



**Valley  
Children's**  
HEALTHCARE

**2022**

## **Community Health Needs Assessment**

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Fresno County

Kern County

Kings County

Madera County

Merced County

Stanislaus County

Tulare County

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## INTRODUCTION

### *Background and Purpose*

Valley Children’s Healthcare is Central California’s only high-quality, comprehensive healthcare network dedicated to children, from before birth to young adulthood, as well as to high-risk pregnant women, offering highly specialized medical and surgical services to care for conditions ranging from common to the highly complex.

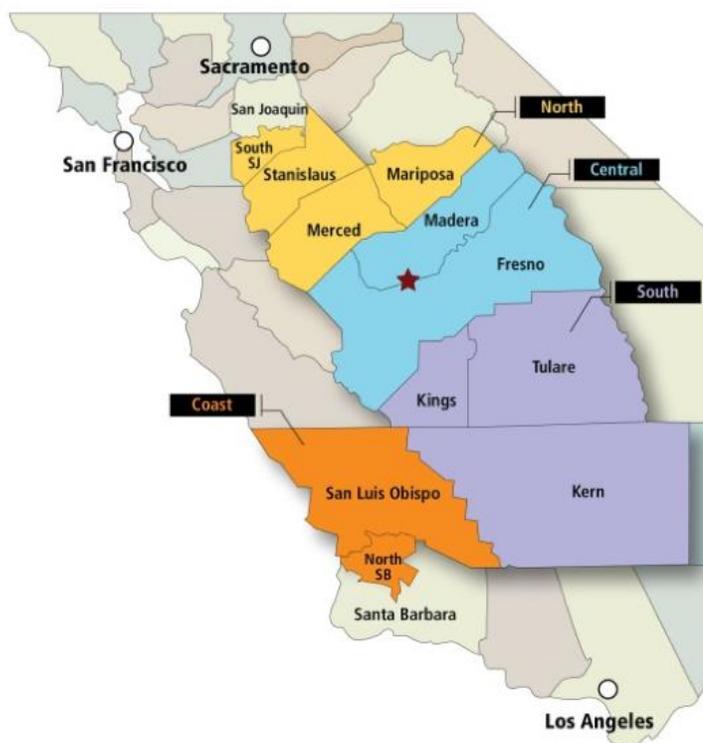
Valley Children’s network is anchored by Valley Children’s Hospital, a 358-bed stand-alone children’s hospital that includes 28 regional neonatal intensive care unit beds. The hospital plays a vital role in meeting the health care needs of the sickest and most medically vulnerable children in a 12-county region. In addition to the hospital, the Valley Children’s network includes specialty care centers, pediatric primary care practices and women’s health services.

Valley Children’s services include a leading pediatric cancer and blood disorders center home on the West Coast, and a pediatric heart center known for its expertise and pioneering treatments, to a Regional Level IV neonatal intensive care unit (NICU), the highest level referral center between Los Angeles and the Bay Area. In affiliation with Stanford University School of Medicine, Valley Children’s Pediatric Residency and fellowship programs also provide first-class training for the next generation of pediatricians and pediatric subspecialists.

Valley Children’s has undertaken a Community Health Needs Assessment (CHNA). California Senate Bill 697 and the Patient Protection and Affordable Care Act through IRS section 501(r)(3) regulations direct nonprofit hospitals to conduct a CHNA every three years and develop a three-year Implementation Strategy that responds to community needs. A CHNA identifies unmet health needs in the in a given service area, provides information to select priorities for action across targeted geographical areas, and serves as the basis for community benefit programs.

### *Service Area*

Valley Children’s Hospital is located at 9300 Valley Children’s Place, Madera, California 93636. While the hospital draws patients



from over 12 counties, for purposes of this assessment, the service area is defined as the seven counties where a majority of Valley Children’s patients reside:

- Fresno County
- Kern County
- Kings County
- Madera County
- Merced County
- Stanislaus County
- Tulare County

### ***Project Oversight***

The Community Health Needs Assessment process was overseen by:

Tim Curley

Director of Community and Government Relations

Valley Children’s Hospital

### ***Collaborative Process***

Valley Children’s Hospital collaborated with hospitals, hospital associations, and county public health departments to complete the CHNA.

#### **Fresno, Kings, Madera and Tulare Counties**

The Hospital Council of Northern and Central California facilitated a four-county (Fresno, Kings, Madera, and Tulare) CHNA process, working collaboratively with Valley Children’s Hospital, Saint Agnes Medical Center and Community Regional Medical Center.

#### **Kern County**

Valley Children’s Hospital participated in the Kern County Community Benefit Collaborative. The Collaborative was comprised of Dignity Health (Mercy and Memorial Hospitals), Adventist Health (Bakersfield, Delano and Tehachapi Valley), Kern Medical, Valley Children’s Hospital and Kaiser Permanente.

#### **Merced County**

For the Merced County CHNA, Valley Children’s Hospital worked in partnership with Mercy Medical Center Merced.

#### **Stanislaus County**

For the Stanislaus County CHNA, Valley Children’s Hospital worked in partnership with Sutter Health Memorial Medical Center.

### ***Consultants***

The Fresno, Kings, Madera and Tulare Counties CHNA was facilitated by the Hospital Council of Northern

and Central California's Community Benefits Workgroup. Service area data were collected by the Central Valley Health Policy Institute (CVHPI) at California State University, Fresno.

Biel Consulting, Inc. conducted the Kern County CHNA for Valley Children's Hospital. Biel Consulting, Inc. has extensive experience conducting hospital CHNAs and working with hospitals on developing, implementing, and evaluating community benefit programs.

The Merced County assessment was conducted by Professional Research Consultants, Inc. (PRC). PRC is a nationally recognized health care consulting firm with extensive experience conducting Community Health Needs Assessments in hundreds of communities across the United States since 1994.

Community Health Insights conducted the assessment on behalf of the Stanislaus County hospitals. Community Health Insights is a Sacramento-based research-oriented consulting firm dedicated to improving the health and well-being of communities across Central and Northern California.

### ***Availability of CHNA Report***

Valley Children's Hospital's CHNA is available at <https://www.valleychildrens.org/guilds-center-for-community-health/community-benefit>. Written comments on this report can be submitted to Tim Curley at [tcurley@valleychildrens.org](mailto:tcurley@valleychildrens.org).

### ***Report Adoption***

This CHNA report was adopted by the Valley Children's Hospital Board of Trustees on September 15, 2022.

## DATA COLLECTION METHODOLOGY

The CHNA process included collection and analysis of data sources for Valley Children’s Hospital’s service area. Secondary data were collected from county and state sources to present community demographics, social determinants of health, health care access, birth indicators, leading causes of death, acute and chronic disease, health behaviors, mental health, and substance use. Where available, these data are presented in the context of California, framing the scope of an issue as it relates to the broader community.

Secondary data for the service area were collected and documented in data tables with narrative explanation. The data tables present the data indicator, the geographic area represented, the data measurement (e.g., rate, number, or percent), county and state comparisons (when available), the data source, data year and an electronic link to the data source. Analysis of secondary data includes an examination and reporting of health disparities for some health indicators. The report includes benchmark comparison data that measure the data findings as compared to Healthy People 2030 objectives, where appropriate. Healthy People objectives are a national initiative to improve the public’s health by providing measurable objectives that are applicable at national, state, and local levels.

In addition, primary data were collected directly from stakeholders in the community. A variety of primary data collection methods were used to obtain community input including, focus groups, interviews and surveys. The collected data were used to identify significant community needs. Appendix 1 details the focus group and interview participants.

### **Fresno, Kings, Madera, and Tulare Counties**

Primary data were collected through surveys, focus groups, and key informant interviews. The survey included questions to describe the community, the social determinants of health and health status and was available in English and Spanish. Community organizations distributed the surveys online and in paper format. 4,856 usable surveys were received. Community-based organizations and other groups led the focus groups and interviews. Community members attended in-person or virtually on Zoom. Fifty-nine (59) focus groups engaged 473 persons. The focus groups were recorded and participants completed demographic surveys, which were offered online or in paper format. Focus group participants were offered gift card incentives for participation. Target populations for the focus groups were medically underserved, low-income, and minority populations in the community. Key Informants were chosen for interviews based on their knowledge of community health issues. Fifty (50) key informant interviews were completed.

### **Kern County**

Primary data were collected through interviews with community stakeholders and surveys with community residents to obtain input on health needs, barriers to care and resources available to address the identified health needs. Thirty (30) telephone interviews were conducted from October to December 2021. Interview participants included a broad range of stakeholders concerned with health

and wellbeing in Kern County who spoke to issues and needs in the communities served by the hospital.

Surveys were distributed to engage community residents and obtain input on health and social needs. The survey was available in an electronic format through a SurveyMonkey link, and in a paper copy format. The electronic and paper surveys were available in English and Spanish. The surveys were available from September 13 to November 15, 2021. During this time, 255 usable surveys were collected. The surveys were distributed through hospital channels including social media. The survey was also distributed to community partners who made them available to their clients.

### **Merced County**

The assessment incorporated primary research through a Community Health Survey and an online Key Informant Survey. The survey instrument was based largely on the Centers for Disease Control and Prevention (CDC) Behavioral Risk Factor Surveillance System (BRFSS), as well as various other public health surveys and customized questions addressing gaps in indicator data relative to health promotion and disease prevention objectives and other recognized health issues. The final survey instrument was developed by Mercy Medical Center Merced, Valley Children’s Hospital, and PRC and is similar to the previous surveys used in the region, allowing for data trending. To ensure the best representation of the population a mixed-mode methodology was implemented. The surveys were conducted via telephone (landline and cell phone) and through online questionnaires. The sample design used for this effort consisted of a random sample of 300 individuals, ages 18 and older, in Merced County. When the interviews were completed, they were weighted in proportion to the actual population distribution so as to appropriately represent Merced County as a whole.

An Online Key Informant Survey solicited input from key informants, those individuals who have a broad interest in the health of the community. A list of recommended participants was provided by Valley Children’s Hospital and Mercy Medical Center Merced. This list included names and contact information for physicians, public health representatives, other health professionals, social service providers, and a variety of other community leaders. Potential participants were chosen because of their ability to identify primary concerns of the populations with whom they work, as well as of the community overall. Key informants were contacted by email, introducing the purpose of the survey and providing a link to take the survey online; reminder emails were sent as needed to increase participation. In all, 69 community stakeholders took part in the Online Key Informant Survey.

### **Stanislaus County**

Twelve (12) interviews were conducted during January and February 2022. Interview participants included a broad range of stakeholders concerned with the health and wellbeing in Stanislaus County, who spoke to issues and needs in the community. Organizations were identified based on the role they played in the community. Individuals representing organizations that delivered health and related social services to the community were solicited for involvement. Social service/community serving organizations, including health care providers (FQHCs), and the individuals representing them, were also recruited for participation. The local public health agency was recruited for participation and

representatives from the hospital were included as well.

Focus group participants were identified from the organizations serving the community's most vulnerable populations. In some instances, where a focus group was difficult to convene (due to the pandemic), representatives that worked directly with vulnerable populations were solicited for involvement. Three (3) focus groups engaged 17 people and were held via Zoom in March 2022. Focus group participants represented community health workers, students, volunteers and outreach workers. Focus group participants were offered gift cards as an expression of gratitude for their participation. The social service organizations that helped to recruit and host focus groups were offered honorariums for their efforts.

### ***Public Comment***

In compliance with IRS regulations 501(r) for charitable hospitals, a hospital CHNA and Implementation Strategy are to be made widely available to the public and public comment is to be solicited. Valley Children's previous CHNA and Implementation Strategy were made widely available to the public on the website at <https://www.valleychildrens.org/guilds-center-for-community-health/community-benefit>. To date, no comments have been received.

## IDENTIFICATION AND PRIORITIZATION OF SIGNIFICANT HEALTH NEEDS

The identification of significant community needs began with a review of the data that described the hospital service area. Health needs that did not meet state or national benchmarks were identified. The primary data collection process then obtained community input to support the secondary data findings, identify additional community issues, solicit information on disparities among subpopulations, ascertain community assets to address needs, and discover gaps in resources. Community input was used to prioritize these needs. This section lists the significant health needs identified by county followed by the prioritization of the health needs by county. Needs identified are for both children and adults.

### *Significant Health Needs*

#### **Fresno, Kings, Madera, and Tulare Counties**

The following significant health needs were identified from an analysis of the secondary and primary data sources for Fresno, Kern, Kings and Tulare Counties.

- Access to care
- Health care literacy
- Language
- Preventive care

#### Social Determinants of Health

- Community
- Education
- Health Care
- Physical environment
- Poverty

#### **Kern County**

Significant health needs were identified from secondary data using the size of the problem (relative portion of population afflicted by the problem) and the seriousness of the problem (impact at individual, family, and community levels). To determine size or seriousness of the problem, the health need indicators that were identified in the secondary data were measured against benchmark data; specifically, county rates, state rates and/or Healthy People 2030 objectives. Indicators related to the health needs that performed poorly against one or more of these benchmarks met this criterion to be considered a health need.

The following significant needs were determined for Kern County.

- Access to Care
- Alzheimer's Disease
- Birth Indicators
- Chronic Diseases

- COVID-19
- Dental Care and Oral Health
- Economic Insecurity
- Environmental Conditions
- Food Insecurity
- Housing and Homelessness
- Mental Health
- Overweight and Obesity
- Preventive Practices
- Sexually Transmitted Infections
- Substance Use and Misuse
- Unintentional Injuries
- Violence and Community Safety

### **Merced County**

The significant health needs in Merced County were identified based on the information gathered through secondary and primary data collection. The significant health needs were determined after consideration of various criteria, including: standing in comparison with benchmark data (particularly national data); identified trends, the preponderance of significant findings within topic areas, the magnitude of the issue in terms of the number of persons affected, and the potential health impact of a given issue. These needs also take into account those issues of greatest concern to the community stakeholders (key informants) giving input to this process. From these data, the following significant needs were determined for Merced County.

- Access to health care
- Cancer
- Diabetes
- Heart disease and stroke
- Infant/maternal health and family planning
- Injury and violence
- Mental health
- Nutrition, physical activity and weight
- Oral health
- Potentially disabling conditions (chronic conditions, activity limitations, chronic pain, caregiving)
- Respiratory diseases
- Social determinants of health (economic security, housing)
- Substance use
- Tobacco use

### **Stanislaus County**

After gathering quantitative and qualitative data, topic categories and subcategories were considered as key health needs if they met the following criteria:

- Indicators reviewed in secondary data demonstrated that the county estimate was worse when compared to the benchmark estimate (in most cases, California state average).
- The health issue was identified as a key theme in the interviews and focus groups.

This method revealed the following significant needs in Stanislaus County:

- Access to care
- Air pollution
- Economic insecurity
- Education
- Food insecurity
- Healthy prevention and maintenance
- Housing and homelessness
- Mental health
- Overweight and obesity (physical activity)
- Safety
- Substance use
- Transportation

### **Valley Children’s Service Area Priority Health Needs**

The identified significant community needs were prioritized with input from the community. The following chart provides a side-by-side listing of the community prioritization of health needs identified in each of the four separate CHNAs.

#### **Significant Community Health Needs, by County, Listed in Priority Order**

<b>Rank</b>	<b>Fresno, Kings, Madera, Tulare Counties</b>	<b>Kern County</b>	<b>Merced County</b>	<b>Stanislaus County</b>
<b>1</b>	Economic insecurity (poverty)	Mental health	Mental health	Mental health
<b>2</b>	Access to health care	COVID-19	Substance use	Housing
<b>3</b>	Physical environment	Access to health care	Diabetes	Access to health care
<b>4</b>	Preventive care	Economic insecurity	Respiratory disease (COVID-19)	Transportation
<b>5</b>	Education	Housing and homelessness	Access to health care	Economic insecurity
<b>6</b>	Health care literacy	Substance use	Nutrition, activity and weight	Food insecurity
<b>7</b>	Language	Chronic disease	Injury and violence	Overweight/obesity and activity

Rank	Fresno, Kings, Madera, Tulare Counties	Kern County	Merced County	Stanislaus County
8		Violence and safety	Heart disease and stroke	Substance use
9		Food insecurity	Infant/maternal health	Preventive practices
10		Preventive practices	Tobacco use	Education
11		Pollution	Oral health	Homelessness
12		Birth indicators	Cancer	Pollution
13		Overweight and obesity	Potentially disabling conditions	
14		Sexually transmitted infections		
15		Oral health		

### **Significant Health Needs for Children and Families**

A review was conducted of the secondary data sources and primary data from focus groups, stakeholder interviews and surveys that specifically assessed child and maternal health. Based on the data gathered and the community input provided, the following priority needs were identified for children and pregnant women.

- Access to health care: includes access to primary care, specialty care, preventive care, and transportation.
- Chronic diseases: includes prevention, management and treatment of chronic diseases (diabetes, asthma, cancer), caregiver support for children experiencing chronic diseases.
- Economic insecurity: includes poverty, basic needs services, and food insecurity.
- Housing and homelessness: includes access to safe and affordable housing, and issues related to persons who are experiencing homelessness, including housing availability, social services and transitional care.
- Maternal and infant health: includes teen pregnancy, prenatal care, low-birth weight births, premature births, infant mortality and breastfeeding.
- Mental health: includes anxiety and depression, severe mental illness, access to mental health care and supportive services, reduction in stigma and availability of mental health care beds.
- Obesity/nutrition/physical activity: includes access to healthy, affordable food, increased access to outdoor activities.
- Preventive care: includes vaccines, testing and screenings.
- Substance use and misuse: includes tobacco use, vaping, drug misuse and alcohol use.
- Violence and injury prevention: includes accidental injuries, neighborhood safety and reduction in crime, and child abuse.

Community stakeholder comments discussing the significant health needs experienced by children and

pregnant women can be found in Appendix 2.

***Resources to Address Significant Health Needs***

Through the CHNA processes, community input was used to identify community resources potentially available to address the significant health needs. The identified community resources are detailed in Appendix 3.

## COMMUNITY PROFILE

### Population

The total population of Valley Children’s Hospital’s seven-county service area counties is 3,454,760. Densities ranged from 72.74 persons per square mile in Madera County to 363.09 persons per square mile in Stanislaus County.

#### Total Population

	Total Population	Total Land Area (Square Miles)	Population Density (Per Square Mile)
Fresno	984,521	5,958.10	165.24
Kern	887,641	8,131.26	109.15
Kings	150,691	1,390.31	108.39
Madera	155,433	2,136.93	72.74
Merced	271,382	1,935.65	140.20
Stanislaus	543,194	1,496.02	363.09
Tulare	461,898	4,824.38	94.74
<b>California</b>	<b>39,283,497</b>	<b>155,792.65</b>	<b>252.15</b>

Source: U.S. Census Bureau, American Community Survey, 2015-2019, DP05. <https://data.census.gov/cedsci/>

Source Geography: Accessed from CARES Engagement Network. <http://www.engagemntnetwork.org/assessment>

The percentage of children and teens, ages 0 to 17, ranged from 27.2% in Kings County and Stanislaus County to 31.0% in Tulare County, as compared to California at 23.0%. The percentage of adults, ages 18 to 64, ranged from 57.9% in Tulare County to 62.8% in Kings County. The percentage of adults, ages 65 and older, ranged from 10.0% in Kings County to 13.8% Madera County.

The median age ranged from 31.0 years in Tulare County to 34.1 years in Stanislaus County. All service area counties have a younger median age than California (36.5).

