



Pictures: 2015 Heart Walk with Dr. Walker Leading the Team



PublicHealth
Prevent. Promote. Protect.

2017 Stanislaus County Public Health Annual Report



Pictures: 2015 Workforce Development Training for Public Health Staff

Stanislaus County Public Health Annual Report 2017



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Message from the Public Health Director and Health Officer

The Institute of Medicine defines Public Health as “fulfilling society’s interest in assuring conditions in which people can be healthy.” Stanislaus County Health Services Agency/Public Health Division (HSA/PH), in collaboration with our partners, seeks to do this by preventing injury and illnesses, promoting healthy behaviors, and protecting our community from health threats and disasters.

On behalf of the entire public health team, it gives us great pleasure to present the Stanislaus County 2017 Public Health Annual Report. This report provides a glimpse into the work we do, the challenges we face and the accomplishments we have achieved.

The Stanislaus County Board of Supervisors is committed to providing excellent community services effectively and efficiently through responsible use of resources, innovation and ongoing improvement. It is in this spirit that they developed seven priorities that they would like all County programs to strive towards. We are pleased to note that of these seven our public health service delivery, focus and desired goals align with four of the established priorities.

- **A safe community**, through communicable disease control, so that food, water, or airborne outbreaks are quickly identified and control measures implemented, and through emergency preparedness.
- **A healthy community**, by promoting and encouraging healthy behaviors.
- **Effective partnerships**, by actively seeking out partnerships in all our programs.
- **Efficient delivery of public services**, by working to develop a culture of quality improvement.
- A strong local economy
- A strong agricultural economy/heritage
- A well planned infrastructure

We have decided to present this report through the lens of the ten essential public health services and the core functions of public health. These essential services/core functions are a best practice guide for delivering public health services in a way that supports quality improvement, partnerships, community engagement and accountability. We know that the success of our programs and our various initiatives is dependent on strong partnerships and shared goals. Therefore, it is imperative that we remain vigilant in our efforts to address the conditions in our community that improve health and to confront those conditions that do not. In this report we proudly present what we are doing; the actions we are taking to help shape the health of our community.

We conclude this report on a high note. Moving forward together with the lessons we have learned and renewed commitment, we look to the future with great anticipation, ready and prepared to do our best to create conditions which will ensure we have *Healthy People in a Healthy Stanislaus!*”

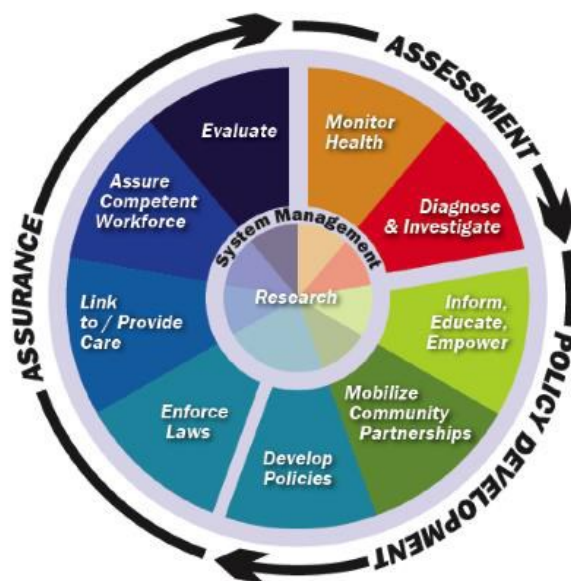


Lori Williams, MSW
Public Health Director



Julie Vaishampayan, MD, MPH
Public Health Officer

Ten Essential Public Health Services and Three Core Functions



Pictures: Ten Essential Public Health Services and Three Core Functions

Table 1. Public Health Core Functions and Essential Services

Assessment	
1.	Monitor health status to identify and solve community health problems
2.	Diagnose and investigate health problems and health hazards in the community
3.	Inform, educate, and empower people about health issues
Policy Development	
4.	Mobilize community partnerships and action to identify and solve health problems
5.	Develop policies and plans that support individual and community health efforts
6.	Enforce laws and regulations that protect health and ensure safety
Assurance	
7.	Evaluate effectiveness, accessibility, and quality of personal and population-based health services
8.	Link people to needed personal health services and assure the provision of health care when otherwise unavailable
9.	Assure competent public and personal health care workforce
10.	Research for new insights and innovative solutions to health problems

