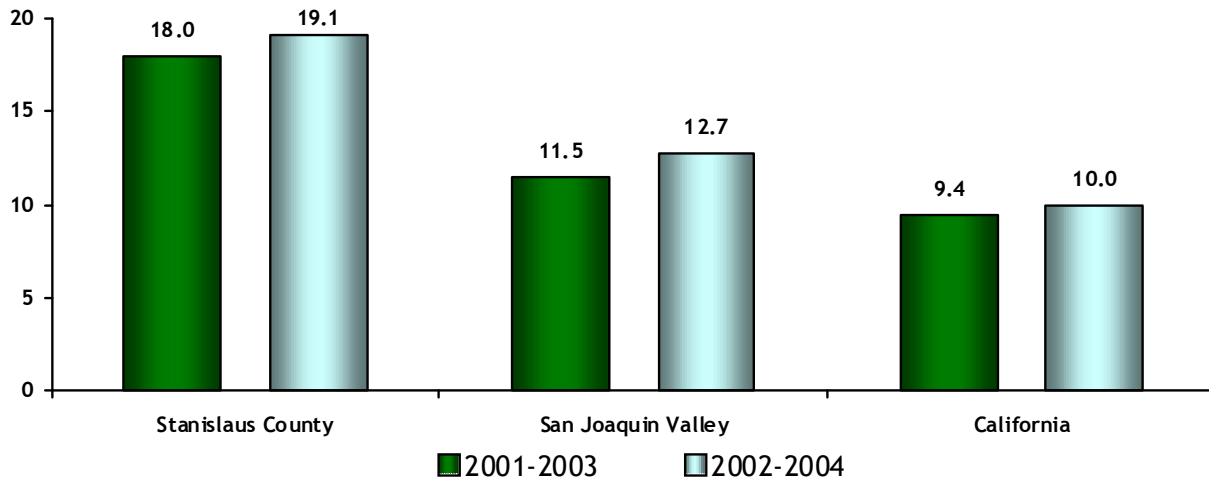
Source: 2005 California Health Interview Survey.  
 Stanislaus County N: 352,000.  
 California N: 26,388,000.

Note: Binge drinking is defined differently for males and females by the California Health Interview Survey. For males, binge drinkers are those that have had five or more drinks on at least one occasion in the past month. For females, binge drinkers are those that have had four or more drinks on at least one occasion in the past month.

Note: Comparable data not available for prior years.

 **New data not available**

**Figure 99: Rate of Drug Induced Deaths per 100,000 Residents, Age Adjusted Averages**



Source: Bengiamin, M., Capitman, J.A., and Chang, X. *Healthy People 2010: A 2007 Profile of Health Status in the San Joaquin Valley, 2007.*

Note: San Joaquin Valley includes Fresno, Kern, Kings, Madera, Merced, San Joaquin, Stanislaus, and Tulare Counties.

 **New data not available**

## Data Summary

A sizable majority (74%) of Stanislaus County Community Health Assessment Survey respondents reported having never had five or more alcoholic drinks within a time period of two hours during the past 30 days. Eight percent (8%) reported having done so once, 6% twice, 3% three times, 4% four to five times, and 5% six times or more during the past month.

According to CHIS, the percentage of Stanislaus County adults who reported drinking in the past month rose from 54% in 2001 to 58% in 2005. Despite the increase, it was still lower than that of California (60%) in 2005. In 2005, 20% of Stanislaus adults engaged in binge drinking compared to 18% of California adults. These percentages were both higher than the Healthy People 2010 Objective that no more than 6% of adults will engage in binge drinking.

Stanislaus County reported the highest rates of drug induced deaths in all of San Joaquin Valley from 2001 to 2004. Between 2002-2004, Stanislaus County had an age adjusted average death rate of 19 per 100,000 residents, which was higher than the rates in San Joaquin Valley (13 per 100,000 residents) and California (10 per 100,000 residents).

## *How We're Making a Difference*

### **Stanislaus County Behavioral Health and Recovery Services**

Over 30 years ago my ambitions, hopes and dreams faded. At that time, I slowly found myself imprisoned inside my mind as the onset of my first psychotic break introduced me to a world riddled with mental illness that destroyed my life. The episodes were horrific as family members, friends and business associates watched the disease take its course. For years, I felt like I had failed my family friends and that my life was over. Even so, I began to access care at a Stanislaus County Regional outpatient facility.

#### **Recovery Happens: Peer Support**

My world changed as I listened and learned from others who seemed to have risen above their destructive and humiliating past. I began my first step into service work as I helped to provide coffee and a warm space at a local drop-in center. The volunteer tasks were minimal, yet I began to feel a sense of belonging and really felt the unity amongst my peers. My service benefits were twofold. Not only was I helping others in their quest for sobriety, but also for the first time I too remained sober. Now educated on the facts about sobriety, my life took on new meaning. This service work, backed by a strong conviction to follow my psychiatrist's direction, proved very beneficial in opening the gates to freedom.

Armed with a vision of hope and a reluctance to remain on Social Security, I chose to volunteer. My first mental health volunteer job was during the development of a new conceptual Stanislaus County mental health program, Wellness Recovery Center. We answered calls for peers and facilitated recovery support groups at a variety of locations including inpatient psychiatric hospital settings. I soon achieved purpose as a peer mentor. The position raised my self-esteem and fired my imagination. Now my career has expanded into a position with Stanislaus County as the Behavioral Health and Recovery Service's Family Advocate.

#### **Reintegration: Community**

I set high goals for my education and received full scholarships at the junior college level. I served as a teacher's aide and received recognition as a goodwill ambassador to the college due to my efforts to enroll others. I have just finished my third year of study at California State University at Stanislaus, participating in a leadership development program, and am closely approaching my Bachelor Degree in Social Sciences.

The long road of reconstruction filled with heartache and feelings of uselessness has now subsided. I have become, through my life's experiences, a better man. My example of strong recovery and perseverance has set the tone for others who may struggle on their respective paths to freedom.

My life is full of passion and, through my production company, I have raised thousands of dollars for charity and developed a widely recognized mental health conference entitled a Day of Hope. I hold a teaching certificate in the NAMI Peer to Peer program and speak regularly at NAMI gatherings. I focus even harder on my recovery to try to be a model for others. I believe in recovery from mental illness, I live it and I share it!

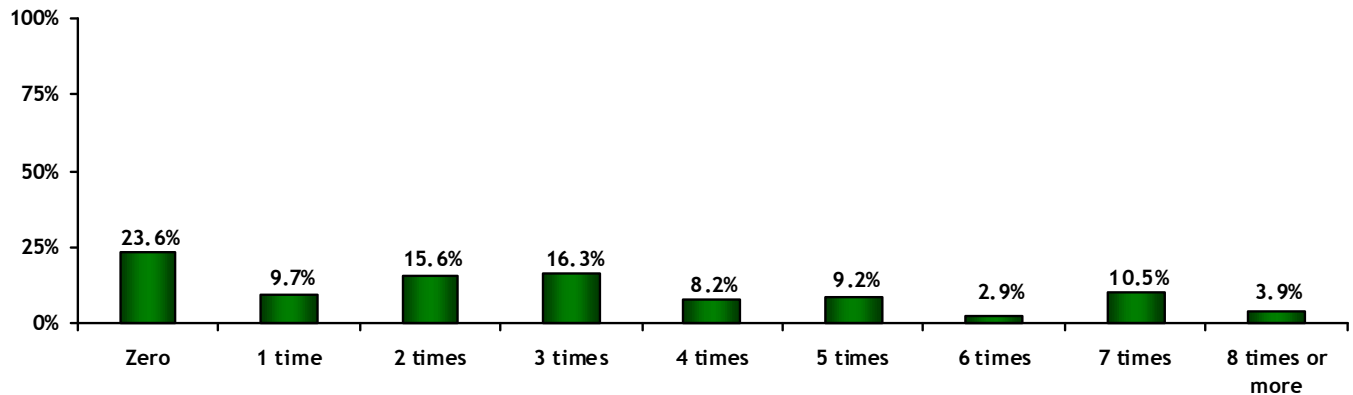
John Black,  
Family Advocate  
Stanislaus County  
Behavioral Health & Recovery Services

# Physical Activity

## Why It Is Important

According to the Centers for Disease Control and Prevention (CDC), “Regular physical activity substantially reduces the risk of dying of coronary heart disease (the nation’s leading cause of death), and decreases the risk for stroke, colon cancer, diabetes and high blood pressure. It also helps to control weight, contributes to healthy bones, muscles and joints, reduces falls among older adults, helps to relieve the pain of arthritis, reduces symptoms of anxiety and depression and is associated with fewer hospitalizations, physician visits and medications.”<sup>37</sup> According to the CDC, people are classified as active at the minimum recommended level if they report moderate-intensity activity at least 30 minutes per day, five or more days per week, or vigorous-intensity activity at least 20 minutes per day, three or more days per week.

**Figure 100: In the Past 7 Days How Many Times Did You Exercise or Participate in Vigorous Physical Activity for at Least 20 Minutes? 2008**

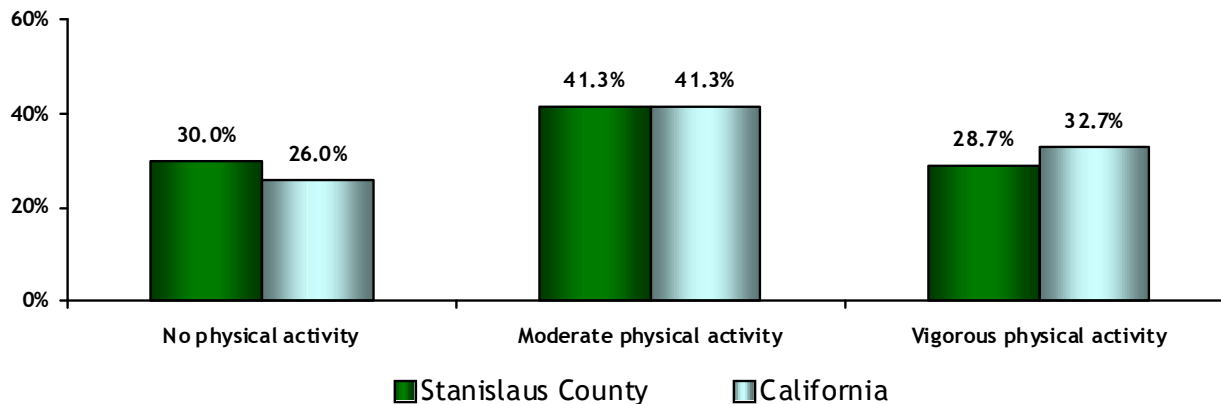


Source: Applied Survey Research, *Stanislaus County Community Health Assessment Survey, 2008*.  
 N=2,650

<sup>37</sup> Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Nutrition and Physical Activity, *The Importance of Physical Activity*, 2004.



**Figure 101:**  **Level of Physical Activity of Adults, 2005**



Source: 2005 California Health Interview Survey.

Stanislaus County N: 155,000.

California N: 11,425,000.

 **New data not available**

## Data Summary

Twenty-four percent (24%) of Stanislaus County Community Health Assessment Survey respondents reported that they did not exercise at all during the past seven days. Forty-two (42%) of respondents exercised one to three times, 20% exercised four to six times, and 14% exercised seven or more times within the past seven days.

In 2005, based on CHIS survey data, Stanislaus County residents were slightly less physically active than California residents on the whole. Thirty percent (30%) of Stanislaus County residents got no physical exercise in 2005 in comparison to 26% in California. However, 41% of Stanislaus County residents got “moderate” physical exercise and 29% got “vigorous” physical exercise.

# Nutrition

## Why It Is Important

Poor nutrition and lack of physical activity contribute to obesity and chronic diseases. Fruits and vegetables provide vitamins, minerals, fiber and other nutrients important to good health. Diets rich in fruits and vegetables may even help reduce the risk of cancer.<sup>38</sup> The United States Department of Agriculture (USDA), the National Academy of Sciences, the American Cancer Society and the National Cancer Institute recommend that people consume between 5 to 9 servings of fruits and vegetables each day to help maintain good health and reduce the risk of cancer and heart disease.<sup>39</sup> Unfortunately, despite the benefits of proper nutrition, the average American diet falls far short. In 2005, one in three adults ate fruit two or more times per day and one in four adults ate vegetables three or more times per day.<sup>40</sup> In addition, a recent study published in the Journal of Food Composition and Analysis revealed that the average American is receiving a third of their daily caloric intake from junk foods such as soft drinks, sweets, desserts, salty snacks, and alcoholic beverages.

**Figure 102:**  **Percentage of Adults, Ages 18 and Older, Who Eat Five or More Servings of Fruits or Vegetables Daily**



Source: 2001 and 2005 California Health Interview Survey.  
 Stanislaus County 2001 N: 303,000; 2005 N: 343,000.  
 California 2001 N: 23,884,000; 2005 N: 26,174,000.  
 Note: Comparable data for 2003 are not available.

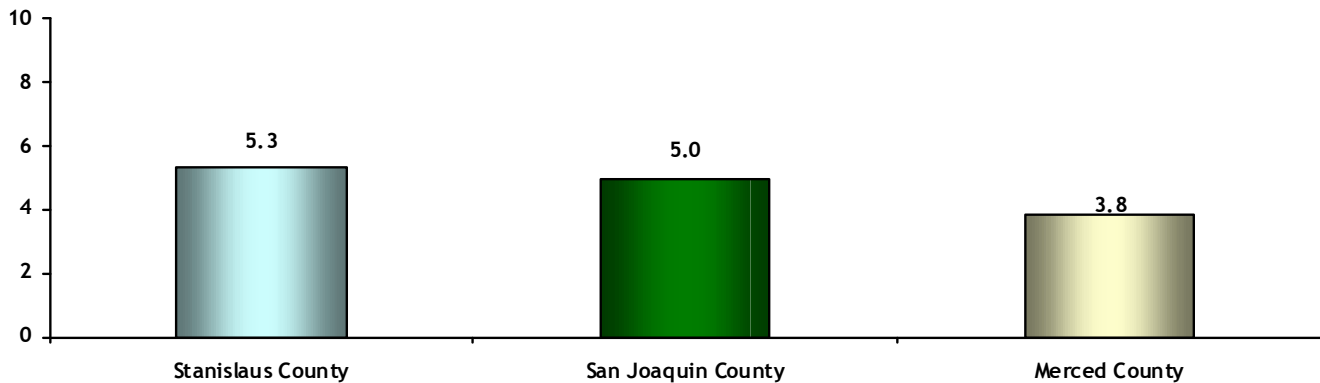
 **New data not available**

<sup>38</sup> Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Nutrition and Physical Activity, *5 a Day*, 2004.

<sup>39</sup> Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, *5 a Day Frequently Asked Questions*, 2004.

<sup>40</sup> Center for Disease Control and Proper Nutrition, *Physical Activity and Good Nutrition: Essential Elements to Prevent Chronic Diseases and Obesity*, 2008.

**Figure 103: Number of Fast Food Restaurants per 10,000 Residents, by County, 2007**



Source: California Department of Public Health, Network for a Healthy California, GIS Map Viewer, 2008. California Department of Finance, Demographic Research Unit, E-4 Population Estimates for Cities, Counties, and State, 2001-2008 with 2000 Benchmark, 2008.

Note: Includes quick service restaurants, restaurants where the primary product is pizza, and restaurants with six or more units where the primary product of the restaurant is a sandwich-type food.

## Data Summary

When adults ages 18 and older were asked by CHIS if they eat five or more servings of fruits or vegetables daily, 44% of adults in Stanislaus County reported doing so in 2005, a decrease from 47% in 2001. Statewide, the percentage of adults ages 18 and older who reported eating five or more servings of fruits or vegetables daily decreased from 53% in 2001 to 49% in 2005. These statewide percentages were higher than the Countywide percentages for both years.

Overall, in Stanislaus County, there were over 5 fast food restaurants per 10,000 residents in 2007. This was higher than Stanislaus’ neighboring counties of San Joaquin (5 per 10,000 residents) and Merced (4 per 10,000 residents).

## How We're Making a Difference

### Determined to Get Healthy - West Modesto King Kennedy Neighborhood Collaborative

*Find common ground, build a safe, nurturing environment, and you will have happy and healthy children.* That is the vision of The West Modesto King Kennedy Neighborhood Collaborative, and they are doing just that.

Diversity is a source of strength for a West Modesto community. This small community puts a positive spin on its most challenging issues. Area retailers consist of small convenience stores and there is minimal access to fresh food, especially fruits and vegetables. Overweight and obese adults make up 66% of the population, and 15% of children are overweight.



Carole Collins, West Modesto King Kennedy Neighborhood Collaborative Director, selects fresh treats from the upcoming community meeting in West Modesto.

The West Modesto King Kennedy Neighborhood Collaborative is tackling a gigantic vision of change that includes the creation of wellness programs, elimination of lifestyle diseases and improvements in environmental safety, including walkways and parks.

Goals of this magnitude take partners. Through a five-year \$1.5 million grant from Kaiser Permanente, West Modesto King Kennedy Neighborhood Collaborative is planning for sustainable lifestyle changes.

“We are delighted that Kaiser Permanente is our partner,” said Carole Collins, West Modesto King Kennedy Neighborhood Collaborative Director. “They are helping us to achieve our goals. We now have agreements with two large, local employers to adopt a work wellness program promoting physical activity among employees. We now have ten health advocates who train neighborhood families on the importance of good nutrition and regular physical activity. We are developing neighborhood walking trails and encourage ‘Walk to School’ events.”

“Our collaborative is growing to over 400 members in West Modesto,” said Carole. “We’re going to make an impact in this community and we’re going to be healthier as we go. Our children will notice the changes. We’re active in schools and collaborate with public health agencies and community clinics.”

West Modesto King Kennedy Neighborhood Collaborative and Kaiser Permanente are creating a sustainable change in healthy living in West Modesto.

# Obesity

## Why It Is Important

Obesity has increased greatly in the last 20 years and is significantly associated with diabetes, high cholesterol, high blood pressure, asthma, arthritis and overall poor health status.<sup>41,42</sup> Obesity is defined using a Body Mass Index (BMI) of 30.0 or greater. A normal BMI is 18.5 to 24.9 and a person is overweight if their BMI is 25.0 to 29.9.<sup>43</sup> BMI for adults is calculated in the following way:

$$\text{BMI} = \left( \frac{\text{Weight in Pounds}}{(\text{Height in inches}) \times (\text{Height in inches})} \right) \times 703$$

While a BMI of 30 or greater strongly suggests that an individual will be at a higher risk for the aforementioned obesity-related diseases, a person's waist circumference is a more powerful predictor of cardiovascular disease risk than any other single measure of obesity.<sup>44</sup> Waist circumferences greater than or equal to 40 inches for men and greater than or equal to 35 inches for women are very predictive of heightened cardiovascular disease risk.<sup>45</sup>

Although waist circumference is the best indicator of cardiovascular disease risk associated with obesity, the BMI continues to be the most commonly accepted measure of obesity status in general. The figures below show BMI data only, as data on waist circumference are not available for Stanislaus County and California at this time.

Further, linked to obesity is metabolic syndrome, which is a combination of medical disorders that increase the risk of developing cardiovascular disease and diabetes. Metabolic syndrome is diagnosed when a person has at least three of the following heart disease risk factors: excessive fat in the stomach area ("apple shaped"), high blood levels of triglycerides (a type of fat in the blood), low blood levels of high-density cholesterol (HDL, a protective blood fat-protein), high blood pressure, and high blood sugar. Metabolic syndrome affects a large number of people, and prevalence rises with increasing obesity, particularly abdominal obesity.<sup>46</sup> Almost 25% of U.S. residents currently have metabolic syndrome, and the numbers continue to grow.<sup>47</sup>

<sup>41</sup> Centers for Disease Control and Prevention (CDC), *Overweight and Obesity: Economic Consequences*, 2004.

<sup>42</sup> Centers for Disease Control and Prevention (CDC), *Overweight and Obesity: Health Consequences*, 2004.

<sup>43</sup> Centers for Disease Control and Prevention (CDC), *Overweight and Obesity: Defining Overweight and Obesity*, 2005.

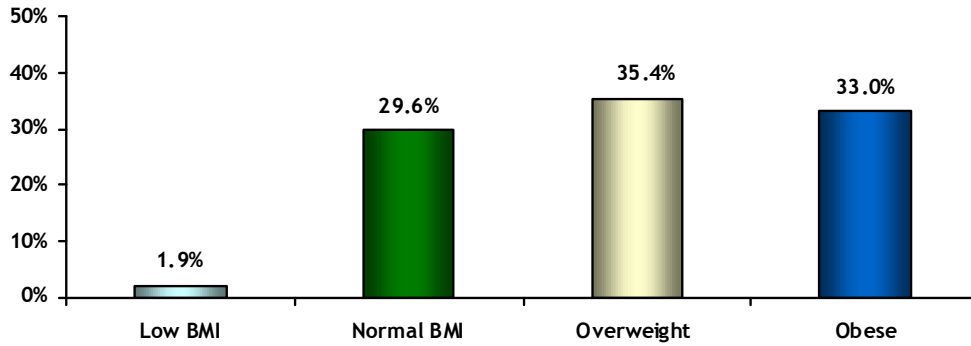
<sup>44</sup> Lakka et al., *Abdominal Obesity is Associated with Increased Risk of Acute Coronary Events in Men*, 2002.

<sup>45</sup> The Journal of the American Medical Association, *National Cholesterol Education Program (NCEP) ATP II*, 2001.

<sup>46</sup> Grundy et al., *AHA Scientific Statement: Diagnosis and Management of the Metabolic Syndrome*, 2005.

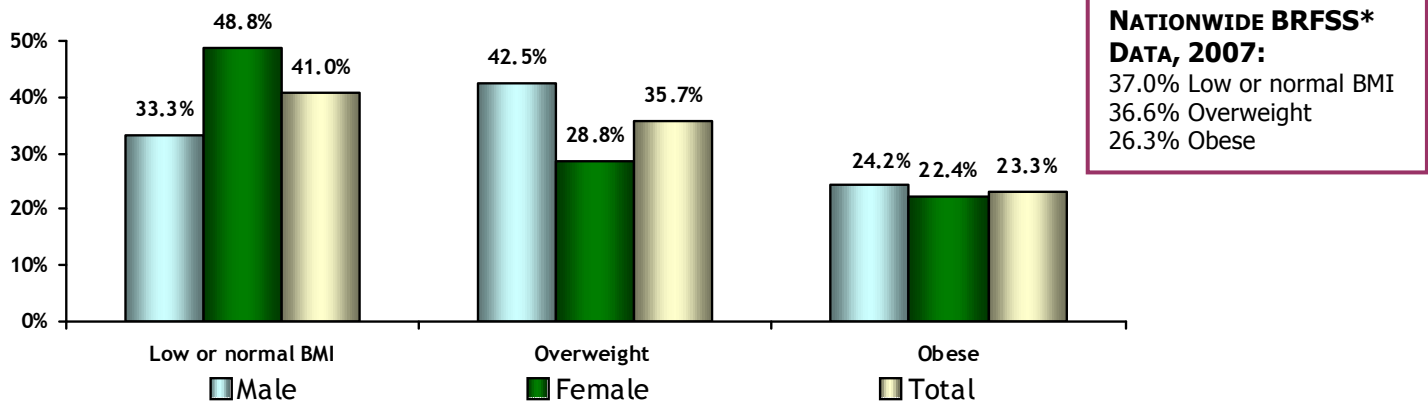
<sup>47</sup> U.S. Department of Health & Human Services, National Institute of Health (April 2007), *Metabolic Syndrome*, Retrieved March 2008 from, [http://www.nhlbi.nih.gov/health/dci/Diseases/ms/ms\\_what.html](http://www.nhlbi.nih.gov/health/dci/Diseases/ms/ms_what.html).

**Figure 104:**  **Body Mass Index of Stanislaus County Adults, 2008**



Source: Applied Survey Research, *Stanislaus County Community Health Assessment Survey, 2008*. N=2,608


**Figure 105:**  **Body Mass Index of California Adults, by Gender, 2007**

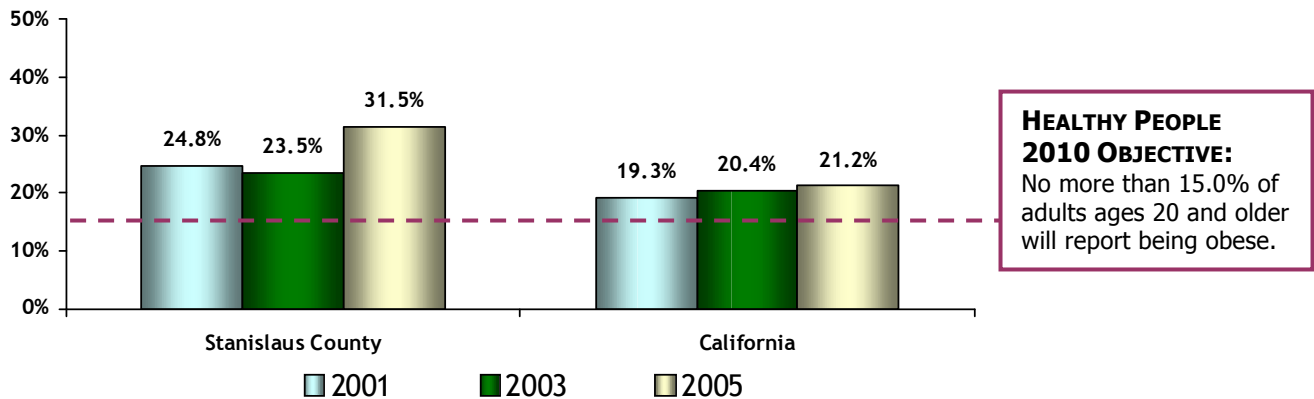


Source: Centers for Disease Control and Prevention (CDC). *Behavioral Risk Factor Surveillance System Survey Data*. Atlanta, Georgia: U.S. Department of Health and Human Services, 2008.

Male N: 2,134; Female N: 3,335; Total N: 5,469.

\* Behavior Risk Factor Surveillance System.

**Figure 106:**  **Percentage of Adults, Ages 18 and Older, Who Are Obese**



Source: 2001, 2003, and 2005 California Health Interview Survey.  
 Stanislaus County 2001 N: 305,000; 2003 N: 335,000; 2005 N: 352,000.  
 California 2001 N: 23,852,000; 2003 N: 25,597,000; 2005 N: 26,388,000.

 **New data not available**

## Data Summary


Less than one-third (30%) of respondents to the Stanislaus County Community Health Assessment Survey had a normal Body Mass Index (BMI). Thirty-five (35%) of respondents were overweight, and 33% were obese. The Healthy People 2010 Objective is to not have more than 15% of adults ages 20 and older report being obese. Neither Stanislaus County nor California met that objective.

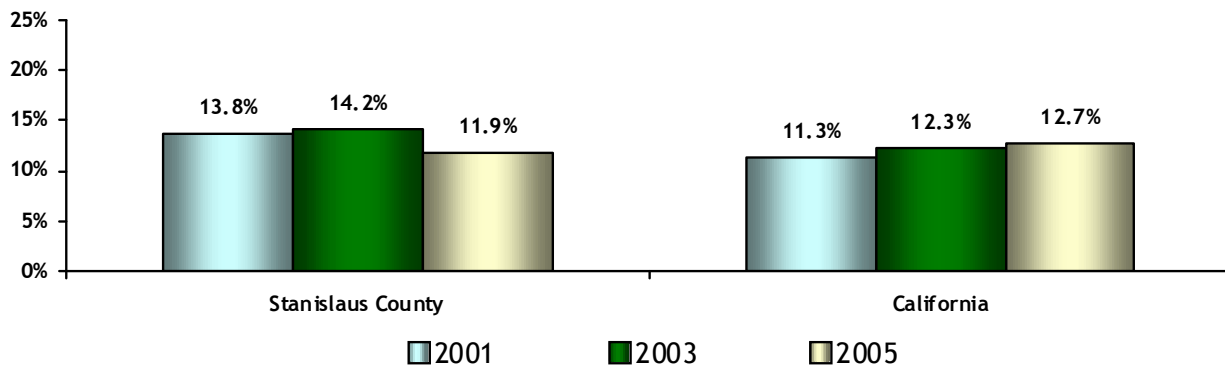
The percentage of obese adults increased in both Stanislaus County and California from 2001 to 2005 according to CHIS. Moreover, in each survey year, Stanislaus County had higher percentages of obese adults than California. In 2005, 32% of County adults were obese compared to 21% of California adults. When broken down by gender, data showed that a greater proportion of males (67%) than females (51%) were overweight or obese in California.

# Asthma

## Why It Is Important

Asthma is a chronic respiratory condition characterized by breathlessness, wheezing and chest tightness and has been on the rise in the country over the past 20 years.<sup>48</sup> Fortunately, asthma can be successfully controlled with medical supervision and treatment. However, children and adults who do not have access to adequate medical care are likely to experience repeated serious episodes, trips to the emergency room and absences from school and work. Asthma hospitalization rates illustrate the worst episodes of asthma and are a proxy measure for inadequate treatment.

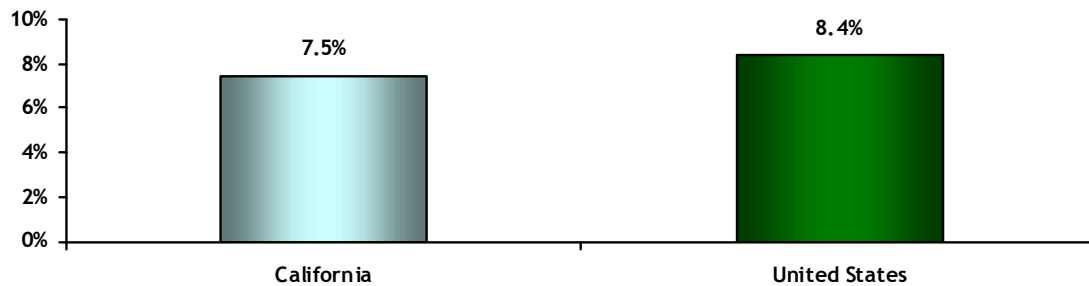
**Figure 107:**  **Percentage of Adults, Ages 18 and Older, Who Have Been Diagnosed with Asthma**



Source: 2001, 2003, and 2005 California Health Interview Survey.  
 Stanislaus County 2001 N: 314,000; 2003 N: 335,000; 2005 N: 352,000.  
 California 2001 N: 24,577,000; 2003 N: 25,597,000; 2005 N: 26,388,000.

 **New data not available**

**Figure 108:**  **Percentage of Adults, Ages 18 and Older, Who Have Been Told They Currently Have Asthma, 2007**

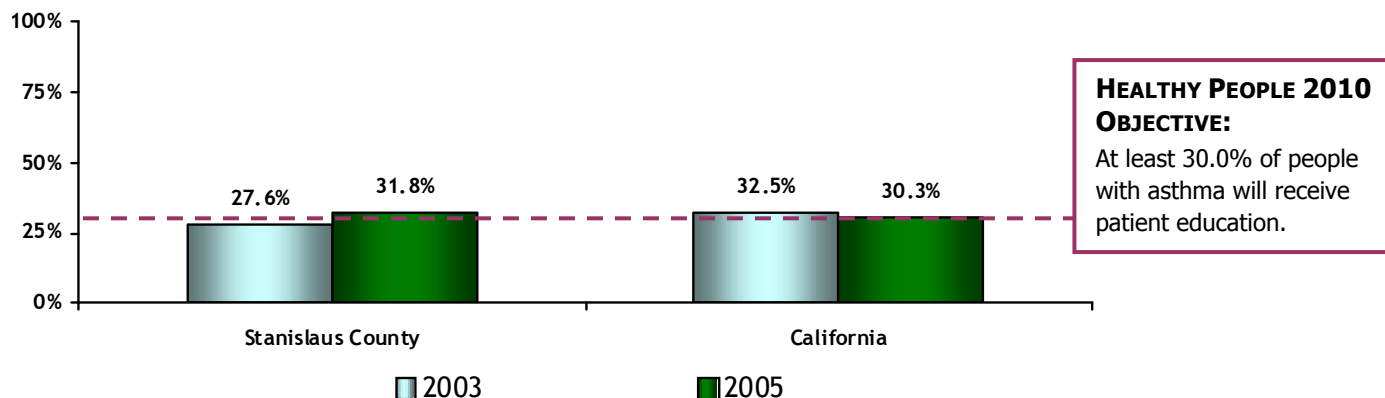


Source: Centers for Disease Control and Prevention (CDC). *Behavioral Risk Factor Surveillance System Survey Data*. Atlanta, Georgia: U.S. Department of Health and Human Services, 2008.  
 BRFSS California N: 5,686; United States N: N/A.

<sup>48</sup> UCLA Center for Health Policy Research, *Policy Brief: Asthma among California’s Children, Adults and the Elderly: A Geographic Look by Legislative Districts*, September 2004.



**Figure 109:**  **Percentage of Adults, Ages 18 and Older, Who Have Ever Been Provided an Asthma Management Plan**



Source: 2003 and 2005 California Health Interview Survey.

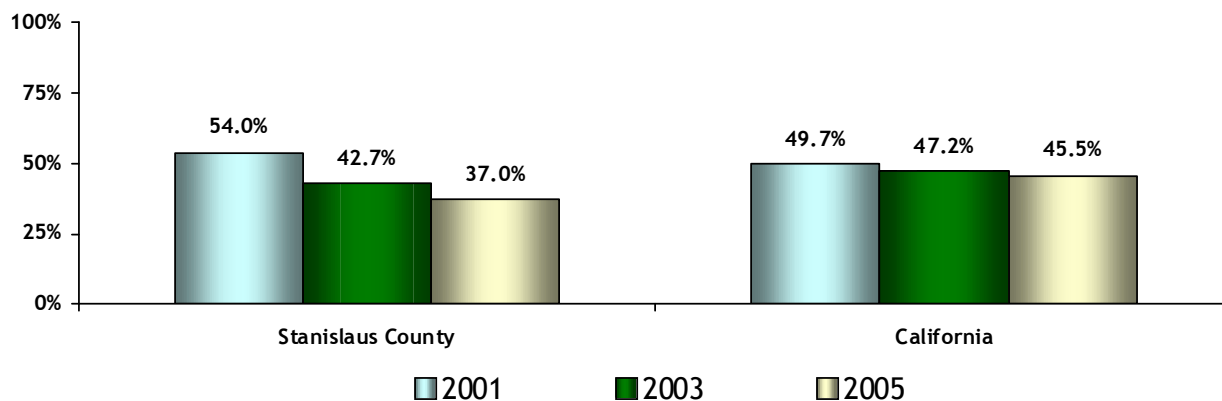
Stanislaus County 2003 N: 48,000; 2005 N: 42,000.

California 2003 N: 3,154,000; 2005 N: 3,356,000.

Note: Question only asked of those who reported being told by a doctor that they have asthma.

 **New data not available**

**Figure 110:**  **Percentage of Adults, Ages 18 and Older, Who Take Daily Medication to Control Asthma**



Source: 2001, 2003, and 2005 California Health Interview Survey.

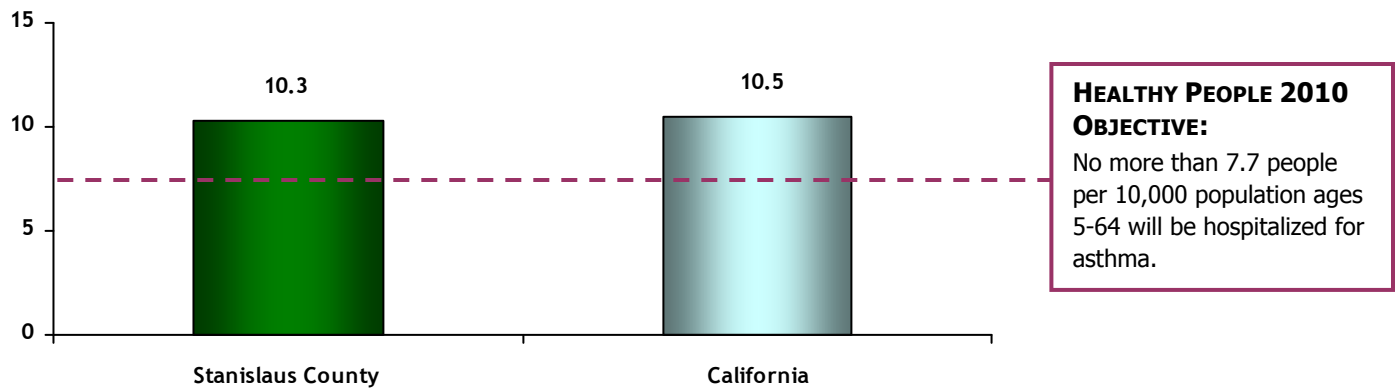
Stanislaus County 2001 N: 43,000; 2003 N: 28,000; 2005 N: 31,000.

California 2001 N: 2,772,000; 2003 N: 1,865,000; 2005 N: 2,021,000.

Note: Question was only asked of respondents who have been told they have asthma and who either still have asthma and/or had an episode in the last 12 months.

 **New data not available**

**Figure 111: Age-Adjusted Asthma Hospitalization Rate per 10,000 Residents, All Ages, 2000-2005 Aggregated**



Source: California Department of Health Services, *The Burden of Asthma in California*, June 2007.

Stanislaus County n: 2,938; N: N/A.

California n: 220,777; N: N/A.

 **New data not available**

## Data Summary

According to the California Health Interview Survey (CHIS), the number of adults diagnosed with asthma decreased slightly in Stanislaus County and increased slightly in California from 2001 to 2005. In 2005, the County’s percentage was 12% while the state’s was 13%. In 2007, the Behavioral Risk Factor Surveillance System reported a lower prevalence of asthma for both California and the nation (8% for both). Of those diagnosed with asthma in 2005, only about one-third (32%) were provided an asthma management plan in Stanislaus County. This percentage was slightly above the Healthy People 2010 Objective that at least 30% of people with asthma will receive patient education. Between 2001 and 2005, the percentage of people taking daily medication for asthma decreased steadily in Stanislaus County and California (54% to 37% and 50% to 46%, respectively).

Additionally, from 2000 to 2005, Stanislaus County had a similar aggregated asthma hospitalization rate (10.3 asthma hospitalizations per 10,000 residents) to California (10.5 asthma hospitalizations per 10,000 residents). Both the County and the state did not meet the Healthy People 2010 Objective that no more than 7.7 people per 10,000 population will be hospitalized for asthma.

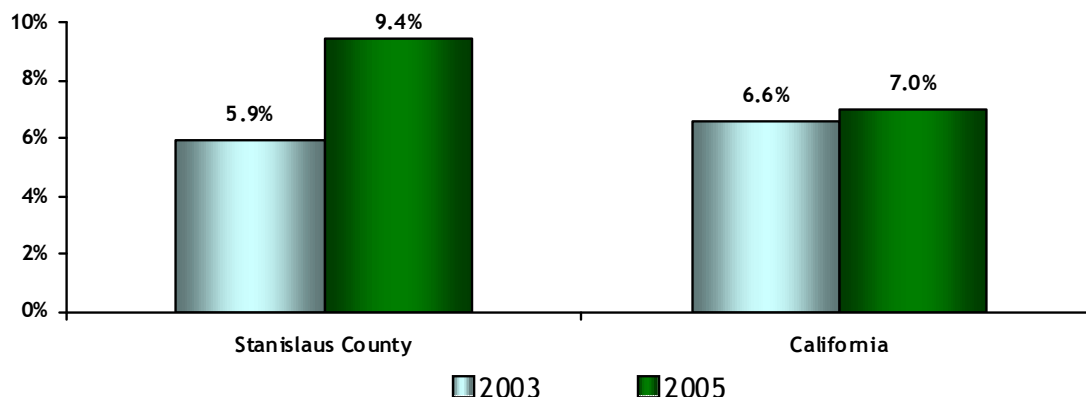
# Diabetes

## Why It Is Important

Diabetes is considered a silent killer because it is often overlooked. Yet, diabetes is the leading cause of kidney failure, adult blindness and amputations and is a leading contributor to strokes and heart attacks. In the United States, 20.8 million people have diabetes. Ninety to 95% have type 2 diabetes (previously called adult onset diabetes), and 5–10% have type 1 diabetes (also called juvenile diabetes). Good self-management and care help control the disease and prevent complications.<sup>49</sup>

Diabetes mellitus is the most common metabolic complication of pregnancy, affecting 6% to 7% of all pregnant women - approximately 150,000 nationwide each year. This amounts to approximately 1.5 million women affected over a ten year period. Approximately 50% of the women with gestational diabetes will go on to develop type 2 diabetes within 5 to 10 years. Many ethnic groups including Hispanic, African American, and Native American populations have an even greater incidence of GDM (gestational diabetes - a type of diabetes that develops during pregnancy) and type 2 diabetes.

**Figure 112:**  **Percentage of Adults, Ages 18 and Older, Who Have Been Diagnosed with Diabetes**

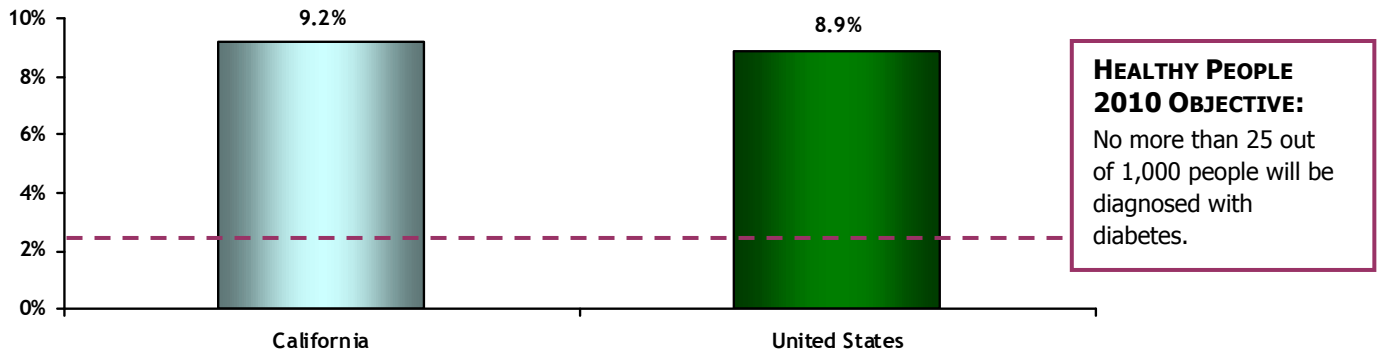


Source: 2003 and 2005 California Health Interview Survey  
 Stanislaus County 2003 N: 335,000; 2005 N: 352,000.  
 California 2003 N: 25,597,000; 2005 N: 26,388,000.

 **New data not available**

<sup>49</sup> California Department of Health Services, California Diabetes Control Program, *Fast Facts on Diabetes*, 2003.

**Figure 113:**  **Adults Who Have Been Diagnosed with Diabetes, 2007**

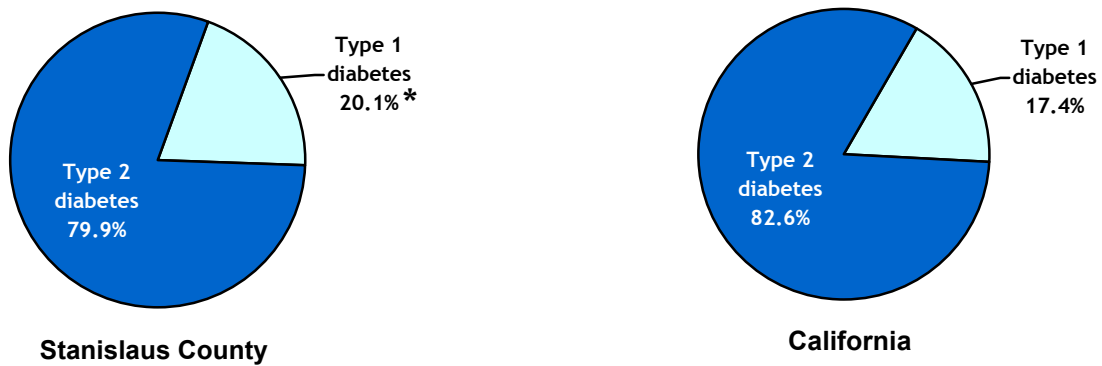


Source: Centers for Disease Control and Prevention (CDC). *Behavioral Risk Factor Surveillance System Survey Data*. Atlanta, Georgia: U.S. Department of Health and Human Services, 2008.

BRFSS California N: 5,689; United States N: N/A.

Note: Of the 9.2% of California residents diagnosed with diabetes, 1.6% was pregnancy related. Of the 8.9% in the U.S., 0.9% was pregnancy related.

**Figure 114:**  **Of Those Diagnosed with Diabetes, Type of Diabetes, 2005**



Source: 2005 California Health Interview Survey.

Stanislaus County N: 33,000.

California N: 1,835,000.

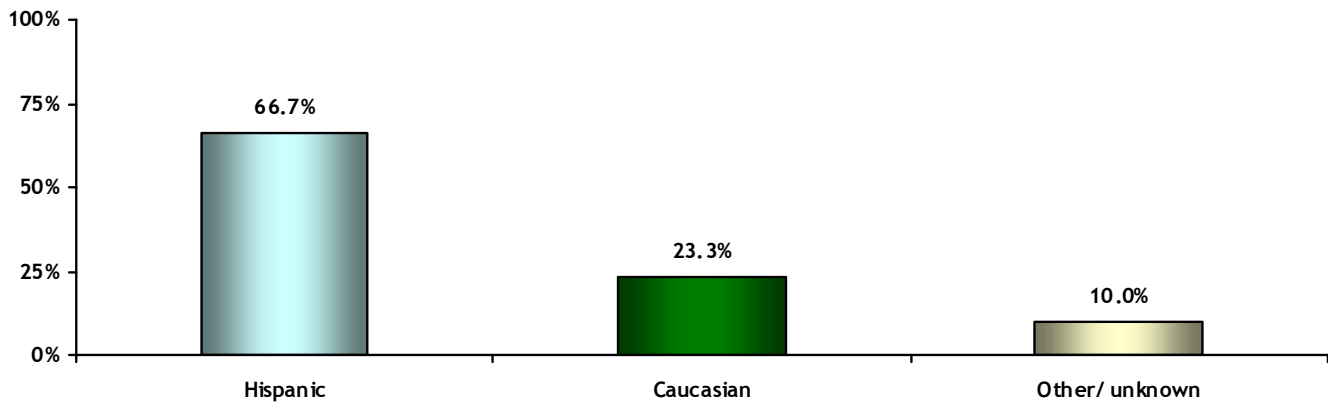
\* Data are statistically unstable. According to CHIS, this is most often caused by a limitation of the sample collected in the survey. Thus, data should be interpreted with caution.

 **New data not available**

## Sweet Success

The California Diabetes and Pregnancy Program developed and implemented a highly successful, cost-effective, outpatient based education program called Sweet Success. Over 200 California hospitals, clinics and/or doctors’ offices now have active Sweet Success programs. Because of the program’s flexibility, it has been successful for facilities of all sizes because it is able to deliver selected services tailored to utilize the available resources.<sup>50</sup>

**Figure 115: Total Sweet Success Clients, by Ethnicity, Emanuel Medical Center, 2006**



Source: Emanuel Medical Center, Sweet Success Clinic, Sweet Success Annual Site Survey Form, 2008.

Total clients: 150 patients.

## Data Summary

From 2003 to 2005, the percentage of adults with diabetes increased in both Stanislaus County and California. In 2005, the percentage of adults diagnosed with diabetes was 9% in Stanislaus County and 7% in California. Both were higher than the Healthy People 2010 Objective that no more than 25 out of 1,000 people will be diagnosed with diabetes. In 2005, of those diagnosed with diabetes in Stanislaus County and California, four times more were diagnosed with type 2 (80% and 83%, respectively) than type 1 (20% and 17%, respectively).

The number of Sweet Success clients at Emanuel Medical Center was 150 in 2006. Of the 150 patients, 67% were Hispanic, 23% were Caucasian, and 10% were of another or unknown race/ethnicity.

<sup>50</sup> Sweet Success Extension Program-Factsheet, [www.sweetsuccessexpress.com](http://www.sweetsuccessexpress.com), 2008.

# Hypertension

## Why It Is Important

High blood pressure, which is also known as hypertension, is dangerous because it forces the heart to work extra hard to pump blood out to the rest of the body and contributes to the development of the hardening of the arteries and heart failure. While the exact causes of hypertension are unknown, the following are believed to be contributing factors: smoking; being overweight; lack of physical activity; too much salt in the diet; too much alcohol consumption (no more than one to two drinks per day); stress; older age; genetics; family history of high blood pressure; chronic kidney disease; and adrenal and thyroid disorders.<sup>51</sup>

High blood pressure, or hypertension, is a blood pressure reading of 140/90 mmHg or higher.<sup>52</sup> Nearly 1 in 3 American adults has high blood pressure, and once it develops, it usually lasts a lifetime.<sup>53</sup> High blood pressure is referred to as the silent killer because it typically does not have symptoms. Some people may not find out they have it until they have trouble with their heart, brain, or kidneys. When high blood pressure is not found and treated, it can cause:

- The heart to get larger, which may lead to heart failure.
- Small bulges (aneurysms) to form in blood vessels. Common locations are the main artery from the heart (aorta); arteries in the brain, legs, and intestines; and the artery leading to the spleen.
- Blood vessels in the kidney to narrow, which may cause kidney failure.
- Arteries throughout the body to “harden” faster, especially those in the heart, brain, kidneys, and legs. This can cause a heart attack, stroke, kidney failure, or amputation of part of the leg.
- Blood vessels in the eyes to burst or bleed, which may cause vision changes and can result in blindness.<sup>54</sup>

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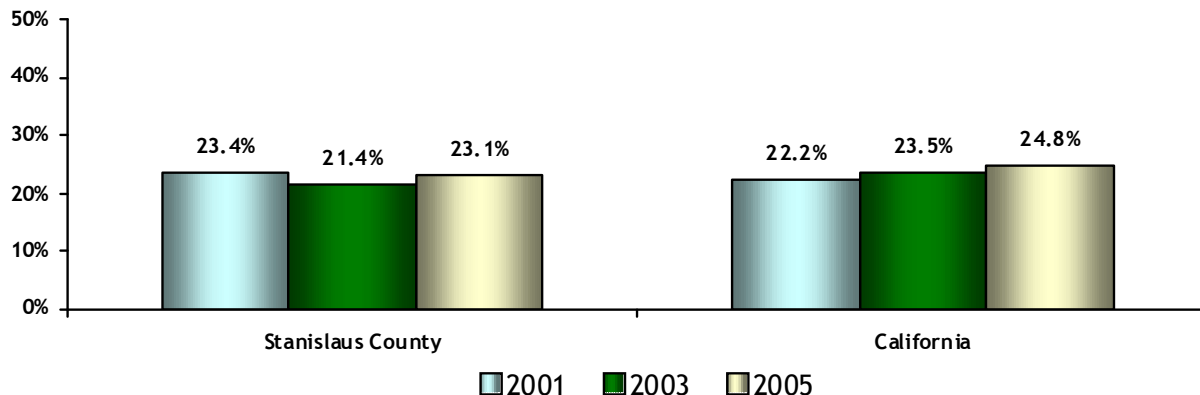
<sup>51</sup> WebMD, reviewed by doctors at the Cleveland Clinic Heart Center. *Hypertension: Blood Pressure Basics*. 2006. <<http://www.webmd.com/hypertension-high-blood-pressure/guide/blood-pressure-basics>>.

<sup>52</sup> National Heart Lung and Blood Institute Diseases and Conditions Index, High Blood Pressure, May 1, 2007, [http://www.nhlbi.nih.gov/health/dci/Diseases/Hbp/HBP\\_WhatIs.html](http://www.nhlbi.nih.gov/health/dci/Diseases/Hbp/HBP_WhatIs.html).

<sup>53</sup> Ibid.

<sup>54</sup> Ibid.

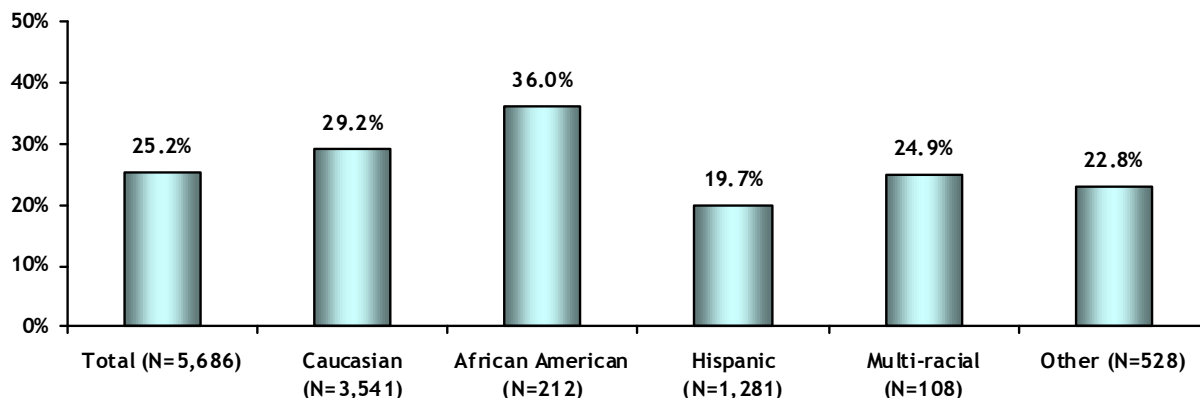
**Figure 116:**  **Adults Who Have Been Diagnosed with High Blood Pressure**



Source: 2001, 2003, and 2005 California Health Interview Survey.  
 Stanislaus County 2001 N: 314,000; 2003 N: 335,000; 2005 N: 352,000.  
 California 2001 N: 24,561,000; 2003 N: 25,597,000; 2005 N: 26,388,000.

 **New data not available**

**Figure 117:**  **Adults Who Have Been Told They Have High Blood Pressure, by Ethnicity, California, 2007**



Source: National Center for Chronic Disease Prevention and Health Promotion, Behavioral Risk Factor Surveillance System, Prevalence data, 2008.

Note: total N does not equal the summation of the N's by ethnicity.

