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INTRODUCTION

This Merced County Health Status Profile - 2012 report presents public health data that can be directly compared with clearly established benchmarks, such as national and state standards, and county-level populations of similar composition. In addition, it provides some trend related data by both indicator measurement levels and by ranking position among the 58 counties that comprise the state of California. The Appendix (page 44) provides the most recent (based on 2008-2010 data; 2007-2009 for infant mortality) comparison table of Merced County’s rates/percentages for selected health indicators, the target rates established for Healthy People 2010 National Objectives, and the California and United States rates where available.

This report contains vital statistics and morbidity information that show the population, number of events, crude rates, and age-adjusted death rates (when applicable) or percentages by county and state for selected health indicator. The general format for each selected indicator is to 1) use a bar chart to provide a side-by-side comparison between Merced County and the State of California for each available three-year average time period, 2) indicate the Healthy People 2010 National Objective on the chart (if one has been established), 3) indicate the ranking position received by Merced County (from 1st to 58th out of 58 total counties) for each available three-year average time period, and 4) provide narrative highlights specific to each of the selected indicators.

Estimated rates and percentages that are categorized as unreliable (relative standard error ≥23 percent) are marked in the Appendix with an asterisk (*). Rates, percentages, and confidence limits not calculated for zero events are shown as dashes (-).

Data limitations and qualifications are provided in the Technical Notes (pages 41 to 43) to assist the reader with interpretation and comparison of these Merced County specific data and for other county and state level comparison data.

To access electronic copies of this report and other Merced County related public health reports, visit the Merced County Department of Public Health site on the Internet at: http://www.co.merced.ca.us/index.aspx?nid=82

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Merced County Department of Public Health, County Health Status Profile 2012, May 2012.
The 5 leading causes of death in Merced County are: (1st) all cancers, (2nd) coronary heart disease, (3rd) accidents (unintentional injuries), (4th) cerebrovascular disease (stroke), and (5th) chronic lower respiratory disease.

Merced County mortality rates in 2008-2010 were among the worst out of 58 counties in California for the following indicators:

- All causes (40th), motor vehicle traffic crashes (40th), colorectal cancer (45th), diabetes (50th), cerebrovascular disease (51st), homicide (55th), coronary heart disease (55th).

Merced County mortality rate in 2008-2010 was among the best out of 58 counties in California for the following indicator:

- Female breast cancer (9th).

14 out of 19 mortality indicators contained a Healthy 2010 National Objective.


When compared to the State of California, the 2008-2010 age-adjusted mortality rates in Merced County were significantly higher for the following indicators:

- All causes (715.4 per 100,000 population) were 12.3 percent higher than the rate for the State of California (632.7 per 100,000 population).
- Coronary heart disease (152.9 per 100,000 population) was 22.8 percent higher than the rate for the State of California (121.6 per 100,000 population).
- Unintentional injuries (40.4 per 100,000 population) were 39.4 percent higher than the rate for the State of California (27.1 per 100,000 population).
- Motor vehicle traffic crashes (13.4 per 100,000 population) were 51.6 percent higher than the rate for the State of California (7.9 per 100,000 population).
The three-year average number of deaths from all causes in Merced County from 2008 to 2010 was 1,462.7 or approximately one death for every 183 persons.

The age-adjusted mortality rate from all causes in Merced County for the three-year period from 2008 to 2010 was 715.4 per 100,000 population.

The 2008-2010 age-adjusted mortality rate decreased 7.2 percent from the 2005-2007 rate of 771.1 per 100,000 population.

The 2008-2010 age-adjusted mortality rate in Merced County was ranked 40th out of 58 counties.

Note: Counties were ranked from the lowest mortality rate (1st) to the highest mortality rate (58th).

DATA SOURCE
California Department of Public Health, Center for Health Statistics, Office of Health Information and Research, County Health Status Profiles, 2008-2012
The three-year average number of deaths from all cancers in Merced County from 2008 to 2010 was 313.0 or approximately one death for every 855 persons.

The age-adjusted mortality rate from all cancers in Merced County for the three-year period from 2008 to 2010 was 155.6 per 100,000 population.

The 2008-2010 age-adjusted mortality rate decreased 5.6 percent from the 2005-2007 rate of 164.8 per 100,000 population.

The 2008 to 2010 age-adjusted mortality rate in Merced County was ranked 31st out of 58 counties.

Merced County met the Healthy People 2010 National Objective of no more than 158.6 age-adjusted deaths due to all cancers per 100,000 population.

Note: Counties were ranked from the lowest mortality rate (1st) to the highest mortality rate (58th).

DATA SOURCE
California Department of Public Health, Center for Health Statistics, Office of Health Information and Research, County Health Status Profiles, 2008-2012
The three-year average number of deaths from colorectal (colon) cancer in Merced County from 2008 to 2010 was 31.7 or approximately one death for every 8,454 persons.

The age-adjusted mortality rate from colorectal (colon) cancer in Merced County for the three-year period from 2008 to 2010 was 15.9 per 100,000 population.

The 2008-2010 age-adjusted mortality rate increased 20.6 percent from the 2005-2007 rate of 13.2 per 100,000 population.

The 2008 to 2010 age-adjusted mortality rate in Merced County was ranked 45th out of 58 counties.

Merced County did not meet the Healthy People 2010 National Objective of no more than 13.7 age-adjusted deaths due to colorectal (colon) cancer per 100,000 population.

**Note:** Counties were ranked from the lowest mortality rate (1st) to the highest mortality rate (58th).

**DATA SOURCE**

California Department of Public Health, Center for Health Statistics, Office of Health Information and Research, *County Health Status Profiles, 2008-2012*
The three-year average number of deaths from lung cancer in Merced County from 2008 to 2010 was 85.7 or approximately one death for every 3,125 persons.

