



**20
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Public Health Annual Report

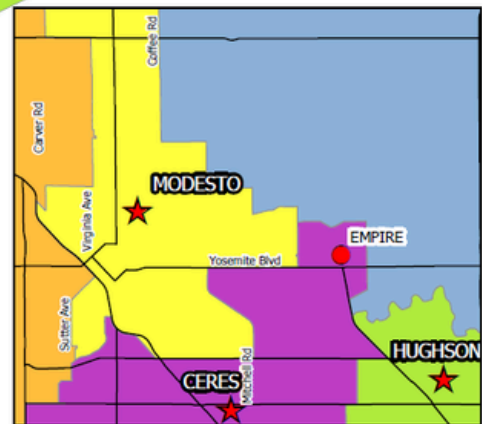
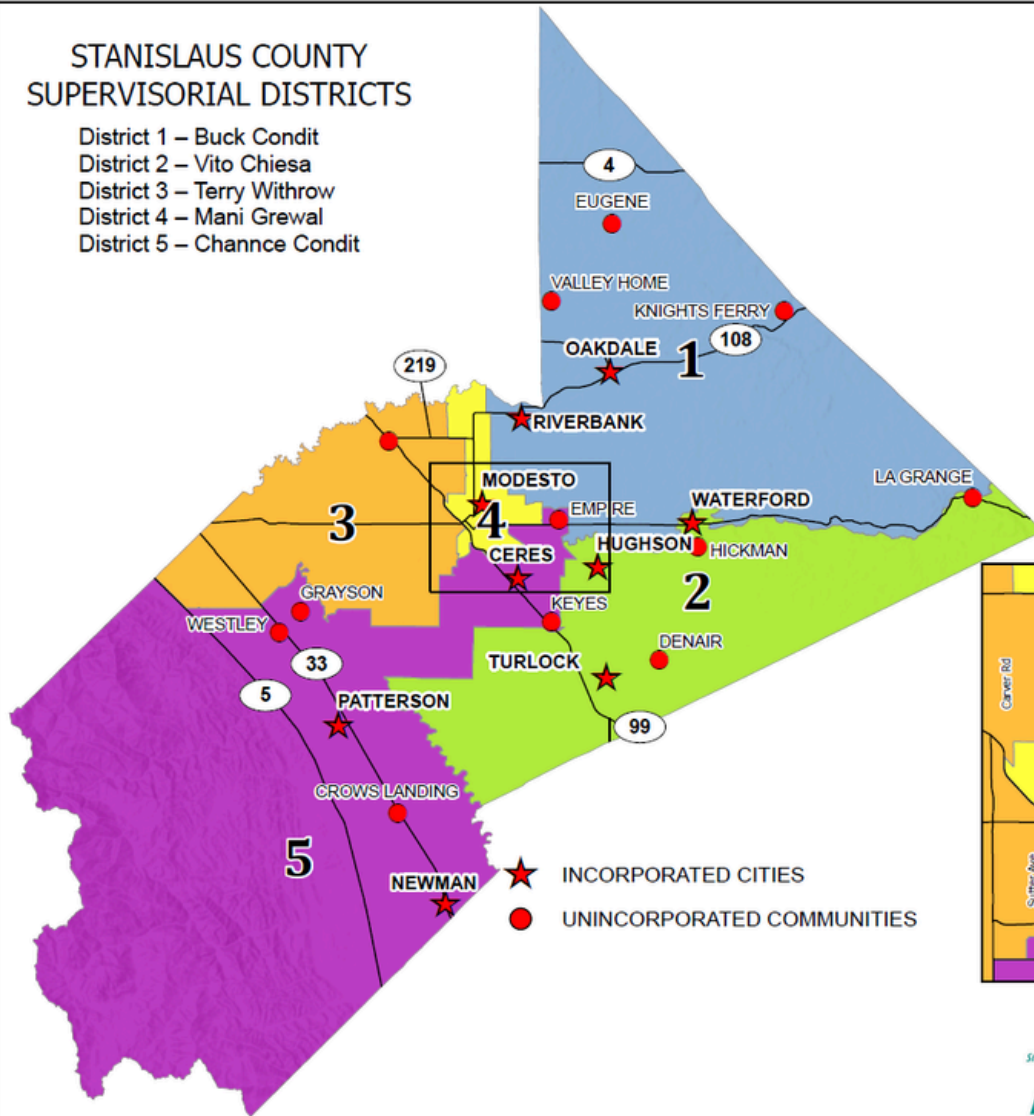
**Ready
Set**

Action >>>



STANISLAUS COUNTY SUPERVISORIAL DISTRICTS

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



ENLARGEMENT

Date: 4/11/2023

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HEALTH SERVICES AGENCY

Vision

Healthy People in a Healthy Stanislaus!

Mission

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

Values

- We Believe **Each Person Matters**
- We Work Every Day To Earn People's **Trust**
- We Are **Good Partners**
- We Encourage **Innovation**
- We Deliver **Results**

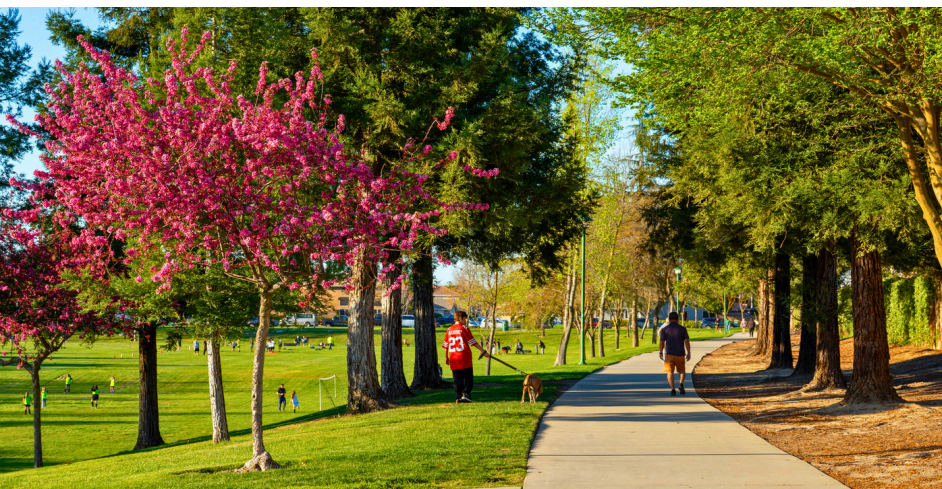


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MESSAGE FROM THE MANAGING DIRECTOR



Dear Community Partners, Residents, and Stakeholders,

It is my honor to present the 2025 Public Health Annual Report for Stanislaus County. This report reflects our work over the past year and our continued commitment to improving the health and well-being of all residents.

As we recognize this year's National Public Health Week theme, "**Ready. Set. Action!**", we are reminded of the vital role public health plays in our daily lives—protecting our families, extending life expectancy, and strengthening our communities. This theme calls on all of us not only to reflect on progress, but also to take action to advance health for all.

