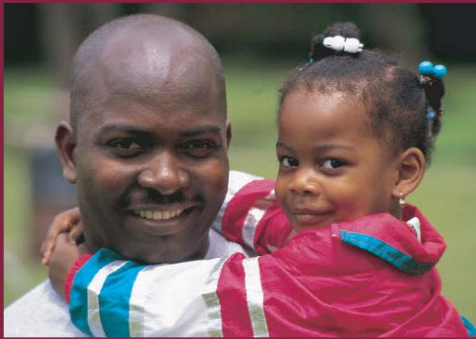


# ***Strength in Unity***



***Working Together for a Healthier Community***

***Stanislaus County  
Community Health Report  
2006***

# MAPPING OUR WAY TO A HEALTHIER COMMUNITY...

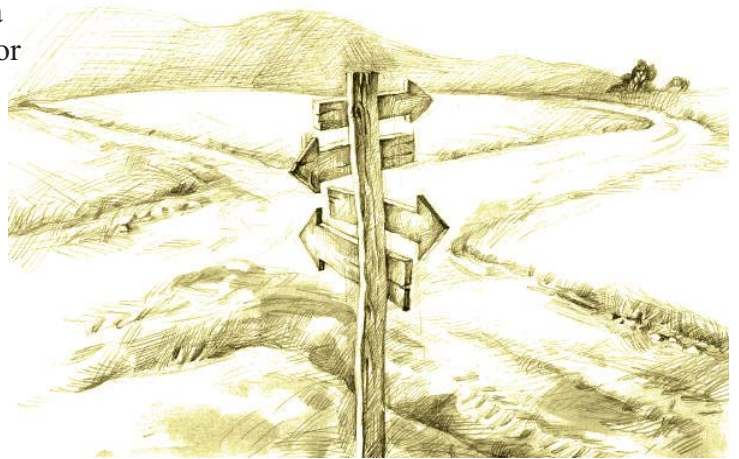
Would you ever attempt a trip to another city, state or even a friend's home across town without some kind of direction or map? Taking that chance would cause lost time and frustration that could ruin your plans. How will you know when you've reached your destination if you don't know where you are going? The same is to be asked about reaching ultimate health status for a community. So why attempt to ensure the health and safety of an entire community without mapping the course before us? This community health mapping demands the following:

- **Community Health Assessment (CHA):** Identifying health issues through assessments including community health and/or primary data.
- **Local Public Health System Assessment (LPHSA):** Discovering assets, skills and resources within our community, organizations, agencies, government and stakeholders.
- **Action Plan (Plan):** Developing actions/strategies, to address the community health issues, upon completing the assessment and identifying resources.

This last year, the Health Services Agency, along with its many Local Public Health System partners, attempted to frame the critical public health concerns, identify resources, strengthen or form partnerships, and develop action plans to effectively address the concerns. Even if the problems escalate; the Map will remain fairly consistent and stable.

The Local Public Health system is too often unstable, due to funding and infrastructure instability. The key to mapping our way to a healthier community is to attain and maintain a stronger, more well connected Local Public Health system.

This community health report illustrates a few of those concerns as identified through a community health assessment and the Local Public Health System's response.



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and the Stanislaus County Children & Families Commission

# Injury Prevention

## What is injury prevention?

How often have you heard or seen these signs and how often do you follow their suggestions? These are common safety messages and they are key to helping you prevent injuries.

In public health, injuries are classified as either intentional or unintentional. A person would be a victim of an intentional injury if they are injured as a result of child or elder abuse, an assault, or a suicide attempt. Preventing these types of injuries would be under the heading of violence prevention. Unintentional injuries are accidental injuries that can often be prevented. The cause of these injuries can be as varied as motor vehicle crashes, drowning, bike or skateboard accidents, falls, poisonings, or misuse of equipment and tools in the home or at work.

Public Health and our partners in the public health system, including legislatures and law enforcement officials can make and enforce regulations to protect individual safety. Examples of these regulations are seat belt, car seat, and helmet laws. We partner with industry to assure safety warnings on tools and equipment. We provide public service announcements about safety in the home, around bodies of water, and when traveling.

In public health, the most important partners we have for preventing these injuries are individual members of the community. That is you. Our real partners in preventing injuries are individuals who observe safe practices and assure that their children and dependent family members do the same.