#### Population, by Age

	Fresno	Kern	Kings	Madera	Merced	Stanislaus	Tulare	California
0 – 4	7.9%	7.9%	7.7%	7.5%	7.9%	7.2%	8.2%	<b>6.2%</b>
5 – 9	7.9%	8.0%	7.6%	7.9%	8.3%	7.5%	8.9%	<b>6.3%</b>
10 – 14	8.2%	8.4%	7.8%	7.8%	8.5%	7.9%	8.9%	<b>6.6%</b>
15 – 17	4.5%	4.7%	4.2%	4.4%	5.0%	4.6%	5.1%	<b>3.9%</b>
18 – 20	4.3%	4.3%	4.3%	4.2%	5.6%	4.2%	4.5%	<b>4.1%</b>
21 – 24	5.8%	6.1%	6.8%	5.5%	5.7%	5.4%	5.7%	<b>5.6%</b>
25 – 34	15.8%	15.5%	16.8%	13.9%	14.5%	14.5%	14.2%	<b>15.2%</b>
35 – 44	12.5%	12.6%	13.7%	12.4%	12.3%	12.6%	12.5%	<b>13.3%</b>
45 – 54	11.3%	11.4%	11.7%	11.5%	11.3%	12.1%	11.1%	<b>13.0%</b>
55 – 64	10.4%	10.4%	9.4%	11.2%	10.0%	11.2%	9.8%	<b>12.0%</b>
65 – 74	7.0%	6.4%	5.8%	8.4%	6.4%	7.5%	6.6%	<b>8.1%</b>
75 – 84	3.3%	3.0%	3.1%	4.0%	3.4%	3.8%	3.2%	<b>4.1%</b>

	Fresno	Kern	Kings	Madera	Merced	Stanislaus	Tulare	California
85+	1.6%	1.2%	1.0%	1.5%	1.2%	1.5%	1.4%	1.8%
Ages 0 - 17	28.5%	29.1%	27.2%	27.6%	29.6%	27.2%	31.0%	23.0%
Ages 18 - 64	59.5%	60.3%	62.8%	58.6%	59.3%	60.0%	57.9%	63.1%
Ages 65+	12.0%	10.7%	10.0%	13.8%	11.0%	12.8%	11.2%	14.0%
Median age	32.2	31.6	31.8	34.1	31.1	34.1	31.0	36.5

Source: U.S. Census Bureau, American Community Survey, 2015-2019, DP05, B01001. <https://data.census.gov/cedsci/>

### Race/Ethnicity

Among service area counties, the Hispanic/Latino populations ranged from 46.3% in Stanislaus County to 64.6% in Tulare County, as compared to California at 39.0%. White populations ranged from 27.6% in Merced County to 41.9% in Stanislaus County, as compared to California at 37.2%. Asian populations ranged from 1.9% in Madera County to 10.1% in Fresno County, as compared to 14.3% in California. Black/African American populations ranged from 1.3% in Tulare County to 5.8% in Kings County, as compared to California at 5.5%

### Race/Ethnicity

	Fresno	Kern	Kings	Madera	Merced	Stanislaus	Tulare	California
Hispanic/Latino	53.1%	56.3%	54.5%	57.8%	59.6%	46.3%	64.6%	39.0%
White	29.4%	34.2%	32.2%	34.1%	27.6%	41.9%	28.5%	37.2%
Asian	10.1%	4.6%	3.7%	1.9%	7.2%	5.4%	3.2%	14.3%
Black/African American	4.5%	5.2%	5.8%	3.1%	2.9%	2.8%	1.3%	5.5%
American Indian/Alaska Native	0.5%	0.5%	0.9%	1.0%	0.3%	0.5%	0.6%	0.4%
Native Hawaiian/Pacific Islander	0.1%	0.1%	0.2%	0.1%	0.2%	0.7%	0.1%	0.4%
Other/Multiple	2.4%	2.2%	2.8%	2.0%	2.1%	2.5%	1.7%	3.3%

Source: U.S. Census Bureau, American Community Survey, 2015-2019 DP05. <https://data.census.gov/cedsci/>

### Language

Stanislaus County has the highest population of individuals speaking English at home (57.1%), as compared to California (55.8%). Spanish is most often spoken at home in Tulare County (47.4%), as compared to California (28.7%). Asian and Pacific Islander languages are most often spoken at home in Fresno County (5.9%), as compared to California (10.0%). Indo-European languages are most often spoken at home in Stanislaus County (4.4%), as compared to California (4.5%).

### Language Spoken at Home, Population 5 Years and Older

	English	Spanish	Asian/Pacific Islander Language	Other Indo-European Language	Other Language
Fresno	55.4%	34.6%	5.9%	3.3%	0.8%
Kern	55.8%	39.1%	2.6%	1.7%	0.7%

	English	Spanish	Asian/Pacific Islander Language	Other Indo-European Language	Other Language
Kings	58.5%	36.3%	2.7%	1.6%	0.5%
Madera	54.7%	41.5%	1.0%	1.7%	1.1%
Merced	46.7%	44.8%	4.0%	4.2%	0.3%
Stanislaus	57.1%	33.5%	2.9%	4.4%	2.1%
Tulare	48.7%	47.4%	2.1%	1.4%	0.4%
<b>California</b>	<b>55.8%</b>	<b>28.7%</b>	<b>10.0%</b>	<b>4.5%</b>	<b>1.0%</b>

Source: U.S. Census Bureau, American Community Survey, 2015-2019, DP02. <https://data.census.gov/cedsci/>

Linguistic isolation is defined as the population, ages 5 and older, who speaks English “less than very well.” Among service area counties, Tulare County had the highest percentage of the population identified as being linguistically isolated (26.2%), as compared to California (17.8%).

### Linguistic Isolation, Population Ages 5 and Older

	Linguistic Isolation
Fresno	18.6%
Kern	18.3%
Kings	20.7%
Madera	19.2%
Merced	22.7%
Stanislaus	16.5%
Tulare	26.2%
<b>California</b>	<b>17.8%</b>

Source: U.S. Census Bureau, American Community Survey, 2015-2019, DP02. <https://data.census.gov/cedsci/>

English Learners are defined as the percentage of students whose primary language is not English and who lack sufficient English-language skills necessary for academic success. Of service area counties, Merced County (23.9%) had the highest percentage of enrolled students classified as English Learners.

### English Learners

	Number	Percent
Fresno	36,805	17.9%
Kern	32,969	16.9%
Kings	5,261	17.7%
Madera	6,717	21.3%
Merced	14,023	23.9%
Stanislaus	25,459	23.5%
Tulare	24,169	23.3%
<b>California</b>	<b>1,062,290</b>	<b>17.7%</b>

Source: California Department of Education DataQuest, 2020-2021. <http://dq.cde.ca.gov/dataquest/>

## SOCIAL DETERMINANTS OF HEALTH

### Adverse Childhood Experiences

According to the Centers for Disease Control and Prevention, Adverse Childhood Experiences (ACEs) are potentially traumatic events that occur in childhood. ACEs can include violence, abuse, and growing up in a family with mental health or substance use problems. Toxic stress from ACEs can change brain development and affect how the body responds to stress. ACEs are linked to chronic health problems, mental illness, and substance misuse in adulthood. In California, 14.9% of children, ages 0 to 17, have experienced two or more adverse events. Service area county children have experienced higher rates of adverse events than have children statewide, ranging from 17.8% in Stanislaus County to 21.9% in Merced County.

#### Children with Two or More Adverse Experiences, Parent Reported

	Percent
Fresno	21.0%
Kern	18.7%
Kings	18.5%
Madera	19.2%
Merced	21.9%
Stanislaus	17.8%
Tulare	18.4%
<b>California</b>	<b>14.9%</b>

Source: U.S. Department of Health and Human Services, [National Survey of Children's Health](http://www.kidsdata.org), 2016-2019 (October 2020).  
<http://www.kidsdata.org>

### Air Quality

#### Days with Ozone Levels above Regulatory Standard

Ground-level ozone is formed from pollutants emitted from cars, power plants, and other sources. The national ambient air quality standard for ozone is 0.070 parts per million (ppm); concentrations above 0.070 ppm are considered unhealthy, especially for sensitive groups such as children, those with asthma, and the elderly.

In 2019, among service area counties, Tulare County had the highest number of days (59 days) with ground-level ozone concentrations above the U.S. standard of 0.070 parts per million. Merced County had the lowest number of days (6 days) of high concentrations of ozone. All service area counties, with the exception of Merced County, had more high ozone days than the California average (11 days).

## Ozone Levels above Regulatory Standard, Number of Days

	Number of Days
Fresno	39
Kern	54
Kings	13
Madera	10
Merced	6
Stanislaus	13
Tulare	59
<b>California</b>	<b>11</b>

Source: California Air Resources Board, [iADAM: Air Quality Data Statistics](http://www.kidsdata.org) (December 2020). <http://www.kidsdata.org>

## Annual Average Particulate Matter Concentration

Fine particulate matter (PM 2.5) is an air pollutant commonly found in diesel exhaust. PM 2.5 refers to particles with a diameter of less than 2.5 microns, or about 1/10,000 of an inch. The national annual PM 2.5 standard is 12 micrograms per cubic meter. Concentrations at or above this standard are considered potentially harmful to health, especially for sensitive groups such as young children and those with asthma, and the elderly.

In 2019, the annual average PM 2.5 concentrations in California were measured at 8.1 micrograms per cubic meter. Service area counties ranged from annual average PM 2.5 concentrations of 9.6 in Merced County to 13.0 in Kern County. Information for Madera County was not available.

## Average Particulate Matter Concentration, Micrograms per Cubic Meter

	Annual Average PM 2.5 Concentration
Fresno	11.2
Kern	13.0
Kings	12.2
Madera	Not Available
Merced	9.6
Stanislaus	10.6
Tulare	12.8
<b>California</b>	<b>8.1</b>

Source: California Air Resources Board, [iADAM: Air Quality Data Statistics](http://www.kidsdata.org); U.S. Environmental Protection Agency, [Particulate Matter \(PM2.5\) Trends](http://www.kidsdata.org) (December 2020). <http://www.kidsdata.org>

## Child Abuse

In service area counties, the rate of children, under age 18, who experienced abuse or neglect ranged from 5.1 per 1,000 children in Tulare County to 12.1 per 1,000 children in Stanislaus County. These rates were based on children with a substantiated maltreatment allegation.

## Substantiated Child Abuse Rates, per 1,000 Children

	Rate
Fresno	9.1
Kern	10.2
Kings	6.4
Madera	7.2
Merced	9.6
Stanislaus	12.1
Tulare	5.1
<b>California</b>	<b>6.6</b>

Source: California Child Welfare Indicators Project, 2020. [http://cssr.berkeley.edu/ucb\\_childwelfare/RefRates.aspx](http://cssr.berkeley.edu/ucb_childwelfare/RefRates.aspx)

The majority of reported allegations of child abuse and neglect cases in service area counties in 2020, were from general neglect, with Kern County having the highest rate (81.6%). Fresno County had the highest rate of physical abuse cases (15.3%) as well as sexual abuse cases (13.7%) among service area counties.

## Child Maltreatment Allegations, by Type of Abuse

	Fresno	Kern	Kings	Madera	Merced	Stanislaus	Tulare	California
General neglect	51.2%	81.6%	51.6%	59.7%	75.5%	58.5%	48.3%	49.1%
Physical abuse	15.3%	7.3%	15.5%	7.8%	8.1%	10.9%	13.2%	16.3%
At risk/sibling abused	17.4%	0.4%	10.4%	19.3%	6.0%	12.5%	20.6%	10.0%
Sexual abuse	13.7%	7.0%	10.9%	6.5%	4.8%	7.2%	8.9%	9.6%
Severe neglect	1.5%	1.4%	N/A	0.4%	1.2%	1.4%	0.4%	1.6%
Caretaker absence / incapacity	0.4%	1.3%	1.6%	1.0%	N/A	N/A	1.1%	0.9%
Emotional abuse	6.5%	0.9%	8.4%	5.2%	3.4%	8.7%	7.1%	11.9%
Exploitation	0.1%	0.2%	N/A	0%	N/A	N/A	0.4%	0.1%
<b>Total cases</b>	<b>17,334</b>	<b>13,422</b>	<b>2,187</b>	<b>3,143</b>	<b>4,642</b>	<b>8,192</b>	<b>8,331</b>	<b>391,464</b>

Source: California Child Welfare Indicators Project, 2020. [http://cssr.berkeley.edu/ucb\\_childwelfare/Allegations.aspx](http://cssr.berkeley.edu/ucb_childwelfare/Allegations.aspx)

## Children at Grade-Level in English Language Arts

Public school students in California are tested in English Language Arts/Literacy (ELA) as part of the California Assessment of Student Performance and Progress (CAASPP) test, beginning in third grade. In service area counties, third grade students meeting or exceeded their grade level standard in English Language Arts ranged from 34.0% in Madera County to 46.0% in Fresno County. Among 11<sup>th</sup> graders (the final year tested), those students meeting or exceeding their grade level standard ranged from 47.0% in Madera County to 58.0% in Tulare County.

### Students Who Met or Exceeded Grade Level Standards in ELA

	3 <sup>rd</sup> Grade Students	11 <sup>th</sup> Grade Students
Fresno	46.0%	56.0%
Kern	42.0%	51.0%
Kings	42.0%	50.0%
Madera	34.0%	47.0%
Merced	40.0%	46.0%
Stanislaus	39.0%	55.0%
Tulare	38.0%	58.0%
<b>California</b>	<b>49.0%</b>	<b>57.0%</b>

Source: California Department of Education, Test Results for California's Assessments, 2018-2019. (January 2020). <http://www.kidsdata.org>

### Educational Attainment

High school graduation rates are the percentage of high school graduates that graduate four years after starting ninth grade. In service area counties, the high school graduation rate was lowest in Kings County (78.5%) and the highest in Merced County (91.1%). Merced County is the only county in the service area exceeding the Healthy People 2030 objective of 90.7% for high school graduation.

### High School Graduation Rates

	Rate
Fresno	80.3%
Kern	85.7%
Kings	78.5%
Madera	86.0%
Merced	91.1%
Stanislaus	83.1%
Tulare	87.9%
<b>California</b>	<b>84.3%</b>

Source: California Department of Education, 2019-2020. <http://data1.cde.ca.gov/dataquest/>

### Food Insecurity

Food insecurity is a lack of access, at times, to enough food for an active, healthy life for all household members and limited or uncertain availability of nutritionally adequate foods. Food insecure children are those children living in households experiencing food insecurity. Overall food insecurity ranged from 11.8% in Stanislaus County to 15.6% in Tulare County, as compared to California at 10.2%. Among children, food insecurity ranged from 16.9% in Stanislaus County to 23.0% in Tulare County, as compared to California at 13.6%.

### Food Insecurity

	Total Population Experienced Food Insecurity During the Year	Children Experienced Food Insecurity During the Year
Fresno	14.7%	22.0%

	Total Population Experienced Food Insecurity During the Year	Children Experienced Food Insecurity During the Year
Kern	13.7%	20.7%
Kings	13.4%	20.1%
Madera	12.6%	19.9%
Merced	14.3%	21.6%
Stanislaus	11.8%	16.9%
Tulare	15.6%	23.0%
<b>California</b>	<b>10.2%</b>	<b>13.6%</b>

Source: Feeding America, 2019. <https://map.feedingamerica.org/county/2019/overall/California>

### Not Able to Afford Food

Among service area county adults, living below 200% FPL, who could not afford food, ranged from 33.2% in Tulare County to 61.9% in Kings County, as compared to California at 41.9%.

### Not Able to Afford Food

	Percent
Fresno	60.4%
Kern	36.8%
Kings	61.9%
Madera	33.7%
Merced	56.7%
Stanislaus	52.8%
Tulare	33.2%
<b>California</b>	<b>41.9%</b>

Source: California Health Interview Survey, 2019. <http://ask.chis.ucla.edu>

### Free and Reduced-Price Meals

The percentage of students eligible for the free and reduced-price school meal program is one indicator of socioeconomic status. Among service area counties, enrolled students eligible for free or reduced-price meals ranged from 65.6% in Stanislaus County to 80.6% in Madera County.

### Free and Reduced-Price Meals Eligibility

	Percent Eligible Students
Fresno	76.4%
Kern	71.6%
Kings	70.8%
Madera	80.6%
Merced	75.5%
Stanislaus	65.6%
Tulare	75.5%
<b>California</b>	<b>58.9%</b>

Source: California Department of Education, 2020-2021. <http://data1.cde.ca.gov/dataquest/>

## Households

Families who pay more than 30% of their income for housing are considered “cost burdened” and may have difficulty affording other necessities including food, transportation, medical care, or paying off student loans or other loans, and contributing to personal monetary savings. In service area counties, the occupied renter households that spent 30% or more of their income for housing ranged from 48.2% in Kings County to 56.5% in Fresno County, as compared to California at 54.8%. Among owner-occupied households with a mortgage, those that spent 30% or more of their income for housing ranged from 29.3% in Kings County to 37.8% in Tulare County, as compared to California at 38.2%.

### Occupied Households that Spend 30% or More of Income on Housing\*

	Renter-Occupied Households	Owner-Occupied Households with Mortgage
Fresno	56.5%	32.2%
Kern	55.2%	34.5%
Kings	48.2%	29.3%
Madera	54.4%	33.2%
Merced	50.5%	33.4%
Stanislaus	53.5%	34.9%
Tulare	55.9%	37.8%
<b>California</b>	<b>54.8%</b>	<b>38.2%</b>

Source: U.S. Census Bureau, American Community Survey, 2015-2019, DP04. \*Excludes units where GRAP and SMOPI cannot be computed. <https://data.census.gov/cedsci/>

## Homelessness

Among children enrolled in public schools, Fresno County (2.4%) had the lowest rate of children reported as experiencing homelessness and Madera County (3.8%) had the highest rate of enrolled children recorded as experiencing homelessness at any point during the 2018 school year.

### Public School Children Experiencing Homelessness at Any Point During School Year

	Number	Percent
Fresno	4,825	2.4%
Kern	5,264	2.8%
Kings	957	3.3%
Madera	1,214	3.8%
Merced	1,728	2.9%
Stanislaus	3,032	2.8%
Tulare	3,259	3.1%
<b>California</b>	<b>277,736</b>	<b>4.5%</b>

Source: California Department of Education, Coordinated School Health and Safety Office custom tabulation & California Basic Educational Data System (October 2019). [kidsdata.org](https://kidsdata.org)

### Parks, Playgrounds and Open Spaces

The percent of children, ages 1 to 17, who lived within walking distance of a park, playground or open space, ranged from 58.2% in Madera County to 99.7% in Merced County. The percent of children who visited a park, playground or open space in the past month, ranged from 53.7% in Merced County to 91.2% in Fresno County.

#### Access to and Utilization of Parks, Playgrounds and Open Space

	Lives in Walking Distance to Park, Playground or Open Space	Visited Park, Playground or Open Space in Past Month
Fresno	75.4%*	91.2%*
Kern	91.3%*	80.6%*
Kings	73.7%*	80.4%*
Madera	58.2%*	66.9%*
Merced	99.7%*	53.7%*
Stanislaus	71.6%*	86.5%*
Tulare	92.1%*	88.2%*
<b>California</b>	<b>89.2%</b>	<b>81.4%</b>

Source: California Health Interview Survey, 2018. \* Statistically unstable due to sample size. <http://ask.chis.ucla.edu/>

### Poverty

The U.S. Department of Health and Human Services annually updates official poverty levels. In 2019, the Federal Poverty Level (FPL) was an annual income of \$12,490 for one person and \$25,750 for a family of four. Among residents of the service area counties, poverty rates ranged from 15.1% in Stanislaus County to 23.8% in Tulare County. Low-income rates (200% of FPL or below) in the service area ranged from 37.9% in Stanislaus County to 50.1% in Tulare County. Service area county rates poverty and low-income status were higher than in California.

#### Poverty Level, Below 100% and 200% of Poverty

	Below 100% Poverty	Below 200% Poverty
Fresno	22.5%	45.2%
Kern	21.0%	46.4%
Kings	18.2%	43.1%
Madera	19.9%	42.8%
Merced	21.2%	46.1%
Stanislaus	15.1%	37.9%
Tulare	23.8%	50.1%
<b>California</b>	<b>13.4%</b>	<b>31.0%</b>

Source: U.S. Census Bureau, American Community Survey, 2015-2019, S1701. <https://data.census.gov/cedsci/>

In the service area, Fresno County had the highest rate of children, under age 18, living in poverty (32.2%). Merced County had the highest rate of females who were head of household (HoH) with children, under age 18, living in poverty (52.0%), as compared to California (23.1%).

