

# Stanislaus County 2019 Annual Public Health Report



**HEALTH  
SERVICES  
AGENCY**



**PublicHealth**  
Prevent. Promote. Protect.



# **Stanislaus County Public Health Annual Report 2018**

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**Julie Vaishampayan, MD, MPH — Public Health Officer**

**Lori Williams, MSW — Public Health Director**

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# Message from the Public Health Director and Health Officer

We are pleased to present Stanislaus County Public Health’s 2019 Annual Report to the Board of Supervisors. Public Health is dedicated to community health, wellness, and protection of residents in Stanislaus County and works to:

- 1) prevent epidemics and the spread of disease;
- 2) prevent injuries, promote and encourage healthy behaviors;
- 3) respond to disasters and assist communities in recovery; and
- 4) assure the quality and accessibility of health services throughout the county.

We are committed to “Responding to the Needs of the Community,” the theme of this year’s annual report. Highlighted throughout these pages you will find examples of the many ways our dedicated staff works on your behalf to improve the health of our community, knowing that many times the improvements may not be measurable for many years. Public Health uses the National Public Health Standards, the 10 Essential Public Health Services, as our operational framework.

This report provides you with an overview of the many dimensions and diversity of public health work, highlighting activities from the 2017/2018 fiscal year. This was a severe influenza season and our responses included taking many opportunities to talk to our community about flu and provide over 1,000 vaccinations. We continued to respond to the large increase in syphilis, working to prevent ongoing transmission, especially from mother to baby.

Several trends are highlighted in this report, including infant mortality, heart disease, and diabetes. The infant mortality rate in Stanislaus County is still 5.4 per 1,000 live births, which translates to 42 babies dying in their first year of life. Stanislaus County ranks among the worst California counties for deaths from heart disease. While the trend is decreasing, Stanislaus County’s rate of decrease over the past ten years was less than other similar counties. Diabetes mortality has increased for the past few years. See pages seven and eight for a summary of some of the work Public Health does to address risk factors for infant mortality, heart disease, and diabetes.

These and many other activities are highlighted in this report, demonstrating our commitment to Responding to the Needs of the Community.

Figure 2. Ten Essential Public Health Services



Lori Williams, MSW  
Public Health Director

Julie Vaishampayan, MD, MPH  
Public Health Officer

# MATERNAL, CHILD & FAMILY HEALTH

## Infant Mortality Trends

Infant mortality is an indicator of overall community health. Stanislaus County ranks 40th out of 58 California counties for infant mortality, with an infant death rate of 5.4 per 1,000 live births. This is below the Healthy People 2020 target of 6.0 infant deaths per 1,000 live births, but still above the California average of 4.6.

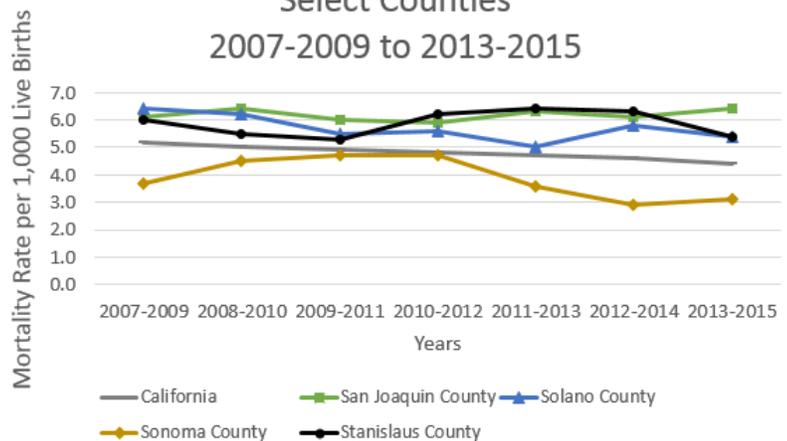
While Stanislaus County does see racial disparities in infant mortality, conclusions are reserved given the small numbers of deaths in each racial group. To address infant mortality, there are many opportunities, but limited resources.