Achievements

There were a number of significant accomplishments during 2015/2016 fiscal year including:

- Governor Edmund G. Brown Jr. recognized the **Cal-Learn** program, run jointly by HSA/PH and the Community Services Agency (CSA), for Stanislaus County's high teen parent high school graduation rate. This program is designed to encourage pregnant and parenting teens to graduate from high school or its equivalent, become independent, and form healthy families.
- The California Department of Public Health recognized the **Vital Records** program for timeliness of birth registrations, with 95% of all births registered within 10 days.
- The California Emergency Medical Services Authority awarded a Certificate of Outstanding Achievement to the Medical Reserve Corps (MRC) Unit #1413 for its support in the September 2015 Valley Fire recovery operations in Lake County. The MRC is a coalition led by the **Emergency Preparedness** program.
- The expansion of the **Keep Baby Safe** program, which provides car seat safety education to caregivers of young children, allowed community members in outlying areas to attend a child passenger safety program near their homes.
- **Community Assessment Planning and Evaluation** (CAPE) provided support to various programs to help bring competitive grant funding into the County. This included the Office of Traffic Safety, Information and Education, National Association of County and City Health Officials Accreditation Support Initiative (NACCHO ASI) and Geographic Information Systems (GIS) Training for Surveillance of Heart Disease, Stroke and Other Chronic Diseases grant awards. These awards resulted in training opportunities, such as Geographic Information and Performance Management Systems for HSA/PH staff.
- The **Women, Infants and Children** (WIC) Program collaborated with the County Library to implement a "Pop Up Library" at the Modesto WIC office. Parents and their children visited the "Pop Up Library" to enjoy storybooks, learn about the importance of literacy and de-

velop a healthy interest in books. Members of the public were also able to check out items, use books, and get library cards issued.

Challenges

There were a number of significant challenges during 2015/2016 fiscal year including:

- In June of 2016, the HSA Main Campus experienced the flooding of four floors of the Central Unit which led to the physical move of some HSA/PH programs twice. This disrupted programmatic operations and services to the public.
- There has been an increase in the number of babies born with syphilis, also known as congenital syphilis. In 2014 there was one case, which increased to 11 cases in 2015. Congenital syphilis also increased in surrounding Central Valley Counties, creating coordinated efforts to address in collaboration with the California Department of Public Health and the Centers for Disease Control and Prevention.
- In response to the increase in Zika virus infections worldwide, HSA/PH has been facilitating testing, sharing clinical information with providers, and investigating reports of potential cases in the County. Zika poses a significant health risk for unborn children of pregnant women.
- Workforce challenges continue to exist in HSA/PH and include the anticipated retirement of a significant number of staff leading to innovative preparation and succession planning. Recruitment and retention challenges still exist for various positions.



Pictures: Patterson Safety Staff; Vital Records Staff; and Medical Reserve Corp Volunteers

Public Health Core Function: Assessment

1. Monitor Health 2. Diagnose and Investigate

During the 2015/16 fiscal year, HSA/PH achieved the following:

1. Monitor Health

- Increased walking safety by working with community partners to conduct a walk audit and assessment workshop evaluating the safety of sidewalks, streets and other active transportation infrastructure.
 - As a result, a 4-way stop sign was installed at the main intersection in front of Orville Wright Elementary School the following month.
- Assessed marketing and availability of healthy products in 141 stores throughout the county.
- Quantified the ability of youth to illegally purchase tobacco products by conducting a Youth Tobacco Purchase Survey.
 - Results indicated that up to 41% of tobacco retailers were willing to sell tobacco to youth under age 21. A mass media campaign was launched to increase awareness of the health risks of tobacco products.
- Interviewed 30 county safety staff regarding barriers, facilitators, and feedback on including Electronic Smoking Devices in the definition of tobacco products for county tobacco policies and improving employee safety.
- Examined 20 cases of child death, and 99 cases of adult death due to child and elder abuse and neglect, intimate partner violence, and suicide with the Interagency Family Violence Death Review Team.
- Vital Records Registered:
 - 10,918 Births
 - 4,822 Deaths

2. Diagnose and Investigate

- Investigated 11 disease outbreaks to protect the community and control communicable disease (*a comprehensive disease report can be found in Appendix A*).



Public Health Core Functions and Essential Services

- Conducted 9,491 PH laboratory tests including:
 - 1,252 microbiologic laboratory tests (e.g. for rabies, parasitology, food-borne illnesses, and tuberculosis);
 - 2,150 immunology serology tests (e.g. blood tests for syphilis, tuberculosis, HIV, and West Nile Virus);
 - 1,361 toxicology tests (e.g. lead screening);
 - 3,965 molecular tests (e.g. chlamydia, gonorrhea, and influenza); and
 - 691 environmental tests (e.g. dairy and recreational water samples).



Picture: Public Health Lab Staff

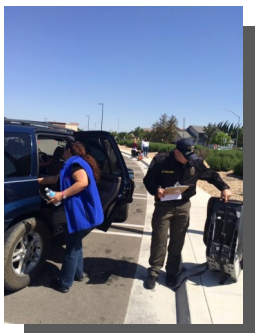
Public Health Core Function: Policy Development

3. Inform, Educate and Empower 4. Mobilize Community Partnerships 5. Develop policies

During the 2015/16 fiscal year, HSA/PH achieved the following:

3. Inform, Educate and Empower

- Taught
 - 2,085 nutrition and lifestyle education classes to WIC clients;
 - 240 healthy birth outcome classes to families;
 - 8 Lead poisoning prevention classes to the medical resident program, child care providers and parents/care givers;
 - 906 community classes on healthy eating and physical activity;
 - 175 early childcare providers to engage 2000 students in nutrition education;
 - 512 parents on child passenger safety;
 - 595 students on teen pregnancy prevention and healthy relationships; and
 - 284 children and 183 parents on dental disease prevention; 633 children received fluoride varnish applications.
- Responded to 72 media inquiries.



Picture: Patterson Car Seat Safety Service

4. Mobilize Community Partnerships

- Coordinated health coalitions including:
 - Stanislaus Food and Nutrition Network
 - HEART Coalition
 - TOPS Coalition
 - Breastfeeding Coalition
- Partnered with Cultiva la Salud to provide comprehensive leadership training to 25 residents from underserved areas in the county. Graduates have initiated several health improvement efforts within their communities.
- Trained 43 teachers across multiple school districts to provide SPARK (Sports, Play,



Public Health Core Functions and Essential Services

and Active Recreation for Kids) physical education in elementary schools and Head Start centers.

- Planned the annual provider education conference with Stanislaus County Asthma Coalition.
- Recruited 21 licensed and 15 non-licensed volunteers for the Medical Reserve Corps.
- WIC staff celebrated World Breastfeeding Week by holding an event with numerous community partners to share breastfeeding resources and support to nearly 700 people.

5. Develop Policies

- Began implementation of the 2015-18 PH strategic plan developed in the previous year, with 6 priority areas.
- A Communities of Excellence assessment was conducted with community partners to determine local assets for tobacco control strategies and develop program priorities to move policies that reduce exposure to secondhand smoke and youth access to tobacco.



Public Health Core Function: Assurance

6. Enforce Laws 7. Link to and Provide Care 8. Assure a Competent Workforce 9. Evaluate 10. Research

During the 2015/16 fiscal year, HSA/PH achieved the following:

6. Enforce Laws

- Applied for and received Office of Traffic Safety grant to improve compliance with child passenger safety laws.
- Conducted 13 CHDP Provider Site Recertification visits. Provided information and technical assistance to local merchants, policy-makers, schools, and other stakeholders.

