Stanislaus County HEALTH SERVICES AGENCY

Public Health
Prevent. Promote. Protect.

2018 Stanislaus County Public Health Annual Report

Stanislaus County
Public Health Annual Report
2018

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Stanislaus County HEALTH SERVICES AGENCY
hsahealth.org

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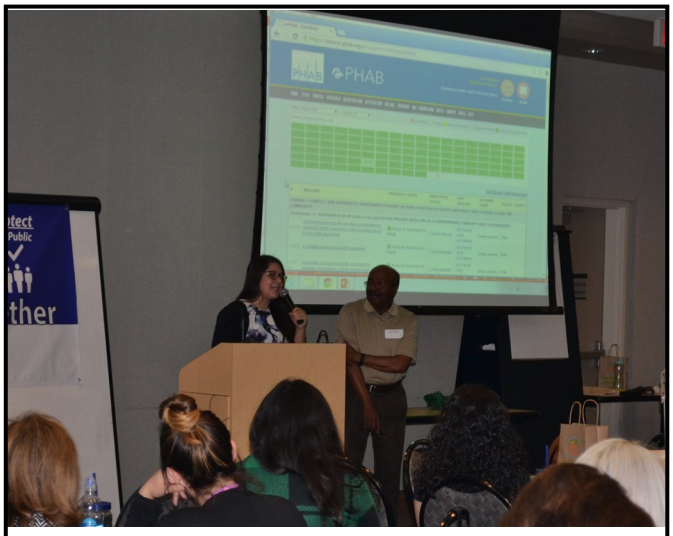
Message from the Public Health Director and Health Officer

Public health departments work hard to prevent diseases, outbreaks, and injuries with the ultimate goal of improving the health of the community, but prevention is often a hidden result. The work of public health may seem invisible but in fact it is everywhere: affecting and touching our lives on a daily basis. As we look around our community and see bike lanes, walking paths, no smoking signs, immunizations clinics, community gardens, and farmers markets we are seeing public health in action.

Many elements affect the health of our community and last year we explored some of these factors such as health behaviors, access to clinical care, social and economic issues and the environment.

This year we will discuss how public health works to address these factors. Figure 1 on page five provides an excellent visual of the framework of the foundational public health services and will be the lens through which we present this year's report.



Accreditation Coordinator Andria Jimenez and retired Public Health Officer Dr. Walker preparing to submit Accreditation documentation at the 2017 Public Health Annual Meeting.

A major project this past year was creating, gathering, and submitting documentation for public health accreditation. Public Health accreditation is organized around the Ten Essential Services (Figure 2 on page 5), aligning with the foundational capabilities. The themes of accreditation are quality improvement, planning, partnerships, community engagement, leadership and governance, customer/community focus, and health and racial equity. Under each foundational area we will highlight the themes of public health accreditation.

Health starts—long before illness—in our homes, schools and jobs. Through our efforts to address the obstacles and barriers to health we aspire to help create the conditions where the healthy choice is the easy choice and everyone has the opportunity to live the healthiest life possible, regardless of their income, education or ethnic background.

When everyone has these opportunities, we will have "*Healthy People in a Healthy Stanislaus!*"