Over the past year, we have made meaningful progress in advancing our strategic plan. We have built stronger partnerships, broadened our outreach, and improved access to prevention services, while managing the challenges of reduced funding and shifting federal policy changes. We remain committed to advancing health outcomes by using data to better understand and address differences in health outcomes across communities. These efforts allow us to respond to current needs while building a stronger, more resilient system for the future.

This report highlights both progress and ongoing challenges. Data on chronic disease, maternal health, mental health, and overdose remind us that important work remains. The call to action reflected in this year's National Public Health Week theme reinforces the importance of continuing this work with focus, urgency, and collaboration.

Public Health is, at its core, about people. It is about helping families access healthy food, supporting children and families, preparing for emergencies, and ensuring every resident has the opportunity to thrive.

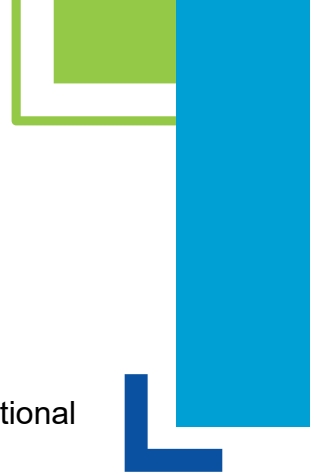
As we look ahead, we remain committed to strengthening systems, building partnerships, and listening to our community. Together, we will continue taking action to build a healthier Stanislaus County.

Thank you for your partnership and your shared commitment to improving community health.

Sincerely,
Heather Duvall
Managing Director
Stanislaus County Health Services Agency



FORMATION OF THE HEALTH INITIATIVE UNIT



On November 5, 2024, the Board of Supervisors approved, among other actions, additional positions within the Stanislaus County Health Services Agency to establish the Health Initiative Unit. The unit was formally launched within the Public Health Division in 2025 and serves as the backbone structure for the coordination and infrastructure necessary to support the Community Health Assessment process and lead implementation of the Community Health Improvement Plan (CHIP).

With input from cross-sector partners, the unit subsequently developed the unified StanCo Health brand to represent a coordinated, countywide approach to community health improvement. Its tagline, “Strengthening Partnerships. Building Community,” underscores a shared commitment to collaboration and collective impact. To advance this work, the Health Initiative Unit convenes and facilitates Action Work Groups focused on priority areas, supports the Leadership Council, and coordinates a countywide community health coalition. Through cross-sector partnerships, structured governance, and data-driven strategies, the unit promotes accountability and sustained, system-level progress to improve health outcomes across Stanislaus County.

This structure facilitates the transition from individual efforts to a more aligned and integrated system. By collaborating across various sectors, a better foundation is established to create lasting change and enhance health outcomes for the community.



STRENGTHENING PARTNERSHIPS | BUILDING COMMUNITY





DEATH DATA IN STANISLAUS COUNTY

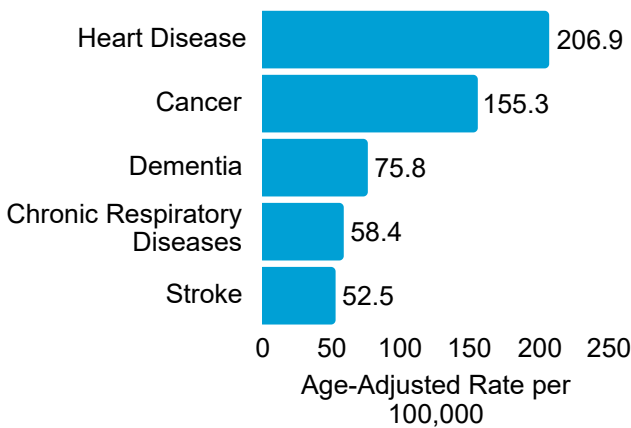


Chronic diseases, including cancer, remain a leading cause of death in Stanislaus County. Age-adjusted death rates show persistent differences across racial and ethnic groups, with some populations experiencing a higher burden of disease than others. Public Health uses surveillance data to track trends, identify disparities, and inform prevention strategies, early detection efforts, and community-based interventions to reduce inequities and improve health outcomes countywide.

Why This Matters

Differences in leading causes of death across racial and ethnic groups highlight the influence of social, economic, environmental, and healthcare factors on health outcomes. Understanding these patterns helps Public Health target prevention efforts, improve access to care, and address health inequities across communities.

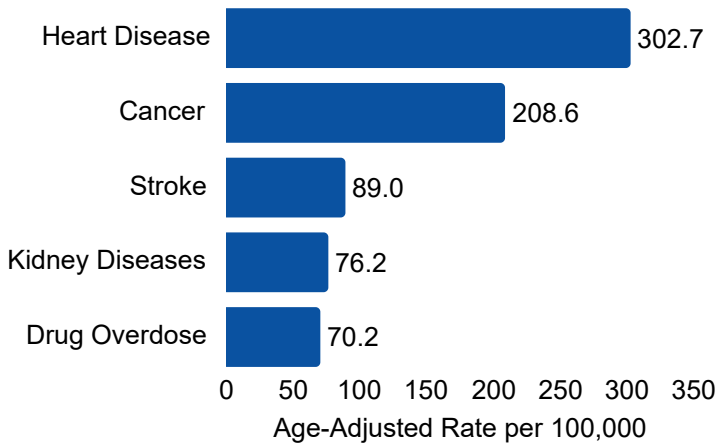
Top Five Causes of Death, Age-Adjusted Rate Per 100,000, 2024



Leading Causes of Death

In 2024, the leading causes of death in Stanislaus County were heart disease, cancer, dementia, chronic respiratory diseases, and stroke. Heart disease remained the leading cause across most populations, underscoring the continued burden of chronic disease in the community.

Top Five Age-Adjusted Death Rate Per 100,000 by Race/Ethnicity, 2022-2024



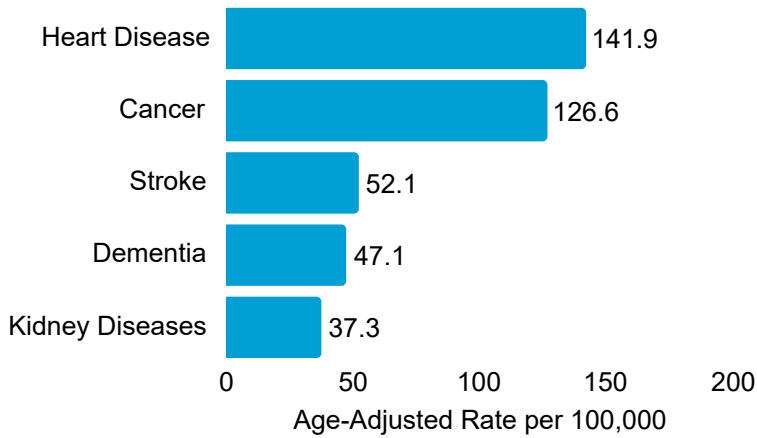
Black/African American Residents

Black/African American residents experienced the highest age-adjusted death rates from heart disease, compared with other racial and ethnic groups followed by cancer, stroke, kidney diseases, and drug overdose. These patterns point to the growing impact of preventable chronic disease along with injuries.