The age-adjusted mortality rate from lung cancer in Merced County for the three-year period from 2008 to 2010 was 43.3 per 100,000 population.

The 2008-2010 age-adjusted mortality rate decreased 10.1 percent from the 2005-2007 rate of 48.2 per 100,000 population.

The 2008-2010 age-adjusted mortality rate in Merced County was ranked 37th out of 58 counties.

Merced County met the Healthy People 2010 National Objective of no more than 43.3 age-adjusted deaths due to lung cancer per 100,000 population.

Note: Counties were ranked from the lowest mortality rate (1st) to the highest mortality rate (58th).

DATA SOURCE
California Department of Public Health, Center for Health Statistics, Office of Health Information and Research, County Health Status Profiles, 2008-2012
The three-year average number of deaths from female breast cancer in Merced County from 2008 to 2010 was 17.7 or approximately one death for every 7,516 females.

The age-adjusted mortality rate from female breast cancer in Merced County for the three-year period from 2008 to 2010 was 15.6 per 100,000 population.

The 2008-2010 age-adjusted mortality rate decreased 35.7 percent from the 2005-2007 rate of 24.2 per 100,000 population.

The 2008-2010 age-adjusted mortality rate in Merced County was ranked 9th out of 58 counties.

Merced County met the Healthy People 2010 National Objective of no more than 21.3 age-adjusted deaths due to female breast cancer per 100,000 population.

**Note:** Counties were ranked from the lowest mortality rate (1st) to the highest mortality rate (58th).

**DATA SOURCE**

California Department of Public Health, Center for Health Statistics, Office of Health Information and Research, *County Health Status Profiles, 2008-2012*
The three-year average number of deaths from prostate cancer in Merced County from 2008 to 2010 was 15.7 or approximately one death for every 8,612 males.

The age-adjusted mortality rate from prostate cancer in Merced County for the three-year period from 2008 to 2010 was 20.1 per 100,000 population.

The 2008-2010 age-adjusted mortality rate decreased 9.3 percent from the 2005-2007 rate of 22.2 per 100,000 population.

The 2008-2010 age-adjusted mortality rate in Merced County was ranked 25th out of 58 counties.

Merced County met the Healthy People 2010 National Objective of no more than 28.2 age-adjusted deaths due to prostate cancer per 100,000 population.

Note: Counties were ranked from the lowest mortality rate (1st) to the highest mortality rate (58th).

DATA SOURCE
California Department of Public Health, Center for Health Statistics, Office of Health Information and Research, County Health Status Profiles, 2008-2012
The three-year average number of deaths from diabetes in Merced County from 2008 to 2010 was 48.0 or approximately one death for every 5,577 persons.

The age-adjusted mortality rate from diabetes in Merced County for the three-year period from 2008 to 2010 was 24.3 per 100,000 population.

The 2008-2010 age-adjusted mortality rate decreased 14.1 percent from the 2005-2007 rate of 28.3 per 100,000 population.

The 2008-2010 age-adjusted mortality rate in Merced County was ranked 50th out of 58 counties.

Note: Counties were ranked from the lowest mortality rate (1st) to the highest mortality rate (58th).

DATA SOURCE
California Department of Public Health, Center for Health Statistics, Office of Health Information and Research, County Health Status Profiles, 2008-2012
The three-year average number of deaths from Alzheimer’s disease in Merced County from 2008 to 2010 was 42.0 or approximately one death for every 6,374 persons.

The age-adjusted mortality rate from Alzheimer’s disease in Merced County for the three-year period from 2008 to 2010 was 22.3 per 100,000 population.

The 2008-2010 age-adjusted mortality rate increased 28.4 percent from the 2005-2007 rate of 17.4 per 100,000 population.

The 2008-2010 age-adjusted mortality rate in Merced County was ranked 27th out of 58 counties.

**Note:** Counties were ranked from the lowest mortality rate (1st) to the highest mortality rate (58th).

**DATA SOURCE**
California Department of Public Health, Center for Health Statistics, Office of Health Information and Research, County Health Status Profiles, 2008-2012
The three-year average number of deaths from coronary heart disease in Merced County from 2008 to 2010 was 300.0 or approximately one death for every 892 persons.

The age-adjusted mortality rate from coronary heart disease in Merced County for the three-year period from 2008 to 2010 was 152.9 per 100,000 population.

The 2008-2010 age-adjusted mortality rate decreased 10.4 percent from the 2005-2007 rate of 170.6 per 100,000 population.

The 2008-2010 age-adjusted mortality rate in Merced County was ranked 55th out of 58 counties.

Merced County met the Healthy People 2010 National Objective of no more than 162.0 age-adjusted deaths due to coronary heart disease per 100,000 population.

**Note:** Counties were ranked from the lowest mortality rate (1st) to the highest mortality rate (58th).

**DATA SOURCE**
California Department of Public Health, Center for Health Statistics, Office of Health Information and Research, County Health Status Profiles, 2008-2012
DEATHS DUE TO CEREBROVASCULAR DISEASE (STROKE)
2004-2010

The three-year average number of deaths from cerebrovascular disease (stroke) in Merced County from 2008 to 2010 was 90.7 or approximately one death for every 2,953 persons.

The age-adjusted mortality rate from stroke in Merced County for the three-year period from 2008 to 2010 was 46.5 per 100,000 population.

The 2008-2010 age-adjusted mortality rate decreased 20.3 percent from the 2005-2007 rate of 58.4 per 100,000 population.