Public Health has several home visiting programs, including:

- Healthy Birth Outcomes
- Adolescent Family Life Program (AFLP)
- Nurse Family Partnership
- High-risk Maternal Child Health programs

In collaboration with Public Health, many community non-profit Family Resource Centers also serve the higher risk populations of expecting and new parents.

Trends in Infant Mortality, California and Select Counties  
2007-2009 to 2013-2015



AFLP addresses infant mortality through supporting teen parents. After being awarded a state grant last year, AFLP began enrolling clients January 2018. With 1.5 FTE case managers, 22-35 teen parents are seen twice monthly using positive youth development strategies, encompassing strength-based perspectives with motivational interviewing. Program priorities include family planning, education and work, access to health care, and healthy relationships. Clients are given support towards achieving their goals in an empowering environment.

The Keep Baby Safe child passenger safety program's funding from the state 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. In 2017-18, the program distributed 220 car seats, helped train 40 new car seat inspection techs, and helped correct the installation of car seats to improve the safety of 77 families.

# COMMUNICABLE DISEASE CONTROL

## Influenza

The 2017-2018 flu season was severe in the United States. Public Health (PH) was on the front end of influenza (flu) messaging and preparation.

### *Public Health Officer Interview*

On October 24, 2017 Dr. Julie Vaishampayan was interviewed by the Modesto Bee on Facebook Live to discuss flu season, flu vaccines, and PH's community flu shot clinics. The interview included live questions from viewers to address specific concerns.



*Dr. Vaishampayan interviewed by Modesto Bee local news editor Patty Guerra on Facebook Live October 24, 2017.*

### *Flu POD*

On October 17, 2017 PH's Emergency Preparedness section coordinated a Point of Dispensing (POD) drill administering flu shots to PH staff. This training gave experience to emergency health workers, provided flu shots to 52 staff, and increased awareness of point of dispensing operations. In addition to providing staff vaccinations, this event served as a drill for potential mass vaccination situations in case of a pandemic.

### *Flu Clinics*

PH helps to protect the community by offering free and low-cost flu vaccinations during flu season. At the vaccine clinic at 820 Scenic, PH administered 1,147 shots to community members, and 75 to PH staff in the 2017-2018 fiscal year.

Additionally, between October 6, 2017 and February 28, 2018, public health staff conducted 18 community flu clinics, offering vaccines for a low price to anyone age 6 months and older, for a total of 452 shots given in the community.



*Alejandra Lugo, Public Health Nurse II, gives a flu shot to an employee at the Flu POD on October 17, 2017.*

# COMMUNICABLE DISEASE CONTROL

## Congenital syphilis

Congenital syphilis is a serious condition. While many babies born with congenital syphilis don't show any signs or symptoms of infection at birth, there is a risk for stillbirth or death in infancy. Stanislaus County has high rates of congenital syphilis compared to the US. A baby born in Stanislaus County is 8.8 times more likely to have congenital syphilis compared to a baby born in the rest of the United States. Many of our central valley neighbors are experiencing similar trends. PH has been working to address congenital syphilis from many angles:

### Targeted Evaluation

PH conducted a pilot with the California Department of Public Health (CDPH) for an evaluation of an educational outreach project. PH identified the three providers who had treated the most females for syphilis and gathered specific data for each provider. These data were then shared and a packet with information on identification, treatment and prevention of syphilis was provided. An evaluation was completed to assess increased knowledge of syphilis. This project was presented at a national conference. CDPH intends to disseminate this model across California.