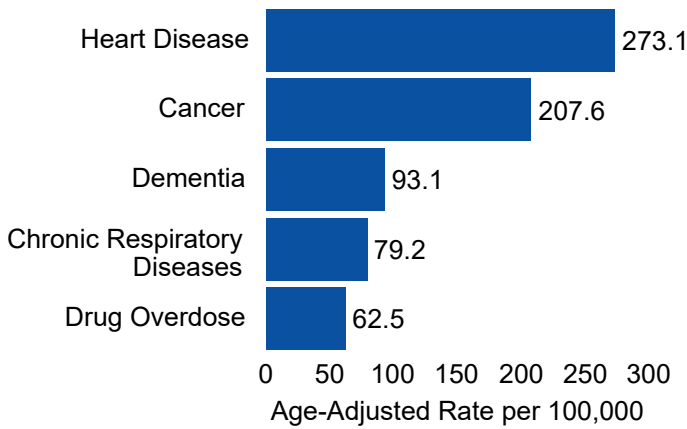


DEATH DATA IN STANISLAUS COUNTY



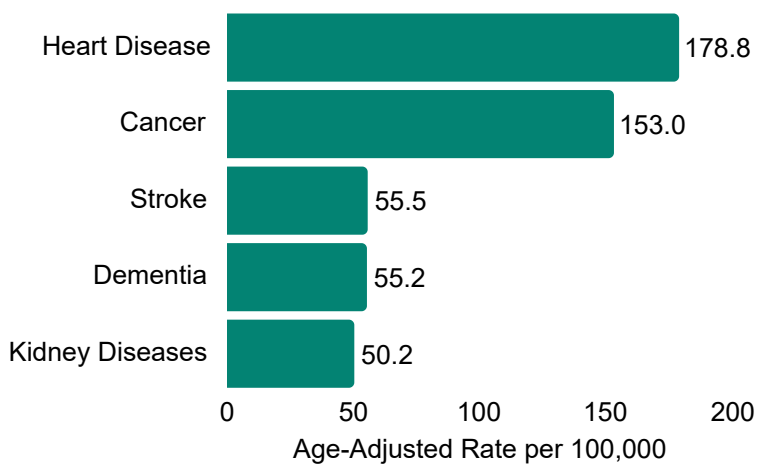
Hispanic/Latina/o Residents

Among Hispanic/Latina/o residents, heart disease and cancer were the leading age-adjusted causes of death, with stroke ranking third during this period. Dementia and kidney disease also contributed to mortality, reflecting a combination of chronic-related risks and aging.



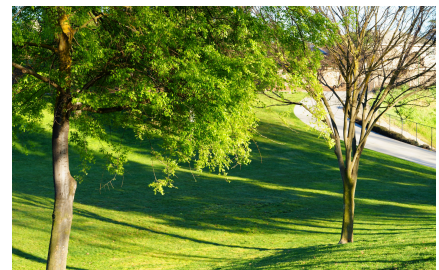
White Residents

White residents experienced high death age-adjusted rates from heart disease and cancer; followed by dementia, chronic respiratory diseases, and drug overdose, highlighting disparities in chronic disease burden, injury, and aging-related conditions.



Asian Residents

Among Asian residents, heart disease and cancer were the leading age-adjusted causes of death, followed by stroke and dementia. Kidney disease also ranked among the top causes during this period, highlighting the significant burden of chronic diseases and aging-related conditions.





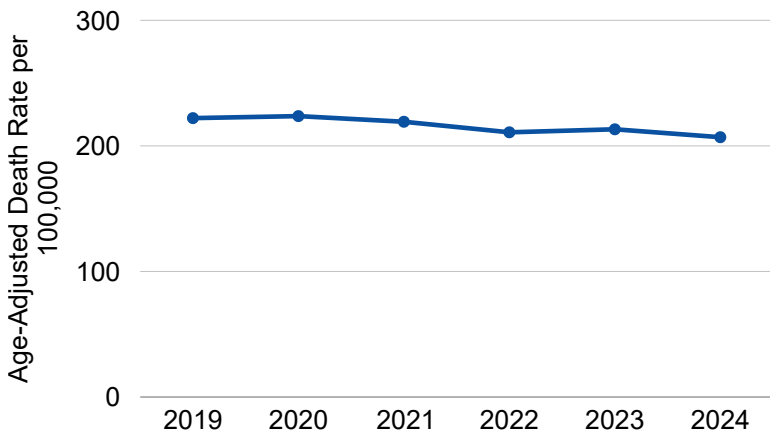
DISEASE DEEP DIVE



Heart Disease in Stanislaus County

Heart disease is the leading cause of death in Stanislaus County and continues to have a major impact on the community's health. Tracking heart disease death rates over time helps identify trends, highlight areas of need, and inform prevention efforts. In recent years, rates have generally declined, with some fluctuation, suggesting progress in prevention, early detection, and treatment. Continued monitoring of heart disease and related conditions supports targeted strategies to improve heart health and reduce preventable deaths across the county.

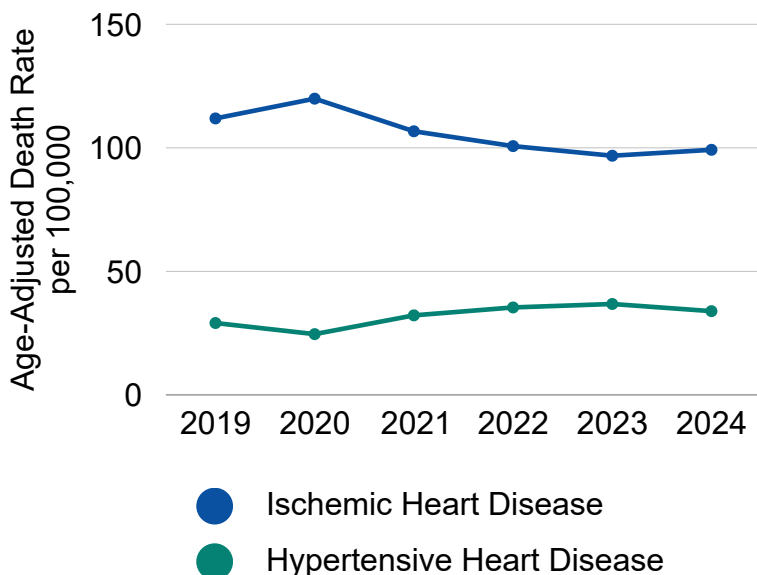
Age-Adjusted Heart Disease Death Rate, Stanislaus County, 2019-2024



Heart Disease Specific-Cause of Death

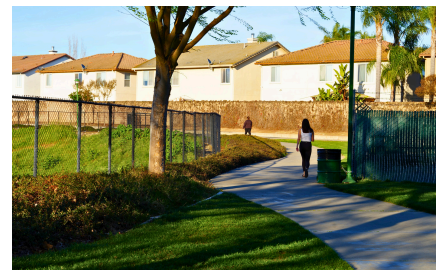
Heart disease age-adjusted death rates have declined over time in Stanislaus County. While there was a slight increase between 2022 and 2023, rates decreased again in 2024, suggesting progress in prevention and treatment while underscoring the need for continued efforts.

