

Public Health Annual Report

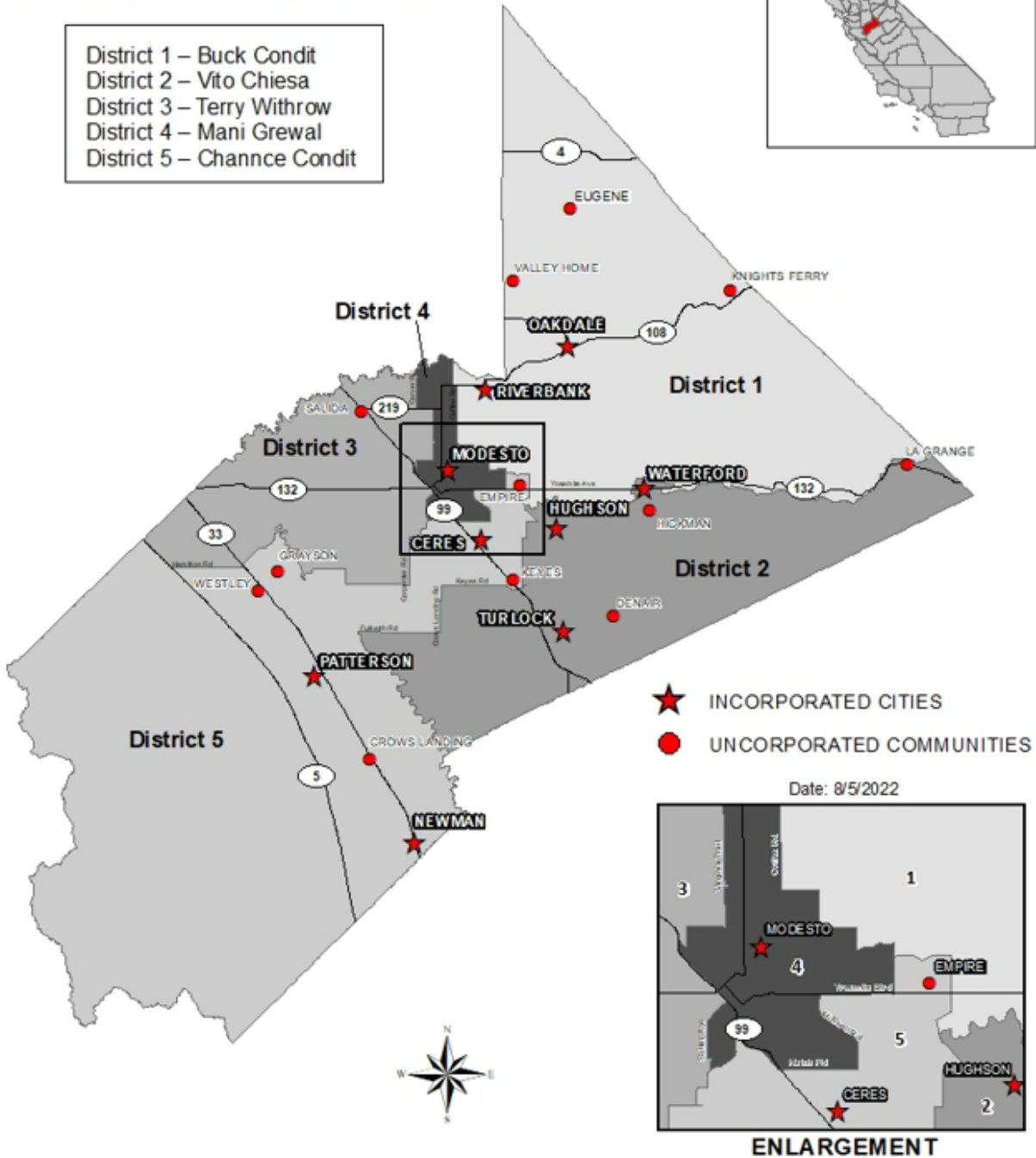
JULY 2021- JUNE 2022

RECOVERING FOR RESILIENCY



STANISLAUS COUNTY SUPERVISORIAL DISTRICTS

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



Stanislaus County Health Services Agency

Mary Ann Lilly-Tengowski, MBA – Managing Director
 Julie Vaishampayan, MD, MPH – Public Health Officer
 Lori Williams, MSW – Public Health Director

Published by the Community Assessment, Planning and Evaluation (CAPE) Section
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PUBLIC HEALTH

Vision

Healthy People in a Healthy Stanislaus!

Mission

To promote improved health and wellness through service and collaboration for all people in Stanislaus County.

Values

- Accountability
- Advocacy
- Collaboration
- Compassion
- Equity
- Innovation
- Quality



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INTRODUCTION

A Message From Public Health Director Lori Williams

I am pleased to share the 2022 Stanislaus County Health Services Agency's Public Health Annual Report with our community. The work we do in Public Health is ever-changing, complex, and challenging, yet what remains constant is our responsibility to protect the public's health and lead efforts to improve the overall health and well-being of the community.

This report covers a period when we were amid one of the deadliest pandemics of all time. It reflects our staff's courage, compassion, and extraordinary commitment to rise to the moment and effectively respond to COVID-19 while still finding a way to provide essential public health services. It captures the activities we were responsible for pre-COVID-19 as well as the work we did specific to COVID-19, highlighting both our challenges and accomplishments.

In this report, we share the exciting work we are doing to center health equity in our work so that the most vulnerable – those most impacted by inequitable systems and structures – have an opportunity to be healthy, live well, and thrive. We also provide an update on our accreditation status and the steps we are taking to prepare for re-accreditation. Lastly, we share the preliminary steps we are taking to ensure our recovery is effective. The lessons we learned will get incorporated into the ongoing development of a dynamic, flexible, and innovative Public Health Division that is well-equipped to respond, prevent, promote, and effectively address health issues and threats efficiently.

Working in collaboration with our community residents, stakeholders, and partners helps us to be successful and strengthen our ability to affect the changes that are needed. We absolutely could not do it without their help and support. In closing, I want to express my heartfelt thanks to all the public health staff, managers, and leadership for their ongoing commitment to improving the health of the residents of this county.



ELEVATING HEALTH EQUITY

The COVID-19 pandemic showed the detrimental costs of overlooking health inequities. The pandemic also rightly demonstrated that, if not addressed, inequities will exacerbate negative health outcomes and even lead to irrevocable health outcomes for the most vulnerable populations. COVID-19 overwhelmingly revealed the need to reassess Public Health's current infrastructure to elevate health equity. *Elevating health equity* entails transforming how Public Health Division collects and uses data, recruits and trains staff, and engages with the communities and community-based organizations to address the root causes of adverse health outcomes to cultivate thriving communities within Stanislaus County.

Data as the Guide

Data serves as the building blocks for identifying, describing, and understanding the health and well-being of populations. Robust, disaggregated data can substantiate where and how resources are allocated to the communities in most need. Data also holds Public Health accountable for what works and how to course correct when outcomes are not as desired. To elevate health equity, data must be the guiding light.