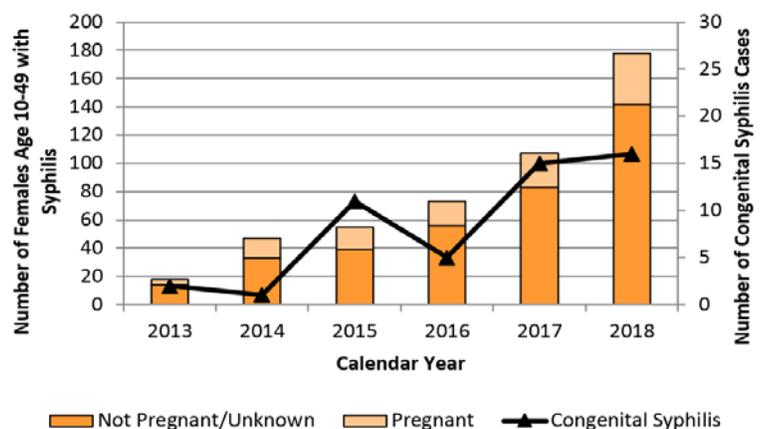
### STD Update

On February 14, 2018, in collaboration with the California Prevention Training Center, PH conducted a training focused on diagnosis and treatment of all Sexually Transmitted Diseases (STDs) with a specific emphasis on preventing congenital syphilis and new HIV infections for local providers. Over 120 attendees from the community received education on STDs including local and statewide STD data.

### Prevention

To prevent syphilis being passed from pregnant mother to baby, treatment must begin at least 30 days prior to delivery. Of the 27 pregnant women diagnosed with syphilis during pregnancy or delivery in 2017, 15 were treated in time to prevent the baby from being born with syphilis, for a congenital syphilis prevention ratio of 56%.

*Females Age 10-49 with Syphilis by Pregnancy Status and Congenital Syphilis Cases, Stanislaus County, 2013–2018*

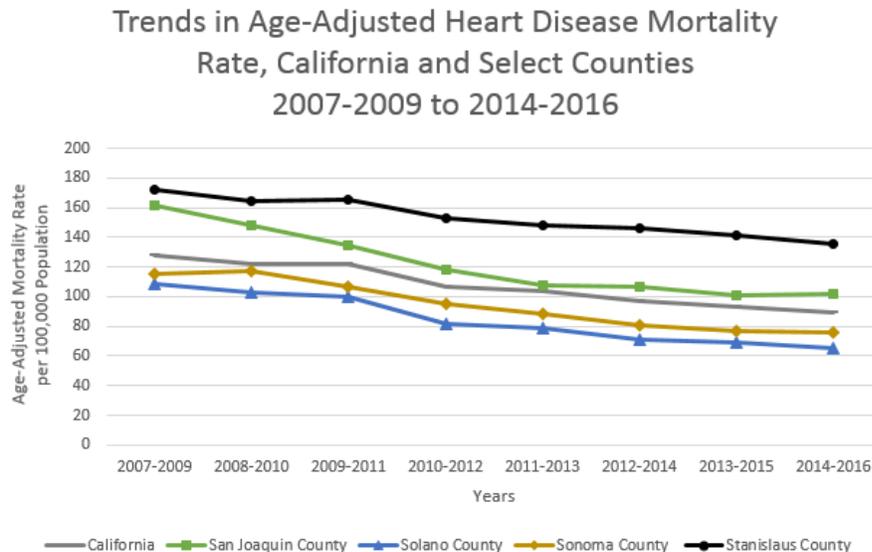


*STD Clinical Update, 2-14-18.*

# CHRONIC DISEASE & INJURY PREVENTION

## Heart Disease

Across the state, heart disease mortality has been decreasing, but Stanislaus County's rates have not fallen as far or as fast as many of the other counties. The trends graph below displays age-adjusted heart disease mortality for Stanislaus, three similar California counties, and California overall.



CDPH ranks Stanislaus County 57th out of 58 California counties for heart disease mortality, with a mortality rate of 135.6 heart disease deaths per 100,000 residents. The Healthy People 2020 National Objective of 103.4 has been met by 42 California counties.