Age-Adjusted Ischemic Heart Disease and Hypertensive Heart Diseases Death Rate, Stanislaus County, 2019-2024



Ischemic Heart Disease and Hypertensive Heart Diseases Specific-Cause of Death

Age-adjusted death rates from ischemic heart disease have declined over time in Stanislaus County. Although there was a slight increase between 2023 and 2024, overall rates remain lower than in previous years. In contrast, hypertensive heart disease death rates have increased since 2020, with a slight decrease observed between 2023 and 2024.

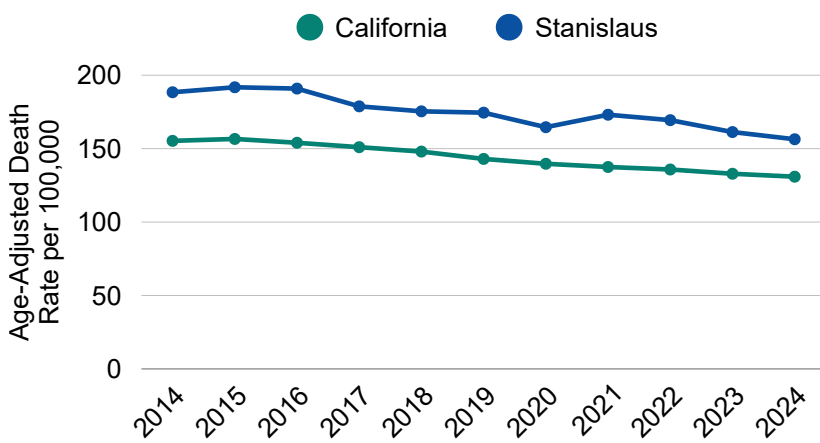




Cancer Death in Stanislaus County

Cancer is a leading cause of death and a major contributor to disease burden in Stanislaus County. Monitoring annual cancer rates helps identify trends over time, detect disparities among populations, and guide prevention and early detection efforts such as screening and education programs. This information supports data-driven decisions to improve community health outcomes and allocate resources effectively.

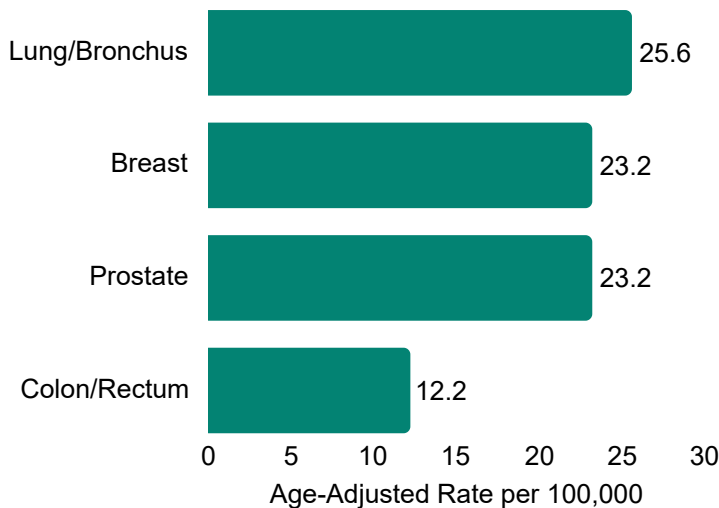
Age-Adjusted Cancer Death Rate Per 100,000, 2014-2024



Cancer Specific-Cause of Death

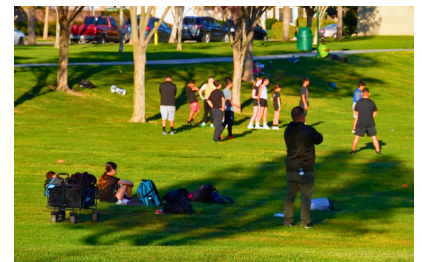
Over the past decade, cancer death rates have generally declined both statewide and in Stanislaus County. Although there were small increases around 2020–2021, rates have decreased again in more recent years. Throughout the period, Stanislaus County’s rates remain higher than the California average, indicating a continued local burden despite overall improvement. These trends suggest progress in cancer prevention and treatment, while also highlighting the need for ongoing, targeted efforts in Stanislaus County.

Top Four Cancers by Age-Adjusted Death Rate Per 100,000, 2018-2022



Cancer Leading Causes of Death

In Stanislaus County from 2018 to 2022, lung and bronchus cancer had the highest age-adjusted death rate among the top four cancers. Breast and prostate cancers followed, with similar death rates, while colon and rectum cancer had a lower but still notable rate. Together, these four cancers account for a significant share of cancer-related deaths, highlighting the importance of prevention, early detection, and timely access to care.

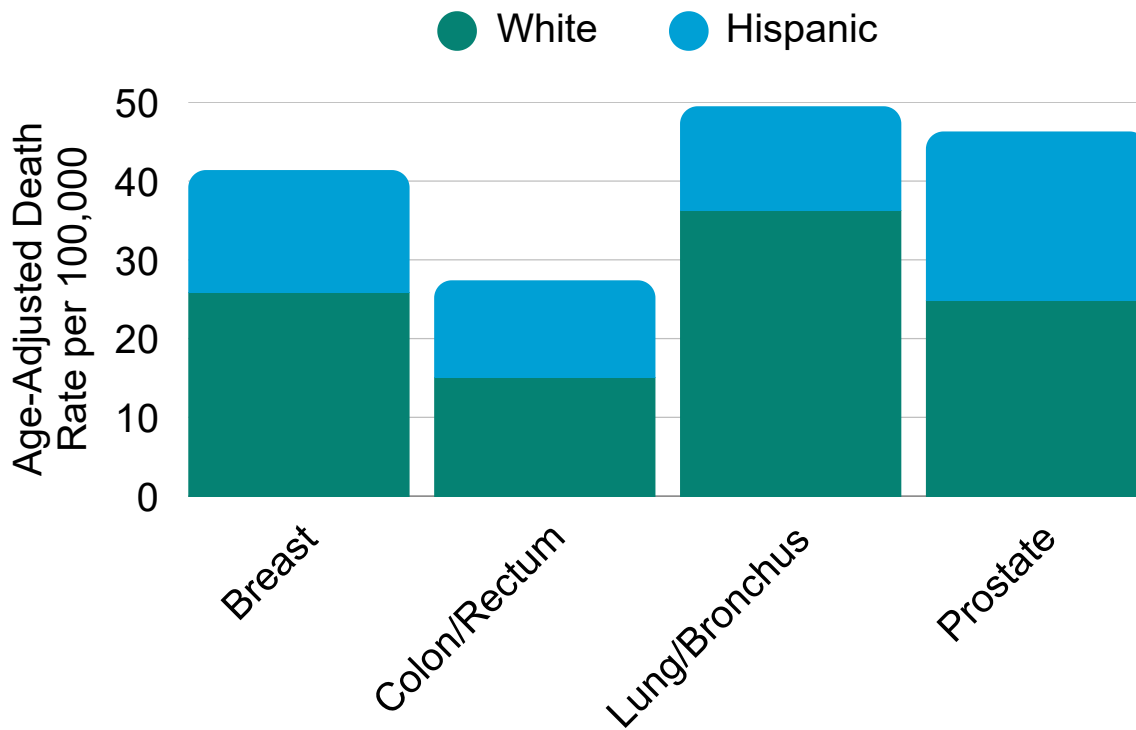




Age-Adjusted Cancer Death Rate by Race and Ethnicity, 2018–2022

White and Hispanic Residents

From 2018 to 2022, cancer death rates varied by both cancer type and race/ethnicity. Lung and bronchus cancer had the highest death rates among both White and Hispanic populations. Across most cancer types shown, White residents experienced higher age-adjusted death rates compared to Hispanic residents. These differences highlight the importance of targeted prevention, early detection, and access to cancer care across communities.