The 2008-2010 age-adjusted mortality rate in Merced County was ranked 51st out of 58 counties.

Merced County met the Healthy People 2010 National Objective of no more than 50.0 age-adjusted deaths due to stroke per 100,000 population.

Note: Counties were ranked from the lowest mortality rate (1st) to the highest mortality rate (58th).

DATA SOURCE
California Department of Public Health, Center for Health Statistics, Office of Health Information and Research, County Health Status Profiles, 2008-2012
The three-year average number of deaths from influenza/pneumonia in Merced County from 2008 to 2010 was 35.0 or approximately one death for every 7,649 persons.

The age-adjusted mortality rate from influenza/pneumonia in Merced County for the three-year period from 2008 to 2010 was 17.5 per 100,000 population.

The 2008-2010 age-adjusted mortality rate increased 15.8 percent from the 2005-2007 rate of 15.1 per 100,000 population.

The 2008-2010 age-adjusted mortality rate in Merced County was ranked 38th out of 58 counties.

Note: Counties were ranked from the lowest mortality rate (1st) to the highest mortality rate (58th).

DATA SOURCE
California Department of Public Health, Center for Health Statistics, Office of Health Information and Research, County Health Status Profiles, 2008-2012
DEATHS DUE TO CHRONIC LOWER RESPIRATORY DISEASE
2004-2010

The three-year average number of deaths from chronic lower respiratory disease in Merced County from 2008 to 2010 was 87.0 or approximately one death for every 3,077 persons.

The age-adjusted mortality rate from chronic lower respiratory disease in Merced County for the three-year period from 2008 to 2010 was 44.9 per 100,000 population.

The 2008-2010 age-adjusted mortality rate decreased 4.7 percent from the 2005-2007 rate of 47.1 per 100,000 population.

The 2008-2010 age-adjusted mortality rate in Merced County was ranked 36th out of 58 counties.

Note: Counties were ranked from the lowest mortality rate (1st) to the highest mortality rate (58th).

DATA SOURCE
California Department of Public Health, Center for Health Statistics, Office of Health Information and Research, County Health Status Profiles, 2008-2012
The three-year average number of deaths from chronic liver disease and cirrhosis in Merced County from 2008 to 2010 was 28.3 or approximately one death for every 9,448 persons.

The age-adjusted mortality rate from chronic liver disease and cirrhosis in Merced County for the three-year period from 2008 to 2010 was 12.8 per 100,000 population.

The 2008-2010 age-adjusted mortality rate increased 20.5 percent from the 2005-2007 rate of 10.6 per 100,000 population.

The 2008-2010 age-adjusted mortality rate in Merced County was ranked 32nd out of 58 counties.

Merced County did not meet the Healthy People 2010 National Objective of no more than 3.2 age-adjusted deaths due to chronic liver disease and cirrhosis per 100,000 population.

Note: Counties were ranked from the lowest mortality rate (1st) to the highest mortality rate (58th).

DATA SOURCE
California Department of Public Health, Center for Health Statistics, Office of Health Information and Research, County Health Status Profiles, 2008-2012
The three-year average number of deaths from unintentional injuries in Merced County from 2008 to 2010 was 96.0 or approximately one death for every 2,789 persons.

The age-adjusted mortality rate from unintentional injuries in Merced County for the three-year period from 2008 to 2010 was 40.4 per 100,000 population.

The 2008-2010 age-adjusted mortality rate decreased 8.6 percent from the 2005-2007 rate of 44.2 per 100,000 population.

The 2008-2010 age-adjusted mortality rate in Merced County was ranked 37th out of 58 counties.

Merced County did not meet the Healthy People 2010 National Objective of no more than 17.1 age-adjusted deaths due to unintentional injuries per 100,000 population.

Note: Counties were ranked from the lowest mortality rate (1st) to the highest mortality rate (58th).

DATA SOURCE
California Department of Public Health, Center for Health Statistics, Office of Health Information and Research, County Health Status Profiles, 2008-2012
DEATHS DUE TO MOTOR VEHICLE TRAFFIC CRASHES
2004-2010

The three-year average number of deaths from motor vehicle traffic crashes in Merced County from 2008 to 2010 was 34.3 or approximately one death for every 7,797 persons.

The age-adjusted mortality rate from motor vehicle traffic crashes in Merced County for the three-year period from 2008 to 2010 was 13.4 per 100,000 population.

The 2008-2010 age-adjusted mortality rate decreased 36.5 percent from the 2005-2007 rate of 21.1 per 100,000 population.

The 2008-2010 age-adjusted mortality rate in Merced County was ranked 40th out of 58 counties.

Merced County did not meet the Healthy People 2010 National Objective of no more than 8.0 age-adjusted deaths due to motor vehicle traffic crashes per 100,000 population.

Note: Counties were ranked from the lowest mortality rate (1st) to the highest mortality rate (58th).

DATA SOURCE
California Department of Public Health, Center for Health Statistics, Office of Health Information and Research, County Health Status Profiles, 2008-2012
The three-year average number of deaths from suicide in Merced County from 2008 to 2010 was 24.3 or approximately one death for every 11,001 persons.

The age-adjusted mortality rate from suicide in Merced County for the three-year period from 2008 to 2010 was 10.3 per 100,000 population.

The 2008-2010 age-adjusted mortality rate increased 47.8 percent from the 2005-2007 rate of 7.0 per 100,000 population.

The 2008-2010 age-adjusted mortality rate in Merced County was ranked 21st out of 58 counties.

Merced County did not meet the Healthy People 2010 National Objective of no more than 4.8 age-adjusted deaths due to suicide per 100,000 population.