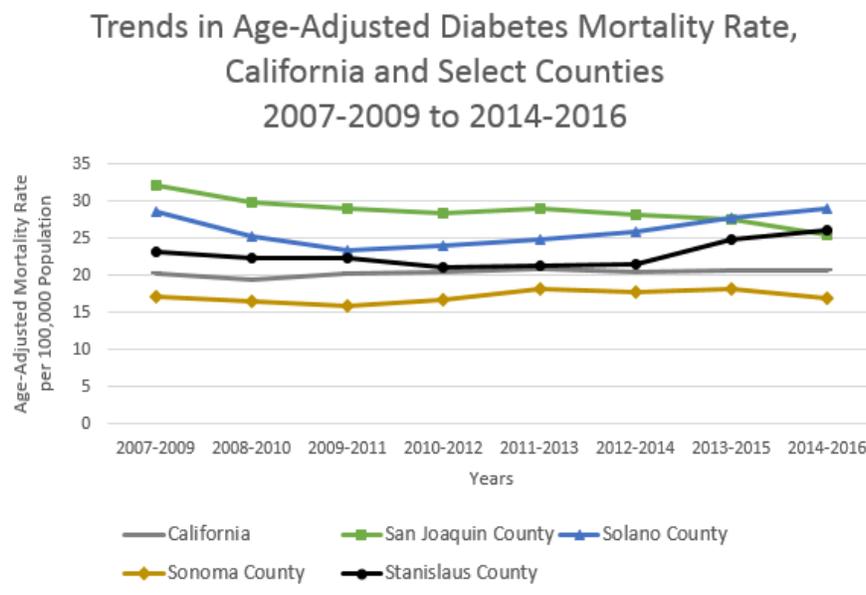
Cigarette smoking more than doubles the risk of coronary heart disease. Tobacco prevention efforts are being utilized to address heart disease in Stanislaus County. The following activities were completed:

- Surveyed 100 residents from Multi-Unit Housing facilities and found 98% of residents understood that second hand smoke was harmful and 74% of residents would support tobacco free multi-unit housing policies.
- Trained youth volunteers (ages 18-19) for the Young Adult Tobacco Purchase Survey. 100 attempts to purchase were made with 28% of stores selling to youth; an improvement from the 2017 rate of 41%.

# CHRONIC DISEASE & INJURY PREVENTION

## Diabetes

Diabetes mortality in Stanislaus County is above the state average, and saw a rise again 2013-2015, continued in 2014-2016. The trend graph below shows age-adjusted diabetes mortality for Stanislaus County, three similar California counties, and California overall.



To address diabetes in Stanislaus County, PH has:

- Trained residents to advocate for health options in their community such as expanded access to school grounds for exercise.
- Helped facilitate walking school bus programs to provide options to children for active transportation to school.
- Worked with local schools to grow school gardens to engage children in healthy eating habits and connection to produce.
- Partnered with Modesto Certified Farmer's Market to provide the Jr. Chef Afterschool program to 41 sixth graders, teaching them cooking skills and exposing them to healthy and produce-rich meals.
- Partnered with Modesto Nuts to initiate the "intentional walk" program, encouraging attendees and local residents to walk within the stadium before, during and after games, leading to 145 participants logging over 2,230 walking miles in 9 weeks!

# ACCESS TO AND LINKAGE WITH CLINICAL CARE

## Maternal Mental Health

In May 2018, PH worked in partnership with Golden Valley Health Centers, Health Plans, and Behavioral Health and Recovery Services' Prevention and Early Intervention Team to provide two Maternal Mental Health Trainings (offered in English and Spanish each) to providers, nurses and staff from obstetric offices, public health, community centers, Women Infant & Children program, health plan, as well as local Promotores (volunteer community health workers). Attendees learned the importance of maternal mental health and upcoming changes to all applicable laws.

Educational materials were developed and distributed including a flip chart for exam rooms, a brochure with information and local support resources, and a magnet highlighting signs of perinatal mood disorders for parents with the phone number for a support line. This effort is related to a new law (effective July 1, 2019) mandating all providers to screen pregnant and postpartum women for mental health or mood disorders at every visit and refer them for mental health services when appropriate.