*Wear a helmet.*

*Buckle up.*

*Follow safety guidelines.*

*Lock up poisons.*



# Infant Mortality

*Beep beep beep, the alarm rang. Teri knew she had to get up in order to make it to her prenatal care appointment on time. It was only 6:30 a.m., she never got up this early. It was going to be tough getting her 2 and 4 year olds up as well. Maybe she should go back to sleep. She didn't really need to go today, after all she felt fine...*

Even though Teri feels fine, it is very important that she attends all her prenatal care (PNC) appointments. Pregnant moms need to have at least 12 prenatal visits during their pregnancies. Because pregnancy complications can occur with no symptoms to the mom, PNC appointments will allow the doctor to check that mom *and* baby are healthy. This is especially important in Stanislaus County, where data shows a high rate of infant death. The infant mortality rate in our county is higher than the state and national rates. Out of the 58 counties in California we are 10th worst for overall infant death.

Why are so many babies dying in our county? We wish we had a definite answer. The Stanislaus County Children and Families Commission has funded the Fetal Infant Mortality Review Study (FIMR) coordinated by the Health Services Agency to help identify factors contributing to this high rate. Initial analysis of the birth and death certificate data from 2000-02 indicated that

women who had a fetal or infant death were accessing PNC during the 1st trimester but may not be continuing their PNC. Pregnant women and women recently giving birth who participated in a focus group mentioned barriers to PNC such as language, transportation, and childcare. They often had to spend hours taking different buses to get to their doctor's appointment and then wait hours with other small children to see the doctor for 5 minutes for what they called, "A tummy check". Findings from the study will be used to offer recommendations that may improve or develop better programs and services for women, infants and families.

Through medical chart review, focus groups, and interviews with mothers who have a fetal or infant death, we are studying what factors might be associated with these deaths. We're looking at factors such as living conditions, health habits, life changes/social support and past medical history. We're collaborating with the major medical centers, providers, and community groups in our county to better understand the problem. We can all help give babies a chance by encouraging women to see a doctor as soon as they suspect they are pregnant and to follow through with all their prenatal care visits. Our babies deserve that chance.

*An average of 1 to 2 babies die every week in Stanislaus County*



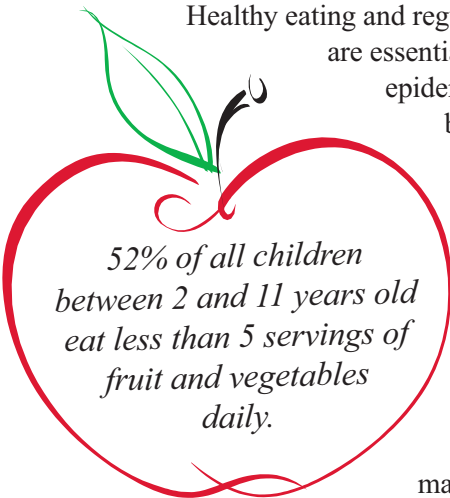
# Obesity, Heart Disease, and Nutrition

“Child obesity expected to soar”, “Obesity Threatens Life Expectancy”. These are some of the news headlines we see when we open the newspaper, or turn on the TV. From “The Biggest Loser” to celebrities being spokespersons for diet plans, to health plans approving gastric bypass procedures, and the coining of the word “globesity”, everyone is concerned about being overweight, and attempting in their various ways to address and overcome this problem.

Over the past decade, there has been an increase in obesity among both adults and children in the United States. The latest data from the National Center for Health Statistics indicates that 30 % of U.S. adults 20 years of age and older are obese, and 16 % of children and teens 6-19 years are considered overweight. Being overweight or obese increases the risk of many diseases and health conditions, including high blood pressure, heart disease and type 2 diabetes.

Healthy eating and regular physical activity are essential to reducing this epidemic of obesity. These

behaviors have to start early, since healthy choices and lifestyles are often established during childhood. Further, lifelong habits of healthy living can be strengthened and maintained by a supportive environment.



*52% of all children between 2 and 11 years old eat less than 5 servings of fruit and vegetables daily.*

Obesity, heart disease, and nutrition are in the top ten concerns identified in our 2005 CHA. We have started to address the obesity epidemic in a comprehensive, multifaceted manner with the commitment and support from our partners within the public health system. We have gone beyond the traditional public health activity of public education and awareness, and moved aggressively into mobilizing the community, supporting policies, and enforcing laws and regulations to aim for systems change. For example, last year the HEART Coalition of Stanislaus County developed a publication: “Worksite Wellness: A Guide for Employers” to promote employee wellness. The publication resulted in the implementation of worksite wellness activities in many organizations. Employer activities include walking breaks, healthier food choices in vending machines, and weight loss

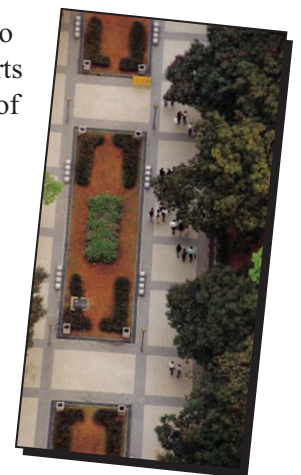


challenges. This year, the Coalition plans to collaborate with local schools to encourage children’s healthy eating & active living for the prevention of childhood obesity.