A Workforce that Works

A diverse and inclusive team has the ability to genuinely connect and build trust with the communities because a representative workforce enables us to gain perspectives from all walks of life. Additionally, providing relevant training ensures that staff know of health equity and can also apply and center their skills around it. Elevating health equity entails having a skilled workforce, one that works to meet and address the needs of the community.

Sharing Power Principle

Sharing Power and collaborating with community partners can ensure that organizational efforts are community informed and sustainable. The collaboration efforts during the pandemic exemplified how, together, Public Health can set a course for health and well-being in Stanislaus County. By building on these collaborative efforts, not only will health equity be elevated, but it will lead to a groundswell of positive change and empowerment for the community.

Elevating health equity into all aspects of organizational efforts and culture enhances Public Health's ability to identify, assess, and respond to communities' needs. Elevating Equity will increase the opportunity for everyone, regardless of race, income, educational attainment, or place of residence, to lead the healthiest life possible in Stanislaus County.



RECONVENING CHIP

The Community Health Improvement Plan (CHIP) aims to develop and implement a five-year plan to improve health and achieve health equity by positively turning the indicators for each priority health focus area, such as chronic disease, housing and homelessness, tobacco and substance use, and communicable disease. On April 8, 2022, Stanislaus County Public Health Division hosted a community meeting to re-engage decision-makers and community partners using the Results-Based Accountability (RBA) Framework to identify the next steps. Community Action Workgroups, a group of community leaders who help to support CHIP efforts, were then developed to help refine strategies and activities and establish performance measures connected to the indicators to address the priority health areas given current health trends and disparities.

The CHIP is a living document continuously guided and modified through input from the community as conditions, resources, and external environmental factors change. Data has repeatedly proven that the social determinants of health are often the root causes of many poor health outcomes that lead to a lower quality of life. As CHIP strategies and activities were revised, root causes were considered to establish long-term, systematic level shifts in policies and available services to facilitate improved health outcomes with an equitable lens. The implementation plan will embed a clear understanding of health equity, the impact COVID-19 has had on the community, and equitable distribution of resources.

A long-term goal of the CHIP is for the Public Health Division to build new relationships with community members from diverse groups across the social spectrum within the community. To be efficient in Public Health efforts, a wide variety of knowledge and perspectives from key decision-makers and those with lived experiences are needed. Over time, bringing more people into the CHIP process will foster new partnerships and break down barriers to institutional knowledge to collectively make improvements, address dire needs in marginalized community groups, and improve the overall health of Stanislaus County residents through policy change. Stanislaus County CHIP and its partners encourage all community residents and stakeholders to participate in improving health in Stanislaus. You can join us by:

- **Participating** in the Action Phase of CHIP implementation with Stanislaus County CHIP and its partners.
- **Committing** yourself or your organization to one of the priority health areas, such as chronic disease, housing and homelessness, tobacco and substance use, and communicable disease.

Please contact Public Health at [chipeschsa.org](https://www.chipeschsa.org) if you would like to get engaged in the Action Cycle for Stanislaus County. No matter who you are, there are opportunities to partner for a healthier community.



PREPARING FOR RE-ACCREDITATION

Public Health Accreditation Board (PHAB), the nongovernmental, nonprofit organization that administers the national accrediting program, sets standards by which public health departments are assessed and evaluated. In November 2019, the Public Health Division became nationally accredited for five (5) years. This feat was accomplished after undergoing a rigorous, multi-faceted, peer-reviewed assessment process.

Public Health Accreditation assures a public health department is committed to self-study, accountability, and transparency while stimulating equity, quality, and continuous quality improvement within all public health programs to enhance its services. It assesses the organization's capacity to deliver the Ten Essential Public Health Services to Stanislaus County residents and relationships with local community stakeholders.

To maintain continued accreditation, Public Health Division must submit a yearly report as well as apply for re-accreditation. Re-accreditation work continues to advance the performance and quality of Public Health programs and services. To acquire continued accreditation, Public Health must demonstrate how it implements public health services in Stanislaus County through policies, procedures, practices, programs, and community partnerships.

The Public Health Division is in the process of preparing to apply for re-accreditation. With the lessons learned during the pandemic and goals accomplished by serving the community through existing programs, Public Health Division is well poised to meet re-accreditation goals.

COVID-19 RESPONSE

Fiscal Year 21-22 was a year of transformation for the COVID-19 response. Vaccines were widely available to almost all ages in the community. COVID-19 treatments became available to people with underlying medical conditions. Once available only in emergency rooms, antigen tests were made available community-wide so vulnerable community members could get treated timelier.

From the beginning of this period, the Public Health Division's goal was to bring vaccines to the community. The Public Health Immunization team partnered with multiple community-based organizations. These partnerships expedited the ability to host mobile clinics, thus, reaching isolated populations in neighborhoods and communities most impacted by COVID-19. Between July 2021 and December 2021, **135 mobile clinics were held** throughout Stanislaus County, **administering 8,051 COVID-19 vaccines**. After December, the Public Health team partnered with the California Department of Public Health to continue providing mobile clinics in the community - at schools, community centers, and parks. Public Health also offered community-based vaccination clinics and vaccines at the Public Health Immunization Clinic (PH-IZ) located in West Modesto up to six days per week. The **PH-IZ clinic provided 11,900 COVID-19 vaccines** to community members.

Public Health recognizes the need to place the most vulnerable populations at the forefront of its response to save more lives. Increasing vaccination rates was a priority, especially in communities disproportionately impacted by COVID-19. When the data showed the African American and Hispanic/Latino community was most hesitant to get vaccinated due to the low vaccine rates, Public Health established Community Outreach and Engagement (COE) team to work with community partners to address the community's questions and provide education on vaccines and COVID-19. **COE Team conducted 86 outreach events reaching 1651 community members**. The team hosted three listening sessions to learn about the community's needs and concerns. Through these efforts, **vaccine uptake increased by 19% in the Hispanic community and 23% in the Black community**.

Disease prevention is one of the essential functions of Public Health. During this period, Public Health **distributed 24,000 N95 masks and 40,000 at-home test kits** through many community partners to Stanislaus County residents. Working with healthcare partners, Public Health provided **5,000 antigen test kits to healthcare facilities**. To ensure local businesses, schools, and healthcare systems continued to operate safely, Public Health maintained contact and provided technical assistance to their liaisons daily in these sectors.

Throughout the pandemic, Public Health partnered with many community organizations to ensure COVID-19 information, vaccines, test kits, and other resources were available to all. Partner organizations referred thousands of community members for vaccines, hosted vaccine clinics, invited the COE team to present virtually or in person at their site, distributed flyers, and provided incentives to encourage vaccine uptake. Public Health community partners were pivotal in helping mobilize, communicate, and ultimately reach those most in need.

