# Table Of Contents

## INTRODUCTION

- **Project Overview** .......................................................... 6
  - Project Goals .................................................................. 6
  - Methodology .................................................................. 6
- **Summary of Findings** ...................................................... 12
  - Areas of Opportunity for Community Health Improvement .. 12
  - Summary Tables: Comparisons With Benchmark Data ........ 13

## GENERAL HEALTH STATUS

- **Overall Health Status** ..................................................... 27
  - Self-Reported Health Status ............................................. 27
  - Activity Limitations ...................................................... 29
- **Mental Health & Mental Disorders** ................................. 32
  - Mental Health Status ...................................................... 33
  - Depression .................................................................... 34
  - Stress ........................................................................... 36
  - Suicide .......................................................................... 38
  - Mental Health Treatment ................................................ 39
  - Children & ADD/ADHD .................................................... 40

## DEATH, DISEASE & CHRONIC CONDITIONS

- **Leading Causes of Death** .............................................. 42
  - Distribution of Deaths by Cause ..................................... 42
  - Age-Adjusted Death Rates for Selected Causes ............... 42
- **Cardiovascular Disease** ............................................... 44
  - Age-Adjusted Heart Disease & Stroke Deaths ................. 44
  - Prevalence of Heart Disease & Stroke ......................... 48
  - Cardiovascular Risk Factors .......................................... 50
- **Cancer** ......................................................................... 57
  - Age-Adjusted Cancer Deaths ......................................... 57
  - Prevalence of Cancer .................................................... 59
  - Cancer Screenings ....................................................... 60
- **Respiratory Disease** .................................................... 66
  - Age-Adjusted Respiratory Disease Deaths ..................... 67
  - Prevalence of Respiratory Conditions ......................... 70
- **Injury & Violence** ....................................................... 73
  - Leading Causes of Accidental Death .............................. 74
  - Unintentional Injury ..................................................... 74
  - Intentional Injury (Violence) .......................................... 82
- **Diabetes** ........................................................................ 89
  - Age-Adjusted Diabetes Deaths ..................................... 89
  - Prevalence of Diabetes ................................................ 91
  - Diabetes Treatment ...................................................... 92
- **Alzheimer’s Disease** .................................................... 93
  - Age-Adjusted Alzheimer’s Disease Deaths ..................... 93
- **Kidney Disease** ............................................................ 95
  - Age-Adjusted Kidney Disease Deaths ............................. 95
- **Potentially Disabling Conditions** .................................. 96
  - Arthritis, Osteoporosis, & Chronic Pain ....................... 96
  - Vision & Hearing Impairment ....................................... 99
INFECTIONOUS DISEASE

Vaccine-Preventable Conditions
- Measles, Mumps, Rubella
- Pertussis
- Acute Hepatitis C

Influenza & Pneumonia Vaccination
- Flu Vaccinations
- Pneumonia Vaccination

Tuberculosis

HIV
- Age-Adjusted HIV/AIDS Deaths
- HIV Testing

Sexually Transmitted Diseases
- Gonorrhea
- Syphilis
- Chlamydia
- Acute Hepatitis B
- Safe Sexual Practices

BIRTHS

Prenatal Care

Birth Outcomes & Risks
- Low-Weight Births
- Infant Mortality

Family Planning
- Births to Teen Mothers

MODIFIABLE HEALTH RISKS

Actual Causes Of Death

Nutrition
- Daily Recommendation of Fruits/Vegetables
- Health Advice About Diet & Nutrition

Physical Activity
- Level of Activity at Work
- Leisure-Time Physical Activity
- Activity Levels
- Health Advice About Physical Activity & Exercise
- Children’s Screen Time

Weight Status
- Adult Weight Status
- Weight Management
- Childhood Overweight & Obesity

Substance Abuse
- Age-Adjusted Cirrhosis/Liver Disease Deaths
- High-Risk Alcohol Use
- Age-Adjusted Drug-Induced Deaths
- Illicit Drug Use
- Alcohol & Drug Treatment

Tobacco Use
- Cigarette Smoking
- Other Tobacco Use
ACCESS TO HEALTH SERVICES ...................... 162

Health Insurance Coverage .................................................. 163
  Type of Healthcare Coverage ........................................... 163
  Lack of Health Insurance Coverage ................................... 164

Difficulties Accessing Healthcare ........................................ 167
  Difficulties Accessing Services ......................................... 167
  Barriers to Healthcare Access .......................................... 168
  Prescriptions ........................................................................ 169
  Accessing Healthcare for Children .................................... 170

Primary Care Services ............................................................. 171
  Specific Source of Ongoing Care ....................................... 171
  Utilization of Primary Care Services .................................... 173

Emergency Room Utilization ................................................ 175

Oral Health ............................................................................. 176
  Dental Care .......................................................................... 177
  Dental Insurance .................................................................. 178

Vision Care ............................................................................. 179

HEALTH EDUCATION & OUTREACH ......................... 180

Healthcare Information Sources ........................................ 181
  Participation in Health Promotion Events .......................... 182

LOCAL HEALTHCARE .......................................................... 184

  Perceptions of Local Healthcare Services ......................... 185
INTRODUCTION
Project Overview

Project Goals

This Community Health Needs Assessment is a systematic, data-driven approach to determining the health status, behaviors and needs of residents in Merced County. Subsequently, this information may be used to inform decisions and guide efforts to improve community health and wellness.

A Community Health Needs Assessment provides information so that communities may identify issues of greatest concern and decide to commit resources to those areas, thereby making the greatest possible impact on community health status. This Community Health Needs Assessment will serve as a tool toward reaching three basic goals:

- **To improve residents’ health status, increase their life spans, and elevate their overall quality of life.** A healthy community is not only one where its residents suffer little from physical and mental illness, but also one where its residents enjoy a high quality of life.

- **To reduce the health disparities among residents.** By gathering demographic information along with health status and behavior data, it will be possible to identify population segments that are most at-risk for various diseases and injuries. Intervention plans aimed at targeting these individuals may then be developed to combat some of the socio-economic factors which have historically had a negative impact on residents’ health.

- **To increase accessibility to preventive services for all community residents.** More accessible preventive services will prove beneficial in accomplishing the first goal (improving health status, increasing life spans, and elevating the quality of life), as well as lowering the costs associated with caring for late-stage diseases resulting from a lack of preventive care.

This assessment was conducted on behalf of Mercy Medical Center Merced by Professional Research Consultants, Inc. (PRC). PRC is a nationally-recognized healthcare consulting firm with extensive experience conducting Community Health Needs Assessments such as this in hundreds of communities across the United States since 1994.

Methodology

This assessment incorporates data from primary research (the PRC Community Health Survey) and secondary research (vital statistics and other existing health-related data). It also allows for trending and comparison to benchmark data at the state and national levels.
Survey Instrument

The survey instrument used for this study is 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 the Mercy Medical Center Merced and PRC.

Community Defined for This Assessment

The study area for the survey effort (referred to as “Merced County” in this report) includes the following ZIP Codes: 93620, 93635, 93665, 95301, 95303, 95312, 95315, 95317, 95322, 95324, 95333, 95334, 95340, 95341, 95348, 95365, 95369, 95374 and 95388. A geographic description is illustrated in the following map.

Sample Approach & Design

A precise and carefully executed methodology is critical in asserting the validity of the results gathered in the PRC Community Health Survey. Thus, to ensure the best representation of the population surveyed, a telephone interview methodology — one that incorporates both landline and cell phone interviews — was employed. The primary advantages of telephone interviewing are timeliness, efficiency and random-selection capabilities.

The sample design used for this effort consisted of a random sample of 400 individuals age 18 and older in Merced County. Once the interviews were completed, these were weighted in proportion to the actual population distribution so as to appropriately represent Merced County as a whole. All administration of the surveys, data collection and data analysis was conducted by Professional Research Consultants, Inc. (PRC).
Sampling Error

For statistical purposes, the maximum rate of error associated with a sample size of 400 respondents is ±4.9% at the 95 percent level of confidence.

**Expected Error Ranges for a Sample of 400 Respondents at the 95 Percent Level of Confidence**

Note: ● The “response rate” (the percentage of a population giving a particular response) determines the error rate associated with that response.
Example: if 10% of the sample of 400 respondents answered a certain question with a “yes,” it can be asserted that between 7.1% and 12.9% (10% ± 2.9%) of the total population would offer this response.