One of the first steps a family can take in obesity prevention is encouraging breastfeeding. Breastfed babies learn to regulate their appetites by stopping when they are full. The link between breastfeeding and lower risk of overweight appears to be greatest after infancy. The Breastfeeding Promotion Coalition of Stanislaus County has been working to promote breastfeeding by implementing provider education and community outreach throughout the county.

The Safe Communities Coalition has been coordinating the Walk to School event to promote increased physical activity in a safe environment. The goal is to encourage parents to let their children walk to school while assessing and recommending safety improvements to the school route.

It is important for our community to create an environment that supports healthy lifestyle choices. In June of 2005, Dr. Richard Jackson, the previous State Health Officer addressed the importance of how the built environment can both promote as well as prevent sedentary lifestyle and obesity. The public health system has the responsibility for supporting an environment that provides access to fresh food, physical activity, and even leisure time.



# Diabetes

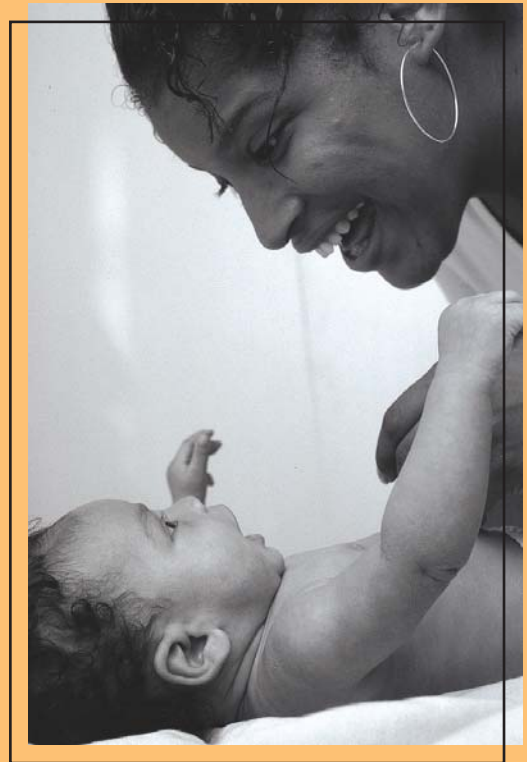
**As Mimi stared down at her smiling baby,** she recalled how she had been both happy and worried during her last pregnancy. She was thrilled to find out she was expecting her second baby, but her doctor said her blood sugar was on the high side and she could develop gestational diabetes. She thought this pregnancy would be as easy as the first. Mimi didn't know that since she was overweight, did not exercise regularly, and had a family history of diabetes, she was at risk.

Gestational Diabetes is a form of diabetes that women can get during pregnancy, but usually goes away after the baby is born. But as Mimi found out, up to 60% of these women develop Type 2 Diabetes later in their lives. Other risk factors for gestational diabetes include: being over 25 years of age, being Hispanic/Latino, African-American, or American Indian.

In hopes of preventing gestational diabetes, Mimi's doctor sent her to a Diabetes Education "Basics" class to learn how to eat healthier. At the class, the Certified Diabetes Educator realized Mimi was pregnant & scared. She told Mimi there were community resources that could help her have a healthy baby. She referred her to Public Health for case management of high risk pregnancies and to Sweet Success, a program where she could receive individual counseling.

The Healthy Birth Outcomes (HBO) team, consisting of Public Health Nurses, Community Health Workers, and a Social Worker came up with a plan to help. They visited her frequently in her home, offered support, and helped with transportation for her appointments. Mimi began going to a weekly pregnancy support group in her neighborhood where she received prenatal education and met other women who were pregnant or had recently delivered.