## Poverty Levels of Children, and Female Head of Household with Children

	Children, Under Age 18	Female HoH, with Children <sup>†</sup>
Fresno	32.2%	48.5%
Kern	29.1%	49.6%
Kings	25.5%	36.7%
Madera	29.5%	45.9%
Merced	29.8%	52.0%
Stanislaus	20.4%	37.3%
Tulare	31.7%	50.3%
<b>California</b>	<b>18.1%</b>	<b>23.1%</b>

Source: U.S. Census Bureau, American Community Survey, 2015-2019, S1701 & \*S1702. <http://factfinder.census.gov>

### Preschool Enrollment

The percentage of children, ages 3 to 4, enrolled in preschool in service area counties, ranged from 32.6% in Tulare County to 47.1% in Merced County. These rates are lower than California (49.6%).

#### Enrolled in Preschool, Children, Ages 3 and 4

	Percent
Fresno	40.6%
Kern	33.6%
Kings	33.6%
Madera	35.1%
Merced	47.1%
Stanislaus	40.2%
Tulare	32.6%
<b>California</b>	<b>49.6%</b>

Source: U.S. Census Bureau, American Community Survey, 2015-2019, S1401. <https://data.census.gov/cedsci/>

### Public Program Participation

Adults, below 200% FPL, currently receiving food stamps, ranged from 11.0% in Kings County to 32.0% in Fresno County, as compared to California at 23.7%. Parents/guardians of eligible children who participated in the Women, Infants, and Children (WIC) program ranged from 44.5% in Madera County to 82.6% in Merced County, as compared to California at 41.2%. Data for Stanislaus County were not available due to a small sample size. Adults who reported avoiding government benefits due to concerns about disqualification from obtaining a green card or US citizenship ranged from 7.7% in Kern County to 47.8% in Tulare County, as compared to California at 16.1%.

#### Public Program Participation

	Food Stamp Recipients (<200% FPL)	WIC Usage Children, Ages 6 and Younger	Avoided Government Benefits
Fresno	32.0%	55.9%	15.8%*
Kern	23.6%	45.2%	7.7%*
Kings	11.0%	51.5%*	35.3%*
Madera	22.5%*	44.5%*	23.8%*
Merced	12.5%	82.6%*	38.2%*
Stanislaus	17.7%*	**	35.5%
Tulare	30.0%	56.3%*	47.8%
<b>California</b>	<b>23.7%</b>	<b>41.2%</b>	<b>16.1%</b>

Source: California Health Interview Survey, 2019. \*Statistically unstable due to sample size. \*\* Suppressed due to small sample size. <http://ask.chis.ucla.edu>

### Reading to Children

Among children, ages 0 to 5, parents or other family members who read stories or pictures books with child(ren) every day ranged from 24.1% in Merced County to 66.9% in Fresno County.

#### Children Who Were Read to Every Day, by a Parent or Family Member

	Percent
Fresno	66.9%
Kern	53.4%*
Kings	41.5%*
Madera	67.0%*
Merced	24.1%*
Stanislaus	63.3%*
Tulare	57.9%*
<b>California</b>	<b>63.1%</b>

Source: California Health Interview Survey, 2019. \*Statistically unstable due to sample size. <http://ask.chis.ucla.edu>

## HEALTH CARE ACCESS

### Health Insurance Coverage

Health insurance coverage is a key component to accessing health care. The Healthy People 2030 objective for health insurance coverage for all population groups is 92.1%. Health insurance coverage for all populations ranged from 91.7% in Fresno, Madera, and Merced counties to 94.3% in Stanislaus County. Health insurance coverage for children and youth, ages 0 to 18, ranged from 96.1% in Madera County to 97.8% in Stanislaus County.

#### Health Insurance Coverage

	All Ages	Ages 0 to 18	Ages 19 to 64
Fresno	91.7%	97.1%	87.4%
Kern	92.1%	96.8%	88.2%
Kings	92.5%	96.9%	88.9%
Madera	91.7%	96.1%	87.4%
Merced	91.7%	96.7%	87.6%
Stanislaus	94.3%	97.8%	91.5%
Tulare	91.9%	97.6%	87.2%
<b>California</b>	<b>92.5%</b>	<b>96.7%</b>	<b>89.3%</b>

Source: U.S. Census Bureau, American Community Survey, 2015-2019, S2701. <https://data.census.gov/cedsci/>

Children and youth, ages 0 to 18, who had Medicaid (Medi-Cal) health insurance coverage ranged from 43.2% in Stanislaus County to 70.4% in Tulare County, as compared to California at 38.5%.

#### Type of Health Insurance Coverage

	Ages 0 to 18			Ages 19 to 64		
	Uninsured	Medicaid	Employer Based	Uninsured	Medicaid	Employer Based
Fresno	8.4%*	65.3%	25.3%	11.3%	34.0%	43.1%
Kern	**	55.8%	41.4%	6.0%	46.8%	42.4%
Kings	**	46.5%	45.7%	14.6%	32.7%	31.7%
Madera	**	60.6%	37.9%	8.6%*	41.3%	38.3%
Merced	**	52.2%	42.2%	5.9%*	21.0%	53.2%
Stanislaus	**	43.2%	44.0%	2.8%*	39.8%	49.1%
Tulare	**	70.4%	20.1%*	27.0%	33.5%	29.3%
<b>California</b>	<b>3.4%</b>	<b>38.5%</b>	<b>56.9%</b>	<b>10.6%</b>	<b>19.6%</b>	<b>59.9%</b>

Source: California Health Interview Survey, 2019. \*Statistically unstable due to sample size. \*\*Data suppressed due to small sample size.

<http://ask.chis.ucla.edu>

### Delay of Care

Children, ages 0 to 17, who delayed or did not get medical care within the prior 12 months ranged from 2.5% in Kings County to 13.0% in Madera County. Some data for Fresno, Kern, Kings, Madera, and Tulare

Counties were not available due to small sample sizes. Among area children, 4.3% in Merced County and 37.8% in Stanislaus delayed or did not get medical care due to cost or lack of insurance. Among children in the service area who delayed or did not get medical care, 29.0% in Fresno County, 68.2% in Merced County, and 91.0% in Stanislaus County had to forego needed medical care. Among children, ages 0 to 17, from 1.6% in Stanislaus County to 15.4% in Kings County delayed or did not fill prescription medication.

### Delay of Care, Children, Ages 0-17

	Delayed/Did Not Get Medical Care	Delayed Care Due to Cost or Lack of Insurance	Had to Forego Medical Care	Prescription Medication Delayed or Unfilled
Fresno	3.3%*	**	29.0%*	7.8%*
Kern	3.9%*	**	**	4.3%*
Kings	2.5%*	**	**	15.4%*
Madera	13.0%*	**	**	4.1%
Merced	9.9%*	4.3%*	68.2%*	6.3%*
Stanislaus	6.1%*	37.8%*	91.0%*	1.6%
Tulare	**	**	**	2.2%*
<b>California</b>	<b>3.9%</b>	<b>27.8%</b>	<b>45.8%</b>	<b>3.8%</b>

Source: California Health Interview Survey, 2017-2019. Years 2017, 2018, 2019 pooled to increase sustainability of data. \*Statistically unstable due to sample size. \*\*Data suppressed due to small sample size. <http://ask.chis.ucla.edu>

The main reason to delay or forego needed medical care was varied across service area counties. Kings County respondents (70.1%) had the highest percentage of cost, or lack of insurance or other related insurance issue as a main reason to delay or forego care. Kern County respondents (37.9%) had the highest percentage of health care systems/provider issues and barriers as a main reason to delay care. Madera County (51.1%) respondents had the highest percentage of personal reasons as a main reason to delay care.

### Main Reason to Delay or Forego Needed Medical Care, All Ages

	Cost, Lack of Insurance, Other Related Insurance	Health Care Systems/ Provider Issues and Barriers	Personal Reasons
Fresno	61.2%	18.8%	19.9%*
Kern	39.3%	37.9%	22.8%*
Kings	70.1%*	6.0%*	24.0%*
Madera	25.4%*	25.5%	51.1%
Merced	36.5%	14.4%*	49.1%
Stanislaus	61.8%*	12.6%*	25.5%*
Tulare	58.5%*	7.6%*	33.9%*
<b>California</b>	<b>47.5%</b>	<b>18.6%</b>	<b>33.9%</b>

Source: California Health Interview Survey, 2019. <http://ask.chis.ucla.edu/> \*Statistically unstable due to sample size.

## Usual Source of Care

Access to a medical home and a primary care provider improve continuity of care and decrease unnecessary emergency room visits. Children, ages 0 to 17, reporting a usual source of care ranged from 79.7% in Fresno County to 97.9% in Stanislaus County. Madera County (90.8%) had the highest percentage of adults, ages 18 to 64, with a usual source of care. Fresno County (79.4%) had the lowest percentage of adults with a usual source of care. In Tulare County, 100% of adults, ages 65 and older, had a usual source of care. In Kern County, 78.8% of senior adults had a usual source of care.

### Usual Source of Care

	Ages 0-17	Ages 18-64	Ages 65+
Fresno	79.7%*	79.4%	95.3%*
Kern	90.9%*	82.5%	78.8%*
Kings	88.2%*	84.6%*	91.6%*
Madera	79.6%*	90.8%*	95.9%*
Merced	84.8%*	85.5%	97.1%*
Stanislaus	97.9%*	82.2%	98.8%*
Tulare	92.0%*	83.9%*	100%*
<b>California</b>	<b>91.4%</b>	<b>81.5%</b>	<b>94.8%</b>

Source: California Health Interview Survey, 2019. <http://ask.chis.ucla.edu/> \*Statistically unstable due to sample size

The usual source of care among children, ages 0 to 17, in Fresno, Kern, Kings and Stanislaus Counties was a private doctor's office. In Merced County (43.8%) and Tulare County (56.0%), the usual source of care for children, ages 0 to 17, was a community clinic, government clinic, or community hospital clinic.

### Type of Usual Source of Care, Children, Ages 0 to 17

	Doctor's Office/ HMO/Kaiser	Community Clinic/Government/ Community Hospital	Emergency Room
Fresno	64.8%	13.4%	**
Kern	62.0%	20.6%	6.1%*
Kings	58.9%	29.0%	**
Madera	56.7%*	22.9%*	**
Merced	36.8%*	43.8%	**
Stanislaus	61.1%	26.6%*	**
Tulare	36.0%	56.0%	**
<b>California</b>	<b>64.5%</b>	<b>24.2%</b>	<b>1.8%</b>

Source: California Health Interview Survey, 2019. \*Statistically unstable due to sample size. \*\*Data suppressed due to small sample size. <http://ask.chis.ucla.edu>

## Provider Availability

When examining ratios of the population to providers, smaller numbers indicate greater access. The ratio of primary care providers ranged from 1,450:1 in Fresno County to 2,780:1 in Kings County, as compared to California at 1,240:1. The ratio of dentists ranged from 1,480:1 in Stanislaus County to

2,220 in Madera County, as compared to California at 1,130:1. The ratio of mental health providers ranged from 240:1 in Fresno County to 580:1 in Madera County, as compared to California at 250:1.

### Ratio of Population to Health Care Providers

	Primary Care Physicians	Dentists	Mental Health Providers
Fresno	1,450:1	1,590:1	240:1
Kern	2,020:1	1,970:1	430:1
Kings	2,780:1	1,590:1	460:1
Madera	2,310:1	2,220:1	580:1
Merced	2,220:1	2,150:1	460:1
Stanislaus	1,500:1	1,480:1	420:1
Tulare	2,310:1	1,800:1	330:1
<b>California</b>	<b>1,240:1</b>	<b>1,130:1</b>	<b>250:1</b>

Source: County Health Rankings, 2022. <https://www.countyhealthrankings.org/app/california/2021/measure/factors/4/map>

Health Professional Shortage Areas (HPSA) can be geographic areas, populations, or facilities. These areas have a shortage of primary, dental, or mental health care providers. HPSA designations are based on Federal standards, which include but are not limited to, population to provider ratio, percent of population under 100% FPL, and travel time to nearest source of care outside of the HPSA designation area. HPSAs designations can cross geographic boundaries. As such, the same HPSA designation may appear in two counties. The table below identifies the number of primary care, dental, and mental health HPSAs in service area counties.

### Health Professional Service Area

	Health Professional Shortage Area Discipline		
	Primary Care HPSAs	Dental Health HPSAs	Mental Health HPSAs
Fresno	45	55	43
Kern	29	21	23
Kings	30	13	11
Madera	9	8	8
Merced	10	7	6
Stanislaus	8	5	6
Tulare	25	17	18

Source: U.S. Health Resources and Services Administration. Retrieved 6/4/2021. [HPSA Find \(hrsa.gov\)](https://hrsa.gov)

### Dental Care

The percentage of children, ages 3 to 11, who have never been to a dentist, ranged from 5.0% in Madera County to 16.7% in Fresno County. The percentage of children, ages 3 to 11, who needed dental care in the past year but did not get it, ranged from 4.9% in Kern County to 13.5% in Fresno County, as compared to California at 6.7%. Data for Madera, Merced, Stanislaus, and Tulare Counties were not available due to small sample sizes.

Parents/guardians of children, ages 2 to 11, who reported they could not afford dental care in the past 12 months ranged from 3.9% in Kings County to 9.5% in Fresno County, as compared to California at 7.3%. Data for Madera, Merced, and Tulare Counties were not available due to small sample sizes. Among children ages 5 to 11, 7.2% in Kings County and 17.3% in Fresno County missed school due to dental problems (excludes cleanings and check-ups), as compared to California at 3.9%. Data for Kern, Madera, Merced, Stanislaus, and Tulare Counties were not available due to small sample sizes.

### Dental Care, Children

	Never Been to Dentist	Been to Dentist w/in < 6 Months to 2 Years	Delayed Dental Care	Could Not Afford Dental Care	Missed School Due to Dental Problems <sup>‡</sup>
Fresno	16.7%*	83.3%*	13.5%*	9.5%*	17.3%*
Kern	10.6%*	88.7%*	4.9%*	7.6%*	**
Kings	10.4%*	89.6%*	9.2%*	3.9%*	7.2%*
Madera	5.0%*	94.1%*	**	**	**
Merced	13.9%*	86.1%*	**	**	**
Stanislaus	11.2%*	88.8%*	**	5.1%	**
Tulare	7.8%*	92.2%*	**	**	**
<b>California</b>	<b>13.4%</b>	<b>85.5%</b>	<b>6.7%</b>	<b>7.3%</b>	<b>3.9%</b>

Source: California Health Interview Survey, 2019, <sup>‡</sup>2018-2019. Years 2018-2019 pooled to increase sustainability of data. \*Statistically unstable due to sample size. \*\*Data suppressed due to small sample size. <http://ask.chis.ucla.edu>

The percentage of teens, ages 12 to 17, who have been to a dentist within the past six months to 2 years, ranged from 78.2% in Stanislaus County to 100% in Madera and Tulare Counties. Self-reported ratings of the condition of adolescent teeth as excellent, very good, or good ranged from 73.3% in Tulare County to 99.7% in Madera County. Among teens, ages 12 to 17, 7.3% in Kings County, 7.4% in Fresno County, and 30.0% in Stanislaus County missed school due to dental problems (excludes cleanings and check-ups). Some data for Kern, Madera, Merced, and Tulare Counties were not available due to small sample sizes.

### Dental Care, Teens

	Never Been to Dentist	Been to Dentist w/in < 6 Months to 2 Years	Condition of Teeth Rated as Excellent, Very Good, Good	Missed School Due to Dental Problems
Fresno	**	85.0%*	82.0%*	7.4%*
Kern	**	90.2%*	83.1%*	**
Kings	**	92.4%*	99.4%*	7.3%*
Madera	**	100%*	99.7%*	**
Merced	**	99.9%*	83.0%*	**
Stanislaus	**	78.2%*	99.1%*	30.0%*
Tulare	**	100%*	73.3%*	**
<b>California</b>	<b>1.3%*</b>	<b>95.2%</b>	<b>89.1%</b>	<b>8.5%</b>

Source: California Health Interview Survey, Children, 2018-2019. Years 2018-2019 pooled to increase sustainability of data. \*Statistically unstable due to sample size. \*\*Data suppressed due to small sample size. <http://ask.chis.ucla.edu>

## BIRTH CHARACTERISTICS

### Births

The average number of births in 2016-2018, ranged from 2,293.3 births in Kings County to 14,696.7 in Fresno County.

#### Births, by Number of Live Births, 2016-2018 Average

	Live Births
Fresno	14,696.7
Kern	13,308.0
Kings	2,293.3
Madera	2,183.0
Merced	4,063.3
Stanislaus	7,547.3
Tulare	7,058.0
<b>California</b>	<b>471,618.3</b>

Source: California Department of Public Health, County Health Status Profiles, 2020.

[https://www.cdph.ca.gov/Programs/CHSI/CDPH%20Document%20Library/CountyHealthStatusProfiles\\_2020\\_ADA.pdf](https://www.cdph.ca.gov/Programs/CHSI/CDPH%20Document%20Library/CountyHealthStatusProfiles_2020_ADA.pdf)

### Breastfeeding

Data on breastfeeding is collected by hospitals on the Newborn Screening Test Form. Mothers who initiated any breastfeeding in service area counties ranged from 87.5% in Fresno County to 92.6% in Merced County. Mothers who chose to exclusively breastfeed ranged from 53.5% in Tulare County to 69.4% in Fresno County.

#### In-Hospital Breastfeeding

	Any Breastfeeding		Exclusive Breastfeeding	
	Number	Percent	Number	Percent
Fresno	11,042	87.5%	8,756	69.4%
Kern	9,964	89.2%	7,183	64.3%
Kings	1,763	89.4%	1,118	56.7%
Madera	1,582	89.5%	1,168	66.1%
Merced	3,097	92.6%	2,021	60.4%
Stanislaus	5,791	88.7%	4,242	65.0%
Tulare	5,283	89.7%	3,151	53.5%
<b>California</b>	<b>370,661</b>	<b>93.8%</b>	<b>278,019</b>	<b>70.4%</b>

Source: California Department of Public Health, Breastfeeding Hospital of Occurrence, 2018

<https://www.cdph.ca.gov/Programs/CFH/DMCAH/Breastfeeding/Pages/In-Hospital-Breastfeeding-Initiation-Data.aspx>

There are ethnic/racial differences noted in breastfeeding rates of mothers who live in the service area counties. Latino/Hispanic mothers in Merced County (93.8%) had the highest percentage of initiating any breastfeeding and White mothers in Fresno County (79.8%) had the highest percentage of exclusively breastfeeding. Black/African American mothers in Madera County (70.0%) had the lowest

percentage of initiating any breastfeeding. Black/African American mothers in Kern County (44.7%) had the lowest percentage of exclusively breastfeeding.

### In-Hospital Breastfeeding, by Race/Ethnicity of Mother

	Any Breastfeeding				Exclusive Breastfeeding			
	Black/African American	Asian	White	Latino/ Hispanic	Black/African American	Asian	White	Latino/ Hispanic
Fresno	80.3%	77.4%	92.5%	89.4%	65.6%	54.6%	79.8%	70.1%
Kern	72.9%	92.4%	89.7%	88.1%	44.7%	64.0%	74.7%	62.0%
Kings	90.3%	90.9%	94.4%	88.1%	61.1%	72.7%	74.7%	50.2%
Madera	70.0%	88.0%	92.6%	89.4%	46.7%	72.0%	79.9%	62.9%
Merced	89.2%	85.9%	91.6%	93.8%	62.2%	46.9%	70.6%	59.0%
Stanislaus	79.7%	90.1%	89.4%	88.6%	56.9%	61.5%	70.6%	62.4%
Tulare	90.0%	82.7%	91.6%	80.7%	57.5%	66.7%	68.4%	50.4%
<b>California</b>	<b>86.5%</b>	<b>94.8%</b>	<b>95.5%</b>	<b>93.6%</b>	<b>61.5%</b>	<b>65.8%</b>	<b>65.1%</b>	<b>81.2%</b>

Source: California Department of Public Health, Breastfeeding Hospital of Occurrence, 2018.