Sample Characteristics

To accurately represent the population studied, PRC strives to minimize bias through application of a proven telephone methodology and random-selection techniques. And, while this random sampling of the population produces a highly representative sample, it is a common and preferred practice to “weight” the raw data to improve this representativeness even further. This is accomplished by adjusting the results of a random sample to match the geographic distribution and demographic characteristics of the population surveyed (poststratification), so as to eliminate any naturally occurring bias. Specifically, once the raw data are gathered, respondents are examined by key demographic characteristics (namely gender, age, race, ethnicity, and poverty status) and a statistical application package applies weighting variables that produce a sample which more closely matches the population for these characteristics. Thus, while the integrity of each individual’s responses is maintained, one respondent’s responses may contribute to the whole the same weight as, for example, 1.1 respondents. Another respondent, whose demographic characteristics may have been slightly oversampled, may contribute the same weight as 0.9 respondents.

The following chart outlines the characteristics of the Merced County sample for key demographic variables, compared to actual population characteristics revealed in census data. [Note that the sample consisted solely of area residents age 18 and older; data on children were given by proxy by the person most responsible for that child’s healthcare needs, and these children are not represented demographically in this chart.]
Further note that the poverty descriptions and segmentation used in this report are based on administrative poverty thresholds determined by the US Department of Health & Human Services. These guidelines define poverty status by household income level and number of persons in the household (e.g., the 2012 guidelines place the poverty threshold for a family of four at $23,050 annual household income or lower). In sample segmentation: “low income” refers to community members living in a household with defined poverty status or living just above the poverty level, earning up to twice the poverty threshold; “mid/high income” refers to those households living on incomes which are twice or more the federal poverty level.

The sample design and the quality control procedures used in the data collection ensure that the sample is representative. Thus, the findings may be generalized to the total population of community members in the defined area with a high degree of confidence.

Public Health, Vital Statistics & Other Data

A variety of existing (secondary) data sources was consulted to complement the research quality of this Community Health Needs Assessment. Data for Merced County were obtained from the following sources (specific citations are included with the graphs throughout this report):

- Centers for Disease Control & Prevention
- GeoLytics Demographic Estimates & Projections
- National Center for Health Statistics
- California Uniform Crime Report
- California Department of Justice
- Center for Social Services Research, University of Berkeley
- California Department of Public Health
- US Census Bureau
- US Department of Health and Human Services
- US Department of Justice, Federal Bureau of Investigation
Benchmark Data

California Risk Factor Data

Statewide risk factor data are provided where available as an additional benchmark against which to compare local survey findings; these data are reported in the most recent BRFSS (Behavioral Risk Factor Surveillance System) Prevalence and Trend Data published by the Centers for Disease Control and Prevention and the US Department of Health & Human Services. State-level vital statistics are also provided for comparison of secondary data indicators.

Nationwide Risk Factor Data

Nationwide risk factor data, which are also provided in comparison charts, are taken from the 2011 PRC National Health Survey; the methodological approach for the national study is identical to that employed in this assessment, and these data may be generalized to the US population with a high degree of confidence. National-level vital statistics are also provided for comparison of secondary data indicators.

Healthy People 2020

Healthy People provides science-based, 10-year national objectives for improving the health of all Americans. The Healthy People initiative is grounded in the principle that setting national objectives and monitoring progress can motivate action. For three decades, Healthy People has established benchmarks and monitored progress over time in order to:

- Encourage collaborations across sectors.
- Guide individuals toward making informed health decisions.
- Measure the impact of prevention activities.

Healthy People 2020 is the product of an extensive stakeholder feedback process that is unparalleled in government and health. It integrates input from public health and prevention experts, a wide range of federal, state and local government officials, a consortium of more than 2,000 organizations, and perhaps most importantly, the public. More than 8,000 comments were considered in drafting a comprehensive set of Healthy People 2020 objectives.

Information Gaps

While this assessment is quite comprehensive, it cannot measure all possible aspects of health in the community, nor can it adequately represent all possible populations of interest. It must be recognized that these information gaps might in some ways limit the ability to assess all of the community’s health needs.

For example, certain population groups — such as the homeless, institutionalized persons, or those who only speak a language other than English or Spanish — are not represented in the survey data. Other population groups — for example, pregnant women, lesbian/gay/bisexual/transgender residents, undocumented residents, and members of certain racial/ethnic or immigrant groups — might not be identifiable or might not be represented in numbers sufficient for independent analyses.
In terms of content, this assessment was designed to provide a comprehensive and broad picture of the health of the overall community. However, there are certainly a great number of medical conditions that are not specifically addressed.
Areas of Opportunity for Community Health Improvement

The following “health priorities” represent recommended areas of intervention, based on the information gathered through this Community Health Needs Assessment and the guidelines set forth in Healthy People 2020. From these data, opportunities for health improvement exist in the region with regard to the following health areas (see also the summary tables presented in the following section).

These areas of concern are subject to the discretion of area providers, the steering committee, or other local organizations and community leaders as to actionability and priority.

### Areas of Opportunity Identified Through This Assessment

<table>
<thead>
<tr>
<th>Area</th>
<th>Areas of Opportunity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Access to Health Services</td>
<td>• Lack of Healthcare Coverage&lt;br&gt;• Insurance Instability&lt;br&gt;• Barriers to Healthcare Access&lt;br&gt;• Rating of Local Healthcare Services</td>
</tr>
<tr>
<td>Cancer</td>
<td>• Female Breast Cancer Deaths</td>
</tr>
<tr>
<td>Diabetes</td>
<td>• Diabetes Mellitus Deaths</td>
</tr>
<tr>
<td>Family Planning</td>
<td>• Teen Births</td>
</tr>
<tr>
<td>Heart Disease &amp; Stroke</td>
<td>• Heart Disease Deaths&lt;br&gt;• Stroke Deaths&lt;br&gt;• Blood Pressure Screenings&lt;br&gt;• Blood Cholesterol Screenings</td>
</tr>
<tr>
<td>Injury &amp; Violence Prevention</td>
<td>• Unintentional Injury Deaths (Including Motor Vehicle Crashes)&lt;br&gt;• Homicide Rate&lt;br&gt;• Violent Crime Rate</td>
</tr>
<tr>
<td>Mental Health &amp; Mental Disorders</td>
<td>• “Fair/Poor” Mental Health&lt;br&gt;• Symptoms of Chronic Depression</td>
</tr>
<tr>
<td>Nutrition, Physical Activity &amp; Weight Status</td>
<td>• Obesity&lt;br&gt;• Screen Time (Children)</td>
</tr>
<tr>
<td>Oral Health</td>
<td>• Recent Dental Care (Adults)&lt;br&gt;• Dental Insurance Coverage</td>
</tr>
<tr>
<td>Respiratory Diseases</td>
<td>• Chronic Lower Respiratory Disease Deaths&lt;br&gt;• Asthma Prevalence (Adults)</td>
</tr>
<tr>
<td>Vision</td>
<td>• Blindness/Trouble Seeing&lt;br&gt;• Recent Eye Exams</td>
</tr>
</tbody>
</table>
Summary Tables: Comparisons With Benchmark Data

The following tables provide an overview of indicators in Merced County, including comparisons among the individual communities. These data are grouped to correspond with the Focus Areas presented in Healthy People 2020.

Reading the Summary Tables

- In the following charts, Merced County results are shown in the larger, blue column.

- The columns to the right of the Merced County column provide comparisons between Merced County and any available state and national findings, and Healthy People 2020 targets. Again, symbols indicate whether Merced County compares favorably (○), unfavorably (●), or comparably (□) to these external data.

Note that blank table cells signify that data are not available or are not reliable for that area and/or for that indicator.
<table>
<thead>
<tr>
<th>Access to Health Services</th>
<th>Merced County</th>
<th>Merced County vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>% [Age 18-64] Lack Health Insurance</td>
<td>25.2</td>
<td>vs. CA: 20.9 vs. US: 14.9 vs. HP2020: 0.0</td>
</tr>
<tr>
<td>% [65+] With Medicare Supplement Insurance</td>
<td>69.0</td>
<td></td>
</tr>
<tr>
<td>% [Insured] Insurance Covers Prescriptions</td>
<td>92.8</td>
<td></td>
</tr>
<tr>
<td>% [Insured] Went Without Coverage in Past Year</td>
<td>10.7</td>
<td></td>
</tr>
<tr>
<td>% Difficulty Accessing Healthcare in Past Year (Composite)</td>
<td>46.6</td>
<td></td>
</tr>
<tr>
<td>% Inconvenient Hrs Prevented Dr Visit in Past Year</td>
<td>16.9</td>
<td></td>
</tr>
<tr>
<td>% Cost Prevented Getting Prescription in Past Year</td>
<td>21.5</td>
<td></td>
</tr>
<tr>
<td>% Cost Prevented Physician Visit in Past Year</td>
<td>21.1</td>
<td></td>
</tr>
<tr>
<td>% Difficulty Getting Appointment in Past Year</td>
<td>18.4</td>
<td></td>
</tr>
<tr>
<td>% Difficulty Finding Physician in Past Year</td>
<td>15.6</td>
<td></td>
</tr>
<tr>
<td>% Transportation Hindered Dr Visit in Past Year</td>
<td>12.2</td>
<td></td>
</tr>
<tr>
<td>% Skipped Prescription Doses to Save Costs</td>
<td>15.3</td>
<td></td>
</tr>
<tr>
<td>% Difficulty Getting Child's Healthcare in Past Year</td>
<td>5.4</td>
<td></td>
</tr>
<tr>
<td>% [Age 18+] Have a Specific Source of Ongoing Care</td>
<td>75.1</td>
<td></td>
</tr>
<tr>
<td>% Have Had Routine Checkup in Past Year</td>
<td>63.1</td>
<td></td>
</tr>
<tr>
<td>% Child Has Had Checkup in Past Year</td>
<td>84.4</td>
<td></td>
</tr>
<tr>
<td>% Two or More ER Visits in Past Year</td>
<td>8.3</td>
<td></td>
</tr>
</tbody>
</table>
### Access to Health Services (continued)