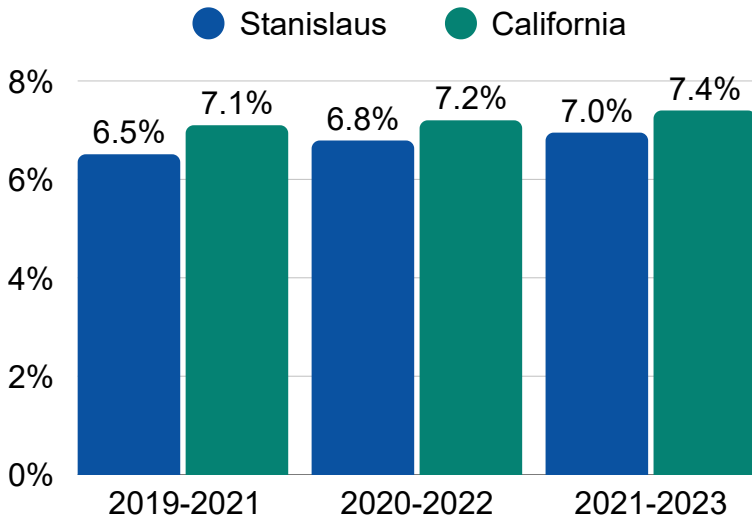




MATERNAL HEALTH DATA

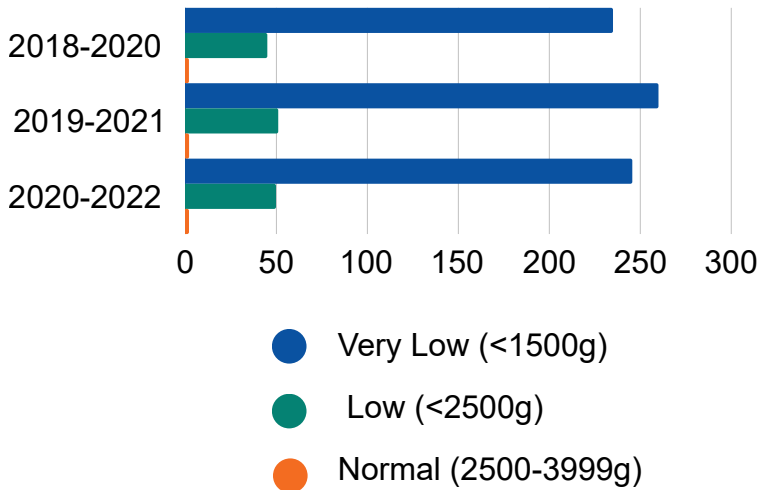
Maternal health is a key indicator of community well-being. In Stanislaus County, data show ongoing disparities in prenatal care access, birth outcomes, and maternal risk factors. Public Health uses surveillance data to identify gaps, guide programs, and support healthier pregnancies and births, especially for populations facing the greatest barriers to care.

Trends Over Time



Low Birth Weight

In 2023, 7% of infants in Stanislaus County were born with low birth weight, a rate comparable to the state average. Low birth weight is associated with increased health risks for infants and reflects the importance of maternal health, nutrition, and access to care during pregnancy.



Infant Mortality

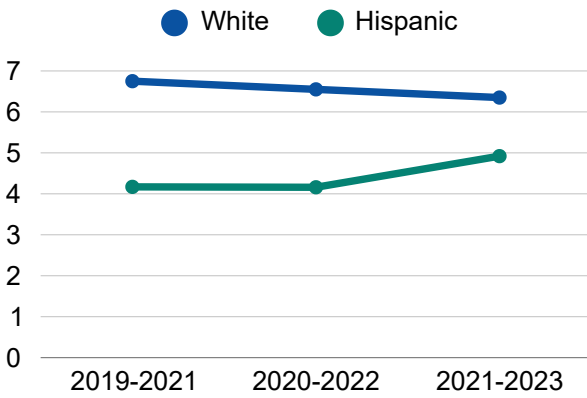
From 2020–2022, Stanislaus County’s infant mortality rate was 5.2 deaths per 1,000 live births, higher than California’s 4.1. Mortality is significantly higher among infants with low and very low birth weight, with rates of 49.8 and 245.6 deaths per 1,000 births in the county, respectively. Tracking these measures helps identify preventable risks and guide improvements in maternal and infant health services.





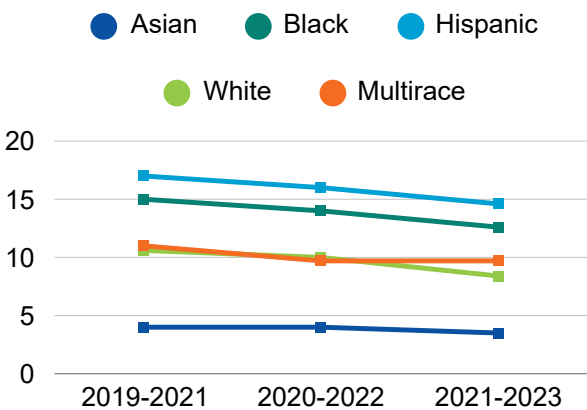
MATERNAL HEALTH DATA

Trends Over Time



Infant Mortality by Race/Ethnicity, Stanislaus County 2021-2023

Infant mortality rates in Stanislaus County declined slightly among white infants from 6.8 per 1,000 live births in 2019–2021 to 6.6 in 2020–2022 and 6.4 in 2021–2023. Among Hispanic infants, rates remained relatively stable between 2019–2021 (4.2) and 2020–2022 (4.2), followed by an increase to 4.9 in 2021–2023. Throughout the period, rates were consistently higher among White infants compared to Hispanic infants. Continued monitoring is important to identify trends and inform targeted maternal and infant health strategies.



Teen Birth Rates in Stanislaus County

Teen birth rates in Stanislaus County (12.4 per 1,000) remain higher than the state average (8.1 per 1,000) especially among the Hispanic and African American population, reflecting ongoing disparities in access to reproductive health education, services, and support for adolescents. Monitoring this indicator helps inform prevention efforts focused on education, early intervention, and access to family planning services.