<https://www.cdph.ca.gov/Programs/CFH/DMCAH/Breastfeeding/Pages/In-Hospital-Breastfeeding-Initiation-Data.aspx>

### Infant Mortality

The infant mortality rate is defined as infant death under 12 months of age. The infant mortality rate in service area counties ranged from 4.5 deaths per 1,000 live births in Merced County to 6.6 deaths per 1,000 live births in Fresno County. The Healthy People 2030 objective is 5.0 deaths per 1,000 live births.

### Infant Death Rate, per 1,000 Live Births, 2015-2017 Average

	Rate
Fresno	6.6
Kern	6.0
Kings	4.9
Madera	5.4*
Merced	4.5*
Stanislaus	4.9
Tulare	6.4
<b>California</b>	<b>4.3</b>

Source: California Department of Public Health, County Health Status Profiles, 2020. \*Statistically unstable.

[https://www.cdph.ca.gov/Programs/CHSI/CDPH%20Document%20Library/CountyHealthStatusProfiles\\_2020\\_ADA.pdf](https://www.cdph.ca.gov/Programs/CHSI/CDPH%20Document%20Library/CountyHealthStatusProfiles_2020_ADA.pdf)

### Low Birth Weight

Babies born at a low birth weight are at higher risk for disease and disability. Low birth weight babies ranged from 6.3% in Merced Counties to 7.5% in Kern County, as compared to California at 6.9%.

### Low Birth Weight (Under 2,500g), 2016-2018 Average

	Percent
Fresno	7.2%

	Percent
Kern	7.5%
Kings	6.6%
Madera	6.7%
Merced	6.3%
Stanislaus	6.6%
Tulare	7.1%
<b>California</b>	<b>6.9%</b>

Source: California Department of Public Health, County Health Status Profiles, 2020.

[https://www.cdph.ca.gov/Programs/CHSI/CDPH%20Document%20Library/CountyHealthStatusProfiles\\_2020\\_ADA.pdf](https://www.cdph.ca.gov/Programs/CHSI/CDPH%20Document%20Library/CountyHealthStatusProfiles_2020_ADA.pdf)

### Premature Births

Preterm births are live births less than 37 weeks of gestation. Preterm births ranged from 8.2% in Stanislaus County to 10.0% in Tulare County, as compared to California at 8.8%.

#### Preterm Live Births ,< 37 Weeks Gestation

	Total Live Births	Percent
Fresno	14,405	9.3%
Kern	12,813	9.7%
Kings	2,256	9.0%
Madera	2,072	9.1%
Merced	3,871	9.2%
Stanislaus	7,338	8.2%
Tulare	6,895	10%
<b>California</b>	<b>453,926</b>	<b>8.8%</b>

Source: California Health and Human Service Open Data Portal, 2018. <https://data.chhs.ca.gov/dataset/preterm-and-very-preterm-live-births/resource/cff79e2d-6ecf-4158-9e4f-7078632220ee?filters>

### Prenatal Care

Pregnant women in the service area counties entered prenatal care in the first trimester at rates that ranged from 67.4% in Merced County to 87.1% in Fresno County.

#### First Trimester Entry into Prenatal Care, 2016-2018 Average

	Percent
Fresno	87.1%
Kern	77.8%
Kings	72.7%
Madera	74.9%
Merced	67.4%
Stanislaus	82.5%
Tulare	73.1%
<b>California</b>	<b>83.9%</b>

Source: California Department of Public Health, County Health Status Profiles, 2020.

[https://www.cdph.ca.gov/Programs/CHSI/CDPH%20Document%20Library/CountyHealthStatusProfiles\\_2020\\_ADA.pdf](https://www.cdph.ca.gov/Programs/CHSI/CDPH%20Document%20Library/CountyHealthStatusProfiles_2020_ADA.pdf)

### Teen Births

Teen births, per 1,000 females, ages 15 to 19, ranged from 19.8 per 1,000 females in Stanislaus County to 29.8 birth per 1,000 females, ages 15 to 19, in Tulare County.

#### Teen Birth Rates, per 1,000 Females, Ages 15 to 19, 2016-2018 Average

	Rate
Fresno	24.4
Kern	29.1
Kings	26.4
Madera	26.4
Merced	23.7
Stanislaus	19.8
Tulare	29.8
<b>California</b>	<b>14.2</b>

Source: California Department of Public Health, County Health Status Profiles, 2020.

[https://www.cdph.ca.gov/Programs/CHSI/CDPH%20Document%20Library/CountyHealthStatusProfiles\\_2020\\_ADA.pdf](https://www.cdph.ca.gov/Programs/CHSI/CDPH%20Document%20Library/CountyHealthStatusProfiles_2020_ADA.pdf)

## ACUTE AND CHRONIC CONDITIONS

### Hospitalizations by Diagnoses

At Valley Children’s Hospital, the top five primary diagnoses resulting in hospitalizations were diseases of the respiratory system, diseases of the digestive system, conditions originating in the perinatal period, injuries and poisonings, and diseases of the nervous system.

### Hospitalizations by Principal Diagnoses, Top Ten Causes

	Percent
Diseases of the respiratory system	13.7%
Diseases of the digestive system	6.6%
Certain conditions originating in perinatal period	5.4%
Injuries, poisonings	4.3%
Diseases of the nervous system	3.6%
Congenital malformations, deformations, chromosomal abnormalities (birth defects)	3.4%
Factors influencing health status and contact with health services	3.0%
Endocrine, nutritional, and metabolic diseases	2.3%
Disease of the musculoskeletal system and connective tissue	2.0%
Diseases of the genitourinary system	1.9%

Source: Healthy Communities Institute, California Office of Statewide Health Planning and Development, 2020.  
[http://report.oshpd.ca.gov/?DID=PID&RID=Facility\\_Summary\\_Report\\_Hospital\\_Inpatient](http://report.oshpd.ca.gov/?DID=PID&RID=Facility_Summary_Report_Hospital_Inpatient)

### Unintentional Injuries

The leading causes of non-fatal unintentional injuries are from falls, motor vehicle accidents, and being struck by an object. The most common types of non-fatal self-inflicted injuries are from poisoning and cutting or piercing. The number of hospitalizations for unintentional injuries (emergency room visits that did not require admission were excluded) are listed below. Fresno County has the highest rates of unintentional injury hospitalizations for children under age 1 and ages 1 to 4. Madera County has the highest rates of hospitalizations for children, ages 5 to 12, ages 13 to 15, and teens/youth, ages 16 to 20.

### Unintentional Injury Hospitalization Rates, per 100,000 Children

	Under Age 1	Ages 1-4	Ages 5-12	Ages 13-15	Ages 16-20
Fresno	396.5	285.8	139.7	150.6	180.3
Kern	314.9	251.2	115.4	160.3	206.4
Kings	**	169.1	80.7	**	162.2
Madera	**	215.8	176.5	225.6	216.3
Merced	285.2	158.7	87.1	143.6	164.6
Stanislaus	256.7	164.8	80.9	142.0	212.9
Tulare	148.0	165.0	87.5	133.1	201.1
<b>California</b>	<b>253.6</b>	<b>208.3</b>	<b>117.9</b>	<b>152.5</b>	<b>203.6</b>

Source: California Department of Public Health, EpiCenter (Feb 2020); California Department of Finance, Population Estimates and Projections (January 2020); CDC, WISQARS (May 2020). \*\*Data suppressed due to fewer than 20 injury hospitalizations. <http://www.kidsdata.org>

## Asthma

In service area counties, the population ever diagnosed with asthma ranged from 13.1% in Tulare County to 23.2% in Fresno County. Among those with asthma, persons who had experienced an asthma episode or attack ranged from 18.2% in Tulare County to 52.0% in Merced County. Those who took daily asthma medication ranged from 33.2% in Merced County to 69.5% in Madera County. For children ages 0 to 17, Tulare County (12.2%) had the lowest rate of childhood asthma and Kings County (27.8%) had the highest rate. In the past 12 months, children ages 0 to 17, who had experienced an asthma episode or attack ranged from 5.4% in Tulare County to 55.6% in Merced County. Data for Kern and Madera Counties were unavailable due to small sample sizes. Children ages 0 to 17, who took daily asthma medication ranged from 9.6% in Merced County to 91.9% in Madera County. Data for Stanislaus County were unavailable due to a small sample size.

### Asthma

	Ever Diagnosed, Total Pop.	Ever Diagnosed, Ages 0-17	Asthma Episode/Attack Total Pop.	Asthma Episode/Attack Ages 0-17	Takes Daily Medication, Total Pop.	Takes Daily Medication, Ages 0-17
Fresno	23.2%	21.3%*	23.4%	17.3%*	39.6%	52.3%*
Kern	17.7%	12.9%*	25.7%	**	64.1%	60.9%*
Kings	19.3%	27.8%*	34.5%	32.9%	44.4%	44.2%*
Madera	18.0%	12.1%*	19.9%*	**	69.5%*	91.9%*
Merced	21.2%	14.7%*	52.0%*	55.6%*	33.2%*	9.6%*
Stanislaus	18.7%	19.8%*	20.9%	8.0%*	42.7%	**
Tulare	13.1%	12.2%*	18.2%*	5.4%*	52.0%	65.2%*
<b>California</b>	<b>15.4%</b>	<b>13.6%</b>	<b>28.3%</b>	<b>27.4%</b>	<b>45.9%</b>	<b>50.3%</b>

Source: California Health Interview Survey, 2018-2019. Years 2018, 2019 pooled to increase stability of data. \*Statistically unstable due to sample size. \*\*Data suppressed due to small sample size. <http://ask.chis.ucla.edu>

## Diabetes

In service area counties, adults, ages 18 and older, ever diagnosed with diabetes ranged from 10.9% in Kern County to 15.0% in Tulare County, as compared to California at 10.0%. Among adults with diabetes, the majority are diagnosed with Type 2 diabetes in service area counties. In service area counties, adults, ages 18 and older, who had ever been told they were borderline or pre-diabetic ranged from 11.3% in Fresno County to 17.2% in Tulare County.

### Diabetes, Adults, Ages 18 and Older

	Ever Diagnosed with Diabetes	Type 1 Diabetes	Type II Diabetes	Borderline or Pre-Diabetic†
Fresno	11.5%	13.4%*	86.6%*	11.3%
Kern	10.9%	5.7%*	90.7%*	18.5%
Kings	11.5%	13.6%*	86.1%*	15.5%
Madera	12.6%	13.5%*	80.3%*	14.3%*
Merced	14.4%	7.1%*	92.9%*	13.7%*
Stanislaus	11.8%	8.1%*	91.9%*	16.8%*

	Ever Diagnosed with Diabetes	Type 1 Diabetes	Type II Diabetes	Borderline or Pre-Diabetic†
Tulare	15.0%	6.7%*	93.1%*	17.2%*
<b>California</b>	<b>10.0%</b>	<b>11.4%</b>	<b>87.2%</b>	<b>15.8%</b>

Source: California Health Interview Survey, 2018-2019, †2018. Years 2018 and 2019 pooled to increase stability of data. \*Statistically unstable due to sample size. <http://ask.chis.ucla.edu>

Children, ages 10 to 19, who were diagnosed with diabetes ranged from 2.0% in Kern County to 10.7% in Merced County. Data for Madera, Stanislaus and Madera Counties were unavailable due to small samples sizes. Note: data did not discern between Type I and Type II diabetes.

### Diabetes, Age When Diagnosed

	Ages 10-19	Ages 20-29	Ages 30-39	Ages 40-49	Ages 50-59	Ages 60+
Fresno	5.0%*	8.4%*	15.6%*	17.2%*	27.8%	25.9%*
Kern	2.0%*	2.4%*	36.7%*	19.8%	20.8%*	18.3%*
Kings	4.9%*	30.7%*	16.3%*	28.4%*	9.7%*	10.0%*
Madera	**	11.4%*	19.3%*	30.8%*	18.3%*	16.5%*
Merced	10.7%*	**	20.1%*	25.9%*	13.9%*	20.1%*
Stanislaus	**	5.9%*	11.9%*	19.1%*	34.0%*	26.1%*
Tulare	**	8.1%*	27.3%*	21.0%*	20.2%*	21.3%*
<b>California</b>	<b>2.7%</b>	<b>7.2%</b>	<b>16.5%</b>	<b>22.1%</b>	<b>24.7%</b>	<b>25.4%</b>

Source: California Health Interview Survey, 2018-2019. Years 2018 and 2019 pooled to increase stability of data. \*Statistically unstable due to sample size. \*\*Data suppressed due to small sample size. <http://ask.chis.ucla.edu>

### Immunization of Children

In service area counties for the academic year 2018-2019, rates of children with up-to-date immunization upon entry into kindergarten ranged from 91.1% in Kern County to 98.1% in Tulare County.

### Up-to-Date Immunization Rates of Children Entering Kindergarten

	Immunization Rate
Fresno	96.6%
Kern	91.1%
Kings	97.5%
Madera	95.5%
Merced	97.5%
Stanislaus	95.9%
Tulare	98.1%
<b>California</b>	<b>94.8%</b>

Source: California Department of Public Health, Immunization Branch, [Kindergarten Data and Reports](http://www.kidsdata.org) (June 2019). <http://www.kidsdata.org>

### COVID-19

As of May 10, 2022, Kings County had the highest rate of COVID-19 confirmed cases at 33,080 cases per

100,000 persons, among service area counties. Among service area counties, Tulare County had the highest rate of COVID-19 deaths at 303 deaths per 100,000 persons. All service area counties, except Madera County, had higher COVID-19 death rates than California (229 per 100,000 persons).

**COVID- 19 Confirmed Cases and Deaths, Numbers and Rates, per 100,000 Persons, as of 5/10/22**

	Confirmed Cases		Deaths	
	Number	Rate	Number	Rate
Fresno	233,021	22,575	2,754	267
Kern	192,795	20,792	2,292	247
Kings	51,752	33,080	447	286
Madera	37,496	23,422	365	228
Merced	62,567	21,768	818	285
Stanislaus	118,445	21,064	1,644	292
Tulare	107,068	22,102	1,468	303
<b>California</b>	<b>8,687,626</b>	<b>22,115*</b>	<b>89,957</b>	<b>229*</b>

Source: State of California, Accessed 5/12/22. <https://covid19.ca.gov/data-and-tools/> \*CA rates calculated using 2015-2019 ACS Population Estimates.

## HEALTHY BEHAVIORS

### Adequate Fruit and Vegetable Consumption

Children who ate five or more servings of fruit and vegetables daily (excluding juice and potatoes) ranged from 21.6% in Tulare County to 50.0% in Merced County. Teens who ate five or more servings of fruit and vegetables daily ranged from 15.2% in Fresno County to 46.6% in Stanislaus County. Data for Madera County were suppressed due to a small sample size.

#### Five or More Servings of Fruit and Vegetables, Daily

	Children	Teens
Fresno	36.1%	15.2%*
Kern	30.8%*	26.7%*
Kings	30.3%*	27.6%*
Madera	39.1%*	**
Merced	50.0%*	25.4%*
Stanislaus	23.1%	46.6%*
Tulare	21.6%*	38.8%*
<b>California</b>	<b>31.5%</b>	<b>24.9%</b>

Source: California Health Interview Survey, 2018-2019. Years 2018, 2019 pooled to increase the sustainability of data. \*Statically unstable due to sample size. Data suppressed due to sample size. <http://ask.chis.ucla.edu/>

### Aerobic Capacity/Physical Activity

The physical fitness test (PFT) for students in California schools is the FitnessGram®. One of the components of the PFT is the measurement of aerobic capacity through run and walk tests. In service area counties, 50% or more students in grades 5, 7, and 9 met the 'Healthy Fitness Zone' of aerobic capacity. Kings County 5<sup>th</sup> graders (49.2%), Merced 9<sup>th</sup> graders (49.9%) and Stanislaus 9<sup>th</sup> graders (49.5%) fell below the 50% mark for aerobic capacity.

#### Aerobic Capacity, Healthy Fitness Zone, 5<sup>th</sup>, 7<sup>th</sup>, and 9<sup>th</sup> Grade Students

	5 <sup>th</sup> Grade	7 <sup>th</sup> Grade	9 <sup>th</sup> Grade
Fresno	59.5%	61.2%	54.4%
Kern	53.0%	54.6%	63.1%
Kings	49.2%	51.6%	57.2%
Madera	65.0%	59.0%	50.9%
Merced	53.7%	54.3%	49.9%
Stanislaus	51.0%	58.0%	49.5%
Tulare	55.5%	55.2%	52.0%
<b>California</b>	<b>60.2%</b>	<b>61.0%</b>	<b>60.0%</b>

Source: California Department of Education, Fitnessgram Physical Fitness Testing Results, 2018-2019. <https://data1.cde.ca.gov/dataquest/>

Children and teens who spent five or more hours in sedentary activities after school on a typical weekday ranged from 13.0% in Fresno County and 17.6% in Kings County. Data for Kern, Madera,

Merced, Stanislaus, and Tulare Counties were not available due to small sample sizes. Children and teens who spent five or more hours on sedentary activities on a typical weekend day ranged from 26.5% in Kern County to 50.1% in Merced County.

### Sedentary Activities, Children and Teens

	5+ Hours Spent on Sedentary Activities After School on a Typical Weekday <sup>‡</sup>	5+ Hours Spent on Sedentary Activities on a Typical Weekend Day <sup>‡</sup>
Fresno	13.0%*	34.1%
Kern	**	26.5%
Kings	17.6%	38.3%
Madera	**	36.1%*
Merced	**	50.1%
Stanislaus	**	46.5%
Tulare	**	31.3%
<b>California</b>	<b>13.5%</b>	<b>31.3%</b>

Source: California Health Interview Survey, <sup>‡</sup>2018, <sup>‡</sup>2018-2019. Years 2018 and 2019 pooled to increase sustainability of data. \*Statistically unstable due to sample size. \*\*Data suppressed due to sample size. <http://ask.chis.ucla.edu/>

### Overweight and Obesity

In service area counties, Merced County had the lowest rate of overweight adults (31.5%), and Kings County had the highest rate of overweight adults (37.3%). Tulare County had the lowest rate of overweight teens (6.0%), and Merced County had the highest rate of overweight teens (24.9%) in the service area. Data for teens in Madera County and Stanislaus Counties were not available due to small sample sizes. Merced County had the lowest rate of children overweight for their age (8.6%) and Stanislaus County had the highest rate (32.2%) among service area counties.

### Overweight

	Adult (Ages 18+)	Teen (Ages 12-17)	Child (Under Age 12)
Fresno	33.8%	14.1%*	23.4%*
Kern	31.9%	9.8%*	17.6%*
Kings	37.3%	21.8%*	11.6%*
Madera	32.2%	**	19.2%*
Merced	31.5%	24.9%*	8.6%*
Stanislaus	35.1%	**	32.2%
Tulare	34.3%	6.0%*	26.9%*
<b>California</b>	<b>32.7%</b>	<b>15.9%</b>	<b>14.2%</b>

Source: California Health Interview Survey, 2018-2019. Years 2018, 2019 pooled to increase sustainability of data. \*Statistically unstable due to sample size. Data suppressed due to small sample size. <http://ask.chis.ucla.edu/>

The Healthy People 2030 objectives for obesity are 36% of adults, ages 20 and older, and 15.5% for children and teens, ages 2 to 19. With the exception of Merced and Stanislaus Counties, the other service area counties exceeded the Healthy People 2030 objective for obese adults. Only Stanislaus

County met the Healthy People 2030 objective for teens (15.0%). Data for Kern, Kings, and Merced Counties were not available due to small sample sizes.