<table>
<thead>
<tr>
<th>Merced County vs. Benchmarks</th>
<th>Merced County</th>
<th>vs. CA</th>
<th>vs. US</th>
<th>vs. HP2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>% Rate Local Healthcare &quot;Fair/Poor&quot;</td>
<td>29.7</td>
<td></td>
<td></td>
<td>15.3</td>
</tr>
</tbody>
</table>

Note: A blank or empty cell indicates that data are not available for this indicator.

### Arthritis, Osteoporosis & Chronic Back Conditions

<table>
<thead>
<tr>
<th>Merced County vs. Benchmarks</th>
<th>Merced County</th>
<th>vs. CA</th>
<th>vs. US</th>
<th>vs. HP2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>% [50+] Arthritis/Rheumatism</td>
<td>39.3</td>
<td></td>
<td></td>
<td>35.4</td>
</tr>
<tr>
<td>% [50+] Osteoporosis</td>
<td>12.2</td>
<td></td>
<td></td>
<td>11.4 5.3</td>
</tr>
<tr>
<td>% Sciatica/Chronic Back Pain</td>
<td>22.9</td>
<td></td>
<td></td>
<td>21.5</td>
</tr>
<tr>
<td>% Migraine/Severe Headaches</td>
<td>18.2</td>
<td></td>
<td></td>
<td>16.9</td>
</tr>
<tr>
<td>% Chronic Neck Pain</td>
<td>12.9</td>
<td></td>
<td></td>
<td>8.3</td>
</tr>
</tbody>
</table>

Note: A blank or empty cell indicates that data are not available for this indicator.
## Cancer

<table>
<thead>
<tr>
<th>Cancer</th>
<th>Merced County</th>
<th>vs. CA</th>
<th>vs. US</th>
<th>vs. HP2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cancer (Age-Adjusted Death Rate)</td>
<td>159.3</td>
<td>🌠</td>
<td>🌞</td>
<td>🌠</td>
</tr>
<tr>
<td></td>
<td>160.3</td>
<td>🌞</td>
<td>178.1</td>
<td>160.6</td>
</tr>
<tr>
<td>Lung Cancer (Age-Adjusted Death Rate)</td>
<td>46.0</td>
<td>🌟</td>
<td>🌞</td>
<td>🌠</td>
</tr>
<tr>
<td></td>
<td>39.2</td>
<td>🌟</td>
<td>50.5</td>
<td>45.5</td>
</tr>
<tr>
<td>Prostate Cancer (Age-Adjusted Death Rate)</td>
<td>19.6</td>
<td>🌞</td>
<td>🌞</td>
<td>🌞</td>
</tr>
<tr>
<td></td>
<td>22.2</td>
<td>🌞</td>
<td>23.1</td>
<td>21.2</td>
</tr>
<tr>
<td>Female Breast Cancer (Age-Adjusted Death Rate)</td>
<td>24.7</td>
<td>🌟</td>
<td>🌟</td>
<td>🌏</td>
</tr>
<tr>
<td></td>
<td>22.0</td>
<td>🌟</td>
<td>23.0</td>
<td>20.6</td>
</tr>
<tr>
<td>Colorectal Cancer (Age-Adjusted Death Rate)</td>
<td>13.5</td>
<td>🌞</td>
<td>🌞</td>
<td>🌞</td>
</tr>
<tr>
<td></td>
<td>15.1</td>
<td>🌞</td>
<td>16.8</td>
<td>14.5</td>
</tr>
<tr>
<td>% Skin Cancer</td>
<td>3.8</td>
<td>🌞</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Cancer (Other Than Skin)</td>
<td>3.7</td>
<td>🌞</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% [Men 50+] Prostate Exam in Past 2 Years</td>
<td>70.9</td>
<td>🌞</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% [Women 50-74] Mammogram in Past 2 Years</td>
<td>77.2</td>
<td>🌞</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% [Women 21-65] Pap Smear in Past 3 Years</td>
<td>85.1</td>
<td>🌞</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% [Age 50+] Sigmoid/Colonoscopy Ever</td>
<td>66.1</td>
<td>🌞</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% [Age 50+] Blood Stool Test in Past 2 Years</td>
<td>34.1</td>
<td>🌞</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% [Age 50-75] Colorectal Cancer Screening</td>
<td>70.4</td>
<td>🌞</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note: A blank or empty cell indicates that data are not available for this indicator.

## Chronic Kidney Disease

<table>
<thead>
<tr>
<th>Chronic Kidney Disease</th>
<th>Merced County</th>
<th>vs. CA</th>
<th>vs. US</th>
<th>vs. HP2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kidney Disease (Age-Adjusted Death Rate)</td>
<td>3.8</td>
<td>🌞</td>
<td>🌞</td>
<td>14.6</td>
</tr>
<tr>
<td></td>
<td>8.1</td>
<td>🌞</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note: A blank or empty cell indicates that data are not available for this indicator.
### Diabetes

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Merced County</th>
<th>vs. CA</th>
<th>vs. US</th>
<th>vs. HP2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diabetes Mellitus (Age-Adjusted Death Rate)</td>
<td>25.8</td>
<td>21.7</td>
<td>22.5</td>
<td>19.6</td>
</tr>
<tr>
<td>% Diabetes/High Blood Sugar</td>
<td>12.0</td>
<td>8.6</td>
<td>10.1</td>
<td></td>
</tr>
</tbody>
</table>

Note: A blank or empty cell indicates that data are not available for this indicator.

### Dementias, Including Alzheimer's Disease

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Merced County</th>
<th>vs. CA</th>
<th>vs. US</th>
<th>vs. HP2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alzheimer's Disease (Age-Adjusted Death Rate)</td>
<td>18.5</td>
<td>25.4</td>
<td>23.2</td>
<td></td>
</tr>
</tbody>
</table>

Note: A blank or empty cell indicates that data are not available for this indicator.

### Educational & Community-Based Programs

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Merced County</th>
<th>vs. CA</th>
<th>vs. US</th>
<th>vs. HP2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>% Attended Health Event in Past Year</td>
<td>14.8</td>
<td>22.2</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note: A blank or empty cell indicates that data are not available for this indicator.

### Family Planning

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Merced County</th>
<th>vs. CA</th>
<th>vs. US</th>
<th>vs. HP2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>% Births to Teenagers</td>
<td>13.2</td>
<td>9.3</td>
<td>10.3</td>
<td></td>
</tr>
</tbody>
</table>

Note: A blank or empty cell indicates that data are not available for this indicator.
### General Health Status

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Merced County</th>
<th>Merced County vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>% &quot;Fair/Poor&quot; Physical Health</td>
<td>23.6</td>
<td>🌸 18.1</td>
</tr>
<tr>
<td>% Activity Limitations</td>
<td>17.7</td>
<td>🌸 18.1</td>
</tr>
</tbody>
</table>

Note: A blank or empty cell indicates that data are not available for this indicator.

### Hearing & Other Sensory or Communication Disorders

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Merced County</th>
<th>Merced County vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>% Deafness/Trouble Hearing</td>
<td>10.6</td>
<td>🌸 9.6</td>
</tr>
</tbody>
</table>

Note: A blank or empty cell indicates that data are not available for this indicator.