RESTRUCTURING FOR RESILIENCY

As the Public Health Division continued to address the pandemic, it became equally important to look at the existing infrastructure and staff capacity of the Division to ensure a strong foundation supporting its efforts now and in the future. The gap in funding and public health structure overall, especially when addressing the root causes of poor health outcomes, led to an increased focus on supporting local public health from all levels of government, locally, statewide, and federally. As one of this generation's most significant public health threats, the COVID-19 pandemic provided unique insight into the Division's capacity to respond to this and future emergencies. Today, Public Health has a unique and historic opportunity to strategically invest in a workforce poised to address existing and emerging challenges and rebuild communities with an eye toward health equity. Four areas highlighted during the response to continue to build capacity included:



Staffing Capacity and Training

Adequate and appropriate infrastructure, mainly personnel, was a pain point early in the response effort. Identifying and acquiring knowledgeable and skilled staff was difficult on a temporary and short-term basis. Likewise, it takes time to adequately train staff to learn about public health, health equity, and the ability to respond to emergencies. This indicated a greater need for advanced planning and capacity building for all existing staff. Due to funding limitations, Public Health has historically operated with minimal staffing capacity. Restructuring of programs is needed to identify staffing needs to sustain overall efforts of Public Health in addressing health issues in the community. Adequate staffing allows Public Health also to facilitate and nurture partnerships to help prepare for foreseeable public health threats and to plan and respond to emergencies.



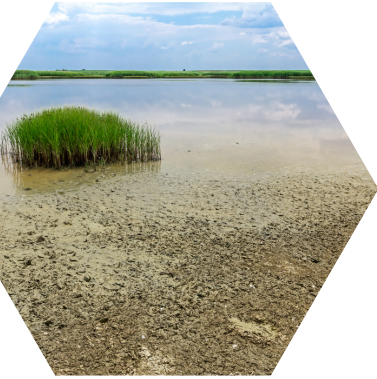
Community Partnerships

The response to COVID-19 has not been singularly a Public Health Division effort, nor solely from County Departments, but a whole community approach. The networks and partnerships built throughout the response were a bright spot amongst all the challenges and should continue in a large capacity. These should be leveraged in community-wide preparedness training to enhance mitigation and adaptation planning and support community resilience against all future emergencies and disasters.

RESTRUCTURING FOR RESILIENCY (CONT'D)

Climate & Other Emerging Threats

COVID-19 was a new disease, and existing plans and exercises did not adequately prepare the Division or community to respond. Placing new emphasis on helping the community adapt to prevent and mitigate existing and emerging threats to human health, including climate-related disasters and extreme weather events, could lessen the burden of future emergencies. Public Health staff will expand engagement with community partners and leaders to better communicate and advise on the health impact of various emergency and disaster scenarios, as well as options for preventative infrastructure and policies that have been demonstrated to minimize the effects and occurrence of such events.



Building Health Equity

Finally, in line with ongoing efforts within the public health field to better support disadvantaged and marginalized populations, efforts to bolster real-time data collection and utilization are needed to ensure an equitable response. COVID-19, once again, highlighted the compounding burden of social determinants and illness and disease. An expanded focus on equity and health equity is needed to build resilient communities that can quickly recover from emergencies and disasters.



As Public Health recovers from the pandemic, it will continue to assess the structure and capacity of Public Health systems in the community and build toward a strong foundation that supports the Public Health Division's efforts now and in the future. While Public Health's current infrastructure has many strengths and weaknesses, it remains committed to maintaining, supporting, and improving existing programs to eliminate disparities and address gaps and challenges to ensure equity for all residents in the county. However, this will require long-term and sustained investments in organizational and system capacity and a focus on addressing the underlying and structural inequities that contribute to racial and ethnic disparities. A more sustainable infrastructure will increase the Division's ability to prepare Public Health staff and community partners for effective and efficient action during future emergencies.





PUBLIC HEALTH PROGRAMS



Stanislaus  **HEALTH SERVICES AGENCY**
County

CHILDRENS MEDICAL SERVICES

The Children's Medical Services (CMS) is a collection of programs for eligible children with special needs. All programs in this section are family-centered and designed to help children with a variety of medical conditions and needs. These programs include California Children's Services (CCS), Child Health and Disability Prevention Program (CHDP), Health Care Program for Children in Foster Care, and Childhood Lead Poisoning Prevention Program. Nurse case management is a critical component of each of these programs, where families and children are provided supportive services and a direct point of contact until the child is 21 years of age. Before the child turns 21 years old, families attend transitional meetings to ensure the child will not experience any lapses in medical follow-up.

The Lead Prevention Program provided multilingual educational presentations to Family Resource Centers and other community partners. The Program also distributed education materials, training, and outreach to partner agencies to bring awareness to the harmful effects of lead on children and families.

During the Fiscal Year 2021-2022, CCS completed 3,796 annual service requests, with each annual service request representing a child's case. This is 99% compliance in providing children with service authorizations. The CCS children with annual services authorizations receive continuity of medical care and timely service delivery for their chronic or debilitating illnesses. CHDP conducted 15 provider visits to ensure CHDP providers can continue to provide medical care to the underserved, low-income children of Stanislaus County.

2021-2022 HIGHLIGHTS



3,816 children served overall through CCS



15 providers reviewed to provide children's services



COMMUNICABLE DISEASE PREVENTION SECTION

The Communicable Disease Prevention (CDP) Section works to prevent and control the spread of infectious diseases. The program monitors the incidence of reportable communicable diseases in the county, conducts case investigations, contact tracing, and provides immunization. CDP also provides preventative education and counseling to high-risk populations and health care for evaluation, limited treatment, and follow-up. This section includes the Immunization program, Tuberculosis (TB) Control Program, Communicable Disease (CD) Program, HIV Program, and Sexually Transmitted Disease (STD) Program.

During Fiscal Year 2021-2022, the CD team attended multiple EVS (environmental services) collaboration projects with the California Department of Public Health (CDPH) to work with Skilled Nursing Facilities (SNFs) on improving education for effective cleaning to prevent the transmission of Multiple Drug Resistant Organisms (MDROs). The team also provided training on reportable communicable diseases to Resident Physicians at Doctors Medical Center. The training help Resident Physicians learn about the different reportable diseases covered under Title 17 (Reportable Disease Regulation) and the procedures for reporting.

In addition to routine work, the CD/STD team provided outreach to the homeless population in Legion Park to test/treat syphilis as well as discover possible new cases of HIV, and decrease the transmission of communicable disease in the homeless populations.

Considering staffing issues and the time it takes to train new staff, females of childbearing age were prioritized for congenital syphilis prevention. The biggest challenge in preventing Congenital Syphilis has been providing service to pregnant women who had delayed or no prenatal care and whose only healthcare visit was to the hospital for delivery.

2021-2022 HIGHLIGHTS



Tuberculosis (TB)

221 cases received
10 patients managed
185 cases closed



Syphilis

536 Syphilis investigations
446 Syphilis cases identified
25 Congenital Syphilis cases identified



Other Communicable Diseases

14,224 CD cases reported
5,307 cases investigated
167 people interviewed



COMMUNITY ASSESSMENT, PLANNING AND EVALUATION (CAPE) AND VITAL RECORDS

The **CAPE** team is comprised of public health epidemiologists and a data analyst. CAPE conduct routine surveillance for communicable and syndromic health threats and responds to outbreaks. The Team fulfills data requests from within Public Health and external partners with community-related information for programming background, planning, evaluation, and grant proposals.