## Home Visiting Programs

Public health nurses (PHN) doing home visits also conduct a comprehensive assessment of families. They coordinate services with Medi-Cal managed care plans, help clients schedule appointments, and arrange travel to doctor's offices. PHNs also act as health literacy interpreters, and communicate the importance of health appointments to their clients.

## Tdap Toolkit

Pertussis (Whooping cough) tends to fall on a 3-5 year cycle, with high numbers of cases seen in California in 2010 and 2014. Anticipating increases in pertussis cases in 2018/2019, PH formed a Pertussis Action Group in January 2018. This group focused on measures limiting exposure and increasing immunity for babies in the first six months of life since infants are the most vulnerable to pertussis. The best way to protect infants from pertussis is to vaccinate pregnant women with the Tdap vaccine in the early third trimester (to protect mother and transfer maternal antibodies to baby prior to birth). TDAP toolkits were created for:

- Local obstetric providers that included handouts for providers and patients, and prewritten prescription pads for Tdap vaccine.
- Schools and childcare providers that included fact sheets for parents, information for school nurses, and reminders of the services that PH provides in the event of an outbreak.

# FOUNDATIONAL CAPABILITIES

## *Accreditation Site Visit*

November 13 and 14, 2017 brought a team from the Public Health Accreditation Board to Modesto to conduct the site visit interviews as a part of the accreditation process. For two days the team met with staff and leadership at the health department, partners, and representatives of our governing bodies. The interviews focused on providing further explanation and insight into the systems and programs detailed in our accreditation application.

At the end of February, PH received the full report from the PHAB team. It highlighted strengths (willingness to self-evaluate and change, robust and healthy partnerships, and intentional and proactive employees with strong leadership), as well as opportunities for improvement (formalizing processes and relationships, and improving the Community Health Improvement Plan and Strategic Plan). In the upcoming year PH will be addressing these opportunities as a part of the PHAB action plan eventually leading to full accreditation.



*Accreditation Site Visit Governing bodies panel.*

*From left: Lori Williams, Public Health Director, Terry Withrow, Stanislaus County Board of Supervisors District 3, Patricia Hill Thomas, Stanislaus County Chief Operating Officer, Dr. Julie Vaishampayan, Public Health Officer, Andria Jimenez, Accreditation Coordinator, Mary Ann Lee, HSA Managing Director, Becky Nan-yonjo Kemp, HSA Chief Deputy Director*

## *Mutual Aid*

During the Sonoma complex fires, Stanislaus County responded to requests for mutual aid in Region 4. Dr. Julie Vaishampayan, Stanislaus County Public Health Officer, responded to the call for health officer support and spent five days in the Public Health Department Operations Center working 12-hour shifts to help bring organization and an extra pair of hands to the chaos that the sudden evacuation of 90,000 residents had brought. Dr. Vaishampayan helped with crafting of health communication and disaster guidance for the public and communicable disease prevention and control in the shelters. She assisted Sonoma staff in bring a sense of order to the medical presence in the shelters by helping to assure evacuees in shelters were assessed for medical needs and a system was in place to credential medical professionals who volunteered to help.

There were 4,162 people sheltered across Sonoma County in 43 shelters for evacuees by October 2018. Dr. Vaishampayan was honored to be given the opportunity to assist exhausted public health staff. Stanislaus County Public Health was proud to share Dr. Vaishampayan with Sonoma, and thankful to be a part of a community that responds with mutual aid in times of emergency.

## Highlights from 2017/2018

**March 7, 2018**—The Mobilizing for Action through Planning and Partnerships (MAPP) Steering Committee of HSA leaders and community partners began meeting to begin the process of four assessments of Stanislaus County leading to a Community Health Improvement Plan in 2019.

**June 2018**—A team from Rice University and the CDC conducted the first of two multi-day trainings on GIS mapping software. Several PH staff as well as community partners attended the training and are working together to create maps for the community.