### Heart Disease & Stroke

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Merced County</th>
<th>Merced County vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diseases of the Heart (Age-Adjusted Death Rate)</td>
<td>207.5</td>
<td>🌸 180.2</td>
</tr>
<tr>
<td>Stroke (Age-Adjusted Death Rate)</td>
<td>49.9</td>
<td>🌸 42.3</td>
</tr>
<tr>
<td>% Heart Disease (Heart Attack, Angina, Coronary Disease)</td>
<td>6.8</td>
<td>🌸 6.1</td>
</tr>
<tr>
<td>% Stroke</td>
<td>4.2</td>
<td>🌸 2.3</td>
</tr>
<tr>
<td>% Blood Pressure Checked in Past 2 Years</td>
<td>91.0</td>
<td>🌸 94.7</td>
</tr>
<tr>
<td>% Told Have High Blood Pressure (Ever)</td>
<td>33.1</td>
<td>🌸 25.7</td>
</tr>
<tr>
<td>% [HBP] Taking Action to Control High Blood Pressure</td>
<td>89.8</td>
<td>🌸 89.1</td>
</tr>
<tr>
<td>% Cholesterol Checked in Past 5 Years</td>
<td>83.5</td>
<td>🌸 74.5</td>
</tr>
<tr>
<td>% Told Have High Cholesterol (Ever)</td>
<td>29.1</td>
<td>🌸 36.5</td>
</tr>
<tr>
<td>% [HBC] Taking Action to Control High Blood Cholesterol</td>
<td>87.8</td>
<td>🌸 89.1</td>
</tr>
</tbody>
</table>
### Heart Disease & Stroke (continued)

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Merced County</th>
<th>vs. CA</th>
<th>vs. US</th>
<th>vs. HP2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>% 1+ Cardiovascular Risk Factor</td>
<td>84.7</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note: A blank or empty cell indicates that data are not available for this indicator.

### HIV

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Merced County</th>
<th>vs. CA</th>
<th>vs. US</th>
<th>vs. HP2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIV/AIDS (Age-Adjusted Death Rate)</td>
<td>2.1</td>
<td>3.3</td>
<td>3.9</td>
<td>3.3</td>
</tr>
<tr>
<td>% [Age 18-44] HIV Test in the Past Year</td>
<td>16.1</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note: A blank or empty cell indicates that data are not available for this indicator.

### Immunization & Infectious Diseases

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Merced County</th>
<th>vs. CA</th>
<th>vs. US</th>
<th>vs. HP2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pertussis per 100,000</td>
<td>1.8</td>
<td>2.1</td>
<td>4.5</td>
<td></td>
</tr>
<tr>
<td>Hepatitis C, non-A non-B Incidence per 100,000</td>
<td>0.0</td>
<td>0.1</td>
<td>0.3</td>
<td>0.2</td>
</tr>
<tr>
<td>% [Age 65+] Flu Shot in Past Year</td>
<td>69.0</td>
<td>63.0</td>
<td>71.6</td>
<td>90.0</td>
</tr>
<tr>
<td>% [High-Risk 18-64] Flu Shot in Past Year</td>
<td>49.6</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% [Age 65+] Pneumonia Vaccine Ever</td>
<td>64.1</td>
<td>62.6</td>
<td>68.1</td>
<td>90.0</td>
</tr>
<tr>
<td>% [High-Risk 18-64] Pneumonia Vaccine Ever</td>
<td>35.9</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tuberculosis Incidence per 100,000</td>
<td>3.0</td>
<td>6.5</td>
<td>3.9</td>
<td>1.0</td>
</tr>
<tr>
<td>% Ever Vaccinated for Hepatitis B</td>
<td>36.3</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note: A blank or empty cell indicates that data are not available for this indicator.
<table>
<thead>
<tr>
<th>Injury &amp; Violence Prevention</th>
<th>Merced County</th>
<th>vs. CA</th>
<th>vs. US</th>
<th>vs. HP2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unintentional Injury (Age-Adjusted Death Rate)</td>
<td>43.3</td>
<td>30.9</td>
<td>39.5</td>
<td>36.0</td>
</tr>
<tr>
<td>Motor Vehicle Crashes (Age-Adjusted Death Rate)</td>
<td>20.3</td>
<td>11.2</td>
<td>14.1</td>
<td>12.4</td>
</tr>
<tr>
<td>% &quot;Always&quot; Wear Seat Belt</td>
<td>91.1</td>
<td></td>
<td>85.3</td>
<td>92.4</td>
</tr>
<tr>
<td>% Child [Age 0-17] &quot;Always&quot; Uses Seat Belt/Car Seat</td>
<td>96.7</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Child [Age 5-17] &quot;Always&quot; Wears Bicycle Helmet</td>
<td>50.3</td>
<td></td>
<td>35.3</td>
<td></td>
</tr>
<tr>
<td>Firearm-Related Deaths (Age-Adjusted Death Rate)</td>
<td>9.0</td>
<td>8.8</td>
<td>10.2</td>
<td>9.2</td>
</tr>
<tr>
<td>% Firearm in Home</td>
<td>30.0</td>
<td></td>
<td>37.9</td>
<td></td>
</tr>
<tr>
<td>% [Homes With Children] Firearm in Home</td>
<td>22.6</td>
<td></td>
<td></td>
<td>34.4</td>
</tr>
<tr>
<td>% [Homes With Firearms] Weapon(s) Unlocked &amp; Loaded</td>
<td>7.0</td>
<td></td>
<td></td>
<td>16.9</td>
</tr>
<tr>
<td>Homicide (Age-Adjusted Death Rate)</td>
<td>7.6</td>
<td>6.4</td>
<td>6.1</td>
<td>5.5</td>
</tr>
<tr>
<td>Violent Crime per 100,000</td>
<td>636.2</td>
<td>482.1</td>
<td>454.1</td>
<td></td>
</tr>
<tr>
<td>% Victim of Violent Crime in Past 5 Years</td>
<td>3.1</td>
<td></td>
<td></td>
<td>1.6</td>
</tr>
<tr>
<td>Domestic Violence Offenses per 100,000</td>
<td>596.1</td>
<td>490.5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Ever Threatened With Violence by Intimate Partner</td>
<td>11.4</td>
<td></td>
<td></td>
<td>11.7</td>
</tr>
<tr>
<td>% Victim of Domestic Violence (Ever)</td>
<td>13.7</td>
<td></td>
<td></td>
<td>13.5</td>
</tr>
<tr>
<td>Child Abuse Offenses per 1,000 Children</td>
<td>61.4</td>
<td></td>
<td></td>
<td>48.4</td>
</tr>
</tbody>
</table>

Note: A blank or empty cell indicates that data are not available for this indicator.
<table>
<thead>
<tr>
<th>Maternal, Infant &amp; Child Health</th>
<th>Merced County vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Merced County</td>
</tr>
<tr>
<td>% Mothers Received Late or No Prenatal Care</td>
<td>7.0</td>
</tr>
<tr>
<td>% of Low Birthweight Births</td>
<td>6.6</td>
</tr>
<tr>
<td>Infant Death Rate</td>
<td>6.1</td>
</tr>
</tbody>
</table>

Note: A blank or empty cell indicates that data are not available for this indicator.

<table>
<thead>
<tr>
<th>Mental Health &amp; Mental Disorders</th>
<th>Merced County vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Merced County</td>
</tr>
<tr>
<td>% &quot;Fair/Poor&quot; Mental Health</td>
<td>17.2</td>
</tr>
<tr>
<td>% Major Depression</td>
<td>9.0</td>
</tr>
<tr>
<td>% Symptoms of Chronic Depression (2+ Years)</td>
<td>37.1</td>
</tr>
<tr>
<td>Suicide (Age-Adjusted Death Rate)</td>
<td>7.8</td>
</tr>
<tr>
<td>% Have Ever Sought Help for Mental Health</td>
<td>20.7</td>
</tr>
<tr>
<td>% Typical Day Is &quot;Extremely/Very&quot; Stressful</td>
<td>10.1</td>
</tr>
<tr>
<td>% Child [Age 5-17] Takes Prescription for ADD/ADHD</td>
<td>2.0</td>
</tr>
</tbody>
</table>

Note: A blank or empty cell indicates that data are not available for this indicator.
### Nutrition & Weight Status

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Merced County</th>
<th>Merced County vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>% Eat 5+ Servings of Fruit or Vegetables per Day</td>
<td>49.3</td>
<td>vs. CA: 48.8, vs. US: 48.8, vs. HP2020: 48.8</td>
</tr>
<tr>
<td>% Medical Advice on Nutrition in Past Year</td>
<td>37.8</td>
<td>vs. CA: 41.9, vs. US: 41.9, vs. HP2020: 41.9</td>
</tr>
<tr>
<td>% Healthy Weight (BMI 18.5-24.9)</td>
<td>28.1</td>
<td>vs. CA: 31.7, vs. US: 33.9, vs. HP2020: 33.9</td>
</tr>
<tr>
<td>% Overweight</td>
<td>70.7</td>
<td>vs. CA: 61.6, vs. US: 66.9, vs. HP2020: 66.9</td>
</tr>
<tr>
<td>% Obese</td>
<td>35.9</td>
<td>vs. CA: 24.7, vs. US: 28.5, vs. HP2020: 30.6</td>
</tr>
<tr>
<td>% [Overweights] Perceive Self &quot;About the Right Weight&quot;</td>
<td>34.9</td>
<td></td>
</tr>
<tr>
<td>% Medical Advice on Weight in Past Year</td>
<td>24.6</td>
<td>vs. CA: 25.7, vs. US: 25.7, vs. HP2020: 25.7</td>
</tr>
<tr>
<td>% [Overweights] Counseled About Weight in Past Year</td>
<td>32.4</td>
<td>vs. CA: 30.9, vs. US: 30.9, vs. HP2020: 30.9</td>
</tr>
<tr>
<td>% [Obese Adults] Counseled About Weight in Past Year</td>
<td>42.7</td>
<td>vs. CA: 47.4, vs. US: 49.0, vs. HP2020: 49.0</td>
</tr>
<tr>
<td>% [Overweights] Trying to Lose Weight Both Diet/Exercise</td>
<td>40.7</td>
<td>vs. CA: 38.6, vs. US: 47.4, vs. HP2020: 47.4</td>
</tr>
<tr>
<td>% Children [Age 5-17] Overweight</td>
<td>38.6</td>
<td>vs. CA: 30.7, vs. US: 30.7, vs. HP2020: 30.7</td>
</tr>
<tr>
<td>% Children [Age 5-17] Obese</td>
<td>21.9</td>
<td>vs. CA: 18.9, vs. US: 14.6, vs. HP2020: 14.6</td>
</tr>
</tbody>
</table>

Note: A blank or empty cell indicates that data are not available for this indicator.