CAPE shifted the majority of staffing to tracking the spread of coronavirus, coordinating data gathering via case and death investigations, and reporting statistics on the number of confirmed COVID-19 cases, the number of deaths, and a variety of factors associated with each. Through this fiscal period, CAPE team updated and maintained the COVID-19 Dashboard to provide up-to-date information.

Vital Records registers birth and death records and issues birth and death certificates, burial permits, and medical marijuana identification cards. This team works with hospitals, funeral homes, and county and state officials to provide these services and ensure quality records. During the Fiscal Year 2021-2022, Vital records started using California Electronic Birth Registration System (CA-EBRS), which replaced the older AVSS (Automated Vital Statistics System) birth registration system. The CA-EBRS allows for birth certificates to be electronically registered.

2021-2022 HIGHLIGHTS



Vital Records Registered

10,139 births
5,165 deaths



CAPE

60 public health partners participated in CHIP workshops to address health issues in Stanislaus County.



COMMUNITY WELLNESS AND PREVENTION

Community Wellness and Prevention (CWP) Section promotes healthy living in Stanislaus County from before birth and continues throughout life. Programs in this section provide health education to community-based organizations and residents across the County to improve health literacy and knowledge of healthy behaviors to reduce the risk of chronic disease and preventable injuries. These programs include Tobacco Prevention Program, Obesity Prevention Program, Injury Prevention Program, Oral Health Program, and Women, Infants, and Children (WIC). CWP engages the community members through health promotion, coalition building, and policy, systems, and environmental change work.

Despite the challenges of the COVID-19 pandemic, Obesity Prevention Program enrolled all Head Start classrooms participating in the Harvest of the Month program and conducted monthly taste tests with nutrition education. The first Stanislaus County Food Access guide was published as a resource for those in need of food, whether from a food pantry, emergency meal service, grocery assistance, etc. The guide was developed in response to food insecurity needs that were magnified during the pandemic. Additionally, WIC benefits, specifically for fruits and vegetables, increased by over 200% to help those in greatest need of healthy foods.

The Oral Health Program worked collaboratively with community partners and provided oral health screenings, education, and oral health hygiene kits to 956 Stanislaus County children; many children received fluoride varnish, a treatment that reduces cavities in children.

To assist community members in quitting smoking, Tobacco Prevention Program was awarded the "Advancing Tobacco Cessation in Community Clinics Partnership Grant." A countywide event provided education to 100 participants about tobacco cessation. The program also provided two large-scale presentations to high school students countywide to teach students about the impact of tobacco in the community.

2021-2022 HIGHLIGHTS



WIC

24,603 individuals served per month
\$3,558,958 in redeemed fruit and vegetable purchases.



Tobacco Prevention Program

70 quit-smoking kits provided to local schools



Obesity Prevention Program

11,900 services provided at Head Start Sites
1,500 students participated, with more children willing to try new fruits and vegetables



Child Passenger Safety

38 community education classes
279 families educated on child passenger safety



Injury Prevention Program

310 bike helmets distributed
289 individual car seat inspections



Oral Health Program

403 children given fluoride varnish
8 oral health events held

EMERGENCY PREPAREDNESS

Public Health Emergency Preparedness (EP) Section's goal is to limit the impact of public health threats, outbreaks, disasters, acts of terrorism, or other artificial disasters. It aims to protect the community by coordinating and integrating activities to build, sustain, and improve the County's capability to mitigate, prepare, respond to, and recover from Public Health threats. Working closely with community, local, state, and federal partners, the section develops plans, provides training, and conducts exercises to continually improve Stanislaus County-wide emergency and disaster preparedness, readiness, and resilience.

EP worked with community partners to develop a strategy for COVID-19 emergency response, collaborated with hospitals and long-term care facilities, and supplied and staged an alternative care site for potential hospital decompression. EP operated the Medical / Health Operational Area Coordination (MHOAC) program, in close coordination with the local Emergency Medical Services counterpart, to secure critical Personal Protective Equipment (PPE) and other supplies for hospitals, skilled nursing facilities, and first responders. EP also supported the Communicable Disease Prevention Section's mass prophylaxis vaccine clinics in preparation for COVID-19 vaccinations.

Throughout this year, EP staff were assigned to various field operations at the Emergency Operations Center (EOC) and continues to provide support to date. While responding to the pandemic, EP set aside many of the section's "usual" activities to focus on the immediate needs of the pandemic; staff continued to engage partners and the community for long-term planning and preparedness, keeping an eye on future emergencies.

2021-2022 HIGHLIGHTS



4 trainings were provided including: Nursing Home Incident Command (NHICS), Burn Surge Table Top Exercise (TTX), and Hospital Incident Command (HICS)



Medical Reserve Corp

- 70% MRC volunteers ICS/NIMS trained
- 70% MRC volunteer support mass vaccinations
- 427.47 number of cumulative MRC volunteer hours
- 25 members deployed
- 43 MRC polls and deployments



FAMILY HEALTH SERVICES

Family Health Services (FHS) programs improve access to health services and reduce disparities in health outcomes for pregnant and birthing people, infants, children, and adolescents in Stanislaus County through partnerships and collaboration with other agencies and home visits with families. The section offers a comprehensive set of programs and services to improve systems of care, build strong families, and strengthen communities. FHS programs are geared toward enhancing the well-being of families and communities by providing home visiting services, prevention services, and health promotion. After being full-time in the COVID-19 response for over a year, FHS staff were able to start providing home visiting services to clients in the 2021-2022 fiscal year.

Home visiting programs in FHS provide services through home visits to pregnant and parenting people and their families to improve birth and health outcomes in the short and long term. Public Health Nurses and Community Health Workers partner with families to meet identified goals for family self-sustainability, reducing disparities, and improving the life trajectory for both the parents and the children. Evidence programs such as Nurse Family Partnership have shown a reduction in child abuse and neglect, increased high school graduation, and reduced incarceration as an adult for the child.

Maternal Child and Adolescent Health (MCAH), also housed within FHS, provides population-based interventions to assure that all people of childbearing age, adolescents, children, and infants have access to quality health services, particularly those that reduce the incidence of low birth weight and premature delivery, maternal and infant mortality, and incidence of preventable diseases and handicapping conditions among children. The Comprehensive Perinatal Health Services Program (CPSP) works specifically with Medi-Cal providers to provide enhanced reimbursement for additional health, nutrition, and psycho-social education.

Other FHS programs include Adolescent Family Life Program (AFLP) and Cal-Learn Program, two serving pregnant and parenting teens, and one generalist program providing services to families with medically high-risk individuals in them - High-Risk Maternal, Child, Health. Maternal mental health services are provided to enrolled participants through the Maternal Mental Health program.