7. Link to and Provide Care

- Provided HIV case management to 102 people.
- Administered 561 HIV tests in the community.
- Conducted 6,628 Community Health home visits.
- Provided case management to five children with high blood levels of lead; monitored 15 children with abnormal blood lead levels.
- Evaluated 2,083 children for CCS services.
- Provided 7,399 physical and occupational therapy visits via the Sonoma Medical Therapy Programs.
- Supplied an average of 17,939 WIC vouchers for healthy foods per month to support women, infants and children nutritionally at risk.
- Created awareness for the California Smokers' Helpline smoking cessation services which fielded 762 calls from Stanislaus County from January through December 2016.

8. Assure a Competent Workforce

- Educated 93 new staff on mandated reporting.
- Provided 25 drills, exercises, and trainings to increase the County's preparedness for a public health emergency.



Public Health Core Functions and Essential Services

9/10. Evaluate/Research

- Promoted quality improvement as an integral part of the HSA/PH working culture by:
 - Identifying Performance Management and Quality Improvement as a strategic priority area with 3 goals through the Strategic Planning process.
 - Implementing trainings for quality improvement and performance metrics for all HSA/PH programs.



Picture: Public Health Nurse Immunizing a child

Shaping the Health of our Community

What shapes the health of a community?

Most people think that access to healthcare is the most important driver of community health. While access to quality healthcare is important, much of what affects our health happens beyond medical care. Health is influenced by where we live, learn, work and play. Many health factors (Figure 1, blue boxes) shape our communities' health outcomes. Health behaviors, clinical care, social and economic factors, and the physical environment all influence health.

Social and economic factors are the largest single predictor or driver of health outcomes. An example of how social and economic factors influence health is expanding early childhood education to improve academic achievement. Higher levels of education lead to higher levels of income which then influence other health factors such as access to healthy foods, clinical care, and quality housing; which in turn influences health outcomes.

Social and economic factors also influence health behaviors, the second greatest contributor to health and longevity. The lower the social and economic position of a population or community, the more common unhealthy behaviors are and the more difficult it is to practice healthy behaviors. Conversely, the better the social and economic environment, the easier it is to adopt and sustain healthier behaviors. Stanislaus County's Health Status Profile (Appendix B) is a testament of the work that remains in improving health throughout our community.