GIS Training w/ Rice University and CDC June 2018

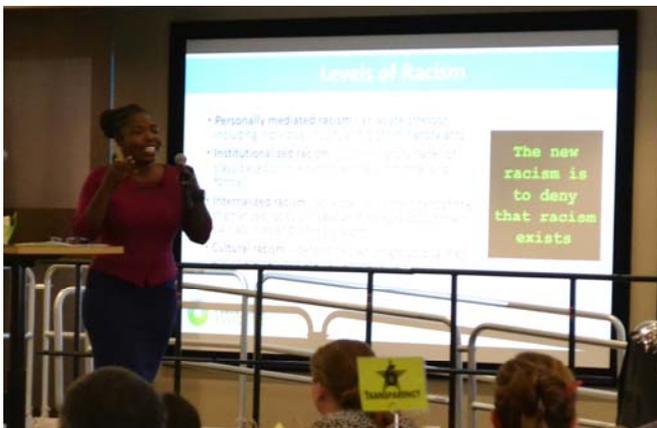
**The PH Medical Therapy Unit at Sonoma Elementary School**, in cooperation with Modesto City Schools temporarily relocated their entire department of 17 staff to a different site for two months due to facility upgrades with minimal interruptions in client services.

The **Local and Regional Government Alliance on Race and Equity** team presented to PH program managers and the MAPP Steering Committee on Health and Racial Equity.

Over 250 women who are breastfeeding or planning to breastfeed participated in **Breastfeeding Celebrations** at various WIC sites to be honored and celebrated for their commitment to their children and to gain additional skills to encourage continued breastfeeding.

The **Women, Infants, and Children Program** distributed \$20 Farmers Market Nutrition Program coupons to 967 families enrolled in WIC to encourage them to visit certified farmers' markets in Stanislaus County for fresh, locally grown fruits and vegetables.

Over **7,000 preschool children at 31 Head Start sites in 91 classrooms** now participate in the Harvest of the Month program, offering monthly taste-testing of a specific fruit or vegetable with a nutrition education lesson. PH is working with Head Start to incorporate these healthy foods into the snack menus for children in the program.



Flojaune Cofer, PhD, MPH, addresses the PH staff at the All-Staff Meeting April, 2018

**CARE received additional Ryan White funding** to provide HIV positive clients with dental care.

At the **PH all staff meeting in April 2018**, Flojaune G. Cofer, PhD, MPH from Public Health Advocates delivered an insightful presentation on health equity, racism, and disparities providing valuable insights for the personal and professional lives of the PH staff.

The **oral health program**, funded in 2018, developed the oral health advisory committee and began an oral health needs assessment.

## Conclusions/Looking Ahead

In this report we highlight how we respond to the needs of the community by sharing a glimpse of our activities, accomplishments and challenges. Being responsive to the needs of the community means listening to their needs and concerns, developing a deeper understanding of the root causes and taking the most effective course of action.

Looking ahead we are excited to continue working on creating a comprehensive community health assessment and a community health improvement plan using the Mobilizing for Action through Planning and Partnerships, MAPP process. We will also be intensifying our efforts to prevent the spread of communicable diseases and illness with a special emphasis on congenital syphilis and the flu. Another major focus will be increasing our presence in the community and continuing to work with our key stakeholders and partners to address ongoing and emerging public health issues, such as homelessness, chronic disease prevention and the opioid crisis.

And finally becoming an accredited health department. Working on accreditation has made us a better organization and we are confident that our hard work, resilience and unwavering commitment to continuous quality improvement will culminate in achieving this highly respected status and reaching this significant milestone. As we move forward, we do so with renewed confidence and determination to focus our efforts on creating the conditions for a vibrant and healthy community- where everyone has an opportunity to be healthy, to live well and thrive.