### Obesity

	Adults (Ages 18 and Older)	Teens (Ages 12-17)
Fresno	38.9%	20.1%*
Kern	39.4%	**
Kings	36.8%	**
Madera	38.9%	91.2%*
Merced	32.5%	**
Stanislaus	31.6%	15.0%*
Tulare	43.7%	30.8%*
<b>California</b>	<b>27.2%</b>	<b>19.2%</b>

Source: California Health Interview Survey, 2018-2019 Years 2018 and 2019 pooled to increase sustainability of data. \*Statistically unstable due to sample size. \*\* Data suppressed due to small sample size. <http://ask.chis.ucla.edu/>

A component of the California Physical Fitness Test is measurement of body composition, assessed by skinfold measurement, BMI (body mass index), or bioelectric impedance. Children who do not meet the “Healthy Fitness Zone” criteria for body composition are categorized as needing improvement (overweight) or at health risk (obese). Among students in service area counties:

- 5<sup>th</sup> grade – Kern County had the highest rate of students needing improvement (23.2%), but the lowest rate of students at health risk (21.3%). Stanislaus County had the lowest rate of students needing improvement (19.6%). Fresno County had the highest rate of students at health risk (26.4%).
- 7<sup>th</sup> grade – Kern County had the highest rate of students needing improvement (23.4%), but the lowest rate of students at health risk (20.6%). Fresno County had the lowest rate of students needing improvement (19.7). Kings County and Tulare Counties had the highest rate of students at health risk (26.6%).
- 9<sup>th</sup> – Merced County had the lowest rate of students needing improvement (19.6%), and the highest rate of students at health risk (26.3%).

### Body Composition, ‘Needs Improvement’ and ‘Health Risk’, 5<sup>th</sup>, 7<sup>th</sup>, 9<sup>th</sup> Grade Students

	5 <sup>th</sup> Grade		7 <sup>th</sup> Grade		9 <sup>th</sup> Grade	
	Needs Improvement	Health Risk	Needs Improvement	Health Risk	Needs Improvement	Health Risk
Fresno	19.7%	26.4%	19.7%	24.9%	20.3%	24.5%
Kern	23.2%	21.3%	23.4%	20.6%	22.4%	25.2%
Kings	21.3%	25.9%	20.3%	26.6%	20.1%	22.3%
Madera	20.2%	23.9%	20.3%	25.2%	25.1%	19.7%
Merced	21.1%	28.1%	19.8%	25.8%	19.6%	26.3%
Stanislaus	19.6%	24.9%	20.0%	25.3%	20.0%	23.8%
Tulare	21.7%	25.0%	20.9%	26.6%	20.5%	23.8%

	5 <sup>th</sup> Grade		7 <sup>th</sup> Grade		9 <sup>th</sup> Grade	
	Needs Improvement	Health Risk	Needs Improvement	Health Risk	Needs Improvement	Health Risk
<b>California</b>	<b>19.4%</b>	<b>21.9%</b>	<b>19.4%</b>	<b>20.6%</b>	<b>18.9%</b>	<b>18.9%</b>

Source: California Department of Education, Fitnessgram Physical Fitness Testing Results, 2018-2019. <https://data1.cde.ca.gov/dataquest/>

### Soda/Sugar-Sweetened Beverage Consumption

Children and teens who consumed two or more glasses of non-diet soda the previous day ranged from 2.8% in Madera County to 32.8% in Tulare County. Data for this measure were suppressed in Kern and Merced Counties due to small sample sizes. Children and teens who consumed two or more glasses of sugary drinks the previous day ranged from 3.6% in Stanislaus County to 22.2% in Fresno County.

### Soda or Sweetened Drink Consumption

	Drank at Least 2 Glasses Non-Diet Soda Yesterday <sup>‡</sup>	Drank at Least Two Glasses Sugary Drinks Other Than Soda Yesterday <sup>‡</sup>
Fresno	20.0%*	22.2%*
Kern	**	**
Kings	12.7%*	18.7%*
Madera	2.8%	**
Merced	**	**
Stanislaus	10.0%*	3.6%*
Tulare	32.8%	7.2%*
<b>California</b>	<b>6.5%</b>	<b>11.6%</b>

Source: California Health Interview Survey, <sup>‡</sup>2018, <sup>‡</sup>2019. \*Statistically unstable due to sample size. \*\*Data suppressed due to small sample size. <http://ask.chis.ucla.edu>

## MENTAL HEALTH

Mental health includes emotional, psychological, and social well-being. It affects how individuals think, feel, and act. It also helps determine how individuals handle stress, relate to others, and make choices.

### *Mental Health Care Access*

Teens, ages 12 to 17, who needed help for emotional or mental health problems in the past year ranged from 10.2% in Kern County to 51.6% in Madera County, as compared to California at 28.5%. Teens who received psychological or emotional counseling in the past year ranged from 10.2% in Kings County to 39.0% in Stanislaus County. Data for Kern County and Merced County were not available due to small sample sizes.

#### Teens Who Tried to Access Mental Health Care in the Past Year

	Needed Help for Emotional or Mental Health Problems in the Past Year	Received Psychological or Emotional Counseling in the Past Year
Fresno	25.9%*	14.0%*
Kern	10.2%*	**
Kings	13.6%*	10.2%*
Madera	51.6%*	37.7%*
Merced	31.4%*	**
Stanislaus	35.4%*	39.0%*
Tulare	42.2%*	10.4%*
<b>California</b>	<b>28.5%</b>	<b>16.4%</b>

Source: California Health Interview Survey, 2018-2019, Years 2018 and 2019 pooled to increase sustainability of data. \*Statistically unstable due to sample size. \*\*Data suppressed due to small sample size. <http://ask.chis.ucla.edu/>

### *Student Access to Support Personnel*

When examining the ratio of students in service area public schools to school support personnel, Kern County had the most students per social worker (32,074:1). Madera, Merced, and Stanislaus Counties had no reported social worker personnel. Tulare County had the most students per nurse (2,693:1), per psychologist (1,520:1), per speech/language/hearing specialist (2,573:1), and per special education and other personnel (1,365:1). Stanislaus County had the most students per counselor personnel (872:1). Kings County had no reported speech/language/hearing specialist personnel.

#### Student Access to Support Personnel, Ratio of Students to Personnel

	Social Worker	Nurse	Psychologist	Speech/Language/Hearing Specialist	Special Education/Other Personnel	Counselor
Fresno	6,071:1	1,531:1	852:1	989:1	597:1	778:1
Kern	32,074:1	2,296:1	1,221:1	1,085:1	970:1	861:1

	Social Worker	Nurse	Psychologist	Speech/Language/Hearing Specialist	Special Education/Other Personnel	Counselor
Kings	14,785:1	1,706:1	1,067:1	***	1,177:1	761:1
Madera	***	1,681:1	1,203:1	1,878:1	849:1	583:1
Merced	***	2,026:1	1,015:1	1,826:1	834:1	682:1
Stanislaus	***	1,946:1	1,286:1	1,119:1	832:1	872:1
Tulare	25,985:1	2,693:1	1,520:1	2,573:1	1,365:1	870:1
<b>California</b>	<b>7,308:1</b>	<b>2,410:1</b>	<b>1,041:1</b>	<b>1,093:1</b>	<b>926:1</b>	<b>626:1</b>

Source: California Department of Education, Staff Assignment and Course Data (January 2020) & DataQuest (March 2019). \*\*\*No personnel of that type. <https://www.kidsdata.org/>

### Mental Health/Behavioral Health Need, Children

Parents/guardians of children, ages 4 to 11, who reported their children had difficulties with emotions, concentration, behavior or being able to get along with other people in the past 6 months ranged from 7.6% in Kern County to 51.4% in Tulare County. Parents/guardians of children, ages 4 to 11, who have had difficulties with emotions, concentration, or behavior, provided a rank of severity from minor to definite/severe. Parents who rated their children’s severity as definite/severe ranged from 20.8% in Madera County to 66.0% in Fresno County,

### Child has Difficulty with Emotion, Concentration, Behavior, and Severity Ranking

	Child Has Difficulties with Emotion/Concentration/Behavior	Rank of Severity	
	Percent	Minor	Definite/Severe
Fresno	16.8%*	34.0%*	66.0%*
Kern	7.6%*	57.7%*	42.3%
Kings	22.9%*	50.8%*	49.2%*
Madera	19.6%*	79.1%*	20.8%*
Merced	13.0%*	51.5%*	48.5%*
Stanislaus	22.9%*	41.6%*	**
Tulare	51.4%*	51.8%	48.2%
<b>California</b>	<b>18.8%</b>	<b>64.3%</b>	<b>35.7%</b>

Source: California Health Interview Survey, 2018-2019, Years 2018 and 2019 pooled to increase sustainability of data. \*Statistically unstable due to sample size. \*\*Data suppressed due to small sample size. <http://ask.chis.ucla.edu/>

### Depression, Teens

Public school students in 7<sup>th</sup>, 9<sup>th</sup>, and 11<sup>th</sup> grades were asked, if in the past year, they felt so sad or hopeless every day for two weeks or more that they stopped doing some usual activities. Among students enrolled in 7<sup>th</sup> grade, 36.6% of females in Kern County and 24.3% of males in Stanislaus County reported the highest rates of depression-related feelings in the past year. Among students enrolled in 9<sup>th</sup> grade, 45.2% of females in Stanislaus County and 23.3% of males in Kern County reported the highest rates of depression-related feelings in the past year. Among students enrolled in 11<sup>th</sup> grade, 47.8% of females in Merced County and 29.7% of males in Kings County reported the highest rates of depression-related feelings in the past year. Data for Fresno, Kings, Madera, and Tulare Counties were suppressed

due to small sample sizes.

### Depression-Related Feelings, by Gender and Grade Level

	7 <sup>th</sup> Grade		9 <sup>th</sup> Grade		11 <sup>th</sup> Grade	
	Female	Male	Female	Male	Female	Male
Fresno	**	**	**	**	**	**
Kern	36.6%	21.4%	44.1%	23.3%	45.9%	28.0%
Kings	**	**	33.7%	20.2%	45.9%	29.7%
Madera	**	**	**	**	**	**
Merced	32.7%	22.3%	42.1%	22.7%	47.8%	28.4%
Stanislaus	34.4%	24.3%	45.2%	22.5%	42.3%	24.7%
Tulare	**	**	**	**	**	**
<b>California</b>	<b>37.0%</b>	<b>22.8%</b>	<b>41.4%</b>	<b>23.0%</b>	<b>45.1%</b>	<b>27.4%</b>

Source: WestEd, California Healthy Kids Survey (CHKS) and Biennial State CHKS. California Department of Education (Augus. 2020). \*\*Data for school districts suppressed due to fewer than 10 respondents in that group and data for counties suppressed due to small sample size. N/A – Data for this group is not available. <http://www.kidsdata.org>

### Mental Health Hospitalization

In 2019, hospital discharges for mental health issues among children and youth, ages 5 to 19, ranged from 2.5 per 1,000 children in Tulare County to 5.7 per 1,000 children in Fresno County.

### Hospitalizations for Mental Health Issues, by Age Group, per 1,000 Children and Youth

	Ages 5-14	Ages 15-19	Ages 5-19
Fresno	3.4	10.1	5.7
Kern	2.1	7.0	3.7
Kings	1.3	7.0	3.2
Madera	2.4	9.8	4.9
Merced	2.5	6.8	4.1
Stanislaus	2.2	7.8	4.1
Tulare	1.0	5.7	2.5
<b>California</b>	<b>2.8</b>	<b>9.8</b>	<b>5.3</b>

Source: California Office of Statewide Health Planning and Development special tabulation; California Department of Finance, Population Estimates and Projections (May 2020). <http://www.kidsdata.org>

### Suicide

In 2017, there were 53 youth (ages 5 to 24) suicides in service area counties. The rate of youth suicide (ages 15 to 24) was 9.4 per 100,000 youth in Fresno County, 9.7 per 100,000 youth in Kern County and 12.8 in Tulare County per 100,000 youth.

### Youth Suicide, by Number and Rate, per 100,000 Youth, Ages 15 to 24

	Ages 5-14	Ages 15-19	Ages 20-24	Total Ages 5-24	2015-2017 Rate Ages 15-24
Fresno	0	1	3	4	9.4

	Ages 5-14	Ages 15-19	Ages 20-24	Total Ages 5-24	2015-2017 Rate Ages 15-24
Kern	2	5	9	16	9.7
Kings	0	1	4	5	**
Madera	0	0	3	3	**
Merced	1	0	2	3	**
Stanislaus	0	3	6	9	**
Tulare	1	8	4	13	12.8
<b>California</b>	<b>39</b>	<b>186</b>	<b>327</b>	<b>552</b>	<b>8.2</b>

Source: California Department of Public Health, Death Statistical Master Files (May 2020); California Department of Finance, [Population Estimates and Projections](#) (April 2020); CDC WONDER Online Database, [Underlying Cause of Death](#) (May 2020). \*\*Data suppressed due to fewer than 20 youth suicides. <http://www.kidsdata.org>

In the 2017-2019 academic school years, 9<sup>th</sup> grade public school students who seriously considered attempting suicide in the previous year ranged from 10.3% in Kings County to 16.7% in Kern County. 11<sup>th</sup> grade students who seriously considered attempting suicide ranged from 13.6% in Stanislaus County to 18.2% in Kern County. Data for Fresno, Kings, Madera, and Tulare Counties were suppressed due to small sample sizes.

#### Suicide Ideation, by Grade Level

	9 <sup>th</sup> Grade	11 <sup>th</sup> Grade
Fresno	**	**
Kern	16.7%	18.2%
Kings	10.3%	17.5%
Madera	**	**
Merced	15.6%	17.1%
Stanislaus	15.4%	13.6%
Tulare	**	**
<b>California</b>	<b>15.8%</b>	<b>16.4%</b>

Source: WestEd, California Healthy Kids Survey (CHKS) and Biennial State CHKS. California Department of Education (August 2020). \*\*Data for school districts suppressed due to fewer than 10 respondents in that group and data for counties suppressed due to small sample size. <http://www.kidsdata.org>

## SUBSTANCE USE AND MISUSE

### Alcohol

Among students enrolled in 7<sup>th</sup> grade, those who ever tried alcohol (one or more full drinks of alcohol) ranged from 11.0% in Tulare County to 13.7% in Stanislaus County. Students in 9<sup>th</sup> grade who tried alcohol ranged from 23.7% in Merced County to 29.7% in Stanislaus County. Students enrolled in 11<sup>th</sup> grade who tried alcohol ranged from 36.6% in Kings County to 42.6% in Kern County. Data for Fresno County, Madera County, and 7<sup>th</sup> grade students in Merced County were unavailable due to small sample sizes.

Binge drinking is defined as consuming a certain amount of alcohol within a set period of time of two hours. For males this is five or more drinks per occasion and for females it is four or more drinks per occasion. Among students enrolled in 7<sup>th</sup> grade, those who had engaged in binge drinking in the past month ranged from 1.8% in Kings County to 2.4% in Stanislaus County. Students in 9<sup>th</sup> grade who had engaged in binge drinking in the past month ranged from 4.6% in Merced County to 9.5% in Kings County. Students in 11<sup>th</sup> grade who had engaged in binge drinking in the past month ranged from 8.7% in Merced County to 12.5% in Kings County. Data for Fresno County, Madera County, and 7<sup>th</sup> grade students in Merced County were unavailable due to small sample sizes.

### Alcohol Experience and Binge Drinking, Teens

	Ever Tried Alcohol			Binge Drinking, Past Month		
	7 <sup>th</sup> Grade	9 <sup>th</sup> Grade	11 <sup>th</sup> Grade	7 <sup>th</sup> Grade	9 <sup>th</sup> Grade	11 <sup>th</sup> Grade
Fresno	**	**	**	**	**	**
Kern	12.0%	28.4%	42.6%	2.2%	5.7%	10.7%
Kings	11.1%	26.3%	36.6%	1.8%	9.5%	12.5%
Madera	**	**	**	**	**	**
Merced	**	23.7%	41.5%	**	4.6%	8.7%
Stanislaus	13.7%	29.7%	41.9%	2.4%	6.8%	10.5%
Tulare	11.0%	25.5%	39.6%	1.8%	6.0%	9.8%
<b>California</b>	<b>9.3%</b>	<b>26.5%</b>	<b>42.6%</b>	<b>1.2%</b>	<b>6.0%</b>	<b>11.4%</b>

Source: WestEd, California Healthy Kids Survey (CHKS) and Biennial State CHKS. California Department of Education (March 2019). \*\* Data suppressed due to small sample size. <http://www.kidsdata.org>

### Cigarette Smoking

Within service area counties, students enrolled in 7<sup>th</sup>, 9<sup>th</sup>, and 11<sup>th</sup> grades who had ever tried cigarettes ranged from 2.3% in Kings County (7<sup>th</sup> grade) to 15.4% in Kings County (11<sup>th</sup> grade). Students enrolled in 7<sup>th</sup>, 9<sup>th</sup>, and 11<sup>th</sup> grades who smoked cigarettes in the past month ranged from 1.4% in Kings County (7<sup>th</sup> grade) to 8.1% in Kings County (11<sup>th</sup> grade). Data for Fresno County, Madera County, and 7<sup>th</sup> grade students in Merced County were unavailable due to small sample sizes.

## Cigarette Experience and Use, Teens

	Ever Tried Cigarettes			Cigarette Use Past Month		
	7 <sup>th</sup> Grade	9 <sup>th</sup> Grade	11 <sup>th</sup> Grade	7 <sup>th</sup> Grade	9 <sup>th</sup> Grade	11 <sup>th</sup> Grade
Fresno	**	**	**	**	**	**
Kern	2.8%	7.8%	13.3%	1.9%	2.6%	3.7%
Kings	2.3%	10.9%	15.4%	1.4%	4.5%	8.1%
Madera	**	**	**	**	**	**
Merced	**	6.1%	9.8%	**	1.7%	2.5%
Stanislaus	3.0%	6.1%	6.4%	1.9%	2.2%	1.7%
Tulare	2.5%	6.7%	12.4%	1.9%	2.6%	3.0%
<b>California</b>	<b>1.6%</b>	<b>7.0%</b>	<b>11.3%</b>	<b>1.0%</b>	<b>2.6%</b>	<b>4.0%</b>

Source: WestEd, California Healthy Kids Survey (CHKS) and Biennial State CHKS. California Department of Education (March 2019). \*\* Data suppressed due to small sample size. <http://www.kidsdata.org>

## Vaping

Seventh grade students who ever tried an E-Cigarette ranged from 8.9% in Kings County to 12.2% in Stanislaus County. Students in 9<sup>th</sup> grade who ever tried an E-Cigarette ranged from 20.1% in Merced County to 25.3% in Kings County. Students in 11<sup>th</sup> grade who ever tried an E-Cigarette ranged from 28.2% in Stanislaus County to 32.5% in Kings County. Data for Fresno County, Madera County, and 7<sup>th</sup> grade students in Merced County were unavailable due to small sample sizes.

Students enrolled in 7<sup>th</sup> grade who had used E-Cigarettes in the past the month ranged from 3.7% in Tulare County to 6.4% in Stanislaus County. Students enrolled in 9<sup>th</sup> grade who had used E-Cigarettes in the past the month ranged from 5.8% in Stanislaus County to 7.9% in Kings County. Students enrolled in 11<sup>th</sup> grade who had used E-Cigarettes in the past the month ranged from 5.9% in Merced County to 9.8% in Tulare County. Data for Fresno County, Madera County, and 7<sup>th</sup> grade students in Merced County were unavailable due to small sample sizes.

## E-Cigarette Experience and Use, Teens

	Ever Tried E-Cigarettes			E-Cigarette Use Past Month		
	7 <sup>th</sup> Grade	9 <sup>th</sup> Grade	11 <sup>th</sup> Grade	7 <sup>th</sup> Grade	9 <sup>th</sup> Grade	11 <sup>th</sup> Grade
Fresno	**	**	**	**	**	**%
Kern	11.5%	25.4%	32.2%	5.0%	7.2%	8.9%
Kings	8.9%	25.3%	32.5%	4.0%	7.9%	7.6%
Madera	**	**	**	**	**	**
Merced	**	20.1%	28.7%	**	6.5%	5.9%
Stanislaus	12.2%	21.1%	28.2%	6.4%	5.8%	6.7%
Tulare	9.9%	21.7%	30.1%	3.7%	6.9%	9.8%
<b>California</b>	<b>8.1</b>	<b>23.2%</b>	<b>31.4%</b>	<b>3.4%</b>	<b>7.6%</b>	<b>9.6%</b>

Source: WestEd, California Healthy Kids Survey (CHKS) and Biennial State CHKS. California Department of Education (March 2019). \*\* Data suppressed due to small sample size. <http://www.kidsdata.org>

## Marijuana Use

Students enrolled in 7th, 9th, and 11th grades who had ever tried marijuana ranged from 5.3% in Kern County (7th grade) to 31.1% in Kings County (11th grade). Students enrolled in 7th, 9th, and 11th grades who used marijuana in the past month ranged from 5.3% in Stanislaus County) (7th grade) to 18.2% in Kings County (11th grade). Data for Fresno County, Madera County, and 7th grade students in Merced County were unavailable due to small sample sizes.