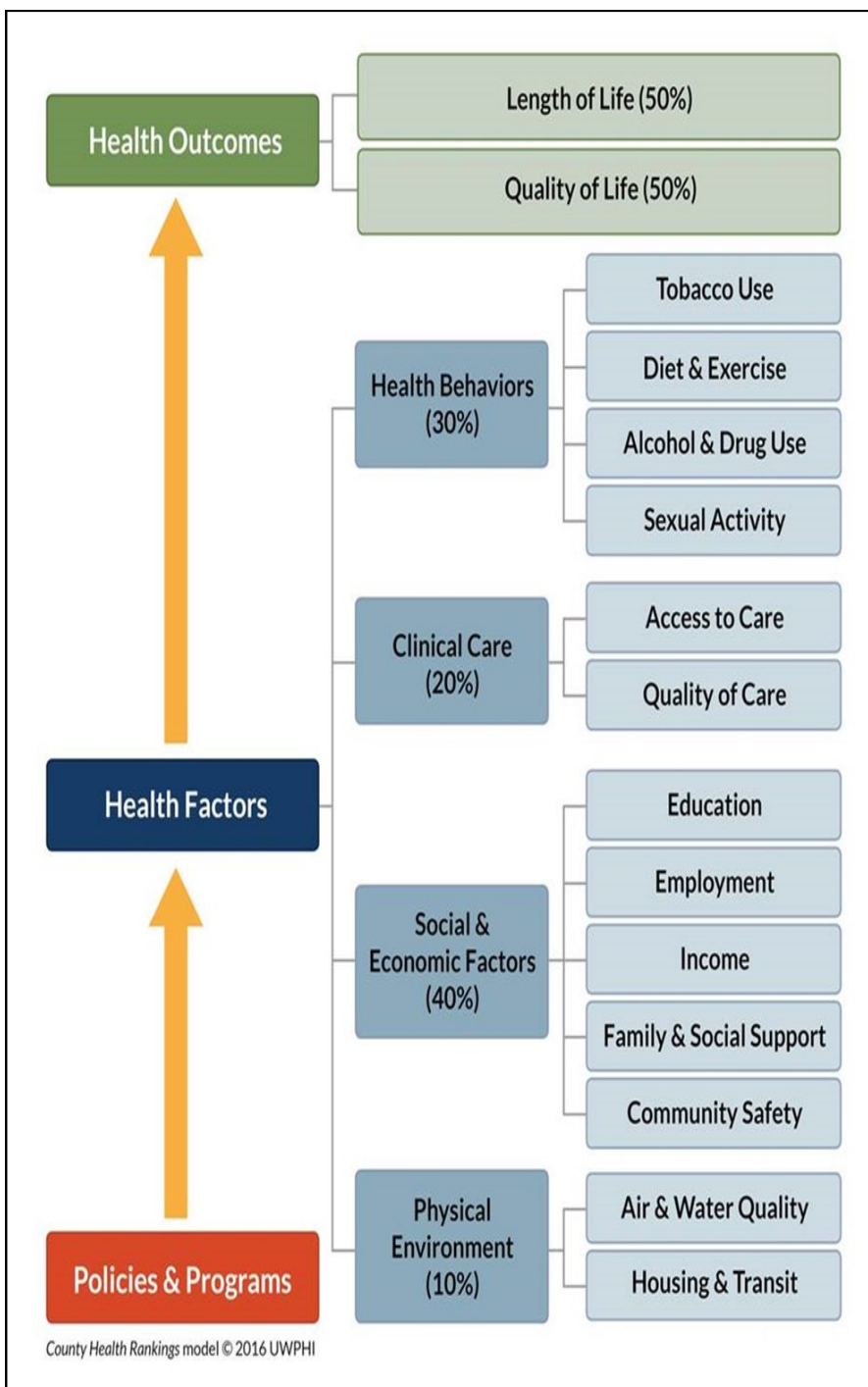


Figure 1. County Health Rankings Model of Factors Impacting Health
Web Source: <http://www.countyhealthrankings.org/our-approach>

Health is commonly thought of in the context of personal responsibility, but the choices we make concerning our health and health behaviors depend on the choices we have available to us. Making the healthy choice the easy choice can have a profound impact on our community's health.

Conclusions/Looking Ahead

As we continue working to achieve our mission to **prevent** illness and injury, **promote** health and wellness and **protect** the health of the public; we recommit ourselves to our vision of Healthy People in a Healthy Stanislaus. Looking forward, we are convinced that the potential for great things to happen in our communities is well within our reach. As we close out this year, we are reenergized, enthusiastic and excited to once again have a chance to place health and wellness at the center and share the accomplishments of our work. Building on this energy, we move into the future with determination and clarity of purpose. We will focus our resources and efforts on our people, our partners, and our possibilities.

Our People, by placing emphasis on attracting, retaining and building caring and competent staff; we will continue to build our capacity to effectively manage our programs and successfully promote health inside and outside of our organization.

Our Partners, by developing new partnerships and strengthening existing partnerships with our stakeholders, other county programs and the community; we will continue to move a health agenda forward based on a shared vision, values and goals.

Our Possibilities, by becoming a nationally recognized and accredited Public Health department; by working in partnership with the community and creating conditions of well-being, that allow for all people to be healthy and to live full lives in a safe and thriving community.