**Note:** Counties were ranked from the lowest mortality rate (1st) to the highest mortality rate (58th).

**DATA SOURCE**

California Department of Public Health, Center for Health Statistics, Office of Health Information and Research, County Health Status Profiles, 2008-2012
The three-year average number of deaths from homicide in Merced County from 2008 to 2010 was 23.3 or approximately one death for every 11,473 persons.

The age-adjusted mortality rate from homicide in Merced County for the three-year period from 2008 to 2010 was 8.5 per 100,000 population.

The 2008-2010 age-adjusted mortality rate increased 13.6 percent from the 2005-2007 rate of 7.5 per 100,000 population.

The 2008-2010 age-adjusted mortality rate in Merced County was ranked 55th out of 58 counties.

Merced County did not meet the Healthy People 2010 National Objective of no more than 2.8 age-adjusted deaths due to homicide per 100,000 population.

Note: Counties were ranked from the lowest mortality rate (1st) to the highest mortality rate (58th).

DATA SOURCE

California Department of Public Health, Center for Health Statistics, Office of Health Information and Research, <i>County Health Status Profiles, 2008-2012</i>
The three-year average number of deaths from firearm injuries in Merced County from 2008 to 2010 was 24.7 or approximately one death for every 10,853 persons.

The age-adjusted mortality rate from firearm injuries in Merced County for the three-year period from 2008 to 2010 was 9.2 per 100,000 population.

The 2008-2010 age-adjusted mortality rate decreased 3.1 percent from the 2005-2007 rate of 9.5 per 100,000 population.

The 2008-2010 age-adjusted mortality rate in Merced County was ranked 30th out of 58 counties.

Merced County did not meet the Healthy People 2010 National Objective of no more than 3.6 age-adjusted deaths due to firearm injuries per 100,000 population.

**Note:** Counties were ranked from the lowest mortality rate (1st) to the highest mortality rate (58th).

**DATA SOURCE**
California Department of Public Health, Center for Health Statistics, Office of Health Information and Research, County Health Status Profiles, 2008-2012
The three-year average number of deaths related to drugs in Merced County from 2008 to 2010 was 26.0 or approximately one death for every 10,296 persons.

The age-adjusted mortality rate related to drugs in Merced County for the three-year period from 2008 to 2010 was 10.8 per 100,000 population.

The 2008-2010 age-adjusted mortality rate increased 21.7 percent from the 2005-2007 rate of 8.9 per 100,000 population.

The 2008-2010 age-adjusted mortality rate in Merced County was ranked 23rd out of 58 counties.

Merced County did not meet the Healthy People 2010 National Objective of no more than 1.2 age-adjusted drug-related deaths per 100,000 population.

Note: Counties were ranked from the lowest mortality rate (1st) to the highest mortality rate (58th).

DATA SOURCE
California Department of Public Health, Center for Health Statistics, Office of Health Information and Research, County Health Status Profiles, 2008-2012
MORBIDITY INDICATORS - SUMMARY

- Merced County incidence rates in 2008-2010 were among the *worst* out of 58 counties in California for the following indicators:
  - Chlamydia ranked 44th and gonorrhea (39th).

- 3 out of 4 morbidity indicators contained a Healthy 2010 National Objective.
  - Merced County did *not* meet the Healthy People 2010 National Objectives.

- The *chlamydia* and *gonorrhea* incidence rates in Merced County have significantly decreased in 2008-2010 compared to 2005-2007.
  - The 2008-2010 case rate for *chlamydia* decreased 14.9 percent from the 2005-2007 rate of 399.8 per 100,000 population.
  - The 2008-2010 case rate for *gonorrhea* decreased 66.6 percent from the 2005-2007 rate of 86.5 per 100,000 population.

- When compared to the State of California, the 2008-2010 incidence rates in Merced County were significantly lower for the following morbidity indicators:
  - **AIDS** (4.3 per 100,000 population) was 74.5 percent lower than the rate for the State of California (9.4 per 100,000 population).
  - **Chlamydia** (340.1 per 100,000 population) was 13.6 percent lower than the rate for the State of California (389.6 per 100,000 population).
  - **Gonorrhea** (28.9 per 100,000 population) was 77.9 percent lower than the rate for the State of California (65.8 per 100,000 population).
  - **Tuberculosis** (2.7 per 100,000 population) was 82.6 percent lower than the rate for the State of California (6.5 per 100,000 population).
The incidence rate of reported AIDS cases aged 13 years and older in Merced County for the three-year period from 2008 to 2010 was 4.3 per 100,000 population aged 13 years and older or approximately one reported AIDS case for every 23,310 persons.

The 2008-2010 case rate for AIDS in Merced County was ranked 37th out of 58 counties.

Merced County did not meet the Healthy People 2010 National Objective of no more than 1.0 case per 100,000 population aged 13 years and older.

Note: Counties were ranked from the lowest incidence rate (1st) to the highest incidence rate (58th).
The incidence rate of reported active tuberculosis (TB) cases in Merced County for the three-year period from 2008 to 2010 was 2.7 per 100,000 population or approximately one reported active TB case for every 36,504 persons.

The 2008-2010 case rate for active TB decreased 5.5 percent from the 2005-2007 rate of 2.9 per 100,000 population.

The 2008-2010 case rate for active TB in Merced County was ranked 30th out of 58 counties.

Merced County did not meet the Healthy People 2010 National Objective of no more than 1.0 case per 100,000 population.

Note: Counties were ranked from the lowest incidence rate (1st) to the highest incidence rate (58th).

DATA SOURCE
California Department of Public Health, Center for Health Statistics, Office of Health Information and Research, County Health Status Profiles, 2008-2012
Chlamydia trachomatis infections are the most commonly reported notifiable disease in Merced County.