### Marijuana Experience and Use, Teens

	Ever Tried Marijuana			Marijuana Use Past Month		
	7 <sup>th</sup> Grade	9 <sup>th</sup> Grade	11 <sup>th</sup> Grade	7 <sup>th</sup> Grade	9 <sup>th</sup> Grade	11 <sup>th</sup> Grade
Fresno	**	**	**	**	**	**
Kern	5.3%	17.3%	28.9%	2.6%	8.6%	13.8%
Kings	5.4%	19.1%	31.1%	3.0%	10.4%	18.2%
Madera	**	**	**	**	**	**
Merced	**	15.6%	30.5%	**	8.1%	13.8%
Stanislaus	9.2%	18.8%	28.6%	5.3%	10.8%	15.1%
Tulare	5.5%	17.0%	26.7%	2.9%	9.3%	12.9%
<b>California</b>	<b>4.2%</b>	<b>17.4%</b>	<b>31.0%</b>	<b>2.3%</b>	<b>9.5%</b>	<b>16.0%</b>

Source: WestEd, California Healthy Kids Survey (CHKS) and Biennial State CHKS. California Department of Education (March 2019). \*\* Data suppressed due to small sample size. <http://www.kidsdata.org>

## IMPACT OF ACTIONS

Valley Children’s Hospital developed and approved an Implementation Strategy to address significant health needs identified in the 2019 Community Health Needs Assessment. The hospital addressed: access to care, basic needs, chronic disease prevention, infant health, mental health, and violence and injury prevention through a commitment of community benefit programs and charitable resources.

To accomplish the Implementation Strategy, goals were established that indicated the expected changes in the health needs as a result of community programs and education. Strategies to address the priority health needs were identified and measures tracked. The following section outlines the health needs addressed since the completion of the 2019 CHNA.

### Access to Care

#### Enrollment in Health Insurance

Valley Children’s identified and provided enrollment assistance to uninsured and under-insured patients who qualified for Medi-Cal, the California Children’s Services program or Valley Children’s Financial Assistance Program. Once eligibility was determined, Valley Children’s staff assisted the families with completing necessary applications and submitting them to the appropriate agencies.

#### Mobile Health Unit

Pediatric physician residents participating in Valley Children’s Pediatric Residency Program provided primary and preventive health care services to at-risk children in Fresno County as part of the Fresno County Superintendent of Schools’ Mobile Health Unit (MHU). Designed to help ensure that children are healthy and ready to learn, the MHU visited 13 schools in 2020 and 17 schools in 2021, including many located in rural and low-income communities. As part of these visits, the following services were offered:

- Well-Child Exams (0-18 years old)
- Pre-School Wellness Screening
- Immunizations
- Treatment of minor injuries and illnesses
- Body mass index, height and weight evaluation
- Dental screening
- Nutrition education
- Asthma education
- WIC referrals

### Basic Needs

#### Food for Families

Valley Children’s dietary department provided meal coupons to breastfeeding moms whose infants were at Valley Children’s. Additionally, through a program called Meals of the Heart, which is sponsored

by Ronald McDonald Charities of Central California, Valley Children’s social work team provided patients’ families with meal coupons when they arrived and were not prepared for a long stay at the hospital. The social work team also worked closely with the California Children’s Services program to provide food for eligible families.

Valley Children’s also received support from a number of other organizations including the Mendiburu Magic Foundation, Catholic Diocese of Fresno, Sweet Nectar Society and Westley United Methodist Church in Fresno. These organization donated food to Valley Children’s to distribute to needy families or donated cash to give to families to purchase food.

### Food Insecurity

Valley Children’s and the Guilds Center for Community Health continued its partnership with Vallarta Supermarkets and the Kids Eat Smart campaign, which promotes access to healthy foods. A cornerstone of Kids Eat Smart is creating opportunities for children to develop healthy eating habits and creating environments that increase access to healthy food. To date, more than 15,000 pieces of fruit have been distributed to children at Vallarta Supermarkets in the cities of Fresno, Tulare, Visalia and Porterville. In addition, the Guilds Center for Community Health secured funding from Save Mart and Rite Aid for expansion of this program into additional communities.

Amidst the COVID-19 pandemic and as food insecurity persisted at elevated levels, Valley Children’s continued its Prescription for Food Program at its Merced Olivewood Pediatrics practice. With funding from the Central California Alliance for Health, Valley Children’s primary care providers in Merced screened children for food insecurity using a simple survey developed by the American Academy of Pediatrics. A family was determined to be food insecure if, during the last 12 months, they worried about not having enough money to buy food or they ran out of food and did not have enough money to buy more. For children and families found to be food insecure, our providers handed the families a “Prescription for Food” voucher, which entitled them to receive a 30-pound box of nutritious and healthy foods from the Merced County Food Bank on a monthly basis for 12 months. Valley Children’s providers at Olivewood Pediatrics screened a total of 4,650 patients, 1,018 of which were determined to be food insecure. Data show that approximately 26% of Medi-Cal patients at our Merced County practice are food insecure. Over the course of this program, and based on food redemption numbers reported by the Merced County Food Bank, more than 6,695 individuals (our patients plus their family members) received free food thanks to the program.

### Transportation

Given the Central Valley’s largely rural landscape and high concentration of poverty, transportation has long been a challenge for many families. Valley Children’s continued to work with the community to improve public transportation and access to care. Valley Children’s Social Work Department assisted families with transportation by providing gas cards, taxi vouchers, Amtrak tickets and bus tokens. Valley Children’s also subsidized bus and other public transit services from the City of Fresno and Kings County.

### Chronic Disease Prevention

High rates of childhood obesity continue to create significant challenges for children and their families throughout Valley Children’s service area. An example of how Valley Children’s Hospital supported chronic disease prevention by focusing on school policies around student health and wellness is

described below.

### Schools for Thriving and Healthy Students

In July 2021, Valley Children's concluded Phase I of its Schools for Thriving and Healthy Students initiative. The purpose of the initiative was to engage school leaders across Fresno and Madera counties and to increase the knowledge and skills needed to effectively develop and implement local school wellness policies. A total of 19 school districts in the two counties participated in the initiative. Specific goals of the initiative were to a) increase knowledge of the Whole School, Whole Community, Whole Child framework; b) increase the number of school districts adopting Local School Wellness Policies that incorporate evidence-based practices; and c) institute a regular, ongoing process by which the participating districts monitor their performance, share practices and develop accountability for comprehensive and ongoing implementation of their wellness policies. Key outcomes from Phase I include six of the participating school districts updating their local school district wellness policies using evidence-based practices, an increased understanding amongst school district leadership of the Whole School, Whole Community, Whole Child framework, and agreement by the school districts to implement Phase II of Schools for Healthy and Thriving Students, which began in Fall 2021. Phase I of the initiative was funded by Valley Children's in partnership with the Public Health Institute's Center for Wellness and Nutrition, the Fresno County Superintendent of Schools and the Madera County Superintendent of Schools.

### Infant Health

Valley Children's participated in several initiatives supporting the healthy development of young children both during pregnancy and into the first 3 to 5 years of life. Examples include:

#### Cradle to Career

Both Fresno and Stanislaus counties have launched formal Cradle to Career initiatives for the purpose of convening public and private sector stakeholders to work together to improve outcomes for children in their communities, from pre-conception to college and/or vocational training. Valley Children's continued to participate in and help fund both initiatives and has been a strong voice for the inclusion of outcomes and indicators focused on child health and wellness.

#### March of Dimes

Valley Children's partnered closely with the March of Dimes to advocate for public policies that promote healthy pregnancies and healthy babies. A major accomplishment in 2021 was enactment of The California Omnibus bill that increased funding for the training of nurse midwives, added doula care as a covered benefit under Medi-Cal, and strengthened California's Fetal and Infant Mortality Review process. Valley Children's Director of Community and Government Relations continued to chair the March of Dimes of California's Advocacy and Government Affairs Committee.

### Mental Health

Mental health is one of the most pressing needs facing children in California. Children living in Valley Children's service area are particularly underserved due to the geography, provider shortages and limited community-based services. In 2021, Valley Children's demonstrated its commitment to meeting the mental health needs of children in a number of ways.

### Community-Based Education and Outreach

Valley Children's staff provided teen suicide prevention education to students and staff at area high schools. In addition, Valley Children's staff either led or participated in a number of community-based initiatives, including serving as members of the Fresno Suicide Prevention Collaborative and the Madera County Suicide Education and Awareness Collaborative, as well as chairing Community Conversations, a community-wide partnership addressing issues of mental health, homelessness and their impact on families. Valley Children's also provided education and resources for community stakeholders, including continuing medical education for community-based providers in collaboration with the American Academy of Pediatrics California Chapter Mental Health Access Task Force. In response to the challenges that COVID-19 and distance learning have created for children, Valley Children's mental health providers hosted two separate Facebook Live events during which they discussed issues specific to COVID-19 and students' social and emotional well-being.

Additionally, Valley Children's launched an initiative called 360me that is designed to provide families, schools and communities with tools and resources to make sure we are doing all that we can to safeguard both our children's physical health and their mental health. 360me intentionally looks to help stakeholders recognize and understand the many connections between mental and physical wellness and to reduce the stigma society incorrectly associates with mental health.

### Advocacy

At the state level, Valley Children's Senior Vice President and Chief Community Impact Officer chaired California's Mental Health Services Oversight & Accountability Commission and a number of Valley Children's staff successfully advocated for continued Medi-Cal coverage for postpartum depression.

### Increased Regional Capacity

In September 2019, Valley Children's announced a partnership with Universal Health Services (UHS), one of the nation's largest and most respected providers of hospital and health care services. Under the partnership, UHS will construct, own and operate an 81,600-square-foot, 128-bed behavioral health hospital for children and adults immediately adjacent to the Valley Children's campus in Madera. The facility will include a 24-bed inpatient unit for children and adolescents, ages 5-17, representing a 49% increase in available beds for kids from Kern to San Joaquin counties. The hospital is expected to open in early 2023.

## Violence and Injury Prevention

### Community-Based Education and Outreach

Through its Injury Prevention Program, Valley Children's is proud to be a leader in supporting pediatric injury prevention efforts throughout Central California and is committed to providing resources toward these efforts. In 2021, our program recorded 500 contacts with community members during 17 virtual community-based teaching events covering the following topics: ATV safety, car safety, car seat and child passenger safety, carbon monoxide poison prevention, concussions, fire prevention, Halloween safety, home safety, lead poison prevention, overuse injuries, poison prevention, railroad safety, safe sleep, snake bites, teen driving, toy safety, vaping, vehicular heat stroke prevention and water safety. Additionally, Valley Children's created professionally produced videos focused on many of the topics listed above, and posted the videos on social media sites and forwarded them to school districts and

community-based organizations throughout our service area. With respect to social media, Valley Children's recorded almost 37,820 views of its injury prevention material.

#### Child Abuse Prevention and Treatment

Valley Children's Guilds Center for Child Abuse Prevention and Treatment works closely with law enforcement, Child Protective Services and district attorneys' offices in their investigative efforts of child maltreatment. Collaborative efforts include case consultation and monthly SCAN (Suspect Child Abuse and Neglect) meetings facilitated by our Child Advocacy Clinic in an effort to track, monitor and advocate for the health and safety of at-risk children throughout the Central Valley. For prevention education, the Center continued to collaborate with internal and external partners to provide education to parents, caregivers, health care personnel, teachers and mandated reporters. These partners included Valley Children's Trauma Department's Injury Prevention Team and Emergency Department, Safe Kids Central California, Child Abuse Prevention Councils of California, Child Protective Services, District Attorney's Offices, local Law Enforcement Agencies, Sexual Assault Response Teams (SART), victim advocacy groups and county public health departments.

## APPENDIX 1: COMMUNITY STAKEHOLDERS INTERVIEWS AND FOCUS GROUPS

### Fresno, Kings, Madera, and Tulare Counties

Focus Groups					
County	Focus Group	Date	Language	Format	Number of Participants
Fresno County	Refugee and Immigrant Communities	10/26/2021	Hmong	Zoom	N/A
Fresno County	African American/Black	10/26/2021	English	Zoom	9
Fresno County	Southeast Asian, Pacific Islander	10/28/2021	Laos	Zoom	N/A
Fresno County	Parents of disabled children	11/1/2021	English	Zoom	5
Fresno County	Urban Hispanic/Latino	11/2/2021	Spanish	Zoom	11
Fresno County	Young Men of Color	11/19/2021			4
Fresno County	Urban Hispanic/Latino	11/5/2021	Spanish	Zoom	8
Fresno County	LGBTQ+	11/6/2021	English	Zoom	8
Fresno County	Low-income Housing	11/15/2021	English	In-person	8
Fresno County	Urban Hispanic/Latino	12/1/2021	English	Zoom	11
Fresno County	Punjabi	12/7/2021	English	Zoom	8
Fresno County	Rural Latino - Orange Cove	11/23/2021	Spanish	In-person	10
Fresno County	Urban Hispanic/Latino	10/20/2021	Spanish	In-person	8
Fresno County	Low-income housing	10/27/2021	Spanish	In-person	10
Fresno County	Urban Hispanic/Latino	11/1/2021	Spanish	In-person	10
Fresno County	Moms/Pregnant women	11/3/2021	Spanish	Zoom	9
Fresno County	Urban Latino or Hispanic/Latino	11/4/2021	Spanish	In-person	15
Fresno County	Rural Hispanic/Latino - Parlier	11/8/2021	Spanish	In-person	11
Fresno County	Rural Hispanic/Latino - Reedley	11/9/2021	Spanish	In-person	10
Fresno County	African American/Black	11/9/2021	English	In-person	5
Fresno County	Teens/Young Adult	11/12/2021	English	In-person	10
Fresno County	Farmworkers	12/3/2021	Spanish	In-person	9
Fresno County	African American/Black "Community Conversation"	11/16/2021	English	In-person	2
Fresno County	Rural Hispanic/Latino - Del Rey/Sanger	11/16/2021	Spanish	In-person	10
Fresno County	Young Men of Color (18-30)	11/10/2021	English	Zoom	6
Fresno County	Teens/Young Adults	11/8/2021	English	Zoom	6
Fresno County	Asian/Pacific Islanders	10/22/2021	English	Zoom	9
Fresno County	Seniors/Disabled	10/24/2021	English	Zoom	9
Kings County	Teens/Young Adults (tribal)	11/2/2021	English	In-person	10
Kings County	African American/Black	11/20/2021	English	Zoom	7

County	Focus Group	Date	Language	Format	Number of Participants
Kings County	Caretakers of disabled children	11/19/2021	English	Zoom	11
Kings County	Low-income	10/22/2021	Spanish	In-person	10
Kings County	Low-income	10/28/2021	Spanish	In-person	9
Kings County	LGBTQ	10/14/2021	English	In-person	6
Kings County	Latinos	10/22/2021	Spanish	Zoom	6
Madera County	Teens/Young Adults	11/12/2021	English	In-person	19
Madera County	Moms/pregnant women	11/22/2021	English	Zoom	6
Madera County	Geography - Chowchilla	11/17/2021	English	In-person	17
Madera County	Geography - Mountain Areas	11/19/2021	English	Zoom	8
Madera County	Seniors/Disabled	11/18/2021	English	In-person	10
Madera County	African American/Black	10/25/2021	English	In-person	7
Madera County	Latino or Hispanic/Latino - monolingual	11/8/2021	Spanish	In-person	13
Madera County	Homeless	11/10/2021	English	In-person	7
Madera County	Latino or Hispanic/Latino - bilingual	11/13/2021	Spanish	In-person	11
Madera County	Latino or Hispanic/Latino - indigenous	11/13/2021	Mixteco	In-person	11
Madera County	LGBTQ	11/16/2021	English	In-person	4
Tulare County	Hispanic/Latino	10/22/2021	Spanish	In-person	15
Tulare County	African American - Black	10/28/2021	English	Zoom	7
Tulare County	Southeast Asian, Pacific Islander	11/12/2021	English	Zoom	5
Tulare County	Seniors/Disabled	11/6/2021	English	In-person	6
Tulare County	Homeless	11/6/2021	English	In-person	9
Tulare County	Teens/Young Adults	11/8/2021	English	Zoom	9
Tulare County	Low-income	11/9/2021	English	Zoom	5
Tulare County	LGBTQ+	11/10/2021	English	Zoom	5
Tulare County	Rural Hispanic/Latino	11/12/2021	Spanish	Zoom	12
Tulare County	Rural Hispanic/Latino	11/13/2021	Spanish	In-person	9

#### Key Informant Interviews

County	Key Informant Name	Date	Organization	Delivery Format
Fresno County	Sagrario Diaz	10/20/2021	Parent Institution for Quality Education	Zoom
Fresno County	Sarait Martinez	10/22/2021	Centro Binacional Para el Desarrollo Indigena Oaxaqueno	Zoom

County	Key Informant Name	Date	Organization	Delivery Format
Fresno County	Shantay Davies-Balch	10/20/2021	Black Wellness and Prosperity Center	Zoom
Fresno County	Alma McHenry	10/25/2021	Fresno County Superintendent of Schools	Zoom
Fresno County	Dawan Utecht	10/28/2021	Fresno County Dept. Behavioral Health	Zoom
Fresno County	Lei Vang	12/3/2021	PACE for Seniors Fresno	Zoom
Fresno County	Darlene Franco	11/18/2021	Fresno American Indian Health Project	Zoom
Fresno County	Lowell Enns	11/10/2021	Exceptional Parents Unlimited	Zoom
Fresno County	Pastor Rob Cravy	11/30/2021	Fresno Mission	Zoom
Fresno County	Fabiola Gonzalez	12/2/2021	First 5	Zoom
Kings County	Andrew Cromwell	11/9/2021	Executive Pastor	Zoom
Kings County	Aniesha Kleinhammer	12/6/2021	Lemoore Naval Station Health Clinic	Zoom
Kings County	Clarissa Ravelo	10/11/2021	First 5 Kings County	Zoom
Kings County	Codi Pennington	10/4/2021	Public Guardian Veterans Affairs	Zoom
Kings County	Jeff Nkansah	11/10/2021	CalViva Health Net	Zoom
Kings County	Lisa Lewis	10/21/2021	Kings County Department of Behavioral Health	Zoom
Kings County	Michele Bieber	10/27/2021	Kings County WIC	Zoom
Kings County	Nanette Villareal	10/14/2021	Kings United Way	Zoom
Kings County	Sheriff Robinson	11/15/2021	Hanford Sheriff Department	Zoom
Kings County	Todd Barlow	10/18/2021	Kings County Office of Education	Zoom
Madera County	Aftab Naz, MD	11/2/2021	Madera Family Medical Group	Zoom
Madera County	Arnoldo Rodriguez	10/25/2021	City of Madera	Zoom
Madera County	Caitlin Pendley	11/10/2021	Madera Unified	Zoom
Madera County	Cecilia Massetti	10/11/2021	Madera County Superintendent of Schools	Zoom
Madera County	Chris Childers	11/19/2021	Madera County Probation	Zoom
Madera County	Connie Moreno-Peraza	11/9/2021	Madera County Dept. of Behavioral Health	Zoom
Madera County	Debi Bray	11/16/2021	Madera Chamber of Commerce	Zoom
Madera County	Deborah Martinez (Ramirez)	10/18/2021	Madera County Dept. of Social	Zoom