## Data Summary

The percent of Stanislaus County adults diagnosed with high blood pressure remained relatively constant between 2001 and 2005 (21-23%). Over that same time period, the percent of California adults diagnosed with high blood pressure increased from 22% to 25%. According to the BRFSS in 2007, the percent of adults in California with high blood pressure was 25%. In 2007, African Americans had the highest percentage of individuals who had high blood pressure (36%), followed by Caucasians (29%). Hispanics had the lowest percentage of individuals with high blood pressure (20%).

## *How We're Making a Difference*

### **Strengthening Advanced Life Support - Modesto Fire Department**

The Stanislaus Community Foundation, Modesto Fire Department and Kaiser Permanente team up to enhance patient care with strategically placed Advanced Life Support trained fire personnel and equipment. An \$80,000 grant from Kaiser Permanente strengthens the ALS delivery system throughout the City of Modesto.

“We have 11 fire stations throughout the City of Modesto,” said Fire Chief, Jim Miguel. “All of our firefighters are Emergency Medical Technicians and can provide basic life support. But, our goal is to add Advanced Life Support equipment to each of our four fire engines. Then, our Paramedics can initiate care immediately. Because of Kaiser Permanente’s grant, we can strengthen our ALS system. Defibrillators on our fire engines mean that these portable electronic devices are available to treat life-threatening cardiac emergencies. Because we are usually first-responders on scene, we can act quickly. We continue to meet and exceed our goal of arriving at 90% of all medical emergencies in six minutes or less. When we get on scene, our ALS helps us save lives.”



Ted Davis, Fire Engineer Paramedic arrives on scene with Advanced Life Support equipment, Modesto Fire Department



# Communicable Diseases

## Why It Is Important

Determinants and risk factors for communicable diseases such as STDs and HIV/AIDS are high-risk sexual behavior, drug and alcohol abuse, limited access to health care, and poverty. Lifetime costs associated with treating HIV/AIDS are estimated at \$155,000 or more per person. Compared with the costs for prevention, it would be highly cost-effective for both the individual and society if more programs focused on prevention. Currently though, despite the many burdens, costs, complications, and the preventable nature of STD and HIV/AIDS, the problem is not being met with full recognition and action by society, the health system, and policy makers.<sup>55</sup>

**Figure 118: Number of Cases of Selected Communicable Diseases in Stanislaus County**

Disease	2003	2004	2005	2006	2007	03-07 % Change
Chlamydia	1,558	1,808	1,991	1,837	1,908	22.5
Gonorrhea	284	530	662	405	468	64.8
Hepatitis C	567	523	558	457	519*	-8.5
<b>Total (selected diseases)</b>	<b>2,409</b>	<b>2,861</b>	<b>3,211</b>	<b>2,699</b>	<b>2,895</b>	<b>20.2</b>

Source: Stanislaus County Health Services Agency, CAPE Unit, 2008.

\* 285 cases of this total have not been confirmed.

**Figure 119: Cumulative HIV Count Through the End of 2007, by Age and Ethnicity, Stanislaus County**

Age Group	Hispanic	Asian	African American	Hawaiian	Caucasian	Multi-race	Total
0 to 12 years old	1	0	0	0	0	0	1
13 to 19 years old	0	0	0	0	0	0	0
20 to 29 years old	11	2	3	1	19	0	36
30 to 39 years old	7	2	1	0	18	0	28
40 to 49 years old	4	0	5	1	14	2	26
50 years or older	1	0	0	0	10	0	11
<b>Total</b>	<b>24</b>	<b>4</b>	<b>9</b>	<b>2</b>	<b>61</b>	<b>2</b>	<b>102</b>

Source: Stanislaus County Health Services Agency, CAPE Unit, 2008.

## Data Summary

In 2007, there were 2,895 cases of Chlamydia, Gonorrhea, and Hepatitis C in Stanislaus County. This was a 20% increase since 2003. In the County, the greatest number of cases of HIV was among Caucasians (61), followed by Hispanics (24) through the end of 2007. By age, 20 to 29 year olds had the highest number of cases of HIV (36), followed by 30 to 39 year olds (28).

<sup>55</sup> Healthy Carolinians, *Sexually Transmitted Disease – HIV/AIDS*, [http://www.healthycarolinians.org/2010objs/std\\_aids.htm](http://www.healthycarolinians.org/2010objs/std_aids.htm), 2008.

# Unintentional Injuries

## Why It Is Important

Unintentional injuries are injuries that can be classified as accidents. They may result from car accidents, falls and unintentional poisonings, among others. In many cases, these types of injuries – and the deaths resulting from them – are preventable.

**Figure 120: Nonfatal Hospitalized Unintentional Injury Rate per 10,000 Residents, by Age, Stanislaus County**

Age Group	2001	2002	2003	2004	2005	01-05 Net Change
0 to 4 years old	27.7	32.5	32.9	29.8	28.1	0.4
5 to 20 years old	26.7	28.3	27.6	25.8	23.5	-3.2
21 to 64 years old	44.5	48.8	50.6	52.6	48.1	3.6
65 years or older	239.0	217.5	228.6	245.8	255.0	16.0
<b>Total</b>	<b>58.5</b>	<b>59.3</b>	<b>61.2</b>	<b>63.3</b>	<b>61.0</b>	<b>2.5</b>

Source: California Office of Statewide Health Planning and Development, Patient Discharge Data, 2008.



**New data not available**

**Figure 121: Nonfatal Hospitalized Unintentional Injury Rate per 10,000 Residents, by Age, California**

Age Group	2001	2002	2003	2004	2005	01-05 Net Change
0 to 4 years old	30.6	30.5	29.5	29.0	27.1	-3.5
5 to 20 years old	27.4	27.3	26.6	26.0	24.3	-3.1
21 to 64 years old	39.0	40.2	41.0	40.7	39.6	0.6
65 years or older	216.2	214.1	218.6	217.6	219.8	3.6
<b>Total</b>	<b>54.7</b>	<b>55.4</b>	<b>56.3</b>	<b>55.9</b>	<b>54.9</b>	<b>0.2</b>

Source: California Office of Statewide Health Planning and Development, Patient Discharge Data, 2008.



**New data not available**

## Data Summary

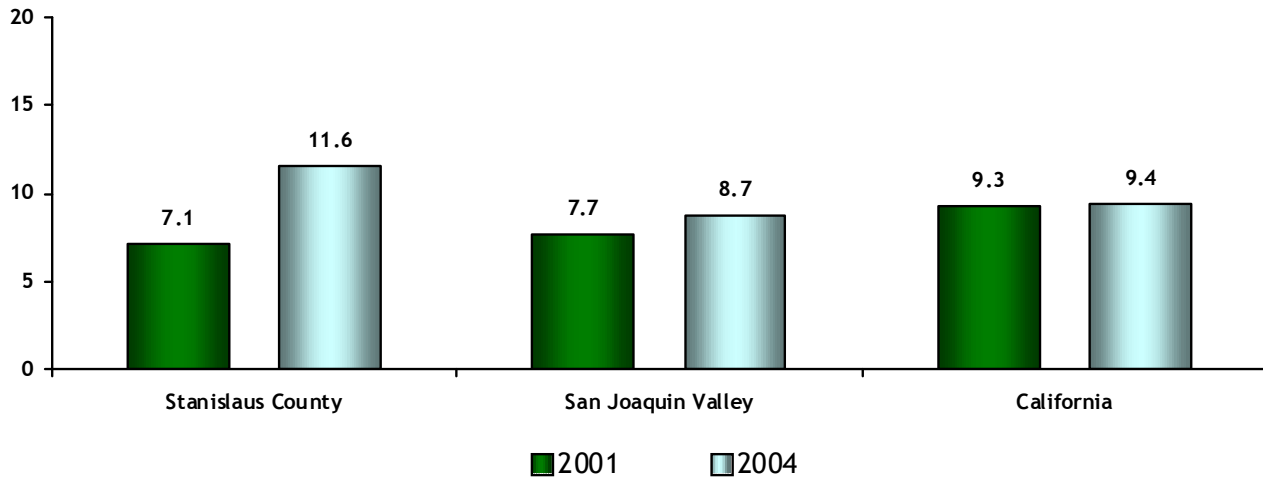
Between 2001 and 2005, the unintentional injury rates per 10,000 residents were consistently higher in Stanislaus County than in California. In 2005, the rate of unintentional injuries was 61 per 10,000 residents of Stanislaus County while it was 55 per 10,000 residents of California. Seniors, in both Stanislaus County and California, consistently had much higher unintentional injury rates than any other age group. In 2005, the unintentional injury rate for Stanislaus County seniors was 255 per 10,000 individuals ages 65 years or older; this was more than five times greater than the unintentional injury rate for adults ages 21 to 64 years old.

# Intentional Injuries

## Why It Is Important

Suicide is intentional self-harm resulting in death. Suicidal actions are often indicative of serious mental health problems and may signal other traumatic issues such as social isolation, discrimination and physical or substance abuse.

**Figure 122: Suicide Rates per 100,000 Residents**



Source: Bengiamin, M., Capitman, J.A., and Chang, X. *Healthy People 2010: A 2007 Profile of Health Status in the San Joaquin Valley*, 2007.

Note: San Joaquin Valley includes Fresno, Kern, Kings, Madera, Merced, San Joaquin, Stanislaus, and Tulare Counties.

 **New data not available**

**Figure 123: Nonfatal Hospitalized Intentional Injury Rate per 10,000 Residents, by Age, Stanislaus County**

Age Group	2001	2002	2003	2004	2005	01-05 Net Change
5 to 20 years old	8.4	9.4	8.0	8.5	8.8	0.4
21 to 64 years old	13.1	13.6	11.4	10.7	9.2	-3.9
65 years or older	1.7	2.4	1.8	1.8	2.9	1.2
<b>Total</b>	<b>9.6</b>	<b>10.3</b>	<b>8.6</b>	<b>8.4</b>	<b>7.7</b>	<b>-1.9</b>

Source: California Office of Statewide Health Planning and Development, Patient Discharge Data, 2008.

 **New data not available**

**Figure 124: Nonfatal Hospitalized Intentional Injury Rate per 10,000 residents, by Age, California**

Age Group	2001	2002	2003	2004	2005	01-05 Net Change
5 to 20 years old	4.6	4.5	4.4	4.1	4.3	-0.3
21 to 64 years old	6.1	6.1	6.0	5.8	5.5	-0.6
65 years or older	2.2	2.1	1.9	2.0	2.0	-0.2
<b>Total</b>	<b>4.9</b>	<b>4.9</b>	<b>4.7</b>	<b>4.6</b>	<b>4.5</b>	<b>-0.4</b>

Source: California Office of Statewide Health Planning and Development, Patient Discharge Data, 2008.



**New data not available**

## Data Summary

Between 2001 and 2004, the suicide rate in Stanislaus County increased from 7 to 12 suicides per 100,000 residents. This increase left Stanislaus County with the highest suicide rate compared to all of San Joaquin Valley and California in 2004 (9 per 100,000 residents for both).

Between 2001 and 2005, the intentional injury rate per 10,000 residents decreased at both the County and statewide levels. However, Stanislaus County consistently had higher intentional injury rates than California for every age group with the exception of seniors in 2001, 2003, and 2004. In 2005, 8 per 10,000 Stanislaus County residents were hospitalized for a non-fatal intentional injury, compared to 5 per 10,000 California residents. Adults ages 21 to 64 years old had the highest intentional injury rates for both Stanislaus County and California between 2001 and 2005.

# Leading Causes of Death

## Why It Is Important

Examining causes of death can provide a great deal of information about the health of the community. By knowing the common causes of death of residents, attention can be paid to the conditions that have the highest mortality rates.

**Figure 125: Age Adjusted Death Rate per 100,000 Residents, by Cause of Death**

Cause of Death	Stanislaus County		California 2004-06	National 2005
	2001-03	2004-06		
All causes	882.3	847.3	697.5	798.8
Heart disease	238.2	206.6	154.0	154.0
All cancers	188.8	179.2	161.3	183.8
Lung cancer	53.9	52.5	40.2	52.6
Unintentional injuries	50.1	51.6	30.2	39.1
Diabetes	28.2	25.3	22.1	24.6

Source: California Department of Public Health, Center for Health Statistics. Birth and Death Statistical Master Files, 2004-2006; California Department of Finance, 2005 Population Estimates with Age, Sex, and Race/Ethnic Detail, July 2007; National Center for Health Statistics, Deaths: Final Data for 2005, National Vital Statistics Reports, Vol. 56, No. 10. April 2008.

## Data Summary

From 2004 to 2006, Stanislaus County consistently had higher death rates than California and the U.S. (in 2005) as a whole. Between 2004 and 2006, the age adjusted death rate per 100,000 people for all causes of death was 847 for Stanislaus County, 698 for California, and 799 nationally (in 2005). Despite Stanislaus County's high death rates, they were decreasing; every cause of death showed some decrease between 2001 and 2006 except for unintentional injuries which increased slightly. In Stanislaus County the leading cause of death was heart disease in 2004-2006, while statewide and nationally (in 2005) deaths due to cancer were more prevalent.



## Senior Health

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The vast majority of seniors in Stanislaus County have health insurance from programs such as Medicare, Medicaid, job-based medical plans or private insurance. Compared to the state overall, seniors in Stanislaus County have higher rates of asthma, diabetes, and obesity. With the percentage of residents ages 60 and above expected to increase to 16% of the County population by the year 2015, the needs of this growing segment will present challenges to the community in regards to health care access and delivery.

Note: Data in this section reflect seniors who are ages 60 and over.

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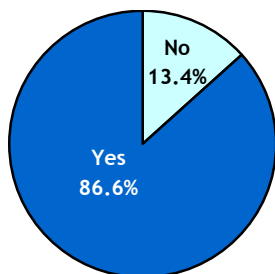


# Health Insurance - Seniors

## Why It Is Important

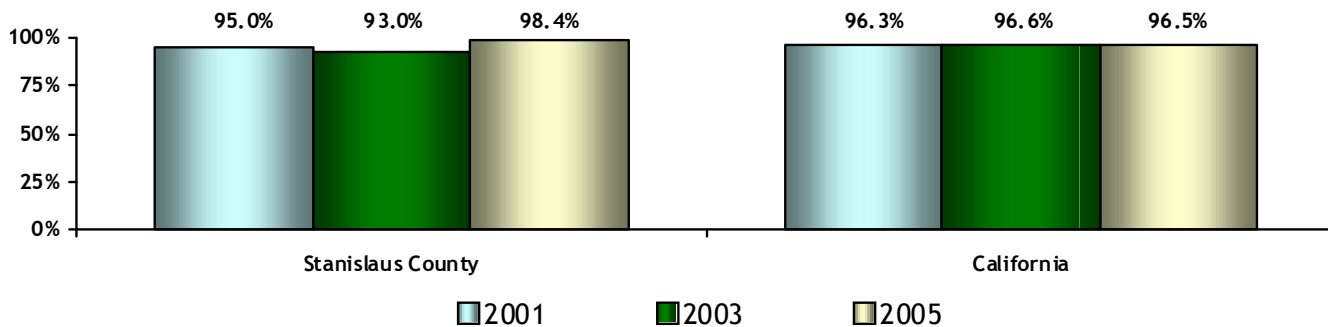
Health insurance facilitates entry into the health care system. The uninsured are more likely to die early and have poor health status; the costs of early death and poor health among the uninsured total \$65 billion to \$130 billion. The financial burden of having no insurance is also great for uninsured individuals; almost 50% of personal bankruptcy filings are due to medical expenses. The uninsured report more problems getting care, are diagnosed at later disease stages, and receive less therapeutic care. They are sicker when hospitalized and more likely to die during their stay.<sup>56</sup>

**Figure 126:**  **Do You Have Health Insurance? 2008**



Source: Applied Survey Research, *Stanislaus County Community Health Assessment Survey*, 2008. N=418

**Figure 127:**  **Currently Insured**

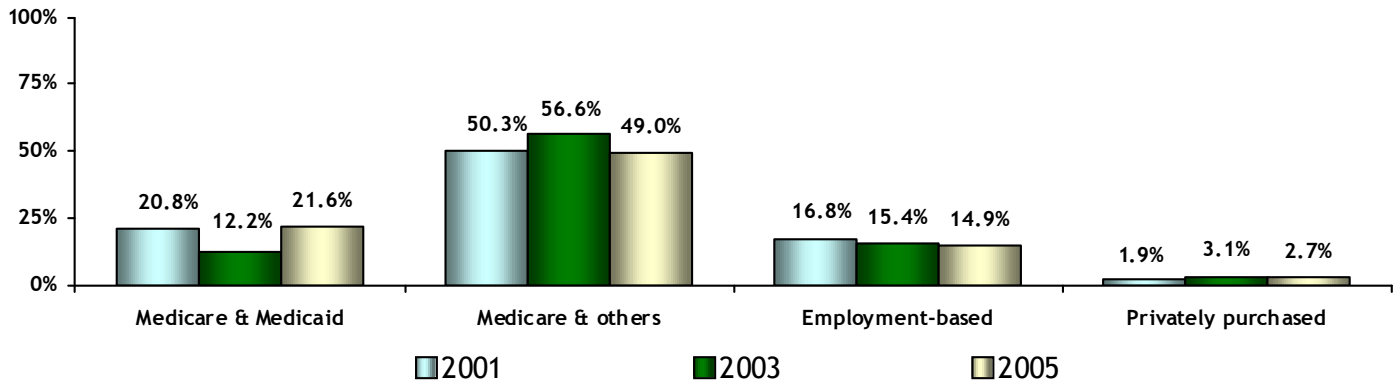


Source: 2001, 2003 and 2005 California Health Interview Survey.  
 Stanislaus County 2001 N: 60,000; 2003 N: 65,000; 2005 N: 64,000.  
 California 2001 N: 4,780,000; 2003 N: 5,130,000; 2005 N: 5,301,000.

 **New data not available**

<sup>56</sup> United States Department of Health and Human Services, Agency for Healthcare Research and Quality, *National Healthcare Disparities Report*, 2005.

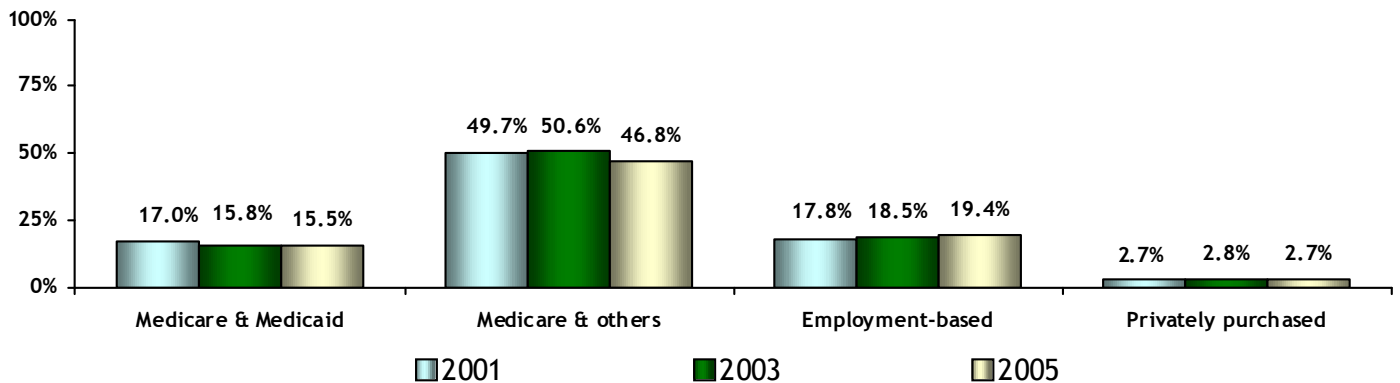
**Figure 128:**  **Type of Current Health Insurance Coverage, Stanislaus County**



Source: 2001, 2003 and 2005 California Health Interview Survey.  
 Stanislaus County 2001 N: 60,000; 2003 N: 65,000; 2005 N: 64,000.

 **New data not available**

**Figure 129:**  **Type of Current Health Insurance Coverage, California**



Source: 2001, 2003 and 2005 California Health Interview Survey.  
 California 2001 N: 4,780,000; 2003 N: 5,130,000; 2005 N: 5,301,000.

 **New data not available**

## Data Summary

Thirteen percent (13%) of respondents (ages 60 and over) to the Stanislaus County Community Health Assessment Survey reported that they did not have health insurance.

According to the California Health Interview Survey (CHIS), in 2005, 98% of all seniors were insured, which was slightly higher than that of California (97%). The percentage of seniors insured in Stanislaus County and California have increased since 2001 (from 95% and 96%, respectively).

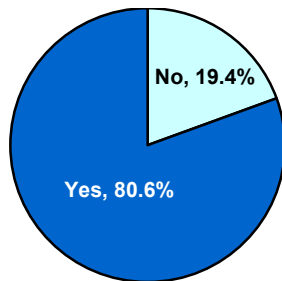
In 2005, in Stanislaus County, 22% of seniors had health insurance coverage through Medicare and Medicaid. Forty-nine percent (49%) had insurance through Medicare or another source, 15% had employment-based coverage, and 3% had health insurance that was privately purchased. Stanislaus County had a greater percentage of individuals with health insurance through Medicare and Medicaid than California (16%). Forty-seven percent (47%) of people in California had insurance through Medicare or another source, 19% had employment-based coverage, and 3% had health insurance that was privately purchased in 2005.

# Health Care Access and Utilization - Seniors

## Why It Is Important

Having a usual source of care (a facility where one regularly receives care) helps people get into the health care system, yet over 40 million Americans do not have a specific source of ongoing care. Individuals without a usual source of care report more difficulties obtaining needed services and receive fewer preventive services including blood pressure monitoring, flu shots, prostate exams, Pap tests, and mammograms.<sup>57</sup>

**Figure 130:  If You Needed Health Care During the Past 12 Months, Were You Able to Receive It? 2008**



Source: Applied Survey Research, *Stanislaus County Community Health Assessment Survey*, 2008.

N=387

Note: Chart reflects those respondents who indicated that they had needed health care in the past 12 months.


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<sup>57</sup> United States Department of Health and Human Services, Agency for Healthcare Research and Quality, *National Healthcare Disparities Report*, 2005.

**Figure 131: 🚶🚶🚶 If You Needed Health Care During the Past 12 Months and Were Unable to Receive It, Why Couldn't You Receive It? (Mark All That Apply), 2008**

Response	Frequency	Percent
No insurance	26	55.3
Couldn't afford it	18	38.3
Couldn't afford co-pay	14	29.8
Didn't know where to go	10	21.3
Unable to find doctor to accept public health insurance (Medi-Cal, Medicaid, etc.)	7	14.9
Transportation issues	7	14.9
Unable to communicate due to language or cultural differences	7	14.9
Insurance wouldn't cover it	6	12.8
Unable to understand phone instructions to make an appointment	6	12.8
Couldn't get a timely appointment	6	12.8
Not enough doctors/specialists available	5	10.6
Doctor's office hours were not convenient	5	10.6
No child care	2	4.3
Doctor's office/hospital did not want to attend to me	1	2.1
Money issues	0	0.0
New to area/moved to another area	0	0.0
Other	2	4.3
<b>Total respondents</b>	<b>41</b>	<b>100.0</b>
<b>Total responses</b>	<b>122</b>	<b>100.0</b>

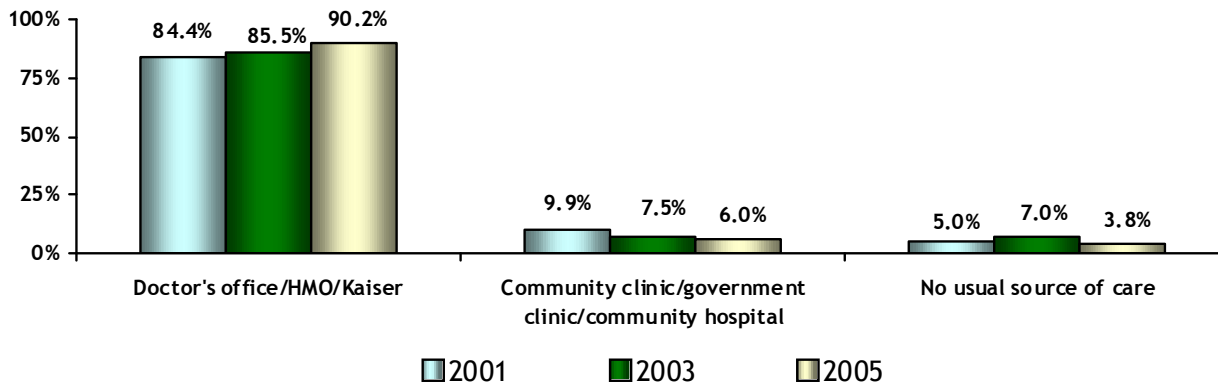
Source: Applied Survey Research, *Stanislaus County Community Health Assessment Survey, 2008.*

**Figure 132:**  If you needed health care during the past 12 months and were unable to receive it, what type of health care did you go without? (Mark all that apply), 2008

Response	Frequency	Percent
Basic care (routine care)	28	42.4
Dental	27	40.9
Chronic (ongoing) problem	18	27.3
Preventive care/annual exams	12	18.2
Specialist care	12	18.2
Prescription medications	11	16.7
Acute (new) problem	7	10.6
Substance abuse treatment (drugs/alcohol)	6	9.1
Mental health (counseling or other help)	5	7.6
Alternative (homeopathic or acupuncture)	4	6.1
Vision care	0	0.0
Other	3	4.5
<b>Total respondents</b>	<b>66</b>	<b>100.0</b>
<b>Total responses</b>	<b>133</b>	<b>100.0</b>

Source: Applied Survey Research, *Stanislaus County Community Health Assessment Survey, 2008*.

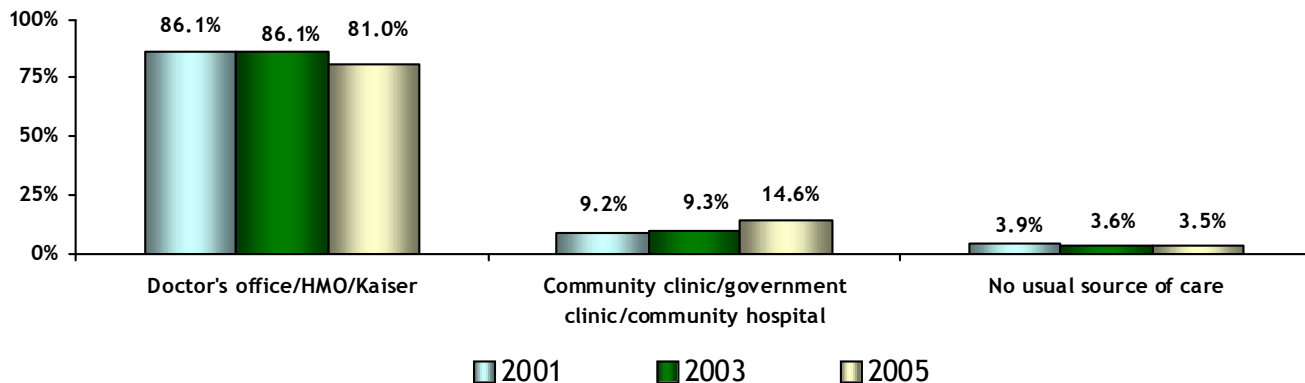
**Figure 133:**  Usual Source of Care, Stanislaus County



Source: 2001, 2003 and 2005 California Health Interview Survey.  
 Stanislaus 2001 N: 60,000; 2003 N: 65,000; 2005 N: 64,000.

 **New data not available**

**Figure 134:**  **Usual Source of Care, California**



Source: 2001, 2003 and 2005 California Health Interview Survey.  
 Stanislaus 2001 N: 4,772,000; 2003 N: 5,130,000; 2005 N: 5,301,000.

 **New data not available**

## Data Summary

According to the Stanislaus County Community Health Assessment Survey, 19% of those who needed health care within the past 12 months were unable to receive it. Some of the reasons for being unable to receive care included “no insurance” (55%), “couldn’t afford it” (38%), “couldn’t afford co-pay” (30%), and “didn’t know where to go” (21%). Some of the health care services that seniors went without were “basic care” (42%), “dental” (41%), “chronic problems” (27%), “preventive care/annual exams” (18%), and “specialist care” (18%).


According to CHIS, in 2005, the majority of seniors’ (90%) usual source of care was at the doctor’s office, through an HMO, or at Kaiser. The majority of seniors in California also had the same usual source of care, although the percentage was lower (81%). In Stanislaus County, 6% of seniors’ usual source of care was at a community clinic, government clinic, or a community hospital and 4% had no usual source of care in 2005.

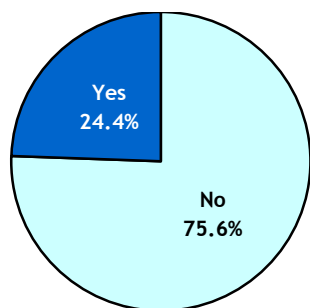
# Mental Health - Seniors

## Why It Is Important

Mental health problems include depression, anxiety disorders, and psychotic disorders such as schizophrenia, attention-deficit/hyperactivity disorder, and conduct disorder. A recent study found that 7.6 million out of 32 million (about 1 in 4) hospital stays by Americans ages 18 and older involved mental illness or alcohol or other drug disorders.<sup>58</sup> Accessing quality mental health services is often difficult for many people, but often is more so for people with low incomes. Compared with coverage of physical health issues, private insurance has generally been more restrictive in coverage of mental health illness. Public insurance programs such as Medicare and Medicaid also impose limitations on mental health coverage.<sup>59</sup>

Timely and appropriate treatment for mental health issues can sometimes shorten the duration of symptoms or lessen the impact of the illness on the person’s quality of life. Depression is the most common mental health disorder, affecting more than 19 million adults in the United States.<sup>60</sup> In any given year, about one in ten American adults suffer from a depressive disorder.<sup>61</sup> It is estimated that more than two-thirds of those who commit suicide each year have suffered from depression.<sup>62</sup> Often, health professionals, such as primary care physicians, are the first to discuss and diagnose mental health issues.

**Figure 135:**  During the past 12 months, did you ever feel so sad or hopeless almost every day for two weeks or more in a row that you stopped doing some usual activities? 2008



Source: Applied Survey Research, *Stanislaus County Community Health Assessment Survey*, 2008.

N=386

<sup>58</sup> Join Together: Advancing Effective Alcohol and Drug Policy, Prevention and Treatment, “Community Hospitals Hit Hard by Addiction, Mental Illness,” April 11, 2007.


<sup>59</sup> The Office of the Surgeon General, *Mental Health: A Report of the Surgeon General*, 1997.

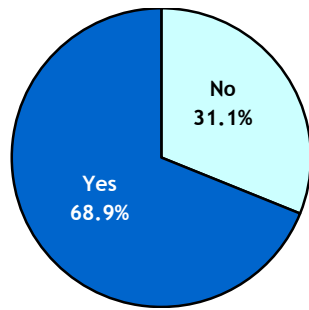
<sup>60</sup> U.S. Department of Health and Human Services, *Mental Health: A Report of the Surgeon General*, Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services, National Institutes of Health, National Institute of Mental Health, 1999.

<sup>61</sup> U.S. Department of Health and Human Services, Public Health Service, National Institutes of Health, National Institute of Mental Health, *Depression*, 2002.

<sup>62</sup> U.S. Department of Health and Human Services, *Mental Health: A Report of the Surgeon General*, Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services, National Institutes of Health, National Institute of Mental Health, 1999.




**Figure 136:**  If you needed mental health treatment (counseling or other help) in the last 12 months, were you able to receive it? 2008



Source: Applied Survey Research, *Stanislaus County Community Health Assessment Survey*, 2008.

N=206

Note: Chart reflects those respondents who indicated that they had needed mental health treatment in the last 12 months.

**Figure 137:**  If you needed mental health treatment in the last 12 months and were unable to receive it, why couldn't you receive it? (Mark all that apply), 2008

Response	Frequency	Percent
No insurance	22	56.4
Uncomfortable asking for help	15	38.5
Couldn't afford it	11	28.2
Transportation issues	9	23.1
Didn't know where to go	9	23.1
Couldn't afford co-pay	9	23.1
Unable to communicate due to language or cultural differences	7	17.9
Insurance wouldn't cover it	6	15.4
Unable to find doctor to accept public health insurance	5	12.8
Doctor's office hours were not convenient	3	7.7
Lack of services/services unavailable	3	7.7
No follow up from providers	0	0.0
Other	1	2.6
<b>Total respondents</b>	<b>39</b>	<b>100.0</b>
<b>Total responses</b>	<b>100</b>	<b>100.0</b>

Source: Applied Survey Research, *Stanislaus County Community Health Assessment Survey*, 2008.

**Figure 138: ¶¶¶ If you didn't get *professional* mental health assistance, did you go to any of the following for help? (Mark all that apply) Those responding "Yes," 2008**

Response	Frequency	Percent
Church	13	23.6
Family	13	23.6
Friend	11	20.0
Doctor	10	18.2
Spouse	5	9.1
Social service provider	3	5.5
Pastor/minister	3	5.5
Teacher	0	0.0
None of the above	29	52.7
<b>Total respondents</b>	<b>55</b>	<b>100.0</b>
<b>Total responses</b>	<b>87</b>	<b>100.0</b>

Source: Applied Survey Research, *Stanislaus County Community Health Assessment Survey*, 2008.

## Data Summary

Twenty-four percent (24%) of senior survey respondents reported having felt so sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities. Of those who needed mental health treatment in the last 12 months, 31% were unable to receive treatment. The most common reasons for being unable to receive treatment were “no insurance” (56%), “uncomfortable asking for help” (39%), “couldn't afford it” (28%), and “transportation issues” (23%). For those who didn't get professional mental health assistance, the most common resources to whom seniors turned were “church” (24%), “family” (24%), “friend” (20%), “doctor” (18%), and “spouse” (9%).

## *How We're Making a Difference*

### **Doctors Behavioral Health Center**

The Doctors Behavioral Health Center is a 67-bed adult inpatient psychiatric treatment center that is dedicated to providing quality mental health services. The center offers a progressive treatment environment with caring professionals working in harmony to help improve the quality of life for individuals experiencing acute psychiatric impairment.

The Doctors Behavioral Health Center offers an adult psychiatric program designed for adults who may be experiencing a range of difficulties. This structured and nurturing environment provides close observation and treatment while promoting a higher level of independence.


Upon admission to the program, patients receive a psychiatric and medical evaluation. Based on this information, an individualized treatment plan is developed under the direction of a professional, multi-disciplinary team consisting of affiliated physicians, licensed psychiatric nurses, masters level therapists, mental health counselors, recreational therapists, and clinical case managers. Patients are also connected to necessary resources in the community upon discharge.

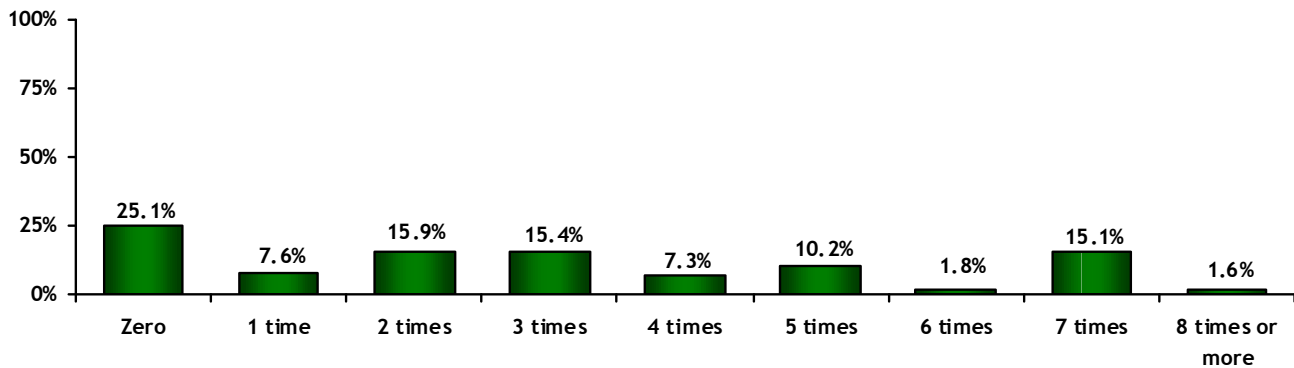
The Assessment Services team is dedicated to assisting those in need of emergent mental health services. Available 24 hours a day, seven days a week, the team works to assess each patient's needs and helps find appropriate treatment, whether it is providing information, admission, or a referral. All assessments are confidential. Additionally, the mobile assessment team is available to travel to local area hospitals.

# Physical Activity - Seniors

## Why It Is Important

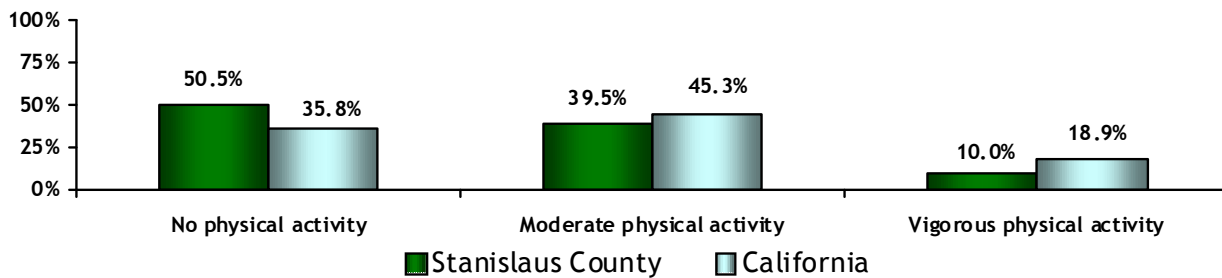
According to the Centers for Disease Control and Prevention (CDC), “Regular physical activity substantially reduces the risk of dying of coronary heart disease, the nation’s leading cause of death, and decreases the risk for stroke, colon cancer, diabetes, and high blood pressure. It also helps to control weight, contributes to healthy bones, muscles, and joints, reduces falls among older adults, helps to relieve the pain of arthritis, reduces symptoms of anxiety and depression, and is associated with fewer hospitalizations, physician visits, and medications.”<sup>63</sup> According to the CDC, people are classified as active at the minimum recommended level if they report moderate-intensity activity at least 30 minutes per day, five or more days per week, or vigorous-intensity activity at least 20 minutes per day, three or more days per week.

**Figure 139:**  In the Past 7 Days How Many Times Did You Exercise or Participate in Vigorous Physical Activity for at Least 20 Minutes? 2008




Source: Applied Survey Research, *Stanislaus County Community Health Assessment Survey*, 2008. N=383

**Figure 140:**  Level of Physical Activity, 2005



Source: 2005 California Health Interview Survey.  
 Stanislaus 2005 N: 28,000.  
 California 2005 N: 2,393,000.

 **New data not available**

<sup>63</sup> Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Nutrition and Physical Activity, *The Importance of Physical Activity*, 2004.

## Data Summary

According to the Stanislaus County Community Health Assessment Survey, 25% of seniors did not exercise or participate in vigorous physical activity for at least 20 minutes within the past seven days. Thirty-nine percent (39%) of survey respondents exercised one to three times within the past seven days, 19% exercised four to six times, and 17% exercised seven or more times.

In 2005, 51% of seniors got no physical activity, 40% got moderate physical activity, and 10% got vigorous physical activity in Stanislaus County. In California, 36% got no physical activity, 45% got moderate physical activity, and 19% got vigorous physical activity.

# Obesity - Seniors

## Why It Is Important

Obesity has increased greatly in the last 20 years and is significantly associated with diabetes, high cholesterol, high blood pressure, asthma, arthritis, and overall poor health status.<sup>64,65</sup> Obesity is defined using a Body Mass Index (BMI) of 30.0 or greater. A normal BMI is 18.5 to 24.9, and a person is overweight if their BMI is 25.0 to 29.9.<sup>66</sup> BMI for adults is calculated in the following way:

$$\text{BMI} = \left( \frac{\text{Weight in Pounds}}{(\text{Height in inches}) \times (\text{Height in inches})} \right) \times 703$$

While a BMI of 30 or greater strongly suggests that an individual will be at a higher risk for the aforementioned obesity-related diseases, a person's waist circumference is a more powerful predictor of cardiovascular disease risk than any other single measure of obesity.<sup>67</sup> Waist circumferences greater than or equal to 40 inches for men and greater than or equal to 35 inches for women are very predictive of heightened cardiovascular disease risk.<sup>68</sup>

Further, linked to obesity is metabolic syndrome, which is a combination of medical disorders that increase the risk of developing cardiovascular disease and diabetes. Metabolic syndrome is diagnosed when a person has at least three of the following heart disease risk factors: excessive fat in the stomach area ("apple shaped"), high blood levels of triglycerides (a type of fat in the blood), low blood levels of high-density cholesterol (HDL, a protective blood fat-protein), high blood pressure, and high blood sugar. It affects a large number of people, and prevalence rises with increasing obesity, particularly abdominal obesity.<sup>69</sup> Almost 25% of U.S. residents currently have metabolic syndrome, and the numbers continue to grow.<sup>70</sup>

<sup>64</sup> Centers for Disease Control and Prevention (CDC), *Overweight and Obesity: Economic Consequences*, 2004.

<sup>65</sup> Centers for Disease Control and Prevention (CDC), *Overweight and Obesity: Health Consequences*, 2004.

<sup>66</sup> Centers for Disease Control and Prevention (CDC), *Overweight and Obesity: Defining Overweight and Obesity*, 2005.

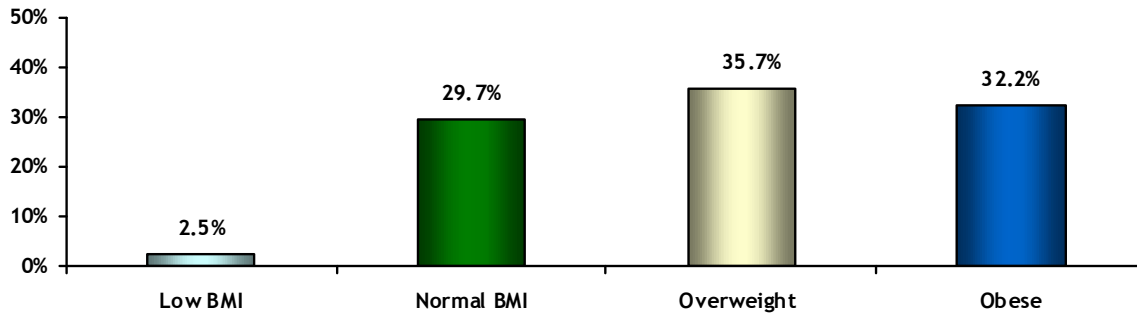
<sup>67</sup> Lakka et al., *Abdominal Obesity is Associated with Increased Risk of Acute Coronary Events in Men*, 2002.

<sup>68</sup> The Journal of the American Medical Association, *National Cholesterol Education Program (NCEP) ATP II*, 2001.

<sup>69</sup> Grundy et al., *AHA Scientific Statement: Diagnosis and Management of the Metabolic Syndrome*, 2005.

<sup>70</sup> U.S. Department of Health & Human Services, National Institute of Health (April 2007), *Metabolic Syndrome*, Retrieved March 2008 from, [http://www.nhlbi.nih.gov/health/dci/Diseases/ms/ms\\_what.html](http://www.nhlbi.nih.gov/health/dci/Diseases/ms/ms_what.html).

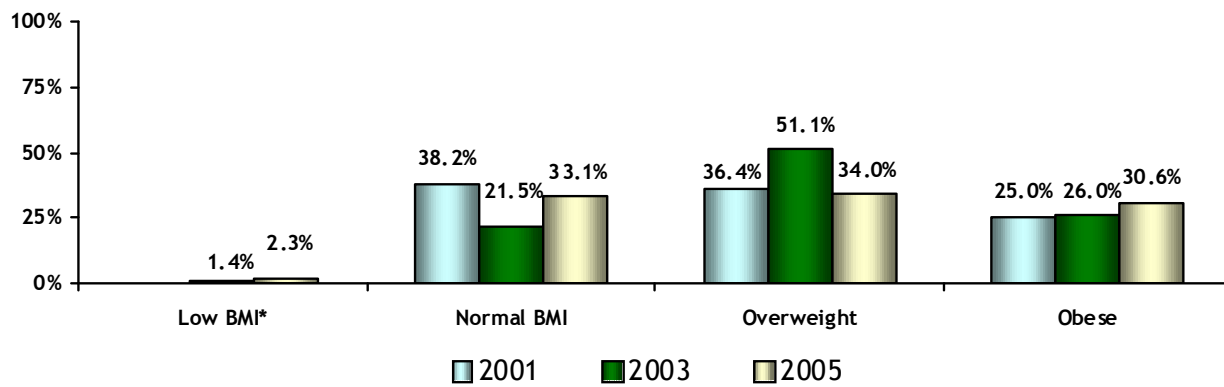
**Figure 141:**  **Body Mass Index, 2008**



Source: Applied Survey Research, *Stanislaus County Community Health Assessment Survey, 2008.*

N=401

**Figure 142:**  **Body Mass Index, Stanislaus County**



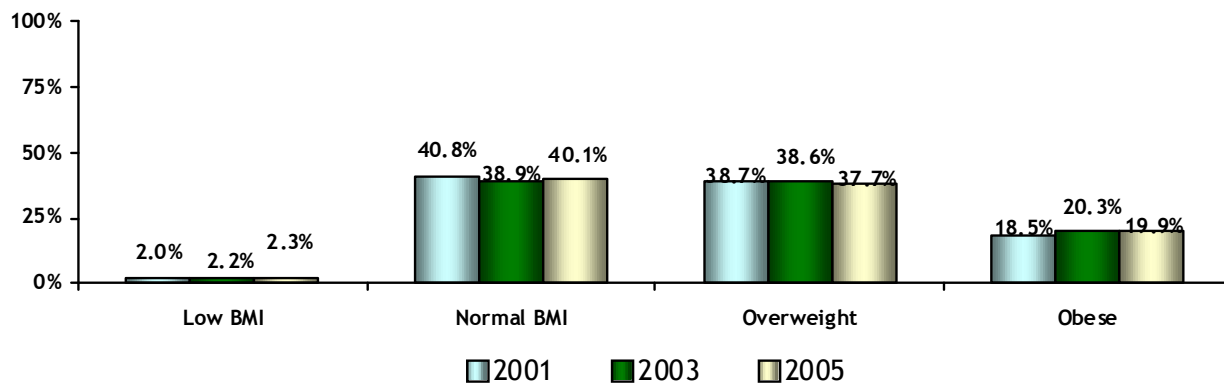
Source: 2001, 2003 and 2005 California Health Interview Survey.

Stanislaus 2001 N: 60,000; 2003 N: 65,000; 2005 N: 64,000.

\*Data not available for 2001.

 **New data not available**

**Figure 143:**  **Body Mass Index, California**



Source: 2001, 2003 and 2005 California Health Interview Survey.

California 2001 N: 4,656,000; 2003 N: 5,130,000; 2005 N: 5,301,000.

 **New data not available**

## Data Summary

Of the seniors (ages 60 and older) who responded to the Stanislaus County Community Health Assessment Survey, 30% were of normal weight, 36% were overweight, and 32% were obese.

According to CHIS, in 2005, about one third of seniors in Stanislaus County were of normal weight (33%), one third were overweight (34%), and one third were obese (31%). The percentage of those who were normal weight increased since 2003 (from 22% to 33%) while the percentage of those who were overweight decreased since 2003 (from 51% to 34%). However, the percentage of those who were obese increased by 5% since 2003 (from 26% to 31%).

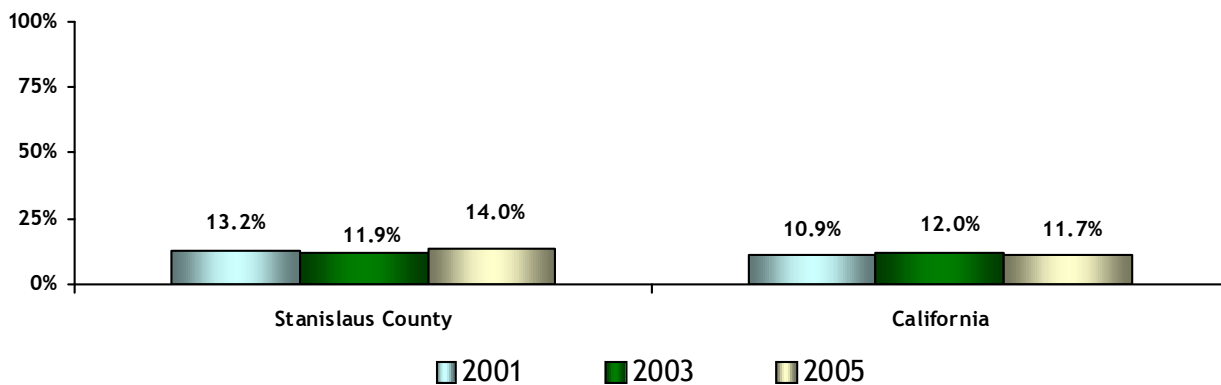


# Asthma - Seniors

## Why It Is Important

Asthma is a chronic respiratory condition characterized by breathlessness, wheezing, and chest tightness and has been on the rise in the U.S. over the past 20 years.<sup>71</sup> Fortunately, asthma can be successfully controlled with medical supervision and treatment. However, children and adults who do not have access to adequate medical care are likely to experience repeated serious episodes and trips to the emergency room. Asthma hospitalization rates illustrate the worst episodes of asthma and are a proxy measure for inadequate treatment.

**Figure 144:**  **Ever Been Diagnosed with Asthma**



Source: 2001, 2003 and 2005 California Health Interview Survey.  
 Stanislaus 2001 N: 60,000; 2003 N: 65,000; 2005 N: 64,000.  
 California 2001 N: 4,771,000; 2003 N: 5,130,000; 2005 N: 5,301,000.

 **New data not available**

## Data Summary

In 2005, 14% of seniors in Stanislaus County had been diagnosed with asthma at some point in their lives. This was a slight increase from 13% in 2001. In California, 12% of seniors had been diagnosed with asthma at some point in their lives. This too was a slight increase from 11% in 2001.

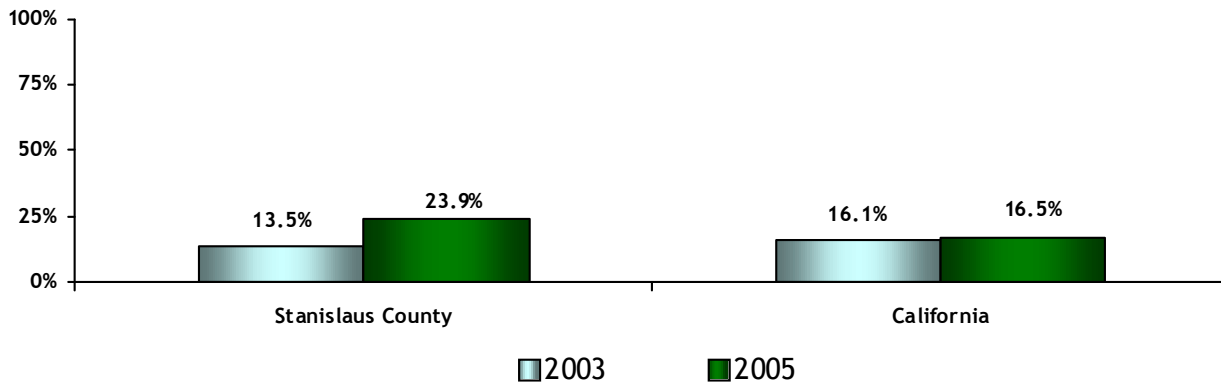
<sup>71</sup> UCLA Center for Health Policy Research, *Policy Brief: Asthma among California’s Children, Adults and the Elderly: A Geographic Look by Legislative Districts*, September 2004.

# Diabetes - Seniors

## Why It Is Important

Diabetes is considered a silent killer because it is often overlooked. Yet, diabetes is the leading cause of kidney failure, adult blindness, and amputations and is a leading contributor to strokes and heart attacks. In the United States, 20.8 million people have diabetes. Ninety to 95% have type 2 diabetes (previously called adult onset diabetes), and 5–10% have type 1 diabetes (also called juvenile diabetes). Good self-management and care help control the disease and prevent complications.<sup>72</sup>

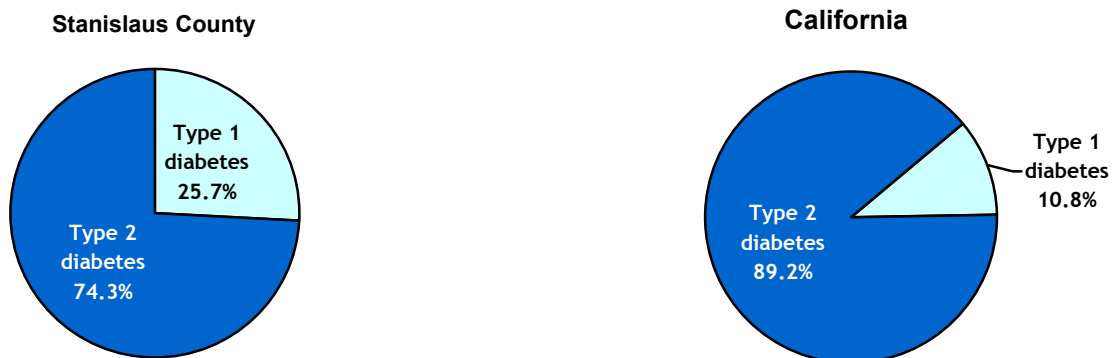
**Figure 145:** 🏥 Ever Been Diagnosed with Diabetes



Source: 2003 and 2005 California Health Interview Survey.  
 Stanislaus 2003 N: 65,000; 2005 N: 64,000.  
 California 2003 N: 5,130,000; 2005 N: 5,301,000.

📄 New data not available

**Figure 146:** 🏥 Of Those Diagnosed with Diabetes, Type of Diabetes, 2005



Source: 2005 California Health Interview Survey.  
 Stanislaus 2005 N: 15,000.  
 California 2005 N: 873,000.

📄 New data not available

<sup>72</sup> California Department of Health Services, California Diabetes Control Program, *Fast Facts on Diabetes*, 2003.

## Data Summary

In 2005, 24% of seniors in Stanislaus County and 17% of California seniors had been diagnosed with diabetes at some point in their lives. Of those diagnosed with diabetes, 26% of Stanislaus County seniors had type 1 diabetes in comparison to 11% of California seniors, and 74% of Stanislaus County seniors diagnosed with diabetes had type 2 diabetes in comparison to 89% of California seniors.