### Oral Health

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Merced County</th>
<th>Merced County vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>% [Age 18+] Dental Visit in Past Year</td>
<td>54.1</td>
<td>vs. CA: 69.6, vs. US: 66.9, vs. HP2020: 49.0</td>
</tr>
<tr>
<td>% Child [Age 2-17] Dental Visit in Past Year</td>
<td>80.1</td>
<td>vs. CA: 79.2, vs. US: 49.0, vs. HP2020: 49.0</td>
</tr>
<tr>
<td>% Have Dental Insurance</td>
<td>54.4</td>
<td>vs. CA: 60.8, vs. US: 49.0, vs. HP2020: 49.0</td>
</tr>
</tbody>
</table>

Note: A blank or empty cell indicates that data are not available for this indicator.
### Physical Activity

<table>
<thead>
<tr>
<th>Physical Activity</th>
<th>Merced County</th>
<th>vs. CA</th>
<th>vs. US</th>
<th>vs. HP2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>% [Employed] Job Entails Mostly Sitting/Standing</td>
<td>43.5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% No Leisure-Time Physical Activity</td>
<td>29.9</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Meeting Physical Activity Guidelines</td>
<td>48.2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Moderate Physical Activity</td>
<td>29.2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Vigorous Physical Activity</td>
<td>37.1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Medical Advice on Physical Activity in Past Year</td>
<td>42.2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Child [Age 5-17] Watches TV 3+ Hours per Day</td>
<td>22.4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Child [Age 5-17] Uses Computer 3+ Hours per Day</td>
<td>15.4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Child [Age 5-17] 3+ Hours per Day of Total Screen Time</td>
<td>55.8</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note: A blank or empty cell indicates that data are not available for this indicator.

- better
- similar
- worse

### Respiratory Diseases

<table>
<thead>
<tr>
<th>Respiratory Diseases</th>
<th>Merced County</th>
<th>vs. CA</th>
<th>vs. US</th>
<th>vs. HP2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>CLRD (Age-Adjusted Death Rate)</td>
<td>46.0</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pneumonia/Influenza (Age-Adjusted Death Rate)</td>
<td>15.3</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Nasal/Hay Fever Allergies</td>
<td>25.0</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Sinusitis</td>
<td>10.3</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Chronic Lung Disease</td>
<td>10.2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Respiratory Diseases (continued)</td>
<td>Merced County</td>
<td>Merced County vs. Benchmarks</td>
<td></td>
<td></td>
</tr>
<tr>
<td>--------------------------------</td>
<td>---------------</td>
<td>-----------------------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>vs. CA</td>
<td>vs. US</td>
<td>vs. HP2020</td>
</tr>
<tr>
<td>% [Adult] Currently Has Asthma</td>
<td>12.5</td>
<td>🌞</td>
<td>🌞</td>
<td>🌞</td>
</tr>
<tr>
<td></td>
<td></td>
<td>7.7</td>
<td>7.5</td>
<td></td>
</tr>
<tr>
<td>% [Child 0-17] Currently Has Asthma</td>
<td>11.0</td>
<td>🌞</td>
<td>🌞</td>
<td>🌞</td>
</tr>
<tr>
<td></td>
<td></td>
<td>6.8</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note: A blank or empty cell indicates that data are not available for this indicator.

<table>
<thead>
<tr>
<th>Sexually Transmitted Diseases</th>
<th>Merced County</th>
<th>Merced County vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>vs. CA</td>
</tr>
<tr>
<td>Gonorrhea Incidence per 100,000</td>
<td>31.6</td>
<td>🌞</td>
</tr>
<tr>
<td></td>
<td></td>
<td>65.4</td>
</tr>
<tr>
<td>Primary &amp; Secondary Syphilis Incidence per 100,000</td>
<td>1.6</td>
<td>🌞</td>
</tr>
<tr>
<td></td>
<td></td>
<td>5.4</td>
</tr>
<tr>
<td>Chlamydia Incidence per 100,000</td>
<td>371.6</td>
<td>🌞</td>
</tr>
<tr>
<td></td>
<td></td>
<td>387.9</td>
</tr>
<tr>
<td>Hepatitis B Incidence per 100,000</td>
<td>0.3</td>
<td>🌞</td>
</tr>
<tr>
<td></td>
<td></td>
<td>0.8</td>
</tr>
<tr>
<td>% [Unmarried 18-64] 3+ Sexual Partners in Past Year</td>
<td>7.5</td>
<td>🌞</td>
</tr>
<tr>
<td></td>
<td></td>
<td>7.1</td>
</tr>
<tr>
<td>% [Unmarried 18-64] Using Condoms</td>
<td>36.6</td>
<td>🌞</td>
</tr>
<tr>
<td></td>
<td></td>
<td>18.9</td>
</tr>
</tbody>
</table>

Note: A blank or empty cell indicates that data are not available for this indicator.

<table>
<thead>
<tr>
<th>Substance Abuse</th>
<th>Merced County</th>
<th>Merced County vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>vs. CA</td>
</tr>
<tr>
<td>Cirrhosis/Liver Disease (Age-Adjusted Death Rate)</td>
<td>10.1</td>
<td>🌞</td>
</tr>
<tr>
<td></td>
<td></td>
<td>11.2</td>
</tr>
<tr>
<td>% Current Drinker</td>
<td>47.9</td>
<td>🌞</td>
</tr>
<tr>
<td></td>
<td></td>
<td>53.3</td>
</tr>
<tr>
<td>% Chronic Drinker (Average 2+ Drinks/Day)</td>
<td>4.0</td>
<td>🌞</td>
</tr>
<tr>
<td></td>
<td></td>
<td>5.7</td>
</tr>
<tr>
<td>% Binge Drinker (Single Occasion - 5+ Drinks Men, 4+ Women)</td>
<td>17.9</td>
<td>🌞</td>
</tr>
<tr>
<td></td>
<td></td>
<td>15.8</td>
</tr>
<tr>
<td>% Drinking &amp; Driving in Past Month</td>
<td>3.8</td>
<td>🌞</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3.5</td>
</tr>
</tbody>
</table>
## Substance Abuse

<table>
<thead>
<tr>
<th>Merced County</th>
<th>Merced County vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>vs. CA</td>
</tr>
<tr>
<td>% Driving Drunk or Riding with Drunk Driver</td>
<td>7.8</td>
</tr>
<tr>
<td>Drug-Induced Deaths (Age-Adjusted Death Rate)</td>
<td>10.1</td>
</tr>
<tr>
<td>% Illicit Drug Use in Past Month</td>
<td>2.7</td>
</tr>
<tr>
<td>% Ever Sought Help for Alcohol or Drug Problem</td>
<td>3.5</td>
</tr>
</tbody>
</table>

Note: A blank or empty cell indicates that data are not available for this indicator.

## Tobacco Use

<table>
<thead>
<tr>
<th>Merced County</th>
<th>Merced County vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>vs. CA</td>
</tr>
<tr>
<td>% Current Smoker</td>
<td>13.1</td>
</tr>
<tr>
<td>% Someone Smokes at Home</td>
<td>11.9</td>
</tr>
<tr>
<td>% [Non-Smokers] Someone Smokes in the Home</td>
<td>7.9</td>
</tr>
<tr>
<td>% [Household With Children] Someone Smokes in the Home</td>
<td>10.3</td>
</tr>
<tr>
<td>% Smoke Cigars</td>
<td>3.6</td>
</tr>
<tr>
<td>% Use Smokeless Tobacco</td>
<td>2.5</td>
</tr>
</tbody>
</table>

Note: A blank or empty cell indicates that data are not available for this indicator.