County	Key Informant Name	Date	Organization	Delivery Format
Madera County	Diane Palmer	11/19/2021	Services Mayor/Business Owner	Zoom
Madera County	Dr. Angel Reyna (Dr. Cascade)	11/1/2021	Madera Community College	Zoom
Madera County	Joel Ramirez, MD	11/15/2021	Camarena Health	Zoom
Madera County	Kimberly Hernandez (Padilla)	11/2/2021	Madera Moms	Zoom
Madera County	Leticia Gonzalez	11/8/2021	Board of Supervisor Leadership Council for Justice & Accountability	Zoom
Madera County	Madaline Harris	10/22/2021	Community Action Partnership Agency of Madera County	Zoom
Madera County	Monica Ramirez	10/12/2021	First 5 Madera	Zoom
Madera County	Sara Bosse	10/20/2021	Madera County Department of Public Health	Zoom
Madera County	Simran Kaur	11/8/2021	Valley Children's Center for Community Health	Zoom
Madera County	Tom Wheeler	11/2/2021	Board of Supervisor District 5	Zoom
Madera County	Tommy McDonald	11/23/2021	Project Manager Picayune Tribe	Zoom
Madera County	Mayor Diana Palmer	11/19/2021	Mayor Chowchilla	Zoom
Tulare County	Eechai Seechan	10/14/2021	Mien Next Generation Worship Group (Hmong)	Zoom
Tulare County	Karen Haught	10/22/2021	Tulare Community Dept. of Public Health	Zoom
Tulare County	Kerry Hydash	10/19/2021	Family Health Care Network	Zoom
Tulare County	Linda Ledesma	10/8/2021	Lindsay Healthy Start Family Resource Center	Zoom
Tulare County	Michelle Eaton	10/26/2021	First 5 Tulare County	Zoom
Tulare County	Nicole Celaya	10/19/2021	FoodLink	Zoom
Tulare County	Pheobe Seaton	10/13/2021	Leadership Council for Justice and Accountability	Zoom
Tulare County	Ryan Gates	10/26/2021	Kaweah Delta Health Care District	Zoom
Tulare County	Brian Poth	11/19/2021	The Source LGBTQ+	Zoom
Tulare County	Tim Hire	10/11/2021	Tulare County	Zoom

County	Key Informant Name	Date	Organization	Delivery Format
			Superintendent of Schools	

## Kern County

Key Informant Interviews		
Name	Title	Organization
Juan Avila	Chief Operation Officer	Garden Pathways
Rene Ayon	Director of Student Services	Delano Joint Union High School District
Carlos Baldovinos	Executive Director	Mission at Kern County
Ja’Nette Beck	Supervisor II	City of Bakersfield Department of Recreation and Parks
Isabel Bravo	School Health and Wellness Office Manager	Bakersfield City School District
Tim Calahan	Director of Public Relations and Community Development	Clinica Sierra Vista
Morgan Clayton	President	Tel-Tec Security
Michelle Curioso, PHN, MPA	Director of Health Services	Kern County Department of Public Health
Dan Edwards	Community Member	
Steve Flores	Community Relations	The Naina & Ravi Patel Foundation
Toni Harper, LCSW, DBH	Vice President of Philanthropy	Friends of Mercy Foundation, Dignity Health Mercy Hospital Downtown and Mercy Hospital Southwest
Michelle (Mikie) Hay	Director of Community Affairs	Jim Burke Ford
Loni Hill-Pirtle, LCSW	Director of Care Coordination	Mercy Hospital Downtown, Mercy Hospital Southwest
Pam Holiwell	Community Member	
Louie Iturriria	Director, Marketing and Public Relations	Kern Health Systems
Deborah Johnson	President and Chief Executive Officer	California Veterans Assistance Foundation, Inc.
Roland Maier	Executive Director	First 5 Kern County
Traco Matthews	Chief Program Officer	Community Action Partnership of Kern County
Beth Miller	Director of Patient Experience	Bakersfield Memorial Hospital
Robin Robinson	Community Development & Church Engagement Director	CityServe
Deborah Schmidt, EdD	Director, School Community Partnerships	Kern County Superintendent of Schools
Caryl Schweitzer	Director of Development	Bakersfield Memorial Hospital Foundation, Dignity Health
Alexis Shaw	Prevention Services Director	Kern County Network for Children
Isabel Silva	Director Health Education, Cultural and Linguistic Services	Kern Health Systems

Name	Title	Organization
Lauren Skidmore	Chief Executive Officer	Bakersfield Homeless Center
Morgan Topper	Vice President, Chief Operations Officer	Mercy Hospitals of Bakersfield
Amy Travis	Executive Director	Court Appointed Special Advocates (CASA) of Kern County
Amanda Valenzuela	Development Manager	Alzheimer's Association, Kern County
Joan Van Alstyn	Director of Patient Experience	Mercy Hospitals of Bakersfield
Kevin Wythe	Coordinator of Pupil Support Services	Sierra Sands Unified School District Ridgecrest

## Merced County

ONLINE KEY INFORMANT SURVEY PARTICIPATION	
KEY INFORMANT TYPE	NUMBER PARTICIPATING
Public Health Representatives	32
Health Providers	5
Social Services Providers	25
Other Community Leaders	7

Participation included representatives of the following organizations:

- ACE Overcomers
- All Dads Matter
- Behavioral Health
- Castle Family Health Centers
- Central California Alliance for Health
- Central Opportunity Center CVOC
- Court Appointed Special Advocates Merced County
- Family Resource Council
- First 5 Merced County
- Head Start Program – Merced County Office of Education
- Merced City School District
- Merced County Community Action Agency WIC
- Merced County Department of Public Health
- Merced County Human Services Agency, All Moms Matter
- Merced County Human Services Agency, Employment and Training Branch
- Merced County Mental Health Dept.
- Merced County Office of Education, Caring Kids
- Merced County Office of Education, GROW Program
- Merced County Office of Education, Migrant Education
- Merced Rescue Mission
- People's Promise
- Sierra Vista Children and Family Services
- St. Vincent de Paul Society – Planada

- University of California Merced
- Valley Children’s Hospital
- Valley Crisis Center

## Stanislaus County

### Focus Groups

Focus Group	Date	Participants
West Modesto Community Collaborative	3/17/22	5
Sierra Vista Youth and Family Services Promotoras Program	3/16/22	7
Golden Valley Health Centers	3/18/22	5

### Key Informant Interviews

Name	Title	Organization
Vickie Bauman	Director of Prevention Programs; Commissioner of First 5	County of Office of Education
Esthela De La Cruz	Manager	Pelandale Specialty Care Center Manager
Cindy Duenas	Executive Director	Center for Human Services
Jorge Fernandez, LCSW	Behavioral Health Director	Golden Valley Health Centers
Karina Franco	Director	Family Resource Centers
April Gomez	ED Navigator	Golden Valley Health Centers
David Jones	Executive Director	First 5 Stanislaus County
E. Glen Lyon, RN	Program Manager	Sutter Medical Foundation South Valley
Pieter Michels	Department Manager for Social Work	Golden Valley Health Centers
Perfecto Munoz	Executive Director	West Modesto Community Collaborative
Elaine Soriano, MD	Pediatrician and Regional Medical Director	Golden Valley Health Center
Dr. Julie Vaishampayan	Public Health Officer	Stanislaus County Public Health

## APPENDIX 2: COMMUNITY STAKEHOLDER COMMENTS

### Fresno, Kings, Madera and Tulare Counties

#### *Focus Groups*

##### **Challenges and Needs of Children**

Focus group participants shared the challenges and needs of children. The most common challenge/need was in Neighborhood and Environment. This includes problems with neighborhood safety and the need for safe places to play and live, access to healthy food, and air quality concerns. Participants also shared concerns about health care access and quality, with a focus on needing more mental health support and access to equitable care.

##### **Suggestions for How to Improve the Health and Wellbeing of Children**

When asked how to improve the health and wellbeing of children in their communities, participant suggestions included providing more resources, more playtime and activities, and more adult role models. They also suggested better and more accessible mental health support.

##### **Challenges and Needs of Pregnant Women and New Moms**

Focus group participants were asked about the challenges and needs of pregnant women and new moms. Participants felt pregnant women and new mom do not have enough social support and information on pregnancy and parenting. Participants felt the biggest challenge was mental health problems.

##### **Suggestions for How to Improve the Health and Wellbeing of Pregnant Women and New Moms**

Focus group participants felt that the best way to help pregnant women and new moms is through social support, better access to health care services, and help with food.

#### *Key Informant Interviews*

##### **Challenges and Needs of Children**

The most common challenges were mental health issues, lack of healthy habits, and adverse experiences such as racism. Interviewees identified the need for access to healthy foods, a stable home life, and activities outside of school.

##### **Suggestions for How to Improve the Health and Wellbeing of Children**

When asked how to improve the health and wellbeing of children in their communities, interviewees identified the need for family involvement, more social support, and quality childcare. Interviewees also identified providing access to healthy food, bringing resources to neighborhoods (rather than having to find resources), and increasing safety.

##### **Challenges and Needs of Pregnant Women and New Moms**

Interviewees identified the need for social support, long-term access to resources and support (not just during and right after pregnancy), and the need for culturally appropriate services and support. Interviewees commonly shared challenges with high infant mortality and preterm birth, COVID-19, and nutrition.

##### **Suggestions for How to Improve the Health and Wellbeing of Pregnant Women and New Moms**

Suggestions for how to improve the health and wellbeing of pregnant women and new moms were

focused on more comprehensive health care, health education, and better access to health care and mental health support. They also suggested providing more social support and access to resources.

### **Kern County**

*What are the greatest health issues negatively impacting children, pregnant women or new moms in the community?*

- COVID-19, it is airborne and can impact anyone.
- Obesity with children and pregnant women.
- Access to health care for vaccination and immunizations, dental cleanings, checkups and physicals.
- For young moms, there are a lot of services out there, but I don't know that they are fully taken advantage of in the community.
- I worry about moms who continue drug use and who do not understand the impacts that can have on their babies. We get a lot of babies on meth. People may not understand that their lifestyle will lead to fetal demise.
- Sexually transmitted infections are impacting pregnant moms and chronic health issues like gestational diabetes. For kids it is diabetes and obesity and access to care. It is difficult to navigate the system, even when you know how to advocate for yourself and have private insurance.
- Long standing chronic conditions like obesity, diabetes, hypertension, and cancer impact women and children.
- Community safety and neighborhood safety, those trying to live healthier, it is difficult when you can't go out for a walk without fear of being assaulted or approached by someone with malicious intent.
- Food insecurity and healthy foods are always a challenge. And other factors that influence health issues, like if you are worried where your food is coming from or you don't have a brick-and-mortar home, that immediate need will take precedent over your trying to take care of your health.
- Mental health and family support. We've seen a lot of improvement in breastfeeding rates and safe sleep practices, but there are still a lot of new moms who suffer mental health issues that go unaddressed especially if there are economic issues they don't get addressed.
- Lack of a healthy diet and nutrition, and drug and alcohol use.
- Prenatal care is underutilized, and air quality creates bad air for new moms. We have improved services but generally, prenatal care is the biggest barrier. All hospitals have the same messages for moms with safe sleep initiates like sleeping alone in a crib, no blankets or toys, if it is cold weather, don't wrap them in blankets or fall asleep on the couch.
- People don't tap into the systems that are already in place and designed to help them.

*What are two things we could do or two changes we could make that would measurably improve the overall health and wellbeing of children, pregnant women or new moms in the community?*

- Continuous education to students and parents about resources they may need.
- Offer structured education programs combined with healthy food options for people who are economically depressed.

- Access to childcare and medical screenings to ensure the baby is getting her medical needs regularly met.
- When we are doing programs for pregnant girls and we try to provide healthy information to them, we really need to push breastfeeding because we are providing money and resources to provide formula when that is not optimal nutrition. Breastfeeding is free and provides optimal nutrition.
- Keep kids in school. A lot of kids drop out after their freshman year.
- Make parenting classes widely available, instead of a prerequisite for something else like a child abuse claim. Make it a support system for moms, and ongoing parent education like what to look for as kids grow and reach milestones.
- Having a learning center and a place that provides essential services like afterschool programs so they don't fall into drugs or gang violence, and teen pregnancy.
- Managed care is an issue, whatever your insurance is, it dictates care and how you get care. The magical answer would be to open care to all.
- I wish we could provide better pre-delivery education like childbirth classes so that the delivery experience is appropriate and I wish that education would extend to infant care in the first year of life. There is a lot of emphasis to get to delivery, but there is not much past that. So, continual classes throughout that first year of life, providing extended support to moms.
- There is new legislation in California to increase the availability of birth educators and doulas. They can have a great impact. Because those services are not otherwise covered by insurance, low-income communities did not have access to these services before. If moms have a positive birth experience our children will benefit from that once they are born.
- Working together and collaborating with all agencies that touch people who are underserved and when we find out someone is pregnant, it becomes a priority to follow-up and educate and help that person and support them through their pregnancy.
- Transportation is key. We have a lot of people who live in rural areas with no transportation and the geography of our large county creates issues.
- People need to know about the resources that are out there.
- Find ways to reach people through trusted messengers. Kern county has taken a color-blind approach so they ignore the inequities associated with color. If they changed that approach, it would be a game changer. You must diversify how you do business if you want to be effective.

*List the top 3 to 5 needs for kids, pregnant women and new moms.*

- Healthy food, finances to ensure basic needs are met like housing and clothing, and access to medical care and urgent care services.
- Childcare, ready access to medical screenings and child supplies.
- Access to health care, understanding dietary issues, giving quality food to new moms and kids and promoting self-care and wellness.
- Ongoing dental care and community-based programs for preschool children, infants and toddlers for socializing and learning, and more support for postpartum anxiety and depression, they are still highly taboo topics and there is not much in the community for that.

- Afterschool programs, access to services for prevention and education programs.
- Access to transportation, availability of services, and housing and food insecurity.
- For pregnant women, educational messaging on the importance of care regardless of how many times they have been pregnant or given birth. Preconception care is important to understand how to prepare for having a healthy pregnancy and birth outcome. For kids, having safe places to play and live is important for wellbeing and addressing social emotional health with students so they know how to support themselves in a positive manner.
- ACEs screenings, nutrition, community safety, accessibility to services and economic mobility.
- Healthy diet, permanent housing, drug and alcohol abuse intervention. If we could connect pregnant women early on, with churches, the department of human services, local nonprofits, when we find someone in a vulnerable position and pregnant, and collaboratively determine how we respond to them, which agency comes alongside them and takes on that advocacy role. In some neighborhoods, the church is the only one with a pulse on the community and they are the access point. We see suicide, mental health, homelessness, we can connect them to other programs. We support communities in ZIP Codes with the highest rates of child abuse, and that has been amplified with COVID-19.
- Better access to care, community-based organizations that work with Medi-Cal populations. Half our population is in rural areas. They are underserved areas. Also, we need a better reimbursement rate for Medi-Cal and Denti-Cal. With such low reimbursement rates and the number of no-shows, they can't survive on the Denti-Cal rates. Quality childcare is a big need. We have waiting lists for Head Start and with preschool, there are not enough open slots.
- Check-ups, routine immunizations, transportation, and more access to insurance. There is a lot of domestic violence and substance use, so we need more mental health and behavioral health services.
- Early childcare and education services. Customized health care that is designed for them, nutrition services and access to good nutrition.

## **Merced County**

### ***Infant and Child Health***

#### **Access to Care/Services**

- Most families with young children have to go to Valley Children's Hospital in Madera to access quality care. – Social Services Provider
- Lack of access to mental health care services. – Social Services Provider
- The health needs of children (0-18) are a major problem in my community because many children are left with not enough resources that specialize in pediatric care. Children in this community are also faced with socioeconomic barriers compared to other communities across the nation, such as poor living conditions and language barriers that cause most parents who lack the education and knowledge. There are simply not enough providers to target specific needs that each child might need, i.e., mental health awareness, behavioral health issues, and substance abuse issues. – Public Health Representative
- Children deserve excellent medical/mental health care and easy access to that medical and mental health care. Excellent childcare is important to health/mental health care, and good

childcare is difficult to find for some people. – Public Health Representative

### **Contributing Factors**

- Many kids are overweight, many express mental health issues. – Community Leader
- Access to affordable health care for families with children 0-18. Different cultures' beliefs about going to a medical health center. Communication with different cultures. Again, customer services for those who do not understand terminology. Being patient with our families. Try understanding their story because they will not explain the situation the way you have been trained. Past bad experiences. – Social Services Provider
- Lack of emphasis on the importance of well-child checks. Resource constraints that do not allow families to take time off of work to take children in for well-child checks. – Other Health Provider
- Youth enrichment, mentorship. – Social Services Provider
- Kids are behind on childhood vaccinations, youth COVID vaccination rates are very low, teen pregnancies continue to be an issue, and youth mental health/substance abuse issues are on the rise. – Public Health Representative

### **Lack of Providers**

- Lack of pediatricians in our town and lack of pediatric care on our local hospital. – Community Leader
- There are limited pediatricians in the area. – Social Services Provider
- I believe the health needs of children are a major problem in my community because there are very few pediatric providers. – Public Health Representative

### **Built Environment**

- They are not given places to go and get exercise that are safe and in good condition. They need places to do activities and after-school programs with good values. More trails in the older part of town, where the lower-income families live. – Public Health Representative
- Health needs of children (0-18) are a big problem in Merced County because there is a lack of parks or other recreation areas where kids can be active. More and more kids are obese and develop heart disease and/or diabetes. – Public Health Representative

### **Denial/Stigma**

- Health needs for children 0-18 is an issue in our county because even though there are a lot of families who qualify for Medi-Cal for their children, they opt not to apply because of stigma, misinformation, or because they do not want to be seen as a public charge. – Community Leader

### **Foreign-Born**

- Specifically for children of the substantial migrant Latino population, access to services for children is difficult. Specifically dental and vision providers are in short supply, in addition to specialists when more substantial medical issues are identified. – Social Services Provider

### **Obesity**

- The percentage of obese children is very high. – Social Services Provider

### ***Infant Health and Family Planning***

#### **Incidence/Prevalence**

- We are seeing an increase of referrals for Central Valley Regional Center Early Start Services for infants 0 to 3 with developmental delays. – Social Services Provider
- Merced County has high teenage birth rates compared to the state of California. A high percentage of women does not receive prenatal care in their first trimester. – Public Health Representative

- Unplanned pregnancies are high, and breastfeeding rates are low in Merced County. Breastfed babies have better health outcomes. – Social Services Provider
- Many unplanned pregnancies and young pregnancies, which lead to many other issues. – Public Health Representative

#### **Contributing Factors**

- Limited pediatricians in the area. I am not aware of any family planning clinics, especially for those with limited funds or no insurance. There are a lot of teen pregnancies in the area. – Social Services Provider
- Like all the rest of the answers, culture, trust, communication, professional resources. All play a major key to infant health. – Social Services Provider
- WIC-assist families restricted to a certain income bracket, but that ultimately excludes families in need. Other families just simply do not have access to or knowledge of these programs. – Public Health Representative

#### **Income/Poverty**

- Many families are being born into poverty. Many families experience unstable housing. – Social Services Provider
- Too many people getting pregnant that can't afford children, too many young people getting pregnant. Too many single mothers, not enough fathers in the home, more people needing government assistance. – Public Health Representative

#### **Lack of Providers**

- We do not have enough pediatricians in our area to adequately assist our community members. Many members have to go out of county to get help. If they find a provider in our area, the provider is double- or triple-booking appointments, so they have a long wait time and appointment is rushed. – Social Services Provider
- Lack of pediatricians in our area. – Community Leader

#### **Access to Care/Services**

- Lack of access to health care. – Community Leader
- Many of my patients cannot get in to see a primary care pediatrician for days and cannot get referrals, results, or adequate service in Merced County. – Public Health Representative

#### **Awareness/Education**

- Many people are not educated about family planning and infant health. They do things like their own parents have done and may not always learn the best ways to care for an infant and may not understand or feel they know where to go for family planning. – Social Services Provider

#### **Alcohol/Drug Use**

- Because of the prevalence of drug abuse, infants and children are neglected. – Social Services Provider

#### ***Needs of Pregnant Women/New Mothers***

##### **Contributing Factors**

- Not enough health care providers to service the needs of our community. Lack of communication to our most vulnerable populations to educate on the importance of prenatal care. Different cultures, different train of thought. Customer service to our most vulnerable population. Health care costs. – Social Services Provider
- Low rates of prenatal care, lack of financial and social supports, poverty, low education levels – Social Services Provider
- Lack of transportation to appointments. Due to COVID, there is a lack of trust in public

transportation. People are afraid to visit the doctor and do not follow up as needed throughout their pregnancy. – Social Services Provider

- The needs of pregnant/new mothers are a major problem in my community because we lack the funding and resources of providers who specialize in obstetrics and gynecology. We need to target motivated providers who specialize in this field to come to our community and take on the health services that can be provided. Among this, another major problem for this specific group is that some women lack support and engage in high-risk activities, and this can lead to communicable diseases such as gonorrhea, chlamydia, and syphilis that can attribute to congenital abnormalities with babies/infants. – Public Health Representative
- With substance abuse, low education rates, and poor employment opportunities, people are suffering. Pregnant women and new mothers are tossed around from agency to agency to better assist them, while very little help is actually being given. Programs like WIC are great, and they work, but then we have recipients selling their WIC-supplied items on Facebook Marketplace and in mom groups on Facebook. To provide our future with a shot, we need to start with the mothers. They are their child's first teacher. – Public Health Representative

#### **Access to Care/Services**

- The needs of pregnant women and new mothers are a major problem in my community because mothers have very little access to perinatal care and perinatal recovery. – Other Health Provider
- Not enough support in the area of breastfeeding to new mothers. – Social Services Provider
- The services that are available for homeless pregnant women are typically at capacity. – Social Services Provider
- Due to the lack of access to healthcare and resources (healthy food). – Community Leader

#### **Lack of Providers**

- We do not have very many OB/GYNs in the area. The ones we have that accept patients are usually double- or triple-book appointments, which results in a drop in the level of care. – Social Services Provider
- Not enough doctors. – Public Health Representative

#### **Awareness/Education**

- We have young mothers that need help with understanding the postpartum blues. – Community Leader
- I believe there are high-quality supports in place for new parents, but that they are difficult to locate, and special home visiting programs are referral-based and families are not able to identify what program they might like to learn more about. They are simply transitioned based on risk factors. – Social Services Provider

#### **Prevention/Screenings**

- We need to make sure women get prenatal care early, that women feel supported with issues surrounding breast feeding, postpartum depression, childcare, etc. – Social Services Provider

#### **Vulnerable Populations**

- Increase in death of African American women (nationally) during birth and delivery. Systemic racism in the health care industry. Lack of education and resources for mothers in our community. – Social Services Provider

#### **Teen Pregnancy**

- Merced County teenage birth rates are higher than the state of California. – Public Health Representative

## Stanislaus County

How do Community Needs appear in Children and Youth (0-17 years)?