The incidence rate of reported chlamydia cases in Merced County for the three-year period from 2008 to 2010 was 340.1 per 100,000 population or approximately one reported chlamydia case for every 294 persons.

The 2008-2010 case rate for chlamydia decreased 14.9 percent from the 2005-2007 rate of 399.8 per 100,000 population.

The 2008-2010 case rate for chlamydia in Merced County was ranked 44th out of 58 counties.

**Note:** Counties were ranked from the lowest incidence rate (1st) to the highest incidence rate (58th).

**DATA SOURCE**
California Department of Public Health, Center for Health Statistics, Office of Health Information and Research, County Health Status Profiles, 2008-2012
The incidence rate of reported gonorrhea cases in Merced County for the three-year period from 2008 to 2010 was 28.9 per 100,000 population or approximately one reported gonorrhea case for every 3,462 persons.

The 2008-2010 case rate for gonorrhea decreased 66.6 percent from the 2005-2007 rate of 86.5 per 100,000 population.

The 2008-2010 case rate for gonorrhea in Merced County was ranked 39th out of 58 counties.

Merced County did not meet the Healthy People 2010 National Objective of no more than 19.0 cases per 100,000 population.

Notes: Counties were ranked from the lowest incidence rate (1st) to the highest incidence rate (58th).

DATA SOURCE
California Department of Public Health, Center for Health Statistics, Office of Health Information and Research, County Health Status Profiles, 2008-2012
INFANT MORTALITY INDICATOR - SUMMARY

- Approximately 1 infant died for every 157 live births in Merced County from 2007 to 2009.

- Merced County infant mortality rate was among the worst out of 58 counties in California.
  - Infant mortality ranked 48th.

- When compared to the State of California, Merced County was not significantly different for the 2007-2009 infant mortality rate.

- Merced County did not meet the Healthy People 2010 National Objective.

Note: Infant mortality by race/ethnicity could not be analyzed by subcategories due to unreliable rates.
The infant mortality rate in Merced County for the three-year period from 2007 to 2009 was 6.4 per 1,000 live births or approximately one infant death for every 157 live births.

The 2007-2009 infant mortality rate increased 13.9 percent from the 2004-2006 rate of 5.6 per 1,000 live births.

The 2007-2009 infant mortality rate in Merced County was ranked 48th out of 58 counties.

Merced County did not meet the Healthy People 2010 National Objective of no more than 4.5 infant deaths per 1,000 birth cohort live births.

Note: Counties were ranked from the lowest mortality rate (1st) to the highest mortality rate (58th).

DATA SOURCE
California Department of Public Health, Center for Health Statistics, Office of Health Information and Research, County Health Status Profiles, 2008-2012
NATALITY INDICATORS - SUMMARY

- Merced County rates and percentages were among the **worst** out of 58 counties in California for the following indicators:
  - Low birthweight infants ranked 44th, births to adolescent mothers aged 15 to 19 years (50th), late or no prenatal care during pregnancy (54th), “adequate/adequate plus” prenatal care during pregnancy (54th).

- 3 out of 4 natality indicators contained a Healthy 2010 National Objective.
  - Merced County did *not* meet the Healthy People 2010 National Objectives.

- When compared to the State of California, the 2008-2010 rate and percentage in Merced County were **significantly higher** for the following natality indicators:
  - Late or no prenatal care during pregnancy (35.9 per 100 live births) was 70.9 percent higher than the percentage for the State of California (17.1 per 100 live births).
  - Births to adolescent mothers aged 15 to 19 years (47.3 per 1,000 females) were 38.9 percent higher than the rate for the State of California (31.9 per 1,000 females).

- When compared to the State of California, the 2008-2010 percentage in Merced County was **significantly lower** for the following indicator:
  - “Adequate/adequate plus” prenatal care during pregnancy (62.2 per 100 live births) was 24.3 percent lower than the rate for the State of California (79.4 per 100 live births).
The percentage of low birthweight infants in Merced County for the three-year period from 2008 to 2010 was 6.8 per 100 live births or approximately one low birthweight infant for every 15 live births.

The 2008-2010 percentage of low birthweight infants increased 11.2 percent from the 2005-2007 percentage of 6.1 per 100 live births.

The 2008-2010 percentage of low birthweight infants in Merced County was ranked 44th out of 58 counties.

Merced County did not meet the Healthy People 2010 National Objective of no more than 5 percent low birthweight infants.

Notes: Counties were ranked from the lowest percentage of low birthweight infants (1st) to the highest percentage (58th).

Low birth weight rates are defined as the percentage of births weighing less than 2500 grams at birth out of the total number of births for any calendar year.

DATA SOURCE
California Department of Public Health, Center for Health Statistics, Office of Health Information and Research, County Health Status Profiles, 2008-2012
The age-specific birth rate to adolescents, aged 15 to 19 years, in Merced County for the three-year period from 2008 to 2010 was 47.3 per 1,000 female population or approximately one birth for every 21 adolescent females.

The 2008-2010 age-specific birth rate to adolescents decreased 14.3 percent from the 2005-2007 rate of 55.2 per 1,000 female population.

The 2008-2010 age-specific birth rate to adolescents in Merced County was ranked 50th out of 58 counties.

Note: Counties were ranked from the lowest age-specific birth rate (1st) to the highest age-specific birth rate (58th).

DATA SOURCE
California Department of Public Health, Center for Health Statistics, Office of Health Information and Research, County Health Status Profiles, 2008-2012
The percentage of births to mothers with late or no prenatal care during the first trimester in Merced County for the three-year period from 2008 to 2010 was 35.9 per 100 live births.