## Vision

<table>
<thead>
<tr>
<th>Merced County</th>
<th>Merced County vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>vs. CA</td>
</tr>
<tr>
<td>% Blindness/Trouble Seeing</td>
<td>11.8</td>
</tr>
<tr>
<td>% Eye Exam in Past 2 Years</td>
<td>49.5</td>
</tr>
</tbody>
</table>

Note: A blank or empty cell indicates that data are not available for this indicator.
GENERAL HEALTH STATUS
Overall Health Status

Self-Reported Health Status

A total of 42.6% of Merced County adults rate their overall health as “excellent” or “very good.”

- Another 33.9% gave “good” ratings of their overall health.

However, 23.6% of Merced County adults believe that their overall health is “fair” or “poor.”

- Higher (worse) than statewide findings.
- Higher than the national percentage.

NOTE:
- Differences noted in the text represent significant differences determined through statistical testing.
Adults more likely to report experiencing “fair” or “poor” overall health include:

- Those aged 40 and older.
- Residents living at lower incomes.
- Hispanics.
- Other differences within demographic groups, as illustrated in the following chart, are not statistically significant.

Experience “Fair” or “Poor” Overall Health
(Merced County, 2012)

Charts throughout this report (such as that here) detail survey findings among key demographic groups – namely by gender, age groupings, income (based on poverty status), and race/ethnicity.
Activity Limitations

An individual can get a disabling impairment or chronic condition at any point in life. Compared with people without disabilities, people with disabilities are more likely to:

- Experience difficulties or delays in getting the health care they need.
- Not have had an annual dental visit.
- Not have had a mammogram in past 2 years.
- Not have had a Pap test within the past 3 years.
- Not engage in fitness activities.
- Use tobacco.
- Be overweight or obese.
- Have high blood pressure.
- Experience symptoms of psychological distress.
- Receive less social-emotional support.
- Have lower employment rates.

There are many social and physical factors that influence the health of people with disabilities. The following three areas for public health action have been identified, using the International Classification of Functioning, Disability, and Health (ICF) and the three World Health Organization (WHO) principles of action for addressing health determinants.

- **Improve the conditions of daily life** by encouraging communities to be accessible so all can live in, move through, and interact with their environment; encouraging community living; and removing barriers in the environment using both physical universal design concepts and operational policy shifts.

- **Address the inequitable distribution of resources among people with disabilities and those without disabilities** by increasing appropriate health care for people with disabilities; education and work opportunities; social participation; and access to needed technologies and assistive supports.

- **Expand the knowledge base and raise awareness about determinants of health for people with disabilities** by increasing the inclusion of people with disabilities in public health data collection efforts across the lifespan; the inclusion of people with disabilities in health promotion activities; and the expansion of disability and health training opportunities for public health and health care professionals.

- Healthy People 2020 (www.healthypeople.gov)

---

A total of 17.7% of Merced County adults are limited in some way in some activities due to a physical, mental or emotional problem.

- Similar to the prevalence statewide.
- Similar to the national prevalence.
Limited in Activities in Some Way 
Due to a Physical, Mental or Emotional Problem
(Merced County, 2012)

In looking at responses by key demographic characteristics, note the following:

- Adults age 40 and older are much more often limited in activities (note the positive correlation with age).
- Whites are more likely than Hispanics to report activity limitations.

Sources: 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 115]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. “Low Income” includes households with incomes up to 200% of the federal poverty level. “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.
Among persons reporting activity limitations, these are most often attributed to musculoskeletal issues, such as back/neck problems, fractures or bone/joint injuries or arthritis/rheumatism.

### Type of Problem That Limits Activities
(Among Those Reporting Activity Limitations; Merced County, 2012)

<table>
<thead>
<tr>
<th>Problem</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Back/Neck Problem</td>
<td>20.4%</td>
</tr>
<tr>
<td>Fracture/Bone/Joint Injury</td>
<td>13.9%</td>
</tr>
<tr>
<td>Arthritis/Rheumatism</td>
<td>9.4%</td>
</tr>
<tr>
<td>Depression/Anxiety/Mental</td>
<td>8.3%</td>
</tr>
<tr>
<td>Walking Problem</td>
<td>7.6%</td>
</tr>
<tr>
<td>Lung/Breathing Problem</td>
<td>5.1%</td>
</tr>
<tr>
<td>Heart Problem</td>
<td>3.9%</td>
</tr>
<tr>
<td>Various Other (&lt;3% Each)</td>
<td>31.4%</td>
</tr>
</tbody>
</table>

Sources: 2012 PRC Community Health Survey, Professional Research Consultants, Inc. (Item 116)
Notes: Asked of those respondents reporting activity limitations.
Mental Health & Mental Disorders

Mental health is a state of successful performance of mental function, resulting in productive activities, fulfilling relationships with other people, and the ability to adapt to change and to cope with challenges. Mental health is essential to personal well-being, family and interpersonal relationships, and the ability to contribute to community or society. Mental disorders are health conditions that are characterized by alterations in thinking, mood, and/or behavior that are associated with distress and/or impaired functioning. Mental disorders contribute to a host of problems that may include disability, pain, or death. Mental illness is the term that refers collectively to all diagnosable mental disorders.

Mental disorders are among the most common causes of disability. The resulting disease burden of mental illness is among the highest of all diseases. According to the national Institute of Mental Health (NIMH), in any given year, an estimated 13 million American adults (approximately 1 in 17) have a seriously debilitating mental illness. Mental health disorders are the leading cause of disability in the United States and Canada, accounting for 25% of all years of life lost to disability and premature mortality. Moreover, suicide is the 11th leading cause of death in the United States, accounting for the deaths of approximately 30,000 Americans each year.

Mental health and physical health are closely connected. Mental health plays a major role in people’s ability to maintain good physical health. Mental illnesses, such as depression and anxiety, affect people’s ability to participate in health-promoting behaviors. In turn, problems with physical health, such as chronic diseases, can have a serious impact on mental health and decrease a person’s ability to participate in treatment and recovery.

The existing model for understanding mental health and mental disorders emphasizes the interaction of social, environmental, and genetic factors throughout the lifespan. In behavioral health, researchers identify: risk factors, which predispose individuals to mental illness; and protective factors, which protect them from developing mental disorders. Researchers now know that the prevention of mental, emotional, and behavioral (MEB) disorders is inherently interdisciplinary and draws on a variety of different strategies. Over the past 20 years, research on the prevention of mental disorders has progressed. The understanding of how the brain functions under normal conditions and in response to stressors, combined with knowledge of how the brain develops over time, has been essential to that progress. The major areas of progress include evidence that:

- MEB disorders are common and begin early in life.
- The greatest opportunity for prevention is among young people.
- There are multiyear effects of multiple preventive interventions on reducing substance abuse, conduct disorder, antisocial behavior, aggression, and child maltreatment.
- The incidence of depression among pregnant women and adolescents can be reduced.
- School-based violence prevention can reduce the base rate of aggressive problems in an average school by 25 to 33%.
- There are potential indicated preventive interventions for schizophrenia.
- Improving family functioning and positive parenting can have positive outcomes on mental health and can reduce poverty-related risk.
- School-based preventive interventions aimed at improving social and emotional outcomes can also improve academic outcomes.
- Interventions targeting families dealing with adversities, such as parental depression or divorce, can be effective in reducing risk for depression among children and increasing effective parenting.
- Some preventive interventions have benefits that exceed costs, with the available evidence strongest for early childhood interventions.
- Implementation is complex, and it is important that interventions be relevant to the target audiences.

In addition to advancements in the prevention of mental disorders, there continues to be steady progress in treating mental disorders as new drugs and stronger evidence-based outcomes become available.

– Healthy People 2020 (www.healthypeople.gov)
Mental Health Status

Self-Reported Mental Health Status

More than one-half (55.3%) of Merced County adults rates their overall mental health as "excellent" or "very good."

- Another 27.5% gave "good" ratings of their own mental health status.

A total of 17.2% of Merced County adults, however, believe that their overall mental health is "fair" or "poor."

- Less favorable than the "fair/poor" response reported nationally.

Experience "Fair" or "Poor" Mental Health
Lower-income residents and Hispanics are much more likely to report experiencing “fair/poor” mental health than their demographic counterparts.

**Experience “Fair” or “Poor” Mental Health**
(Merced County, 2012)

<table>
<thead>
<tr>
<th>Category</th>
<th>Merced County</th>
<th>White</th>
<th>Hispanic</th>
<th>Low Income</th>
<th>Mid/High Income</th>
<th>18 to 39</th>
<th>40 to 64</th>
<th>65+</th>
</tr>
</thead>
<tbody>
<tr>
<td>Men</td>
<td>14.1%</td>
<td>19.1%</td>
<td>16.2%</td>
<td>15.9%</td>
<td>26.3%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Women</td>
<td>20.5%</td>
<td>19.1%</td>
<td>20.5%</td>
<td>19.1%</td>
<td>20.5%</td>
<td>7.7%</td>
<td>9.8%</td>
<td>26.3%</td>
</tr>
</tbody>
</table>

Sources: ● 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 111]
Notes: ● Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).
- Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Low Income” includes households with incomes up to 200% of the federal poverty level; “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.