Lori Williams, MSW
Public Health Director

Julie Vaishampayan, MD, MPH
Public Health Officer

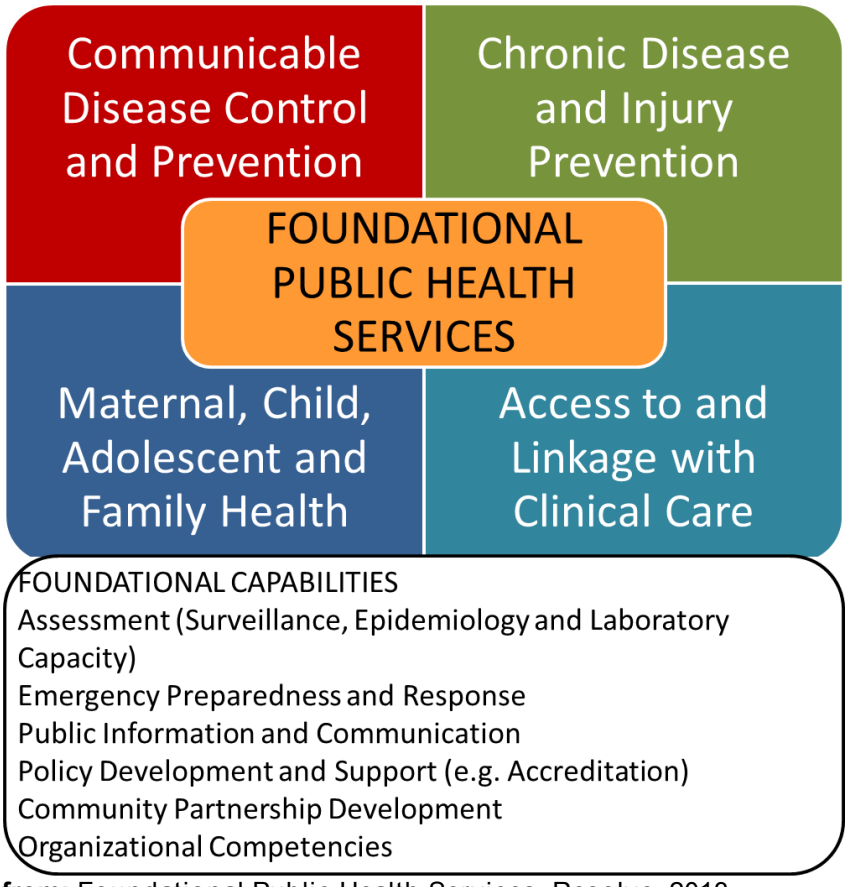
Foundational Public Health Services

The Foundational Public Health Services framework consists of foundational areas and foundational capabilities essential to all health departments. Foundational areas, the colored boxes in Figure 1, are the areas of expertise, or program specific activities, in all health departments essential to protect the community's health. Foundational capabilities are the skills needed in health departments to support all activities. The foundational capabilities align with the Ten Essential Services and the domains for public health accreditation.

Health departments also need the capacity for additional important programs and activities specific to the needs of their community (the "above the line" services). In Stanislaus County, these additional services include treatment for people with syphilis and immunization of children for school.

Figure 2. Ten Essential Public Health Services

Figure 1. Foundational Public Health Services



Source: Adapted from: Foundational Public Health Services, Resolve, 2013. http://www.resolv.org/site-foundational-ph-services/

Communicable Disease Control

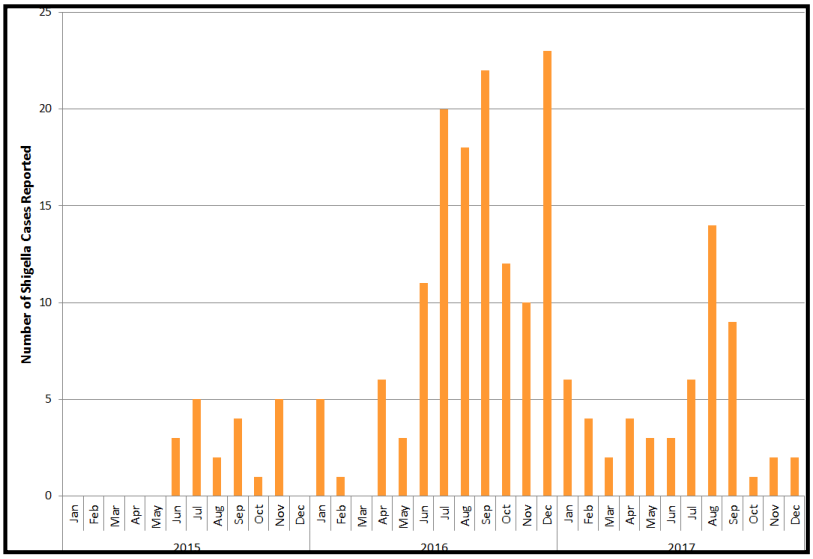
Shigella

Shigella is an intestinal disease that causes diarrhea, fever, and stomach cramps. A unique, toxin-producing strain was first identified in California in 2014. Stanislaus County saw a large increase in this new strain in 2016.

In response, HSA/PH:

- Partnered with Department of Environmental Resources to increase awareness and promote handwashing and staying home when sick.
- Alerted Healthcare Providers.
- Expanded laboratory surveillance.
- Partnered with CDPH to try to identify a common source.