# Hypertension - Seniors

## Why It Is Important

High blood pressure, which is also known as hypertension, is dangerous because it forces the heart to work extra hard to pump blood out to the rest of the body and contributes to the development of the hardening of the arteries and heart failure. While the exact causes of hypertension are unknown, the following are believed to be contributing factors: smoking; being overweight; lack of physical activity; too much salt in the diet; too much alcohol consumption (no more than one to two drinks per day); stress; older age; genetics; family history of high blood pressure; chronic kidney disease; and adrenal and thyroid disorders.<sup>73</sup>

High blood pressure, or hypertension, is a blood pressure reading of 140/90 mmHg or higher.<sup>74</sup> Nearly 1 in 3 American adults has high blood pressure, and once it develops, it usually lasts a lifetime.<sup>75</sup> High blood pressure is referred to as the silent killer because it typically does not have symptoms. Some people may not find out they have it until they have trouble with their heart, brain, or kidneys. When high blood pressure is not found and treated, it can cause:

- The heart to get larger, which may lead to heart failure.
- Small bulges (aneurysms) to form in blood vessels. Common locations are the main artery from the heart (aorta); arteries in the brain, legs, and intestines; and the artery leading to the spleen.
- Blood vessels in the kidney to narrow, which may cause kidney failure.
- Arteries throughout the body to “harden” faster, especially those in the heart, brain, kidneys, and legs. This can cause a heart attack, stroke, kidney failure, or amputation of part of the leg.
- Blood vessels in the eyes to burst or bleed, which may cause vision changes and can result in blindness.<sup>76</sup>

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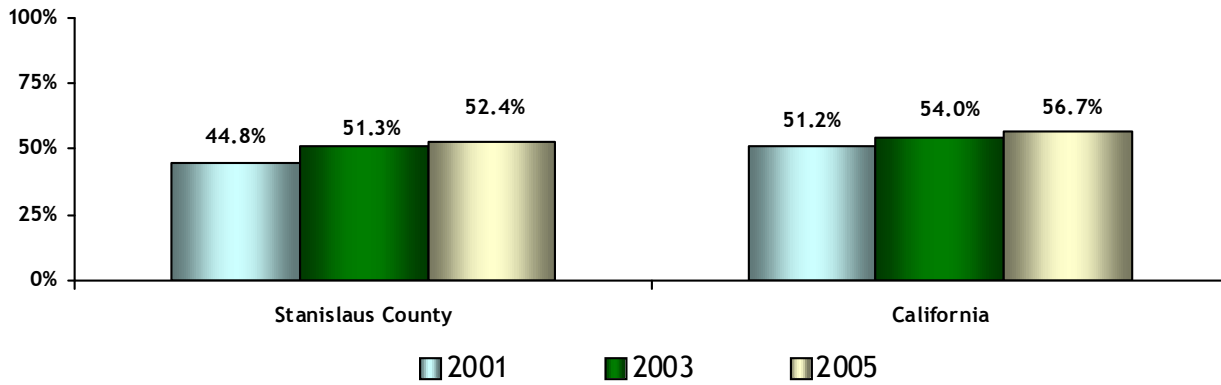
<sup>73</sup> Reviewed by doctors at the Cleveland Clinic Heart Center. “Hypertension: Blood Pressure Basics.” *WebMD*, 2006. <<http://www.webmd.com/hypertension-high-blood-pressure/guide/blood-pressure-basics>>.

<sup>74</sup> National Heart Lung and Blood Institute Diseases and Conditions Index, High Blood Pressure, May 1, 2007, [http://www.nhlbi.nih.gov/health/dci/Diseases/Hbp/HBP\\_WhatIs.html](http://www.nhlbi.nih.gov/health/dci/Diseases/Hbp/HBP_WhatIs.html).


<sup>75</sup> *Ibid.*

<sup>76</sup> *Ibid.*

**Figure 147:**  **Ever Been Diagnosed with High Blood Pressure**



Source: 2001, 2003 and 2005 California Health Interview Survey.  
 Stanislaus 2001 N: 60,000; 2003 N: 65,000; 2005 N: 64,000.  
 California 2001 N: 4,767,000; 2003 N: 5,130,000; 2005 N: 5,301,000.

 **New data not available**

## Data Summary

In 2005, 52% of Stanislaus County seniors had been diagnosed with high blood pressure at some point in their life compared to 57% of California seniors. The percentage of seniors who have ever been diagnosed with high blood pressure in both Stanislaus County and California has been gradually increasing since 2001. In 2001, the percentage of seniors ever diagnosed in Stanislaus County was 45%, and in 2003 increased to 51%.

# Elder Abuse

## Why It Is Important

Every year in the United States tens of thousands of elderly individuals are abused and the harm is often directly inflicted by those who care for them. Over half a million cases of abuse are reported to authorities every year, yet millions more cases go unreported. While institutional, long-term care facilities can be places where abuse takes place; most cases take place in the home where an elderly person is being cared for by adult children, other family members, or spouses or adult partners. Different types of abuse include: physical abuse; emotional abuse; sexual abuse; neglect or abandonment by caregivers; financial exploitation; and healthcare fraud and abuse.<sup>77</sup>

**Figure 148: Elder Abuse in Stanislaus County, 12 Month Average**

	FY 2004-05	FY 2005-06	FY 2006-07	FY 2007-08	04-08 % Change
APS <sup>1</sup> reports of alleged abuse	152	171	179	158	3.9
APS case management <sup>2</sup>	402	518	669	688	71.1

Source: Stanislaus County Community Services Agency, Key Programs Quarterly Report: FY 2007-08, 2008.

<sup>1</sup>Adult Protective Services

<sup>2</sup>Case management is reported as the total number of active cases during the month.

## Data Summary

During the 2007-2008 fiscal year, there were 158 reports of alleged elder abuse on average every month during the year. This was a 4% increase from the 2004-05 fiscal year 12 month average. There were also 688 active cases on average every month during 2007-08. Adult Protective Services cases are greater than the number of reports of alleged abuse because active APS cases are an accumulation of previous reports that are still receiving case management services in addition to new reports opened during the month. However, there was a 71% increase in the average monthly number of APS cases between 2004-05 and 2007-08 fiscal years.

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<sup>77</sup> Ellen Jaffe-Gill, M.A., Tina de Benedictis, Ph.D., and Jeanne Segal, Ph.D. "Elder Abuse: Types, Signs, Symptoms, Risk Factors, and Prevention." *HelpGuide.org*, 2008. Retrieved from [http://www.helpguide.org/mental/elder\\_abuse\\_physical\\_emotional\\_sexual\\_neglect.htm](http://www.helpguide.org/mental/elder_abuse_physical_emotional_sexual_neglect.htm).

# Supportive Services - Seniors

## Why It Is Important

In-Home Supportive Services (IHSS) is the largest, publicly funded, non-medical program in the United States that is designed to provide assistance so that the elderly, blind, and disabled may remain living in their homes. The IHSS program is set up so that providers can visit recipients at their home and provide assistance with personal care and domestic services. This program is crucial in preventing the need for an individual to live in an assisted care facility, which is a benefit to both the recipient and the taxpayer.<sup>78</sup>

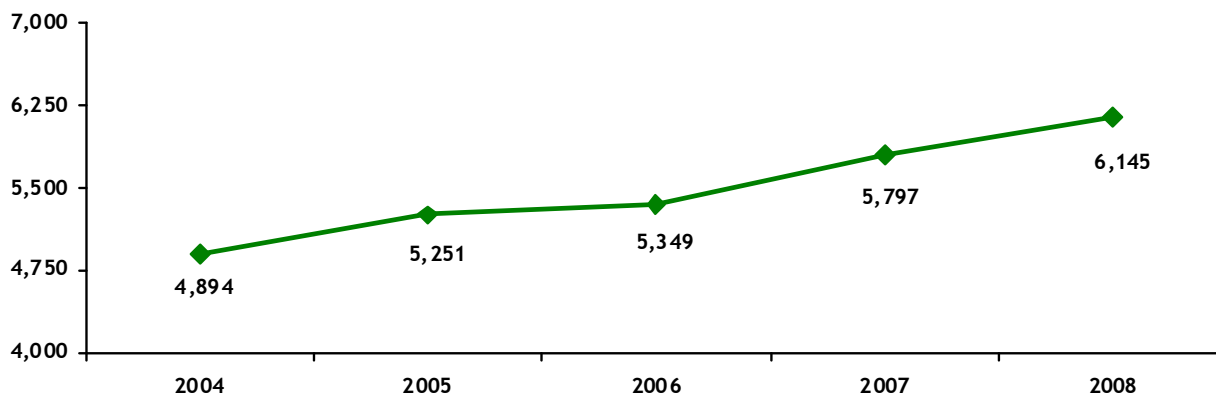
**Figure 149: In-Home Support Services (IHSS), by Eligibility Status Codes, Stanislaus County**

Eligibility Status	June 2004	June 2005	June 2006	June 2007	June 2008
Application in process	181	244	198	214	198
Interim eligibility	1	0	0	0	3
Eligible	4,514	4,769	4,918	5,366	5,694
Leave of absence	51	68	55	50	32
Deny	61	75	85	78	103
Terminated	86	95	93	89	115
<b>Total</b>	<b>4,894</b>	<b>5,251</b>	<b>5,349</b>	<b>5,797</b>	<b>6,145</b>

Source: IHSS—Case Management, Information and Payrolling System (CMIPS), 2008.

Note: the total represents all who applied for services. This does not necessarily mean that all those who applied ended up utilizing or gaining access to IHSS. The IHSS collects data on gender and age at the beginning of its application process. Thus, data on gender and age represent the breakdown of all those who applied for services - not necessarily all those who ended utilizing services. Information on ethnicity is collected later in the process. Breakdown by ethnicity represents all those who ended up utilizing IHSS.

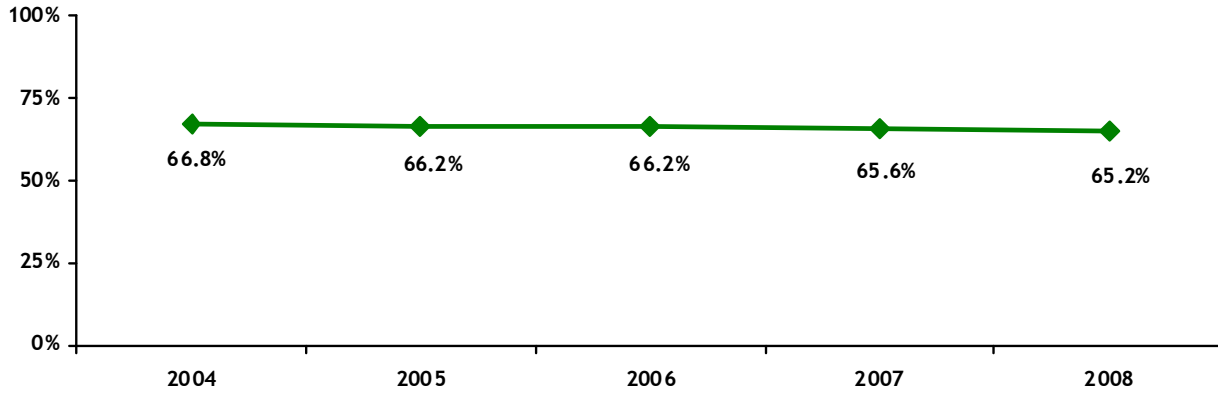
**Figure 150: IHSS Eligibility Applicants, by Number of Persons, June, Stanislaus County**



Source: IHSS—Case Management, Information and Payrolling System (CMIPS), 2008.

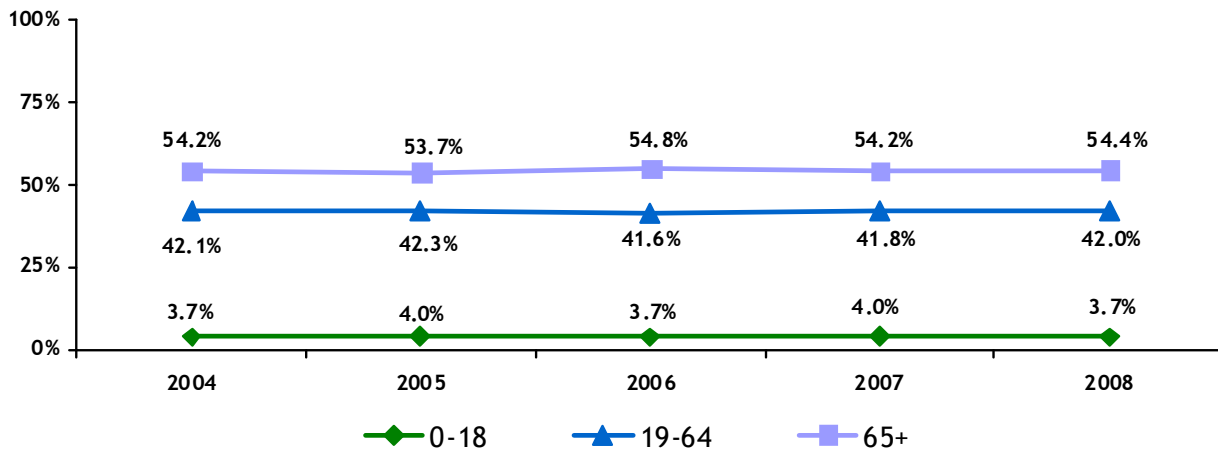
<sup>78</sup> The In-Home Supportive Services Advisory Committee of Stanislaus, *2007 Report to the Community*, 2007.

**Figure 151: IHSS Eligibility Applicants, by Gender, Female, June, Stanislaus County**



Source: IHSS—Case Management, Information and Payrolling System (CMIPS), 2008.

**Figure 152: IHSS Eligibility Applicants, by Age, Stanislaus County**



Source: IHSS—Case Management, Information and Payrolling System (CMIPS), 2008.

Note: data represent the month of June.

**Figure 153: Percent of Those Utilizing IHSS, by Ethnicity, Stanislaus County**

Ethnicity	June 2004	June 2005	June 2006	June 2007	June 2008
White	69.8	68.2	66.4	64.5	64.3
Hispanic	16.1	16.6	17.7	19.2	19.6
Black	5.3	5.7	5.9	6.0	5.7
Other Asian or Pacific Islander	1.9	2.0	2.3	2.5	2.5
American Indian or Alaska Native	0.4	0.5	0.5	0.5	0.5
<b>Total</b>	<b>4,669</b>	<b>4,949</b>	<b>5,069</b>	<b>5,507</b>	<b>5,847</b>

Source: IHSS—Case Management, Information and Payrolling System (CMIPS), 2008.

Note: the total represents all who ended up utilizing IHSS.



## Data Summary

In June 2008, 6,145 individuals applied for IHSS. The number of applications has been increasing every year since 2004. Of those who applied for services, females constituted a larger percentage than males, and those who were 65 or older constituted a larger percentage than those who were between the ages of 19-64, or who were 18 years or younger. In addition, Whites constituted the majority, by race/ethnicity, of those who ended up utilizing services. In June 2008, 64% of those utilizing IHSS were White, 20% were Hispanic, 6% were Black, and 3% were Asian or Pacific Islander.

## *How We're Making a Difference*

### **Stanislaus County Area Agency on Aging**

The Stanislaus County Area Agency on Aging (AAA) is one of 33 Area Agencies on Aging in California. The AAA is a part of an important "Aging Services Network" helping to connect older adults and their caregivers to available services. The Senior and Caregiver Information line is accessed by a statewide toll-free number (800) 510-2020 or directly at (209) 558-8698.

Amy, for example, is a 94-year-old resident of Stanislaus County who lives alone and has no family in California. She called the information line asking if someone would help her understand a letter she received from a bank. A representative agreed and Amy came into the office. It turns out her home was in foreclosure. She simply did not understand that the loan had been transferred to another financial agency so she was ignoring the statements. As you may have guessed, Amy suffers from mild dementia and confusion. As she was not Medi-Cal eligible, she was referred to the Linkages Case Management program, which in turn assisted her with stopping the foreclosure, arranged for a representative payee, medication delivery, medical appointments, and transportation as needed.

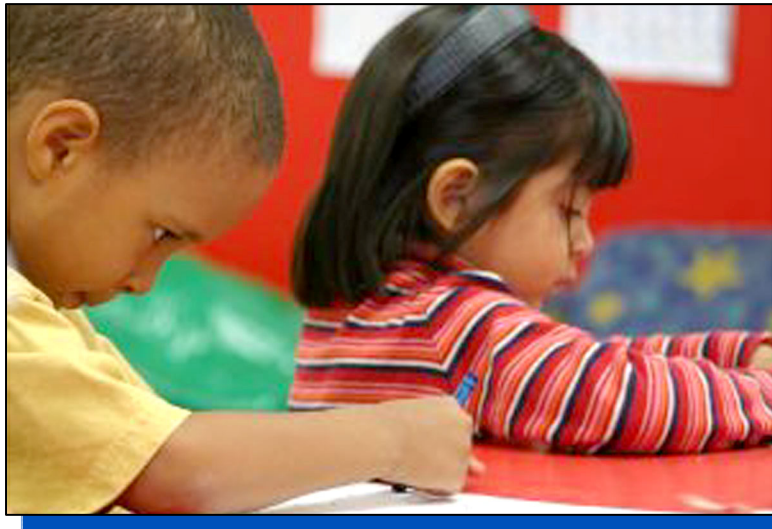
Not all of those who call in are facing such serious problems but most don't know where to go for help. Some of the most common requests are for in-home assistance, affordable housing, and home delivered meals. AAA frequently makes referrals and sends out information about In-Home Supportive Services (IHSS), the Catholic Charities Homemaker program, the Family Caregiver Support Respite program, other private in-home agencies, independent housing, the Senior Meals program, and much more.

The AAA also actively supports many collaborative efforts of local senior service providers. One example is the newly formed Fall Prevention Coalition of Stanislaus County. Led by the Healthy Aging Association, the Coalition is composed of members from multiple county and city departments, local non-profits, and private agencies that are involved in Fall Prevention. The Coalition is creating a strategic plan to help prevent falls, develop a resource guide specific to fall prevention services, and is sponsoring a Fall Prevention workshop at the Healthy Aging Summit held annually in October at the downtown Center Plaza.



## Children and Adolescents

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The health and well-being of children and adolescents have a dramatic impact on their physical, emotional, intellectual, and developmental abilities. By ensuring that children grow up healthy, are raised in safe and nurturing homes, and are provided with educational opportunities that stimulate their minds, children have the opportunities they need to achieve their full potential.

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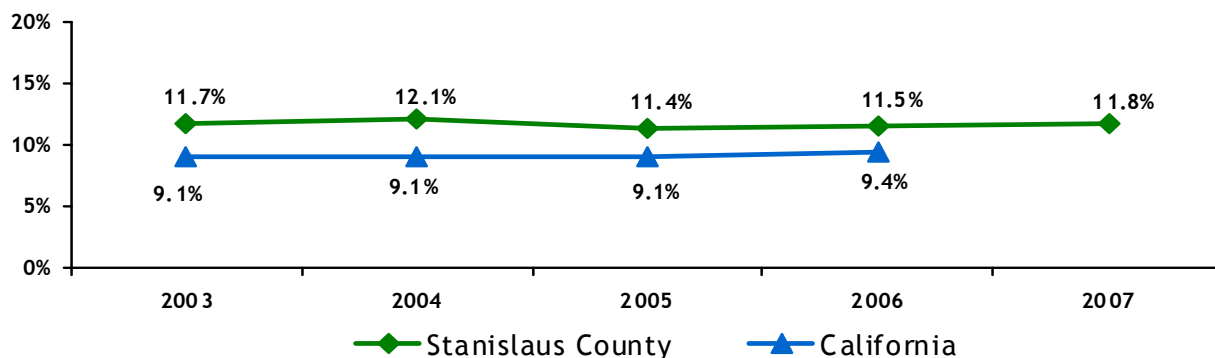
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# Teen Births

## Why It Is Important

Teen girls face a greater risk of delivering low birth weight babies, and their babies have a higher risk of infant mortality.<sup>79</sup> Teen mothers are less likely to complete high school and go on to college than teens who delay childbirth. Only one-third of teen mothers receive a high school diploma, and only 1.5% attain a college degree by the age of 30.<sup>80</sup> Due in part to interruptions in the mother’s education, babies born to teen mothers are more likely to live in poverty.<sup>81</sup>

**Figure 154: Percentage of All Live Births to Teen Mothers Ages 15-19 Years**

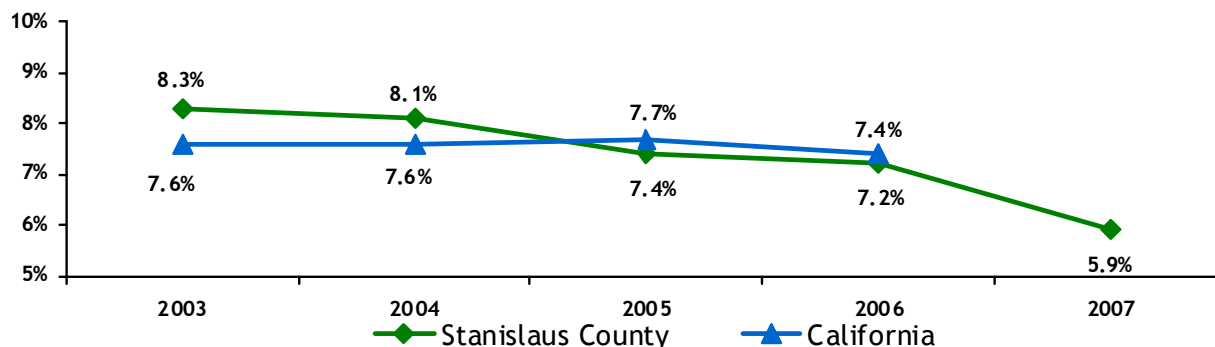


Source: State of California, Department of Public Health, Birth Records, 2003-2006, 2008. Health Services Agency, Public Health, 2007, 2008.

Stanislaus County 2003 N: 8,022; 2004 N: 8,061; 2005 N: 8,445; 2006 N: 8,728; 2007 N: 8,799.

California 2003 N: 540,827; 2004 N: 544,685; 2005 N: 548,700; 2006 N: 562,157; 2007 N: N/A.

**Figure 155: Percentage of Teen Births Born at Low Birth Weight (<2,500 Grams up to 5.5 Pounds)**



Source: State of California, Department of Public Health, Birth Records, 2003-2006, 2008. Health Services Agency, Public Health, 2007, 2008.

Stanislaus County 2003 N: 938; 2004 N: 973; 2005 N: 960; 2006 N: 1,004; 2007 N: 1,036.

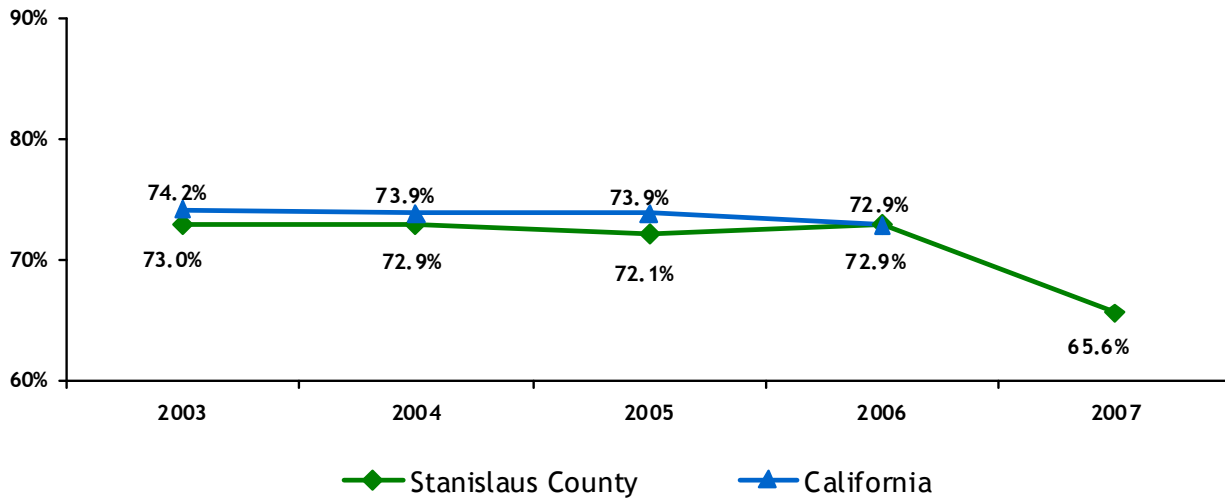
California 2003 N: 49,330; 2004 N: 49,737; 2005 N: 50,017; 2006 N: 52,770; 2007 N: N/A.

<sup>79</sup> Public Health Services of San Joaquin County, *Public Health Counts*, 2002.

<sup>80</sup> Alan Guttmacher Institute, *Facts in Brief, Teen Sex and Pregnancy*. Retrieved July 28, 2004, from [http://sss.agi-usa.org/pubs/fb\\_teen\\_sex.html](http://sss.agi-usa.org/pubs/fb_teen_sex.html); see also, The National Campaign to Prevent Teen Pregnancy, *General Facts and Stats*, 2004. Retrieved November 10, 2004, from <http://www.teenpregnancy.org/resources/data/genlfact.asap>.

<sup>81</sup> Public Health Services of San Joaquin County, *Public Health Counts*, 2002.

**Figure 156: Percentage of Teen Births with Prenatal Care in the First Trimester**

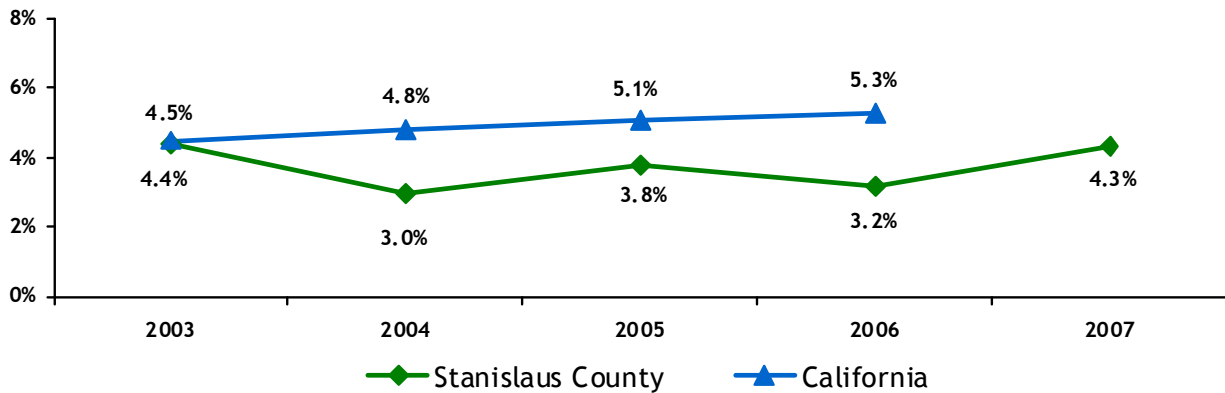


Source: State of California, Department of Public Health, Birth Records, 2003-2006, 2008. Health Services Agency, Public Health, 2007, 2008.

Stanislaus County 2003 N: 938; 2004 N: 973; 2005 N: 960; 2006 N: 1,004; 2007 N: 1,036; 2007 N: 995.

California 2003 N: 49,330; 2004 N: 49,737; 2005 N: 50,017; 2006 N: 52,770; 2007 N: N/A.

**Figure 157: Percentage of Teen Births with Late\* or No Prenatal Care**



Source: State of California, Department of Public Health, Birth Records, 2003-2006, 2008. Health Services Agency, Public Health, 2007, 2008.

Stanislaus County 2003 N: 938; 2004 N: 973; 2005 N: 960; 2006 N: 1,004; 2007 N: 995.

California 2003 N: 49,330; 2004 N: 49,737; 2005 N: 50,017; 2006 N: 52,770; 2007 N: N/A.

\* Late prenatal care is care beginning in the third trimester.

## Data Summary

From 2003 to 2006, the percentage of all live births to teen mothers, ages 15-19, in Stanislaus County were consistently higher than in California. In 2007, 12% of all births in the County were to teen mothers. In Stanislaus County since 2003, the percentage of low birth weight babies born to teen mothers has been declining. In 2004, the percentage was 8%, and by 2007, the percentage was 6%. Conversely, the percentage of teen births with prenatal care in the first trimester has decreased from 2006 to 2007, while the percentage of teen births with late or no prenatal care increased during the same time period.

## *How We're Making a Difference*

### **Hughson Family Resource Center Healthy Birth Outcomes**

Elizabeth met Hughson Family Resource Center employee, Alma, when Elizabeth was eight months pregnant. Alma invited her to attend a program that included information on having a healthy pregnancy and being a good parent.

This was Elizabeth's first baby and she was worried that she wouldn't know how to take care of the child. Through the program though, she learned how to recognize a baby's signals. After her daughter was born, Elizabeth continued to come to the classes and learned about the value of breast feeding and health care for an infant and about various illnesses and the proper way of dealing with them. The baby was due to be born on August 1st, but Elizabeth didn't deliver until August 31, 2007. The delay would have been a source of great concern had she not been in the classes and had people to talk to about the process. What Elizabeth learned in the class has been of great help to her during the first year of her daughter's life. "I learned how to be understanding and how to discipline my children in the right way."

As a result of her success with this class, Elizabeth's desire to finish her GED was heightened. She contacted the Central Valley Opportunity Center, made an appointment, and received training to be a General Office Worker. She finished the class in June, 2008. She would have completed the class in May, but she didn't have gas money for one month and missed those classes. Although she is currently "working in the field" to pay for diapers, Elizabeth has more comfort with finding and keeping a better job.

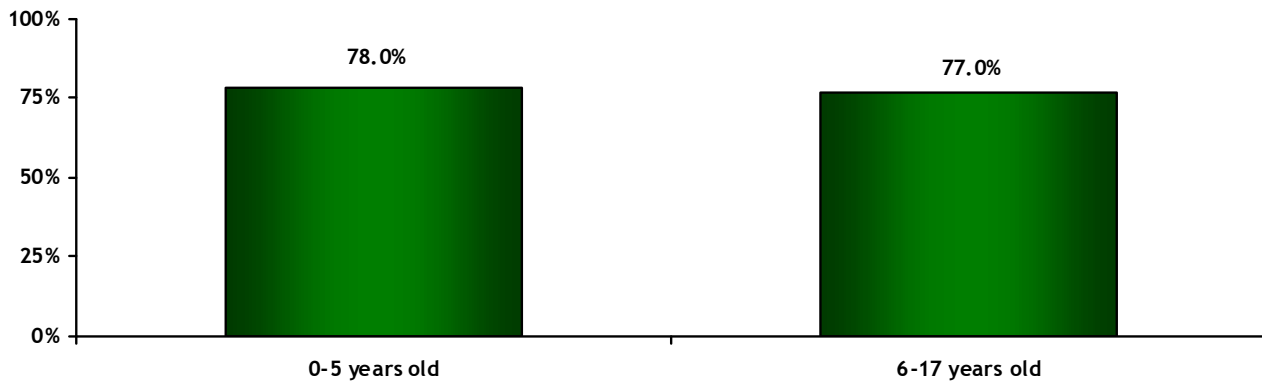
Even though Elizabeth has finished the classes, she still attends the Healthy Birth Outcomes (HBO) class occasionally as a class mentor, both in support of other soon-to-be mothers and to keep learning. She knows her daughter will be better because of it. The HBO program is run by the Stanislaus County Health Services Agency with funding by the Stanislaus County Children and Families Commission.

# Health Insurance - Youth

## Why It Is Important

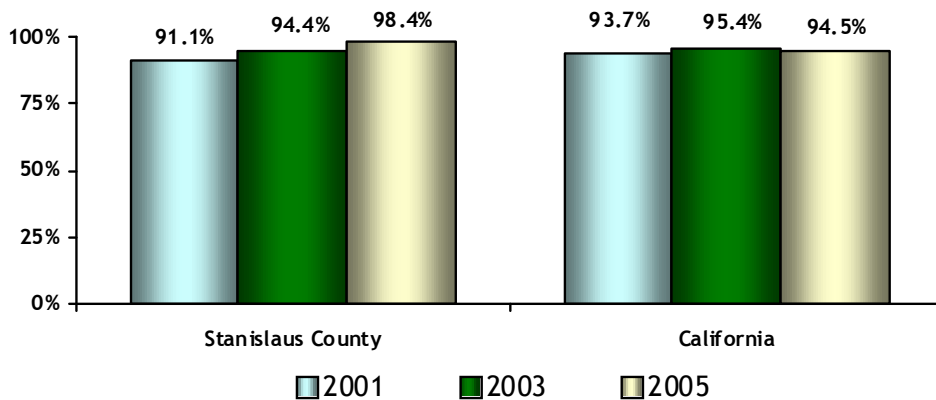
Health insurance is an important component of access to health care. People with medical insurance are more likely to have a primary care doctor and to receive adequate preventive care as compared to those without health insurance.<sup>82</sup> Children with health insurance are better able to receive timely check-ups, ensuring they are healthy and developing appropriately. Children with health insurance also have more access to care for more chronic conditions such as asthma and diabetes.

**Figure 158:**  If You Have Children, Do They Have Health Insurance? (Those Responding “Yes”), 2008



Source: Applied Survey Research, *Stanislaus County Community Health Assessment Survey, 2008*. 2005 California Health Interview Survey.  
 Stanislaus County 2008 0-5 years old N: 1,141; 6-17 years old N: 1,129.

**Figure 159:**  Percentage of Children Ages Five and Under Who Are Currently Insured



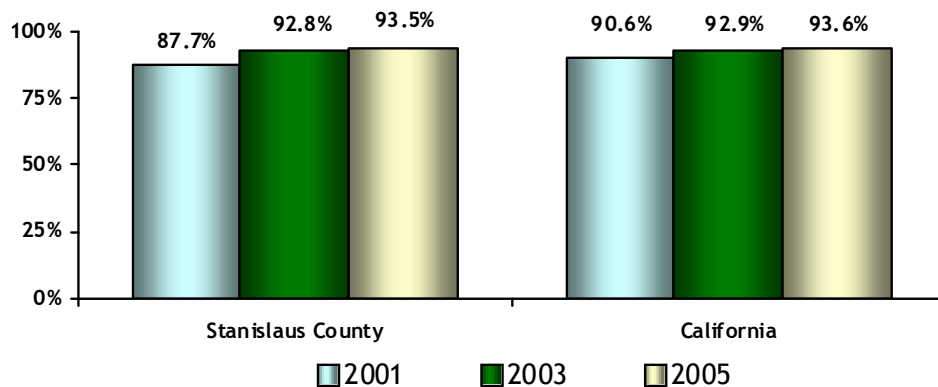
Source: 2001, 2003, and 2005 California Health Interview Survey.  
 Stanislaus County 2001 N: 43,000; 2003 N: 44,000; 2005 N: 45,000.  
 California 2001 N: 2,985,000; 2003 N: 3,006,000; 2005 N: 3,174,000.

 **New data not available**

<sup>82</sup> Great Valley Center, *The State of the Great Central Valley of California: Supporting Economic, Social and Environmental Well-being in California's Great Central Valley*, 2003.



**Figure 160:**  **Percentage of Youth Ages 17 and Under Who Are Currently Insured**



Source: 2001, 2003, and 2005 California Health Interview Survey.  
 Stanislaus County 2001 N: 141,000; 2003 N: 145,000; 2005 N: 150,000.  
 California 2001 N: 9,305,000; 2003 N: 9,488,000; 2005 N: 9,759,000.

 **New data not available**

**Figure 161:**  **Type of Health Care Coverage for Children Ages Five and Under**

Type of Coverage	Stanislaus County			California		
	2001	2003	2005	2001	2003	2005
Medicaid	29.3%	36.2%	21.4%	28.8%	33.1%	33.0%
Healthy Families / CHIP	4.0*	5.9*	7.1*	4.4	4.0	4.6
Employment-based	56.4	39.3	68.4	56.3	51.8	50.6
Privately purchased	1.4*	7.0*	-	2.9	5.1	4.9
Other public	-	6.0*	1.5*	1.2	1.4	1.3
Uninsured	8.9*	5.6*	1.6*	6.3	4.6	5.5
<b>Total estimated N</b>	<b>43,000</b>	<b>44,000</b>	<b>45,000</b>	<b>2,985,000</b>	<b>3,006,000</b>	<b>3,174,000</b>

Source: 2001, 2003, and 2005 California Health Interview Survey.

\* Data are statistically unstable. According to CHIS, this is most often caused by a limitation of the sample collected in the survey. Thus, data should be interpreted with caution.

- (hyphen) = Data are not available as the estimate is less than 500 people.

 **New data not available**

**Figure 162:**  **Type of Health Care Coverage for Youth Ages 17 and Under**

Type of Coverage	Stanislaus County			California		
	2001	2003	2005	2001	2003	2005
Medicaid	18.4%	24.0%	32.0%	22.9%	26.1%	27.8%
Healthy Families / CHIP	5.7	5.0*	8.6*	4.7	6.1	6.5
Employment-based	60.8	57.1	51.4	59.0	54.4	53.3
Privately purchased	2.8*	4.9*	0.7*	2.9	4.9	4.8
Other public	-	1.8*	0.8*	1.1	1.4	1.2
Uninsured	12.3	7.2	6.5*	9.4	7.1	6.4
<b>Total estimated N</b>	<b>141,000</b>	<b>145,000</b>	<b>150,000</b>	<b>9,305,000</b>	<b>9,488,000</b>	<b>9,759,000</b>

Source: 2001, 2003, and 2005 California Health Interview Survey.

\* Data are statistically unstable. According to CHIS, this is most often caused by a limitation of the sample collected in the survey. Thus, data should be interpreted with caution.

- (hyphen) = Data are not available as the estimate is less than 500 people.



**New data not available**

## Data Summary

According to the 2008 Stanislaus County Community Health Assessment Survey results, 22% of respondents with children ages five and under and 23% of respondents with children ages 6-17 indicated that their children did not have health insurance.

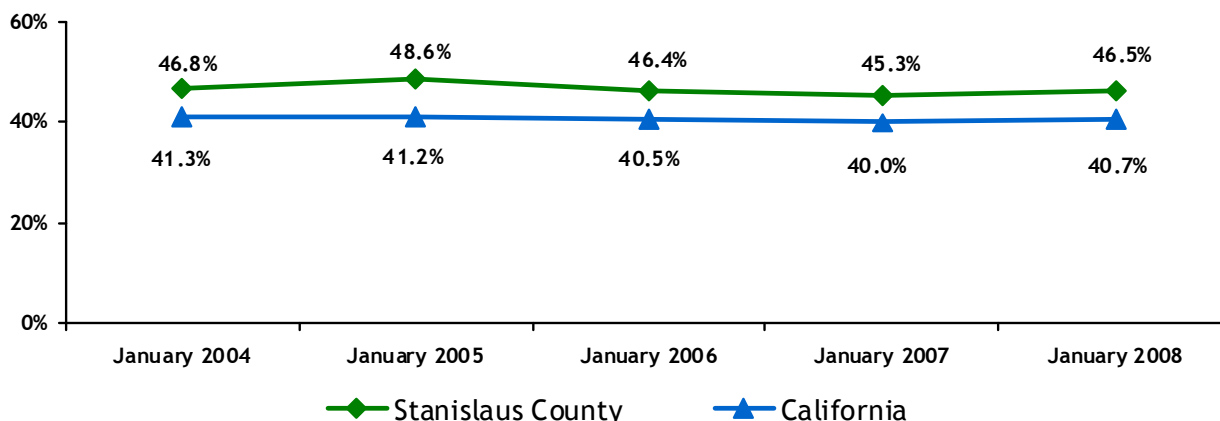
According to CHIS, over 90% of children ages 0-5 and over 88% of youth ages 0-17 in Stanislaus County and California were insured in 2001, 2003, and 2005. In Stanislaus County, a sizable majority (68%) of children ages 0-5 and over half (51%) of youth ages 0-17 had employment-based insurance coverage in 2005. This was followed by 21% of children ages 0-5 and 32% of youth ages 0-17 who were covered by Medicaid.

# Medi-Cal Enrollment - Youth

## Why It Is Important

The federal Medicaid program, administered as Medi-Cal in California, is available to low-income children and adults. Medi-Cal offers low or no cost insurance to those who might otherwise be uninsured. However, Medi-Cal eligibility is based on narrowly defined categories such as medical need and resource level. There are a large number of families whose resources require them to share the cost of services and, for many, this share of cost is too high, making Medi-Cal services basically unaffordable.

**Figure 163: Percentage of Children Ages Five and Under Enrolled in Medi-Cal**

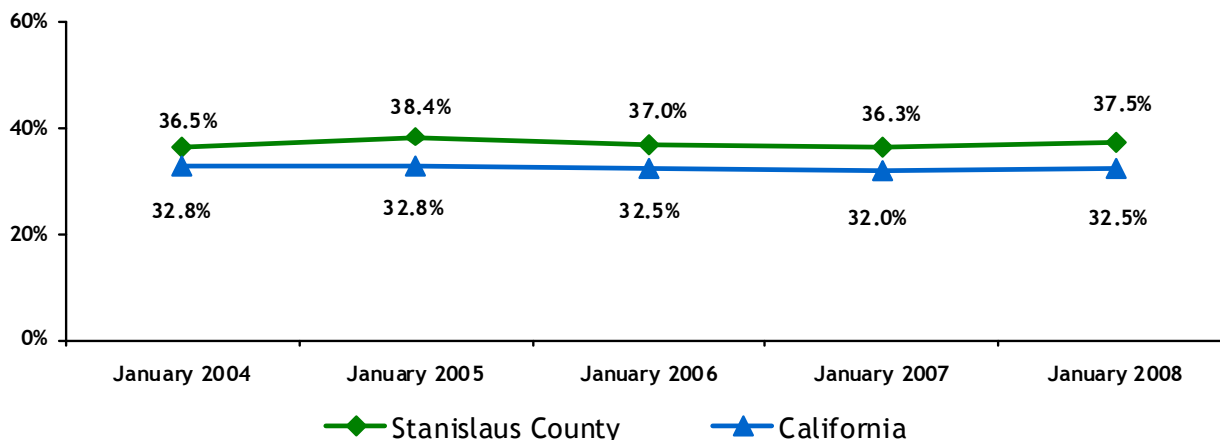


Source: California Department of Health Care Services, Medical Care Statistics Section, Medi-Cal Beneficiaries by Age Category, 2008. California Department of Finance, Demographic Research Unit, E-4 Population Estimates for Cities, Counties, State, 2000-2008 with 2000 DRU Benchmark, 2008.

Stanislaus County 2004 N: 45,420; 2005 N: 46,870; 2006 N: 48,667; 2007 N: 50,256; 2008 N: 51,680.

California 2004 N: 3,067,622; 2005 N: 3,119,684; 2006 N: 3,181,647; 2007 N: 3,221,891; 2008 N: 3,270,922.

**Figure 164: Percentage of Youth Ages 17 and Under Enrolled in Medi-Cal**



Source: California Department of Health Care Services, Medical Care Statistics Section, Medi-Cal Beneficiaries by Age Category, 2008. California Department of Finance, Demographic Research Unit, E-4 Population Estimates for Cities, Counties, State, 2000-2008 with 2000 DRU Benchmark, 2008.

Stanislaus County 2004 N: 147,216; 2005 N: 148,306; 2006 N: 149,430; 2007 N: 150,510; 2008 N: 151,522.

California 2004 N: 9,575,520; 2005 N: 9,620,511; 2006 N: 9,664,747; 2007 N: 9,697,088; 2008 N: 9,709,999.

## Data Summary

Between 2004 and 2008, Stanislaus County consistently had higher percentages of children ages 0-5 and youth ages 0-17 enrolled in Medi-Cal than did California. During this time period, the percentage of Stanislaus County children ages 0-5 who were enrolled in Medi-Cal remained fairly constant, fluctuating between 45-49%. For youth ages 0-17, the percentage enrolled in Medi-Cal fluctuated slightly between 36%-38% during this time period.

## *How We're Making a Difference*

### Ceres Partnership for Healthy Children

Established in 1994, Ceres Partnership for Healthy Children is a community collaborative and Family Resource Center dedicated to the improved health and quality of life for children and families. We desire to see our children well, safe, educated, and prepared to live responsibly and with sufficiency in today's society.

Ceres Partnership for Healthy Children has become a well-known and trusted resource for the families in the Ceres community and its surrounding areas. We strive to strengthen families, and our programs are designed to improve self-sufficiency and build family capacity. Along with community events, door-to-door outreach, case management, and parent education and support groups, our programs and services serve as the foundation for positive growth and healthy family development.



Through the Healthy Birth Outcomes (HBO) Program, pregnant women and new mothers receive appropriate educational materials and additional support. This program is run by the Stanislaus County Health Services Agency, with funding by the Stanislaus County Children and Families Commission. Last year, over 70 women attended the Ceres HBO group, with 100% of babies born at a healthy birth weight.

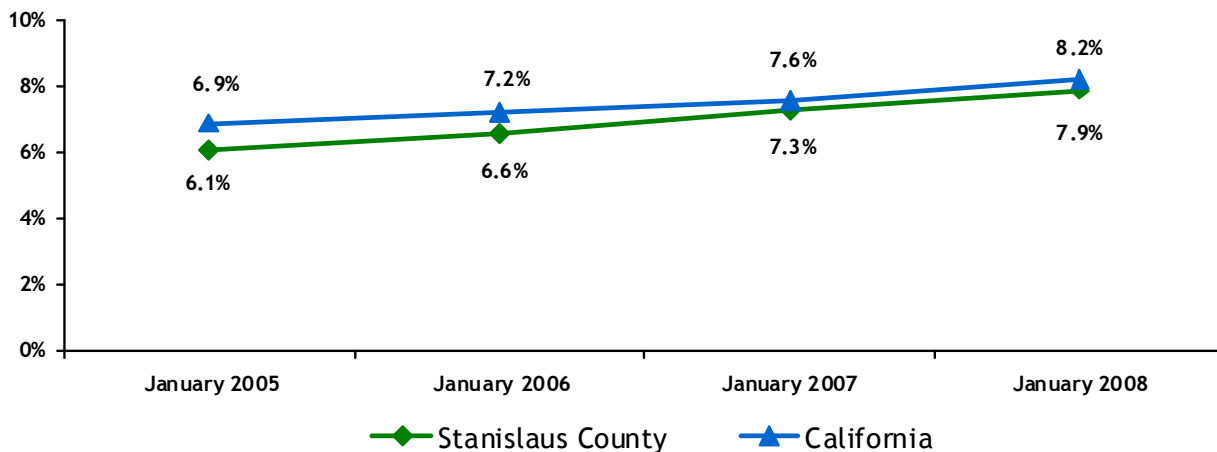
Ultimately, our purpose is to support and empower families to be responsible for meeting the needs of children through safe neighborhoods, strong families, and a supportive community.

# Healthy Families Program (HFP) Enrollment

## Why It Is Important

In response to the increasing number of uninsured children, the Federal Government created a health insurance program for children whose parents earn up to 250% of the Federal Poverty Level. Administered in California as “Healthy Families” since 1998, it has provided health insurance for the first time to many children who were not eligible for other programs. This program seems to be working to insure more children as according to CHIS 2005, 94% of County children under age 18 were insured in 2005. It is likely that without the Healthy Families program and the new Healthy Kids program, many of these children would go without health insurance coverage.

**Figure 165: Percentage of Youth Ages 18 and Under Who Are Enrolled in Healthy Families Program**



Source: State of California, Managed Risk Medical Insurance Board, *HFP Currently Enrolled Subscribers by County*, 2008. State of California, Department of Finance, *Race/Ethnic Population with Age and Sex Detail, 2000-2050*. Sacramento, CA, June 2004.

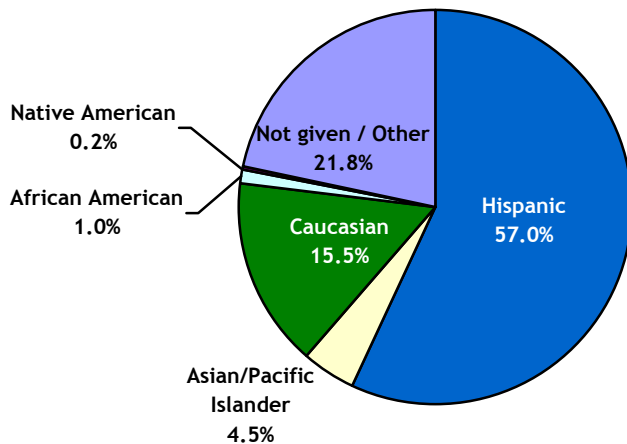
**Figure 166: Number and Percentage of Youth Ages 18 and Under Who Are Enrolled in Healthy Families Program**

	2005	2006	2007	2008
<b>Stanislaus County</b>				
Total number of youth ages 18 and under	157,091	158,426	159,774	161,068
Number of youth ages 18 and under enrolled in HFP	9,528	10,444	11,654	12,712
<b>Percentage of all youth ages 18 and under enrolled in HFP</b>	<b>6.1</b>	<b>6.6</b>	<b>7.3</b>	<b>7.9</b>
<b>California</b>				
Total number of youth ages 18 and under	10,161,885	10,228,907	10,280,378	10,319,640
Number of youth ages 18 and under enrolled in HFP	702,142	741,041	781,094	845,635
<b>Percentage of all youth ages 18 and under enrolled in HFP</b>	<b>6.9</b>	<b>7.2</b>	<b>7.6</b>	<b>8.2</b>

Source: State of California, Managed Risk Medical Insurance Board, *HFP Currently Enrolled Subscribers by County*, 2008. State of California, Department of Finance, *Race/Ethnic Population with Age and Sex Detail, 2000-2050*. Sacramento, CA, May 2004.

Note: Enrollment data are from the month of January of each year.

**Figure 167: Youth Ages 18 and Under Who Are Enrolled in Healthy Families Program by Ethnicity, Stanislaus County, 2008**



Source: State of California, Managed Risk Medical Insurance Board, HFP Currently Enrolled Subscribers by County, 2008.

N=12,712

Note: Enrollment data are from the month of January of each year.

**Figure 168: Number and Percentage of Youth Ages 18 and Under Who Are Enrolled in Healthy Families Program by Ethnicity**

Ethnicity	2005		2006		2007		2008	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Asian/Pacific Islander	472	5.0	501	4.8	531	4.6	569	4.5
African American	102	1.1	114	1.1	125	1.1	130	1.0
Caucasian	1,979	20.8	1,901	18.2	1,924	16.5	1,971	15.5
Hispanic	5,408	56.8	6,004	57.5	6,844	58.7	7,247	57.0
Native American	45	0.5	42	0.4	24	0.2	28	0.2
Not given/Other	1,522	16.0	1,882	18.0	2,206	18.9	2,767	21.8
<b>Stanislaus County total</b>	<b>9,528</b>	<b>100.0</b>	<b>10,444</b>	<b>100.0</b>	<b>11,654</b>	<b>100.0</b>	<b>12,712</b>	<b>100.0</b>

Source: State of California, Managed Risk Medical Insurance Board, HFP Currently Enrolled Subscribers by County, 2008.

Note: Enrollment data are from the month of January of each year.

**Figure 169: Top 10 ZIP Codes with the Greatest Number of Youth Ages 18 and Under Enrolled in Healthy Families Program, Stanislaus County, 2008**

ZIP Code	Number	Percent
95351	1,523	12.0
95307	1,350	11.0
95380	1,147	9.0
95358	1,010	7.9
95350	868	6.8
95355	825	6.5
95367	789	6.2
95382	723	5.7
95363	708	5.6
95361	531	4.2
<b>Stanislaus County total</b>	<b>12,712</b>	<b>100.0</b>

Source: State of California, Managed Risk Medical Insurance Board, *HFP Currently Enrolled Subscribers by County, 2008*.

Note: Enrollment data are from the month of January of each year.

## Data Summary

As of January 2008, Stanislaus County had 12,712 youth ages 18 and under who were enrolled in the Healthy Families Program (HFP) and virtually had the same percentage of youth enrolled in HFP as California. In Stanislaus County, the percentage of youth ages 18 and under who were enrolled in HFP increased from 6% in 2005 to 8% in 2008. This was compared to an increase from 7% to 8% in California during the same time period.

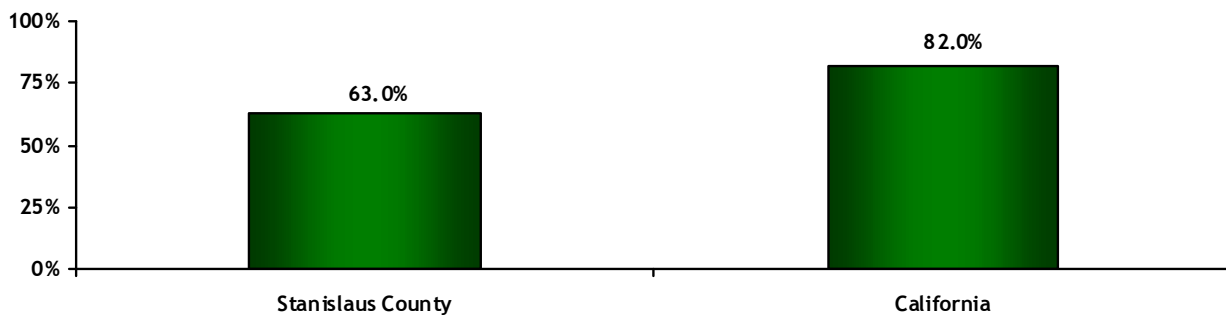
According to the 2008 HFP enrollment data, over half (57%) of youth ages 18 and under who were enrolled in the Healthy Families Program in Stanislaus County were Hispanic. This was followed by youth who were Caucasian (16%), Asian/Pacific Islander (5%), African American (1%), and Native American (<1%).

# Women, Infants and Children (WIC) Enrollment

## Why It Is Important

The Women, Infants, and Children (WIC) Supplemental Nutrition Program is a federally administered supplemental food and nutrition program for low-income pregnant, breastfeeding, or postpartum women and children under age five who have a nutritional deficiency. The purpose of WIC is to prevent poor birth outcomes and improve the health and nutrition of low-income participants. WIC provides nutrition education, breastfeeding promotion, medical care referrals, and specific supplemental nutritious foods that are high in protein and/or iron. The specific nutritious foods provided to participants include peanut butter, beans, milk, cheese, eggs, iron-fortified cereal, iron-fortified infant formula, and juices.<sup>83</sup> It has been shown to be cost effective and a positive public health intervention in many scientific studies.