**Depression**

**Major Depression**

A total of 9.0% of Merced County adults have been diagnosed with major depression by a physician.

- Similar to the national finding.

**Have Been Diagnosed With Major Depression**

<table>
<thead>
<tr>
<th>Category</th>
<th>Merced County</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>9.0%</td>
<td>11.7%</td>
</tr>
</tbody>
</table>

Sources: ● 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 32]
Notes: ● Asked of all respondents.
The prevalence of major depression is notably higher among women.

### Have Been Diagnosed With Major Depression
(Merced County, 2012)

<table>
<thead>
<tr>
<th>Category</th>
<th>Men</th>
<th>Women</th>
<th>18 to 39</th>
<th>40 to 64</th>
<th>65+</th>
<th>Low Income</th>
<th>Mid/High Income</th>
<th>White</th>
<th>Hispanic</th>
<th>Merced County</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>5.8%</td>
<td>12.4%</td>
<td>6.3%</td>
<td>12.2%</td>
<td>8.6%</td>
<td>10.7%</td>
<td>8.2%</td>
<td>10.6%</td>
<td>9.7%</td>
<td>9.0%</td>
</tr>
</tbody>
</table>

**Sources:**  
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 32]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

**Notes:**  
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).
- Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Low Income” includes households with incomes up to 200% of the federal poverty level; “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.

### Symptoms of Chronic Depression

A total of 37.1% of Merced County adults have had two or more years in their lives when they felt depressed or sad on most days, although they may have felt okay sometimes (chronic depression).

- Much less favorable than national findings.

### Have Experienced Symptoms of Chronic Depression

<table>
<thead>
<tr>
<th>Category</th>
<th>Merced County</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>37.1%</td>
<td>26.5%</td>
</tr>
</tbody>
</table>

**Sources:**  
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 112]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

**Notes:**  
- Asked of all respondents.
Note that the prevalence of chronic depression is notably higher among:

- Adults under age 65.
- Adults with lower incomes.

### Have Experienced Symptoms of Chronic Depression
(Merced County, 2012)

<table>
<thead>
<tr>
<th>Category</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Men</td>
<td>33.0%</td>
</tr>
<tr>
<td>Women</td>
<td>41.4%</td>
</tr>
<tr>
<td>18 to 39</td>
<td>39.3%</td>
</tr>
<tr>
<td>40 to 64</td>
<td>39.0%</td>
</tr>
<tr>
<td>65+</td>
<td>25.1%</td>
</tr>
<tr>
<td>Low Income</td>
<td>45.0%</td>
</tr>
<tr>
<td>Mid/High Income</td>
<td>28.9%</td>
</tr>
<tr>
<td>White</td>
<td>32.8%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>41.0%</td>
</tr>
<tr>
<td>Merced County</td>
<td>37.1%</td>
</tr>
</tbody>
</table>

**Sources:**
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 112]

**Notes:**
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).
- Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Low Income” includes households with incomes up to 200% of the federal poverty level; “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.

### Stress

Approximately one-half of Merced County adults considers their typical day to be “not very stressful” (29.7%) or “not at all stressful” (20.1%).

- Another 40.2% of survey respondents characterize their typical day as “moderately stressful.”

### Perceived Level of Stress On a Typical Day
(Merced County, 2012)

<table>
<thead>
<tr>
<th>Level</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not At All Stressful</td>
<td>20.1%</td>
</tr>
<tr>
<td>Very Stressful</td>
<td>7.4%</td>
</tr>
<tr>
<td>Extremely Stressful</td>
<td>2.7%</td>
</tr>
<tr>
<td>Not Very Stressful</td>
<td>29.7%</td>
</tr>
<tr>
<td>Moderately Stressful</td>
<td>40.2%</td>
</tr>
</tbody>
</table>

**Sources:**
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 113]

**Notes:**
- Asked of all respondents.
In contrast, 10.1% of Merced County adults experience “very” or “extremely” stressful days on a regular basis.

- Comparable to the national prevalence.

No statistical difference to report when viewed by demographic characteristics.
Between 2006 and 2008, there was an annual average age-adjusted suicide rate of 7.8 deaths per 100,000 population in Merced County.

- Lower than the statewide rate.
- Lower than the national rate.
- Satisfies the Healthy People 2020 target of 10.2 or lower.

**Suicide: Age-Adjusted Mortality**
*(2006-2008 Annual Average Deaths per 100,000 Population)*

<table>
<thead>
<tr>
<th>Merced County</th>
<th>California</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>7.8</td>
<td>9.8</td>
<td>11.3</td>
</tr>
</tbody>
</table>

Sources: CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted March 2012.

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
- Local, state and national data are simple three-year averages.

Although rates among Non-Whites were unavailable, the suicide rate among Merced County Whites was 12.6 between 2006 and 2008.

**Suicide: Age-Adjusted Mortality by Race**
*(2006-2008 Annual Average Deaths per 100,000 Population)*

<table>
<thead>
<tr>
<th>Merced County Non-Hispanic White</th>
<th>Merced County Hispanic</th>
<th>Merced County Non-Hispanic Other</th>
<th>Merced County All Races/Ethnicities</th>
</tr>
</thead>
<tbody>
<tr>
<td>12.6</td>
<td>N/A</td>
<td>N/A</td>
<td>7.8</td>
</tr>
</tbody>
</table>

Sources: CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted March 2012.

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
- Local, state and national data are simple three-year averages.
Over the past decade, the Merced County suicide rate has not shown a clear trend.

### Suicide: Age-Adjusted Mortality Trends
(Annual Average Deaths per 100,000 Population)

<table>
<thead>
<tr>
<th>Year</th>
<th>Healthy People</th>
<th>Merced County</th>
<th>California</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>1999-2001</td>
<td>10.2</td>
<td>8.6</td>
<td>9.1</td>
<td>10.5</td>
</tr>
<tr>
<td>2000-2002</td>
<td>10.2</td>
<td>7.8</td>
<td>9.1</td>
<td>10.7</td>
</tr>
<tr>
<td>2001-2003</td>
<td>10.2</td>
<td>8.4</td>
<td>9.3</td>
<td>10.8</td>
</tr>
<tr>
<td>2002-2004</td>
<td>10.2</td>
<td>9.4</td>
<td>9.7</td>
<td>10.9</td>
</tr>
<tr>
<td>2003-2005</td>
<td>10.2</td>
<td>8.2</td>
<td>9.5</td>
<td>10.9</td>
</tr>
<tr>
<td>2004-2006</td>
<td>10.2</td>
<td>9.0</td>
<td>9.3</td>
<td>10.9</td>
</tr>
<tr>
<td>2005-2007</td>
<td>10.2</td>
<td>7.7</td>
<td>9.4</td>
<td>11.0</td>
</tr>
<tr>
<td>2006-2008</td>
<td>10.2</td>
<td>7.8</td>
<td>9.8</td>
<td>11.3</td>
</tr>
</tbody>
</table>

### Mental Health Treatment

Among surveyed adults, 20.7% acknowledge that they have sought professional help for a mental or emotional problem.

- Similar to national findings.
- Women and Whites are most likely to have sought professional help for a mental or emotional problem.

### Have Sought Professional Help for a Mental or Emotional Problem
(Merced County, 2012)
Children & ADD/ADHD

Among Merced County adults with children age 5 to 17, 2.0% report that their child takes medication for ADD/ADHD.

- More favorable than the national prevalence.

Child Takes Medication for ADD/ADHD
(Among Parents of Children 5-17)

Merced County

- Yes: 2.0%
- No: 98.0%

United States

- Yes: 6.5%
- No: 93.5%

Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 130]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents with children age 5 to 17.
DEATH, DISEASE & CHRONIC CONDITIONS
Leading Causes of Death

Distribution of Deaths by Cause

Together, cardiovascular disease (heart disease and stroke) and cancers accounted for more than one-half of all 2008 deaths in Merced County.

### Leading Causes of Death
(Merced County, 2008)

- **Heart Disease** 27.5%
- **Cancer** 20.3%
- **Other Conditions** 24.7%
- **Alzheimer’s Disease** 2.6%
- **Influenza/Pneumonia** 2.7%
- **Diabetes Mellitus** 3.1%
- **CLRD** 5.4%
- **Stroke** 6.1%
- **Unintentional Injuries** 7.6%

**Sources:**
- CDC WONDER Online Query System. Centers for Disease Control and Prevention. Epidemiology Program Office, Division of Public Health Surveillance and Informatics.
- Data extracted March 2012.