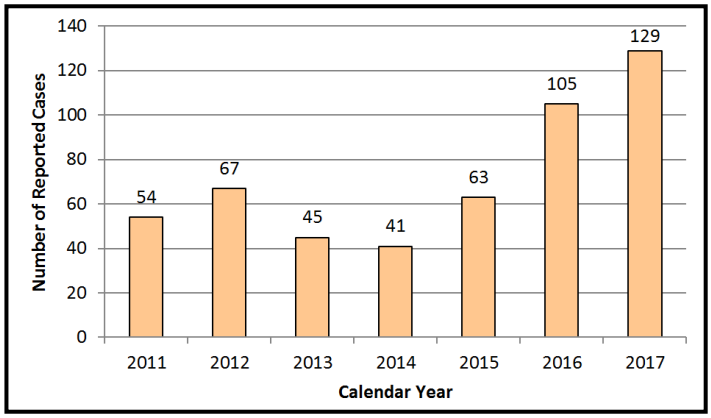
Reported Cases of Shigella by Month
Stanislaus County, 2015-2017



Valley Fever

Valley Fever, also known as coccidioidomycosis, is an increasing health concern in the southern central valley and central coast of California. It is caused by a fungus that grows in certain types of soil; it can cause respiratory symptoms when breathed in, especially when soil is disturbed by digging or wind. Most infected people will not show signs of illness. Those who do become ill with Valley Fever often have a flu-like illness that can last for two weeks or more. While most people recover fully, some may develop more severe disease or complications of Valley Fever such as infection of the brain, joints, bone, skin or other organs.

Reported Cases of Valley Fever by Year,
Stanislaus County, 2011-2017



In response, HSA/PH sent out information to:

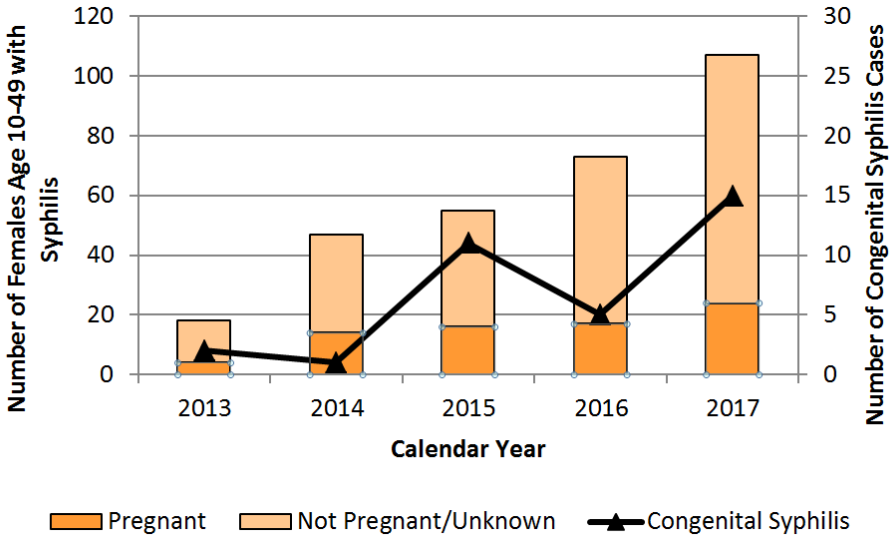
- The public to let them know who is at risk for Valley Fever and how to avoid this potentially deadly infection.
- Healthcare providers to alert them to the increasing number of people with Valley Fever being diagnosed in this County and remind them to consider this as a possible cause of illness.

These activities reflect the accreditation themes of planning, partnerships, and community engagement.

Communicable Disease Control
Syphilis

Stanislaus County, along with the entire San Joaquin Valley, has seen a rise in syphilis in women and congenital syphilis over the past few years. Syphilis is a potentially fatal sexually transmitted disease which can be treated. In pregnant women syphilis can lead to pregnancy complications including miscarriage and still birth. Babies with congenital syphilis can have life-threatening health problems. In order to prevent transmission of syphilis from a pregnant woman to her baby, syphilis must be treated correctly at least 30 days prior to birth.

Females Age 10-49 with Syphilis by Pregnancy Status and Congenital Syphilis Cases Stanislaus County, 2013–2016



To address gaps in diagnosis and treatment of syphilis, Stanislaus County Health Services Agency Public Health Division (HSA/PH) is:

- Working with the California Department of Public Health (CDPH) to develop a toolkit with resources for preventing, testing, diagnosing, treating and reporting syphilis.
- Reaching out to providers to raise awareness.
- Partnering with our local jail to test female inmates for syphilis. Positive test results lead to treatment initiation while patients are incarcerated, and upon release, care is transferred to public health to ensure treatments are completed. This joint program was presented at the California Syphilis Prevention Summit at the University of Southern California on January 10, 2017.