2021-2022 HIGHLIGHTS



Provided 1,659 home visits to

- 91 pregnant people
- 200 infants
- 182 children between the ages of 0-21
- And 121 additional individuals



CPSP Program provided

- 35 instances of technical assistance to local OBGYNs
- 10 Roundtables to provide educational sessions to over 153 providers and partners



MEDICAL THERAPY UNIT

The Medical Therapy Unit (MTU) provides a comprehensive system of health care for children through preventive screening, diagnostic, treatment, rehabilitation, and follow-up services. This program provides physical therapy, occupational therapy, and medical therapy conferences to children ages 0-21 with medically eligible disabling diagnoses. Each program and service is family-centered and designed to help children with various conditions and needs.

Nurse case management is a critical component of programs, providing families and children with supportive services and a direct point of contact until the child is 21. Before the child turns 21 years old, MTU provide transitional meetings to families to ensure the child will not experience any lapses in medical follow-up.

During the 2021-2022 Fiscal Year, 430 clients were served, with five new clients enrolling per month on average. All clients seen in the Medical Therapy Conferences were given all necessary custom equipment, braces, and referrals to specialists. MTU clients were provided medically necessary physical and occupational therapy. Families were given support and guided to available resources to help their children learn ways to live independently.

2021-2022 HIGHLIGHTS



3,174 physical therapy visits provided



2,491 occupational therapy visits provided



355 Medical Therapy Conferences conducted





COMMUNITY DATA

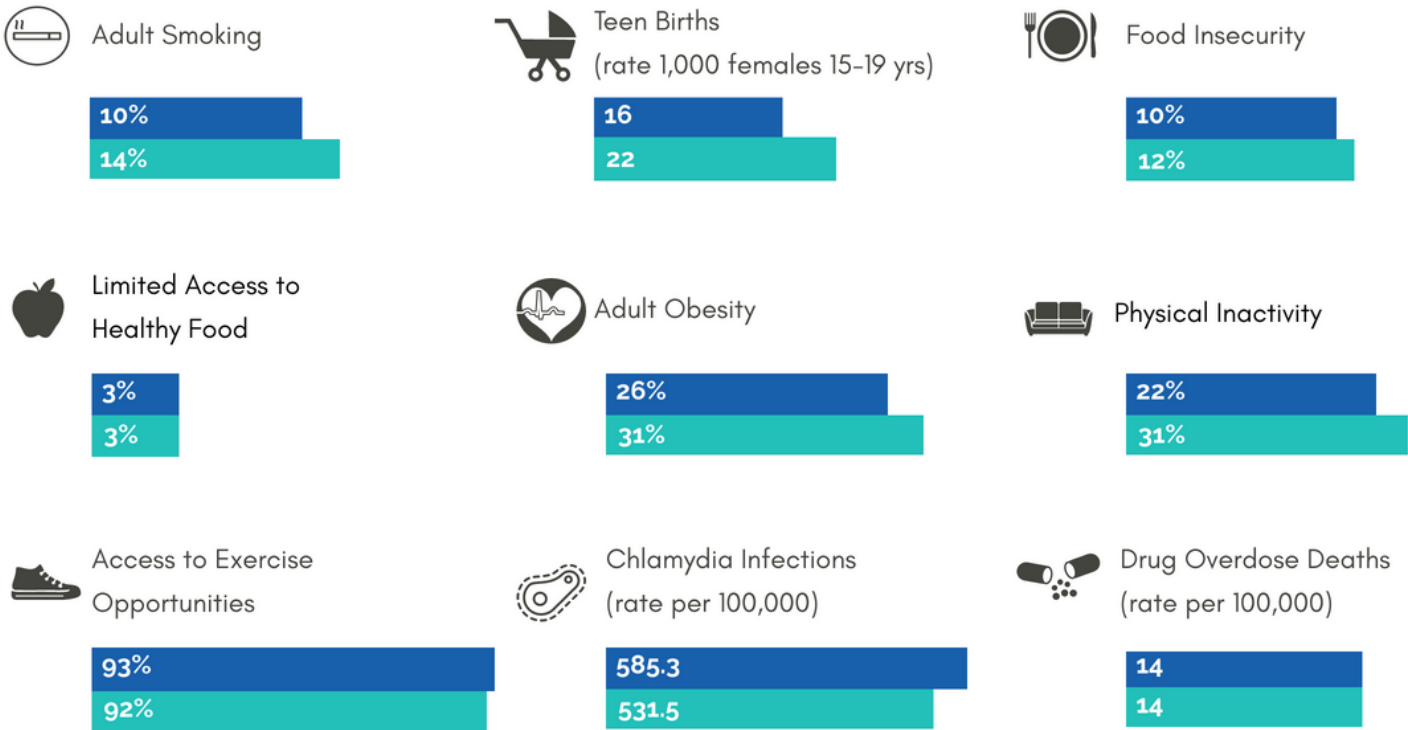


Stanislaus **HEALTH SERVICES AGENCY**
County

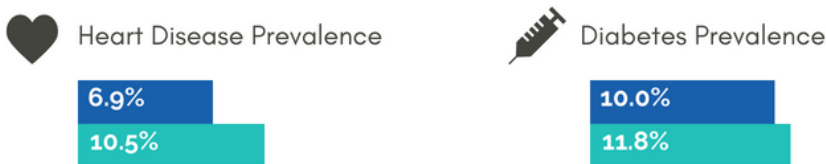
COMMUNITY HEALTH MATRIX

California Stanislaus

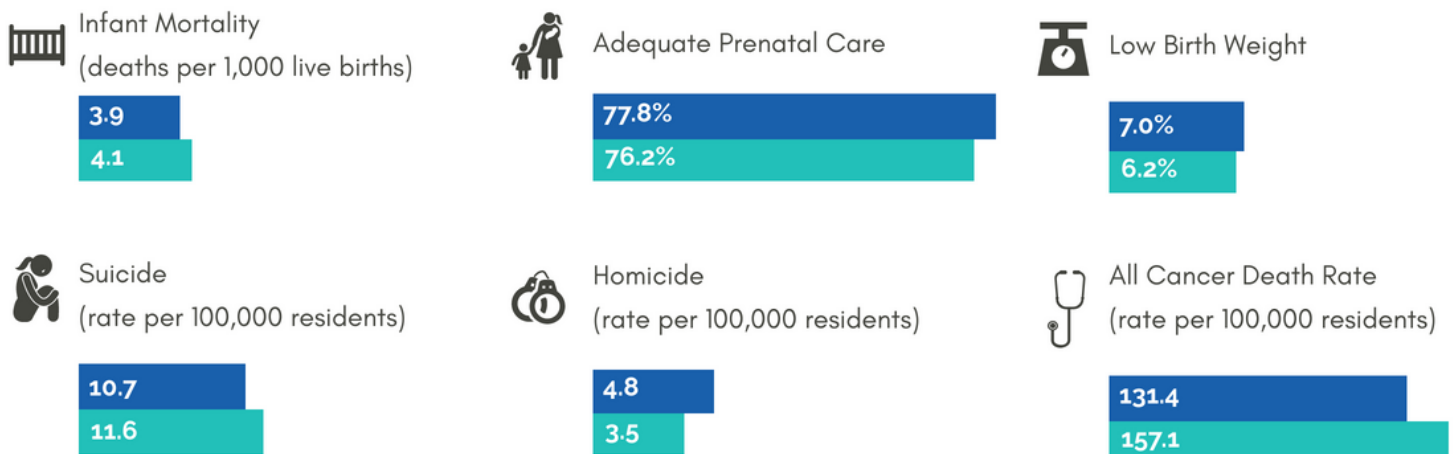
Health Behaviors, 2021 County Health Rankings