In conclusion, we sincerely hope you have enjoyed our annual report. Thank you for your support and for helping us celebrate another productive year. We know that transforming our communities and creating opportunities for citizens of Stanislaus County to be healthy is a very big goal; one that will take all of us doing our collective best to achieve. Here in Stanislaus County we are up to the task because we know that when we **move forward together** we will be able to make **Healthy People in a Healthy Stanislaus** a reality.

“We need to move away from a focus on treating sickness to actively promoting health. Investing in prevention saves money for other parts of the public sector by reducing demand for hospital, health and social care services and ultimately improves the public’s health.”
Local Government Association Community Wellbeing Spokesperson, 2015



Source: Public Health Accreditation Board –PHAB

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Acronyms

AIDS Acquired Immune Deficiency Syndrome
CCS California Children's Services
CHDP Child Health and Disability Prevention
CHS Community Health Services
CSA Community Services Agency
HEART Coalition Heart Education Awareness Resources Team Coalition
HIV Human Immunodeficiency Virus
HSA Stanislaus County Health Services Agency
PH Public Health Division
PHAB Public Health Accreditation Board
TOPS Coalition Tobacco Control Outreach and Prevention Services Coalition
WIC Special Supplemental Nutrition Program for Women, Infants and Children

Appendix A:

Annual Reportable Disease Summary		
Fiscal Years 2014/2015 and 2015/2016		
	2014/2015	2015/2016
Selected Reportable Conditions	Cases	Cases
Botulism	1	1
Campylobacter	205	185
Coccidioidomycosis	41	51
E. coli 0157	11	12
Giardiasis	28	26
Hepatitis A	4	2
Hepatitis B (Chronic)	75	86
Hepatitis C (Chronic)	627	659
Meningitis, Bacterial (<5 years old)	10	9
Meningitis, Viral	45	27
Rabies (Animal)	2	2
Pertussis	71	10
Salmonella	74	78
Shiga Toxin Producing E. coli	13	14
Shigella	13	44
Tuberculosis (Clinically Active)	9	15
West Nile Virus	38	13
Outbreaks		
Total	19	11
Gastrointestinal	9	6
Rash	4	4
Respiratory, non-Tuberculosis	6	1
Selected Sexually Transmitted Disease (STDs)		
Chlamydia	2374	2338
Gonorrhea	735	769
Syphilis		
Primary/Secondary	70	73
Early Latent	36	40
Congenital	2	11

Appendix B:

2017 Stanislaus County Public Health Annual Report

STANISLAUS COUNTY'S HEALTH STATUS PROFILE FOR 2017										
MORTALITY										
RANK	HEALTH STATUS INDICATOR	2013-2015 DEATHS (AVERAGE)	CRUDE DEATH RATE	AGE-ADJUSTED DEATH RATE	95% CONFIDENCE LIMITS LOWER	95% CONFIDENCE LIMITS UPPER	ORDER	NATIONAL OBJECTIVE	AGE-ADJUSTED CALIFORNIA CURRENT	DEATH RATE COUNTY PREVIOUS
51	ALL CAUSES	4,041.7	759.2	793.3	768.6	818.1		a	616.2	782.0
54	ALL CANCERS	893.0	167.7	174.1	162.6	185.7		161.4	143.8	163.6
55	COLORECTAL CANCER	84.3	15.8	16.4	13.1	20.3		14.5	13.2	17.5
51	LUNG CANCER	202.3	38.0	39.5	34.0	45.0		45.5	30.6	40.4
39	FEMALE BREAST CANCER	60.0	22.3	21.2	16.2	27.3		20.7	19.8	18.6
42	PROSTATE CANCER	45.3	17.2	21.9	16.0	29.3		21.8	19.3	19.8
47	DIABETES	128.0	24.0	24.9	20.5	29.2		b	20.6	21.1
50	ALZHEIMER'S DISEASE	205.0	38.5	41.6	35.9	47.3		a	32.1	40.1
58	CORONARY HEART DISEASE	719.0	135.1	141.7	131.2	152.2		103.4	93.2	154.4
53	CEREBROVASCULAR DISEASE (STROKE)	216.7	40.7	43.6	37.7	49.5		34.8	34.7	43.2
46	INFLUENZA/PNEUMONIA	91.0	17.1	18.0	14.5	22.1		a	15.2	18.5
46	CHRONIC LOWER RESPIRATORY DISEASE	244.3	45.9	48.4	42.2	54.5		a	33.3	52.0
37	CHRONIC LIVER DISEASE AND CIRRHOSIS	80.7	15.2	15.1	11.9	18.7		8.2	12.1	13.5
30	ACCIDENTS (UNINTENTIONAL INJURIES)	209.7	39.4	39.9	34.4	45.4		36.4	29.1	38.0
34	MOTOR VEHICLE TRAFFIC CRASHES	66.7	12.5	12.5	9.7	15.8		12.4	8.3	12.0
18	SUICIDE	55.3	10.4	10.6	8.0	13.7		10.2	10.3	10.6
35	HOMICIDE	30.3	5.7	5.7	3.8	8.1		5.5	4.8	6.9
27	FIREARM-RELATED DEATHS	48.3	9.1	9.2	6.8	12.2		9.3	7.6	9.6
34	DRUG-INDUCED DEATHS	89.3	16.8	17.0	13.6	20.9		11.3	11.8	16.6
MORBIDITY										
RANK	HEALTH STATUS INDICATOR	2013-2015 CASES (AVERAGE)	CRUDE CASE RATE	95% CONFIDENCE LIMITS LOWER	95% CONFIDENCE LIMITS UPPER	ORDER	NATIONAL OBJECTIVE	CRUDE CASE RATE CALIFORNIA CURRENT	COUNTY PREVIOUS	
30	AIDS INCIDENCE (AGE 13 AND OVER)	13.0	3.0 *		1.6	5.2		a	6.5	3.7 *
44	CHLAMYDIA INCIDENCE	2,202.0	413.6		396.4	430.9		c	460.2	374.8
47	GONORRHEA INCIDENCE FEMALE AGE 15-44	277.3	252.4		222.7	282.1		251.9	192.2	86.7
50	GONORRHEA INCIDENCE MALE AGE 15-44	350.7	310.1		277.7	342.6		194.8	307.3	79.4
32	TUBERCULOSIS INCIDENCE	13.7	2.6 *		1.4	4.3		1.0	5.6	2.1 *
INFANT MORTALITY										
RANK	HEALTH STATUS INDICATOR	2012-2014 DEATHS (AVERAGE)	BIRTH COHORT INFANT DEATH RATE	95% CONFIDENCE LIMITS LOWER	95% CONFIDENCE LIMITS UPPER	ORDER	NATIONAL OBJECTIVE	BC INFANT DEATH RATE CALIFORNIA CURRENT	DEATH RATE COUNTY PREVIOUS	
49	INFANT MORTALITY: ALL RACES	47.7	6.3		4.6	8.4		6.0	4.6	5.3
51	INFANT MORTALITY: ASIAN/PI	2.7	6.3 *		1.1	19.4		6.0	3.3	5.9 *
50	INFANT MORTALITY: BLACK	2.3	15.2 *		2.3	50.3		6.0	10.2	22.5 *
48	INFANT MORTALITY: HISPANIC	23.7	5.8		3.7	8.7		6.0	4.5	6.2
49	INFANT MORTALITY: WHITE	16.3	6.3 *		3.6	10.2		6.0	3.8	3.1 *
NATALITY										
RANK	HEALTH STATUS INDICATOR	2013-2015 BIRTHS (AVERAGE)	PERCENT	95% CONFIDENCE LIMITS LOWER	95% CONFIDENCE LIMITS UPPER	ORDER	NATIONAL OBJECTIVE	PERCENTAGE CALIFORNIA CURRENT	COUNTY PREVIOUS	
19	LOW BIRTHWEIGHT INFANTS	474.0	6.2		5.7	6.8		7.8	6.8	6.1
27	FIRST TRIMESTER PRENATAL CARE	5,732.0	78.6		76.6	80.7		77.9	83.3	78.0
47	ADEQUATE/ADEQUATE PLUS PRENATAL CARE	4,822.3	68.4		66.5	70.4		77.6	78.3	70.1
RANK	HEALTH STATUS INDICATOR	2013-2015 BREASTFED (AVERAGE)	AGE-SPECIFIC BIRTH RATE	95% CONFIDENCE LIMITS LOWER	95% CONFIDENCE LIMITS UPPER	ORDER	NATIONAL OBJECTIVE	AGE-SPECIFIC BIRTH RATE CALIFORNIA CURRENT	COUNTY PREVIOUS	
42	BIRTHS TO MOTHERS AGED 15-19	555.3	27.7		25.4	30.0		a	21.0	35.9
BREASTFEEDING										
RANK	HEALTH STATUS INDICATOR	2013-2015 BIRTHS (AVERAGE)	PERCENT	95% CONFIDENCE LIMITS LOWER	95% CONFIDENCE LIMITS UPPER	ORDER	NATIONAL OBJECTIVE	PERCENTAGE CALIFORNIA CURRENT	COUNTY PREVIOUS	
53	BREASTFEEDING INITIATION	6,006	88.7		86.5	90.9		81.9	93.5	86.3
CENSUS										
RANK	HEALTH STATUS INDICATOR	2014 NUMBER	PERCENT	95% CONFIDENCE LIMITS LOWER	95% CONFIDENCE LIMITS UPPER	ORDER	NATIONAL OBJECTIVE	PERCENTAGE CALIFORNIA CURRENT	COUNTY PREVIOUS	
36	PERSONS UNDER 18 IN POVERTY	34,198	23.9		23.6	24.1		a	22.4	30.4