Dana Fagen, Medical Investigator, presents at the CDPH Syphilis Prevention Summit

These activities reflect the accreditation themes of planning, quality improvement, partnerships, and leadership.

Maternal, Child and Family Health
Monitoring Blood Lead Levels

There is no safe level of lead in the blood, especially for children. Lead poisoning in children can lead to nervous system and brain damage, low blood count, and major organ damage.

Several groups of people are required or encouraged to get tested for blood lead levels including:

- Newly arrived refugee children age 6 months to 16 years,
- Children in publicly funded programs for low-income children (eg. Head Start) with testing requirements at one and two years old, and
- Children who are at risk for lead exposure (for example: living in an older home with potential lead paint).

HSA/PH works to protect children (age 0-21 years) with abnormal blood lead levels from further harm through monitoring and case management. In response to reports of elevated blood lead levels, HSA/PH staff partner with Environmental Health staff to conduct joint home visits to identify potential sources of lead poisoning in the home. Environmental Health staff evaluate the environment (lead house paint, contaminated soil, etc), and HSA/PH Staff inspect products such as ointments and dishes for possible sources of lead.

Examples of leaded items found in Stanislaus County homes

Lead Poisoning in Children: Signs and Symptoms:

- Developmental delay
- Learning difficulties
- Irritability
- Loss of appetite
- Weight loss
- Sluggishness and fatigue
- Abdominal pain
- Vomiting
- Constipation
- Hearing loss
- Seizures
- Eating things, such as paint chips, that aren't food (pica)

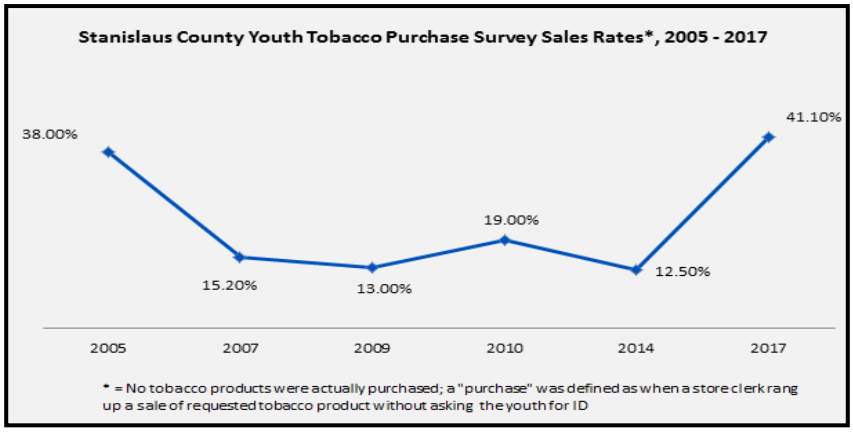
Source: mayoclinic.org

In order to better align with CDC guidelines, the State of California lowered the blood lead level thresholds requiring public health investigation and case management, lengthened the time required for ongoing follow-up, and increased funding for the increased workload. These changes, in addition to an increase in people immigrating to Stanislaus County from countries with more exposure to lead, have resulted in greatly increased numbers of children needing follow-up. (See Appendix A).

These activities reflect the accreditation themes of leadership and governance, partnership, and customer service.

Chronic Disease and Injury Prevention
Youth Access to Tobacco

In Stanislaus County, youth and young adult use of tobacco is an issue with a changing face. New products like e-cigarettes and flavored tobacco appeal to younger audiences, with 80% of youth who use tobacco starting with a flavored product. Electronic smoking devices, the most popular tobacco product for youth, are available in over 7,000 flavors including sweet and candy flavors like bubblegum and pancakes. These products produce a toxic aerosol that includes chemicals known to cause cancer and reproductive harm. Initiation of tobacco use as a youth can lead to life-long addiction: 90% of current smokers started before they were 18 years old.



In response to this changing threat to the health of our teens, HSA/PH:

- Conducted the 2017 Youth Tobacco Purchase Survey which showed out of 51 randomly selected tobacco retailers, 41% were willing to sell tobacco products without asking for identification, and two thirds of those stores also sold electronic smoking devices.
- Surveyed tobacco retailers, finding that all surveyed stores near schools sold flavored tobacco products and the availability of electronic smoking devices had increased by 10% since 2013.
- Coordinated a leadership training in partnership with the Stanislaus County Office of Education for 42 young people to build their public speaking capacity and educate them on the local issue of youth access to tobacco. Youth advocates travelled to the State Capital and spoke with local representatives and their staff about the problem of youth access and exposure to tobacco. Ten of these youth spoke at three Modesto City Council meetings in support of a proposed smoke-free parks ordinance with materials from HSA/PH. In March, the Modesto City Council passed an ordinance declaring all parks and walking trails in Modesto to be smoke-free, including electronic smoking devices.