Public Health staff at the Annual Public Health Staff Meeting April 4, 2018

## Acknowledgements

Many thanks to those who contributed to this report including:

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## Acronyms

**AFLP** Adolescent Family Life Program  
**CCS** California Children’s Services  
**CDC** United States Centers for Disease Control and Prevention  
**CDPH** California Department of Public Health  
**FTE** Full-Time Equivalent  
**GARE** Local and Regional Government Alliance on Race and Equity  
**GIS** Geographic Information System  
**HIV** Human Immunodeficiency Virus  
**HSA** Stanislaus County Health Services Agency  
**MAPP** Mobilizing for Action through Planning and Partnerships  
**MCAH** Maternal, Child, and Adolescent Health  
**MTC** Medical Therapy Clinic  
**OB/GYN** Obstetrician/Gynecologist  
**OT** Occupational Therapy  
**PH** Stanislaus County Health Services Agency Public Health Division  
**PHAB** Public Health Accreditation Board  
**POD** Point of Dispensing  
**PT** Physical Therapy  
**STD** Sexually Transmitted Disease  
**TB** Tuberculosis  
**Tdap** Tetanus, Diphtheria, Pertussis vaccine  
**WIC** Special Supplemental Nutrition Program for Women, Infants and Children

## Appendix A

<b>Public Health Key Metrics Summary</b>		
<b>Fiscal Years 2016/2017 and 2017/2018</b>		
	<b>2016/17</b>	<b>2017/18</b>
<b>Public Health Services</b>		
Children immunized, age 0-18 years	2,982	2,767
People with active TB	9	19
Active TB medication visits (DOT)	1,655	2,081
Latent TB treatment visits	547	293
People in HIV case management	125	148
<b>Vital Records</b>		
Births registered	10,524	9,986
Deaths registered	4,851	5,017
<b>Maternal, Child, and Adolescent Health</b>		
Number of home visits conducted	3,167	2,540
Children with high blood lead levels case managed	33	54
Children with abnormal blood lead levels monitored	221	248
<b>California Children's Services/Medical Therapy</b>		
New client referrals	1,788	1,426
Children connected to a medical home	89%	97%
Children attending their annual medical team meetings	55%	71%
Children in case management	3,178	3,647
Medical therapy (OT/PT/MTC) visits	5,540	5,694
<b>Nutrition Programs</b>		
WIC participants	17,028	16,380
WIC nutrition education classes (taken on line)	19,918	18,966
Number of car seats distributed	204	220
<b>Emergency Preparedness</b>		
New Medical Reserve Corps volunteers	9	8
Total Medical Reserve Corps volunteers	*	385

\* This is a new metric, and 2016/2017 data are not available.

## Appendix B

Community Health Metrics		
	Stanislaus	California
<b>Health Behaviors (2018 County Health Rankings, Board Priorities)</b>		
Adults Smoking	13%	11%
Adult Obesity	30%	23%
Physical Inactivity	21%	18%
Access to Exercise Opportunities	88%	90%
Chlamydia Infections (rate per 100,000 population)	447.4	487.5
Teen Births (rate per 1,000 females 15-19 years of age)	32	24
Food Insecurity	13%	13%
Limited Access to Healthy Foods	5%	3%
Drug Overdose Deaths per 100,000 population	15	12
<b>Chronic Disease (California Health Interview Survey, CEO's Priorities)</b>		
Heart Disease Prevalence (2014-2016)	5.9%	6.3%
Diabetes Prevalence (2015-2016)	11.4%	9.4%
<b>Additional Health Indicators (County Health Status Profiles, CDPH 2018)</b>		
Infant Mortality (deaths per 1,000 live births)	5.4	4.6
Adequate/Adequate Plus Prenatal Care	69.8%	77.9%
Low Birth Weight Infants	6.5%	6.8%
Suicide (rate per 100,000 population)	10.8	10.4
Homicide (rate per 100,000 population)	5.6	5.0
Drug-induced Deaths (rate per 100,000 population)	18.2	12.2
All Cancer death rate (rate per 100,000 population)	171.5	140.2