**Figure 170: Estimated Percentage of Eligible Population Enrolled in WIC, April 2003\***



Source: California Department of Public Health, *Estimated Percent of Eligible Population Enrolled*, 2008.

\* Estimates developed in January 2005 using data for April 2003. WIC eligible population based on 2000 Census income data at 185 percent poverty level, updated with 2002 California Department of Finance personal income estimates.

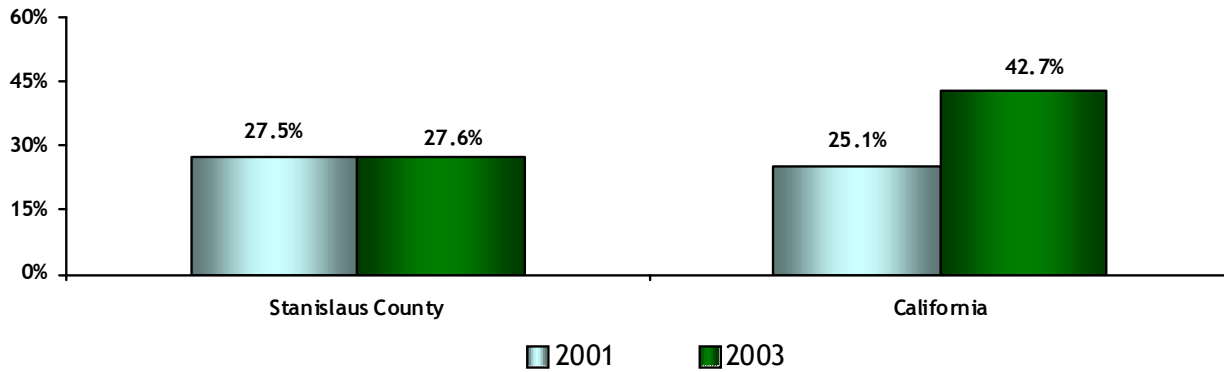


**New data not available**

<sup>83</sup> California Department of Health Services, Women Infants and Children (WIC) Supplemental Nutrition Program, *About WIC - Detailed Description*. Retrieved February 28, 2005, from <http://www.wicworks.ca.gov/about/detailed.html>.



**Figure 171:**  **Percentage of Children Ages Six and Under Currently Enrolled in WIC**



Source: 2001 and 2003 California Health Interview Survey.

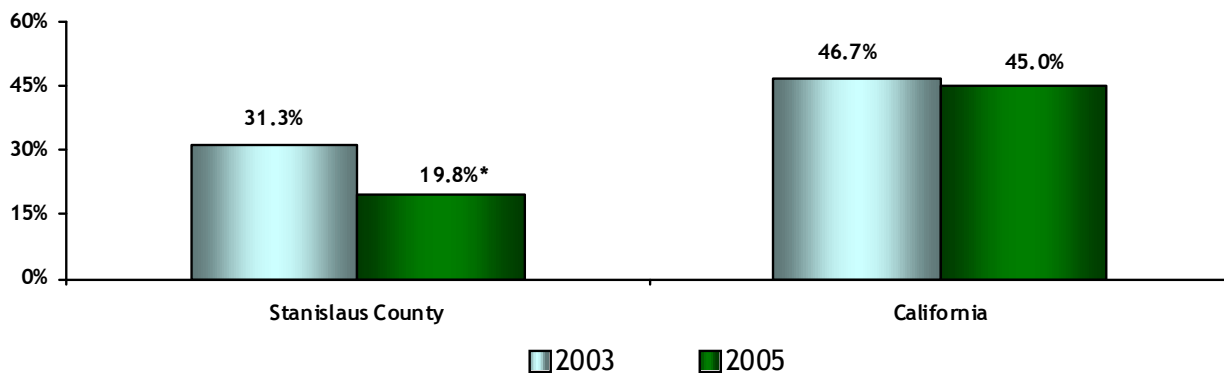
Stanislaus County 2001 N: 49,000; 2003 N: 42,000.

California 2001 N: 3,528,000; 2003 N: 2,132,000.

Note: 2003 is the most recent data available.

 **New data not available**

**Figure 172:**  **Percentage of Eligible Adult Women Ages 18 and Over Currently Enrolled in WIC**



Source: 2003 and 2005 California Health Interview Survey.

Stanislaus County 2003 N: 33,000; 2005 N: 33,000.

California 2003 N: 1,843,000; 2005 N: 1,798,000.

Note: This was only asked of adult women whose total annual household income is equal to or less than 300% of the Federal Poverty Level and who have a child under age 7 or who are pregnant.

\* Data are statistically unstable. According to CHIS, this is most often caused by a limitation of the sample collected in the survey. Thus, data should be interpreted with caution.

 **New data not available**

## Data Summary


Of the residents who were eligible to be enrolled in WIC, 63% of this eligible population in Stanislaus County were enrolled in April 2003, compared to 82% statewide.

According to CHIS data, 28% of children ages six and under were enrolled in WIC in 2003, compared to 43% statewide. There was a decrease in the number of eligible adult women ages 18 and over enrolled in WIC between 2003 and 2005 (31% and 20% respectively), whereas the state enrollment only slightly decreased in the same time period from 47% in 2003 to 45% in 2005.

# Health Care Access and Utilization - Youth

## Why It Is Important

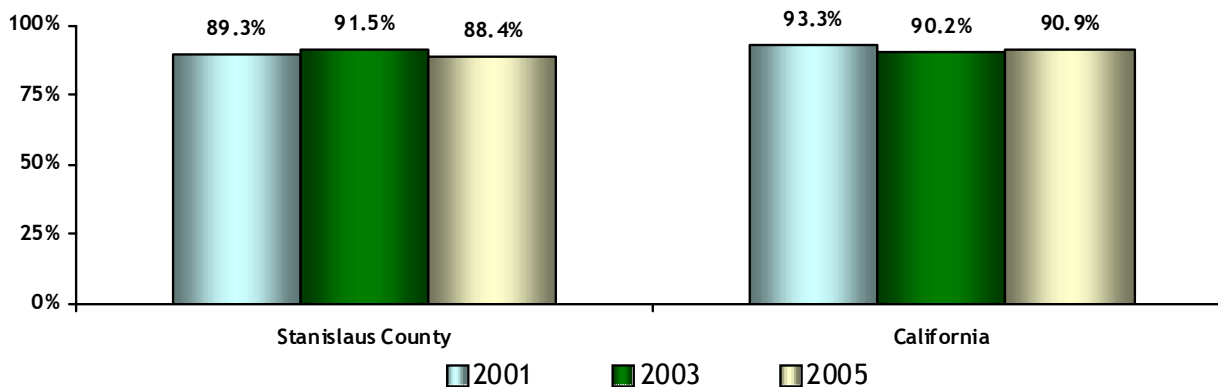
Timely medical visits help residents get appropriate preventive care and treatment for common and chronic conditions. Parents and caregivers with a place to take their child or children for health care may be more likely to access care and to feel more comfortable accessing care when their children are sick or they need health advice.

**Figure 173:**  If Your Child Had to Go Without Health Care in the Past 12 Months, Why Couldn't Your Child Receive It? (Mark All That Apply), 2008

Response	Frequency	Percent
No insurance	259	49.9
Couldn't afford it	137	26.4
Insurance wouldn't cover it	93	18.0
Unable to find doctor to accept public health insurance	79	15.2
Transportation issues	56	10.7
Didn't know where to go	55	10.6
Doctor's office hours were not convenient	49	9.4
Not enough doctors/specialists available	36	6.9
Other	13	2.4
<b>Total respondents</b>	<b>519</b>	<b>100.0</b>
<b>Total responses</b>	<b>776</b>	<b>100.0</b>

Source: Applied Survey Research, *Stanislaus County Community Health Assessment Survey*, 2008.

**Figure 174:**  Percentage of Youth Ages 17 and Under Who Have a Usual Place to Go to When They Are Sick or Need Health Advice



Source: 2001, 2003, and 2005 California Health Interview Survey.  
 Stanislaus County 2001 N: 140,000; 2003 N: 145,000; 2005 N: 150,000.  
 California 2001 N: 9,267,000; 2003 N: 9,488,000; 2005 N: 9,759,000.

 **New data not available**

## Data Summary

Respondents to the Stanislaus County Community Health Assessment Survey were asked, “if your child had to go without health care in the past 12 months, why couldn’t your child receive it?” The most frequent responses given were: “no insurance” (50%), “couldn’t afford it” (26%), “insurance wouldn’t cover it” (18%), and “unable to find a doctor to accept public health insurance” (15%).

Eighty-eight percent (88%) of Stanislaus County youth ages 0-17 and 91% of California youth ages 0-17 have a usual source of care.

## *How We’re Making a Difference*

### MOMobile

What happens when children are sick or injured, but barriers such as transportation prevent them from receiving the necessary medical care? MOMobile is a fully equipped mobile health care unit that delivers services to individuals in communities who are identified as needing greater access to health care. Funded by the Stanislaus County Children and Families Commission, it is operated through a collaboration of Golden Valley Health Centers and Doctors Medical Center Foundation. In 2007-2008, the mobile clinic provided medical care to 319 children.

Continuity of quality care and trust are important components of providing services through MOMobile, and this is evident in the story of Alberta and her family. Alberta relies on the MOMobile for the care of her entire large family. She does not have transportation, Alberta only speaks Spanish, and she does not have child care assistance.



A short time ago Teresa carried her youngest child into the MOMobile. Manuel was screaming in pain and Teresa explained to staff that he had a large sliver of wood in his buttock. Our provider, Joanne Helfer FNP, is a part-time ER Nurse and has been one for years: she took a look and then recommended that Teresa take Manuel to the Emergency Room due to the size of the sliver and how deeply embedded it was. Teresa broke into tears along with her already crying son. How was she going to be able to take her children (all under 10 years of age) on the bus, and then wait with them in ER for hours? Ms. Helfer recognized that it would be extremely difficult for Teresa and decided to do what she would have done in the ER. She pulled out the sliver (2 inches long), cleaned the exit wound, and provided a prescription for antibiotics along with detailed instructions in Spanish for Teresa to care for the wound and watch for signs of infection.

A few days later, Teresa came back with a healthy and smiling Manuel carrying a hand-made thank you card. Teresa, and others like her, come to the MOMobile because they trust the highly trained, Spanish speaking staff who treat her with respect and understanding.

# Annual Health Assessments - Youth

## Why It Is Important

Regular and timely screenings for children and adolescents can detect health conditions at their early stages when they are most easily treated, as well as uncover potential risk factors for chronic disease that can be managed with lifestyle changes.<sup>84</sup> Since children undergo significant changes as they grow, regular health assessments can help determine whether or not the child is developing normally in the areas of physical, mental, and emotional health.

**Figure 175:**  Last Time Teens Ages 12-17 Saw a Doctor for a Routine Physical/Check-up

Response	Stanislaus County			California		
	2001	2003	2005	2001	2003	2005
Never	3.3%*	1.5%*	3.4%*	1.7%	1.4%	2.4%
Less than 3 months ago	23.3	28.1	20.6*	30.1	30.3	34.0
3-6 months ago	23.0	19.0	24.8*	23.4	24.5	23.1
6-12 months ago	22.1	13.2*	39.7	23.0	20.8	22.0
1-2 years ago	28.2**	25.8	8.9*	21.7**	16.4	13.7
More than 2 years ago		12.4*	2.6*		6.7	4.8
<b>Total estimated N</b>	<b>44,000</b>	<b>52,000</b>	<b>55,000</b>	<b>2,818,000</b>	<b>3,260,000</b>	<b>3,359,000</b>

Source: 2001, 2003, and 2005 California Health Interview Survey.

Note: Data for children ages 11 and under are not available.

\* Data are statistically unstable. According to CHIS, this is most often caused by a limitation of the sample collected in the survey. Thus, data should be interpreted with caution.

\*\* In 2001, the response option was: "12 months or more."



**New data not available**

## Data Summary

According to CHIS data, the percentage of Stanislaus County teens ages 12-17 who saw a doctor for a routine physical or check-up within a year prior to taking the survey increased from 68% in 2001 to 85% in 2005. Similarly, the percentage of California teens ages 12-17 who saw a doctor for a routine physical or check-up within a year prior to taking the survey increased from 77% in 2001 to 79% in 2005.

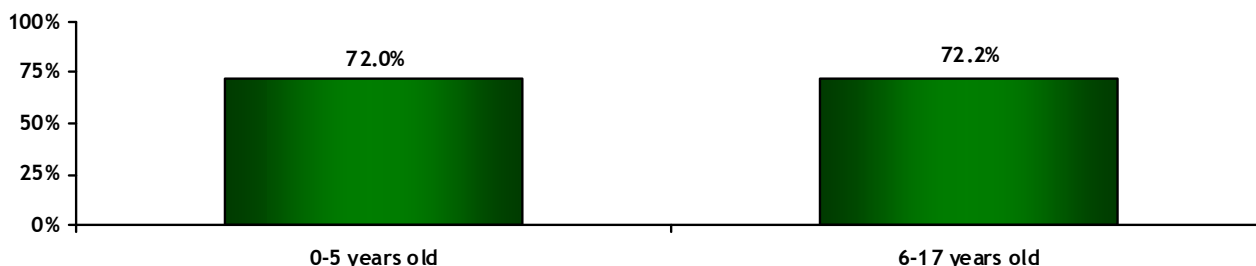
<sup>84</sup> U.S. Department of Health and Human Services, Administration on Aging, *Promoting Healthy Lifestyles – Health Screenings*, 2004. Retrieved February 28, 2005, from [http://www.aoa.gov/eldfam//Healthy\\_Lifestyles/Screenings/screenings.asp](http://www.aoa.gov/eldfam//Healthy_Lifestyles/Screenings/screenings.asp).

# Dental Insurance / Oral Health - Youth

## Why It Is Important

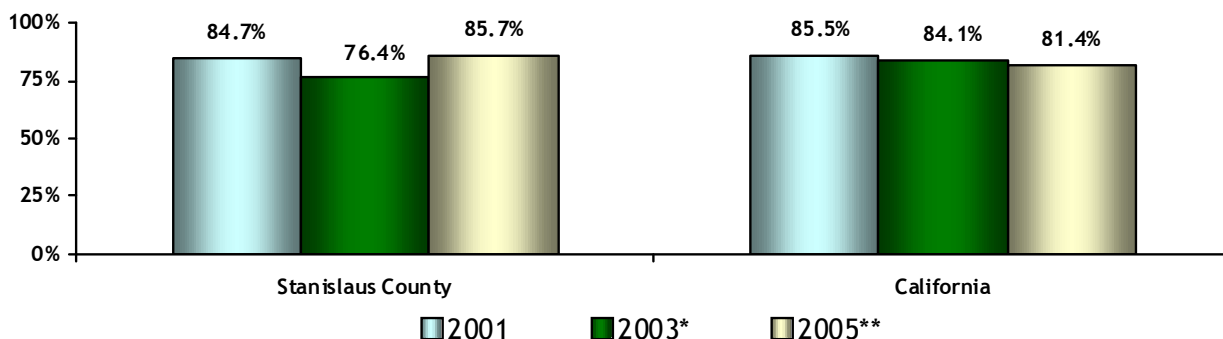
The American Academy of Pediatric Dentistry and U.S. Health Resources and Services Administration (HRSA) recommend that parents take children to the dentist twice annually, but according to a study from the U.S. Department of Health and Human Services, almost one-quarter of U.S. children do not receive the recommended number of dental checkups, and 20% of all children do not visit the dentist at all.<sup>85</sup> Regular dental visits for children are important for preventing, diagnosing, and treating oral diseases, and having dental insurance makes getting adequate dental care easier. Children who don't see dental professionals miss the opportunity to have problems caught early before they escalate into larger, more expensive problems to treat.

**Figure 176:**  If You Have Children, Do They Have Dental Insurance? (Those Responding “Yes”), 2008




Source: Applied Survey Research, *Stanislaus County Community Health Assessment Survey, 2008*. 2005 California Health Interview Survey.  
 Stanislaus County 2008 0-5 N: 1,069; 6-17 N: 1,043.

**Figure 177:**  Percentage of Children Ages 2-5 Who Have Dental Insurance

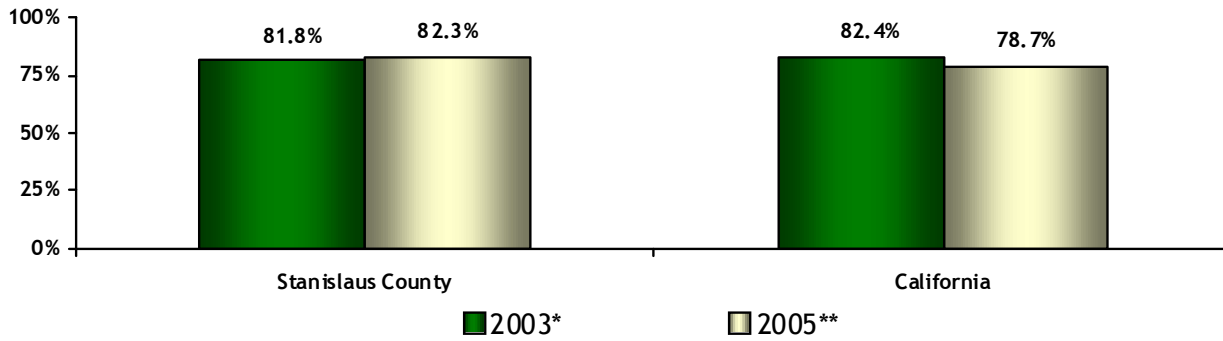


Source: 2001, 2003, and 2005 California Health Interview Survey.  
 Stanislaus County 2001 N: 33,000; 2003 N: 41,000; 2005 N: 27,000.  
 California 2001 N: 2,320,000; 2003 N: 2,723,000; 2005 N: 1,431,000.  
 \* Asked of child respondents who are 2 years or older, or are under 2 but have teeth.  
 \*\* Asked of child respondents 2 years or older who have visited the dentist. Also asked of younger children if a tooth is present and they have visited the dentist.

 **New data not available**

<sup>85</sup> Too few dental checkups for children. [Electronic version]. *The Journal of the American Dental Association*, (February, 2003), 134, 156.

**Figure 178:**  **Percentage of Youth Ages 2-17 Who Have Dental Insurance**



Source: 2003 and 2005 California Health Interview Survey.

Stanislaus County 2003 N: 142,000; 2005 N: 131,000.

California 2003 N: 9,205,000; 2005 N: 7,877,000.

Note: 2001 data are not available for youth ages 11-17.

\* Asked of child respondents who are 2 years or older, or are under 2 but have teeth. Asked of adolescents who at some point in the past 12 months did not have any health insurance at all.

\*\* Asked of child respondents 2 years or older and all adolescents who have visited the dentist. Also asked of younger children if a tooth is present and they have visited the dentist.

 **New data not available**

**Figure 179:**  **Time Since Last Dental Visit for Children Ages 2-5**

Response	Stanislaus County			California		
	2001	2003*	2005*	2001	2003*	2005*
Never	64.7%	59.3%	20.4%	41.7%	53.3%	34.3%
1-6 months ago	27.7	22.7	59.9	39.0	33.9	46.3****
7-12 months ago	6.7**	11.7**	18.0**	15.4	10.0	16.6****
1-2 years ago	-	6.3**	1.7**	3.2	2.4	2.3
2-5 years ago	-	-	-	0.6	0.3**	0.5**
More than 5 years ago	-	-	N/A***	-	0.1**	N/A***
<b>Total estimated N</b>	<b>25,000</b>	<b>41,000</b>	<b>34,000</b>	<b>1,972,000</b>	<b>2,723,000</b>	<b>2,039,000</b>

Source: 2001, 2003, and 2005 California Health Interview Survey.

\* Asked of child respondents who are 2 years or older. Also asked of younger children if a tooth is present.

\*\* Data are statistically unstable. According to CHIS, this is most often caused by a limitation of the sample collected in the survey. Thus, data should be interpreted with caution.

\*\*\* Response option was not used in 2005.

\*\*\*\* Response option was: “less than 6 months ago” / “6 months up to 1 year ago”.

- (hyphen) = Data are not available as the estimate is less than 500 people.

 **New data not available**

**Figure 180:**  **Time Since Last Dental Visit for Children Ages 2-17**

Response	Stanislaus County		California	
	2001	2003*	2001	2003*
Never	15.5%	18.5%	12.2%	17.1%
1-6 months ago	51.8	49.4	55.6	55.4
7-12 months ago	22.7	15.4	22.1	18.6
1-2 years ago	7.0**	11.2	6.9	5.7
2-5 years ago	2.1**	2.3*	2.5	2.6
More than 5 years ago	0.9**	3.2*	0.7	0.6
<b>Total estimated N</b>	<b>121,000</b>	<b>142,000</b>	<b>8,136,000</b>	<b>9,205,000</b>

Source: 2001 and 2003 California Health Interview Survey.

Note: 2003 is the most recent data available.

\* Asked of child respondents who are 2 years or older. Also asked of younger children if a tooth is present.

\*\* Data are statistically unstable. According to CHIS, this is most often caused by a limitation of the sample collected in the survey. Thus, data should be interpreted with caution.

- (hyphen) = Data are not available as the estimate is less than 500 people.

 **New data not available**

## Data Summary

According to the 2008 Stanislaus County Community Health Assessment Survey results, 28% of respondents with children ages five and under and 28% of respondents with children ages 6-17 indicated that their children did not have dental insurance.

There was a small increase in the percentage of Stanislaus County children ages 2-5 who had dental insurance between 2001 and 2005 (from 85% to 86%). However, the percentage of California children ages 2-5 with dental coverage decreased from 86% in 2001 to 81% in 2005. Further, 82% of Stanislaus County youth ages 2-17 had dental insurance in 2003 and 2005. In California, the percentage decreased from 82% in 2003 to 79% in 2005.

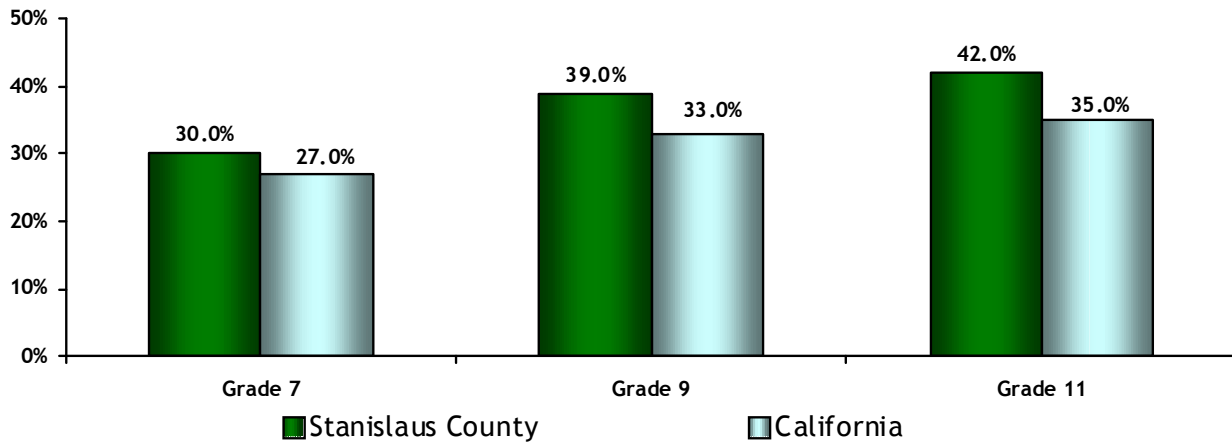
# Mental Health - Youth

## Why It Is Important

According to the U.S. Department of Health and Human Services Center for Mental Health Services, at least one in five children and adolescents in the U.S. have a mental health disorder and at least one in ten have a serious emotional disturbance that disrupts daily functioning in the home, school, or community. The most common mental disorders among children are anxiety disorders, mood disorders (such as depression), and disruptive disorders (such as attention-deficit/hyperactivity disorder). The U.S. Surgeon General has found that fewer than one in five children with a mental health disorder receives the mental health services they need.

Untreated mental health disorders can be very costly to families, communities, and the health care system, potentially leading to school failure, family conflicts, substance abuse, and violence. Untreated mental disorders may increase a child’s risk of coming into contact with the juvenile justice system. Studies show that 66% of boys and almost 75% of girls in juvenile detention have at least one mental disorder. Children with mental disorders, particularly depression, are at a higher risk of suicide; the U.S. Surgeon General estimates that 90% of children who commit suicide have a mental disorder.<sup>86</sup>

**Figure 181** Percentage of Students Who, During the Past 12 Months, Felt So Sad and Hopeless Almost Every Day for Two Weeks or More that They Stopped Doing Some Usual Activities, by Grade Level, 2004-2006



Source: Stanislaus County’s California Healthy Kids Survey, *Technical Report*, 2004-2006. California Healthy Kids Survey, *Technical Report*, 2004-2006.

Note: Data for 5<sup>th</sup> grade students not available.

**New data not available**

<sup>86</sup> U.S. Department of Health and Human Services Substance Abuse and Mental Health Services Administration Center for Mental Health Services, “Fast Facts about Children and Mental Health” and “Child and Adolescent Mental Health.” Retrieved October 28, 2008, from <http://mentalhealth.samhsa.gov/>.



## Data Summary

The 2004-2006 California Healthy Kids Survey results indicate that compared to California, Stanislaus County had higher percentages of 7<sup>th</sup>, 9<sup>th</sup>, and 11<sup>th</sup> grade students who felt so sad and hopeless almost every day for two weeks or more that they stopped doing some usual activities in the twelve months prior to taking the survey. The 2004-2006 data also indicated that the percentage of students who had these feelings were highest among 11<sup>th</sup> graders (42% countywide and 35% statewide), followed by 9<sup>th</sup> graders (39% and 33%), and 7<sup>th</sup> graders (30% and 27%).

## *How We're Making a Difference*

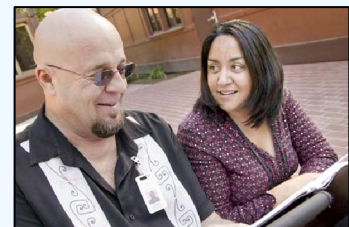
### **Working on Life Changes at Turning Point**

One twin was vivacious and one was a “daydreamer.” Growing up as an identical twin, Noel Silva was different from her sister – like night and day.

“It was easy to hide behind my sister,” said Noel. “I could easily withdraw while she seemed to be the center of attention. I heard voices. Spending time talking to myself seemed normal to me. But, by the time I had a diagnosis of depression and psychosis, it was easy to see I had serious problems.”

So, how does someone like Noel turn a life around? A life-long struggle with mental illness didn’t prepare Noel to enter the workforce and engage in society. Noel was accustomed to a more protected, solitude life. After all, she could escape, disengage and hide behind her sister. That is, until Turning Point discovered her.

“We talk to mental health consumers at all stages of their illness and ask one important question,” said Ron Gilbert, Director of Adult Mental Health Services of Turning Point Community Programs. “Did you ever think about working and contributing to the community?”



Noting its unique purpose, Kaiser Permanente funded \$50,000 for Turning Point’s Career Exploration and Mentoring Program. Employing close to 400 full and part-time employees, Turning Point assists individuals, like Noel, with psychiatric disabilities in a variety of vocational opportunities, including peer-to-peer support in a Warmline Program, offering telephone support 24/7. Other programs, including one like Ron’s offer job coaching and counseling.

Noel and Turning Point found each other during a hospital stay and it’s been a good match ever since. Today, she is program director for Employment Empowerment Center and Warmline.

“Part of my therapy is having a responsible job where I feel valued,” said Noel. “I am learning life skills and what it takes to coach others,” she said.

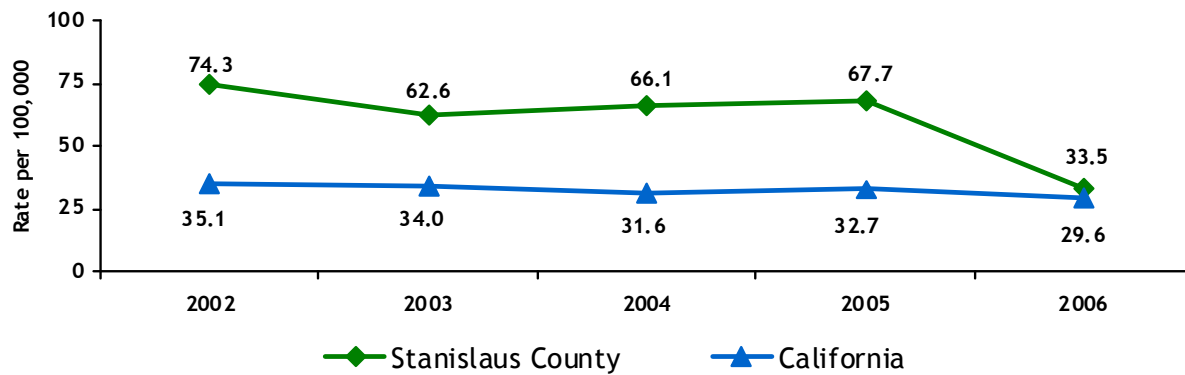
“When you earn a wage and can support yourself, now that’s therapy!” said Ron. “We are headed in a good direction and Kaiser Permanente is helping us get there.”

# Self-Inflicted Injuries - Youth

## Why It Is Important

In 2001, suicide was the third leading cause of death among teenagers ages 15–19.<sup>87</sup> Because the death of a young person is usually only called a suicide if there is a suicide note, many health professionals believe suicides are underreported. Further, injuries are not tracked systematically unless they result in hospitalization or death. Thus, these nonfatal self-inflicted injury hospital data only represent the most serious injuries among children. Suicidality, including intentional self-harm and completed suicide, is indicative of serious mental health problems and may signal other traumatic life events such as depression, social isolation, discrimination, and physical or substance abuse. A growing body of research estimates that gay, lesbian, bisexual, and transgendered youth attempt suicide at a rate 2–3 times higher than their heterosexual peers.<sup>88</sup>

**Figure 182: Rate of Nonfatal Self-Inflicted Injuries Leading to Hospitalizations\* Per 100,000, Youth Ages 0-20**

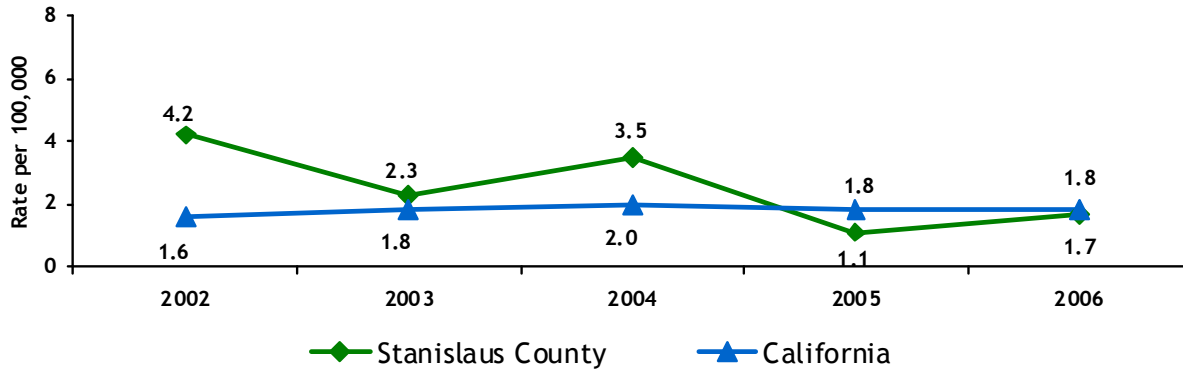


Source: State of California, Department of Health Services, Epidemiology and Prevention for Injury Control (EPIC) Branch, 2008. State of California, Department of Finance, *Race/Ethnic Population with Age and Sex Detail, 2000-2050*. Sacramento, CA, June 2004. \*Self-inflicted injuries are injuries that one intentionally inflicts upon oneself. Nonfatal self-inflicted injuries are often considered suicide attempts whereas fatal self-inflicted injuries are called suicide.

 **New data not available**

<sup>87</sup> Centers for Disease Control and Prevention, National Center for Health Statistics, *National Vital Statistics Report, Volume 49, Number 11*, 2001.  
<sup>88</sup> University of New Hampshire, Counseling Center, *Suicide and Lesbian, Bisexual and Transgender Youth*, 2002.

**Figure 183: Rate of Fatal Self-Inflicted Injuries / Suicides Per 100,000, Youth Ages 0-20**



Source: State of California, Department of Health Services, Epidemiology and Prevention for Injury Control (EPIC) Branch, 2008. State of California, Department of Finance, *Race/Ethnic Population with Age and Sex Detail, 2000-2050*. Sacramento, CA, June 2004.

New data not available

**Figure 184: Number of Nonfatal Self-Inflicted Injuries Leading to Hospitalizations, Youth Ages 0-20, by Age Group, Stanislaus County**

Age Group	2002	2003	2004	2005	2006	02-06 % Change
Less than 5 years	0	0	0	0	0	-
5-12 years	3	2	3	8	1	-66.7
13-15 years	36	35	35	44	18	-50.0
16-20 years	86	70	76	66	40	-53.5
<b>Stanislaus County total (ages 0-20)</b>	<b>125</b>	<b>107</b>	<b>114</b>	<b>118</b>	<b>59</b>	<b>-52.8</b>

Source: State of California, Department of Health Services, Epidemiology and Prevention for Injury Control (EPIC) Branch, 2008.

New data not available

**Figure 185: Number of Nonfatal Self-Inflicted Injuries Leading to Hospitalizations, Youth Ages 0-20, by Age Group, California**

Age Group	2002	2003	2004	2005	2006	02-06 % Change
Less than 5 years	3	2	1	4	5	66.7
5-12 years	103	92	89	106	86	-16.5
13-15 years	1,194	1,148	1,015	1,096	1,038	-13.1
16-20 years	2,550	2,534	2,424	2,473	2,232	-12.5
<b>California total (ages 0-20)</b>	<b>3,850</b>	<b>3,776</b>	<b>3,529</b>	<b>3,679</b>	<b>3,361</b>	<b>-12.7</b>

Source: State of California, Department of Health Services, Epidemiology and Prevention for Injury Control (EPIC) Branch, 2008.

New data not available

**Figure 186: Number of Fatal Self-Inflicted Injuries / Suicides, Youth Ages 0-20, by Age Group, Stanislaus County**

Age Group	2002	2003	2004	2005	2006	02-06 % Change
Less than 5 years	0	0	0	0	0	-
5-12 years	0	0	1	1	1	-
13-15 years	1	0	1	0	1	0.0
16-20 years	6	4	4	1	1	-83.3
<b>Stanislaus County total (ages 0-20)</b>	<b>7</b>	<b>4</b>	<b>6</b>	<b>2</b>	<b>3</b>	<b>-57.1</b>

Source: State of California, Department of Health Services, Epidemiology and Prevention for Injury Control (EPIC) Branch, 2008.



**New data not available**

**Figure 187: Number of Fatal Self-Inflicted Injuries / Suicides, Youth Ages 0-20, by Age Group, California**

Age Group	2002	2003	2004	2005	2006	02-06 % Change
Less than 5 years	0	0	0	0	0	-
5-12 years	3	2	6	6	6	100.0
13-15 years	30	17	32	26	29	-3.3
16-20 years	142	179	182	166	173	21.8
<b>California total (ages 0-20)</b>	<b>175</b>	<b>198</b>	<b>220</b>	<b>198</b>	<b>208</b>	<b>18.9</b>

Source: State of California, Department of Health Services, Epidemiology and Prevention for Injury Control (EPIC) Branch, 2008.



**New data not available**

## Data Summary

In Stanislaus County, the rate of nonfatal self-inflicted injuries leading to hospitalizations decreased from 74.3 injuries per 100,000 youth ages 0-20 in 2002 to 33.5 injuries per 100,000 youth in 2006. Between 2002 and 2006, the rate of fatal suicides in Stanislaus County decreased from 4.2 deaths per 100,000 youth ages 0-20 to 1.7 deaths per 100,000.

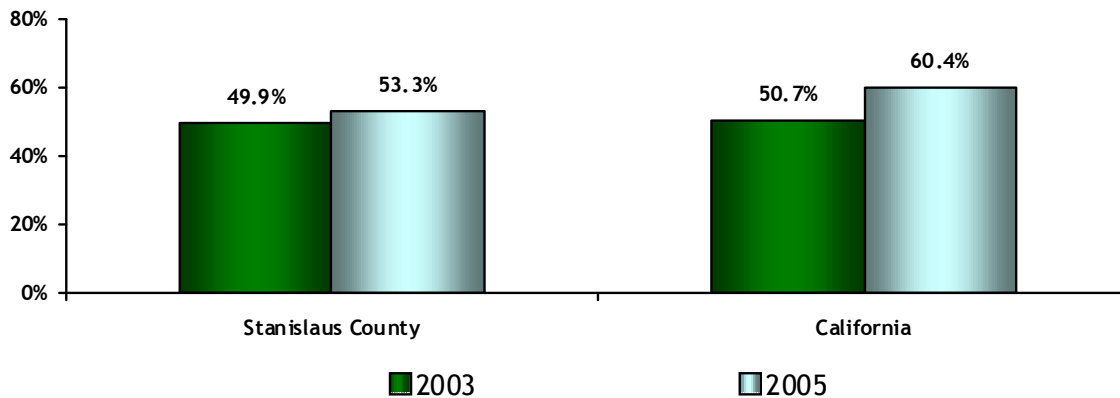
Overall, the total number of nonfatal self-inflicted injuries leading to hospitalizations for youth ages 0-20 decreased 53% countywide and 13% statewide. Furthermore, the total number of fatal suicides among youth ages 0-20 decreased 57% in Stanislaus County, but increased 19% statewide.

# Nutrition - Youth

## Why It Is Important

Poor nutrition and lack of physical activity contribute to obesity and chronic diseases. Fruits and vegetables provide vitamins, minerals, fiber, and other nutrients important to good health. Diets rich in fruits and vegetables may even help reduce the risk of cancer.<sup>89</sup> The United States Department of Agriculture (USDA), the National Academy of Sciences, the American Cancer Society, and the National Cancer Institute recommend that people consume between 5 to 9 servings of fruits and vegetables each day to help maintain good health and reduce the risk of cancer and heart disease.<sup>90</sup> Unfortunately, despite the benefits of proper nutrition, the average American diet falls far short. In 2005, one in three adults ate fruit two or more times per day and one in four adults ate vegetables three or more times per day.<sup>91</sup> In addition, a recent study published in the Journal of Food Composition and Analysis revealed that the average American is receiving a third of their daily caloric intake from junk foods such as soft drinks, sweets, desserts, salty snacks, and alcohol beverages.

**Figure 188:**  **Percentage of Children Ages 2-5 Who Eat Five or More Servings of Fruits or Vegetables Daily**



Source: 2003 and 2005 California Health Interview Survey.

Stanislaus County 2003 N: 29,000; 2005 N: 34,000.

California 2003 N: 1,994,000; 2005 N: 2,047,000.

Note: Comparable data for 2001 are not available.

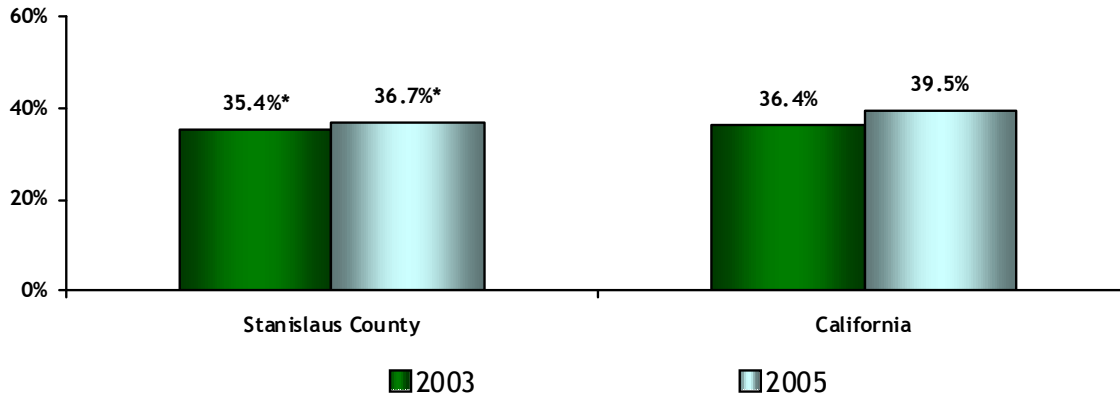
 **New data not available**

<sup>89</sup> Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Nutrition and Physical Activity, *5 a Day*, 2004.

<sup>90</sup> Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, *5 a Day Frequently Asked Questions*, 2004.

<sup>91</sup> Center for Disease Control and Proper Nutrition, *Physical Activity and Good Nutrition: Essential Elements to Prevent Chronic Diseases and Obesity*, 2008.

**Figure 189:**  **Percentage of Children Ages 2-17 Who Eat Five or More Servings of Fruits or Vegetables Daily**



Source: 2003 and 2005 California Health Interview Survey.

Stanislaus County 2003 N: 130,000; 2005 N: 139,000.

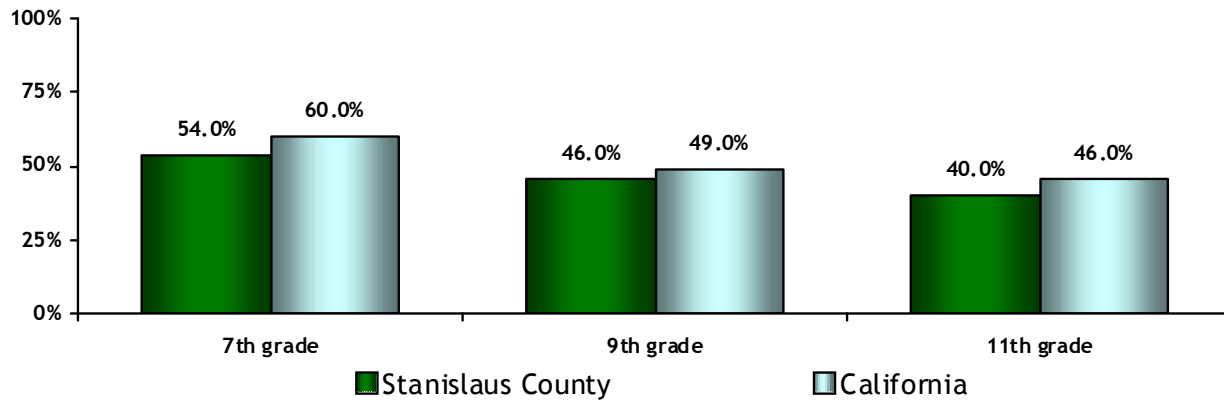
California 2003 N: 8,477,000; 2005 N: 8,633,000.

Note: Comparable data for 2001 are not available.

\* Data for respondents ages 12-17 are statistically unstable. According to CHIS, this is most often caused by a limitation of the sample collected in the survey. Thus, data should be interpreted with caution.

 **New data not available**

**Figure 190:**  **Percentage of Students Who Consumed Five or More Portions of Fruits or Vegetables in the Past 24 Hours, by Grade Level, 2004-2006**



Source: Stanislaus County's California Healthy Kids Survey, *Technical Report*, 2004-2006. California Healthy Kids Survey, *Technical Report*, 2004-2006.

Note: Data for 5<sup>th</sup> grade students not available.

 **New data not available**

## Data Summary

According to CHIS, the percentages of children ages 2-5 and youth ages 2-17 who ate five or more servings of fruits or vegetables daily increased in both Stanislaus County and California between 2003 and 2005. During this time period, the percentage increased from 50% to 53% for Stanislaus County children ages 2-5, and from 35% to 37% for Stanislaus County youth ages 2-17.

Data from the 2004-2006 California Healthy Kids Survey indicated that the percentages of Stanislaus County 7<sup>th</sup>, 9<sup>th</sup>, and 11<sup>th</sup> grade students who consumed five or more portions of fruits or vegetables in the 24 hours prior to taking the survey were lower than their statewide counterparts. In both Stanislaus and California, the percentages of students who consumed five or more servings of fruits or vegetables were highest among 7<sup>th</sup> graders (54% and 60%, respectively), followed by 9<sup>th</sup> graders (46% and 49%, respectively), and lowest among 11<sup>th</sup> graders (40% and 46%, respectively).

# Overweight and Underweight Youth

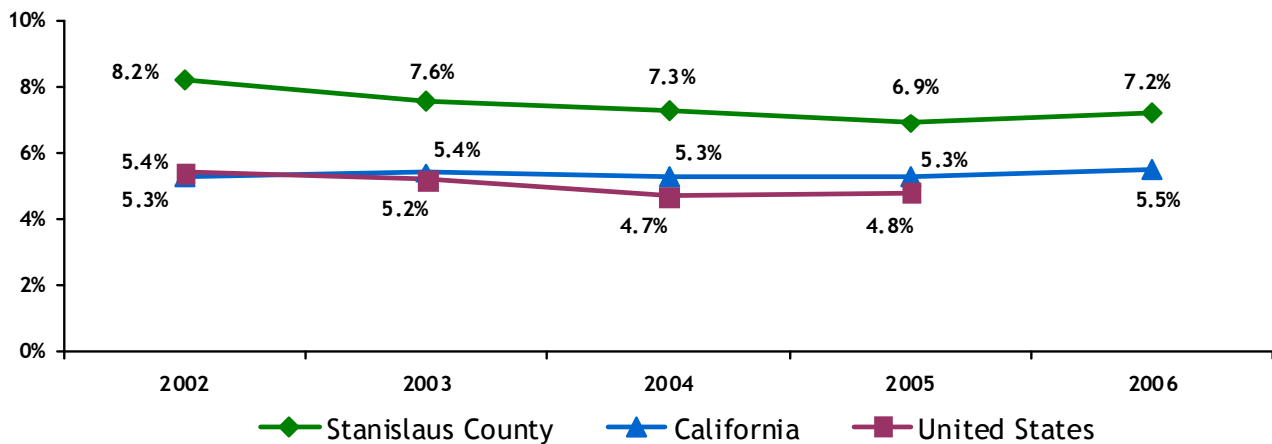
## Why It Is Important

Since the 1970s, the percentage of overweight children and adolescents in the United States has more than doubled. In 2007, 10% of 2- to 5-year-olds and more than 15% of children between the ages of 6 and 19 were overweight. When the percent of youth who were overweight or at risk of becoming overweight were combined, about one out of three children were affected. Overweight children are at risk for serious health problems like type 2 diabetes, high blood pressure, and high cholesterol - all once considered exclusively adult diseases. Risk factors present in childhood can lead to serious adult medical conditions like heart disease, heart failure, and stroke. Preventing or treating obesity in children may reduce the risk of developing these conditions as they get older.<sup>92</sup>

Young people who are underweight (less than 5<sup>th</sup> percentile for Body Mass Index) may be that way for a variety of reasons, including dietary, health, or emotional problems. An under-nourished child is more likely to become sick, may feel weak or tired, have trouble focusing and concentrating, and may have stunted growth or a delay in the onset of puberty. It has been estimated that 12 million children live in food-insecure households, meaning that they have limited availability of nutritious and safe foods.<sup>93</sup>

Stanislaus County has a high percentage of overweight children. In 2006, Stanislaus County ranked 34<sup>th</sup> (1 being the best) out of California’s 66 counties and health jurisdictions<sup>94</sup> for overweight children ages five and under. The County ranked 29<sup>th</sup> in 2002, 39<sup>th</sup> in 2003, 32<sup>nd</sup> in 2004, and 40<sup>th</sup> in 2005.<sup>95</sup>

**Figure 191: Percentage of Children Ages Four and Under Who Are Underweight (< 5<sup>th</sup> Percentile)**



Source: California Department of Health, Pediatric Nutrition Surveillance, *Growth Indicators by Race/Ethnicity and Age*, 2008. Note: 2006 national data are not available.

 **New data not available**

<sup>92</sup> Nemours Foundation, KidsHealth for Parents, *Overweight and obesity*. Retrieved January 14, 2008 from [http://www.kidshealth.org/parent/general/body/overweight\\_obesity.html](http://www.kidshealth.org/parent/general/body/overweight_obesity.html), 2005.

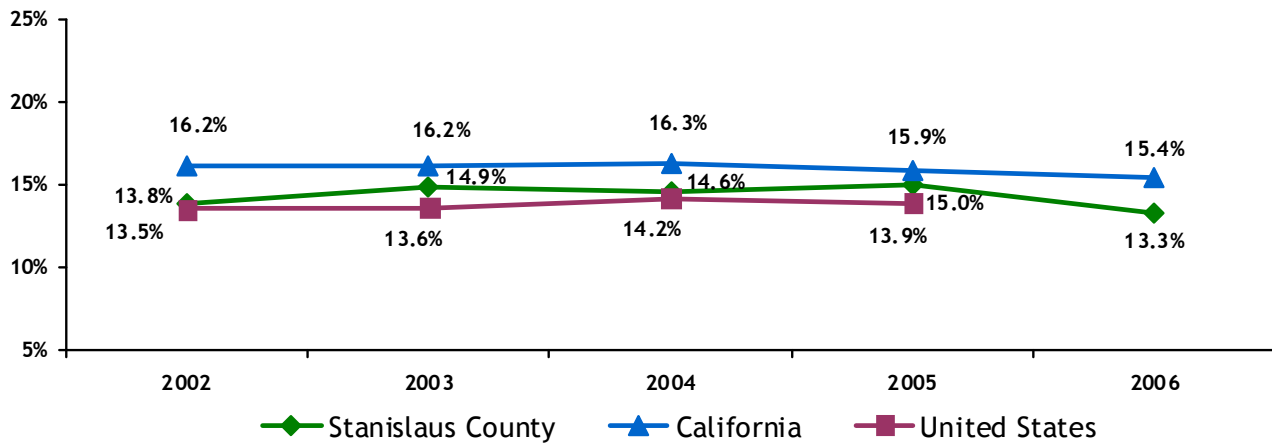
<sup>93</sup> Serrano, E., & Branstad, K., *Healthy Weights for Healthy Kids: What Should I Do if My Child Is Underweight?* Retrieved January 14, 2008 from <http://www.ext.vt.edu/pubs/nutrition/348-271/348-271.html>, 2007.

<sup>94</sup> The health jurisdictions include: City of Berkeley, Pasadena, Long Beach, Los Angeles North, Los Angeles South, Los Angeles West and Los Angeles East, and Los Angeles Other.

<sup>95</sup> California Department of Health



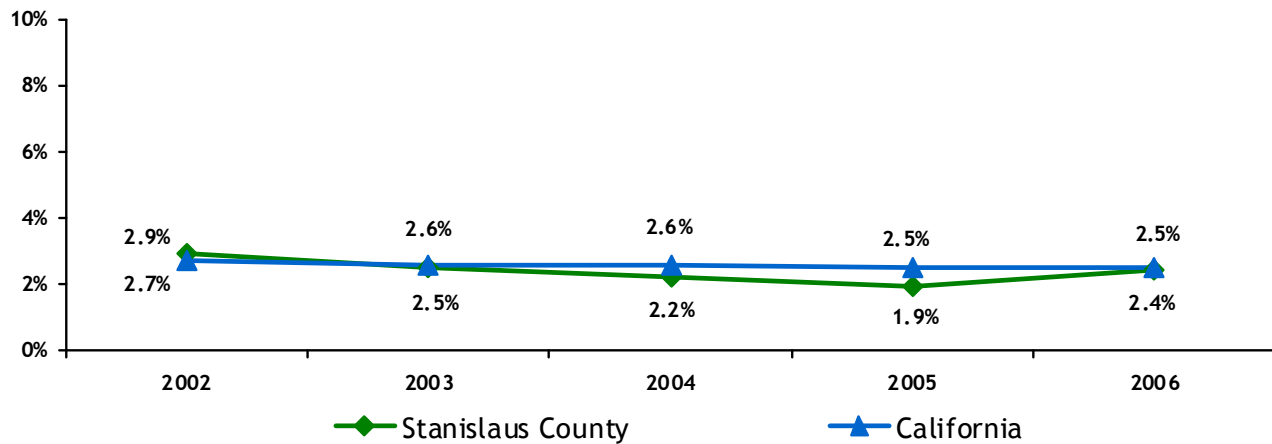
**Figure 192: Percentage of Children Ages Four and Under Who Are Overweight (> 95<sup>th</sup> Percentile)**



Source: California Department of Health, Pediatric Nutrition Surveillance, *Growth Indicators by Race/Ethnicity and Age*, 2008.  
 Note: 2006 national data are not available.

**New data not available**

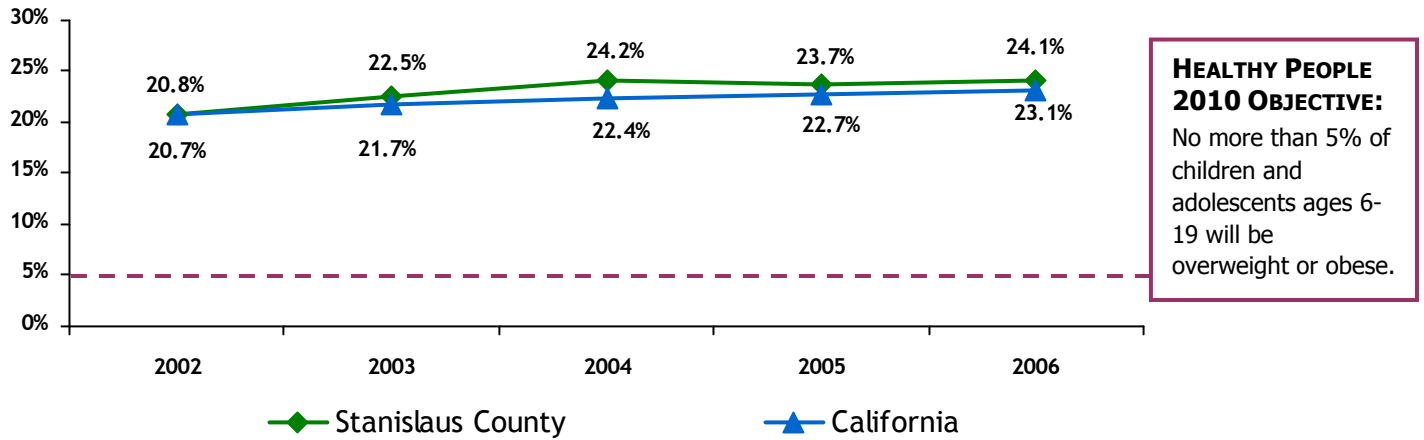
**Figure 193: Percentage of Youth Ages 5-19 Who Are Underweight (< 5<sup>th</sup> Percentile)**



Source: California Department of Health, Pediatric Nutrition Surveillance, *Growth Indicators by Race/Ethnicity and Age*, 2008.  
 Note: National data are not available.