Tobacco Control Bus Advertisement

These activities reflect the accreditation themes of leadership and governance, community engagement, and planning.

Access to and Linkage with Clinical Care

Flu Immunization Community Clinics

Emergency Preparedness conducted 13 Community Flu immunization clinics in 2016/2017 in various locations throughout the county. These community clinics administered 912 immunizations at minimal cost to community residents and provided practice for mass vaccinations. These vaccination events are supported by volunteers from the medical reserve corps.

HSA/PH Staff share information about HSA services at a Community Resource Event

2017 Flood Response:
In February 2017, Stanislaus County experienced widespread flooding, prompting emergency response. HSA/PH staff were deployed to the Emergency Operations Center and local emergency shelters. The recently completed All Hazards Emergency Operations Plan was a valuable asset in identifying tools and resources. The All Hazards Plan is now being updated in response to this event with a supplement clarifying roles and responsibilities of nurses in emergency shelters to better serve the community in emergency situations.

HIV Services

The STD/HIV program administers the Care program which provides services to 126 HIV positive residents of Stanislaus County. The Care program provides case management, linkage to resources, and acts as health care payment of last resort for those who are not eligible for any other health insurance. The Ceres Medical Office (a clinic operated by Stanislaus County Health Services Agency) offers an HIV clinic one afternoon per week.


Ceres Medical Office

Care

These activities reflect the accreditation themes of customer/community focus, health equity, planning, quality improvement and partnerships.

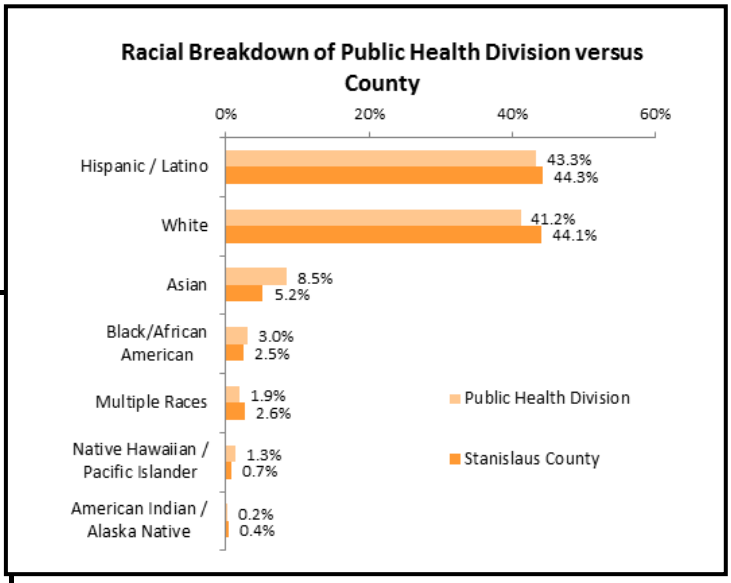
Foundational Capabilities
Policy, Systems, and Environment

Policy, systems, and environment (PSE) changes lead to long-lasting and impactful improvements in the health of a community and have a broader impact than direct client services. The Nutrition Education and Obesity Prevention (NEOP) program has shifted its focus from conducting nutrition education classes to engaging stakeholders in PSE changes. In August of 2016, NEOP staff proposed, developed, and coordinated the "Painting Preschool Playgrounds for Movement" stencil project at three Empire Unified School District Head Start sites. NEOP staff then worked together with school administration and staff to help paint all sites. This project increased opportunities for Head Start students to be active in an educational and colorful way. The project also improved safety by providing bicycle paths and parking spots.

Stenciling at Empire Head Start playground

Staffing

One way to better serve the community is to ensure that HSA/PH staff reflect the diversity of the public. The HSA/PH staff very closely mirrors the racial and ethnic diversity of our community. In response to the significant staff turnover HSA/PH has seen this year, HSA/PH has been involved with recruitment events at local colleges, leading to at least one hire. Local students have also been getting experience by working with HSA/PH programs through internships. The Public Health leadership team welcomed a new Director, Public Health Officer, Chief Epidemiologist, and Communicable Disease Manager this year, giving fresh perspective on processes and procedures and offering a unique opportunity for internal program evaluation, especially in the context of submitting documentation for public health accreditation.