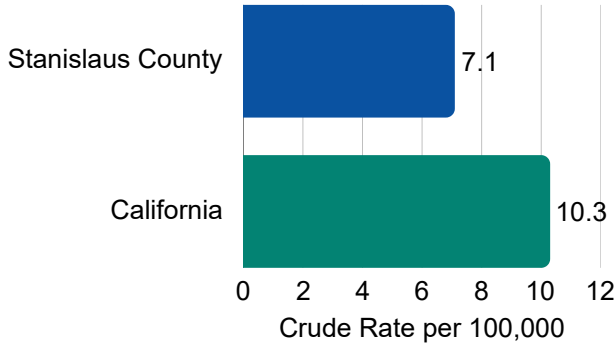




DEATHS RELATED TO SUICIDE

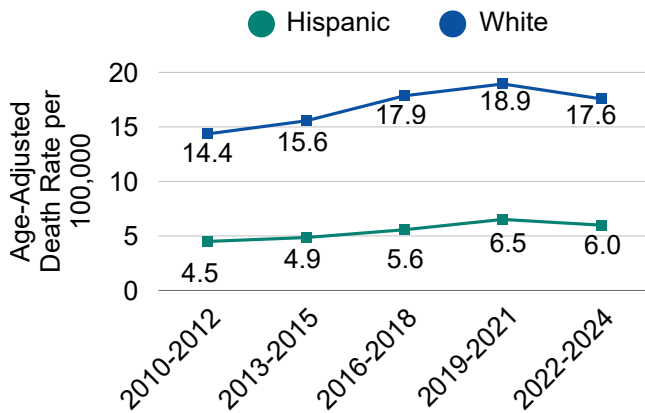
Suicide is a serious public health concern and remains one of the leading causes of death nationwide. In Stanislaus County, suicide rates are lower than the state average, however, some populations continue to be disproportionately affected. Public Health uses surveillance data to understand trends, identify disparities, and support prevention, early intervention, and community response efforts.

Data Trends



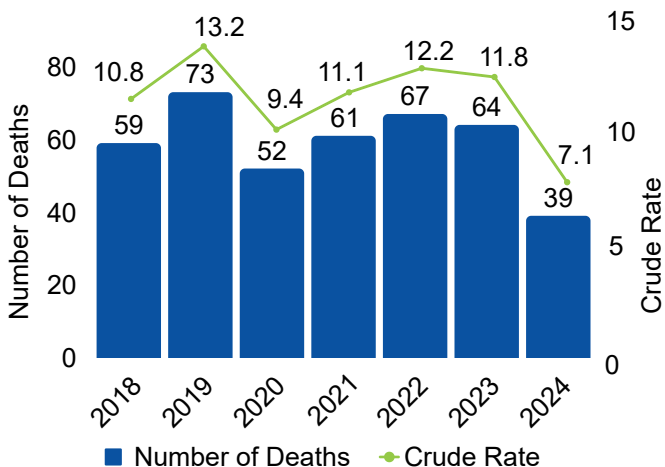
Suicide-Related Deaths in Stanislaus County and California (2024)

In 2024, the crude suicide death rate in Stanislaus County (7.1 per 100,000) was lower than the California rate (10.3 per 100,000).



Suicide Age-Adjusted Death Rate by Race and Ethnicity (2010-2024)

Suicide rates were highest among White residents in Stanislaus County. Between 2022–2024, age-adjusted suicide death rates among White residents declined by 7% compared with 2019–2021. Hispanic residents experienced the second-highest age-adjusted suicide death rates, with an 8% decrease over the same period.



Crude Suicide Death Rate and Number of Suicide Deaths (2018-2024)

In 2024, the crude suicide death rate in Stanislaus County was 7.1 per 100,000, representing a 40% decrease from 2023 (11.8 per 100,000).

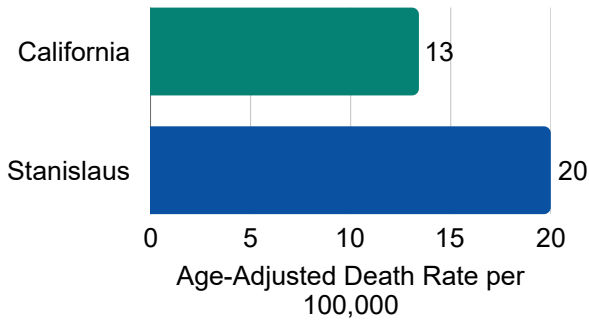




DEATHS RELATED TO OPIOID OVERDOSE

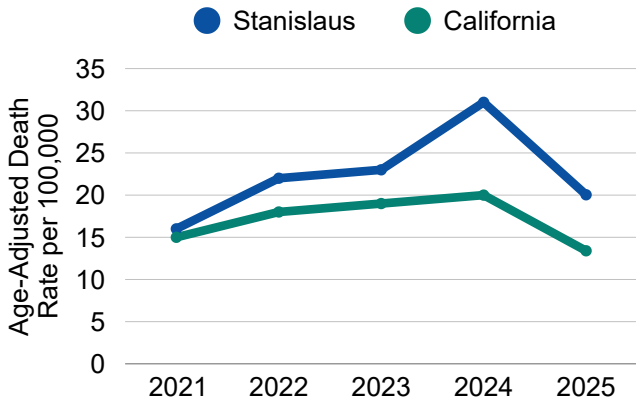
Stanislaus County continues to experience a higher burden of opioid overdose deaths than the state overall, despite recent improvements. Although rates declined in 2025 following a peak in 2024, they remain above the California average, indicating a sustained local impact. Disparities by race and ethnicity persist, with some communities disproportionately affected. These trends highlight the ongoing need for targeted, equity-focused prevention, treatment, and harm-reduction efforts to reduce opioid-related deaths in the county.

Data Trends



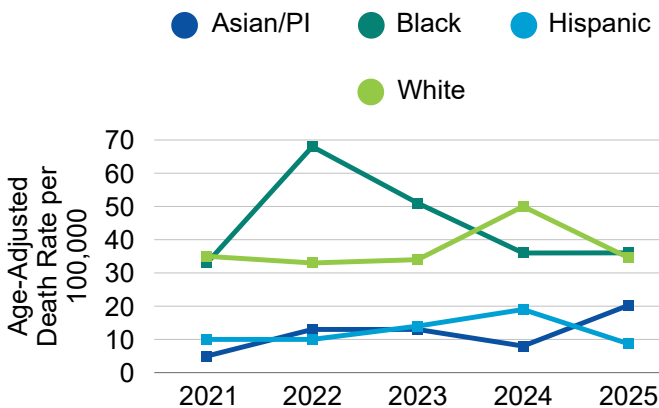
Age Adjusted Deaths Related to Any Opioid Overdose Rate per 100,000, 2025

In 2025, the age-adjusted death rate from any opioid overdose was higher in Stanislaus County than the California average. Stanislaus County experienced approximately 20 deaths per 100,000 residents, compared to about 13 deaths per 100,000 statewide. This difference indicates that opioid-related deaths continue to have a greater impact locally, underscoring the need for targeted prevention, treatment, and harm-reduction efforts within the county.



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

From 2021–2025, Stanislaus County’s opioid-related overdose death rate remained consistently higher than the California average. Rates increased through 2024, peaking at 31 per 100,000, followed by a decline to 20 in 2025. While the 2025 decrease mirrors a statewide improvement, Stanislaus County continues to experience a higher burden, highlighting the need for sustained prevention and response efforts.