**New data not available**

**Figure 194: Percentage of Youth Ages 5-19 Who Are Overweight (> 95<sup>th</sup> Percentile)**

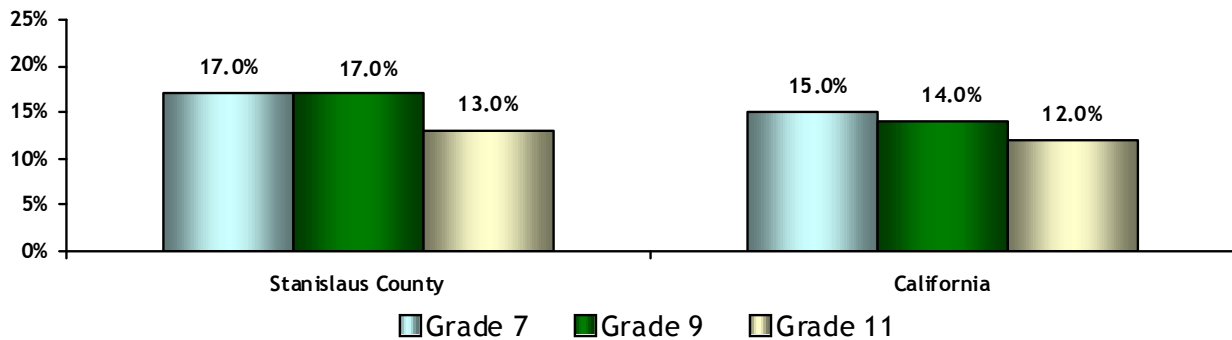


Source: California Department of Health, Pediatric Nutrition Surveillance, *Growth Indicators by Race/Ethnicity and Age*, 2008.

Note: National data are not available.

New data not available

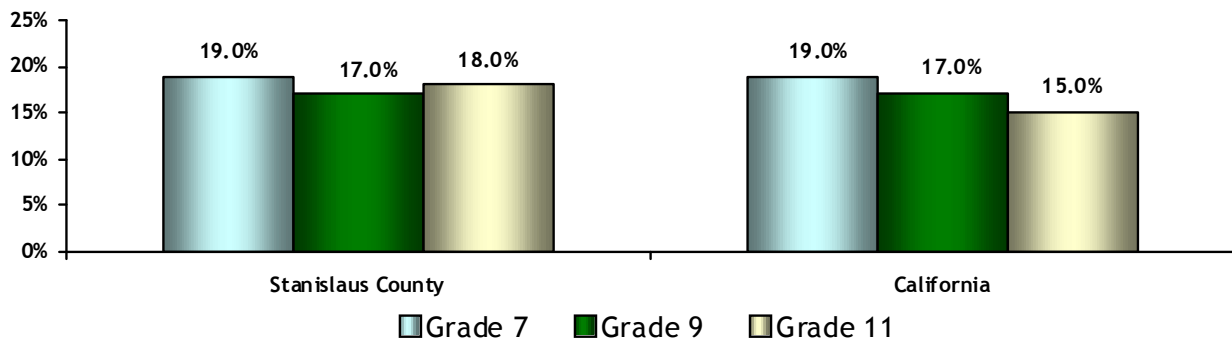
**Figure 195: Percentage of Students Who Are Overweight by Grade Level, 2004-2006**



Source: Stanislaus County's California Healthy Kids Survey, *Technical Report*, 2004-2006. California Healthy Kids Survey, *Technical Report*, 2004-2006.

New data not available

**Figure 196: Percentage of 7<sup>th</sup>, 9<sup>th</sup>, and 11<sup>th</sup> Grade Students Who Are At Risk of Becoming Overweight, 2004-2006**



Source: Stanislaus County's California Healthy Kids Survey, *Technical Report*, 2004-2006. California Healthy Kids Survey, *Technical Report*, 2004-2006.

New data not available

## Data Summary

According to the 2006 Pediatric Nutrition Surveillance, Stanislaus County had a slightly higher percentage of children ages four and under (7%) who were underweight than did the state (6%). For youth ages 5-19, Stanislaus County and California had virtually the same percentage of underweight youth in 2006 (2-3%).

While the percentage of children ages four and under who were overweight was higher for California than Stanislaus County in 2006 (15% compared to 13%, respectively), the percentage of overweight youth ages 5-19 was higher for Stanislaus County than the statewide percentage (24% compared to 23%, respectively).

In addition, the percentages of overweight children ages 0-4 in Stanislaus County and California slightly decreased between 2002 and 2006, whereas the percentages of overweight youth ages 5-19 in the County and the state increased during the same time period. From 2002 to 2006, the percentage of overweight children ages 0-4 slightly decreased in both Stanislaus County (from 14% to 13%) and California (from 16% to 15%). During the same time period, the percentage of overweight youth ages 5-19 increased in both Stanislaus County (from 21% to 24%) and California (from 21% to 23%). Between 2002 and 2006, both Stanislaus County and California did not meet the Healthy People 2010 Objective that no more than 5% of children and adolescents ages 6-19 would be overweight or obese.

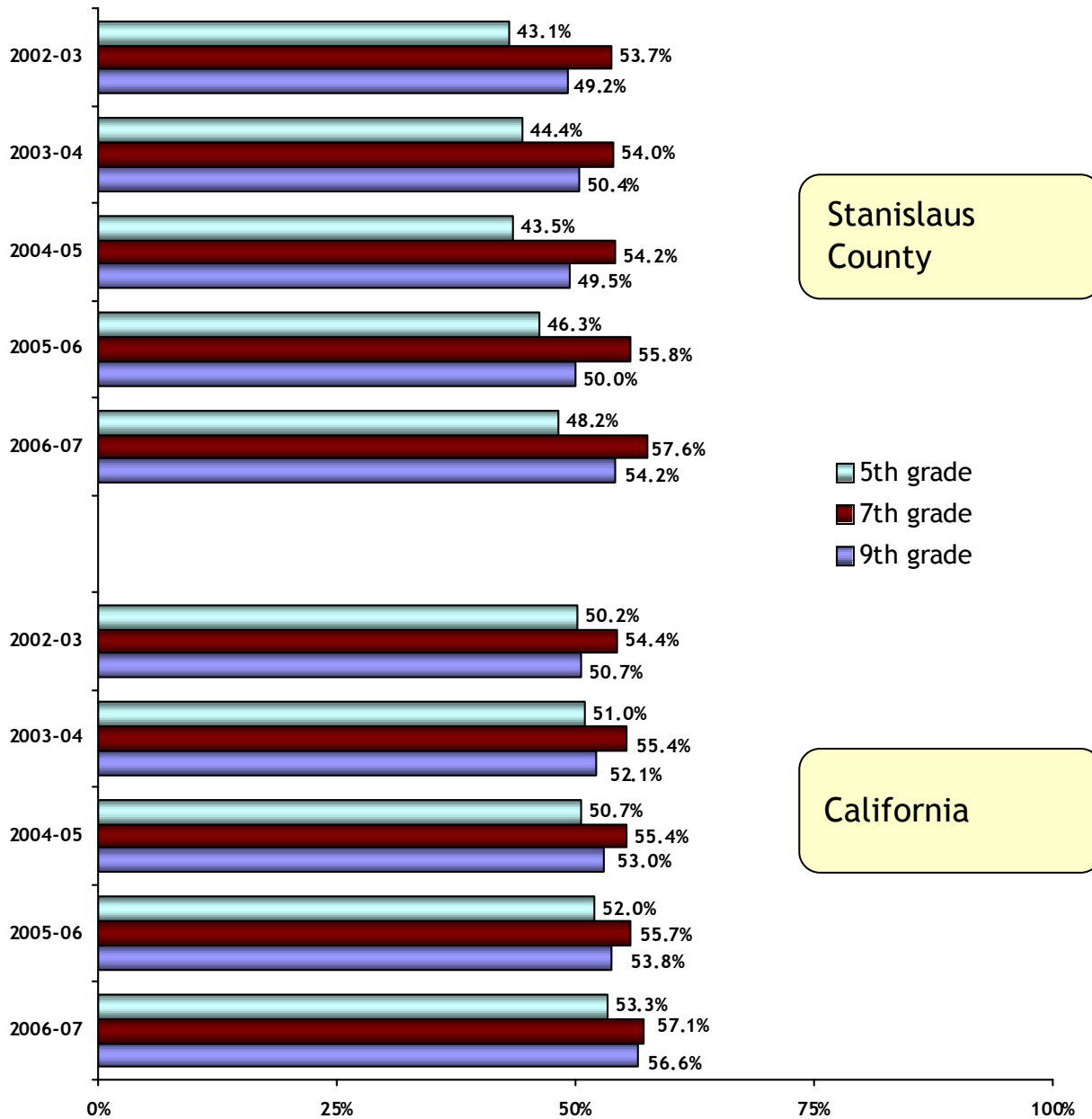
Further, the 2004-2006 California Healthy Kids Survey results for Stanislaus County showed that the percentage of students who were overweight was lowest among 11<sup>th</sup> graders (13%), compared to 7<sup>th</sup> and 9<sup>th</sup> graders (17% and 17%). This was compared to the statewide data, which showed lower percentages of overweight 7<sup>th</sup>, 9<sup>th</sup>, and 11<sup>th</sup> graders than in Stanislaus County. Statewide, the percentage of students who were overweight was lowest for 11<sup>th</sup> graders (12%), followed by 9<sup>th</sup> graders (14%), and 7<sup>th</sup> graders (15%).

# Physical Activity - Youth


## Why It Is Important

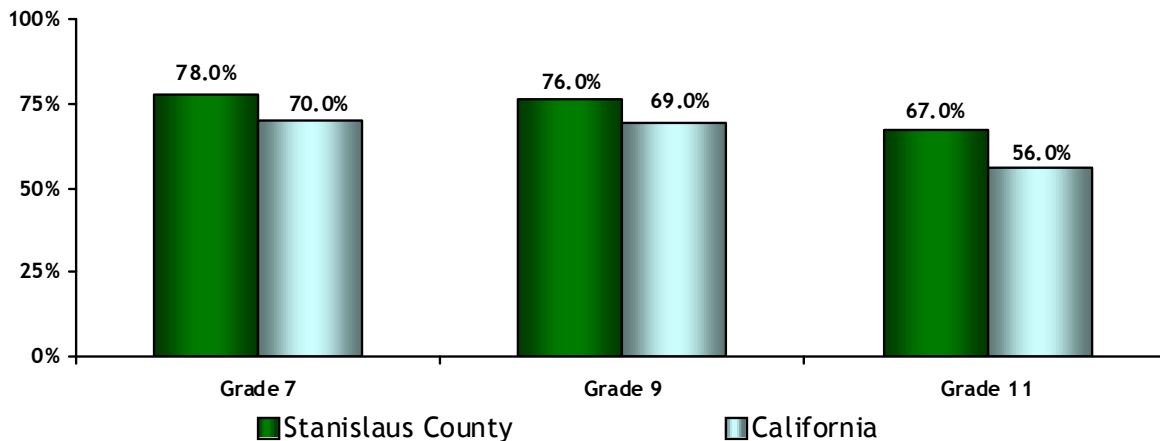
Regular physical activity helps children maintain a healthy weight. Children who are physically fit are less likely to suffer from chronic diseases in childhood and adulthood, and are more likely to become physically active adults, which in turn helps reduce the risks of heart disease and diabetes.

**Figure 197: Percentage of Students Achieving 5 or More out of 6 Fitness Standards, by Grade**



Source: State of California, Department of Education, Standards and Assessment Division, *California Physical Fitness Report*, 2008.

**Figure 198:**  **Percentage of Students Who Exercised or Did a Physical Activity for at Least 20 Minutes that Made Them Sweat and Breathe Hard on Three or More of the Last 7 Days, by Grade Level, 2004-2006**



Source: Stanislaus County’s California Healthy Kids Survey, *Technical Report*, 2004-2006. California Healthy Kids Survey, *Technical Report*, 2004-2006.

Note: Data for 5<sup>th</sup> grade students not available.

 **New data not available**

## Data Summary

From the 2002-2003 to the 2006-2007 school years, student “fitness” improved by a small margin for all grades in Stanislaus County. In 2006-2007, 48% of 5<sup>th</sup> graders, 58% of 7<sup>th</sup> graders, and 54% of 9<sup>th</sup> graders achieved five or more out of six fitness standards. Between 2002-2003 and 2006-2007, the percentages of students who achieved five or more out of six fitness standards were consistently higher in California than in Stanislaus County, higher for 9<sup>th</sup> graders than 5<sup>th</sup> graders, and highest among 7<sup>th</sup> graders. During this same time period, the percentages of 5<sup>th</sup>, 7<sup>th</sup>, and 9<sup>th</sup> grade students who achieved five or more fitness standards continuously increased in Stanislaus County and in California.

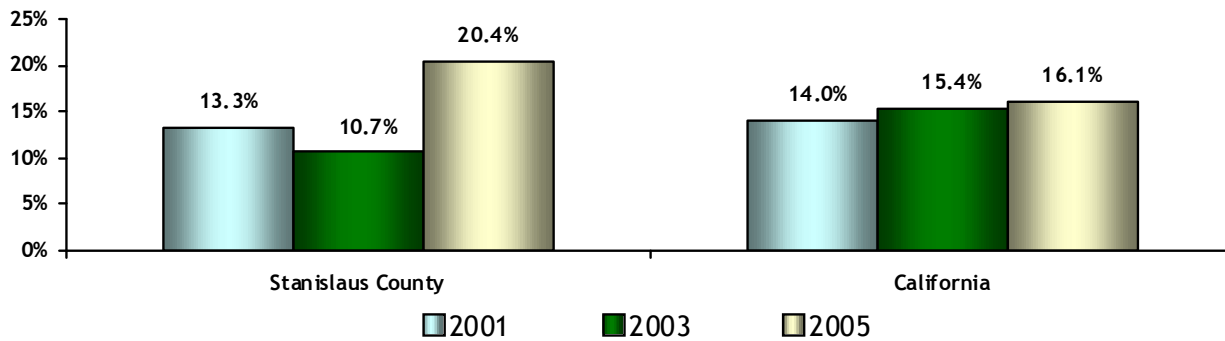
According to the 2004-2006 California Healthy Kids Survey results, the majority of Stanislaus County 7<sup>th</sup> and 9<sup>th</sup> graders (78% and 76%, respectively) reported exercising or doing a physical activity for at least 20 minutes that made them sweat and breathe hard on three or more of the seven days prior to taking the survey. The percentage was lowest among 11<sup>th</sup> grade students in Stanislaus County (67%). Further, Stanislaus County had higher percentages of 7<sup>th</sup>, 9<sup>th</sup>, and 11<sup>th</sup> grade students who reported engaging in a physical activity for at least 20 minutes on three or more of the seven days prior to taking the survey (78%, 76%, and 67%, respectively) than did California (70%, 69%, and 56%, respectively).

# Asthma - Youth

## Why It Is Important

Asthma is a chronic disease that causes the airways in the lungs to become sore and swollen. In the United States, about 9 million children have asthma. Children have smaller airways than adults, which makes asthma especially serious for them. Children with asthma may experience wheezing, coughing, chest tightness, and trouble breathing.<sup>96</sup> Asthma is the leading cause of activity restriction among children and is the second most common chronic childhood condition.<sup>97</sup>

**Figure 199:**  **Percent of Youth Ages 1-17 Ever Diagnosed with Asthma**



Source: 2001, 2003, and 2005 California Health Interview Survey.  
 Stanislaus County 2001 N: 133,000; 2003 N: 138,000; 2005 N: 141,000.  
 California 2001 N: 8,801,000; 2003 N: 9,021,000; 2005 N: 9,186,000.

Note: Stanislaus County data exclusively for children ages five and under are statistically unstable and thus not used.

 **New data not available**

## Data Summary

From 2001 to 2005, the percentage of youth ages 1-17 who had ever been diagnosed with asthma fluctuated in Stanislaus County. In 2005, 20% of youth ages 1-17 in Stanislaus County indicated that they had been diagnosed with asthma, an increase from 13% in 2001 and 11% in 2003. Conversely, the percentage of California youth ages 1-17 ever diagnosed with asthma increased from 14% in 2001 to 16% in 2005.

<sup>96</sup> United States National Library of Medicine, National Institutes of Health, (2008). *MedlinePlus Health Topics: Asthma in Children*. Retrieved January 14, 2008, from <http://www.nlm.nih.gov/medlineplus/asthmainchildren.html>.

<sup>97</sup> UCLA Center for Health Policy Research, *Policy Brief: Asthma among California's Children, Adults and the Elderly: A Geographic Look by Legislative Districts*, September 2004.

# Child Care

## Why It Is Important

After food and housing, child care is often the next most expensive item that constitutes a family’s household budget. For low-income families, child care can take up 50% or more of a household’s income. In many situations, families have found it to be more economical to stay home and take care of children rather than work because their potential salary would not or would barely cover the costs of child care. This represents a burden to both families and society since overall productivity and income decrease due to the lack of access to affordable child care.<sup>98</sup>

**Figure 200: Condition of Children & Youth Report, 2007**

Category	Selected Findings
Availability of licensed child care slots	Stanislaus County ranked 2 <sup>nd</sup> lowest in the state in its availability of licensed child care for children with parents in the labor force.
Cost of child care and the family budget	Annual income with 2 minimum wage earners is \$28,080. Care for one infant in a licensed family child care home would total approximately 21% of total income.
Need for subsidized child care	There are 3,021 children on the Stanislaus Centralized Eligibility List hoping to receive help in paying for their child care. 1,500 of these children are preschool age.
Need for preschool programs	According to estimates, approximately 52% of the 4-year-olds in Stanislaus County are not receiving services in a state or federally funded program.
Number of after school programs	There are 81 sites with 7,278 students attending.

Source: Stanislaus County Children’s Council, *Condition of Children & Youth Report, 2007*.

Note: All statistics in this report are from 2006.

<sup>98</sup> Providing Access to Affordable Child Care, United Way of Greater Attleboro/Taunton, <<http://www.uwgat.org/contentmgr/showdetails.php/id/364>>, 2008.

**Figure 201: Number of Children in Stanislaus County**

Population	Stanislaus County			California
	2000 <sup>1</sup>	2006	00-06 % Change	2006
Children 0-13 <sup>2</sup>	108,287	128,559	18.7	7,628,506
Under 2	13,659	17,276	26.5	1,078,951
2 years	6,921	8,731	26.2	539,981
3 years	7,318	9,318	27.3	542,494
4 years	7,684	9,500	23.6	537,387
5 years	7,641	9,747	27.6	547,458
6-13 years	65,064	73,987	13.7	4,382,235
Children 0-5 living in poverty	9,304	10,636 <sup>3</sup>	14.3	595,847 <sup>3</sup>
Children 0-13 with parents in the labor force*	56,955	67,617 <sup>***</sup>	18.7	3,980,711 <sup>***</sup>
Children 0-13 receiving subsidized child care**	N/A	7,899	N/A	486,327

Source: California Child Care Resource and Referral Network, *The California Child Care Portfolio*, 2007.

<sup>1</sup> Source: United States Census Bureau, 2000.

<sup>2</sup> Source: California Department of Finance Projections, 2006.

<sup>3</sup> Source: American Community Survey, 2006.

\* Children living with two parents or single head of household in the labor force.

\*\* Child care slots funded by Head Start, CA Child Development Division, and Department of Social Services, 2006.

\*\*\* Network estimate applied to 2006 child population projections.



**New data not available**



**Figure 202: Licensed Child Care Centers and Family Child Care Homes in Stanislaus County, 2006**

Facilities	Licensed Child Care Centers		Licensed Family Child Care Home	
Total number of sites	123		559	
Total number of slots*	7,111	56%	5,546	44%
Infant slots (under 2 years old)	738	10%	N/A*	N/A*
Preschool slots (2-5 years old)	5819	82%	N/A*	N/A*
School-age slots (6 years and older)	554	8%	N/A*	N/A*
Full-time and part-time slots	75%		85%	
Only full-time slots	3%		6%	
Only part-time slots	17%		1%	
Care available during non-traditional hours**	2%		22%	
Language				
English	91%		92%	
Spanish	55%		24%	
Vietnamese	2%		0%	
Chinese, Tagalog, and other languages	18%		10%	

Source: California Child Care Resource and Referral Network, *The California Child Care Portfolio*, 2007.

\* Breakdown by age not available for family child care homes.

\*\* Evening, weekend, overnight care.

 **New data not available**

**Figure 203: Cost of Licensed Care<sup>1</sup> and Housing<sup>2</sup>, 2006**

Child Care Services	Cost
Care for one infant/toddler	
Licensed family child care home	\$6,390
Licensed center	9,906
Care for one preschooler	
Licensed family child care home	5,827
Licensed center	6,771
Housing (rent for 2 bedroom unit)	9,360

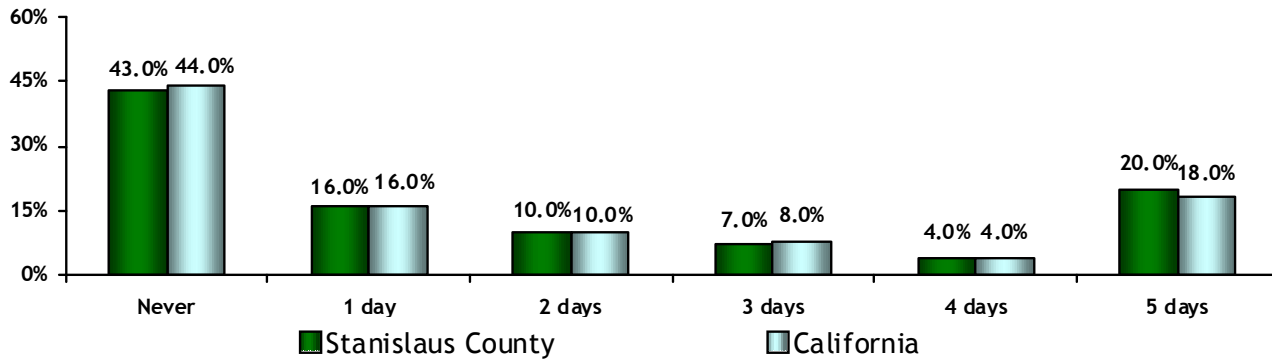
Source: California Child Care Resource and Referral Network, *The California Child Care Portfolio*, 2007.

<sup>1</sup> Source: Regional Market Survey of CA Child Care Providers, 2004-2005.

<sup>2</sup> Source: United States Department of Housing and Urban Development, 2006. Median rent for 2 bedroom unit, 2006.

 **New data not available**

**Figure 204:  Number of Days 7<sup>th</sup> Grade Students Are Home Alone During a Normal School Week, 2004-2006**



Source: Stanislaus County’s California Healthy Kids Survey, *Technical Report*, 2004-2006. California Healthy Kids Survey, *Technical Report*, 2004-2006.

Note: Data for 5<sup>th</sup>, 9<sup>th</sup>, and 11<sup>th</sup> grade students not available.

 **New data not available**

## Data Summary

According to the 2007 *Condition of Children and Youth Report*, Stanislaus County ranked 2<sup>nd</sup> lowest in the state in its availability of licensed child care for children with parents in the labor force. The report also indicated that child care for one infant in a licensed family child care home would total approximately 21% of the total annual income for two minimum wage earners, which was \$28,080 in 2007.

Data from the 2007 *Condition of Children and Youth Report* also showed that of the total number of slots in child care facilities in Stanislaus County (12,657), over half (56%) were licensed child care centers, while 44% were licensed family child care homes. Of the total slots in licensed child care centers, 82% represented slots for preschool children ages 2-5, 10% represented slots for infants ages two and under, and 8% represented slots for school-age children ages six and older.

Further, the 2004-2006 California Healthy Kids Survey results showed that nearly one-third (31%) of 7<sup>th</sup> grade students in Stanislaus County reported that they are at home alone three or more days during a normal school week, compared to 30% of 7<sup>th</sup> grade students statewide.

## How We're Making a Difference

### Stanislaus County CARES

Stanislaus County CARES, a program funded by Stanislaus County Children and Families Commission (SCFC) and First 5 California, cares about our youngest resources – children ages 0-5. The First 5 California CARES Initiative was developed due to a convincing body of research that indicated that school readiness is improved in children whose Early Care Educators have a B.A. degree or higher, and notes that poor quality can be harmful. In Stanislaus County, a mere 18% of California's Central Valley Early Care and Education (ECE) teachers hold a Bachelor's degree, indicating an 82% disparity in education levels that provide the high quality experiences for preschool children.

Stanislaus County CARES addresses this disparity by providing incentives for ECE teachers/providers to return to college for degree completion and attainment of higher Child Development Permit levels, as well as providing services that support their efforts including college education planning, transcript evaluation, mandatory trainings, and stipends for eligible applicants. Further, for the 81% of Stanislaus County's working families who do not have access to licensed child care and development services, CARES provides community childcare providers (family, friends, and neighbors) training on basic early childhood care and education topics and information on becoming licensed providers.



During 2007-2008 alone, 943 providers were trained to better care for Stanislaus County's children ages 0-5.

Concha Alvarez was one of those providers. Concha came to Modesto from Texas when she was five years old, her parents originally from Coahuila Mexico. Concha was married at the age of sixteen, was in an abusive relationship, and then became a divorced and single mother of three. She did not complete high school, and worked full time to support her family.

Concha's involvement in the early childhood education field started when she enrolled her son in Migrant Head Start in 1975. When Concha interacted with the children there, the supervisor was so impressed that Head Start offered her a job. She returned to college, eventually obtaining a Child Development Teacher Permit, Site Supervisor Permit, and Child Development Director Permit. Employed at the same agency for 32 years, Concha went from being Assistant to Teacher, Head Teacher, Center Supervisor, Program Specialist, Program Compliance Coordinator, to her current position of Program Coordinator.

CARES played a large role in Concha's success. When she applied for a CARES stipend eight years ago, for the first time she felt valued as a child care professional. The stipend tremendously helped her financially and she used it each year to return to school to pursue her degrees in Early Childhood. She states, "CARES motivated me to continue my education."

Through her own perseverance as well as support from CARES, Concha did receive her AA and BA in Child Development. Currently, she is pursuing her MA in Human Development, and plans on graduating in December, 2008. Concha says, "This is a dream come true, due to all the challenges in my life. My mother, who is my inspiration, encouraged me to believe in myself." With that encouragement, along with the support from CARES, Concha is an inspiration to all of the children she works with in our community!

# Public School Enrollment

## Why It Is Important

Looking at school enrollment over a period of time provides insight on population trends. School enrollment is of particular concern to school districts since education funding, in California, is largely based on enrollment numbers.

**Figure 205: Number of Students Enrolled in Public K-12 Schools, by School District**

School District	2003-04	2004-05	2005-06	2006-07	2007-08	03-08 % Change
Ceres Unified	10,211	10,479	10,896	11,885	12,478	22.2
Chatom Union Elementary	690	723	702	683	700	1.4
Denair Unified	1,311	1,416	1,468	1,520	1,600	22.0
Empire Union Elementary	4,066	3,970	3,832	3,647	3,499	-13.9
Gratton Elementary	104	104	115	125	119	14.4
Hart-Ransom Union Elementary	967	987	986	977	1,001	3.5
Hickman Community Charter	1,061	1,054	1,074	1,029	1,060	-0.1
Hughson Unified	2,048	2,129	2,181	2,175	2,165	5.7
Keyes Union Elementary	1,805	1,842	1,893	1,368	1,485	-17.7
Knights Ferry Elementary	139	145	141	133	142	2.2
La Grange Elementary	38	36	73	80	68	78.9
Modesto City Elementary	18,803	18,025	17,345	16,680	16,147	-14.1
Modesto City High	15,581	15,856	15,967	15,904	15,742	1.0
Newman-Crows Landing Unified	2,293	2,459	2,629	3,069	2,650	15.6
Oakdale Joint Unified	4,984	5,058	5,200	5,326	5,234	5.0
Paradise Elementary	129	140	148	153	182	41.1
Patterson Joint Unified	4,407	4,659	5,087	5,414	5,669	28.6
Riverbank Unified	3,102	3,118	3,157	3,000	2,903	-6.4
Roberts Ferry Union Elementary	110	101	108	110	107	-2.7
Salida Union Elementary	3,458	3,382	3,411	3,334	3,135	-9.3
Shiloh Elementary	142	142	131	130	133	-6.3
Stanislaus County Office of Education	1,411	1,557	1,365	1,278	2,213	56.8
Stanislaus Union Elementary	3,267	3,314	3,251	3,261	3,224	-1.3
Sylvan Union Elementary	7,733	8,014	7,991	7,987	8,217	6.3
Turlock Unified	13,536*	13,787	13,982	13,944	13,890	2.6
Valley Home Joint Elementary	166	158	162	165	159	-4.2
Waterford Unified	3,135	3,388	3,472	3,617	3,790	20.9
<b>Stanislaus County</b>	<b>104,697</b>	<b>106,043</b>	<b>106,767</b>	<b>106,994</b>	<b>107,712</b>	<b>2.9</b>
California	6,298,783	6,322,141	6,312,436	6,286,943	6,258,007	-0.6

Source: State of California, Department of Education, *Educational Demographics Unit*, 2008.

\* Data reflect enrollment data for Turlock Joint Elementary and Turlock Joint Union High School Districts.

## Data Summary

In the 2007-2008 school year, Stanislaus County had 107,712 students enrolled in public K-12 schools. Based on the 2007-2008 enrollment data by school district, the districts with the highest number of students enrolled were: Modesto City Elementary (16,147 students), Modesto City High (15,742 students), Turlock Unified (13,890 students), and Ceres Unified (12,478 students). Conversely, La Grange Elementary and Roberts Ferry Union Elementary School Districts had the lowest number enrolled students in 2007-2008 (68 and 107 students, respectively). Further, between 2003-2004 and 2007-2008, the number of students enrolled in La Grange Elementary School District increased 79%. During the same time period, the number of students enrolled in the Stanislaus County Office of Education School District also increased 57%. However, for Keyes Union Elementary School District, the number of students enrolled in its district decreased 18%.

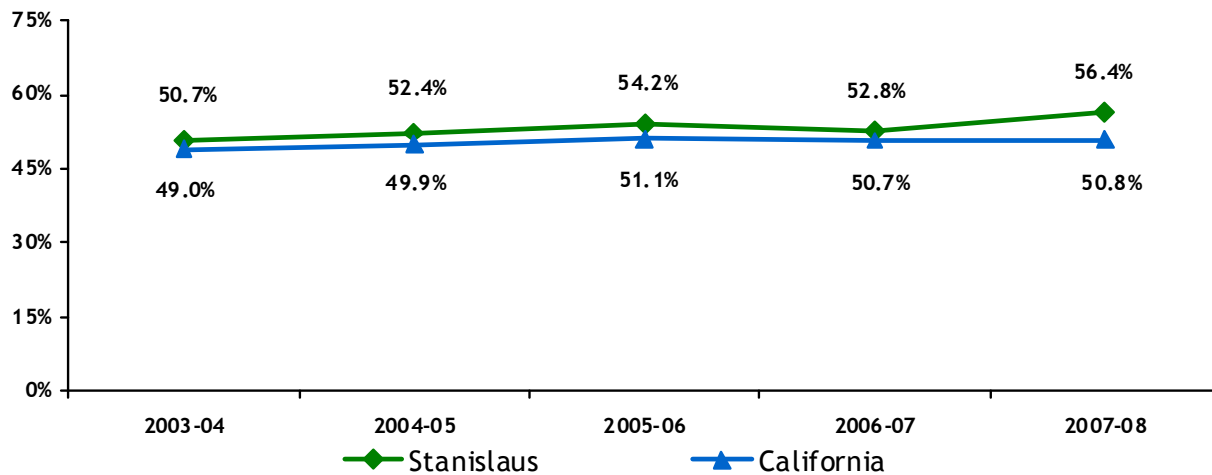
# Free and Reduced Cost Meals

## Why It Is Important

The National School Lunch Program qualifies low-income children living in families below 185% of the Federal Poverty Level for reduced-cost meals and those below 130% of the Federal Poverty Level for free meals.

Free and reduced cost meal programs serve children who might otherwise go without meals or choose nutritionally inferior food because of cost. School breakfasts and lunches also provide a nutritionally balanced and appropriately portioned meal at the lowest possible price. Moreover, studies have shown that when children’s nutritional needs are met they have fewer attendance and discipline problems and are more attentive in class.<sup>99</sup>

**Figure 206: Percentage of Students Receiving Free or Reduced Cost Meals**



Source: State of California, Department of Education, Educational Demographics Unit, 2008.

<sup>99</sup> California Department of Education (2008). *School Lunch*. Retrieved July, 2008, from <http://www.cde.ca.gov/ls/nu/sn/nslp.asp>.

**Figure 207: Percentage of Students Receiving Free or Reduced Cost Meals by School District**

School District	2003-04	2004-05	2005-06	2006-07	2007-08	03-08 Net Change
Ceres Unified	59.8%	59.6%	65.2%	61.9%	67.8%	8.0
Chatom Union Elementary	79.8	76.2	75.9	82.2	77.0	-2.8
Denair Unified	38.0	43.6	34.6	37.1	34.9	-3.1
Empire Union Elementary	57.9	65.5	66.2	66.9	63.7	5.8
Gratton Elementary	4.8	4.8	1.7	0.8	4.2	-0.6
Hart-Ransom Union Elementary	20.9	26.3	26.3	26.6	26.6	5.7
Hickman Community Charter	15.7	14.6	28.3	30.1	37.1	21.4
Hughson Unified	44.3	41.9	46.2	42.9	46.8	2.5
Hughson Union Elementary	N/A	N/A	N/A	N/A	N/A	N/A
Hughson Union High	N/A	N/A	N/A	N/A	N/A	N/A
Keyes Union Elementary	50.6	49.7	30.0	59.2	59.0	8.4
Knights Ferry Elementary	12.5	22.1	14.8	18.0	17.6	5.1
La Grange Elementary	65.0	62.5	61.1	42.5	56.5	-8.5
Modesto City Elementary	73.8	75.1	76.0	75.3	77.5	3.7
Modesto City High	32.7	37.6	41.3	42.5	43.4	10.7
Newman-Crows Landing Unified	55.7	60.4	57.9	50.1	64.7	9.0
Oakdale Joint Unified	36.9	37.3	35.6	34.7	33.3	-3.6
Oakdale Joint Union High	N/A	N/A	N/A	N/A	N/A	N/A
Oakdale Union Elementary	N/A	N/A	N/A	N/A	N/A	N/A
Paradise Elementary	36.4	35.7	31.8	34.7	39.4	3.0
Patterson Joint Unified	57.6	58.0	55.0	56.4	56.8	-0.8
Riverbank Elementary	N/A	N/A	N/A	N/A	N/A	N/A
Riverbank Unified	58.3	60.0	63.6	62.8	61.2	2.9
Roberts Ferry Union Elementary	45.5	34.7	37.1	37.8	36.4	-9.1
Salida Union Elementary	41.2	43.8	43.5	49.7	45.8	4.6
Shiloh Elementary	53.5	55.3	61.1	64.7	70.7	17.2
Stanislaus County Office of Education	51.2	23.8	77.1	72.6	78.1	26.9
Stanislaus Union Elementary	49.7	50.7	53.1	54.1	58.0	8.3
Sylvan Union Elementary	33.8	33.9	39.1	40.1	45.3	11.5
Turlock Joint Elementary	56.6	N/A	N/A	N/A	N/A	N/A
Turlock Joint Union High	26.1	N/A	N/A	N/A	N/A	N/A
Turlock Unified	N/A	49.2	49.6	38.8	52.1	N/A
Valley Home Joint Elementary	49.4	46.8	50.6	45.4	48.4	-1.0
Waterford Elementary	N/A	N/A	N/A	N/A	N/A	N/A
Waterford Unified	67.9	75.7	62.9	70.7	66.2	-1.7
<b>Stanislaus County total</b>	<b>50.7</b>	<b>52.4</b>	<b>54.2</b>	<b>52.8</b>	<b>56.4</b>	<b>5.7</b>
State total	49.0	49.9	51.1	50.7	50.8	1.8

Source: State of California, Department of Education, Educational Demographics Unit, 2008.

## Data Summary

Between the 2003-2004 and the 2007-2008 school years, the percentage of students who received free or reduced cost meals increased in Stanislaus County (from 51% to 56%) and in California (49% to 51%). Among individual school districts within Stanislaus County, the district with the highest percentage of students who received free or reduced cost meals in 2007-2008 was Stanislaus County Office of Education (78%), followed by Modesto City Elementary (78%), Chatom Union Elementary (77%), and Shiloh Elementary (71%). The school district with the smallest percentage of students in the free or reduced cost lunch program was Gratton Elementary (4%). Further, Stanislaus County Office of Education had the greatest net increase in the percentage of students who received free or reduced cost meals between 2003-2004 and 2007-2008 (a net increase of 26.9), followed by Hickman Community Charter (a net increase of 21.4).



# Test Scores - STAR (California Standards Test)

## Why It Is Important

Since 1998, the Standardized Testing and Reporting (STAR) program has been California’s choice for assessing students’ academic proficiency. Every year, second through eleventh graders take a test that reflects the state’s academic content standards and nationally normed standardized test.<sup>100</sup>

**Figure 208: Grade 3: Stanislaus County**

Subject	2003	2004	2005	2006	2007	03-07 Net Change
<b>English Language Arts</b>						
Percent of students tested	98.0	98.8	98.8	98.9	98.7	0.7
Percent proficient or above	29.0	26.0	27.0	31.0	32.0	3.0
<b>Mathematics</b>						
Percent of students tested	98.0	98.7	98.7	98.8	98.6	0.6
Percent proficient or above	37.0	43.0	48.0	52.0	54.0	17.0

Source: State of California, Department of Education, *STAR District/School Summary Report*, 2008.

**Figure 209: Grade 3: California**

Subject	2003	2004	2005	2006	2007	03-07 Net Change
<b>English Language Arts</b>						
Percent of students tested	98.0	98.7	98.7	98.7	98.7	0.7
Percent proficient or above	33.0	30.0	31.0	36.0	37.0	4.0
<b>Mathematics</b>						
Percent of students tested	98.0	98.7	98.6	98.6	98.6	0.6
Percent proficient or above	46.0	48.0	54.0	58.0	58.0	12.0

Source: State of California, Department of Education, *STAR District/School Summary Report*, 2008.

<sup>100</sup> STAR testing, Oak Park United School District, 2008.

**Figure 210: Grade 5: Stanislaus County**

Subject	2003	2004	2005	2006	2007	03-07 Net Change
<b>English Language Arts</b>						
Percent of students tested	98.0	98.6	98.7	98.7	98.8	0.8
Percent proficient or above	32.0	38.0	39.0	39.0	39.0	7.0
<b>Mathematics</b>						
Percent of students tested	98.0	98.6	98.7	98.6	98.6	0.6
Percent proficient or above	27.0	32.0	38.0	42.0	43.0	16.0
<b>Science</b>						
Percent of students tested	N/A	97.0	98.0	98.4	98.4	N/A
Percent proficient or above	N/A	20.0	23.0	25.0	30.0	N/A

Source: State of California, Department of Education, *STAR District/School Summary Report*, 2008.

**Figure 211: Grade 5: California**

Subject	2003	2004	2005	2006	2007	03-07 Net Change
<b>English Language Arts</b>						
Percent of students tested	98.0	98.7	98.7	98.7	98.8	0.8
Percent proficient or above	36.0	40.0	43.0	43.0	44.0	8.0
<b>Mathematics</b>						
Percent of students tested	98.0	98.7	98.6	98.7	98.7	0.7
Percent proficient or above	35.0	38.0	44.0	48.0	49.0	14.0
<b>Science</b>						
Percent of students tested	N/A	97.8	98.3	98.5	98.6	N/A
Percent proficient or above	N/A	24.0	28.0	32.0	37.0	N/A

Source: State of California, Department of Education, *STAR District/School Summary Report*, 2008.

**Figure 212: Grade 7: Stanislaus County**

Subject	2003	2004	2005	2006	2007	03-07 Net Change
<b>English Language Arts</b>						
Percent of students tested	98.0	97.9	98.7	98.4	98.5	0.5
Percent proficient or above	34.0	34.0	40.0	41.0	44.0	10.0
<b>Mathematics</b>						
Percent of students tested	98.0	97.8	98.6	98.2	94.6	-3.4
Percent proficient or above	27.0	27.0	31.0	36.0	37.0	10.0

Source: State of California, Department of Education, *STAR District/School Summary Report*, 2008.

**Figure 213: Grade 7: California**

Subject	2003	2004	2005	2006	2007	03-07 Net Change
<b>English Language Arts</b>						
Percent of students tested	98.0	98.5	98.4	98.4	98.5	0.5
Percent proficient or above	36.0	36.0	43.0	43.0	46.0	10.0
<b>Mathematics</b>						
Percent of students tested	98.0	98.4	98.3	98.3	93.9	-4.1
Percent proficient or above	30.0	33.0	37.0	41.0	39.0	9.0

Source: State of California, Department of Education, *STAR District/School Summary Report*, 2008.

**Figure 214: Grade 9: Stanislaus County**

Subject	2003	2004	2005	2006	2007	03-07 Net Change
<b>English Language Arts</b>						
Percent of students tested	96.0	96.1	97.3	97.5	97.6	1.6
Percent proficient or above	36.0	38.0	43.0	44.0	45.0	9.0
<b>General Mathematics</b>						
Percent of students tested	52.0	46.9	47.2	43.9	31.4	-20.6
Percent proficient or above	20.0	16.0	20.0	16.0	14.0	-6.0
<b>Algebra I</b>						
Percent of students tested	27.0	31.2	31.9	35.6	47.4	20.4
Percent proficient or above	26.0	26.0	27.0	30.0	26.0	0.0
<b>Geometry</b>						
Percent of students tested	11.0	11.5	12.7	14.1	15.2	4.2
Percent proficient or above	61.0	62.0	65.0	54.0	53.0	-8.0
<b>Biology / Life Sciences</b>						
Percent of students tested	7.0	9.8	9.6	15.3	19.6	12.6
Percent proficient or above	39.0	30.0	37.0	38.0	37.0	-2.0

Source: State of California, Department of Education, *STAR District/School Summary Report*, 2008.

**Figure 215: Grade 9: California**

Subject	2003	2004	2005	2006	2007	03-07 Net Change
<b>English Language Arts</b>						
Percent of students tested	95.0	95.9	96.6	96.6	96.6	1.6
Percent proficient or above	38.0	37.0	43.0	44.0	47.0	9.0
<b>General Mathematics</b>						
Percent of students tested	32.0	27.6	24.6	20.6	16.7	-15.3
Percent proficient or above	14.0	13.0	14.0	13.0	13.0	-1.0
<b>Algebra I</b>						
Percent of students tested	37.0	43.1	46.4	48.9	51.6	14.6
Percent proficient or above	19.0	15.0	16.0	19.0	17.0	-2.0
<b>Geometry</b>						
Percent of students tested	16.0	17.4	19.0	21.0	22.1	6.1
Percent proficient or above	47.0	43.0	47.0	45.0	44.0	-3.0
<b>Biology / Life Sciences</b>						
Percent of students tested	21.0	23.9	27.0	29.7	31.3	10.3
Percent proficient or above	46.0	40.0	42.0	44.0	47.0	1.0

Source: State of California, Department of Education, *STAR District/School Summary Report*, 2008.

**Figure 216: Grade 11: Stanislaus County**

Subject	2003	2004	2005	2006	2007	03-07 Net Change
<b>English Language Arts</b>						
Percent of students tested	94.0	93.2	96.0	97.0	96.7	2.7
Percent proficient or above	27.0	31.0	34.0	35.0	33.0	6.0
<b>Algebra I</b>						
Percent of students tested	21.0	21.6	22.2	25.4	24.1	3.1
Percent proficient or above	15.0	6.0	8.0	10.0	10.0	-5.0
<b>Algebra II</b>						
Percent of students tested	16.0	16.4	16.4	15.4	17.1	1.1
Percent proficient or above	23.0	16.0	19.0	19.0	23.0	0.0
<b>Geometry</b>						
Percent of students tested	18.0	18.3	17.8	18.6	19.5	1.5
Percent proficient or above	9.0	9.0	12.0	13.0	10.0	1.0
<b>Summative High School Mathematics</b>						
Percent of students tested	9.0	7.3	8.5	9.2	9.8	0.8
Percent proficient or above	39.0	49.0	50.0	54.0	52.0	13.0
<b>U.S. History</b>						
Percent of students tested	91.0	91.0	93.8	94.8	94.8	3.8
Percent proficient or above	33.0	33.0	36.0	35.0	35.0	2.0
<b>Biology / Life Sciences</b>						
Percent of students tested	24.0	22.1	21.8	17.4	15.8	-8.2
Percent proficient or above	51.0	48.0	46.0	40.0	36.0	-15.0
<b>Chemistry</b>						
Percent of students tested	15.0	18.5	19.6	22.2	24.1	9.1
Percent proficient or above	18.0	18.0	23.0	26.0	29.0	11.0
<b>Physics</b>						
Percent of students tested	1.0	1.7	1.7	2.3	3.4	2.4
Percent proficient or above	60.0	45.0	48.0	35.0	41.0	-19.0

Source: State of California, Department of Education, *STAR District/School Summary Report*, 2008.

**Figure 217: Grade 11: California**

Subject	2003	2004	2005	2006	2007	03-07 Net Change
<b>English Language Arts</b>						
Percent of students tested	91.0	93.3	94.7	95.0	95.5	4.5
Percent proficient or above	32.0	32.0	36.0	36.0	37.0	5.0
<b>Algebra I</b>						
Percent of students tested	13.0	15.8	16.8	16.4	15.6	2.6
Percent proficient or above	6.0	4.0	4.0	6.0	5.0	-1.0
<b>Algebra II</b>						
Percent of students tested	20.0	21.4	21.9	22.9	23.7	3.7
Percent proficient or above	15.0	10.0	12.0	10.0	12.0	-3.0
<b>Geometry</b>						
Percent of students tested	15.0	17.0	17.7	17.8	17.9	2.9
Percent proficient or above	8.0	5.0	7.0	7.0	6.0	-2.0
<b>Summative High School Mathematics</b>						
Percent of students tested	15.0	16.5	17.8	19.0	20.0	5.0
Percent proficient or above	44.0	39.0	43.0	43.0	44.0	0.0
<b>U.S. History</b>						
Percent of students tested	88.0	91.2	92.7	93.4	93.0	5.0
Percent proficient or above	34.0	32.0	37.0	35.0	35.0	1.0
<b>Biology / Life Sciences</b>						
Percent of students tested	12.0	17.1	19.9	20.7	20.6	8.6
Percent proficient or above	34.0	30.0	30.0	32.0	36.0	2.0
<b>Chemistry</b>						
Percent of students tested	23.0	25.3	25.6	26.7	27.2	4.2
Percent proficient or above	25.0	23.0	22.0	22.0	26.0	1.0
<b>Physics</b>						
Percent of students tested	7.0	7.2	7.9	8.4	9.0	2.0
Percent proficient or above	39.0	41.0	40.0	41.0	42.0	3.0

Source: State of California, Department of Education, *STAR District/School Summary Report*, 2008.

## Data Summary

One of the most powerful predictors of later academic success is a child's reading level in third grade. In Stanislaus County, only 32% of third graders were deemed proficient or above in the English Language Arts portion on the 2007 California Standards Test (STAR), compared to 37% of California third graders. However, there was improvement for Stanislaus County third graders from 29% who were deemed proficient or above in 2003, to 32% in 2007. In fact, in the English Language Arts subject area, the percentages of students who scored proficient or above between 2003 and 2007 increased for all grade levels in Stanislaus County and California.

When 2007 STAR test scores for Stanislaus County and California were compared, the percentages of 3<sup>rd</sup>, 5<sup>th</sup>, and 7<sup>th</sup> grade students who scored proficient or above in English, Math, and Science was lower in Stanislaus County than in California. However, the percentages of 9<sup>th</sup> and 11<sup>th</sup> grade students who scored proficient or above were higher in Stanislaus County than in California in many subject areas including General Mathematics, Algebra I, Geometry, Summative High School Mathematics, and Chemistry.

# Test Scores - Academic Performance Index (API)

## Why It Is Important

The Academic Performance Index (API) is a measurement of school achievement for accountability purposes developed as a result of the 1999 Public Schools Accountability Act (PSAA). The API summarizes a school's performance on each year's STAR scores and is based on the performance of individual pupils on STAR content areas, as measured through national percentile rankings (NPRs) and scored on a scale of 200 to 1,000.

**Figure 218: Academic Performance Index Scores by School District**

School District	2003	2004	2005	2006	2007	03-07 % Change
Ceres Unified	676	687	701	716	721	6.7
Chatom Union Elementary	659	651	692	713	721	9.4
Denair Unified	692	688	699	695	706	2.0
Empire Union Elementary	717	723	748	752	768	7.1
Gratton Elementary	823*	821*	842*	866*	879*	6.8
Hart-Ransom Union Elementary	750	773	767	778	779	3.9
Hickman Community Charter	760	758	790	809	828	8.9
Hughson Unified	675	705	713	741	754	11.7
Keyes Union	640**	653**	659**	707	702	9.7
Knights Ferry Elementary	906	834*	866	892	863	-4.7
La Grange Elementary	652*	686*	728*	727*	784*	20.2
Modesto City Elementary	662	671	683	699	723	9.2
Modesto City High	656	683	701	708	711	8.4
Newman-Crows Landing Unified	659	670	701	711	720	9.3
Oakdale Joint Unified	745	742	750	764	757	1.6
Paradise Elementary	754	786*	785	828*	808*	7.2
Patterson Joint Unified	649	658	672	671	677	4.3
Riverbank Unified	633	649	680	686	682	7.7
Roberts Ferry Union Elementary	739*	785*	796*	833*	811*	9.7
Salida Union Elementary	734	742	760	751	761	3.7
Shiloh Elementary	771	741	756	750*	750*	-2.7
Stanislaus County Office of Education	486	449	462	496	471	-3.1
Stanislaus Union Elementary	719	725	732	743	745	3.6

(cont.)



**Academic Performance Index Scores by School District (cont.)**

School District	2003	2004	2005	2006	2007	03-07 % Change
Sylvan Union Elementary	759	764	776	785	801	5.5
Turlock Unified	668***	681***	699	715	723	8.2
Valley Home Joint Elementary	774	767	771	786	783	1.2
Waterford Unified	631	632	711	736	731	15.8

Source: State of California, Department of Education, Policy and Evaluation Division, 2008.

\* API was calculated for a small school, defined as having between 11 and 99 Standardized Testing and Report (STAR) test scores including in the API (valid scores). APIs based on small numbers of students are less reliable and therefore should be carefully interpreted.

\*\* Data for Keyes Union Elementary.

\*\*\* Data reflect average API score of Turlock Joint Elementary and Turlock Joint Union High School Districts.

**Data Summary**

Between 2003 and 2007, all school districts in Stanislaus County improved their API scores, except Knights Ferry Elementary (5% decrease), Stanislaus County Office of Education (3% decrease), and Shiloh Elementary (3% decrease). The schools districts with the greatest improvement in API scores from 2003 to 2007 were: La Grange Elementary (20% increase), Waterford Unified (16% increase), and Hughson Unified (12% increase). In 2007, Gratton Elementary School District had the highest API score (879) in Stanislaus County, while Stanislaus County Office of Education had the lowest API score (471).

# Special Education - Youth

## Why It Is Important

Federal law requires that school districts provide a free appropriate public education to eligible children with disabilities. A “free appropriate public education” means special education and related services are to be provided as described in an individualized education program (IEP). Data on special education programs and student outcomes can equip districts to serve the unique needs of students with disabilities so that each student can meet or exceed high standards of academic achievement.

**Figure 219: Special Education Enrollment Counts by Selected Disabilities, Stanislaus County**

Type of Disability	2003	2004	2005	2006	2007	03-07 % Change
Autism	251	320	373	466	571	127.5
Deaf	56	49	52	59	55	-1.8
Emotional Disturbance	565	594	587	578	534	-5.5
Mental Retardation	1,269	1,286	1,245	1,177	1,108	-12.7
Visual Impairment	71	76	77	77	68	-4.2
Multiple Disability	40	26	23	20	50	25.0
<b>Total enrollment (all types)</b>	<b>12,828</b>	<b>12,995</b>	<b>13,126</b>	<b>13,097</b>	<b>12,703</b>	<b>-1.0</b>

Source: State of California, Department of Education, Special Education Division, *Special Education Enrollment by Age and Disability*, 2008.

Note: Data include students ages 0-22 years old.

**Figure 220: Special Education Enrollment Counts by Selected Disabilities, California**

Type of Disability	2003	2004	2005	2006	2007	03-07 % Change
Autism	24,943	29,370	34,668	39,711	46,196	85.2
Deaf	4,510	4,462	4,337	4,242	4,185	-7.2
Emotional Disturbance	27,292	27,912	27,512	27,081	27,199	-0.3
Mental Retardation	44,017	44,263	43,739	43,522	43,113	-2.1
Visual Impairment	4,599	4,798	4,761	4,697	4,530	-1.5
Multiple Disability	6,606	5,926	6,125	5,673	5,476	-17.1
<b>Total enrollment (all types)</b>	<b>681,980</b>	<b>681,969</b>	<b>683,178</b>	<b>679,648</b>	<b>677,875</b>	<b>-0.6</b>

Source: State of California, Department of Education, Special Education Division, *Special Education Enrollment by Age and Disability*, 2008.

Note: Data include students ages 0-22 years old.

## Data Summary

From 2003 to 2007, the overall number of students enrolled in special education decreased by 1% in both Stanislaus County and California. During this time period, the number of students enrolled in special education with autism increased 128% in Stanislaus County, from 251 students in 2003 to 571 students in 2007. Statewide, the number of students enrolled in special education with autism increased 85%, from 24,943 students in 2003 to 46,196 students in 2007.