Public Health Workforce	
Total Employees	530
Age	20-76
Over 55	23.5%
Women	88.7%
New Staff	45 full time 32 part time
New Managers	6 Full time 1 Transfer 4 Promoted
Open Positions	49 Full time 39 Part time

These activities reflect the accreditation themes of partnerships, customer/community focus, and health and racial equity.

Highlights from 2016/2017

• The Keep Baby Safe child passenger safety program's funding was renewed, providing classes and free and reduced cost car seats for children from qualifying families. Classes are offered at Family Resource Centers in Ceres, Hughson, Modesto, Newman, Oakdale, Patterson, and Turlock.

• After participating as a research site since June 2015, HSA/PH was awarded the highly competitive Adolescent Family Life Program-Positive Youth Development grant to serve pregnant and parenting teens with comprehensive case management to help them meet their goals including graduation from high school and/or obtaining a GED, as well as offering education and support regarding parenting.


© 2014, Saskatoon Health Region

• As part of continuous quality improvement, the home visiting programs began administering surveys to assess and quantify the impact of home visiting on local families. Families will be asked to complete the surveys at initiation of services and again after six months of home visiting, and at conclusion of services for comparison. During this year, 309 clients completed baseline surveys.

• In conjunction with the San Joaquin Valley Public Health Consortium, HSA/PH is participating in the Local and Regional Government Alliance on Race and Equity (GARE) project which invites participants to identify and address racial equity/disparity issues in systems, institutions, and policies. This will lead to creating a racial equity plan for the region.

• HSA/PH has been working with local detention facilities to ensure detainees are screened and treated for chlamydia and gonorrhea. Out of 152 females held in juvenile hall in 2016, 87% were screened with 21 positive for chlamydia and 4 testing positive for gonorrhea.

• HSA/PH Leadership and the Performance Management Quality Improvement Committee are being trained in Results-Based Accountability, a framework for identifying opportunities for improvement, implementing plans, and continual assessment and revision of the plan, leading to a fully implemented system for performance management.

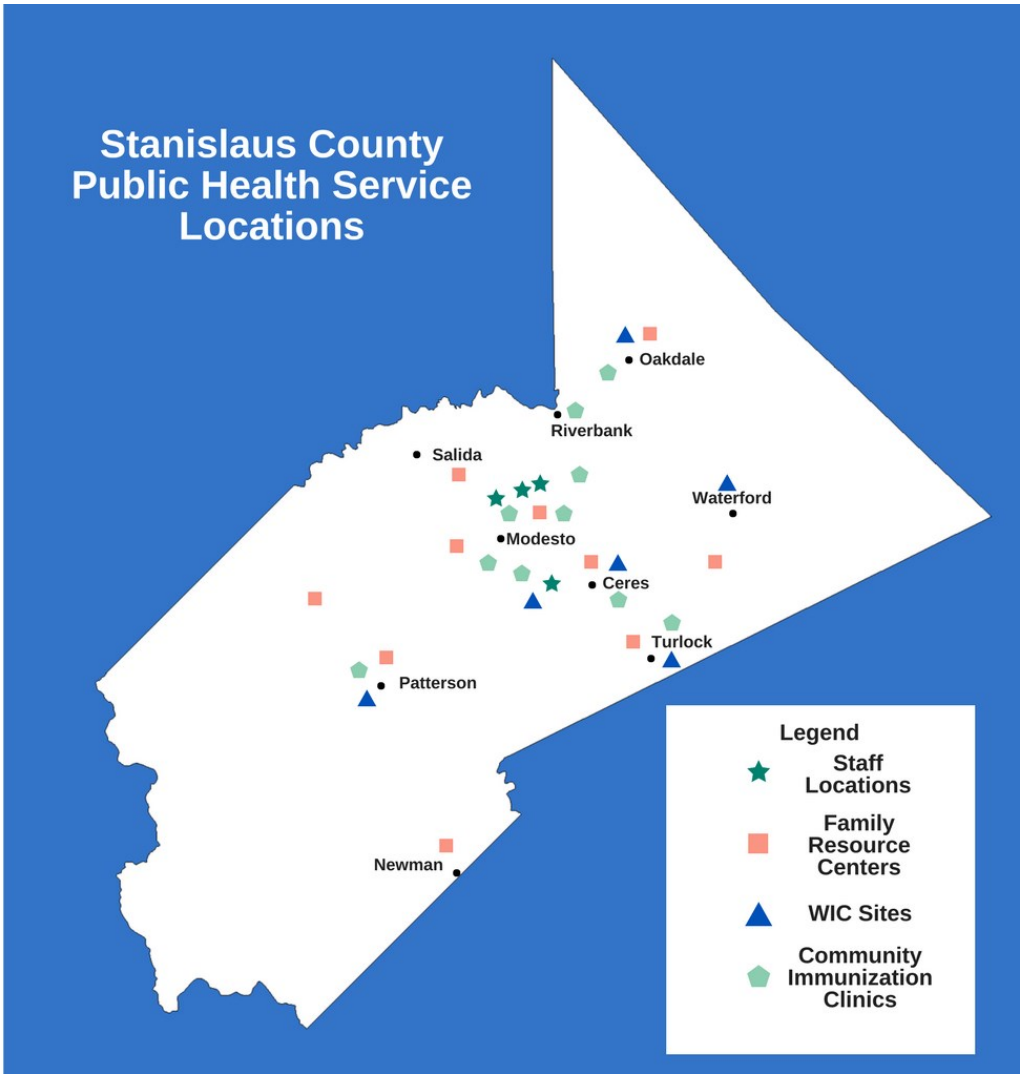
• Twenty-seven Head Starts now participate in the Harvest of the Month program, offering monthly taste testing of healthy foods with a nutrition education lesson. HSA/PH is working with Head Start to incorporate these healthy foods into the snack menus for children in the program.