Age-Adjusted Deaths by Race/Ethnicity related to Any Opioid Overdose rate per 100,000

From 2021–2025, Black residents experienced the highest age-adjusted opioid overdose death rate, peaking at 68.0 in 2022 before declining to 36.0 in 2024 and 2025. White rates fluctuated, reaching 50.0 in 2024 and decreasing to 35.0 in 2025. Hispanic and Asian/Pacific Islander rates were generally lower but showed variability, including a rise among Asian/PI residents to 20.0 in 2025. Overall, racial disparities persist, with Black residents disproportionately impacted.





SUPPORTING CHILDREN & FAMILIES



A healthy start helps children succeed in school, build strong relationships, and stay physically healthy. In Stanislaus County, many families still face challenges with prenatal care, healthy births, child development, and access to nutritious food. Public Health works with healthcare providers, schools, and community groups to make sure families get the support they need at every stage of life.

Community Metrics



Infant Mortality: Stanislaus **5** vs California **4** deaths per 1,000 live births



Teen Birth Rate: Stanislaus **17** vs California **12** births per 1,000 females aged 15–19



Child Mortality: Stanislaus **45** vs California **38** deaths per 100,000

What Public Health Is Doing

- **Promoting healthy pregnancies & infant health:** breastfeeding support, nutrition counseling, prenatal access, and home visiting.
- **Strengthening child development & medical care:** specialty case management, screenings, therapy services.
- **Addressing family nutrition & safety:** healthy food benefits, lead prevention, car seat safety.
- **Supporting youth & parents:** education on mental wellbeing, injury prevention, healthy habits.

2025 Highlights

Provided **28,291 families** with Women, Infants and Children (WIC), nutrition & breastfeeding support monthly

Visited **3,938 homes** to support maternal & child health

Referred **56 children** to Medical Therapy Program

Achieved **82% timely completion** of initial health reviews for Children in Foster Care

Healthy Families Stanislaus **passed the first accreditation milestone** by achieving fidelity to the Healthy Families America model

Inspected **427 car seats** and **corrected 276 car seats** to improve child passenger safety

Provided lead poisoning case management services for **61 children**



Looking Ahead

More accessible family health supports, expansion of nutrition outreach, and earlier intervention through community partnerships.





EDUCATION AND OUTREACH

Outreach ensures all residents, including those with limited access to healthcare or transportation, receive essential health information, vaccinations, screenings, and support. Public Health meets people where they are to get everyone the information and support that they need.

Community Metrics



Percent Uninsured: Stanislaus **7%** vs California **8%**



Chlamydia Rate: Stanislaus **411** vs California **494** per 100,000



Flu Vaccination: Stanislaus **41%** vs California **44%**



HIV Prevalence Rate: Stanislaus **199** vs California **419** per 100,000

What Public Health Is Doing

- **Expanded access to care and prevention services** by delivering clinical care in community settings, including mobile clinics, pop-up vaccination sites, and harm-reduction resources such as naloxone and fentanyl test strips.
- **Increased community knowledge and protective behaviors** through health education at fairs and schools, community health worker outreach, and overdose prevention education.
- **Strengthened connections and trust with families:** by linking residents to Women, Infants and Children (WIC), Medi-Cal, and referral services and delivering timely, multilingual public health communications through trusted community partners.

2025 Highlights

>>> **Total 68 communicable disease (CD) outreach events**, including **51 Sexually Transmitted Infection (STI) related outreach events**

Tested 291 people for Syphilis/HIV/HCV at outreach events

108 HIV/STI take-home test kits distributed

147 Safer-sex kits distributed

152 overdose prevention units distributed

1,440 COVID-19 Tests distributed

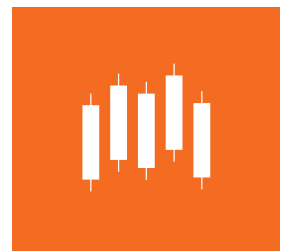
1,944 COVID-19 and Influenza A&B Rapid Combo Test boxes distributed

Operated **24 mobile clinics** for flu & COVID-19 vaccines

Supported response efforts for **74 communicable disease (CD) outbreaks** to safeguard the community, including **28 COVID-19 and 14 avian influenza outbreaks**

Registered 6,397 births and 4,368 deaths, ensuring accurate and timely vital records

Public Health **administered 6,322 vaccines** to protect residents



Looking Ahead

Increasing mobile services, expanding Community Health Worker (CHW) outreach, providing community outreach, and strengthening communication in underserved areas.



POLICY, SYSTEMS & ENVIRONMENTAL CHANGE

Health is shaped by the systems and environments around us: food access, air quality, physical activity, tobacco retail practices, and community safety. Stanislaus County faces significant chronic disease and environmental health challenges. Policy, system, and environmental change strategies address root causes by improving policies, strengthening systems, and redesigning environments.

Community Metrics



Adult Obesity: Stanislaus **35%** vs California **28%**



Excessive Drinking: Stanislaus **21%** vs California **20%**



Adult Diabetes: Stanislaus **11%** vs California **11%**



Adult Smoking: Stanislaus **13%** vs California **10%**



Physical Inactivity: Stanislaus **26%** vs California **22%**



Food Insecurity: Stanislaus **14%** vs California **13%**

What Public Health Is Doing

- **Reduced tobacco access and exposure:** through retail compliance, enforcement of illicit flavored tobacco laws, and smoke-free policy implementation.
- **Promoted student health and injury prevention:** through school-based oral health screenings and a collaborative helmet distribution program supporting students in need.
- **Advanced health equity and maternal–infant health systems:** through data analysis, staff training mapping disparities, policy recommendations, breastfeeding support, and hospital-grade breast pump access.

2025 Highlights

On average, families redeemed **84%** of their monthly fruits and vegetables cash value benefit

3 tobacco retail policies were reviewed, **2** policies were approved

Riverbank Unified School District and the Sheriff's Department launched a helmet distribution program, providing **25 helmets to students in need**

Supported local tobacco coalitions and local law enforcement in adopting **2 ordinances** in **Modesto and Ceres** to reduce youth access to tobacco products

Strengthened school-based oral health systems by screening over **500 students** and identifying urgent dental care needs in **10%** of students

98% of Public Health staff and **94% of clinic staff** have started or completed the Health Equity Curriculum

A system improvement enabled the provision of **75 hospital-grade breast pumps to support breastfeeding families** in the Neonatal Intensive Care Unit (NICU)



Looking Ahead

Strengthening smoke-free housing policies, expanding healthy food environments, embedding equity metrics into local planning, and supporting climate and heat resilience.



STRENGTHENING COMMUNITY CONNECTION

Community health relies on a diverse network of partners to prepare for and respond to emergencies that threaten public well-being. Disease outbreaks, natural disasters, and environmental hazards require a strong, coordinated response across communities and systems. Public Health's work in community preparedness focuses on building the capacity of community organizations and healthcare partners so they can effectively support residents and protect health and safety when emergencies occur.