- Many kids have asthma due to the poor air quality
- Obesity in low-income kids
  - Parents must buy cheaper, fast-food because fresh fruits and vegetables are expensive

Technology

- Adding another bill to pay for internet created financial burden for families
- Many families do not have access to devices or internet
- Parents not able to help their kids with schoolwork
- Need more in-person social groups for kids. Too much virtual with COVID.

How do Community Needs appear in Pregnant Women or New Moms?

- Girls younger than 8<sup>th</sup> grade are getting pregnant because there is no sex education in the schools
- Lack of transportation makes it difficult to get to appointments
- Cost of formula is expensive, some can't afford it
- Need more assistance to help apply for Medi-Cal and WIC

How do youth (ages 0-17) experience these challenges differently from adults, if at all?

- High rates of suicide among youth
- Youth (8<sup>th</sup> grade) getting pregnant
- Not receiving in person help for mental health problems

How do Pregnant Women or New Moms experience these challenges differently from other groups, if at all?

- Not having access to see a provider right away

What are things we could do or changes we could make that would measurably improve the overall health and wellbeing of Pregnant Women and New Moms in the community?

- Provide primary care access

## APPENDIX 3: RESOURCES AVAILABLE TO MEET COMMUNITY NEEDS

Community stakeholders identified community resources potentially available to address the identified community needs.

### Fresno, Kings, Madera and Tulare Counties

United Way Fresno and Madera Counties

<https://www.uwfm.org/211-helpline/>

211 Kings County

<https://www.211kingscounty.org/>

211 Tulare County

<https://www.211tularecounty.org/>

### Kern County

Significant Needs	Community Resources
Access to care	Bakersfield Pregnancy Center, Bakersfield-Kern Regional Homeless Collaborative, Black Infant Health, Building Healthy Communities, Clinica Sierra Vista, Continuum of Care Consortium, Kern County Department of Public Health, Kern County Medically Vulnerable Care Coordination, Kern Health Systems, Kern County Network for Children, Kern County Nursing Family Partnership, Omni Family Health, Valley Children’s Healthcare
Alzheimer’s disease	Adult Day Care Services for Alzheimer’s Patients (ADAKC), Alzheimer’s Disease Association of Kern County
Birth indicators	Bakersfield Pregnancy Center, Black Infant Health, Building Healthy Communities, Dolores Huerta Foundation, First 5 Kern, Help Me Grow Kern County, Lincoln Street Retreat Perinatal Services, Kern County Nursing Family Partnership, No Sister Left Behind
Chronic disease	American Lung Association in California, , Asthma Coalition of Kern County, Bike Bakersfield, Building Healthy Communities, Clinica Sierra Vista, Central California Asthma Collaborative, Community Action Partnership of Kern, Edible Schoolyard Project, League of Dreams, Links for Life Breast Cancer Support, Morning Star Fresh Food Ministry, San Joaquin Valley Air Pollution Control District, Tobacco Free Coalition of Kern County,
COVID-19	Building Healthy Communities, Catholic Charities, CityServe, Garden Pathways, Kern County Department of Public Health, Naina & Ravi Patel Foundation
Dental care/oral health	Homeless not Toothless, Operation Saving Smiles, Taft College Dental Hygiene Program
Economic insecurity	Alpha House, Bakersfield Pregnancy Center, Blessings Corner, Building Healthy Communities, CityServe, Court Appointed Special Advocates of Kern County, Dolores Huerta Foundation, Dream Center of Kern County, Garden Pathways, Golden Empire

<b>Significant Needs</b>	<b>Community Resources</b>
	Gleaners, Hope Center, Jakara Movement, Jim Burke Foundation, League of Dreams, Naina & Ravi Patel Foundation, United Farm Workers Association
Environmental conditions	American Lung Association in California, Asthma Coalition of Kern County, Bike Bakersfield, Central California Asthma Collaborative, San Joaquin Valley Air Pollution Control District
Food insecurity	Blessings Corner, CityServe, Dolores Huerta Foundation, Edible Schoolyard Project, Golden Empire Gleaners, Hope Center, Morning Star Fresh Food Ministry, Waste Hunger Not Food Kern County
Housing and homelessness	Alpha House, Bakersfield-Kern Regional Homeless Collaborative, Bakersfield Homeless Center, Blessings Corner, California Veterans Assistance Foundation, Continuum of Care Consortium, Dream Center of Kern County, Greater Bakersfield Legal Assistance, Hope Center, Mercy House Brundage Lane Navigation Center, Mission at Kern County, Wounded Hero's Fund
Mental health	Behavioral Health and Recovery, Binational Health Week, Binational Taskforce, California Veterans Assistance Foundation, CityServe, Crisis Stabilization Unit, Dream Center of Kern County, Garden Pathways, Listening Couch, Mary K Shell Mental Health Center, Wounded Hero's Fund
Overweight/obesity	Building Healthy Communities, City of Bakersfield Department of Recreation and Parks, Community Action Partnership, Dolores Huerta Foundation, Edible Schoolyard Project, Garden Pathways, League of Dreams, Morning Star Fresh Food Ministry
Preventive practices	Bakersfield Pregnancy Center, Black Infant Health, Clinica Sierra Vista, Continuum of Care Consortium, Court Appointed Special Advocates of Kern County, Garden Pathways, Kern County Department of Public Health, Kern County Network for Children, Kern County Nursing Family Partnership, Kern Health Systems, Naina & Ravi Patel Foundation, No Sister Left Behind, Omni Family Health
Sexually transmitted infections	Human Trafficking Coalition, STI Taskforce
Substance use and misuse	Behavioral Health and Recovery, Capistrano Community for Women, Dream Center of Kern County, Flood Ministries, Jason's Retreat, Lincoln Street Retreat Perinatal Services, Teen Challenge, Tobacco Use Prevention Education (TUPE) Kern County
Unintentional injuries	Alliance Against Family Violence, B3K Consortium, Community Action Partnership, Court Appointed Special Advocates of Kern County, Garden Pathways, Jakara Movement, Jim Burke Foundation, Safe Streets Coalition, Valley Children's Healthcare
Violence and community safety	Alliance Against Family Violence, Alpha House, B3K Consortium, Community Action Partnership, Family Justice Center, Garden Pathways, Jakara Movement, Kern Pledge for Education, No Sister Left Behind, Safe Streets Coalition, Violence and Prevention Task Force

## **Merced County**

<b>Significant Needs</b>	<b>Community Resources</b>
Access to care	211, All Dads Matter, Behavioral Health and Recovery Services, Castle Family Health Centers, Catholic Charities of Merced, California Children's Services Medical Therapy Program, Central California Alliance for Health, Central Valley Regional Center,

Significant Needs	Community Resources
Cancer	<p>Community Organizations, County Mental Health Services, Dignity Health, Doctor’s Offices, Federally Qualified Health Centers, Golden Valley Health Centers, GROW Program, Hospitals, Human Services Agency, Livingston Community Health Center, Memorial Hospital Los Banos, Merced County Department of Public Health, Merced County Human Services Agency, Merced County Office of Education, Merced Dignity Health Centers, Merced Faculty Associates, Merced Medical Center, Mercy Medical Center, MFA Medical Group, Planned Parenthood, Public Health Department, Sierra Vista, The Alliance, The Bus, United Way, Valley Children’s Healthcare, Western Dental, WIC</p> <p>Atwater Medical Group, Behavioral Health and Recovery Services, Cancer Center, Castle Family Health Centers, Central Valley Cancer Center, Community Health Centers, Dignity Health, Doctor’s Offices, El Portal Cancer Center</p> <p>Family Care, Golden Valley Health Centers, Hospitals, Imaging Centers in Merced, Memorial Hospital, Merced Cancer Society Foundation, Merced Medical Center, Merced University of California Davis Cancer Center, Mercy Cancer Center, Mercy Hospital, Public Health Department, University of California Davis Cancer Center</p>
Chronic Kidney Disease	DaVita Dialysis, Doctor’s Offices
COVID-19	<p>Behavioral Health and Recovery Services, Binational Health Week, Castle Family Health Centers, COVID Community Outreach, Cultiva La Salud, Dignity Health, Doctor’s Offices, Golden Valley Health Centers, Hospitals, Human Services Agency, Leaders in the Medical Community, Livingston Community Health Center, Merced County, Merced County Board of Supervisors, Merced County Department of Public Health, Merced County Human Services Agency, Merced County Mobile Vaccination Clinic, Merced County Office of Education, Mercy Hospital, Mercy Medical Center, Myturn Website, Online Flyers for Vaccine/Testing Locations, Pharmacies, Public Health Department, Rescue Mission, San Joaquin Drug, School System, State COVID-19 Testing Facilities, UC Merced Center, United Way, Vaccination Clinics, Walgreens</p>
Dementia/Alzheimer’s Disease	<p>Amie Marchini Home Care, Comfort Keepers Home Care, Dignity Health, Doctor’s Offices, Golden Valley Health Centers, Merced County Adult and Aging Services, Pacifica Senior Living Merced, Senior Wyze Senior Care and Assisted Living Merced</p>
Diabetes	<p>CalFresh, Castle Family Health Centers, Community Classes, Community Organizations, Diabetes Nurse Educators, Dialysis Centers, Dignity Health, Doctor’s Offices, Family Care, Family Clinic of Merced, Farmer’s Market, First 5 Merced County, General Medicine Clinic Center for Diabetes, Golden Valley Health Centers, Grocery Stores, Hospitals, Lifetime of Wellness, Merced County Behavioral Health and Recovery Services, Merced County Department of Public Health, Merced County Health Department, Merced County Office of Education, Merced Family Resource Center, Merced North Valley Outpatient, Mercy Medical Center, MFA Medical Group, National Diabetes Prevention Program, Nutrition Services, Public Health Department, School System, SNAP-Ed, The Alliance, Weight Watchers, WIC, Zumba</p>
Disabilities	<p>Alternative Therapies, Dignity Health, Doctor’s Offices, Hospitals, Mental Health Services, Merced County Human Services Agency, Physical Therapy, School System,</p>

<b>Significant Needs</b>	<b>Community Resources</b>
	Senior Center, Special Need Organizations
Heart Disease	American Heart Association, Atwater Medical Group, Behavioral Health and Recovery Services, Community Organizations, Dignity Health, Doctor's Offices, Golden Valley Health Centers, Home Health Services, Hospitals, Insurance, Merced County Department of Public Health, Merced County Office of Education, Merced Medical Center, Public Health Department, Referral Sites, Stanford, The Heart Center
Infant and Child Health	Aspiranet, Behavioral Health and Recovery Services, California Children Services, Castle Family Health Centers, Challenged Family Resource Center, Children's System of Care, City Council, Dignity Health, Doctor's Offices, EPC Children's Center, Golden Valley Health Centers, Hospitals, Human Services Agency, Medi-Cal, Merced County Behavioral Health and Recovery Services, Merced County Crisis and Services Unit, Merced County Department of Public Health, Merced County First 5 Merced County, Merced County Human Services Agency, Merced County Office of Education, Merced Family Resource Center, Parks and Recreation, Public Health Department, Resources For Foster Youth, Main Street Center, School System, The Alliance, Urgent Care, Valley Children's Healthcare, WIC
Infant and Family Planning	ACE Overcomers, All Dads Matter, Alpha Pregnancy Center, Castle Family Health Centers, Central Valley Regional Center, Child Care Services and Centers, Dignity Health, Doctor's Offices, Early Head Start, Family Pact, Family Resource Center, First 5 Merced County, Golden Valley Health Centers, Help Me Grow, Hospitals, Human Services Agency, Merced County Department of Public Health, Merced County Office of Education, Mercy Hospital, Nurse Family Partnership, Planned Parenthood, Public Health Department, School System, WIC
Injury and Violence	A Woman's Place, All Dads Matter, Behavioral Health and Recovery Services, Brett Green Domestic Violence, California Highway Patrol, Churches, Girls and Boys Clubs, Law Enforcement, Merced City Police, Merced County Behavioral Health and Recovery Services, Merced County Office of Education, Merced County Sheriff, Merced Police Department and Sheriff's Department, Probation, Public Health Department, School System, Tranquility Village, Valley Crisis Center, Victims of Crime
Mental Health	ACE Overcomers, Alternative Therapies, Behavioral Health, Behavioral Health and Recovery Services, Castle Family Health Centers, Catholic Counseling Center, Central Valley Regional Center, Central Valley Suicide Prevention, Common Spirit, Community Social Workers, County Mental Health Services, Crisis Intervention Outpatient Services, Dignity Health, Doctor's Offices, Family Care Clinic Behavioral Health, Golden Valley Health Centers, Health Department, Hobie House, Homeless Shelter, Hospitals, Law Enforcement, Livingston Medical Group, Inc., Marge Eck, Marie Green Center, Mental Agency, Mental Health Department, Merced Behavioral Health Center, Merced County Behavioral Health and Recovery Services, Merced County Department of Mental Health, Merced County Department of Public Health, Merced County Human Services Agency, Merced County Navigation Center, Merced County Office of Education, Merced Family Resource Center, Merced Health Treatment Center of Merced, NAMI Merced, New Direction Facility, Parent Cafe, Pastors, Public Health Department, Recovery Assistance for Teens, School System, Shaula Brent, Sierra Vista, Support

<b>Significant Needs</b>	<b>Community Resources</b>
	Groups, TAY Wellness Center, The Cube, Tranquility Village, University of California Merced Student Clinic
Needs of Pregnant Women/New Moms	All Moms Matter, Alpha Pregnancy Center, Castle Family Health Centers, Dignity Health, Doctor's Offices, Doulas, Family Pact, First 5 Merced County, Golden Valley Health Centers, Human Resources Agency, J and J Maternity House, La Leche League, Memorial Hospital Los Banos, Merced County Behavioral Health and Recovery Services, Merced County Department of Public Health, Merced County Human Services Agency, Merced County Office of Education, Merced Family Resource Center, Mercy Hospital, Perinatal Recovery Program Merced, Planned Parenthood, Public Health Department, Tranquility Village, UC Merced Center, WIC
Nutrition, Physical Activity, and Weight	Boys and Girls Club, Building Healthy Communities, Catholic Charities of Merced, Faith-Based Organizations, First 5 Merced County, Fitness Centers/Gyms, Food Banks, Four Winds Child Care Food Program, Girls and Boys Clubs, In-Shape, Merced City Schools, Merced County Department of Public Health, Merced County Food Bank, Merced County Office of Education, Mercy Hospital, Parks and Recreation, People's Fridge, Public Health Department, Rockin' Jump, Roller Land, School System, Senior Center, Senior Center Cafe, Students With Aspiring Goals, Weight Watchers, WIC
Oral Health	ABC Dental, Castle Family Health Centers, Dentist's Offices, Doctor's Offices, Golden Valley Health Centers, Livingston Medical Group, Inc., Merced County Department of Public Health, Public Health Department, Tzu Chi Event, Western Dental
Respiratory Diseases	Air Resources Board, American Lung Association, Asthma Coalition, Baz Allergy, Asthma & Sinus Center, Central Valley Allergy and Asthma Med Association, Inc., Children's Hospital, Dignity Health, Doctor's Offices, Golden Valley Health Centers, Human Services Agency, Merced County Health Department, Merced Lung and Sleep, Merced Mariposa County Asthma Coalition, Merced Medical Center, Merced Network of Care, Mercy Hospital, Mercy Medical Center, Pacific Pulmonary Services, Public Health Department, Respiratory Therapy, School System, University of California Merced Center, Valley Children's Healthcare
Sexual Health	Doctor's Offices, Family Pact, Golden Valley Health Centers, Merced County Department of Public Health, Planned Parenthood
Substance Abuse	AA/NA, ACE Overcomers, Aegis Treatment Centers, All Dads Matter, Adult Outpatient Drug Programs, Behavioral Health, Behavioral Health and Recovery Services, Celebrate Recovery, Churches, Dignity Health, Doctor's Offices, Drug and Alcohol Recovery Program, Hobie House, Merced County Behavioral Health and Recovery Services, Merced Rescue Mission, NAMI Merced, Public Health Department, Recovery Assistance for Teens, Recovery Housing Programs, Rehabilitation, Rescue Mission, Restorative Justice, Salvation Army, Substance Abuse Services, The Center, Tranquility Village, Yosemite Church Celebrate Recovery

## **Stanislaus County**

<b>Significant Needs</b>	<b>Community Resources</b>
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Access to Care, Specialty Care	211, Center for Human Services, El Concilio, Family Resource Centers, Golden Valley Health Centers, St. Luke’s Family Practice, Sierra Vista Child & Family Services, West Modesto Community Collaborative, Valley Children’s Healthcare
Active Living and Healthy Eating	First 5, Head Start, Turlock Community Gardens, West Modesto Community Collaborative
Economic Insecurity	Bridge Resource Center, CalFresh, Center for Human Services, El Concilio, First 5 Gospel Rescue Mission, WIC
Education and Technology	Family Literacy Center, Family Resource Centers
Food Insecurity	Bridge Resource Center, CalFresh, El Concilio, First 5, Gospel Rescue Mission, Head Start, WIC
Housing and Homelessness	Bridge Resource Center, Gospel Rescue Mission, Modesto Center for Human Services, Salvation Army Haig & Isabel Berberian Shelter and Transitional Living
Mental Health and Substance Use	Bridge Resource Center, CASA, Center for Human Services, Children’s Crisis Center, County Behavioral Health and Recovery Services, El Concilio, Focus on Children Under Stress, Golden Valley Health Centers, Sierra Vista Child & Family Services, Stanislaus County Behavioral Health and Recovery Services, West Modesto Community Collaborative
Safe and Violence Free Environment	The Bridge Resource Center, El Concilio, Family Justice Center, Haven for Domestic Violence, Without Permission