# Truancy

## Why It Is Important


Any time that a student is not at school is time spent not learning in the classroom and can affect a child's ability to stay on top of their school work and subject matter. Absenteeism, like school enrollment, is also important to schools since they receive funding based on student attendance.

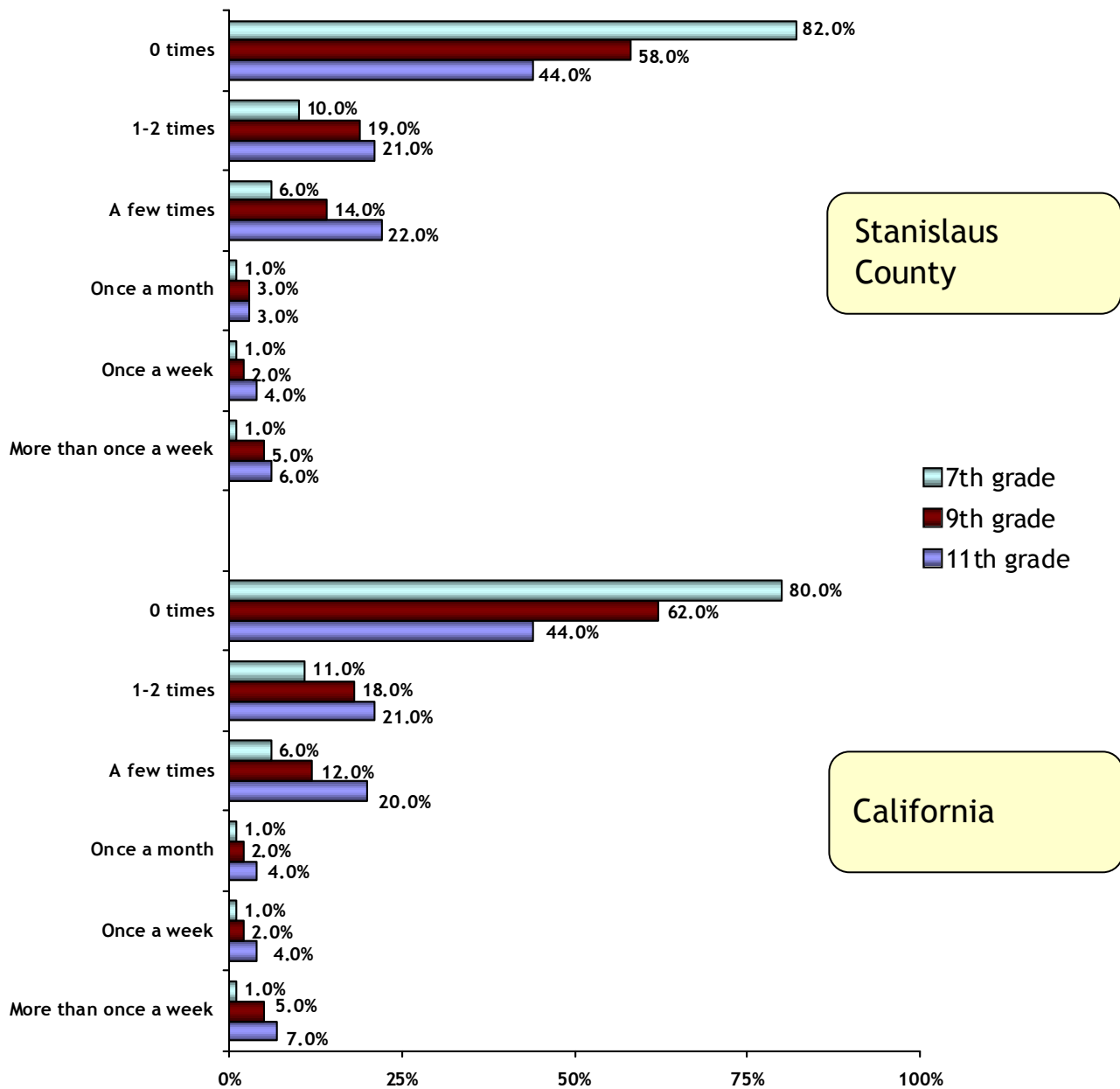
**Figure 221: Percentage of Students with Unexcused Absence or Tardy on Three or More Days by School District**

School District	2004-05	2005-06	2006-07	04-07 Net Change
Ceres Unified	37.1%	32.4%	40.2%	3.1
Chatom Union Elementary	14.4	23.9	2.6	-11.8
Denair Unified	12.5	13.4	13.2	0.7
Empire Union Elementary	15.3	25.0	17.9	2.6
Gratton Elementary	13.5	4.4	4.0	-9.5
Hart-Ransom Union Elementary	0.1	2.7	28.1	28.0
Hickman Community Charter	2.6	24.1	16.3	13.7
Hughson Unified	4.1	34.6	3.1	-1.0
Keyes Union	10.6	8.1	7.4	-3.2
Knights Ferry Elementary	3.5	5.7	37.6	34.1
La Grange Elementary	8.3	0.0	15.0	6.7
Modesto City Elementary	25.7	26.7	33.3	7.6
Modesto City High	16.0	15.9	81.9	65.9
Newman-Crows Landing Unified	22.6	41.4	17.6	-5.0
Oakdale Joint Unified	28.9	27.8	54.6	25.7
Paradise Elementary	2.1	5.4	35.3	33.2
Patterson Joint Unified	24.7	23.0	25.6	0.9
Riverbank Unified	13.7	26.3	18.3	4.6
Roberts Ferry Union Elementary	4.0	7.4	7.3	3.3
Salida Union Elementary	19.5	3.1	19.6	0.1
Shiloh Elementary	2.8	0.0	41.5	38.7
Stanislaus Union Elementary	22.6	25.7	20.2	-2.4
Sylvan Union Elementary	7.9	8.5	8.7	0.8
Turlock Unified	27.9	40.0	27.5	-0.4
Valley Home Joint Elementary	3.8	4.9	17.6	13.8
Waterford Unified	1.6	26.5	16.9	15.3
<b>Stanislaus County</b>	<b>21.0</b>	<b>24.7</b>	<b>36.3</b>	<b>15.3</b>
California	22.6	24.6	25.2	2.6

Source: State of California, Department of Education, Policy and Evaluation Division, 2008.

Note: Data for Stanislaus County Office of Education were not used due to its oddly high data in 2006-2007.

**Figure 222:**  **Number of Times in the Past 12 Months Students Skipped School or Cut Classes by Grade Level, 2004-2006**



Source: Stanislaus County’s California Healthy Kids Survey, *Technical Report*, 2004-2006. California Healthy Kids Survey, *Technical Report*, 2004-2006.

Note: Data for 5<sup>th</sup> grade students not available.

 **New data not available**

## Data Summary

In the 2006-2007 school year, Modesto City High School District had the greatest percentage of students who had any unexcused absence or tardy on three or more days (82%), and the greatest net increase since the 2004-2005 school year (a net increase of 65.9). This is followed by Shiloh Elementary with 42% of students who had any unexcused absence or tardy on three or more days in 2006-2007, a net increase of 38.7 from 2.8% in 2004-2005. On the contrary, Chatom Union Elementary School District had the smallest percentage of students who had any unexcused absence or tardy on three or more days in 2006-2007 (3%) and the greatest net decrease since the 2004-2005 school year (a net decrease of 11.8).

According to the 2004-2006 California Healthy Kids Survey Results, the percentages of students who skipped school or cut classes in the twelve months prior to taking the survey were highest among 11<sup>th</sup> graders, followed by 9<sup>th</sup> and 7<sup>th</sup> graders, and were similar for Stanislaus County and statewide. In Stanislaus County, 13% of 11<sup>th</sup> grade students had skipped school or cut classes once a month or more in the twelve months prior to taking the survey, compared to 10% of 9<sup>th</sup> graders, and 3% of 7<sup>th</sup> graders.

# High School Dropout Rates

## Why It Is Important

Dropout rates are indicators of those students who interrupt and may not continue their education, thereby increasing the likelihood they will not meet the minimum work skills required by the workforce and community. More than 24% of California public high school students dropped out in the 2006-07 school year, according to figures released on July 16, 2008 by the state Department of Education.<sup>101</sup> The data were compiled from a newly implemented tracking system that issues each student an identifier number. The number enables officials to monitor each student as he or she progresses through school, allowing for a more accurate accounting. According to the new system that started tracking students in 2002, 68% of students graduated, 24% dropped out, and 8% withdrew – completing high school equivalency diplomas, moving out of state, or transferring to private school.<sup>102</sup> The new data revealed high dropout rates for minority students: 41% of black students, 31% of Native American students, 30% of Hispanic students, and 28% of Pacific Islander students.<sup>103</sup> White students had a 15% dropout rate, while Asians had a 10% rate.<sup>104</sup>

**Figure 223: Condition of Children & Youth Report, Stanislaus County, 2007**

Category	Selected Findings
Total number of K-12 students	107,712 students
Total number of high school students (9-12)	33,682 students
High school graduation rate*	78%
Expulsion rate	0.54%

Source: Stanislaus County Children's Council, *Condition of Children & Youth Report*, 2008.

\* Enrolled 7,667, graduated 5,965; does not include GED.

<sup>101</sup> Contra Costa Times, "24 percent of California high school students drop out," July 16, 2008.

<sup>102</sup> Ibid.

<sup>103</sup> Ibid.

<sup>104</sup> Ibid.

**Figure 224: Annual High School Dropout Rates\* Per 100 Students by School District**

School District	2002-03	2003-04	2004-05	2005-06	2006-07	02-07 Net Change
Ceres Unified	6.5	4.6	5.8	9.3	4.6	-1.9
Denair Unified	0.4	0.4	1.0	0.6	5.3	4.9
Hughson Unified	0.5	2.0	1.4	0.5	2.1	1.6
Keyes Union	0.0	0.0	0.0	0.0	7.6	7.6
Modesto City High	3.6	4.0	5.6	6.3	4.7	1.1
Newman-Crows Landing Unified	0.8	1.4	0.1	0.3	2.2	1.4
Oakdale Joint Unified	1.7	0.7	0.8	1.7	3.5	1.8
Patterson Joint Unified	2.1	3.3	2.2	1.9	4.6	2.5
Riverbank Unified	2.5	1.1	3.7	2.0	3.8	1.3
Stanislaus County Office of Education	2.5	0.0	16.4	2.3	N/A	N/A
Turlock Unified	4.4**	2.9	2.1	3.0	4.3	-0.1
Waterford Unified	0.0	3.8	2.6	12.8	8.2	8.2
<b>Stanislaus County</b>	<b>3.4</b>	<b>3.3</b>	<b>4.6</b>	<b>5.3</b>	<b>5.3</b>	<b>1.9</b>
California	3.1	3.2	3.0	3.4	5.5	2.4

Source: State of California, Department of Education, Policy and Evaluation Division, 2008.

\* The 1-year dropout rate is the percent of dropouts during a single year, calculated from the actual data submitted. It is also called “annual” or “event” rate, and it is the dropout rate used by the National Center for Education Statistics to compare states and school districts.

\*\* Data for Turlock Joint Union High School District.

**Figure 225: Four-Year High School Dropout Rates\* Per 100 Students by School District**

School District	2002-03	2003-04	2004-05	2005-06	2006-07	02-07 Net Change
Ceres Unified	24.8	18.3	22.7	36.2	18.6	-6.2
Denair Unified	1.8	1.7	4.1	2.3	19.0	17.2
Hughson Unified	2.0	7.8	5.8	2.1	9.0	7.0
Keyes Union	0.0	0.0	0.0	0.0	31.0	31.0
Modesto City High	14.2	15.3	21.5	23.1	18.4	4.2
Newman-Crows Landing Unified	3.3	5.5	0.5	1.1	8.3	5.0
Oakdale Joint Unified	6.8	2.7	3.4	6.9	13.4	6.6
Patterson Joint Unified	8.7	13.6	8.2	8.7	18.4	9.7
Riverbank Unified	10.1	4.6	15.5	8.5	15.7	5.6
Stanislaus County Office of Education	8.5	0.0	53.5	9.8	N/A	N/A
Turlock Unified	18.3**	11.9	8.6	12.3	16.4	-1.9
Waterford Unified	0.0	14.9	10.0	42.8	29.7	29.7
<b>Stanislaus County</b>	<b>13.7</b>	<b>12.8</b>	<b>17.9</b>	<b>20.0</b>	<b>20.5</b>	<b>6.8</b>
California	12.5	12.9	12.4	14.0	21.1	8.6

Source: State of California, Department of Education, Policy and Evaluation Division, 2008.

\* The 4-year dropout rate is an estimate of the percent of students who would drop out during a four-year period, based on data collected for a single year.

\*\* Data for Turlock Joint Union High School District.

## Data Summary

According to the 2007 *Condition of Children and Youth Report*, 78% of the total number of high school students in Stanislaus County (33,682) graduated from high school. During the 2006-2007 school year, Waterford Unified and Keyes Union School Districts had the highest annual high school dropout rates per 100 students in Stanislaus County. Based on these annual dropout rates, it is estimated that almost one-third of high school students in Waterford Unified and Keyes Union School Districts dropped out of high school during a four year period (30% and 31%, respectively).

Between 2002 and 2006, Stanislaus County had consistently higher annual dropout rates than did California. However, Stanislaus County had virtually the same annual dropout rate as the state in 2006-2007. Furthermore, Stanislaus County also had consistently higher four-year dropout rates than did California between 2002 and 2006, with the exception of the 2003-2004 and 2006-2007 school years where the four-year dropout rates were virtually the same in the County and statewide.



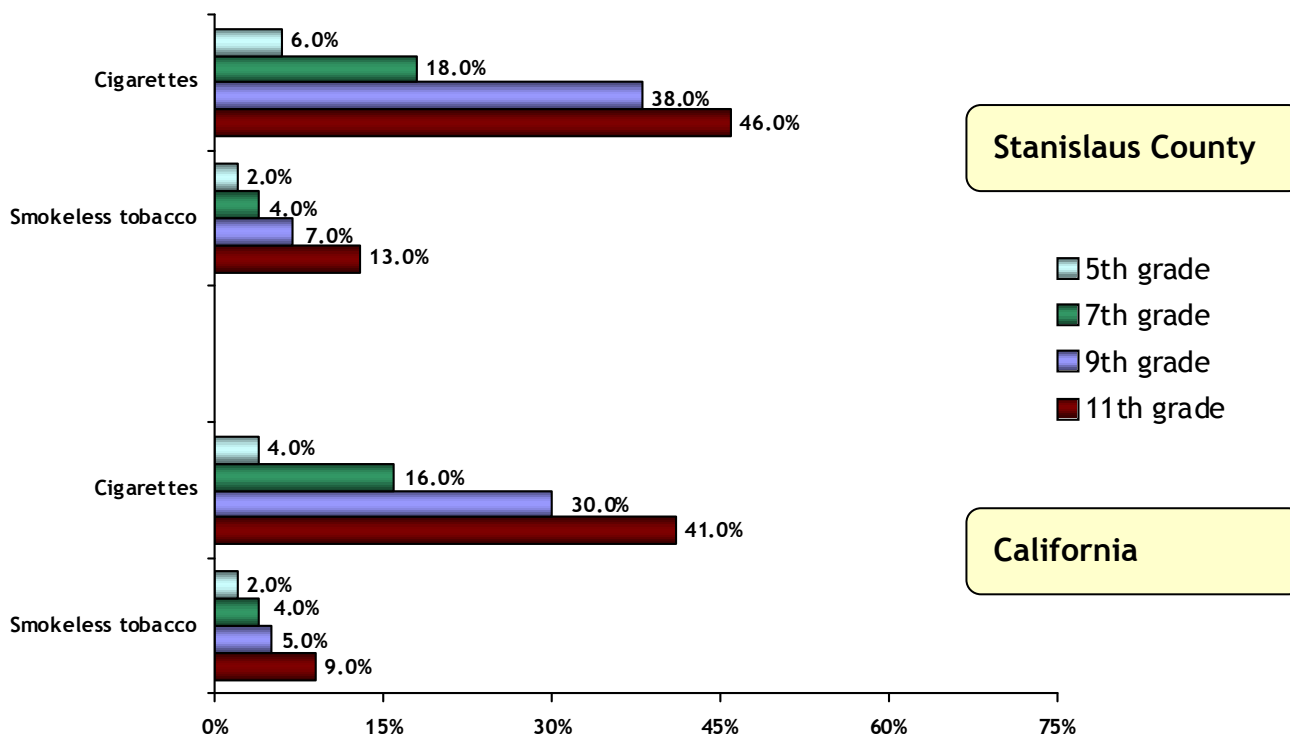
# Tobacco Use - Youth

## Why It Is Important

Smoking and secondary smoke have serious health consequences for people of all ages; however, tobacco use by young people is particularly problematic as the earlier a person uses tobacco the more likely he or she will be to use tobacco heavily as an adult.<sup>105</sup> Nearly all first-time tobacco use takes place before high school graduation; almost 90% of adult smokers started at or before the age 19. For the most part, people who do not start using tobacco when they are teens never start using it.<sup>106</sup>

Cigarette smoking causes serious health problems among children and teens, including coughing, shortness of breath, respiratory illnesses, reduced physical fitness, poor lung growth and function, worse overall health, and addiction to nicotine.

**Figure 226:** Percentage of Students Who Have Ever Used Cigarettes or Smokeless Tobacco in Their Lifetime, by Grade Level, 2004-2006



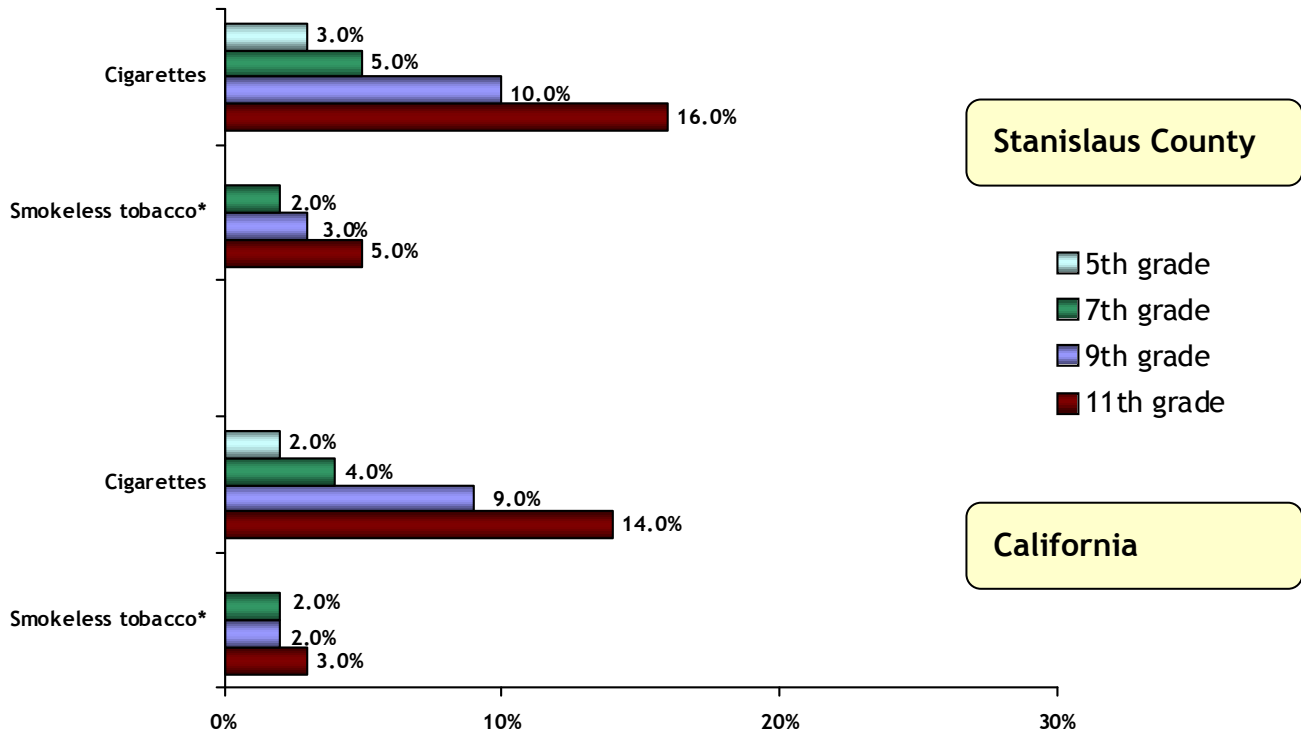
Source: Stanislaus County’s California Healthy Kids Survey, *Technical Report*, 2004-2006. California Healthy Kids Survey, *Technical Report*, 2004-2006.

**New data not available**

<sup>105</sup> The National Center for Chronic Disease Prevention and Health Promotion. *Preventing Tobacco Use Among Young People: A Report of the Surgeon General*, 1994.

<sup>106</sup> American Cancer Society, *Child and Teen Tobacco Use* [Electronic version], 2007.

**Figure 227: Percentage of Students Who Have Used Cigarettes or Smokeless Tobacco in the Past 30 Days, by Grade Level, 2004-2006**



Source: Stanislaus County’s California Healthy Kids Survey, *Technical Report*, 2004-2006. California Healthy Kids Survey, *Technical Report*, 2004-2006.

\* Data for 5<sup>th</sup> grade students are not available.

**New data not available**

## Data Summary

According to the 2004-2006 California Healthy Kids Survey results, Stanislaus County and California students in upper grade levels reported higher lifetime cigarette and smokeless tobacco use than students in lower grade levels. In 2004-2006, 46% of Stanislaus County 11<sup>th</sup> graders reported that they had smoked cigarettes in their lifetime, compared to 38% of 9<sup>th</sup> graders, 18% of 7<sup>th</sup> graders, and 6% of 5<sup>th</sup> graders. Overall, California had lower percentages of students who smoked cigarettes in their lifetime than did Stanislaus County (41% of 11<sup>th</sup> graders, 30% of 9<sup>th</sup> graders, 16% of 9<sup>th</sup> graders, and 4% of 5<sup>th</sup> graders).

Similar patterns were also true for 30 day cigarette and smokeless tobacco use in Stanislaus County and California. The percentages of students who have smoked cigarettes in the 30 days prior to taking the survey were higher in Stanislaus County than statewide, and highest among 11<sup>th</sup> graders (16% countywide and 14% statewide), followed by 9<sup>th</sup> graders (10% and 9%), 7<sup>th</sup> graders (5% and 4%), and 5<sup>th</sup> graders (3% and 2%).

# Alcohol and Drug Use - Youth

## Why It Is Important

Alcohol is the leading drug of abuse by American youth. The National Center on Addiction and Substance Abuse connects youth alcohol consumption to higher levels of dangerous sexual activity, school drop outs, overdose deaths, and suicides. Moreover, the center indicates that teens who experiment with alcohol are “virtually certain” to continue using alcohol in the future.<sup>107</sup>

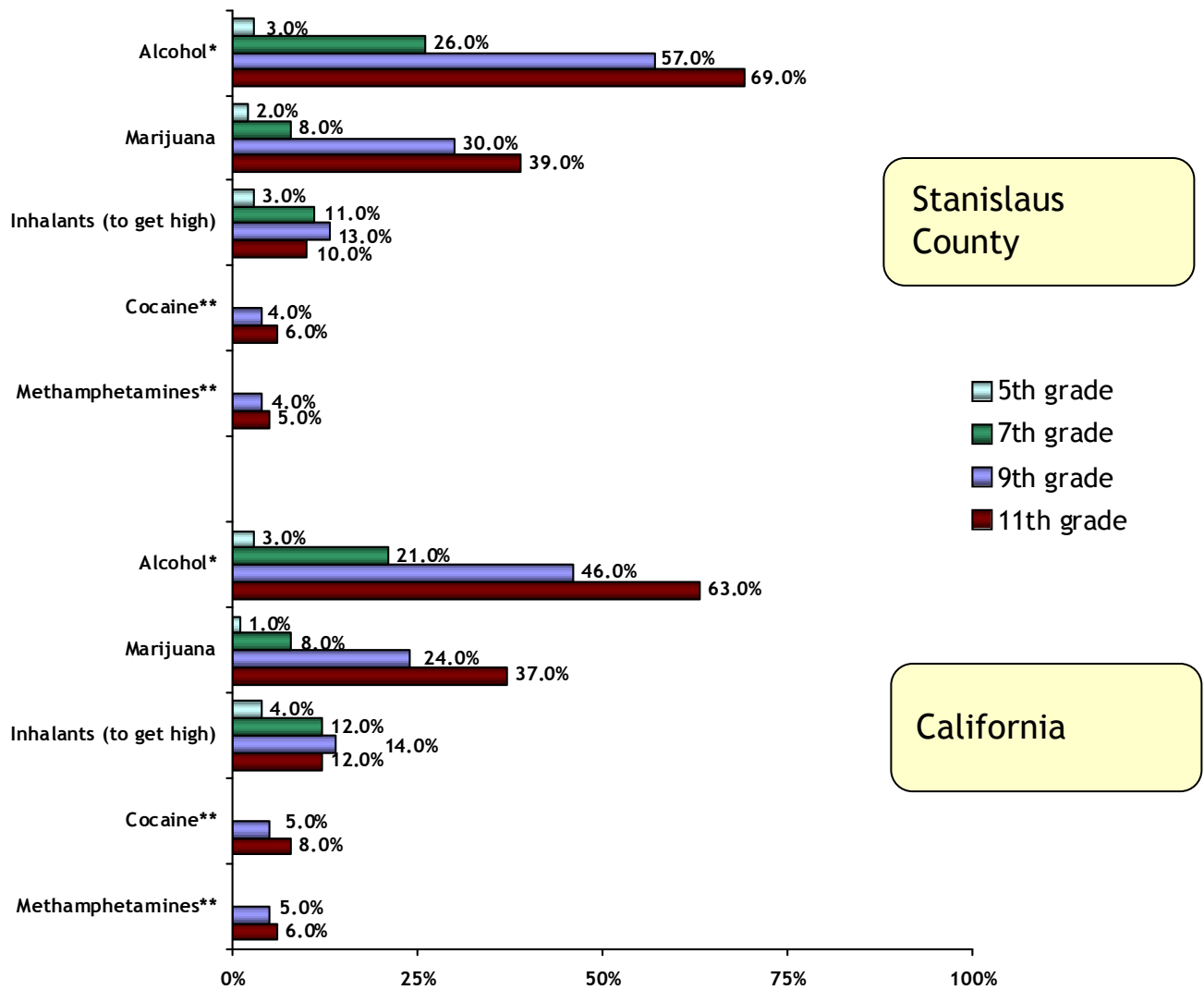
Further, youth who engage in substance abuse are more likely to also engage in risky or unhealthy behavior that can result in serious diseases, chronic health conditions, injuries, and even death. Drug use is also linked to educational failure and family and social problems. Unfortunately, most drug use is cyclical as children with parents who have a history of alcohol and drug use are more likely to use them as well.<sup>108</sup>

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<sup>107</sup> The National Center on Addiction and Substance Abuse at Columbia University. *Teen Tiplers: America's Underage Drinking Epidemic*, 2003.

<sup>108</sup> Applied Survey Research, *San Mateo County Children's Report*, 2005.

**Figure 228: Percentage of Students Who Have Ever Used Alcohol or Drugs in Their Lifetime, by Grade Level, 2004-2006**



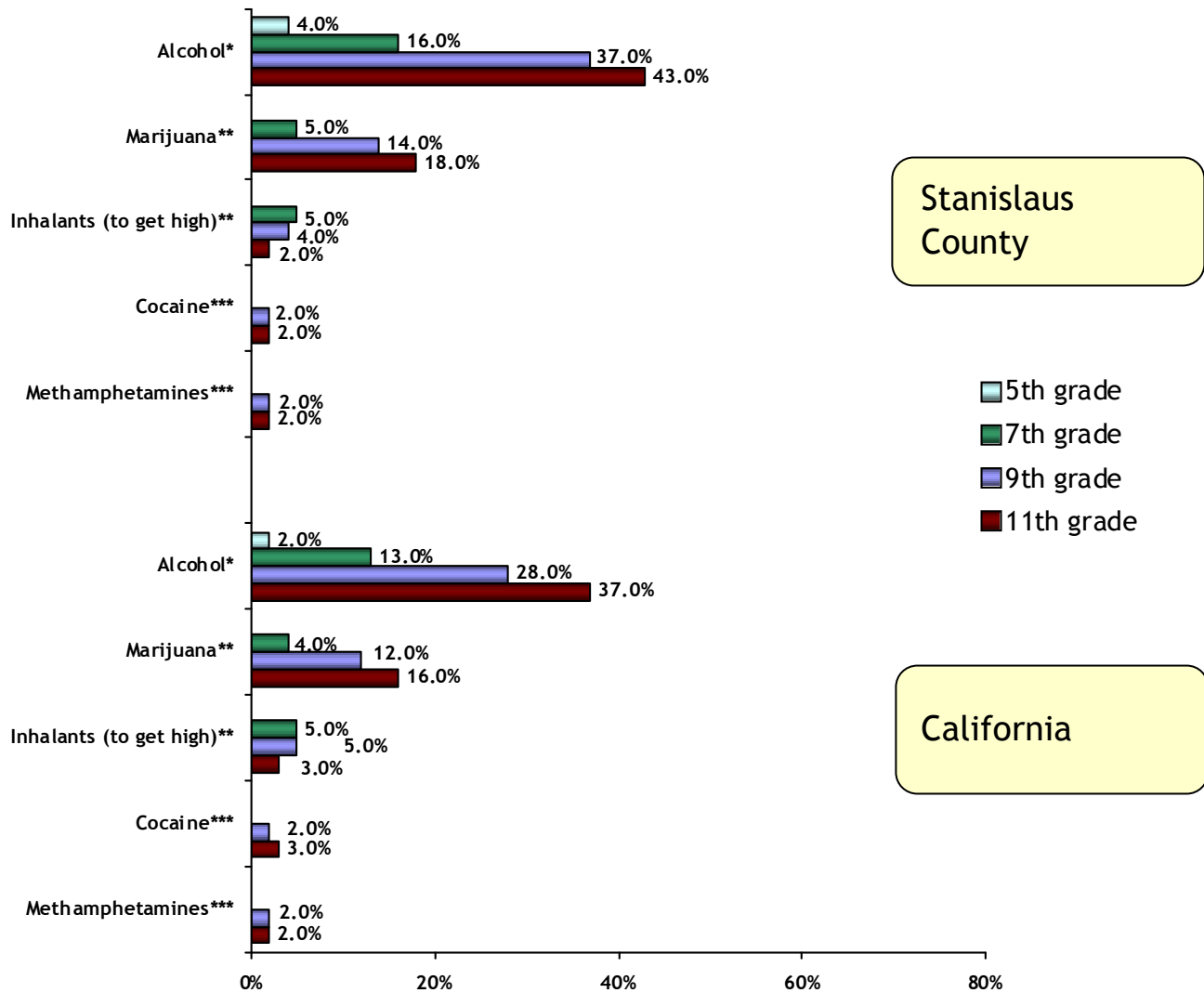
Source: Stanislaus County’s California Healthy Kids Survey, *Technical Report*, 2004-2006. California Healthy Kids Survey, *Technical Report*, 2004-2006.

\* At least one full drink.

\*\* Data for 5<sup>th</sup> and 7<sup>th</sup> grade students are not available.

 **New data not available**

**Figure 229: Percentage of Students Who Have Used Alcohol or Drugs in the Past 30 Days, by Grade Level, 2004-2006**



Source: Stanislaus County’s California Healthy Kids Survey, *Technical Report*, 2004-2006. California Healthy Kids Survey, *Technical Report*, 2004-2006.

\* At least one full drink.

\*\* Data for 5<sup>th</sup> grade students are not available.

\*\*\* Data for 5<sup>th</sup> and 7<sup>th</sup> grade students are not available.

 **New data not available**

## Data Summary

Data from the 2004-2006 California Healthy Kids Survey indicated that lifetime and 30-day use of alcohol and marijuana were higher in Stanislaus County than in California. In 2004-2006, a sizeable majority (69%) of 11<sup>th</sup> grade students had consumed at least one full drink of alcohol in their lifetime, compared to 57% of 9<sup>th</sup> graders, 26% of 7<sup>th</sup> graders, and 3% of 5<sup>th</sup> graders. Furthermore, 43% of 11<sup>th</sup> grade students had consumed at least one drink of alcohol in the 30 days prior to taking the survey, followed by 37% of 9<sup>th</sup> graders, 16% of 7<sup>th</sup> graders, and 4% of 5<sup>th</sup> graders.

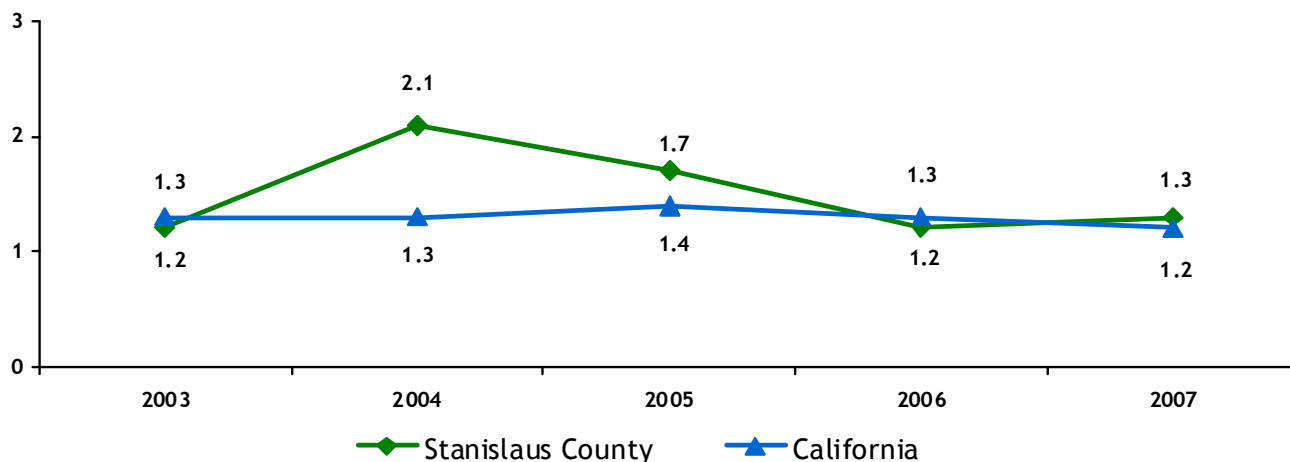
Second to alcohol, the drug with the highest percentages of lifetime use was marijuana (39% of 11<sup>th</sup> graders, 30% of 9<sup>th</sup> graders, 8% of 7<sup>th</sup> graders, and 2% of 5<sup>th</sup> graders). Percentages of 30-day marijuana use (18% of 11<sup>th</sup> graders, 14% of 9<sup>th</sup> graders, and 5% of 7<sup>th</sup> graders) were also highest compared to 30-day use of other drugs. This was followed by lifetime use of inhalants in Stanislaus County, where the percentages of lifetime use were highest among 9<sup>th</sup> graders (13%), followed by 7<sup>th</sup> graders (11%), 11<sup>th</sup> graders (10%), and 5<sup>th</sup> graders (3%). Conversely, the percentages of 30-day use of inhalants countywide were highest among 7<sup>th</sup> graders (5%), followed by 9<sup>th</sup> graders (4%), and 11<sup>th</sup> graders (2%).

# Drug and Alcohol Related Arrests - Youth

## Why It Is Important

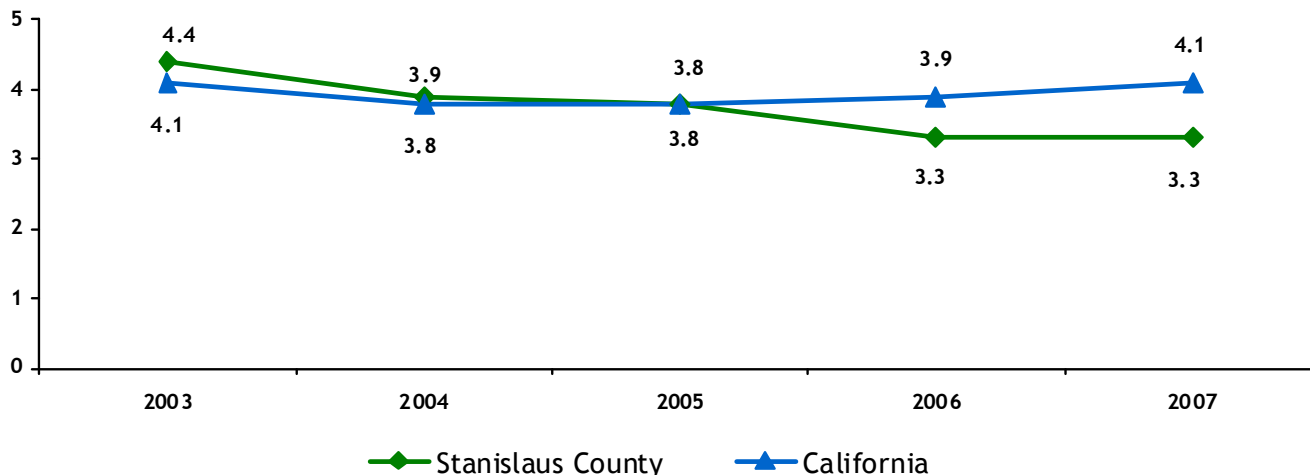
Youth who engage in illegal activities are a risk to themselves, their friends and family, and the larger community. Moreover, young offenders recidivate at a high rate, often returning to criminal activity even after becoming adults. Juvenile arrest rates may also indicate other risk-taking behavior and be a sign of substance abuse, gang involvement, and mental health issues.<sup>109</sup>

**Figure 230: Drug and Alcohol Related Felony Arrest Rates per 1,000 Youth, Ages 10-17**



Source: California Department of Justice, Juvenile Felony Arrests, 2008. Population data: California Department of Finance, Race/Ethnic Population with Age and Sex Detail, 2000-2050, 2008.

**Figure 231: Drug and Alcohol Related Misdemeanor Arrest Rates per 1,000 Youth, Ages 10-17**



Source: California Department of Justice, Juvenile Misdemeanor Arrests, 2008. Population data: California Department of Finance, Race/Ethnic Population with Age and Sex Detail, 2000-2050, 2008.

<sup>109</sup> *The Santa Clara County Children's Report*, 2005.

## Data Summary

While the California drug and alcohol related felony arrest rates per 1,000 youth ages 10-17 have been fairly consistent from 2003 to 2007, the rates in Stanislaus County fluctuated slightly during the same period. In 2003, the rate was 1.2 in Stanislaus County. The rate peaked at 2.1 in 2004, dropped to 1.2 in 2006, and then slightly increased to 1.3 in 2007. Further, the drug and alcohol related misdemeanor arrest rates per 1,000 youth ages 10-17 in Stanislaus County decreased overall between 2003 and 2007. In 2003, the rate was 4.4, and by 2007, the rate dropped to 3.3.



# Child Abuse and Neglect

## Why It Is Important

Children who are victims of abuse or neglect are more likely to suffer from depression, substance abuse, learning and behavioral difficulties in school, and attempted suicide.<sup>110</sup> Further, they are more likely to participate in crimes and misdemeanors, mistreat their own children, and become involved in intimate partner violence.<sup>111</sup> The incidence of child abuse and neglect crosses all social, economic, and ethnic boundaries, and can be exacerbated by unemployment, poverty, social isolation, family breakup, substance abuse, and other stresses.<sup>112</sup>

It is an unfortunate fact that there are children in the community at risk of abuse and/or neglect. Below are data that reflect the number of children receiving Child Welfare Services from the Stanislaus County Community Services Agency.

**Figure 232: Number of Children with One or More Substantiated Referrals by Allegation Type, Stanislaus County**

Allegation Type	2001	2002	2003	2004	2005	01-05 % Change
Sexual abuse	203	226	170	149	115	-43.3
Physical abuse	181	134	127	112	70	-61.3
Severe neglect	47	42	41	36	15	-68.1
General neglect	1,816	1,496	1,671	1,553	1,519	-16.4
Emotional abuse	28	2	2	3	3	-89.3
Caretaker absence / incapacity	154	127	131	118	132	-14.3
At risk, sibling abused	105	184	202	188	215	104.8
Substantial risk	81	67	65	74	45	-44.4
<b>Stanislaus County total</b>	<b>2,615</b>	<b>2,278</b>	<b>2,409</b>	<b>2,233</b>	<b>2,114</b>	<b>-19.2</b>

Source: Needell, B., Webster, D., Armijo, M., Lee, S., Cuccaro-Alamin, S., Shaw, T., Dawson, W., Piccus, W., Magruder, J., Exel, M., Smith, J., Dunn, A., Frerer, K., Putnam Hornstein, E., & Ataie, Y. (2006). Child Welfare Services Reports for California. Retrieved May 12, 2008, from University of California at Berkeley Center for Social Services Research website. URL: <<http://cssr.berkeley.edu/CWSCMSreports/>>

 **New data not available**

<sup>110</sup> Kids in Common, Cross-Systems Evaluation County of Santa Clara, Public Health Department Santa Clara Valley Health & Hospital System, and Applied Survey Research, *Santa Clara County Children's Report: Key Indicators of Well-being*, 2005.

<sup>111</sup> Ibid.

<sup>112</sup> Ibid.

**Figure 233: Twelve-Month Average Number of Children Receiving Child Welfare Services, Stanislaus County**

Program	FY 2004-05	FY 2005-06	FY 2006-07	FY 2007-08	04-08 % Change
Child welfare services emergency response dispositions	1,162	1,338	1,285	1,137	-2.2
Child welfare services case management					
Family maintenance	348	387	376	437	25.6
Family reunification	277	205	202	226	-18.4
Permanent placement	411	386	341	333	-19.0
Children in foster care	627	545	510	527	-15.9
Children receiving adoption assistance	939	1,004	1,015	1,023	8.9

Source: Stanislaus County Community Services Agency, *Key Programs Quarterly Report: FY 2007-08, 2008*.

**Figure 234: Number and Rate of Child Abuse and Neglect Referrals for Youth Ages 0-17, by ZIP Code, Stanislaus County, 2006**

ZIP Code	City	Population 0-17 years	Referrals 0-17 years	Incidence Per 1,000 Children
95385	Vernalis	56	0	0.0
95368	Salida	4,833	38	7.9
95313	Crows Landing	417	4	9.6
95316	Denair	1,542	22	14.3
95326	Hughson	2,875	45	15.7
95360	Newman	3,418	60	17.6
95363	Patterson	6,949	122	17.6
95382	Turlock	7,661	139	18.1
95323	Hickman	251	5	19.9
95357	Modesto	4,663	97	20.8
95367	Riverbank	7,168	151	21.1
95386	Waterford	3,381	74	21.9
95355	Modesto	14,609	327	22.4
95356	Modesto	8,052	185	23.0
95380	Turlock	14,304	334	23.4
95361	Oakdale	7,443	200	26.9
95358	Modesto	10,614	323	30.4
95350	Modesto	13,510	431	31.9

(cont.)

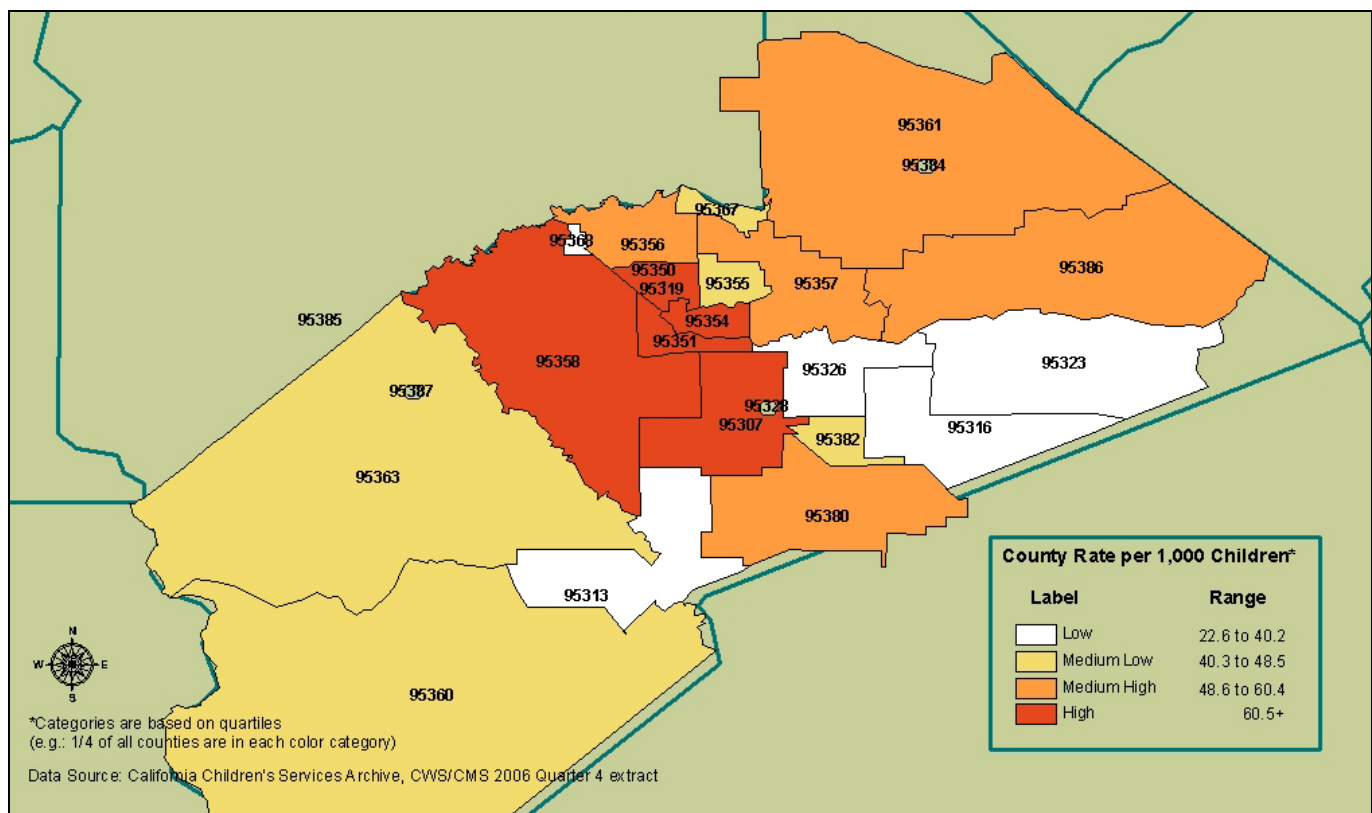
**Number and Rate of Child Abuse and Neglect Referrals for Youth Ages 0-17, by ZIP Code, Stanislaus County, 2006 (cont.)**

ZIP Code	City	Population 0-17 years	Referrals 0-17 years	Incidence Per 1,000 Children
95307	Ceres	12,509	411	32.9
95351	Modesto	17,547	774	44.1
95354	Modesto	8,336	416	49.9
Unknown / missing	-	-	6,806	-
Out of County	-	-	114	-
<b>Stanislaus County</b>	-	<b>150,138</b>	<b>11,078</b>	<b>73.8</b>
California	-	9,685,679	482,897	49.9

Source: Center for Social Services Research, University of California, Berkeley, California Child Welfare Performance Indicators Project, *California Children’s Services Archive, CWS/CMS 2006 Quarter 4 extract.*

 **New data not available**

**Figure 235: Rate of Child Abuse and Neglect Referrals for Youth Ages 0-17 Map, by ZIP Code, 2006**



Source: Center for Social Services Research, University of California, Berkeley, California Child Welfare Performance Indicators Project, *California Children’s Services Archive, CWS/CMS 2006 Quarter 4 extract.*

 **New data not available**

## Data Summary

In 2005, there were 2,114 substantiated cases of child abuse in Stanislaus County, a 19% decrease from 2,615 cases in 2001. The highest percentage of cases in 2005 was in the category of “general neglect” (72%), followed by “at risk, sibling abused” (10%). Between 2001 and 2005, the number of child abuse cases in Stanislaus County decreased for all allegation types, except the category of “at risk, sibling abused,” which increased 105% over the five year period.

From fiscal years 2004-2005 to 2007-2008, the 12-month average number of children who received Emergency Response Dispositions decreased 2% from 1,162 children to 1,137 children. During the same time period, the 12-month average number of children in foster care decreased 16% – from 627 children to 527 children – and the number of children who received adoption assistance increased 9% from 939 children to 1,023 children per month.

## *How We're Making a Difference*

### **Grayson-Westley Family Resource Center**

The Grayson/Westley Family Resource Center opened its doors to the community in July 2000. With funding from the Stanislaus County Children and Families Commission, Community Services Agency, and other organizations, the center provides services and family support programs for children and families, including those at risk of abuse and neglect. The Center also hosts several classes and a series of support services such as the Healthy Birth Outcomes program, Lending Library, ESL, Parents as Teachers and support groups. These are much needed services due to the rural setting of the Grayson and Westley Communities.

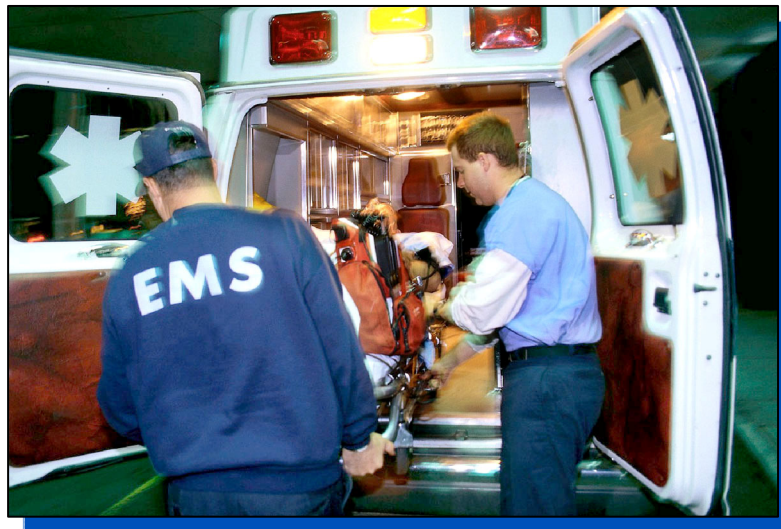
During the month of September, the center hosts an annual Health and Safety Fair in Westley. The 2008 fair marked the sixth time the Grayson-Westley Family Resource Center hosted the event. This event was a grassroots effort to promote healthy lifestyles, drawing an estimated 400 local residents to attend. While children are kept busy with activities, the parents are able to visit information booths and attend brief educational sessions. This year's attendees could get an eye exam at one booth and then walk a few yards and hear about fire safety. As the event wound down, the attendees continued to express their gratitude to the center's staff, thanking them for giving them access to such important information and resources. The Grayson/Westley Family Resource Center is well known as a center that promotes the health and well-being of its community.





## Public Safety

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Property crime, violent crime, alcohol and drug abuse, gangs, and domestic and child violence are all issues of great concern to the general community. Within the past three years Stanislaus County has made strides to further strengthen its community. Through better community access to child safety resources, such as the Differential Response Program and Family Resource Centers, improvements to child welfare have been made. The arrest rates in Stanislaus County for drug and alcohol related crimes have increased over the past five years, indicating successful intervention of local law enforcement and greater public safety.

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# Crime Rates

## Why It Is Important

Crime can largely be classified into two categories: violent crime and property crime. In any county, the number of property crimes that occur each year are usually much greater than the number of violent crimes. Still, both are undesirable and disrupt a community’s quality of life. Below are the definitions of different types of crime.

Homicide: the willful (non-negligent) killing of one human being by another. Murder and non-negligent manslaughter are included in this definition.

Rape: the crime of forcing another person to submit to sex acts, especially sexual intercourse.

Robbery: the taking or attempting to take anything of value from the custody, care, or control of a person or persons by force or threat of force or violence and/or by creating fear in the victim.

Aggravated Assault: an unlawful attack or attempted attack by one person upon another for the purpose of inflicting severe or aggravated bodily injury. This type of assault is usually accompanied by the use of a weapon or by means likely to produce death or great bodily harm.

Burglary: the unlawful entry of a structure to commit a felony or theft.

Motor Vehicle Theft: the theft or attempted theft of a motor vehicle.

Larceny: the unlawful taking, carrying, leading, or riding away of property from the possession of another (except embezzlement, fraud, forgery, and worthless checks.)

Arson: any willful or malicious burning or attempt to burn, with or without intent to defraud, a dwelling house, public building, motor vehicle or aircraft, personal property of another, etc.

**Figure 236: Violent Crime in Stanislaus County**

Violent Crimes	2001	2002	2003	2004	2005	2006	2007	01-07 % Change
Homicide	34	15	27	42	30	29	27	-20.6
Rape	215	174	170	159	129	151	139	-35.3
Robbery	644	638	724	719	663	767	826	28.3
Aggravated Assault	2,058	1,666	2,189	1,955	2,258	2,109	2,215	7.6
<b>Total Violent Crimes</b>	<b>2,951</b>	<b>2,493</b>	<b>3,110</b>	<b>2,875</b>	<b>3,080</b>	<b>3,056</b>	<b>3,207</b>	<b>8.7</b>
<b>Violent Crime Rate per 1,000</b>	<b>6.4</b>	<b>5.3</b>	<b>6.4</b>	<b>5.8</b>	<b>6.1</b>	<b>6.0</b>	<b>6.1</b>	<b>-</b>

Source: State of California Department of Justice, California Criminal Justice Profile, 2007. State of California, Department of Finance, E-4 Population Estimates for Cities, Counties and the State, 2001-2007, with 2000 DRU Benchmark, Sacramento, California, 2008.

**Figure 237: Property Crime in Stanislaus County**

Property Crimes	2001	2002	2003	2004	2005	2006	2007	01-07 % Change
Burglary	4,288	4,837	4,872	5,304	4,836	5,002	5,971	39.2
Larceny	14,509	16,358	16,641	18,548	15,988	15,586	14,712	1.4
Motor Vehicle Theft	3,224	4,244	5,451	6,348	6,356	4,642	4,738	47.0
Arson	597	473	503	530	450	400	449	-24.8
<b>Total Property Crimes</b>	<b>22,618</b>	<b>25,912</b>	<b>27,467</b>	<b>30,730</b>	<b>27,630</b>	<b>25,630</b>	<b>25,870</b>	<b>14.4</b>
<b>Property Crime Rate per 1,000</b>	<b>49.3</b>	<b>54.8</b>	<b>56.7</b>	<b>62.1</b>	<b>54.8</b>	<b>49.9</b>	<b>49.6</b>	<b>-</b>

Source: State of California Department of Justice, California Criminal Justice Profile, 2007. State of California, Department of Finance, E-4 Population Estimates for Cities, Counties and the State, 2001-2007, with 2000 DRU Benchmark, Sacramento, California, 2008.