*Nearly 7% of adults (ages 18-64) have either diabetes or diagnosed borderline pre-diabetes.*



Mimi learned that nearly 21 million people have diabetes, and 9.7 million or 9% of women age 20 or older have it, but one-third of them don't know it. She also learned that pre-diabetes affects up to 41 million people and it could turn in to Type 2 diabetes. Many people think that to have diabetes, they need to have symptoms such as urinating frequently, increased thirst, feeling tired, sleepy, and/or having weight loss. In actuality, Type 2, the most common form, starts silently and after it's been present for a while, symptoms occur. As Mimi's pregnancy advanced, she did develop gestational diabetes. But with the help of her health care team, she delivered a healthy baby girl.

Because of what she learned, Mimi encouraged her family members to get tested for diabetes and live a healthier lifestyle. By continuing healthy eating habits, staying active, and breastfeeding her baby, Mimi was reducing her and her family's risk of getting Type 2 diabetes.

# Better Breathing for All...

## Asthma

Paco was born without any physical problems. Before he started school, his parents noticed that he coughed a lot, sometimes lasting weeks, keeping him up at night. Once his parents had to rush him to the emergency room late at night, when he couldn't stop coughing and couldn't breathe. The doctor said he had asthmatic bronchitis. In school, Paco coughed and wheezed with "colds" and because running made him cough, he stopped doing much physical activity. His chest often felt heavy and tight.

Finally, Paco saw a doctor who seemed to understand his problem:

**Asthma.** A breathing test showed that Paco's asthma was really significant. The doctor explained that asthma is a chronic (long-lasting) problem that had to be controlled with daily medicines and gave him a peak flow meter—a simple tool to help him measure his breathing. Paco was taught how to measure his breathing daily, when to use his inhaler or when to seek help with his asthma. A spacer made the inhaler more efficient. Also, the doctor had him use a "maintenance" inhaler and for the first time in his life, he had real control over his symptoms.

Paco's school was able to help him too. His school was participating in the Asthma Friendly School Project where they raise a flag each day to indicate the day's air quality. On bad air quality days, Paco stayed inside or did less exercise outside. His school nurse reviewed his doctor's asthma action plan: a plan for what medications to take, when to use the Albuterol inhaler, when to check a peak flow and how to respond to the results of the peak flows. Paco enjoyed sports in school and his use of medications to control his asthma decreased in high school.

It might seem that this story has to do with one person—Paco. Actually it has to do with many people: Paco; Paco's parents who found the best care for him; his doctor; his school nurses who learned the latest methods for dealing with asthma and communicated it to him; the Stanislaus County Asthma Coalition (a part of our Public Health program) provided Paco's school with flags which hang according to air quality information from the San Joaquin Valley Air Pollution Control District; legislators made laws forcing insurance companies to pay for spacers and peak flow meters; Paco's teachers allowed him to stay inside when he needed to do so. It takes a team effort to help just one person deal with their asthma in the best way possible. But it's all well worth it.



## Tobacco Education

The Tobacco Education Program is committed to improving public health by reducing tobacco use and exposure to secondhand smoke. This program is funded by tobacco sales tax (Prop 99) and works with the California Department of Health Services to develop plans to address the local concerns about tobacco.

In November of 2005 the Tobacco Education Program released the results of a youth tobacco purchase survey. The results of this survey were alarming, as they showed that 38% of tobacco retailers in Stanislaus County were willing to sell tobacco to youth. This is nearly one and a half times the rate in 2002, when our previous survey showed 26% of retailers were willing to sell tobacco to youth.

In response to the high rates of youth access to tobacco, we have worked to inform, educate, and empower the people in our communities, so that they may initiate change to reduce youth access to tobacco.

We also work with several members of the community who have been trained to offer the American Lung Association's Freedom From Smoking program. These 7-session courses are offered free to the public several times every year. More class information is available by calling (209) 558-5657.

In April of 2005, the City of Ceres implemented a tobacco-free park policy for the Smyrna Park Baseball Complex. The facility is the home field for the Ceres Youth Baseball league, which has more than 1,200 kids participating each season. The Tobacco Education Program helped to make this possible by working with community partners to develop and implement the policy.

Stanislaus County has come a long way in protecting our health from tobacco use, but there is still a long way to go. We encourage everyone to get involved and join us in working to make our community a healthier place to live.

# STD/STI's

## *Sexually Transmitted Diseases/Infections*

Over the past decade, the rate of Chlamydia and Gonorrhea in Stanislaus County has been similar to the rate for California. However, over the past 2 years (2004-2005), there has been a significant increase in the rates of both these infections.

In 2004, Stanislaus County had the 10th highest rate of Syphilis in California. The rate of Chlamydia and Gonorrhea is highest among the African-American and Hispanic population. Teens and young adults (15-24) have the highest rates of these infections; the rate being 15 times higher than the other age groups. Females make up the majority of Chlamydia cases whereas there is no sex disparity for Gonorrhea.