The 2008-2010 percentage of births to mothers with late or no prenatal care during the first trimester decreased 0.8 percent from the 2005-2007 percentage of 36.2 per 100 live births.

The 2008-2010 percentage of births to mothers with late or no prenatal care during the first trimester in Merced County was ranked 54th out of 58 counties.

Merced County did not meet the Healthy People 2010 National Objective of no more than 10.0 percent of live births to mothers with late or no prenatal care.

Note: Counties were ranked from the lowest percentage of births to mothers with late or no prenatal care (1st) to the highest percentage (58th).

DATA SOURCE
California Department of Public Health, Center for Health Statistics, Office of Health Information and Research, County Health Status Profiles, 2008-2012
The percentage of births to mothers with “adequate or better” prenatal care in Merced County for the three-year period from 2008 to 2010 was 62.2 per 100 live births.

The 2008-2010 percentage of births to mothers with “adequate or better” prenatal care increased 16.2 percent from the 2005-2007 percentage of 53.5 per 100 live births.

The 2008-2010 percentage of births to mothers with “adequate or better” prenatal care in Merced County was ranked 54th out of 58 counties.

Merced County did not meet the Healthy People 2010 National Objective of at least 90.0 percent of all live births to mothers who received “adequate or better” prenatal care.

Notes: Counties were ranked from the highest percentage of births to mothers with “adequate or better” prenatal care (1st) to the lowest percentage (58th).

“Adequate/Adequate Plus” prenatal care is defined as mothers who initiated prenatal care by the fourth month of pregnancy and had greater than or equal to 80 percent of the expected number of prenatal care visits recommended by the American College of Obstetricians and Gynecologists.

DATA SOURCE: California Department of Public Health, Center for Health Statistics, Office of Health Information and Research, County Health Status Profiles, 2008-2012
BREASTFEEDING INDICATOR - SUMMARY

- Merced County percentage of breastfed infants was among the worst out of 58 counties in California.
  - The percentage of breastfed infants ranked 47th.

- When compared to the State of California, Merced County was not significantly different for the 2010 percentage of breastfed infants.

- Merced County met the Healthy People 2010 National Objective.
The average number of breastfed infants in Merced County in 2010 was 87.5 per 100 births.

The 2010 percentage of breastfed infants in Merced County was ranked 47th out of 58 counties.

Merced County met the Healthy People 2010 National Objective of at least 75.0 percent of all infants breastfed during the early postpartum period.

Notes: Counties were ranked from the highest percentage of breastfed infants (1st) to the lowest percentage (58th).

“Breastfeeding initiation” excludes data for infants who were in a Neonatal Intensive Care Unit (NICU) nursery or received TPN at the time of specimen collection. Also, excluded are cases with an unknown method of feeding.

DATA SOURCE
California Department of Public Health, Center for Health Statistics, Office of Health Information and Research, County Health Status Profiles, 2012
CENSUS POPULATION HEALTH INDICATOR – SUMMARY

- Approximately 1 out of 3 persons under the age of 18 lived in poverty in Merced County during 2009.

- Merced County poverty rate among persons under the age of 18 is among the worst out of 58 counties in California.
  - Poverty rate ranked 56th.

- When compared to the State of California, the 2009 percentage in Merced County was significantly higher for persons under the age of 18 years living in poverty.
  - Poverty rate (32.6 per 100 population under age 18) was 55.2 percent higher than the rate for the State of California (18.5 per 100 population under age 18).

- A Healthy 2010 National Objective has not been established for this indicator.
In 2009, the percentage of persons under age 18 who were below poverty in Merced County was 32.6 per 100 population under age 18 or approximately one for every 3 persons under age 18.

The percentage of persons under age 18 who were below poverty in 2009 increased 20.4 percent from the percentage in 2008 (27.1%).

The 2009 percentage of persons under age 18 who were below poverty in Merced County was ranked 56th out of 58 counties.

Notes: Counties were ranked from the lowest percentage of persons less than 18 years of age below poverty (1st) to the highest percentage (58th).

DATA SOURCE
California Department of Public Health, Center for Health Statistics, Office of Health Information and Research, County Health Status Profiles, 2008-2012
DATA SOURCES

The California Department of Public Health (CDPH), Center for Health Statistics, Office of Health Information and Research, *County Health Status Profiles*, annual reports for the respective years 2008-2012 served as 1) the main source of data (excluding census population) for preparing the various charts and data summaries, 2) the technical notes contained in this document (pages 41 to 43).

Please note that the *County Health Status Profiles* annual reports, in keeping with the goal of using national standards, used the International Classification of Diseases, Tenth Revision (ICD-10) in the coding of mortality causes of death data and age-adjusted rates were calculated using the 2000 Standard Population. Please note that some of the Healthy People 2010 Objective target rates were changed beginning with the 2006 *County Health Status Profiles* publication in accordance with midcourse review recommendations. For additional information on the Healthy People 2010 recommendations, visit the Centers for Disease Control and Prevention (CDC) online at [http://wonder.cdc.gov/data2010/obj.htm](http://wonder.cdc.gov/data2010/obj.htm)

For further information on the general data limitations and methodology used in the *County Health Status Profiles* annual publications, visit the CDPH online at: [http://www.cdph.ca.gov/programs/ohir/Pages/CHSP.aspx](http://www.cdph.ca.gov/programs/ohir/Pages/CHSP.aspx)

CRUDE RATES AND AGE-ADJUSTED RATES

The numerator data used to compute mortality rates and percentages were three-year averages compiled by county of residence of the decedent; mother’s county of residence for birth data (including linked birth-death data for infant mortality); and county of residence for morbidity data, except for Tuberculosis, which was compiled by reporting jurisdiction. Three-year averages tend to reduce the year-to-year fluctuations and increase the stability of estimates.