Chronic Disease, California Interview Survey 2018-19

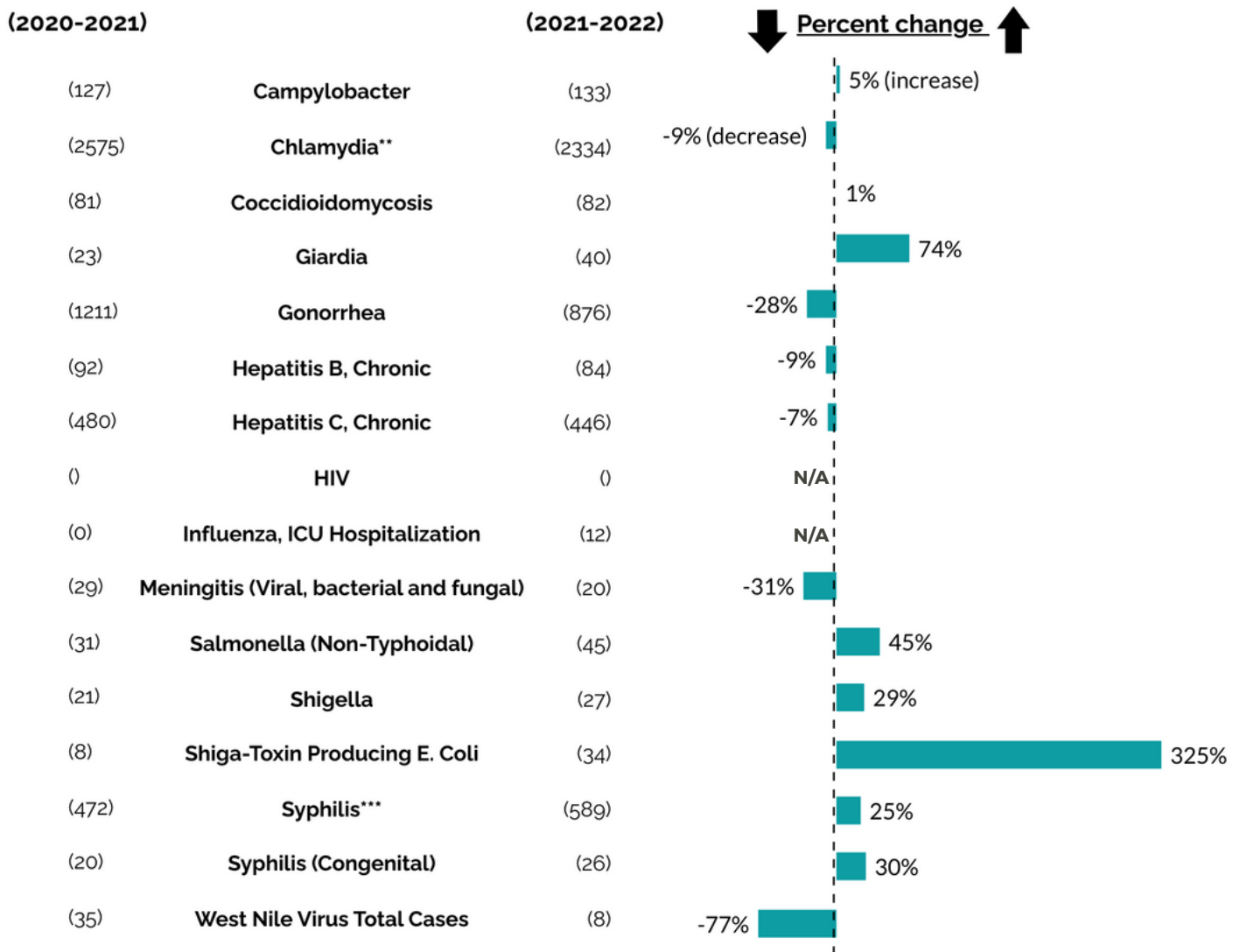


Additional Health Indicators, CDPH County Health Status Profile

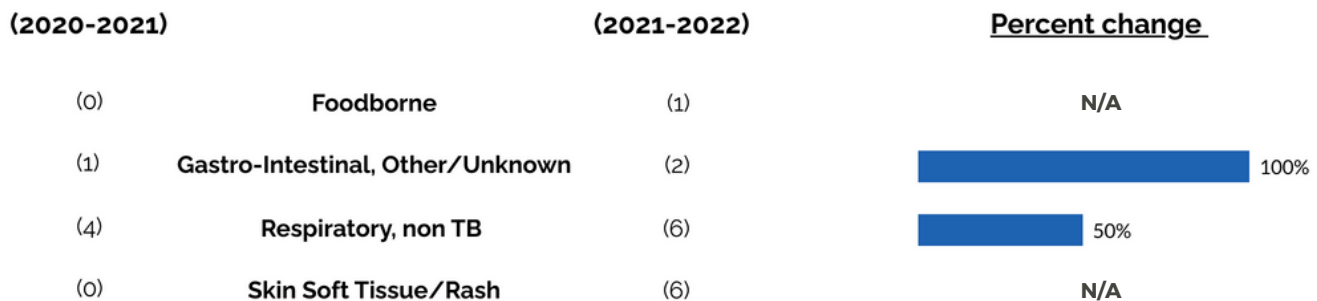


REPORTABLE DISEASE SUMMARY

PERCENT CHANGE IN TOTAL CASES FROM 2021 TO 2022



REPORTED OUTBREAKS



*Reportable disease cases have varying selection criteria in terms of the disease itself and resolution status for reporting purposes. Case counts of less than 10 were not included in this report. Contact CAPE Unit for more details - cape@schsa.org. Source CalREDIE data accessed 09/20/2022

**Removed from CDPH 250(j) Reportable Communicable Disease list as of 10/01/2019. Case Counts for 2019 and 2020 may be an underrepresented of true case counts.

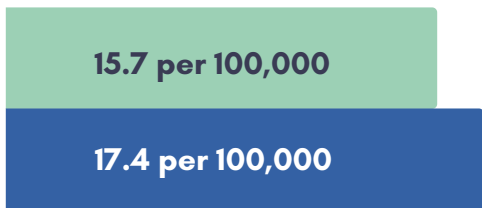
***Includes primary, secondary, early non-primary and secondary, and late/unknown duration.

OPIOID ANNUAL DATA

The opioid epidemic is a problem in the region. There has been an increase in opioid-related deaths over the previous year. White residents continue to experience the highest opioid death rate.