**Figure 238: Total Crime in Stanislaus County**

Total	2001	2002	2003	2004	2005	2006	2007	01-07 % Change
Crimes	25,569	28,405	30,577	33,605	30,710	28,686	29,077	13.7
Population	458,612	472,654	484,496	494,747	504,478	513,441	521,497	13.7
<b>Stanislaus County Crime Rate per 1,000</b>	<b>55.8</b>	<b>60.1</b>	<b>63.1</b>	<b>67.9</b>	<b>60.9</b>	<b>55.9</b>	<b>55.8</b>	<b>-</b>
State Crime Rate per 1,000	39.1	39.7	40.0	39.6	38.1	36.7	35.0	-

Source: State of California Department of Justice, California Criminal Justice Profile, 2008. State of California, Department of Finance, E-4 Population Estimates for Cities, Counties and the State, 2001-2007, with 2000 DRU Benchmark, Sacramento, California, 2008. State Crime Rate: Uniform Crime Reporting (UCR) Program, 2008.

**Figure 239: Violent Crime in Ceres**

Violent Crimes	2001	2002	2003	2004	2005	2006	2007	01-07 % Change
Homicide	0	2	0	2	2	2	3	-
Rape	11	5	12	10	8	12	7	-36.4
Robbery	43	53	44	52	38	57	61	41.9
Aggravated Assault	155	129	144	107	122	109	121	-21.9
<b>Total Violent Crimes</b>	<b>209</b>	<b>189</b>	<b>200</b>	<b>171</b>	<b>170</b>	<b>180</b>	<b>192</b>	<b>-8.1</b>
<b>Violent Crime Rate per 1,000</b>	<b>6.0</b>	<b>5.3</b>	<b>5.5</b>	<b>4.6</b>	<b>4.4</b>	<b>4.4</b>	<b>4.6</b>	<b>-</b>

Source: State of California Department of Justice, California Criminal Justice Profile, 2007. State of California, Department of Finance, E-4 Population Estimates for Cities, Counties and the State, 2001-2007, with 2000 DRU Benchmark, Sacramento, California, 2008.

**Figure 240: Property Crime in Ceres**

Property Crimes	2001	2002	2003	2004	2005	2006	2007	01-07 % Change
Burglary	311	435	380	314	280	333	374	20.3
Larceny	1,587	1,424	1,330	1,435	1,294	1,300	1,190	-25.0
Motor Vehicle Theft	345	422	524	571	655	461	491	42.3
Arson	9	9	11	11	21	19	13	44.4
<b>Total Property Crimes</b>	<b>2,252</b>	<b>2,290</b>	<b>2,245</b>	<b>2,331</b>	<b>2,250</b>	<b>2,113</b>	<b>2,068</b>	<b>-8.2</b>
<b>Property Crime Rate per 1,000</b>	<b>64.2</b>	<b>64.0</b>	<b>61.5</b>	<b>62.2</b>	<b>58.1</b>	<b>51.9</b>	<b>49.5</b>	<b>-</b>

Source: State of California Department of Justice, California Criminal Justice Profile, 2008. State of California, Department of Finance, E-4 Population Estimates for Cities, Counties and the State, 2001-2007, with 2000 DRU Benchmark, Sacramento, California, 2008.

**Figure 241: Total Crime in Ceres**

Total	2001	2002	2003	2004	2005	2006	2007	01-07 % Change
Crimes	2,461	2,479	2,445	2,502	2,420	2,293	2,260	-8.2
Population	35,104	35,794	36,504	37,458	38,697	40,739	41,787	19.0
<b>Ceres Crime Rate per 1,000</b>	<b>70.1</b>	<b>69.3</b>	<b>67.0</b>	<b>66.8</b>	<b>62.5</b>	<b>56.3</b>	<b>54.1</b>	<b>-</b>
<b>Stanislaus County Crime Rate per 1,000</b>	<b>55.8</b>	<b>60.1</b>	<b>63.1</b>	<b>67.9</b>	<b>60.9</b>	<b>55.9</b>	<b>55.8</b>	<b>-</b>
State Crime Rate per 1,000	39.1	39.7	40.0	39.6	38.1	36.7	35.0	-

Source: State of California Department of Justice, California Criminal Justice Profile, 2008. State of California, Department of Finance, E-4 Population Estimates for Cities, Counties and the State, 2001-2007, with 2000 DRU Benchmark, Sacramento, California, 2008. State Crime Rate: Uniform Crime Reporting (UCR) Program, 2007.

**Figure 242: Violent Crime in Hughson**

Violent Crimes	2001	2002	2003	2004	2005	2006	2007	01-07 % Change
Homicide	0	0	0	0	0	0	0	-
Rape	1	0	0	1	0	0	0	-100.0
Robbery	0	2	1	1	2	1	1	-
Aggravated Assault	2	0	2	2	6	3	0	-100.0
<b>Total Violent Crimes</b>	<b>3</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>8</b>	<b>4</b>	<b>1</b>	<b>-66.7</b>
<b>Violent Crime Rate per 1,000</b>	<b>0.7</b>	<b>0.5</b>	<b>0.6</b>	<b>0.8</b>	<b>1.4</b>	<b>0.7</b>	<b>0.2</b>	<b>-</b>

Source: State of California Department of Justice, California Criminal Justice Profile, 2008. State of California, Department of Finance, E-4 Population Estimates for Cities, Counties and the State, 2001-2007, with 2000 DRU Benchmark, Sacramento, California, 2008.

**Figure 243: Property Crime in Hughson**

Property Crimes	2001	2002	2003	2004	2005	2006	2007	01-07 % Change
Burglary	28	44	53	85	84	33	40	42.9
Larceny	75	58	48	124	96	86	106	41.3
Motor Vehicle Theft	12	16	33	25	28	19	26	116.7
Arson	0	0	1	1	0	0	0	-
<b>Total Property Crimes</b>	<b>115</b>	<b>118</b>	<b>135</b>	<b>235</b>	<b>208</b>	<b>138</b>	<b>172</b>	<b>49.6</b>
<b>Property Crime Rate per 1,000</b>	<b>27.9</b>	<b>27.8</b>	<b>27.4</b>	<b>44.8</b>	<b>35.1</b>	<b>22.6</b>	<b>28.4</b>	<b>-</b>

Source: State of California Department of Justice, California Criminal Justice Profile, 2008. State of California, Department of Finance, E-4 Population Estimates for Cities, Counties and the State, 2001-2007, with 2000 DRU Benchmark, Sacramento, California, 2008.

**Figure 244: Total Crime in Hughson**

Total	2001	2002	2003	2004	2005	2006	2007	01-07 % Change
Crimes	118	120	138	239	216	142	173	46.6
Population	4,123	4,248	4,932	5,248	5,925	6,095	6,054	46.8
<b>Hughson Crime Rate per 1,000</b>	<b>28.6</b>	<b>28.2</b>	<b>28.0</b>	<b>45.5</b>	<b>36.5</b>	<b>23.3</b>	<b>28.6</b>	<b>-</b>
<b>Stanislaus County Crime Rate per 1,000</b>	<b>55.8</b>	<b>60.1</b>	<b>63.1</b>	<b>67.9</b>	<b>60.9</b>	<b>55.9</b>	<b>55.8</b>	<b>-</b>
State Crime Rate per 1,000	39.1	39.7	40.0	39.6	38.1	36.7	35.0	-

Source: State of California Department of Justice, California Criminal Justice Profile, 2008. State of California, Department of Finance, E-4 Population Estimates for Cities, Counties and the State, 2001-2007, with 2000 DRU Benchmark, Sacramento, California, 2008. State Crime Rate: Uniform Crime Reporting (UCR) Program, 2007.

**Figure 245: Violent Crime in Modesto**

Violent Crimes	2001	2002	2003	2004	2005	2006	2007	01-07 % Change
Homicide	17	5	17	19	8	11	11	-35.3
Rape	104	71	73	67	65	73	65	-37.5
Robbery	381	344	380	395	388	462	452	18.6
Aggravated Assault	659	593	939	810	855	872	962	46.0
<b>Total Violent Crimes</b>	<b>1,161</b>	<b>1,013</b>	<b>1,409</b>	<b>1,291</b>	<b>1,316</b>	<b>1,418</b>	<b>1,490</b>	<b>28.3</b>
<b>Violent Crime Rate per 1,000</b>	<b>6.0</b>	<b>5.1</b>	<b>6.9</b>	<b>6.2</b>	<b>6.4</b>	<b>6.8</b>	<b>7.2</b>	<b>-</b>

Source: State of California Department of Justice, California Criminal Justice Profile, 2008. State of California, Department of Finance, E-4 Population Estimates for Cities, Counties and the State, 2001-2007, with 2000 DRU Benchmark, Sacramento, California, 2008.

**Figure 246: Property Crime in Modesto**

Property Crimes	2001	2002	2003	2004	2005	2006	2007	01-07 % Change
Burglary	1,829	1,819	1,743	1,857	1,742	1,762	2,216	21.2
Larceny	7,580	8,426	8,463	9,623	8,290	8,018	7,850	3.6
Motor Vehicle Theft	1,406	1,723	2,394	2,892	3,014	2,024	1,964	39.7
Arson	120	46	112	100	95	110	129	7.5
<b>Total Property Crimes</b>	<b>10,935</b>	<b>12,014</b>	<b>12,712</b>	<b>14,472</b>	<b>13,141</b>	<b>11,914</b>	<b>12,159</b>	<b>11.2</b>
<b>Property Crime Rate per 1,000</b>	<b>56.5</b>	<b>60.3</b>	<b>62.4</b>	<b>70.0</b>	<b>63.5</b>	<b>57.5</b>	<b>58.4</b>	<b>-</b>

Source: State of California Department of Justice, California Criminal Justice Profile, 2008. State of California, Department of Finance, E-4 Population Estimates for Cities, Counties and the State, 2001-2007, with 2000 DRU Benchmark, Sacramento, California, 2008.

**Figure 247: Total Crime in Modesto**

Total	2001	2002	2003	2004	2005	2006	2007	01-07 % Change
Crimes	12,096	13,027	14,121	15,763	14,457	13,332	13,649	12.8
Population	193,640	199,398	203,813	206,861	207,029	207,096	208,150	7.5
<b>Modesto Crime Rate per 1,000</b>	<b>62.5</b>	<b>65.3</b>	<b>69.3</b>	<b>76.2</b>	<b>69.8</b>	<b>64.4</b>	<b>65.6</b>	<b>-</b>
<b>Stanislaus County Crime Rate per 1,000</b>	<b>55.8</b>	<b>60.1</b>	<b>63.1</b>	<b>67.9</b>	<b>60.9</b>	<b>55.9</b>	<b>55.8</b>	<b>-</b>
State Crime Rate per 1,000	39.1	39.7	40.0	39.6	38.1	36.7	35.0	-

Source: State of California Department of Justice, California Criminal Justice Profile, 2008. State of California, Department of Finance, E-4 Population Estimates for Cities, Counties and the State, 2001-2007, with 2000 DRU Benchmark, Sacramento, California, 2008. State Crime Rate: Uniform Crime Reporting (UCR) Program, 2007.

**Figure 248: Violent Crime in Newman**

Violent Crimes	2001	2002	2003	2004	2005	2006	2007	01-07 % Change
Homicide	0	0	0	1	0	0	0	-
Rape	1	3	4	0	0	2	3	200.0
Robbery	5	1	2	2	3	1	5	0.0
Aggravated Assault	24	10	15	9	13	16	28	16.7
<b>Total Violent Crimes</b>	<b>30</b>	<b>14</b>	<b>21</b>	<b>12</b>	<b>16</b>	<b>19</b>	<b>36</b>	<b>20.0</b>
<b>Violent Crime Rate per 1,000</b>	<b>4.0</b>	<b>1.9</b>	<b>2.7</b>	<b>1.4</b>	<b>1.8</b>	<b>1.9</b>	<b>3.5</b>	<b>-</b>

Source: State of California Department of Justice, California Criminal Justice Profile, 2008. State of California, Department of Finance, E-4 Population Estimates for Cities, Counties and the State, 2001-2007, with 2000 DRU Benchmark, Sacramento, California, 2008.

**Figure 249: Property Crime in Newman**

Property Crimes	2001	2002	2003	2004	2005	2006	2007	01-07 % Change
Burglary	37	43	79	49	50	63	80	116.2
Larceny	86	104	137	131	118	144	201	133.7
Motor Vehicle Theft	15	19	20	37	24	35	49	226.7
Arson	6	16	3	3	3	3	0	-100.0
<b>Total Property Crimes</b>	<b>144</b>	<b>182</b>	<b>239</b>	<b>220</b>	<b>195</b>	<b>245</b>	<b>330</b>	<b>129.2</b>
<b>Property Crime Rate per 1,000</b>	<b>19.2</b>	<b>24.1</b>	<b>30.7</b>	<b>26.4</b>	<b>21.4</b>	<b>24.3</b>	<b>32.2</b>	<b>-</b>

Source: State of California Department of Justice, California Criminal Justice Profile, 2008. State of California, Department of Finance, E-4 Population Estimates for Cities, Counties and the State, 2001-2007, with 2000 DRU Benchmark, Sacramento, California, 2008.

**Figure 250: Total Crime in Newman**

Total	2001	2002	2003	2004	2005	2006	2007	01-07 % Change
Crimes	174	196	260	232	211	264	366	110.3
Population	7,503	7,567	7,783	8,339	9,108	10,091	10,254	36.7
<b>Newman Crime Rate per 1,000</b>	<b>23.2</b>	<b>25.9</b>	<b>33.4</b>	<b>27.8</b>	<b>23.2</b>	<b>26.2</b>	<b>35.7</b>	<b>-</b>
<b>Stanislaus County Crime Rate per 1,000</b>	<b>55.8</b>	<b>60.1</b>	<b>63.1</b>	<b>67.9</b>	<b>60.9</b>	<b>55.9</b>	<b>55.8</b>	<b>-</b>
State Crime Rate per 1,000	39.1	39.7	40.0	39.6	38.1	36.7	35.0	-

Source: State of California Department of Justice, California Criminal Justice Profile, 2008. State of California, Department of Finance, E-4 Population Estimates for Cities, Counties and the State, 2001-2007, with 2000 DRU Benchmark, Sacramento, California, 2008. State Crime Rate: Uniform Crime Reporting (UCR) Program, 2007.

**Figure 251: Violent Crime in Oakdale**

Violent Crimes	2001	2002	2003	2004	2005	2006	2007	01-07 % Change
Homicide	1	0	0	2	2	1	0	-100.0
Rape	15	6	8	6	4	8	5	-66.7
Robbery	17	21	14	10	15	11	17	0.0
Aggravated Assault	37	27	19	29	31	20	27	-27.0
<b>Total Violent Crimes</b>	<b>70</b>	<b>54</b>	<b>41</b>	<b>47</b>	<b>52</b>	<b>40</b>	<b>49</b>	<b>-30.0</b>
<b>Violent Crime Rate per 1,000</b>	<b>4.4</b>	<b>3.3</b>	<b>2.4</b>	<b>2.7</b>	<b>3.0</b>	<b>2.3</b>	<b>2.6</b>	<b>-</b>

Source: State of California Department of Justice, California Criminal Justice Profile, 2008. State of California, Department of Finance, E-4 Population Estimates for Cities, Counties and the State, 2001-2007, with 2000 DRU Benchmark, Sacramento, California, 2008.

**Figure 252: Property Crime in Oakdale**

Property Crimes	2001	2002	2003	2004	2005	2006	2007	01-07 % Change
Burglary	252	305	324	416	351	261	270	7.1
Larceny	642	724	709	689	729	611	665	3.6
Motor Vehicle Theft	87	95	134	169	143	84	106	21.8
Arson	4	10	6	4	4	1	8	100.0
<b>Total Property Crimes</b>	<b>985</b>	<b>1,134</b>	<b>1,173</b>	<b>1,278</b>	<b>1,227</b>	<b>957</b>	<b>1,049</b>	<b>6.5</b>
<b>Property Crime Rate per 1,000</b>	<b>62.5</b>	<b>69.7</b>	<b>69.9</b>	<b>74.4</b>	<b>70.6</b>	<b>53.9</b>	<b>56.6</b>	<b>-</b>

Source: State of California Department of Justice, California Criminal Justice Profile, 2008. State of California, Department of Finance, E-4 Population Estimates for Cities, Counties and the State, 2001-2007, with 2000 DRU Benchmark, Sacramento, California, 2008.

**Figure 253: Total Crime in Oakdale**

Total	2001	2002	2003	2004	2005	2006	2007	01-07 % Change
Crimes	1,055	1,188	1,214	1,325	1,279	997	1,098	4.1
Population	15,757	16,280	16,771	17,173	17,388	17,769	18,538	17.6
<b>Oakdale Crime Rate per 1,000</b>	<b>67.0</b>	<b>73.0</b>	<b>72.4</b>	<b>77.2</b>	<b>73.6</b>	<b>56.1</b>	<b>59.2</b>	<b>-</b>
<b>Stanislaus County Crime Rate per 1,000</b>	<b>55.8</b>	<b>60.1</b>	<b>63.1</b>	<b>67.9</b>	<b>60.9</b>	<b>55.9</b>	<b>55.8</b>	<b>-</b>
State Crime Rate per 1,000	39.1	39.7	40.0	39.6	38.1	36.7	35.0	-

Source: State of California Department of Justice, California Criminal Justice Profile, 2008. State of California, Department of Finance, E-4 Population Estimates for Cities, Counties and the State, 2001-2007, with 2000 DRU Benchmark, Sacramento, California, 2008. State Crime Rate: Uniform Crime Reporting (UCR) Program, 2007.

**Figure 254: Violent Crime in Patterson**

Violent Crimes	2001	2002	2003	2004	2005	2006	2007	01-07 % Change
Homicide	0	0	0	0	2	0	0	-
Rape	4	9	1	3	3	4	5	25.0
Robbery	5	5	4	4	6	8	12	140.0
Aggravated Assault	9	5	19	14	22	20	35	288.9
<b>Total Violent Crimes</b>	<b>18</b>	<b>19</b>	<b>24</b>	<b>21</b>	<b>33</b>	<b>32</b>	<b>52</b>	<b>188.9</b>
<b>Violent Crime Rate per 1,000</b>	<b>1.5</b>	<b>1.5</b>	<b>1.8</b>	<b>1.5</b>	<b>2.0</b>	<b>1.7</b>	<b>2.5</b>	<b>-</b>

Source: State of California Department of Justice, California Criminal Justice Profile, 2008. State of California, Department of Finance, E-4 Population Estimates for Cities, Counties and the State, 2001-2007, with 2000 DRU Benchmark, Sacramento, California, 2008.

**Figure 255: Property Crime in Patterson**

Property Crimes	2001	2002	2003	2004	2005	2006	2007	01-07 % Change
Burglary	79	80	108	128	117	217	158	100.0
Larceny	194	259	273	318	306	356	350	80.4
Motor Vehicle Theft	45	31	56	76	88	107	102	126.7
Arson	1	0	10	4	1	10	6	500.0
<b>Total Property Crimes</b>	<b>319</b>	<b>370</b>	<b>447</b>	<b>526</b>	<b>512</b>	<b>690</b>	<b>616</b>	<b>93.1</b>
<b>Property Crime Rate per 1,000</b>	<b>26.1</b>	<b>28.3</b>	<b>32.6</b>	<b>37.0</b>	<b>31.8</b>	<b>36.0</b>	<b>29.7</b>	<b>-</b>

Source: State of California Department of Justice, California Criminal Justice Profile, 2008. State of California, Department of Finance, E-4 Population Estimates for Cities, Counties and the State, 2001-2007, with 2000 DRU Benchmark, Sacramento, California, 2008.

**Figure 256: Total Crime in Patterson**

Total	2001	2002	2003	2004	2005	2006	2007	01-07 % Change
Crimes	337	389	471	547	545	722	668	98.2
Population	12,221	13,076	13,704	14,209	16,110	19,172	20,773	70.0
<b>Patterson Crime Rate per 1,000</b>	<b>27.6</b>	<b>29.7</b>	<b>34.4</b>	<b>38.5</b>	<b>33.8</b>	<b>37.7</b>	<b>32.2</b>	<b>-</b>
<b>Stanislaus County Crime Rate per 1,000</b>	<b>55.8</b>	<b>60.1</b>	<b>63.1</b>	<b>67.9</b>	<b>60.9</b>	<b>55.9</b>	<b>55.8</b>	<b>-</b>
State Crime Rate per 1,000	39.1	39.7	40.0	39.6	38.1	36.7	35.0	-

Source: State of California Department of Justice, California Criminal Justice Profile, 2008. State of California, Department of Finance, E-4 Population Estimates for Cities, Counties and the State, 2001-2007, with 2000 DRU Benchmark, Sacramento, California, 2008. State Crime Rate: Uniform Crime Reporting (UCR) Program, 2007.

**Figure 257: Violent Crime in Riverbank**

Violent Crimes	2001	2002	2003	2004	2005	2006	2007	01-07 % Change
Homicide	0	0	0	1	0	0	1	-
Rape	1	1	4	2	0	4	2	100.0
Robbery	7	5	13	14	13	15	23	228.6
Aggravated Assault	32	20	37	22	34	21	38	18.8
<b>Total Violent Crimes</b>	<b>40</b>	<b>26</b>	<b>54</b>	<b>39</b>	<b>47</b>	<b>40</b>	<b>64</b>	<b>60.0</b>
<b>Violent Crime Rate per 1,000</b>	<b>2.5</b>	<b>1.5</b>	<b>3.1</b>	<b>2.1</b>	<b>2.4</b>	<b>1.9</b>	<b>3.0</b>	<b>-</b>

Source: State of California Department of Justice, California Criminal Justice Profile, 2008. State of California, Department of Finance, E-4 Population Estimates for Cities, Counties and the State, 2001-2007, with 2000 DRU Benchmark, Sacramento, California, 2008.



**Figure 258: Property Crime in Riverbank**

Property Crimes	2001	2002	2003	2004	2005	2006	2007	01-07 % Change
Burglary	94	155	225	186	133	195	198	110.6
Larceny	323	528	438	656	539	505	500	54.8
Motor Vehicle Theft	67	104	137	144	138	118	139	107.5
Arson	10	5	14	11	14	1	3	-70.0
<b>Total Property Crimes</b>	<b>494</b>	<b>792</b>	<b>814</b>	<b>997</b>	<b>824</b>	<b>819</b>	<b>840</b>	<b>70.0</b>
<b>Property Crime Rate per 1,000</b>	<b>30.5</b>	<b>46.4</b>	<b>47.0</b>	<b>54.6</b>	<b>41.4</b>	<b>38.8</b>	<b>39.3</b>	<b>-</b>

Source: State of California Department of Justice, California Criminal Justice Profile, 2008. State of California, Department of Finance, E-4 Population Estimates for Cities, Counties and the State, 2001-2007, with 2000 DRU Benchmark, Sacramento, California, 2008.

**Figure 259: Total Crime in Riverbank**

Total	2001	2002	2003	2004	2005	2006	2007	01-07 % Change
Crimes	534	818	868	1,036	871	859	904	69.3
Population	16,191	17,068	17,304	18,256	19,926	21,108	21,384	32.1
<b>Riverbank Crime Rate per 1,000</b>	<b>33.0</b>	<b>47.9</b>	<b>50.2</b>	<b>56.7</b>	<b>43.7</b>	<b>40.7</b>	<b>42.3</b>	<b>-</b>
<b>Stanislaus County Crime Rate per 1,000</b>	<b>55.8</b>	<b>60.1</b>	<b>63.1</b>	<b>67.9</b>	<b>60.9</b>	<b>55.9</b>	<b>55.8</b>	<b>-</b>
State Crime Rate per 1,000	39.1	39.7	40.0	39.6	38.1	36.7	35.0	-

Source: State of California Department of Justice, California Criminal Justice Profile, 2008. State of California, Department of Finance, E-4 Population Estimates for Cities, Counties and the State, 2001-2007, with 2000 DRU Benchmark, Sacramento, California, 2008. State Crime Rate: Uniform Crime Reporting (UCR) Program, 2007.

**Figure 260: Violent Crime in Turlock**

Violent Crimes	2001	2002	2003	2004	2005	2006	2007	01-07 % Change
Homicide	2	0	4	4	2	5	0	-100.0
Rape	19	18	26	21	18	18	14	-26.3
Robbery	64	78	83	71	97	114	132	106.3
Aggravated Assault	239	185	271	276	294	292	353	47.7
<b>Total Violent Crimes</b>	<b>324</b>	<b>281</b>	<b>384</b>	<b>372</b>	<b>411</b>	<b>429</b>	<b>499</b>	<b>54.0</b>
<b>Violent Crime Rate per 1,000</b>	<b>5.5</b>	<b>4.6</b>	<b>6.2</b>	<b>5.8</b>	<b>6.2</b>	<b>6.4</b>	<b>7.2</b>	<b>-</b>

Source: State of California Department of Justice, California Criminal Justice Profile, 2008. State of California, Department of Finance, E-4 Population Estimates for Cities, Counties and the State, 2001-2007, with 2000 DRU Benchmark, Sacramento, California, 2008.

**Figure 261: Property Crime in Turlock**

Property Crimes	2001	2002	2003	2004	2005	2006	2007	01-07 % Change
Burglary	593	709	751	924	637	604	827	39.5
Larceny	1,880	1,985	2,358	2,481	2,014	1,778	1,964	4.5
Motor Vehicle Theft	591	794	943	1,247	1,054	722	792	34.0
Arson	51	33	21	33	22	21	36	-29.4
<b>Total Property Crimes</b>	<b>3,115</b>	<b>3,521</b>	<b>4,073</b>	<b>4,685</b>	<b>3,727</b>	<b>3,125</b>	<b>3,619</b>	<b>16.2</b>
<b>Property Crime Rate per 1,000</b>	<b>53.4</b>	<b>58.2</b>	<b>65.3</b>	<b>72.7</b>	<b>55.8</b>	<b>46.3</b>	<b>52.5</b>	<b>-</b>

Source: State of California Department of Justice, California Criminal Justice Profile, 2008. State of California, Department of Finance, E-4 Population Estimates for Cities, Counties and the State, 2001-2007, with 2000 DRU Benchmark, Sacramento, California, 2008.

**Figure 262: Total Crime in Turlock**

Total	2001	2002	2003	2004	2005	2006	2007	01-07 % Change
Crimes	3,439	3,802	4,457	5,057	4,138	3,554	4,118	19.7
Population	58,386	60,474	62,347	64,417	66,815	67,547	68,984	18.2
<b>Turlock Crime Rate per 1,000</b>	<b>58.9</b>	<b>62.9</b>	<b>71.5</b>	<b>78.5</b>	<b>61.9</b>	<b>52.6</b>	<b>59.7</b>	<b>-</b>
<b>Stanislaus County Crime Rate per 1,000</b>	<b>55.8</b>	<b>60.1</b>	<b>63.1</b>	<b>67.9</b>	<b>60.9</b>	<b>55.9</b>	<b>55.8</b>	<b>-</b>
State Crime Rate per 1,000	39.1	39.7	40.0	39.6	38.1	36.7	35.0	-

Source: State of California Department of Justice, California Criminal Justice Profile, 2008. State of California, Department of Finance, E-4 Population Estimates for Cities, Counties and the State, 2001-2007, with 2000 DRU Benchmark, Sacramento, California, 2008. State Crime Rate: Uniform Crime Reporting (UCR) Program, 2007.

**Figure 263: Violent Crime in Waterford**

Violent Crimes	2001	2002	2003	2004	2005	2006	2007	01-07 % Change
Homicide	1	0	0	0	0	0	0	-100.0
Rape	0	2	1	0	2	0	1	-
Robbery	0	0	1	2	2	0	3	-
Aggravated Assault	24	23	46	32	37	43	36	50.0
<b>Total Violent Crimes</b>	<b>25</b>	<b>25</b>	<b>48</b>	<b>34</b>	<b>41</b>	<b>43</b>	<b>40</b>	<b>60.0</b>
<b>Violent Crime Rate per 1,000</b>	<b>3.6</b>	<b>3.5</b>	<b>6.2</b>	<b>4.3</b>	<b>5.2</b>	<b>5.3</b>	<b>4.7</b>	<b>-</b>

Source: State of California Department of Justice, California Criminal Justice Profile, 2008. State of California, Department of Finance, E-4 Population Estimates for Cities, Counties and the State, 2001-2007, with 2000 DRU Benchmark, Sacramento, California, 2008.

**Figure 264: Property Crime in Waterford**

Property Crimes	2001	2002	2003	2004	2005	2006	2007	01-07 % Change
Burglary	35	28	42	52	98	64	63	80.0
Larceny	151	163	228	203	172	242	177	17.2
Motor Vehicle Theft	30	43	37	49	47	44	32	6.7
Arson	2	1	2	7	0	3	1	-
<b>Total Property Crimes</b>	<b>218</b>	<b>235</b>	<b>309</b>	<b>311</b>	<b>317</b>	<b>353</b>	<b>273</b>	<b>25.2</b>
<b>Property Crime Rate per 1,000</b>	<b>30.8</b>	<b>32.7</b>	<b>40.2</b>	<b>39.5</b>	<b>40.3</b>	<b>43.2</b>	<b>31.9</b>	<b>-</b>

Source: State of California Department of Justice, California Criminal Justice Profile, 2008. State of California, Department of Finance, E-4 Population Estimates for Cities, Counties and the State, 2001-2007, with 2000 DRU Benchmark, Sacramento, California, 2008.

**Figure 265: Total Crime in Waterford**

Total	2001	2002	2003	2004	2005	2006	2007	01-07 % Change
Crimes	243	260	357	345	358	396	313	28.8
Population	7,037	7,193	7,691	7,882	7,874	8,175	8,547	21.5
<b>Waterford Crime Rate per 1,000</b>	<b>34.4</b>	<b>36.1</b>	<b>46.4</b>	<b>43.8</b>	<b>45.5</b>	<b>48.4</b>	<b>36.6</b>	<b>-</b>
<b>Stanislaus County Crime Rate per 1,000</b>	<b>55.8</b>	<b>60.1</b>	<b>63.1</b>	<b>67.9</b>	<b>60.9</b>	<b>55.9</b>	<b>55.8</b>	<b>-</b>
State Crime Rate per 1,000	39.1	39.7	40.0	39.6	38.1	36.7	35.0	-

Source: State of California Department of Justice, California Criminal Justice Profile, 2008. State of California, Department of Finance, E-4 Population Estimates for Cities, Counties and the State, 2001-2007, with 2000 DRU Benchmark, Sacramento, California, 2008. State Crime Rate: Uniform Crime Reporting (UCR) Program, 2007.

**Figure 266: Violent Crime in Unincorporated Stanislaus**

Violent Crimes	2001	2002	2003	2004	2005	2006	2007	01-07 % Change
Homicide	13	8	6	13	14	10	12	-7.7
Rape	59	59	41	49	27	30	36	-39.0
Robbery	122	129	181	168	99	98	120	-1.6
Aggravated Assault	875	672	697	652	840	709	611	-30.2
<b>Total Violent Crimes</b>	<b>1,069</b>	<b>868</b>	<b>925</b>	<b>882</b>	<b>980</b>	<b>847</b>	<b>779</b>	<b>-27.1</b>
<b>Violent Crime Rate per 1,000</b>	<b>9.8</b>	<b>7.8</b>	<b>8.2</b>	<b>7.8</b>	<b>8.6</b>	<b>7.4</b>	<b>6.8</b>	<b>-</b>

Source: State of California Department of Justice, California Criminal Justice Profile, 2008. State of California, Department of Finance, E-4 Population Estimates for Cities, Counties and the State, 2001-2007, with 2000 DRU Benchmark, Sacramento, California, 2008.

**Figure 267: Property Crime in Unincorporated Stanislaus**

Property Crimes	2001	2002	2003	2004	2005	2006	2007	01-07 % Change
Burglary	1,027	1,217	1,157	1,277	1,337	1,463	1,738	69.2
Larceny	1,873	2,591	2,568	2,804	2,347	2,436	1,634	-12.8
Motor Vehicle Theft	492	834	837	528	559	517	454	-7.7
Arson	394	353	322	355	290	231	253	-35.8
<b>Total Property Crimes</b>	<b>3,786</b>	<b>4,995</b>	<b>4,884</b>	<b>4,964</b>	<b>4,533</b>	<b>4,647</b>	<b>4,079</b>	<b>7.7</b>
<b>Property Crime Rate per 1,000</b>	<b>34.9</b>	<b>45.0</b>	<b>43.3</b>	<b>43.7</b>	<b>39.7</b>	<b>40.7</b>	<b>35.6</b>	<b>-</b>

Source: State of California Department of Justice, California Criminal Justice Profile, 2008. State of California, Department of Finance, E-4 Population Estimates for Cities, Counties and the State, 2001-2007, with 2000 DRU Benchmark, Sacramento, California, 2008.

**Figure 268: Total Crime in Unincorporated Stanislaus**

Total	2001	2002	2003	2004	2005	2006	2007	01-07 % Change
Crimes	4,855	5,863	5,809	5,846	5,513	5,494	4,858	0.1
Population	108,550	111,087	112,856	113,672	114,131	114,056	114,467	5.5
<b>Unincorporated Crime Rate per 1,000</b>	<b>44.7</b>	<b>52.8</b>	<b>51.5</b>	<b>51.4</b>	<b>48.3</b>	<b>48.2</b>	<b>42.4</b>	<b>-</b>
<b>Stanislaus County Crime Rate per 1,000</b>	<b>55.8</b>	<b>60.1</b>	<b>63.1</b>	<b>67.9</b>	<b>60.9</b>	<b>55.9</b>	<b>55.8</b>	<b>-</b>
State Crime Rate per 1,000	39.1	39.7	40.0	39.6	38.1	36.7	35.0	-

Source: State of California Department of Justice, California Criminal Justice Profile, 2008. State of California, Department of Finance, E-4 Population Estimates for Cities, Counties and the State, 2001-2007, with 2000 DRU Benchmark, Sacramento, California, 2008. State Crime Rate: Uniform Crime Reporting (UCR) Program, 2007.

## Data Summary

In 2007, in Stanislaus County, there were 3,207 violent crimes and 25,870 property crimes for a total of 29,077 crimes committed during the year. This was a 14% increase in crimes from 2001. In 2007, the Stanislaus County overall crime rate per 1,000 was 55.8, and the crime rate was 35.0 in California.

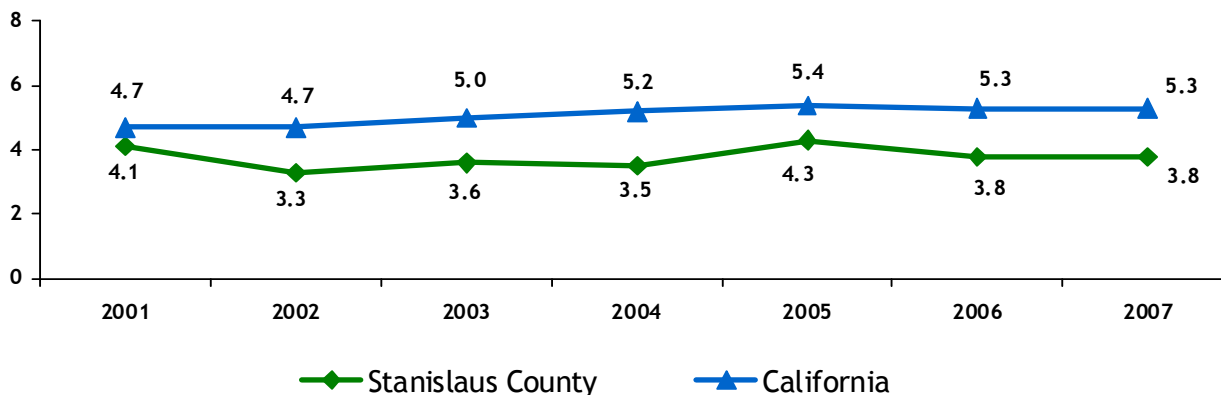
Looking at a larger city, such as Modesto, one can see that the rate of total crime per 1,000 residents has followed a similar trend to that of the County and the state. From 2001 to 2004, the rate of crime increased in Modesto and then gradually began to decline in 2005 although the rate of crime rose slightly from 2006 to 2007. However, while the trend of the rate of total crime has been similar in these three areas, the actual rate of crime for Modesto has been greater than that of the County and was approaching double the rate of the state. In 2007, the rate of total crime per 1,000 residents was 65.6 in Modesto, 55.8 in Stanislaus County, and 35.0 in California.

# Drug and Alcohol Related Arrests - Adults

## Why It Is Important

The drug and alcohol arrest rate is an indicator of alcohol and drug abuse and related illegal activities. Adults engaging in drinking and driving and illicit drug use put themselves and others at great risk. Illicit drug and alcohol use and abuse is associated with violence, motor vehicle accidents, increasing health care costs, and lower worker productivity.<sup>113</sup>

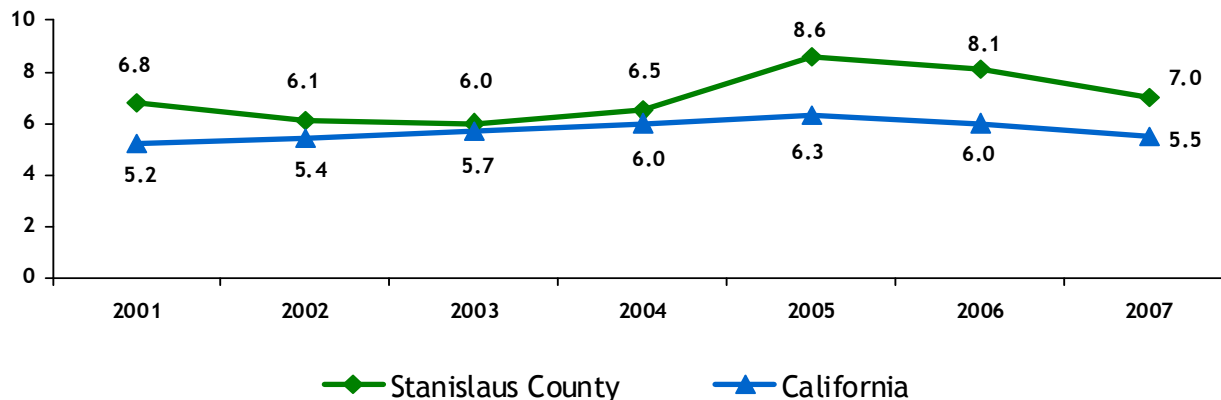
**Figure 269: Adult Misdemeanor Drug Arrest Rate per 1,000 Adults, Ages 18-69**



Source: State of California, Department of Justice, California Criminal Justice Profile, 2008.

Note: Misdemeanor drug arrests include misdemeanor-level arrests for marijuana and other drugs.

**Figure 270: Adult Felony Drug Arrest Rate per 1,000 Adults, Ages 18-69**

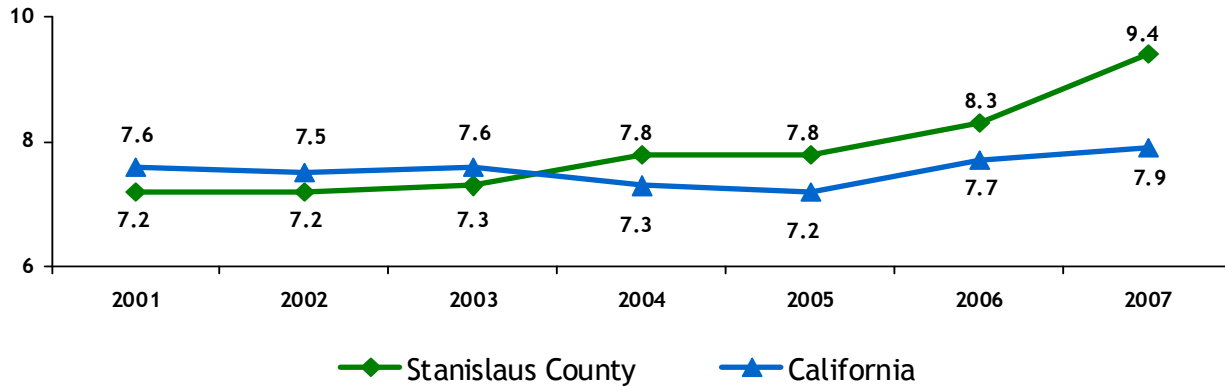


Source: State of California, Department of Justice, California Criminal Justice Profile, 2008.

Note: Felony drug arrests include felony-level arrests for narcotics, marijuana, dangerous drugs, and other drug-related arrests.

<sup>113</sup> Great Valley Center, *The State of the Great Central Valley of California: Supporting Economic, Social, and Environmental Well-being in California's Great Central Valley*, 2003.

**Figure 271: Adult Misdemeanor Driving Under the Influence Arrest Rate per 1,000 Adults, Ages 18-69**



Source: State of California, Department of Justice, California Criminal Justice Profile, 2008.

Note: a chart for Felony DUI arrest rates was not included due to low numbers. In 2007, 115 adults were arrested and 3 juveniles were arrested with a felony DUI in Stanislaus County.

### Alcohol Outlets

**Figure 272: Number of Retail Alcohol Outlets per 1,000 Residents**

	FY 2006/07	FY 2007/08
Ceres	73	74
Hughson	13	13
Modesto	429	428
Newman	19	19
Oakdale	61	60
Patterson	37	40
Riverbank	43	45
Turlock	127	130
Waterford	15	18
Unincorporated	165	165
<b>Stanislaus County</b>	<b>982</b>	<b>992</b>
<b>Retail Outlets per 1,000 People - Stanislaus</b>	<b>1.9</b>	<b>1.9</b>
Retail Outlets per 1,000 People - California	1.9	1.9

Source: California Department of Alcoholic Beverage Control, 2008. State of California, Department of Finance, E-1: City/County Population Estimates with Annual Percent Change, 2008.

\*Data not available for Crows Landing.

## Data Summary

From 2001 to 2007, adult misdemeanor and felony drug arrest rates per 1,000 adults (ages 18-69) were lower in Stanislaus County than in California. Adult misdemeanor drug arrest rates generally increased from 2001 to 2007 in Stanislaus County. Adult felony drug arrest rates peaked in 2005 at 8.6 arrests per 1,000 adults and decreased to 7.0 arrests per 1,000 adults in 2007. In 2001, the rate of adult misdemeanors driving under the influence was greater in California than in Stanislaus County. In 2004 however, the rate in the County surpassed that of the state and rose to 9.4 arrests per 1,000 adults in 2007.

In the 2007/08 fiscal year there were a total of 992 retail alcohol outlets in Stanislaus County. This equated to 1.9 outlets per 1,000 residents in the County.

# Domestic and Intimate Partner Violence

## Why It Is Important

Domestic violence can occur in both the form of physical and psychological abuse. Domestic violence often refers to violence inflicted upon a spouse but can also include violence inflicted upon a cohabitant or an unmarried intimate partner. Women are more likely to be victims of domestic violence than men, and women experience more chronic and injurious physical assaults as a result of the abuse. However, most domestic violence is not reported to the police.<sup>114</sup>

**Figure 273: Domestic Violence Calls, Stanislaus County**

City	2001	2002	2003	2004	2005	2006	2007	01-07 % Change
Ceres	257	229	238	241	298	266	270	5.1
Hughson	21	9	9	27	90	38	21	0.0
Modesto	1,094	1,088	1,114	992	981	989	839	-23.3
Newman	105	94	29	24	29	66	52	-50.5
Oakdale	92	93	141	135	122	115	98	6.5
Patterson	68	57	49	51	62	74	82	20.6
Riverbank	112	74	81	76	57	62	61	-45.5
Turlock	548	572	540	557	629	578	540	-1.5
Waterford	21	14	20	44	36	49	55	161.9
Unincorporated	1,367	1,042	834	709	738	950	1,047	-23.4
<b>Stanislaus County Total<sup>1</sup></b>	<b>3,685</b>	<b>3,273</b>	<b>3,056</b>	<b>2,857</b>	<b>3,042</b>	<b>3,187</b>	<b>3,068</b>	<b>-16.7</b>
Population	458,512	472,185	483,705	493,515	503,003	511,848	518,938	13.2
<b>Rate of Domestic Violence Calls per 1,000 Residents</b>	<b>8.0</b>	<b>6.9</b>	<b>6.3</b>	<b>5.8</b>	<b>6.0</b>	<b>6.2</b>	<b>5.9</b>	<b>-</b>

Source: State of California Department of Justice, California Criminal Justice Profile, 2008. State of California, Department of Finance, E-4 Population Estimates for Cities, Counties and the State, 2001-2007, with 2000 DRU Benchmark, Sacramento, California, 2008.

<sup>1</sup>The total of all cities may not equal County total. The County total includes the California Highway Patrol, CSU Stanislaus, and the Union Pacific Railroad.

**Figure 274: Domestic Violence Calls, California**

	2001	2002	2003	2004	2005	2006	2007	01-07 % Change
Number of Calls	198,031	196,569	194,288	186,439	181,362	176,281	174,649	-11.8
Population (in thousands)	34,431	35,064	35,653	36,199	36,675	37,115	37,559	9.1
<b>Rate of Domestic Violence Calls per 1,000 residents</b>	<b>5.8</b>	<b>5.6</b>	<b>5.4</b>	<b>5.2</b>	<b>4.9</b>	<b>4.7</b>	<b>4.6</b>	<b>-</b>

Source: State of California Department of Justice, California Criminal Justice Profile, 2008. State of California, Department of Finance, E-4 Population Estimates for Cities, Counties and the State, 2001-2007, with 2000 DRU Benchmark, Sacramento, California, 2008.

<sup>114</sup> Tjaden, P., Thoennes, N., National Institute of Justice, *Extent, Nature and Consequences of Intimate Partner Violence, Findings from the National Violence Against Women Survey*, July 2000.



**Figure 275: Domestic Violence Calls with Weapons, Stanislaus County**

City	2001	2002	2003	2004	2005	2006	2007	01-07 % Change
Ceres	82	65	77	39	46	33	22	-73.2
Hughson	8	9	4	27	22	4	0	-100.0
Modesto	876	1,061	1,100	246	273	287	368	-58.0
Newman	32	14	9	14	16	19	24	-25.0
Oakdale	87	33	20	14	22	7	15	-82.8
Patterson	68	57	46	51	12	1	36	-47.1
Riverbank	79	58	55	62	45	30	7	-91.1
Turlock	409	465	462	453	102	58	77	-81.2
Waterford	1	11	14	28	12	26	27	*
Unincorporated	348	135	90	92	572	623	531	52.6
<b>Stanislaus County Total<sup>1</sup></b>	<b>1,990</b>	<b>1,908</b>	<b>1,877</b>	<b>1,026</b>	<b>1,122</b>	<b>1,088</b>	<b>1,110</b>	<b>-44.2</b>
Population	458,512	472,185	483,705	493,515	503,003	511,848	518,938	13.2
<b>Rate of Domestic Violence Calls, with weapons, per 1,000 Residents</b>	<b>4.3</b>	<b>4.0</b>	<b>3.9</b>	<b>2.1</b>	<b>2.2</b>	<b>2.1</b>	<b>2.1</b>	<b>-</b>

Source: State of California Department of Justice, California Criminal Justice Profile, 2008. State of California, Department of Finance, E-4 Population Estimates for Cities, Counties and the State, 2001-2007, with 2000 DRU Benchmark, Sacramento, California, 2008.

<sup>1</sup>The total of all cities may not equal County total. The County total includes the California Highway Patrol, CSU Stanislaus, and the Union Pacific Railroad.

\*Cannot be calculated due to small number

**Figure 276: Domestic Violence Calls with Weapons, California**

	2001	2002	2003	2004	2005	2006	2007	01-07 % Change
Number of Calls	136,366	119,859	106,731	97,736	93,027	80,942	69,422	-49.1
Population (in thousands)	34,431	35,064	35,653	36,199	36,675	37,115	37,559	9.1
<b>Rate of Domestic Violence Calls, with weapons, per 1,000 residents</b>	<b>4.0</b>	<b>3.4</b>	<b>3.0</b>	<b>2.7</b>	<b>2.5</b>	<b>2.2</b>	<b>1.8</b>	<b>-</b>

Source: State of California Department of Justice, California Criminal Justice Profile, 2008. State of California, Department of Finance, E-4 Population Estimates for Cities, Counties and the State, 2001-2007, with 2000 DRU Benchmark, Sacramento, California, 2008.

## Data Summary

There were 3,068 calls to law enforcement reporting domestic violence (a rate of 5.9 domestic violence calls per 1,000 residents) in Stanislaus County in 2007. This rate was higher than the California rate of 4.6 calls per 1,000 in 2007. In fact, between 2001 and 2007, the Stanislaus County rates of domestic violence calls were consistently higher than the state rates. Both the County and the state showed decreases in domestic violence call rates from 2001 to 2007; however, caution must be used when interpreting these data since domestic violence is typically underreported.

The rate of domestic violence calls with weapons in Stanislaus County in 2007 was 2.1 per 1,000, as compared to the state rate of 1.8 per 1,000.

## *How We're Making a Difference*

### Differential Response

Committed to child welfare improvement and the California Family to Family Initiative, the Child and Family Services Division of the Stanislaus County Community Services Agency (CSA) launched the Differential Response program in 2005 with funding by the Stanislaus County Children and Families Commission. The program uses neighborhood based Family Resource Centers and other community partners to provide services to children and families at the earliest signs of trouble. The Differential Response program successfully expanded countywide in 2007, ensuring that all local communities have access to child safety resources.

Differential Response is an alternative intake, assessment, and service delivery structure that allows a child welfare agency to respond in a more flexible manner (with three response paths) to referrals of child abuse or neglect. The path of response is based on the assessed safety and risk reported, as well as the needs, resources, and circumstances of the family. Essential to Stanislaus County's Differential Response program is its partnership with public and private community organizations to provide services in the prevention and intervention of child abuse and neglect. The primary partnership for Differential Response is with Family Resource Centers located throughout the County in the communities where families live.

Hundreds of families have been helped over the past three years by Family Resource Centers. One success story started about three years ago. A mother and her children moved to Stanislaus County from a neighboring county. A report came into the Child Abuse/Neglect Hotline saying the mother was not caring for her children; they did not have food, a safe place to live, and they had very bad lice. The investigating social worker responded to the home along with a member of the local Family Resource Center. The child neglect allegations were not true, but the mother needed support and help since she did not know anyone in the County nor did she know where she could get help. The Family Resource Center helped the mother get counseling since she was previously in an abusive relationship, sign up for public assistance, receive support while she completed job training, and provided a support system for the family in their new community. The mother is now in a positive relationship, has a job, and is taking care of her family. The children are doing well in school and she credits the Family Resource Center with her success; she does not know where she would be if they were not there to help and guide her in an unfamiliar community.

# Gangs

## Why It Is Important

No one is immune from the impact that gangs can have on a community. Gang violence is widespread, dangerous, and deadly in many California communities.

Gangs are not a big-city or an inner-city problem, any more than they are a problem of a particular race or culture. Gangs cross all racial, ethnic, socio-economic, and geographic boundaries. Gangs are not gender specific. They exist in urban, suburban, and rural communities.

While many who join gangs are unmarried, unemployed, and school dropouts, today's gang members can also be parents, students, employed, and educated. In fact, some gang members are honor students in high school, college students, and even active members of the U.S. military.

Belonging to a gang severely harms a young person's future. Gang members often socialize only with other gang members, which can reinforce a limited view of life; they frequently establish a lifelong pattern of involvement with the criminal justice system; they may commit serious and violent crimes that lead to lengthy incarcerations; they may be injured for life, or killed. Their gang membership may place an entire family household at risk. Gang members who do make it to adulthood sometimes become dependent on alcohol and drugs. For some, the gang lifestyle is passed down as a family tradition leading to generational gangs.<sup>115</sup>

## 2007 Gang Data

- The Stanislaus County Gang Intelligence Task Force documented about 4,000 gang members.<sup>116</sup> Of these gang members, 1,150 were youth between the ages of 12 and 17.<sup>117</sup>
- Eighty-seven percent (87%) of documented gang members were Latino.
- Twenty-four (24) of the 74 people (32%) in Stanislaus County awaiting trial on murder charges were believed to be gang related.<sup>118</sup>

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<sup>115</sup> California Attorney General's Office, Crime and Violence Prevention Center, *Gangs: A Community Response*, 2003.

<sup>116</sup> It is estimated that the total number of gang members is around 7,000-10,000.

<sup>117</sup> Stanislaus County Children's Council, *Condition of Children & Youth*, 2007.

<sup>118</sup> Herenden, Susan, "Gangs Thriving in Modesto," *The Modesto Bee*, September 2007.



## Other Neighborhood Concerns

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# Additional Community Issues of Concern

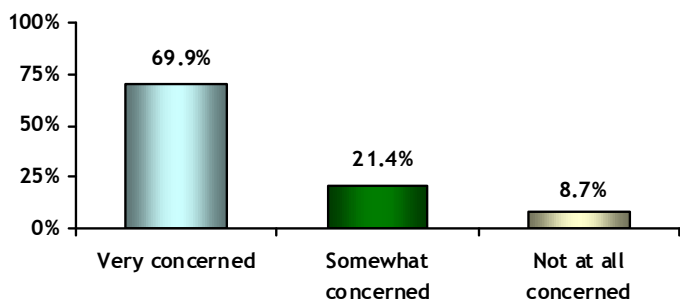
## Why It Is Important

Serious issues in the neighborhood, such as housing costs, crime, racism, and family violence, are some of the many components that affect people’s quality of life. Public concern about different issues helps identify what is most important to that community, and helps prioritize the problems that need to be addressed.