The total number of AIDS cases reported in the county are 657, of these 305 are living; and of the 212 total reported HIV cases 204 are living. For HIV cases, there has been an increase in female cases in the last couple of years (2004-05).

## **Hepatitis C:**

### ***The Giant in the Closet***

The beginning of the 21st century has identified a new focus for communicable disease control in Stanislaus County. Hepatitis C has emerged as a health concern with our county ranking 44th out of 58 counties within California for the year 2001 (meaning 15th worst). In fact, **hepatitis C is the second most frequent communicable disease within Stanislaus County**, second only to Chlamydia, a sexually transmitted infection.

Hepatitis C is a viral infection that attacks the liver and is transmitted primarily through contact with infected blood. The test to detect this infection was not available until the early 1990s, and is now used to screen out infected blood donors and blood products. Nevertheless, it is estimated that nearly 4 million Americans are infected, with an estimated 5,000 new infections in California each year. It has been labeled the GIANT IN THE CLOSET because it is a chronic, insidious infection, which is not detected until severe liver damage has occurred.

Over the past four years, the Stanislaus County Hepatitis C Taskforce has worked collaboratively with local healthcare institutions and community groups to prepare a strategic plan, which will be published during 2006.

During this four-year effort there has been considerable progress in education and training within our communities and healthcare providers, as well as enhanced screening and case management. **By 2005, Stanislaus County's ranking for hepatitis C had improved from 44th to 25th of the 58 California counties.**



## **Behavioral Health**

Did you know that about 1 out of 4 adults (26%) in the US are affected by behavioral health-related illness each year? This would be equivalent to about 94,000 adults in Stanislaus County being affected by a diagnosable behavioral health disorder illness in one year.

The 8 major classes of behavioral disorders that affect approximately one quarter of adults include disorders relating to: mood (depression, bipolar disorder, suicide), anxiety, substance-related (alcohol, nicotine, illicit drugs), psychotic (schizophrenia), cognitive (Alzheimer's), developmental (autism, ADHD), personality (borderline personality), and other (sleep, sexual, eating).

While all behavioral health illnesses need to be addressed, there is one class that is of particular concern here. The Community Health Assessment conducted in 2003-05, showed that the community of Stanislaus County was most concerned with the issue of alcohol, drugs, and tobacco. Substance-related abuse is considered one of the classes of behavioral health disorders and it should be looked at in a wider context of health.

The importance of behavioral health has suffered set backs from negative thinking and stereotyping of some of the symptoms of mental illnesses. However, addressing behavioral health does not mean looking only at the illnesses. Taking care of one's mental health and wellness is a key component in caring for one's whole self and their community. Positive and constructive social interactions between people can bring about long-term healthy and successful communities.

# The Public Health System



Adapted from Mobilizing for Action through Planning and Partnership (MAPP)

## Resource Guide

**Stanislaus County Asthma Coalition**  
[www.stanasthma.com](http://www.stanasthma.com)  
 (209) 558-4846

**Tobacco Education Coalition**  
 (209) 558-5657  
[www.hsahealth.org/tobacco](http://www.hsahealth.org/tobacco)

**HEART Coalition**  
 (209) 558-5657  
[www.heartcoalition.org](http://www.heartcoalition.org)

**Hepatitis C Task Force**  
 (209) 558-4800  
[www.liverfoundation.org](http://www.liverfoundation.org)

**Black Infant Health Task Force (BIH Task Force)**  
 (209) 558-6818

**Breastfeeding Promotion Coalition**  
 (209) 558-5079

**HIV Local Implementation Group**  
 (209) 558-4800

**Nutrition and Fitness Council**  
 (209) 558-7150

**Oral Health Advisory Committee**  
 (209) 558-6828

**Perinatal Outreach and Education Task Force**  
 (209) 558-6818

**Safe Communities Coalition**  
 (209) 558-5657

**Teen Pregnancy Prevention/Parenting Network**  
 (209) 558-8833

**Youth Advocates Promoting Better Health**  
 (209) 558-8904

*Airport Neighbors United, 572-4535*  
*Newman Family Resource Center, 862-0295*

*Ceres Partnership for Healthy Children, 541-0101*  
*CASA del Rio Family Resource Center, 869-0468*

*West Modesto King Kennedy  
 Neighborhood Collaborative, 522-6902*  
*Oak Valley family Support Network, 847-5121*