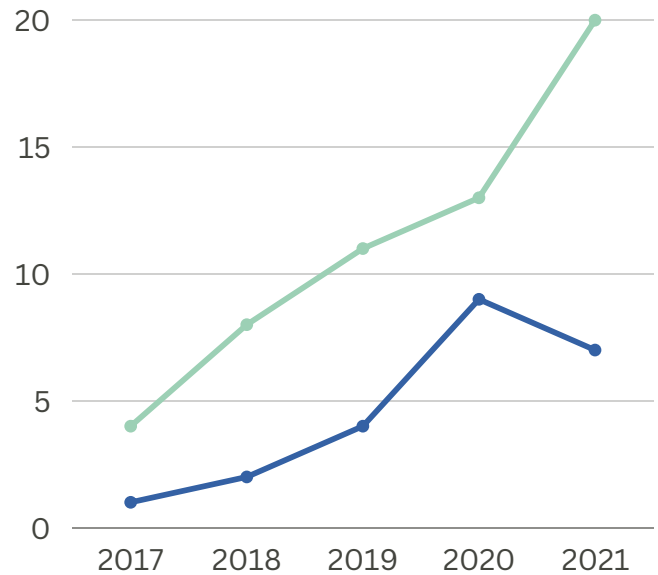
Deaths Related to Any Opioid Overdose in 2021

■ Stanislaus ■ California



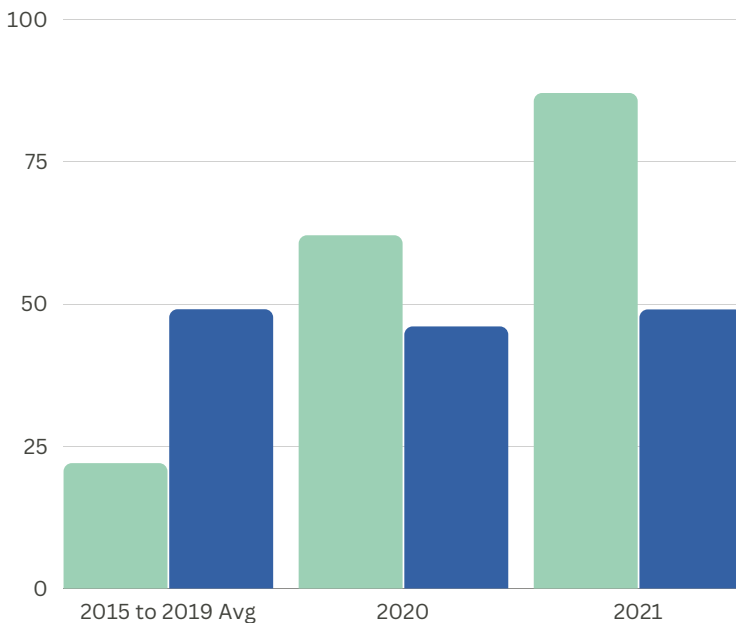
Opioid Overdose Crude Death Rate per 100,000

■ White ■ Latino/a



Number of Drug Overdose Deaths

■ Opioid ■ Other

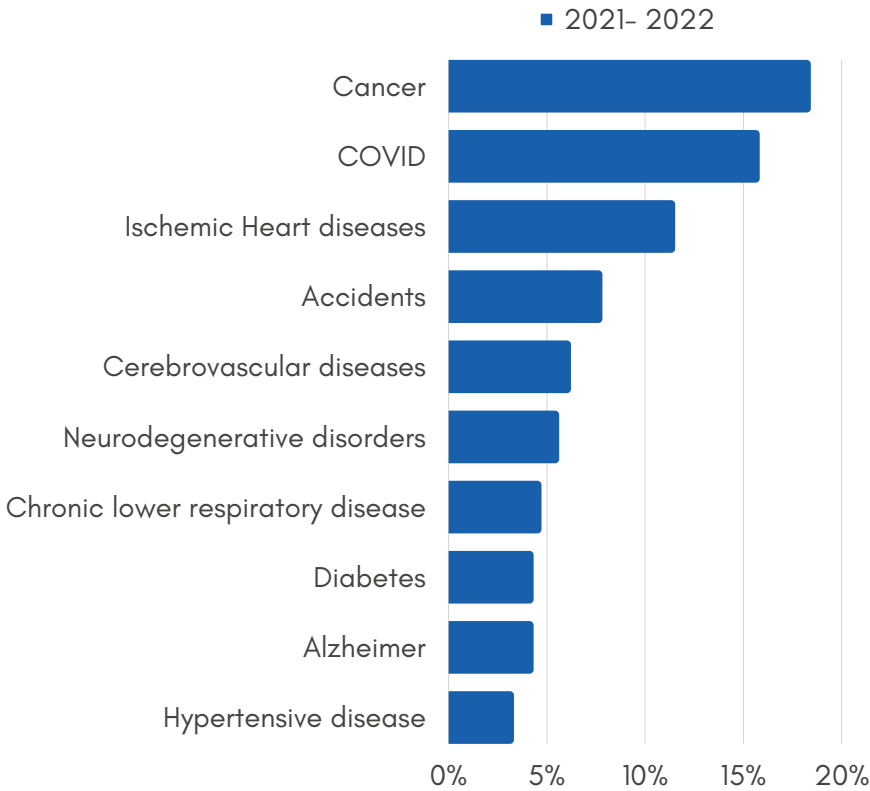


From 2020 to 2021
opioid overdose
death rates increased by
6.8% among
35 to 44 year old
 residents.

DEATH DATA

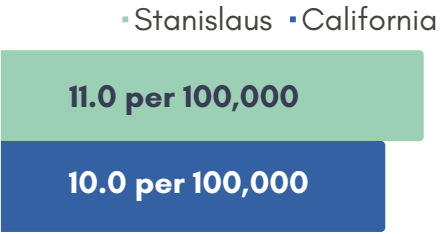
Top 10 Causes of Death

Life expectancy at birth is one of the most frequently used health status indicators. Gains in life expectancy at birth can be attributed to a number of factors, including rising living standards, improved lifestyle, and better education, as well as greater access to quality health services.

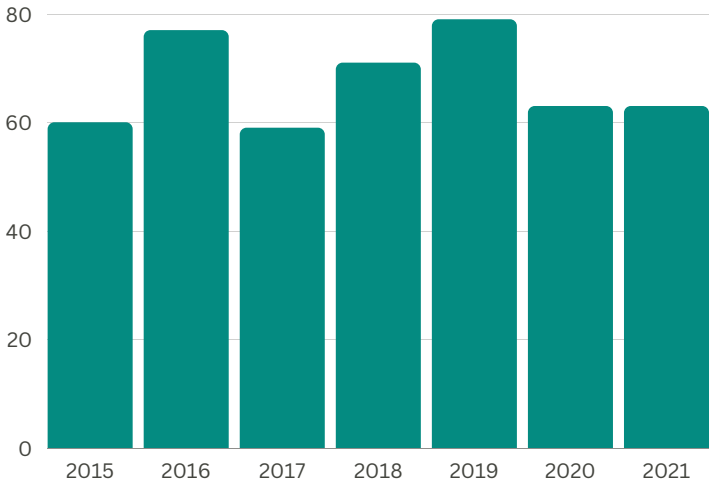


The average life expectancy at birth is **74.0 in Stanislaus County** compared to 81.0 in California overall.