**Figure 277: How concerned are you about the following issues in your community? 2008**

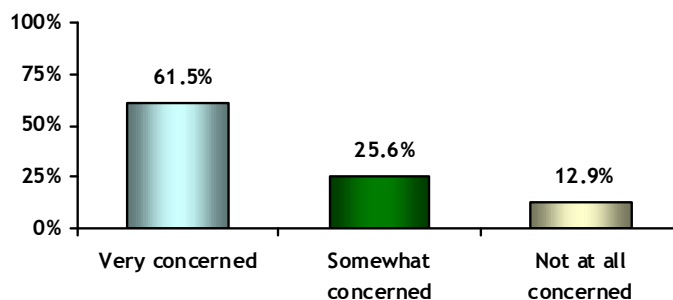
### Jobs that Pay Enough to Support a Family

Overall Survey Population (All Ages)



Source: Applied Survey Research, *Stanislaus County Community Health Assessment Survey, 2008.*  
N=2,587

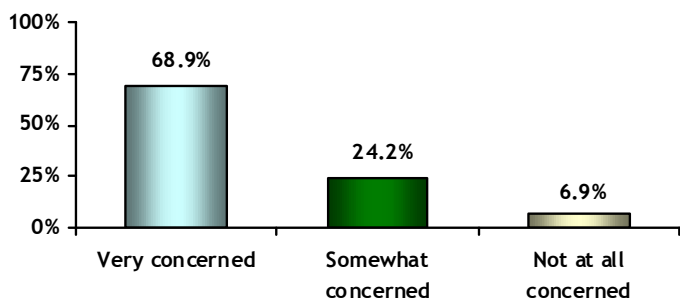
Seniors Only (Ages 60 and Over)



Source: Applied Survey Research, *Stanislaus County Community Health Assessment Survey, 2008.*  
N=356

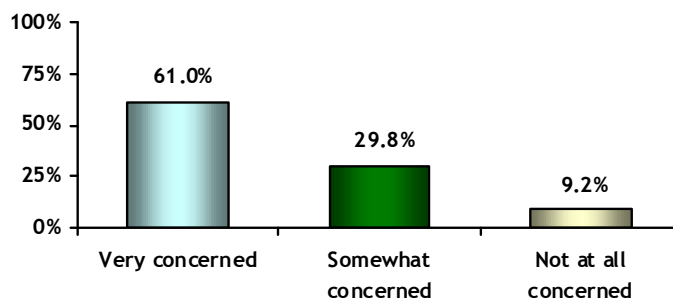
### Housing Costs

Overall Survey Population (All Ages)



Source: Applied Survey Research, *Stanislaus County Community Health Assessment Survey, 2008.*  
N=2,582

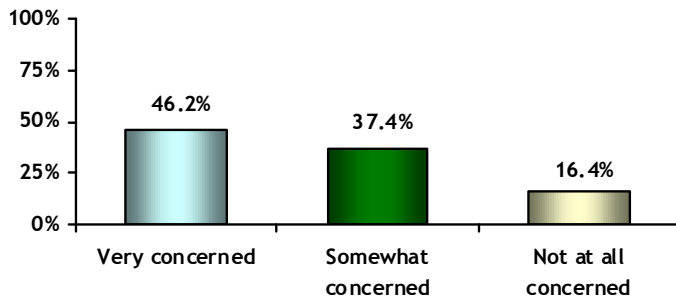
Seniors Only (Ages 60 and Over)



Source: Applied Survey Research, *Stanislaus County Community Health Assessment Survey, 2008.*  
N=359

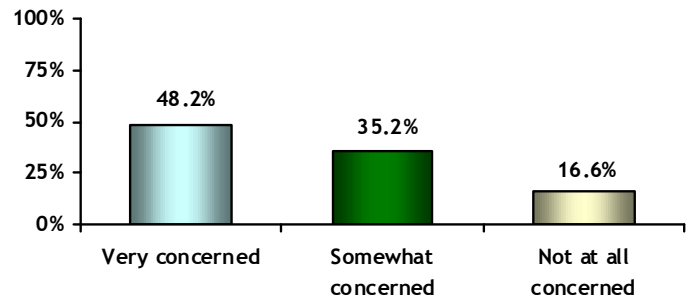
### Homelessness

Overall Survey Population (All Ages)



Source: Applied Survey Research, *Stanislaus County Community Health Assessment Survey, 2008.*  
N=2,546

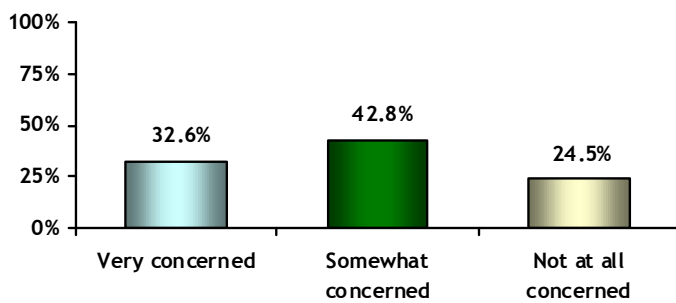
Seniors Only (Ages 60 and Over)



Source: Applied Survey Research, *Stanislaus County Community Health Assessment Survey, 2008.*  
N=355

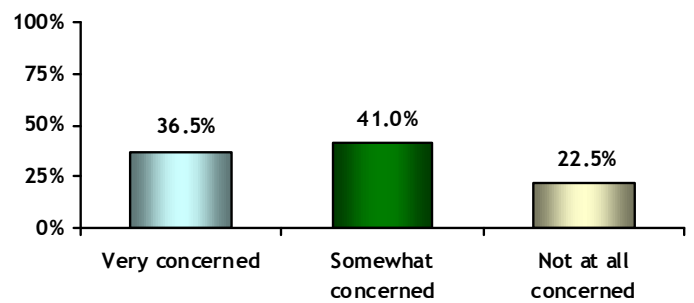
### Access to Transportation

Overall Survey Population (All Ages)



Source: Applied Survey Research, *Stanislaus County Community Health Assessment Survey, 2008.*  
N=2,527

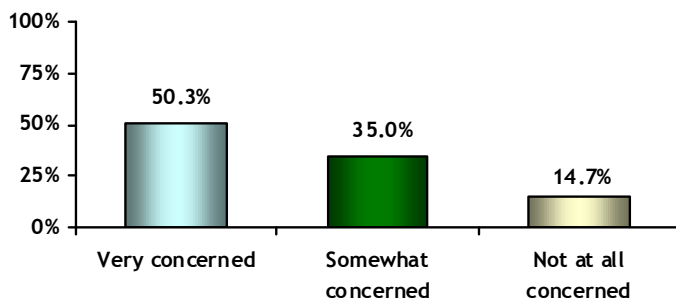
Seniors Only (Ages 60 and Over)



Source: Applied Survey Research, *Stanislaus County Community Health Assessment Survey, 2008.*  
N=351

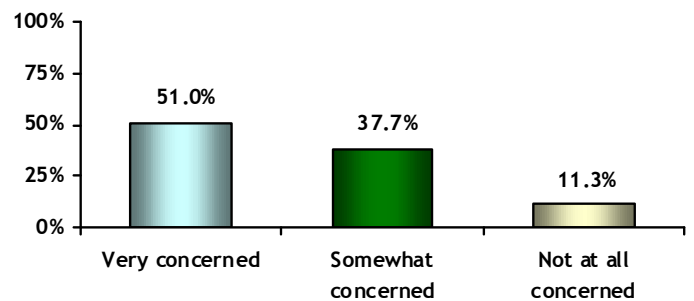
### Neighborhood Safety

Overall Survey Population (All Ages)



Source: Applied Survey Research, *Stanislaus County Community Health Assessment Survey, 2008.*  
N=2,573

Seniors Only (Ages 60 and Over)

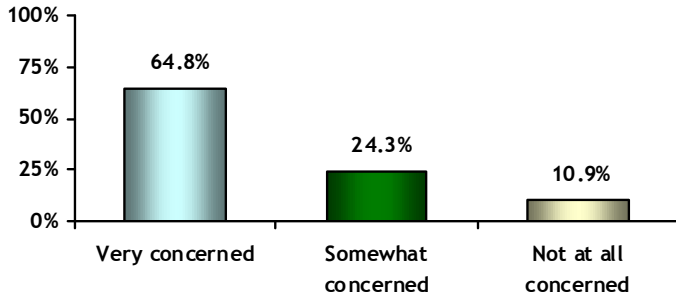


Source: Applied Survey Research, *Stanislaus County Community Health Assessment Survey, 2008.*  
N=363



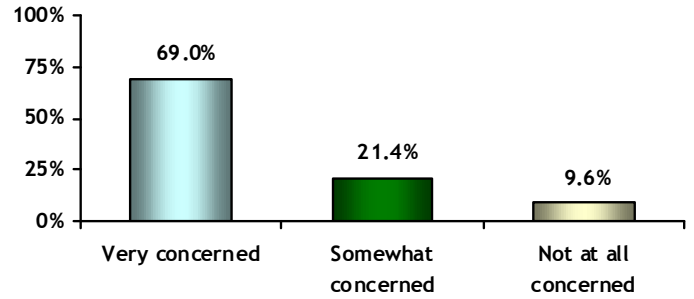
**Crime**

Overall Survey Population (All Ages)



Source: Applied Survey Research, *Stanislaus County Community Health Assessment Survey, 2008*.  
N=2,571

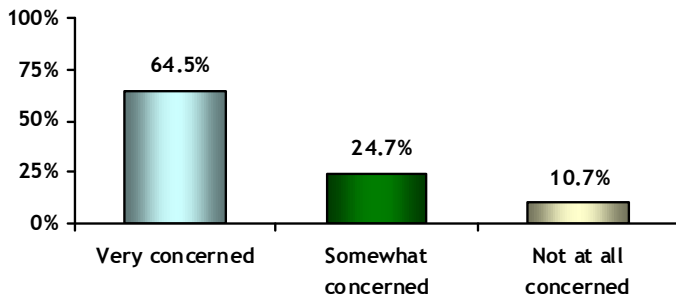
Seniors Only (Ages 60 and Over)



Source: Applied Survey Research, *Stanislaus County Community Health Assessment Survey, 2008*.  
N=364

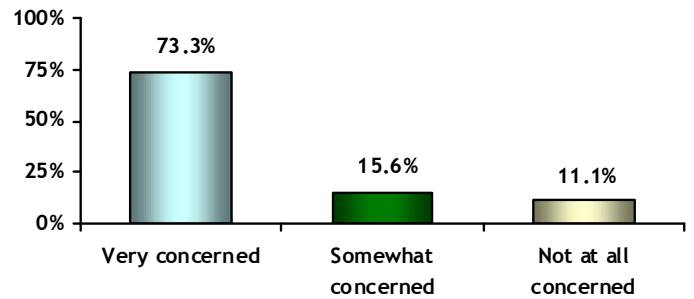
**Gangs**

Overall Survey Population (All Ages)



Source: Applied Survey Research, *Stanislaus County Community Health Assessment Survey, 2008*.  
N=2,620

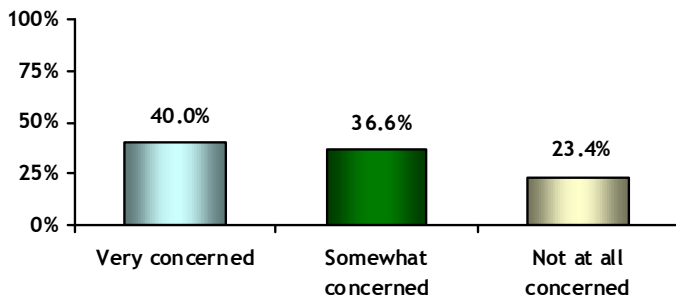
Seniors Only (Ages 60 and Over)



Source: Applied Survey Research, *Stanislaus County Community Health Assessment Survey, 2008*.  
N=378

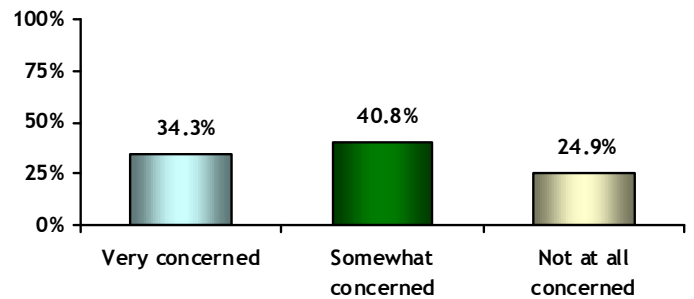
**Racism**

Overall Survey Population (All Ages)



Source: Applied Survey Research, *Stanislaus County Community Health Assessment Survey, 2008*.  
N=2,553

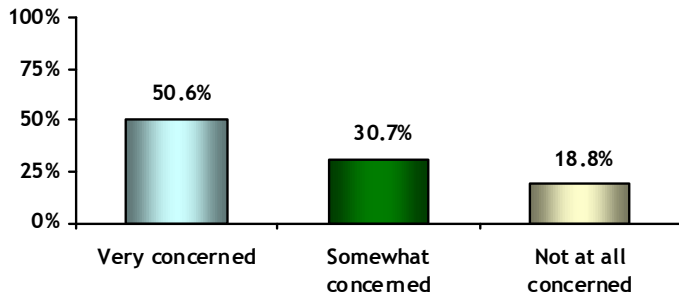
Seniors Only (Ages 60 and Over)



Source: Applied Survey Research, *Stanislaus County Community Health Assessment Survey, 2008*.  
N=353

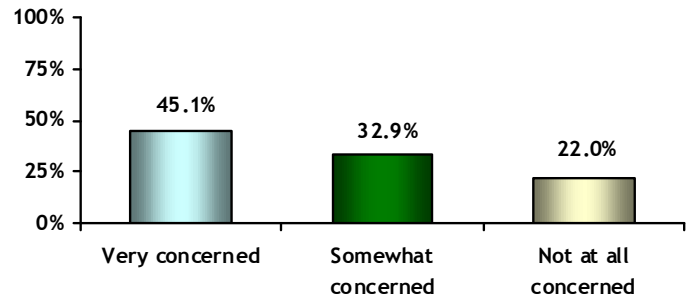
### Family Violence

Overall Survey Population (All Ages)



Source: Applied Survey Research, *Stanislaus County Community Health Assessment Survey, 2008.*  
N=2,563

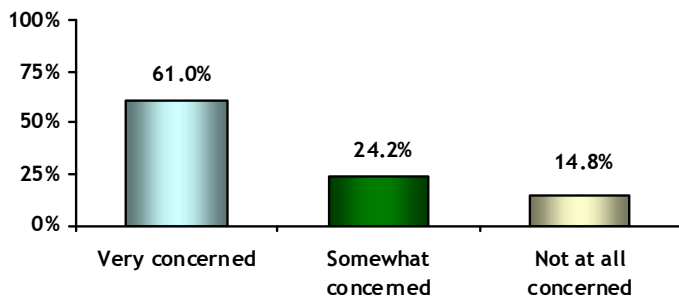
Seniors Only (Ages 60 and Over)



Source: Applied Survey Research, *Stanislaus County Community Health Assessment Survey, 2008.*  
N=359

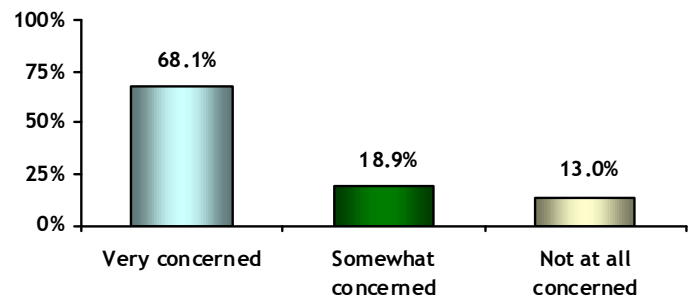
### Methamphetamine Use

Overall Survey Population (All Ages)



Source: Applied Survey Research, *Stanislaus County Community Health Assessment Survey, 2008.*  
N=2,587

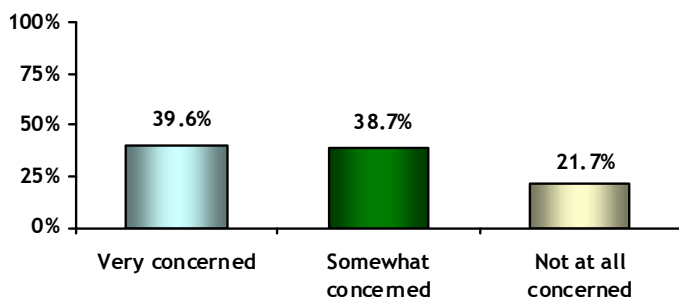
Seniors Only (Ages 60 and Over)



Source: Applied Survey Research, *Stanislaus County Community Health Assessment Survey, 2008.*  
N=370

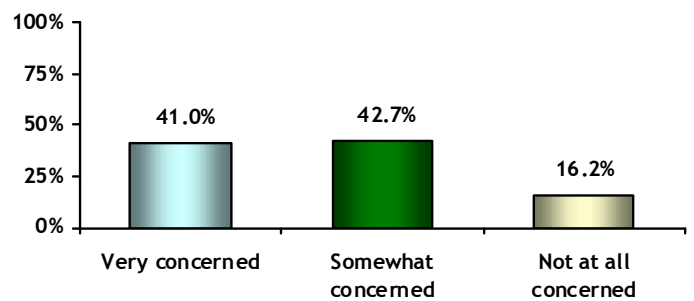
### People Showing Signs of Mental Illness

Overall Survey Population (All Ages)



Source: Applied Survey Research, *Stanislaus County Community Health Assessment Survey, 2008.*  
N=2,544

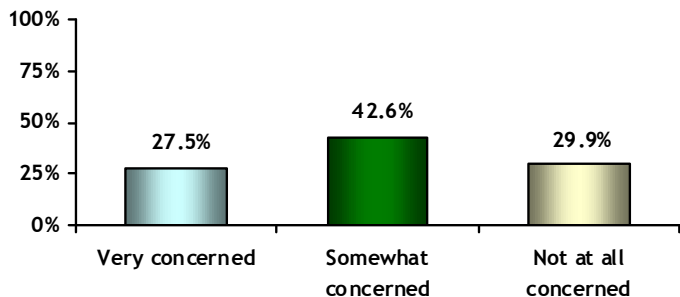
Seniors Only (Ages 60 and Over)



Source: Applied Survey Research, *Stanislaus County Community Health Assessment Survey, 2008.*  
N=351

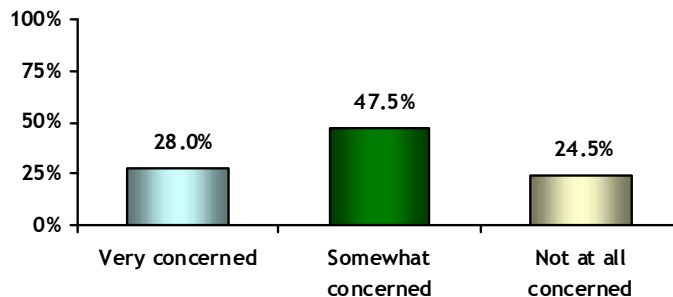
## Disaster Planning

Overall Survey Population (All Ages)



Source: Applied Survey Research, *Stanislaus County Community Health Assessment Survey, 2008*.  
N=2,514

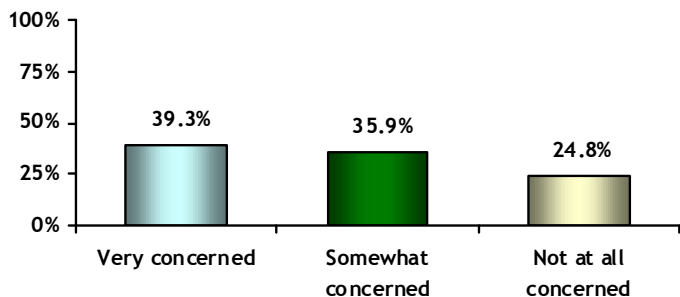
Seniors Only (Ages 60 and Over)



Source: Applied Survey Research, *Stanislaus County Community Health Assessment Survey, 2008*.  
N=343

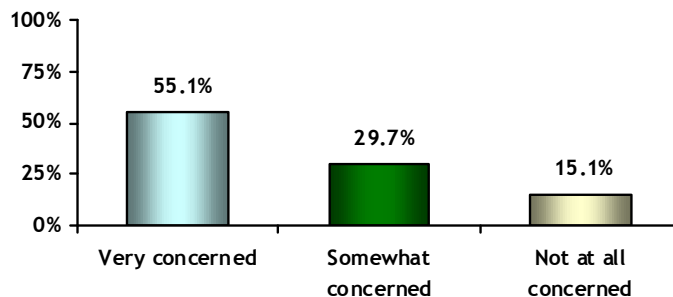
## Long Term Care

Overall Survey Population (All Ages)



Source: Applied Survey Research, *Stanislaus County Community Health Assessment Survey, 2008*.  
N=2,490

Seniors Only (Ages 60 and Over)



Source: Applied Survey Research, *Stanislaus County Community Health Assessment Survey, 2008*.  
N=350

## Data Summary

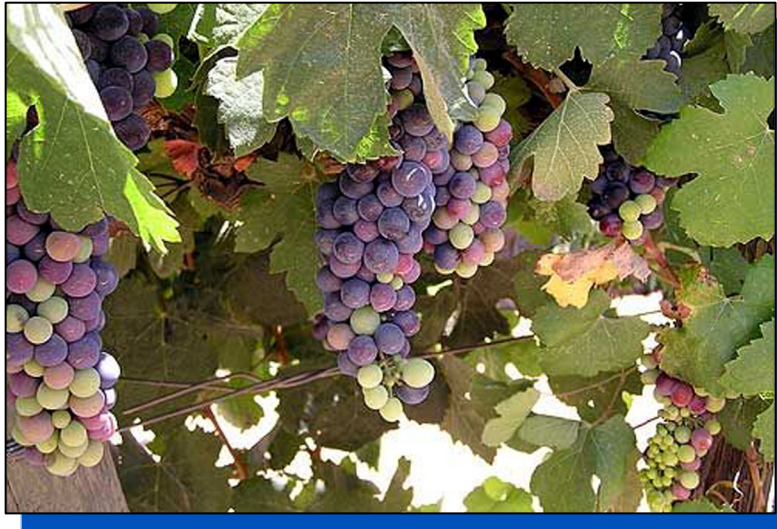
Survey respondents were asked how concerned they were about various community issues. The highest percentage of respondents (all ages) were “Very concerned” about “Jobs that pay enough to support a family” (70%), “Housing costs” (69%), “Crime” (65%), “Gangs” (65%), and “Methamphetamine use” (61%). Approximately half of the respondents were “Very concerned” about “Family Violence” (51%), “Neighborhood safety” (50%), and “Homelessness” (46%).

The top five concerns of the overall survey population were also the top five concerns of seniors, although the order was slightly different. The highest percentage of seniors were “Very concerned” about “Gangs” (73%), “Crime” (69%), “Methamphetamine use” (68%), “Jobs that pay enough to support a family” (62%), and “Housing costs” (61%). Seniors were also “Very concerned” about “Long term care” (55%), “Neighborhood safety” (51%), and “Homelessness” (48%).



# Appendices

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# Appendix I: Stanislaus County Overall Survey Results (Weighted by Gender)

## 1. If you needed health care during the past 12 months, were you able to receive it?

Response	Frequency	Percent
Yes	1,662	66.9%
No	823	33.1%
Total	2,485	100.0%

### 1a. If no, why couldn't you receive it?

Response	Frequency	Percent
No insurance	481	73.9%
Couldn't afford it	190	29.2%
Didn't know where to go	79	12.1%
Insurance wouldn't cover it	76	11.7%
Couldn't afford co-pay	70	10.7%
Transportation issues	61	9.4%
Unable to find doctor to accept public health insurance (Medi-Cal, Medicaid, etc.)	51	7.9%
Unable to communicate due to language or cultural differences	45	6.9%
Not enough doctors / specialists available	37	5.6%
Couldn't get a timely appointment	30	4.6%
Unable to understand phone instructions to make an appointment	28	4.3%
Doctor's office hours were not convenient	23	3.5%
No child care	22	3.3%
New to area / moved to another area	5	0.7%
Money issues	4	0.6%
Doctor's office / hospital did not want to attend to me	2	0.3%
Other	24	3.7%

Multiple response question with 652 respondents offering 1228 responses.

**1b. What type of health care did you go without?**

Response	Frequency	Percent
Basic care (routine care)	451	60.9%
Dental	333	45.0%
Preventive care / annual exams	166	22.3%
Prescription medications	151	20.4%
Specialist care	123	16.5%
Chronic (ongoing) problem	119	16.1%
Mental health (counseling or other help)	98	13.2%
Acute (new) problem	59	7.9%
Substance abuse treatment (drugs / alcohol)	55	7.5%
Alternative (homeopathic or acupuncture)	35	4.7%
Prenatal	32	4.4%
Vision care	17	2.3%
Other	19	2.5%

Multiple response question with 741 respondents offering 1659 responses.

**2. Do you have health insurance?**

Response	Frequency	Percent
Yes	1,753	63.7%
No	998	36.3%
Total	2,751	100.0%

**3. Do you use the emergency room for your main source of health care?**

Response	Frequency	Percent
Yes	841	30.9%
No	1,882	69.1%
Total	2,723	100.0%



**4. What do you feel is the number one health concern in your community today?**

Response	Frequency	Percent
Alcohol / drug abuse	859	32.6%
Obesity / nutrition	351	13.3%
Diabetes	333	12.6%
Stress	189	7.2%
Cancer	165	6.2%
Depression	165	6.3%
Violence	155	5.9%
Asthma	121	4.6%
High cholesterol	114	4.3%
Coronary heart disease	95	3.6%
Tobacco use	44	1.7%
Other	50	1.9%
Total	2,640	100.0%

**5a. If you have children 0 - 5 years old, do they have health insurance?**

Response	Frequency	Percent
Yes	890	78.0%
No	251	22.0%
Total	1,141	100.0%

**5b. If you have children 0 - 5 years old, do they have dental insurance?**

Response	Frequency	Percent
Yes	769	72.0%
No	300	28.0%
Total	1,069	100.0%

**6a. If you have children 6 - 17 years old, do they have health insurance?**

Response	Frequency	Percent
Yes	869	77.0%
No	259	23.0%
Total	1,129	100.0%

**6b. If you have children 6 - 17 years old, do they have dental insurance?**

Response	Frequency	Percent
Yes	753	72.2%
No	290	27.8%
Total	1,043	100.0%

**7. If your child had to go without health care in the past 12 months, why couldn't your child receive it?**

Response	Frequency	Percent
No insurance	259	49.9%
Couldn't afford it	137	26.4%
Insurance wouldn't cover it	93	18.0%
Unable to find doctor to accept public health insurance	79	15.2%
Transportation issues	56	10.7%
Didn't know where to go	55	10.6%
Doctor's office hours were not convenient	49	9.4%
Not enough doctors / specialists available	36	6.9%
Other	13	2.4%

Multiple response question with 519 respondents offering 776 responses.

**8. If you needed mental health treatment in the last 12 months, were you able to receive it?**

Response	Frequency	Percent
Yes	784	56.7%
No	599	43.3%
Total	1,383	100.0%

**8a. If no, why couldn't you receive it?**

Response	Frequency	Percent
No insurance	256	62.4%
Couldn't afford it	96	23.3%
Didn't know where to go	75	18.3%
Insurance wouldn't cover it	62	15.1%
Uncomfortable asking for help	60	14.5%
Couldn't afford co-pay	38	9.2%
Lack of services / services unavailable	36	8.7%
Unable to find doctor to accept public health insurance	35	8.4%
Transportation issues	31	7.5%
Unable to communicate due to language or cultural differences	29	7.2%
Doctor's office hours were not convenient	15	3.7%
No follow up from providers	3	0.7%
Other	10	2.4%

Multiple response question with 411 respondents offering 745 responses.

**8b. If you didn't get professional mental health assistance, did you go to any of the following for help?**

Response	Frequency	Percent
Friend	141	26.0%
Family	137	25.2%
Church	108	19.8%
Doctor	61	11.2%
Spouse	53	9.8%
Pastor / minister	45	8.2%
Social service provider	39	7.2%
Teacher	7	1.3%
None of the above	244	44.7%

Multiple response question with 545 respondents offering 835 responses.

**9. During the past 12 months, did you ever feel so sad or hopeless almost every day for two weeks or more in a row that you stopped doing some usual activities?**

Response	Frequency	Percent
Yes	808	30.4%
No	1,845	69.6%
Total	2,653	100.0%

**10. How long has it been since you last visited a dentist, hygienist, or orthodontist?**

Response	Frequency	Percent
Have never visited	119	4.4%
1 to 6 months ago	812	29.7%
7 to 12 months ago	361	13.2%
More than 1 yr, up to 2 yrs ago	563	20.6%
More than 2 yrs, up to 5 yrs ago	435	15.9%
More than 5 yrs ago	446	16.3%
Total	2,735	100.0%

**11. In the past 7 days how many times did you exercise or participate in vigorous physical activity for at least 20 minutes?**

Response	Frequency	Percent
0 times	626	23.6%
1 time	257	9.7%
2 times	412	15.6%
3 times	431	16.3%
4 times	219	8.2%
5 times	245	9.2%
6 times	77	2.9%
7 times	279	10.5%
8 times or more	104	3.9%
Total	2,650	100.0%

**12/13. Body Mass Index**

Response	Frequency	Percent
Low BMI (Less than 18.5)	50	1.9%
Normal BMI (18.5 -24.9)	773	29.6%
Overweight (BMI 25.0 -29.9)	924	35.4%
Obese (BMI 30.0 or more)	861	33.0%
Total	2,608	100.0%

**14. Do you travel out of Stanislaus County for health care?**

Response	Frequency	Percent
Yes	361	13.1%
No	2,386	86.9%
Total	2,747	100.0%

**15. Presently, how would you classify yourself with regard to tobacco use?**

Response	Frequency	Percent
I am a current tobacco user	461	16.8%
I occasionally, but not regularly, use tobacco products	206	7.5%
I don't use tobacco products	2,074	75.7%
Total	2,741	100.0%

**16. Have you ever been treated for or advised by a doctor that you have any of the following?**

Response	Frequency	Percent
High blood pressure	745	46.9%
High cholesterol	566	35.7%
Diabetes	441	27.8%
Asthma	426	26.8%
Depression	411	25.8%
Heart disease	241	15.2%

Multiple response question with 1588 respondents offering 2830 responses.

**17. Considering all types of alcoholic beverages, during the past 30 days, about how many times did you have 5 or more drinks in about 2 hours?**

Response	Frequency	Percent
0 times	1,900	74.2%
1 time	203	7.9%
2 times	164	6.4%
3 times	74	2.9%
4 times	46	1.8%
5 times	47	1.8%
6 - 10 times	77	3.0%
11 times or more	52	2.0%
Total	2,562	100.0%

**18. How much of your total household take-home pay (income after taxes) goes to rent / housing costs?**

Response	Frequency	Percent
Less than 30%	540	20.7%
Between 30% - 49%	576	22.0%
Between 50% - 74%	829	31.7%
75% or more	668	25.6%
Total	2,613	100.0%

**19. Do you feel you are economically better off this year than last year?**

Response	Frequency	Percent
Yes	413	15.1%
No	1,646	60.2%
No change	678	24.8%
Total	2,737	100.0%

**20. During the past 12 months, did you find you or your family having to go without basic needs such as food, child care, health care, or clothing?**

Response	Frequency	Percent
Yes	1,174	41.7%
No	1,641	58.3%
Total	2,815	100.0%

**20a. If yes, what did you go without?**

Response	Frequency	Percent
Clothing	571	50.3%
Food choices were limited	552	48.5%
Health care	462	40.6%
Dental care	422	37.1%
Food	421	37.1%
Rent / housing	310	27.3%
Prescriptions	236	20.8%
Child care	120	10.5%
Transportation	9	0.8%
Gasoline	8	0.7%
Utilities	4	0.4%
Paying bills	3	0.2%
Other	32	2.8%

Multiple response question with 1137 respondents offering 3150 responses.

**21. Have you been without housing in Stanislaus County at any time during the past 2 years?**

Response	Frequency	Percent
Yes	365	13.5%
No	2,336	86.5%
Total	2,701	100.0%

**22. How concerned are you about the following issues in your community?**

	<b>Very concerned</b>	<b>Somewhat concerned</b>	<b>Not at all concerned</b>
22a. Methamphetamine use	61.0% 1578	24.2% 627	14.8% 382
22b. People showing signs of mental illness	39.6% 1007	38.7% 984	21.7% 553
22c. Family violence	50.6% 1296	30.7% 786	18.8% 481
22d. Racism	40.0% 1021	36.6% 935	23.4% 597
22e. Crime	64.8% 1666	24.3% 626	10.9% 279
22f. Homelessness	46.2% 1177	37.4% 951	16.4% 418
22g. Jobs that pay enough to support a family	69.9% 1810	21.4% 553	8.7% 225
22h. Gangs	64.5% 1691	24.7% 648	10.7% 281
22i. Housing costs	68.9% 1780	24.2% 625	6.9% 177
22j. Disaster planning	27.5% 692	42.6% 1071	29.9% 751
22k. Neighborhood safety	50.3% 1294	35.0% 901	14.7% 378
22l. Access to transportation	32.6% 825	42.8% 1082	24.5% 620
22m. Long term care	39.3% 977	35.9% 895	24.8% 618

**23. Do you consider yourself to be a person with a disability?**

Response	Frequency	Percent
Yes	578	21.5%
No	2,109	78.5%
Total	2,687	100.0%

**24. Which of the following best describes your race / ethnicity?**

Response	Frequency	Percent
Hispanic / Latino	1,534	55.6%
Caucasian	778	28.2%
African American	133	4.8%
Asian	104	3.8%
Multi-ethnic	68	2.5%
Native American / Alaska Native	39	1.4%
Filipino	18	0.7%
Pacific Islander	14	0.5%
Other	71	2.6%
Total	2,758	100.0%

**25. What is your employment status?**

Response	Frequency	Percent
Employed full-time	856	31.2%
Employed part-time	346	12.6%
Unemployed	591	21.5%
Retired	381	13.9%
Student	142	5.2%
Homemaker, parent, or caregiver	344	12.5%
Self-employed	84	3.0%
Total	2,743	100.0%



**26. Which income range best describes your annual household income?**

Response	Frequency	Percent
Less than \$10,000	707	26.6%
\$10,000 to \$14,999	426	16.0%
\$15,000 to \$24,999	448	16.9%
\$25,000 to \$34,999	374	14.1%
\$35,000 to \$49,999	311	11.7%
\$50,000 to \$74,999	209	7.9%
\$75,000 to \$99,999	97	3.7%
\$100,000 to \$149,999	58	2.2%
\$150,000 to \$199,999	19	0.7%
\$200,000 or more	8	0.3%
Total	2,657	100.0%

**27. What is the highest level of education you have obtained?**

Response	Frequency	Percent
Less than high school diploma	978	36.1%
High school diploma or GED	913	33.7%
Trade / Technical school	195	7.2%
Community College / AA / AS degree	311	11.5%
Bachelor's of Art / Science degree	194	7.2%
Graduate / Professional degree	116	4.3%
Total	2,707	100.0%

**28. What is your ZIP code?**

Response	Frequency	Percent
95351	376	13.7%
95360	290	10.5%
95363	252	9.2%
95354	243	8.8%
95307	237	8.6%
95380	235	8.6%
95350	157	5.7%
95361	147	5.3%
95355	134	4.9%
95382	104	3.8%
95326	102	3.7%
95367	100	3.6%
95358	98	3.6%
95356	58	2.1%
95387	43	1.6%
95386	41	1.5%
95357	30	1.1%
95313	22	0.8%
95319	17	0.6%
95316	14	0.5%
95368	14	0.5%
95328	11	0.4%
95315	7	0.2%
95381	7	0.2%
95353	6	0.2%
95329	3	0.1%
95323	1	0.0%
95352	1	0.0%
Total	2,752	100.0%

**29. Which of the following areas do you live in?**

Response	Frequency	Percent
Modesto	1,124	40.1%
Turlock	342	12.2%
Newman	289	10.3%
Ceres	239	8.5%
Patterson	219	7.8%
Oakdale	146	5.2%
Riverbank	108	3.8%
Hughson	101	3.6%
Westley	44	1.6%
Waterford	41	1.5%
Crows Landing	39	1.4%
Grayson	34	1.2%
Empire	19	0.7%
Salida	18	0.7%
Denair	15	0.5%
Keyes	15	0.5%
Valley Home	2	0.1%
Del Rio	1	0.0%
Hickman	1	0.0%
Unincorporated area	3	0.1%
Total	2,801	100.0%

**30. Do you rent or own your home?**

Response	Frequency	Percent
Rent	1,401	52.6%
Own	897	33.7%
Other	365	13.7%
Total	2,663	100.0%

**31. Are you male or female?**

Response	Frequency	Percent
Male	1,408	50.0%
Female	1,407	50.0%
Total	2,815	100.0%

**32. How old are you?**

Response	Frequency	Percent
18 - 21 years	269	9.8%
22 - 30 years	614	22.4%
31 - 40 years	664	24.2%
41 - 50 years	458	16.7%
51 - 59 years	270	9.9%
60 - 70 years	265	9.7%
71 years or more	200	7.3%
Total	2,740	100.0%

**33a. How many Adults over 18 live in your household?**

Response	Frequency	Percent
1 adult	567	20.8%
2 adults	1,242	45.6%
3 adults	493	18.1%
4 adults	232	8.5%
5 adults	120	4.4%
6 adults	30	1.1%
More than 6 adults	40	1.5%
Total	2,725	100.0%

**33b. How many Children 0-17 live in your household?**

Response	Frequency	Percent
1 child	455	28.1%
2 children	535	33.3%
3 children	362	22.4%
4 children	166	10.2%
5 children	62	3.8%
6 children	27	1.7%
More than 6 children	14	0.9%
Total	1,621	100.0%

# Appendix II: Stanislaus County Senior Profile (Ages 60 and Over)

**1. If you needed health care during the past 12 months, were you able to receive it?**

Response	Frequency	Percent
Yes	312	80.6%
No	75	19.4%
Total	387	100.0%

**1a. If no, why couldn't you receive it?**

Response	Frequency	Percent
No insurance	26	55.3%
Couldn't afford it	18	38.3%
Couldn't afford co-pay	14	29.8%
Didn't know where to go	10	21.3%
Unable to find doctor to accept public health insurance (Medi-Cal, Medicaid, etc.)	7	14.9%
Transportation issues	7	14.9%
Unable to communicate due to language or cultural differences	7	14.9%
Insurance wouldn't cover it	6	12.8%
Unable to understand phone instructions to make an appointment	6	12.8%
Couldn't get a timely appointment	6	12.8%
Not enough doctors / specialists available	5	10.6%
Doctor's office hours were not convenient	5	10.6%
No child care	2	4.3%
Doctor's office / hospital did not want to attend to me	1	2.1%
Money issues	0	0.0%
New to area / moved to another area	0	0.0%
Other	2	4.3%

Multiple response question with 41 respondents offering 122 responses.

**1b. What type of health care did you go without?**

Response	Frequency	Percent
Basic care (routine care)	28	42.4%
Dental	27	40.9%
Chronic (ongoing) problem	18	27.3%
Preventive care / annual exams	12	18.2%
Specialist care	12	18.2%
Prescription medications	11	16.7%
Acute (new) problem	7	10.6%
Substance abuse treatment (drugs / alcohol)	6	9.1%
Mental health (counseling or other help)	5	7.6%
Alternative (homeopathic or acupuncture)	4	6.1%
Prenatal	0	0.0%
Vision care	0	0.0%
Other	3	4.5%

Multiple response question with 66 respondents offering 133 responses.

**2. Do you have health insurance?**

Response	Frequency	Percent
Yes	362	86.6%
No	56	13.4%
Total	418	100.0%

**3. Do you use the emergency room for your main source of health care?**

Response	Frequency	Percent
Yes	85	20.7%
No	325	79.3%
Total	410	100.0%

**4. What do you feel is the number one health concern in your community today?**

Response	Frequency	Percent
Alcohol / drug abuse	92	23.2%
Obesity / nutrition	67	16.9%
Cancer	51	12.8%
Diabetes	49	12.3%
Coronary heart disease	30	7.6%
Violence	21	5.3%
Stress	21	5.3%
High cholesterol	20	5.0%
Depression	18	4.5%
Asthma	15	3.8%
Tobacco use	5	1.3%
Other	8	2.0%
Total	397	100.0%

**5a. If you have children 0 - 5 years old, do they have health insurance?**

Response	Frequency	Percent
Yes	17	37.8%
No	28	62.2%
Total	45	100.0%

**5b. If you have children 0 - 5 years old, do they have dental insurance?**

Response	Frequency	Percent
Yes	12	30.0%
No	28	70.0%
Total	40	100.0%

**6a. If you have children 6 - 17 years old, do they have health insurance?**

Response	Frequency	Percent
Yes	18	46.2%
No	21	53.8%
Total	39	100.0%

**6b. If you have children 6 - 17 years old, do they have dental insurance?**

Response	Frequency	Percent
Yes	15	42.9%
No	20	57.1%
Total	35	100.0%

**7. If your child had to go without health care in the past 12 months, why couldn't your child receive it?**

Response	Frequency	Percent
No insurance	12	63.2%
Insurance wouldn't cover it	6	31.6%
Not enough doctors / specialists available	4	21.1%
Couldn't afford it	4	21.1%
Unable to find doctor to accept public health insurance	3	15.8%
Transportation issues	3	15.8%
Didn't know where to go	3	15.8%
Doctor's office hours were not convenient	3	15.8%
Other	1	5.3%

Multiple response question with 19 respondents offering 39 responses.

**8. If you needed mental health treatment in the last 12 months, were you able to receive it?**

Response	Frequency	Percent
Yes	142	68.9%
No	64	31.1%
Total	206	100.0%



**8a. If no, why couldn't you receive it?**

Response	Frequency	Percent
No insurance	22	56.4%
Uncomfortable asking for help	15	38.5%
Couldn't afford it	11	28.2%
Transportation issues	9	23.1%
Didn't know where to go	9	23.1%
Couldn't afford co-pay	9	23.1%
Unable to communicate due to language or cultural differences	7	17.9%
Insurance wouldn't cover it	6	15.4%
Unable to find doctor to accept public health insurance	5	12.8%
Doctor's office hours were not convenient	3	7.7%
Lack of services / services unavailable	3	7.7%
No follow up from providers	0	0.0%
Other	1	2.6%

Multiple response question with 39 respondents offering 100 responses.

**8b. If you didn't get professional mental health assistance, did you go to any of the following for help?**

Response	Frequency	Percent
Church	13	23.6%
Family	13	23.6%
Friend	11	20.0%
Doctor	10	18.2%
Spouse	5	9.1%
Social service provider	3	5.5%
Pastor / minister	3	5.5%
Teacher	0	0.0%
None of the above	29	52.7%

Multiple response question with 55 respondents offering 87 responses.

**9. During the past 12 months, did you ever feel so sad or hopeless almost every day for two weeks or more in a row that you stopped doing some usual activities?**

Response	Frequency	Percent
Yes	94	24.4%
No	292	75.6%
Total	386	100.0%

**10. How long has it been since you last visited a dentist, hygienist, or orthodontist?**

Response	Frequency	Percent
Have never visited	8	2.0%
1 to 6 months ago	155	38.2%
7 to 12 months ago	39	9.6%
More than 1 yr, up to 2 yrs ago	76	18.7%
More than 2 yrs, up to 5 yrs ago	54	13.3%
More than 5 yrs ago	74	18.2%
Total	406	100.0%

**11. In the past 7 days how many times did you exercise or participate in vigorous physical activity for at least 20 minutes?**

Response	Frequency	Percent
0 times	96	25.1%
1 time	29	7.6%
2 times	61	15.9%
3 times	59	15.4%
4 times	28	7.3%
5 times	39	10.2%
6 times	7	1.8%
7 times	58	15.1%
8 times or more	6	1.6%
Total	383	100.0%

**12/13. Body Mass Index**

Response	Frequency	Percent
Low BMI (Less than 18.5)	10	2.5%
Normal BMI (18.5 -24.9)	119	29.7%
Overweight (BMI 25.0 -29.9)	143	35.7%
Obese (BMI 30.0 or more)	129	32.2%
Total	401	100.0%

**14. Do you travel out of Stanislaus County for health care?**

Response	Frequency	Percent
Yes	44	10.7%
No	366	89.3%
Total	410	100.0%

**15. Presently, how would you classify yourself with regard to tobacco use?**

Response	Frequency	Percent
I am a current tobacco user	46	11.1%
I occasionally, but not regularly, use tobacco products	14	3.4%
I don't use tobacco products	353	85.5%
Total	413	100.0%

**16. Have you ever been treated for or advised by a doctor that you have any of the following?**

Response	Frequency	Percent
High blood pressure	243	69.8%
High cholesterol	179	51.4%
Diabetes	123	35.3%
Heart disease	90	25.9%
Asthma	69	19.8%
Depression	55	15.8%

Multiple response question with 348 respondents offering 759 responses.

**17. Considering all types of alcoholic beverages, during the past 30 days, about how many times did you have 5 or more drinks in about 2 hours?**

Response	Frequency	Percent
0 times	333	87.2%
1 time	16	4.2%
2 times	10	2.6%
3 times	9	2.4%
4 times	5	1.3%
5 times	2	0.5%
6 - 10 times	4	1.0%
11 times or more	3	0.8%
Total	382	100.0%

**18. How much of your total household take-home pay (income after taxes) goes to rent / housing costs?**

Response	Frequency	Percent
Less than 30%	125	33.2%
Between 30% - 49%	105	27.9%
Between 50% - 74%	82	21.8%
75% or more	64	17.0%
Total	376	100.0%

**19. Do you feel you are economically better off this year than last year?**

Response	Frequency	Percent
Yes	37	8.9%
No	241	58.1%
No change	137	33.0%
Total	415	100.0%

**20. During the past 12 months, did you find you or your family having to go without basic needs such as food, child care, health care, or clothing?**

Response	Frequency	Percent
Yes	103	24.2%
No	323	75.8%
Total	426	100.0%

**20a. If yes, what did you go without?**

Response	Frequency	Percent
Food choices were limited	52	52.0%
Clothing	48	48.0%
Food	37	37.0%
Health care	33	33.0%
Prescriptions	21	21.0%
Dental care	19	19.0%
Rent / housing	16	16.0%
Child care	6	6.0%
Gasoline	3	3.0%
Utilities	1	1.0%
Transportation	0	0.0%
Paying bills	0	0.0%
Other	6	6.0%

Multiple response question with 100 respondents offering 242 responses.

**21. Have you been without housing in Stanislaus County at any time during the past 2 years?**

Response	Frequency	Percent
Yes	26	6.4%
No	380	93.6%
Total	406	100.0%

**22. How concerned are you about the following issues in your community?**

	<b>Very concerned</b>	<b>Somewhat concerned</b>	<b>Not at all concerned</b>
22a. Methamphetamine use	68.1% 252	18.9% 70	13.0% 48
22b. People showing signs of mental illness	41.0% 144	42.7% 150	16.2% 57
22c. Family violence	45.1% 162	32.9% 118	22.0% 79
22d. Racism	34.3% 121	40.8% 144	24.9% 88
22e. Crime	69.0% 251	21.4% 78	9.6% 35
22f. Homelessness	48.2% 171	35.2% 125	16.6% 59
22g. Jobs that pay enough to support a family	61.5% 219	25.6% 91	12.9% 46
22h. Gangs	73.3% 277	15.6% 59	11.1% 42
22i. Housing costs	61.0% 219	29.8% 107	9.2% 33
22j. Disaster planning	28.0% 96	47.5% 163	24.5% 84
22k. Neighborhood safety	51.0% 185	37.7% 137	11.3% 41
22l. Access to transportation	36.5% 128	41.0% 144	22.5% 79
22m. Long term care	55.1% 193	29.7% 104	15.1% 53

**23. Do you consider yourself to be a person with a disability?**

Response	Frequency	Percent
Yes	170	41.8%
No	237	58.2%
Total	407	100.0%

**24. Which of the following best describes your race / ethnicity?**

Response	Frequency	Percent
Caucasian	219	52.9%
Hispanic / Latino	130	31.4%
Native American / Alaska Native	8	1.9%
African American	19	4.6%
Filipino	4	1.0%
Pacific Islander	1	0.2%
Asian	13	3.1%
Multi-ethnic	7	1.7%
Other	13	3.1%
Total	414	100.0%

**25. What is your employment status?**

Response	Frequency	Percent
Employed full-time	36	8.6%
Employed part-time	32	7.7%
Unemployed	28	6.7%
Retired	293	70.1%
Homemaker, parent, or caregiver	19	4.5%
Self-employed	10	2.4%
Total	418	100.0%

**26. Which income range best describes your annual household income?**

Response	Frequency	Percent
Less than \$10,000	85	21.4%
\$10,000 to \$14,999	91	22.9%
\$15,000 to \$24,999	68	17.1%
\$25,000 to \$34,999	40	10.1%
\$35,000 to \$49,999	48	12.1%
\$50,000 to \$74,999	26	6.5%
\$75,000 to \$99,999	15	3.8%
\$100,000 to \$149,999	12	3.0%
\$150,000 to \$199,999	8	2.0%
\$200,000 or more	4	1.0%
Total	397	100.0%

**27. What is the highest level of education you have obtained?**

Response	Frequency	Percent
Less than high school diploma	138	33.3%
High school diploma or GED	118	28.5%
Trade / Technical school	26	6.3%
Community College / AA / AS degree	57	13.8%
Bachelor's of Art / Science degree	39	9.4%
Graduate / Professional degree	36	8.7%
Total	414	100.0%

**28. What is your ZIP code?**

Response	Frequency	Percent
95307	22	5.3%
95313	2	0.5%
95315	1	0.2%
95316	2	0.5%
95319	3	0.7%
95326	21	5.1%
95328	1	0.2%
95329	2	0.5%
95350	39	9.4%
95351	34	8.2%
95353	1	0.2%
95354	43	10.4%
95355	44	10.6%
95356	15	3.6%
95357	3	0.7%
95358	18	4.3%
95360	34	8.2%
95361	20	4.8%
95363	40	9.7%
95367	20	4.8%
95368	4	1.0%
95380	19	4.6%
95381	1	0.2%
95382	9	2.2%
95386	9	2.2%
95387	7	1.7%
Total	414	100.0%



**29. Which of the following areas do you live in?**

Response	Frequency	Percent
Ceres	21	5.0%
Crows Landing	5	1.2%
Denair	2	0.5%
Empire	3	0.7%
Grayson	7	1.7%
Hughson	21	5.0%
Keyes	4	0.9%
Modesto	204	48.1%
Newman	33	7.8%
Oakdale	20	4.7%
Patterson	35	8.3%
Riverbank	21	5.0%
Salida	4	0.9%
Turlock	27	6.4%
Valley Home	1	0.2%
Waterford	9	2.1%
Westley	6	1.4%
Unincorporated area	1	0.2%
Total	424	100.0%

**30. Do you rent or own your home?**

Response	Frequency	Percent
Rent	136	34.3%
Own	234	58.9%
Other	27	6.8%
Total	397	100.0%

**31. Are you male or female?**

Response	Frequency	Percent
Male	149	35.0%
Female	277	65.0%
Total	426	100.0%

**32. How old are you?**

Response	Frequency	Percent
60 - 70 years	236	55.4%
71 years or more	190	44.6%
Total	426	100.0%

**33a. How many Adults over 18 live in your household?**

Response	Frequency	Percent
1 adult	151	36.9%
2 adults	170	41.6%
3 adults	54	13.2%
4 adults	20	4.9%
5 adults	11	2.7%
6 adults	1	0.2%
More than 6 adults	2	0.5%
Total	409	100.0%

**33b. How many Children 0-17 live in your household?**

Response	Frequency	Percent
1 child	29	47.5%
2 children	12	19.7%
3 children	12	19.7%
4 children	4	6.6%
5 children	4	6.6%
Total	61	100.0%

## Appendix III: Demographic Comparisons

As with all surveys there was an inherent respondent bias. The respondents to the Stanislaus County Community Health Assessment Survey were of lower income and less educated than the Census and Department of Finance data indicated for the County. The sample also contained fewer Caucasians/Whites (28% versus 49%) and more Latinos/Hispanics (56% versus 39%). This is not unusual considering the agencies involved with survey distribution and outreach, but caution should be used when comparing to the entire County.

### Population by Ethnicity

Stanislaus County	Caucasian/White	Latino/Hispanic	African American/Black	American Indian	Asian	Pacific Islander	Multi-Race
Stanislaus survey, 2008	28.2%	55.6%	4.8%	1.4%	3.8%	0.5%	2.5%
Census, 2008	49.3%	40.5%	2.4%	0.8%	4.8%	0.3%	1.9%

Source: Applied Survey Research, *Stanislaus County Community Health Assessment Survey, 2008* (Other =3.3%; N=2,758). California Department of Finance, 2000-2050 Race/Ethnic Population with Age and Sex Detail, 2008 (N=538,470).

### Income

Response	Stanislaus County	
	Stanislaus survey, 2008	Census, 2007
Less than \$10,000	26.6%	5.6%
\$10,000 to \$14,999	16.0%	5.6%
\$15,000 to \$24,999	16.9%	12.5%
\$25,000 to \$34,999	14.1%	9.9%
\$35,000 to \$49,999	11.7%	15.7%
\$50,000 to \$74,999	7.9%	20.0%
\$75,000 to \$99,999	3.7%	13.1%
\$100,000 to \$149,999	2.2%	12.0%
\$150,000 to \$199,999	0.7%	3.3%
\$200,000 or more	0.3%	2.5%
Total	100.0%	100.0%

Source: Applied Survey Research, *Stanislaus County Community Health Assessment Survey, 2008* (N=2,657). U.S. Census Bureau, *American Community Survey, 2008* (N=157,262 households).

**Educational Attainment**

Response	Stanislaus County	
	Stanislaus survey, 2008	Census, 2007 (Ages 25 and over)
Less than high school graduate	36.1%	24.2%
High school graduate (includes equivalency)	33.7%	29.5%
Trade school	7.2%	N/ A
Associate's degree	11.5%	6.7%
Bachelor's degree	7.2%	11.7%
Graduate or professional degree	4.3%	4.7%

Source: Applied Survey Research, *Stanislaus County Community Health Assessment Survey, 2008* (N=2,707). U.S. Census Bureau, *American Community Survey, 2008* ("Some college (no degree)"=23.2%; N=309,855).