Community Metrics



Exclusive Breastfeeding at 3 months: Stanislaus **27%** vs California **31%**



Children in Poverty: Stanislaus **16%** vs California **15%**

What Public Health Is Doing

- **Strengthened emergency preparedness** by improving response plans, supporting volunteer engagement, and coordinating with healthcare and community partners to respond effectively during emergencies.
- **Expanded workforce readiness and training** to improve the ability of staff and partners to detect, prevent, and respond to communicable diseases and public health emergencies.
- **Enhanced community support and communication** by connecting families with health and nutrition resources and sharing timely public health information through outreach and digital platforms.

2025 Highlights

➤➤➤ **Social media followers** showed a consistent **1–2%** increase throughout the year

Updated **3** emergency response plans with components related to disabled and vulnerable communities

Recruited 12 Medical Reserve Corps (MRC) volunteers to strengthen emergency response capacity

Conducted 6 coalition-sponsored trainings to test and improve preparedness and coordination in communities

Held 44 communicable disease trainings to strengthen workforce readiness

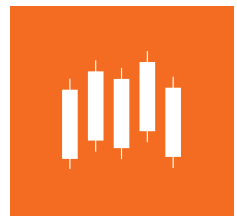
25 staff across healthcare, education, and public health became Lactation Education Counselors

Partnered with the Health Plan of San Joaquin, local Family Resource Centers, and community partners to host **Community Baby Showers** serving **161** expecting mothers

As a pilot agency, Stanislaus County WIC launched the statewide rollout of new QR-coded WIC cards for use at authorized farmers' markets, bringing nearly **\$45,000** back into the local community.

Looking Ahead

Increasing training partners, enhancing disaster resilience, and expanding community outreach.



PUBLIC HEALTH PROGRAMS

Community Assessment, Planning & Evaluation (CAPE)

Monitoring the health status of Stanislaus County through surveillance and assessments and offering technical support in intervention, planning, and evaluation

 (209) 558 7700

Children's Medical Services (CMS)

Providing preventative health/dental education, lead prevention, and medical case management for children birth to 21 years old

 (209) 558 7700

Community Wellness (CW)

Dedicated to policy, systems, and environmental changes to improve the health and well-being of Stanislaus County residents.

 (209) 558 5657

Emergency Preparedness (EP)

Dedicated to limiting the impact of public health threats, outbreaks, natural disasters, acts of terrorism, and other disasters

 (209) 652 0114

Family Health Services (FHS)

Improving access to care and reducing health disparities for pregnant and birthing people, infants, children, and adolescents

 (209) 558 7400

Medical Therapy Unit (MTU)

Serving children from birth to age 21 who need medically necessary occupational and physical therapy services and medical equipment through the assistance of a case management team

 (209) 558 8118

Women, Infants, & Children (WIC)

Providing supplemental nutrition programs to help improve the health of pregnant and postpartum women, infants, and children under the age of 5

 (209) 558 7377

Vital Records

Responsible for registering all birth and death records that occur in the county and issuing Medical Marijuana Identification Cards

 (209) 558 8070

REFERENCES

Death Data

- Top Leading Causes of Death, 2024- National Syndromic Surveillance Program, extracted 02/04/2026
- Hispanic/Latina/o Residents, 2022-2024 - National Syndromic Surveillance Program, extracted 02/04/2026
- White Residents, 2022-2024- National Syndromic Surveillance Program, extracted 02/04/2026
- Asian Residents, 2022-2024-National Syndromic Surveillance Program, extracted 02/04/2026
- Black/African American Residents, 2022-2024- National Syndromic Surveillance Program, extracted 02/04/2026

Disease Deep Dive

- Cancer Age-Adjusted Death Rate, 2014-2024- Skylab California Community Burden of Disease Engine
- Top Four Cancers by Age-Adjusted Death Rate,2018-2022-State Cancer Profiles
- Age-Adjusted Cancer Death Rate by Race and Ethnicity (2018–2022)- State Cancer Profiles
- Age-Adjusted Heart Disease Death Rate, Stanislaus County, 2019-2024- National Syndromic Surveillance Program, extracted 02/04/2026
- Age-Adjusted Ischemic Heart Disease and Hypertensive Heart Diseases Death Rate, Stanislaus County, 2019-2024- National Syndromic Surveillance Program, extracted 02/04/2026

Maternal Health Data

- Low Birth Weight Data 2019-2023 -CDPH Maternal, Child, Adolescent Health
- Infant Mortality Data 2018-2022-CDPH Maternal, Child, Adolescent Health
- Teen Birth Rates by Race 2019-2023 -CDPH Maternal, Child, Adolescent Health
- Infant Mortality by race/ethnicity Data 2020-2022-CDPH Maternal, Child, Adolescent Health

Suicide Data

- Suicide-Related Deaths in Stanislaus County and California (2024)- Skylab California Community Burden of Disease Engine
- Suicide Age-Adjusted Death Rates by Sex (2010-2024)- Skylab California Community Burden of Disease Engine
- Crude Suicide Death Rate and Number of Suicide Deaths (2018-2024)- Skylab California Community Burden of Disease Engine

Opioid Data

- Age Adjusted Deaths Related to Any Opioid Overdose Rate, 2025- Skylab California Community Burden of Disease Engine
- Age Adjusted Deaths Related to Any Opioid Related Overdose Rate- Skylab California Community Burden of Disease Engine
- Age-Adjusted Deaths by Race/Ethnicity related to Any Opioid Overdose rate 2025- Skylab California Community Burden of Disease Engine

REFERENCES

Community Metrics Data Sources

Supporting Children & Families

- Infant Mortality: 2017-2023- National Center for Health Statistics - Mortality Files; Census Population Estimates Program
- Teen Births: 2017-2023- National Center for Health Statistics - Natality Files; Census Population Estimates Program
- Child Mortality: 2017-2023- National Center for Health Statistics - Mortality Files; Census Population Estimates Program

Education and Outreach

- Opioid Related Deaths: 2024- [CDPH Opioid Dashboard](#)
- Flu Vaccinations: 2022- Center for Medicare and Medicaid Services
- (STI) Chlamydia Rate: 2022- National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
- HIV Prevalence Rate: 2022- [National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention](#)

Policy, Systems and Environmental Change

- Adult obesity: 2022- Behavioral Risk Factor Surveillance System (BRFSS)
- Adult diabetes: 2022- Behavioral Risk Factor Surveillance System
- Physical inactivity: 2022- Behavioral Risk Factor Surveillance System (BRFSS)
- Excessive drinking: 2022- Behavioral Risk Factor Surveillance System
- Adult smoking: 2022- Behavioral Risk Factor Surveillance System
- Food insecurity: 2022- Data source: Feeding America- Map the Meal Gap project

Strengthening Community Connection

- Children in poverty: 2019-2023- US Census Bureau; Small Area Income and Poverty Estimates; American Community Survey, five-year estimates
- Exclusive Breastfeeding at 3 months: 2020-2022- CDPH Maternal, Child and Adolescent Health

All data presented in this report are based on calendar years rather than fiscal years. Programmatic data reflect activities from calendar year 2025, while secondary data represent the most current data available at the time this report was prepared.



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