A non-standardized rate (or "crude rate") is calculated by dividing the total number of events (e.g., deaths) by the total population at risk, then multiplying by a base (e.g., 100,000). Sub-populations such as counties with varying age compositions can have highly disparate crude death rates, since the risk of dying is primarily a function of age. Therefore, counties with a large component of elderly experience a higher death rate. The effect of different age compositions among counties or other demographic groups can be removed from the death rates by the "age-adjustment" process. This produces age-adjusted rates that permit comparisons among geographic and demographic groups and that are directly comparable with those HP 2010 National Objectives that are expressed as age-adjusted rates.

Age-adjusted death rates are hypothetical rates obtained by calculating age-specific rates for each county and multiplying these rates by proportions of the same age categories in a “standard population,” then summing the apportioned specific rates to a county total. The "standard population" used in the age-adjusted rates in this report is the 2000 U.S. Standard Population. The age-adjusted rates put all counties on the same footing with respect to the effect of age and permit direct comparisons among counties. Data for the morbidity tables were not age-adjusted due to the unavailability of the
morbidity data by age. Hence, only crude case rates were calculated. Although age and aging do affect morbidity, the effect is not as prominent as their effect on mortality. Birth cohort infant death rates are not age-adjusted. Since the deaths are linked to the births on a record-by-record basis, these rates are based on a numerator (deaths) and a denominator (births) from the same record.

This report contains vital statistics and morbidity data that show the population, number of events, crude rates, and age-adjusted death rates (when applicable) or percentages by Merced County and by the State of California. The Appendix provides a one-page summary of the Merced County Health Status Indicators for 2012 (reflecting various 2007 to 2010 data). The provided tables also show the upper and lower 95 percent confidence limits, which provide a means for assessing the degree of stability of the estimated rates and percentages. Vital statistics rates and percentages are subject to random variation, which is inversely related to the number of events (e.g., deaths) used to calculate the rates and percentages.

CHILDHOOD POVERTY

Children under the age of 18 living in families with income at or below the poverty level define the category of the population under 18 below poverty. The percent of children under 18 in this category is an indicator of global risk factors that have implications for accessibility to health services.

BREASTFEEDING INITIATION DURING EARLY POSTPARTUM

The 2010 data serves as the new baseline for future comparisons and trending of in-hospital breastfeeding practices in California. The 2010 data should not be compared to data published in prior years (2004-2009) due to revisions to the NBS data collection tool (NBS Form) as well as changes in the data analysis methodology during this time period.

Caution should be taken when analyzing breastfeeding initiation data alone because breastfeeding duration is not taken into consideration. Examination of breastfeeding initiation data along with duration data is recommended to thoroughly measure the effects of breastfeeding. Breastfeeding duration data are not presented in this report because county level duration data are not available.

RELIABILITY OF RATES

All vital statistics rates, including morbidity rates, are subject to random variation. This variation is inversely related to the number of events (e.g., deaths) used to calculate the rate. Small frequencies in the occurrence of events result in a greater likelihood that random fluctuations will be found within a specified time period. Rare events are relatively less stable in their occurrence from observation to observation. As a consequence, counties with only a few deaths, or a few cases of morbidity, can have highly unstable rates from year-to-year. The observation of zero vital events is especially hazardous, regardless of the size of the population. This report reduces some year-to-year fluctuation in the occurrence of rare events by basing rates on three-year average numbers of vital events (e.g., 2008-2010), divided by the population in the middle year (e.g., 2009).
SELECTED INDICATORS

Health indicators are evaluated on a regular basis and changes are made based on survey responses from county health officers and county data managers concerning the value of continued reporting on indicators with a preponderance of unreliable rates and concerning the addition of new indicators valuable to public health monitoring and planning. Deaths due to Alzheimer’s disease, chronic liver disease and cirrhosis, chronic lower respiratory disease, colorectal (colon) cancer, influenza/pneumonia, and prostate cancer as well as incidence of new gonorrhea cases were added to the CDPH 2007 County Health Status Profile publication as a result of the survey respondents’ interest in these health indicators.

COUNTY RANKINGS

Data on each health indicator, except adequacy of prenatal care and breastfeeding initiation, are ranked in order by increasing rates or percentages; therefore, the county with the lowest rate or percentage is in the first rank while the county with the highest rate or percentage is in the fifty-eighth rank. Data for adequacy of prenatal care is displayed with the counties in rank order by decreasing percentages; therefore, the county having the highest percentage is in the first rank and the county with the lowest percentage is in the fifty-eighth rank. For all health indicators, counties with identical rates or percentages are ranked first by largest population or number of births, thus larger counties may appear ahead of smaller counties. The best and worst rankings were divided into thirtile groups: 1st -19th (best) and 39th -58th (worst).

DATA DEFINITIONS

AGE-ADJUSTED MORTALITY RATE. A mortality rate statistically modified to eliminate the effect of different age distributions in the different populations.

BIRTH COHORT. A group of people born during a particular period or year.

INFANT MORTALITY. The infant mortality rate is the number of deaths among infants under one year of age per 1,000 live births.

MORBIDITY RATE. The incidence (i.e., the number of new cases of a specified condition during a specified interval of time) of a particular disease or disorder in a defined population, usually expressed as cases per 100 000 in one year.