Deaths Related to Suicide in 2021 - 2022



Suicide Related Deaths by Calendar Year



In 2021

- highest suicide death rate was among white residents (25 per 100,000)
- 55% of suicide-related deaths involved a firearm
- 76% of people who died by suicide had no college degree

MATERNAL HEALTH DATA

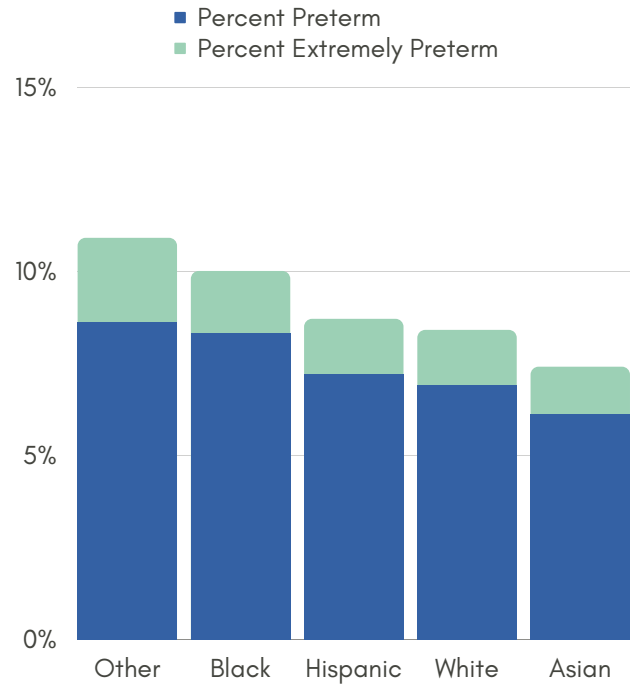
Improving the well-being of Stanislaus County's mothers, infants and children is an essential public health goal. Their well-being determines the health of the county's next generation and helps predict future public health challenges for families, communities, and the healthcare system.

Hispanic mothers tend to experience gestational diabetes at higher rates, while African American mothers have a higher percentage of total pre-term and very pre-term birth. There are noticeable disparities among Asian subgroups as they tend to have lower birth weight and very low birth weight.

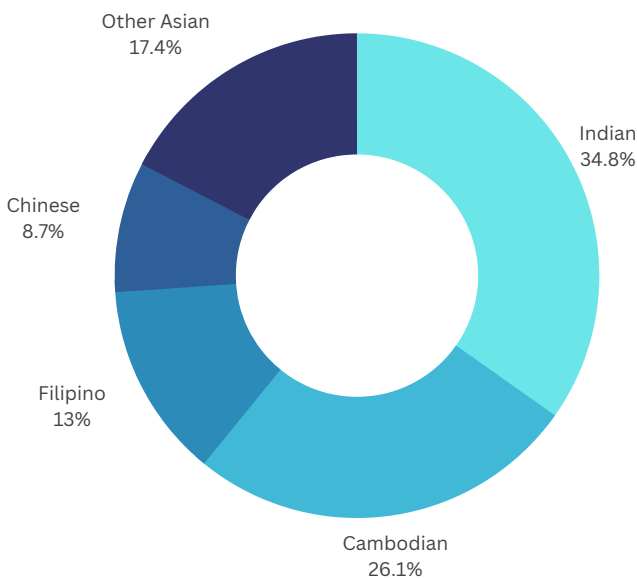
Teen birth rates tend to be higher among the Hispanic and African American populations.

*"Low birth weight" births include any babies born weighing under 5.5 pounds.

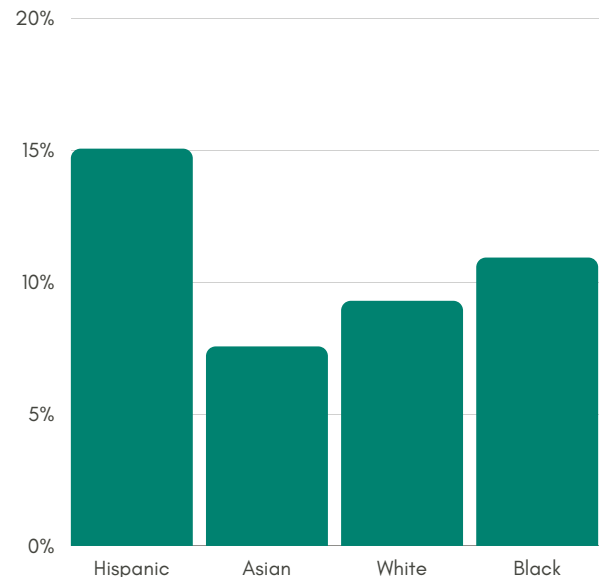
Percentage of Preterm Births in Stanislaus County



Percentage of Late Preterm (between 28 and 36 weeks) Births among Asian Subgroups in Stanislaus County



Teen Birth Rate per 1,000 among Females aged 15 to 19



PARTNERS IN HEALTH



Public Health is committed to improving the health of Stanislaus County. This task cannot be achieved without our community partners. Through partnerships with various organizations and community members, we strive to create a healthier and more equitable environment to live, learn, work, and play. We extend our gratitude to the many organizations who helped inform, guide us, and collaborate with us to achieve equitable health and wellness for all residents of Stanislaus County.

CONCLUSION

A Message From Public Health Officer Dr. Julie Vaishampayan

The work of Public Health has been focused on the COVID-19 pandemic for over two years. As the emergency phase of the pandemic recedes, we are energized to incorporate the partnerships and lessons learned from the COVID-19 response into our daily work. We remain deeply grateful to our community partners, county staff, and volunteers for rising with us during the extensive COVID-19 response and helping us deliver the core public health functions through this historic pandemic.

The beginning of 2021 saw our large-scale rollout of COVID-19 vaccination, which tested our mass vaccination capabilities and continued our efforts in disease investigation, communication, partnerships, testing, and data sharing. As the year progressed, we all tried to find our new normal and ensure that our services continued to be offered and adapted to community priorities.

This report shows that COVID-19 became the second most common cause of death in Stanislaus County in 2021-2022. Good health is important in every aspect of our lives, including our ability to fight viral respiratory infections. Health is not determined solely by access to clinical care and by the choices people make. Health is greatly influenced by the places where we live, learn, work, play, and worship. Public Health strives to ensure that all our communities promote optimal health for all.

Through our pandemic response, we have solidified existing and established many new relationships that will be critical in our ongoing work to improve the health of all in the coming years. Only by working together can we make progress towards our goal of ensuring the opportunity for all in Stanislaus County to live their healthiest life possible.



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