Rates, percentages and confidence limits are not calculated for zero events.

* Rates are deemed unreliable based on fewer than 20 data elements.

a Healthy People 2020 (HP 2020) National Objective has not been established.

b National Objective is based on both underlying and contributing cause of death which requires use of multiple cause of death files.

California's data exclude multiple/contributing causes of death.

c Prevalence data are not available in all California counties to evaluate the Healthy People 2020 National Objective STD-1, as the Healthy People objective is restricted to females who are 15-24 years old and identified at a family planning clinic, and males and females under 24 years old who participate in a national job-training program.

Note Crude death rates, crude case rates, and age-adjusted death rates are per 100,000 population. Birth cohort infant death rates are per 1,000 live births. The age-specific birth rates are per 1,000 female population aged 15 to 19 years old.

Previous refers to previous period rates. These periods vary by type of rate: Mortality 2010-2012, Morbidity 2010-2012, Infant Mortality 2009-2011, Natality 2010-2012, Census 2013.

Sources State of California, Department of Finance, Report P-3: State and County Population Projections by Race/Ethnicity, Detailed Age, and Gender, 2010-2060. Sacramento, California, December 2014.

California Department of Public Health: 2010-2015 Death Records.

California Department of Public Health, Office of AIDS, HIV/AIDS Surveillance Section, data as of 12/31/2016.

California Department of Public Health, STD Control Branch, Data Request, September 2016. Chlamydia data.

California Department of Public Health, STD Control Branch, Data Request, September 2016. Gonorrhea data.

California Department of Public Health, Tuberculosis Control Branch, Data request, August 2016.

California Department of Public Health: 2009-2014 Birth Cohort-Perinatal Outcome Files.

California Department of Public Health: 2010-2015 Birth Records.

California Department of Public Health, Center for Family Health, Genetic Disease Screening Program, Newborn Screening Data, 2010-2015.

California Department of Public Health, Center for Family Health, Maternal, Child and Adolescent Health Program.

U.S. Census Bureau, Small Area Income and Poverty Estimates. <http://www.census.gov/idd/www/saiper/data/statecounty/data2014.html>, Accessed April 2016



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