• Through a CDPH HIV Supplemental Grant for transportation and nutrition services, HSA/PH provides weekly produce baskets from a local farm to qualified people living with HIV. The baskets contain fruit and vegetables as well as healthy recipes to prepare them. Baskets were provided to 39 clients in June 2017.

Conclusions/Looking Ahead

"Changing Our Future Together" is the 2018 National Public Health theme. This theme both resonates and motivates HSA/PH as another year begins. This is a new year ripe with possibilities. Moving forward, HSA/PH remains committed to becoming an exceptional public health department— focused, organized, strategic and accredited. HSA/PH will continue to direct efforts toward building up people, developing new partnerships and creating an updated Community Health Improvement Plan which will serve as the roadmap toward health and wellness for all residents. With a clarity of focus and a shared vision, HSA/PH is eager to play a pivotal role in creating a community abundant in health and wellness.

Fully embracing the role and responsibility for improving and protecting the health of the community, HSA/PH will continue to harness all efforts to address and create the conditions that ensure that everyone in Stanislaus County has an opportunity to be healthy. This is what it will take to move closer to making the vision of *"Healthy People in a Healthy Stanislaus"* a reality.



Acknowledgements

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Acronyms

AIDS Acquired Immune Deficiency Syndrome
CDC United States Centers for Disease Control and Prevention
CDPH California Department of Public Health
DOT Directly Observed Treatment
GARE Local and Regional Government Alliance on Race and Equity
GED General Education Diploma
HBO Healthy Birth Outcomes Program
HIV Human Immunodeficiency Virus
HR Human Resources
HSA Stanislaus County Health Services Agency
HSA/PH Stanislaus County Health Services Agency Public Health Division
IT Information Technology
MTC Medical Therapy Clinic
NEOP Nutrition Education and Obesity Prevention
NFP Nurse Family Partnership Program
OT Occupational Therapy
PH Public Health Division
PSE Policy System and Environment
PT Physical Therapy
QI Quality Improvement
STD Sexually Transmitted Disease
TB Tuberculosis
WIC Special Supplemental Nutrition Program for Women, Infants and Children

Appendix A:

Annual Key Metrics Summary		
Fiscal Years 2015/2016 and 2016/2017		
	2015/16	2016/17
Public Health Services		
Children immunized, age 0-18 years	2,598	2,982
Adults immunized, age 19 years and older	2,827	1,487
Flu vaccines administered in a community setting	1,093	912
People seen at STD clinic	672	1,111
TB skin tests administered	2,586	1,269
People with active TB	14	9
Active TB medication visits (DOT)	1,667	1,655
Latent TB treatment visits	880	547
People in AIDS case management	123	125
# of HIV tests (non-STD clinic) community/anonymous	216	277
Vital Records		
Births registered	10,918	10,524
Deaths registered	4,822	4,851
Maternal, Child, and Adolescent Health		
Healthy Birth Outcomes (HBO) home visits	1,228	1,064
Nurse Family Partnership (NFP) home visits	1,480	1,699
High risk maternal child health home visits	1,860	1,242
Cal Learn/Adolescent Family Life Program home visits	2,060	1,973
HBO classes taught by staff	240	240
Children with high blood lead levels case managed[1]	5	33
Children with abnormal blood lead levels monitored[1]	15	221
California Children's Services/Medical Therapy		
New client referrals	1,731	1,788
Children connected to a medical home	95%	89%
Children attending their annual medical team meetings	52%	55%
Children in case management	3,182	3,178
Medical Therapy (OT/PT/MTC) visits	6,418	5,540
Nutrition Programs		
WIC participants	17,939	17,028
WIC classes[2]	2,085	1,875
Nutrition Education Obesity Prevention classes[3]	906	639
Emergency Preparedness		
Number of drills, exercises, and trainings	31	24
New Medical Reserve Corps (licensed) volunteers	21	5
New Medical Reserve Corps (non-licensed) volunteers	15	4

[1]The thresholds and timelines for monitoring blood lead levels have changed, see page 8.

[2]Education is now available online, decreasing the need for in person classes, see page 12.

[3]There has been a change in NEOP program priorities away from classes in favor of policy, system, environment changes, see page 11.

Appendix B:

Annual Reportable Disease Summary Fiscal Years 2015/2016 and 2016/2017		
	2015/2016	2016/2017
	Cases	Cases
All Title 17 Conditions Reported	**6,159**	**8,342**
Selected Reportable Conditions		
Botulism	1	0
Campylobacter	185	219
Coccidioidomycosis (Valley Fever)	53	94
E. coli 0157	11	8
Giardiasis	26	48
Hepatitis A	2	3
Hepatitis B (Chronic)	86	98
Hepatitis C (Chronic)	902	1,013
Meningitis, Bacterial (<5 years old)	9	6
Meningitis, Viral	27	23
Rabies (Animal)	2	0
Pertussis	10	10
Salmonella	78	78
Shiga Toxin producing E. coli	14	19
Shigella	44	129
Tuberculosis (Clinically Active)	14	9
West Nile Virus	14	26
Outbreaks		
Total	11	14
Gastrointestinal	6	9
Rash	4	1
Respiratory, non-Tuberculosis	1	4
Selected Sexually Transmitted Diseases (STDs)		
Chlamydia	2,338	2,466
Gonorrhea	768	833
Syphilis	219	224
Primary/Secondary	71	94
Early Latent	39	49
Women 12-44 yrs (child-bearing)	62	79
Congenital	9	10

Appendix C:

STANISLAUS COUNTY'S HEALTH STATUS PROFILE FOR 2017

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	NATIONAL OBJECTIVE	AGE-ADJUSTED DEATH RATE CALIFORNIA CURRENT	AGE-ADJUSTED 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	NATIONAL OBJECTIVE	CRUDE CASE RATE CALIFORNIA CURRENT	CRUDE CASE RATE 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	NATIONAL OBJECTIVE	BC INFANT DEATH RATE CALIFORNIA CURRENT	BC INFANT 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	NATIONAL OBJECTIVE	PERCENTAGE CALIFORNIA CURRENT	PERCENTAGE 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 BIRTHS (AVERAGE)	AGE-SPECIFIC BIRTH RATE	95% CONFIDENCE LIMITS LOWER	95% CONFIDENCE LIMITS UPPER	NATIONAL OBJECTIVE	AGE-SPECIFIC BIRTH RATE CALIFORNIA CURRENT	AGE-SPECIFIC BIRTH RATE 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 BREASTFED (AVERAGE)	PERCENT	95% CONFIDENCE LIMITS LOWER	95% CONFIDENCE LIMITS UPPER	NATIONAL OBJECTIVE	PERCENTAGE CALIFORNIA CURRENT	PERCENTAGE 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	NATIONAL OBJECTIVE	PERCENTAGE CALIFORNIA CURRENT	PERCENTAGE 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.

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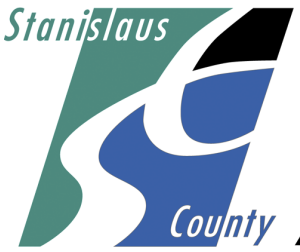

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