# Appendix C

Annual Reportable Disease Summary		
Fiscal Years 2016/2017 and 2017/2018		
	2016/2017 Cases	2017-2018 Cases
<b>All Title 17 Conditions Reported</b>	<b>8,342</b>	<b>9,619</b>
<b>Selected Reportable Conditions</b>		
Botulism	0	1
Campylobacter	219	252
Coccidioidomycosis (Valley Fever)	94	150
Giardiasis	48	82
Hepatitis A	3	3
Hepatitis B (Chronic)	98	118
Hepatitis C (Chronic)	1,013	1,138
Meningitis, Bacterial (<5 years old)	6	9
Meningitis, Viral	23	25
Rabies (Animal)	0	0
Pertussis	10	3
Salmonella	78	117
Shiga Toxin producing E. coli	27	14
Shigella	129	49
Tuberculosis (Clinically Active)	9	19
West Nile Virus	26	33
<b>Outbreaks</b>		
Total	14	20
Gastrointestinal	9	7
Rash	1	1
Respiratory, non-Tuberculosis	4	12
<b>Selected Sexually Transmitted Diseases (STDs)</b>		
Chlamydia	2,466	2,770
Gonorrhea	833	728
Syphilis	224	374
Primary/Secondary	94	139
Early Latent	49	74
Women 12-44 years (child-bearing)	79	120
Congenital	10	14

## Appendix D

### ***AUTHORITY OF THE GOVERNING ENTITY FOR STANISLAUS COUNTY PUBLIC HEALTH***

#### ***Role of County Government, Board of Supervisors, and Chief Executive Office***

Stanislaus County is one of 58 California counties. It serves as an agent of the State of California to provide mandated health, welfare, and other social services programs and as a unit of local government responsible for providing a wide array of local services. The diverse assortment of local services includes libraries, parks, public protection, election services, agricultural inspection services, land use planning, construction inspection, health services including public health, primary medical care, inpatient and outpatient mental health services, social services and many others.

The Board of Supervisors is the governing body of the county of Stanislaus and is responsible for both legislative and executive functions of County government ([Cal Gov Code § 25000](#)). Major legislative duties include adopting ordinances on a wide range of subjects, adopting resolutions for the purpose of setting policy and providing for its administration, adopting an annual budget, and holding public hearings on a variety of matters such as zoning in the unincorporated area of the County.

Executive functions include the fiscal responsibilities for effective administration of County government. The Board is assisted in the administrative responsibilities by the Chief Executive Officer who is delegated broad responsibility. The Chief Executive Office is responsible to the Board of Supervisors for coordinating, directing and maintaining County activities as well as developing the County budget and various special projects ([Ord. CS 1150 §1, 2014](#); [Ord. CS 1125 §1, 2012](#); [Ord. CS 1089 §§5–12, 2010](#); [Ord. CS 1044 §1, 2008](#); [Ord. CS 749 §§1, 2, 2001](#); [Ord. CS 530 §1, 1993](#); [Ord. CS 503 §1, 1992](#)). The Chief Executive Officer is responsible for administration of the County budget in excess of \$800 million that includes funding for 28 County departments and approximately 4,400 County employees.

#### ***Role of Health Services Agency—Public Health***

Whereas the Board of Supervisors and Chief Executive Officer provide county oversight, the Health Services Agency, (HSA) is designated as responsible for all health-related issues in Stanislaus County ([HSC § 101025](#)). The Board of Supervisors appoints a Public Health Officer, who is a physician, and who serves as the chief medical officer for the county on public health issues and enforcement of public health laws and regulations ([HSC § 101000](#)). Public Health is headed by a director who is accountable to the HSA managing director. The HSA managing director is accountable to the County's Chief Executive Office and the Board of Supervisors.

Public Health Services include prevention, early intervention, education and treatment through a wide range of specific programs, services and activities ([17 CCR § 1276](#)). These Include:

- |                                |  |
|--------------------------------|--|
| Data collection and analysis   | Communicable disease control                                   |
| Laboratory services            | Maternal, Child and Adolescent Health Services                 |
| Nutrition Services             | Chronic disease prevention services                            |
| Public Health nursing services | Population based health improvement                            |
| Immunizations                  | Vital Statistics – birth/death certificates and burial permits |
| Emergency preparedness         |  |



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