MORTALITY RATE. A measure of the frequency of occurrence of death in a defined population during a specified interval of time, usually expressed as cases per 100 000 in one year.
# APPENDIX

## MERCED COUNTY HEALTH STATUS PROFILE 2012

### MORTALITY

<table>
<thead>
<tr>
<th>2008-2010</th>
<th>HEALTH STATUS INDICATOR</th>
<th>DEATHS (AVERAGE)</th>
<th>CRUDE DEATH RATE</th>
<th>AGE-ADJUSTED DEATH RATE</th>
<th>95% CONFIDENCE LIMITS LOWER</th>
<th>95% CONFIDENCE LIMITS UPPER</th>
<th>NATIONAL OBJECTIVE</th>
<th>AGE-ADJUSTED DEATH RATE NATIONAL</th>
<th>AGE-ADJUSTED DEATH RATE STATEWIDE</th>
</tr>
</thead>
<tbody>
<tr>
<td>40</td>
<td>ALL CAUSES</td>
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<td>173.0</td>
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<td>14.1</td>
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<td>LUNG CANCER</td>
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<td>FEMALE BREAST CANCER</td>
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<td>55</td>
<td>CORONARY HEART DISEASE</td>
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<td>CEREBROVASCULAR DISEASE (STROKE)</td>
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<td>38</td>
<td>INFLUENZA/PNEUMONIA</td>
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<td>CHRONIC LIVER DISEASE AND CIRRHOSIS</td>
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<td>12.8</td>
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<td>DRUG-INDUCED DEATHS</td>
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### MORBIDITY

<table>
<thead>
<tr>
<th>2008-2010</th>
<th>HEALTH STATUS INDICATOR</th>
<th>CASES (AVERAGE)</th>
<th>CRUDE CASE RATE</th>
<th>95% CONFIDENCE LIMITS LOWER</th>
<th>95% CONFIDENCE LIMITS UPPER</th>
<th>NATIONAL OBJECTIVE</th>
<th>CRUDE CASE RATE NATIONAL</th>
<th>CRUDE CASE RATE STATEWIDE</th>
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<tbody>
<tr>
<td>37</td>
<td>AIDS INCIDENCE (AGE 13 AND OVER)</td>
<td>9.0</td>
<td>4.3 *</td>
<td>2.0</td>
<td>8.1</td>
<td>1.0</td>
<td>du</td>
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<td>310.0</td>
<td>340.1 *</td>
<td>318.0</td>
<td>362.1</td>
<td>d</td>
<td>c</td>
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### INFANT MORTALITY

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<th>HEALTH STATUS INDICATOR</th>
<th>DEATHS (AVERAGE)</th>
<th>BIRTH DEATH RATE</th>
<th>95% CONFIDENCE LIMITS LOWER</th>
<th>95% CONFIDENCE LIMITS UPPER</th>
<th>NATIONAL OBJECTIVE</th>
<th>BIRTH DEATH RATE NATIONAL</th>
<th>BIRTH DEATH RATE STATEWIDE</th>
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<tr>
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<td>AIDS INCIDENCE (AGE 13 AND OVER)</td>
<td>9.0</td>
<td>4.3 *</td>
<td>2.0</td>
<td>8.1</td>
<td>1.0</td>
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<td>44</td>
<td>CHLAMYDIA INCIDENCE</td>
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<td>340.1 *</td>
<td>318.0</td>
<td>362.1</td>
<td>d</td>
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### NATALITY

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<th>2008-2010</th>
<th>HEALTH STATUS INDICATOR</th>
<th>BIRTHS (AVERAGE)</th>
<th>PERCENT</th>
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### BREASTFEEDING

<table>
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<tr>
<th>2008-2010</th>
<th>HEALTH STATUS INDICATOR</th>
<th>BIRTHS (AVERAGE)</th>
<th>AGE-SPECIFIC BIRTH DEATH RATE</th>
<th>95% CONFIDENCE LIMITS LOWER</th>
<th>95% CONFIDENCE LIMITS UPPER</th>
<th>NATIONAL OBJECTIVE</th>
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<th>AGE-SPECIFIC BIRTH RATE STATEWIDE</th>
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<td>50</td>
<td>BIRTHS TO MOTHERS AGED 15-19</td>
<td>560.3</td>
<td>47.3</td>
<td>43.4</td>
<td>51.2</td>
<td>a</td>
<td>39.1</td>
<td>31.9</td>
</tr>
</tbody>
</table>

### CENSUS

<table>
<thead>
<tr>
<th>2008-2010</th>
<th>HEALTH STATUS INDICATOR</th>
<th>NUMBER</th>
<th>PERCENT</th>
<th>95% CONFIDENCE LIMITS LOWER</th>
<th>95% CONFIDENCE LIMITS UPPER</th>
<th>NATIONAL OBJECTIVE</th>
<th>PERCENTAGE NATIONAL</th>
<th>PERCENTAGE STATEWIDE</th>
</tr>
</thead>
<tbody>
<tr>
<td>56</td>
<td>PERSONS UNDER 18 IN POVERTY</td>
<td>26,559</td>
<td>32.6</td>
<td>32.2</td>
<td>33.0</td>
<td>a</td>
<td>20.0</td>
<td>18.5</td>
</tr>
</tbody>
</table>

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**APPENDIX NOTES**

- **a** Healthy People 2010 (HP 2010) 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** National rate is not comparable to California due to rate calculation methods.
- **d** Prevalence data were not available in all California counties to evaluate HP 2010 National Objective of no more than 3 percent testing positive in the population aged 15 to 24 years.
- **du** Comparable national data not available.

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**APPENDIX SOURCES**

- California Department of Public Health, STD Control Branch, Office of AIDS, HIV/AIDS Case Registry Section, Tuberculosis Control Branch
- California Department of Public Health, Center for Family Health, Genetic Disease Screening Program, Newborn Screening Data, 2010