**Notes:**
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- CLRD is chronic lower respiratory disease.

### Age-Adjusted Death Rates for Selected Causes

In order to compare mortality in the region with other localities (in this case, California and the United States), it is necessary to look at *rates* of death — these are figures which represent the number of deaths in relation to the population size (such as deaths per 100,000 population, as is used here).

Furthermore, in order to compare localities without undue bias toward younger or older populations, the common convention is to adjust the data to some common baseline age distribution. Use of these “age-adjusted” rates provides the most valuable means of gauging mortality against benchmark data, as well as *Healthy People 2020* targets.

The following chart outlines 2006-2008 annual average age-adjusted death rates per 100,000 population for selected causes of death in Merced County.
Age-adjusted mortality rates in Merced County are worse than national rates for diseases of the heart, stroke, CLRD (chronic lower respiratory disease), accidental deaths (including motor vehicle crashes), homicide, diabetes mellitus and cirrhosis/liver disease.

Of the causes outlined in the following chart for which Healthy People 2020 objectives have been established, Merced County rates fail to satisfy the related goals for heart disease, stroke, accidents (including motor vehicle deaths), homicide, diabetes mellitus and cirrhosis/liver disease.

| Age-Adjusted Death Rates for Selected Causes (2006-2008 Deaths per 100,000) |
|---------------------------------|---------|--------|---------|
| Merced County                   | California | United States | HP2020 |
| Diseases of the Heart           | 207.5    | 180.2   | 192.5   | 152.7* |
| Malignant Neoplasms (Cancers)   | 159.3    | 160.3   | 178.1   | 160.6  |
| Cerebrovascular Disease (Stroke)| 49.9     | 42.3    | 42.2    | 33.8   |
| Chronic Lower Respiratory Disease (CLRD) | 46.0 | 38.5    | 41.8    | n/a    |
| Unintentional Injuries          | 43.3     | 30.9    | 39.5    | 36.0   |
| Diabetes Mellitus               | 25.8     | 21.7    | 22.5    | 19.6*  |
| Motor Vehicle Crashes           | 20.3     | 11.2    | 14.1    | 12.4   |
| Alzheimer's Disease             | 18.5     | 25.4    | 23.2    | n/a    |
| Pneumonia/Influenza             | 15.3     | 19.7    | 17.0    | n/a    |
| Cirrhosis/Liver Disease         | 10.1     | 11.2    | 9.0     | 8.2    |
| Drug-Induced                    | 10.1     | 11.3    | 12.6    | 11.3   |
| Firearm-Related                 | 9.0      | 8.8     | 10.2    | 9.2    |
| Intentional Self-Harm (Suicide) | 7.8      | 9.8     | 11.1    | 10.2   |
| Homicide/Legal Intervention     | 7.6      | 6.4     | 6.1     | 5.5    |
| Kidney Disease                  | 3.8      | 8.1     | 14.6    | n/a    |
| HIV/AIDS (2004-2008)            | 2.1      | 3.3     | 3.9     | 3.3    |


Note: ● Rates are per 100,000 population, age-adjusted to the 2000 US standard population and coded using ICD-10 codes.
● The Healthy People 2020 Heart Disease target is adjusted to account for all diseases of the heart; the Diabetes target is adjusted to reflect only diabetes mellitus-coded deaths.
● Local, state and national data are simple three-year averages.
Cardiovascular Disease

Heart disease is the leading cause of death in the United States, with stroke following as the third leading cause. Together, heart disease and stroke are among the most widespread and costly health problems facing the nation today, accounting for more than $500 billion in healthcare expenditures and related expenses in 2010 alone. Fortunately, they are also among the most preventable.

The leading modifiable (controllable) risk factors for heart disease and stroke are:

- High blood pressure
- High cholesterol
- Cigarette smoking
- Diabetes
- Poor diet and physical inactivity
- Overweight and obesity

The risk of Americans developing and dying from cardiovascular disease would be substantially reduced if major improvements were made across the US population in diet and physical activity, control of high blood pressure and cholesterol, smoking cessation, and appropriate aspirin use.

The burden of cardiovascular disease is disproportionately distributed across the population. There are significant disparities in the following based on gender, age, race/ethnicity, geographic area, and socioeconomic status:

- Prevalence of risk factors
- Access to treatment
- Appropriate and timely treatment
- Treatment outcomes
- Mortality

Disease does not occur in isolation, and cardiovascular disease is no exception. Cardiovascular health is significantly influenced by the physical, social, and political environment, including: maternal and child health; access to educational opportunities; availability of healthy foods, physical education, and extracurricular activities in schools; opportunities for physical activity, including access to safe and walkable communities; access to healthy foods; quality of working conditions and worksite health; availability of community support and resources; and access to affordable, quality healthcare.

- Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Heart Disease & Stroke Deaths

Heart Disease Deaths

Between 2006 and 2008, there was an annual average age-adjusted heart disease mortality rate of 207.5 deaths per 100,000 population in Merced County.

- Higher (worse) than the statewide rate.
- Higher than the national rate.
- Fails to satisfy the Healthy People 2020 target (as adjusted to account for all diseases of the heart).
By race, the heart disease mortality rate is notably higher among Whites when compared with Hispanics and adults of “Other” races in Merced County.
The heart disease mortality rate has decreased in Merced County, echoing the decreasing trends across California and the US overall.

**Heart Disease: Age-Adjusted Mortality Trends**
*(Annual Average Deaths per 100,000 Population)*

<table>
<thead>
<tr>
<th>Year</th>
<th>Merced County</th>
<th>California</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>1999-2001</td>
<td>152.7</td>
<td>242.5</td>
<td>257.0</td>
</tr>
<tr>
<td>2000-2002</td>
<td>152.7</td>
<td>235.6</td>
<td>248.4</td>
</tr>
<tr>
<td>2001-2003</td>
<td>152.7</td>
<td>218.7</td>
<td>240.0</td>
</tr>
<tr>
<td>2002-2004</td>
<td>152.7</td>
<td>211.7</td>
<td>230.0</td>
</tr>
<tr>
<td>2003-2005</td>
<td>152.7</td>
<td>208.4</td>
<td>220.1</td>
</tr>
<tr>
<td>2004-2006</td>
<td>152.7</td>
<td>207.5</td>
<td>209.4</td>
</tr>
<tr>
<td>2005-2007</td>
<td>152.7</td>
<td>200.7</td>
<td>200.7</td>
</tr>
<tr>
<td>2006-2008</td>
<td>152.7</td>
<td>192.5</td>
<td>192.5</td>
</tr>
</tbody>
</table>

**Notes:**
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
- Local, state and national data are simple three-year averages.
- The Healthy People 2020 Heart Disease target is adjusted to account for all diseases of the heart.

**Stroke Deaths**

Between 2006 and 2008, there was an annual average age-adjusted stroke mortality rate of 49.9 deaths per 100,000 population in Merced County.

- Less favorable than the California rate.
- Less favorable than the national rate.
- Fails to satisfy the Healthy People 2020 target of 33.8 or lower.

**Stroke: Age-Adjusted Mortality**
*(2006-2008 Annual Average Deaths per 100,000 Population)*

<table>
<thead>
<tr>
<th>Year</th>
<th>Merced County</th>
<th>California</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthy People 2020 Target = 33.8 or Lower</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Notes:**
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
- Local, state and national data are simple three-year averages.
Stroke mortality is notably higher among residents of “Other” races in Merced County.

**Stroke: Age-Adjusted Mortality by Race**
(2006-2008 Annual Average Deaths per 100,000 Population)

The stroke rate has declined in recent years, echoing the trends reported across California and the US overall.

**Stroke: Age-Adjusted Mortality Trends**
(Annual Average Deaths per 100,000 Population)
A total of 6.8% of surveyed adults report that they suffer from or have been diagnosed with heart disease, such as coronary heart disease, angina or heart attack.

- Similar to the national prevalence.

Notice the positive correlation between heart disease and age.
Prevalence of Stroke

A total of 4.2% of surveyed adults report that they suffer from or have been diagnosed with cerebrovascular disease (a stroke).

- Similar to statewide findings.
- Similar to national findings.

Those aged 40 and older, and especially seniors, are more likely to have been diagnosed with stroke.
Cardiovascular Risk Factors

Hypertension (High Blood Pressure)

Controlling risk factors for heart disease and stroke remains a challenge. High blood pressure and cholesterol are still major contributors to the national epidemic of cardiovascular disease. High blood pressure affects approximately 1 in 3 adults in the United States, and more than half of Americans with high blood pressure do not have it under control. High sodium intake is a known risk factor for high blood pressure and heart disease, yet about 90% of American adults exceed their recommendation for sodium intake.

– Healthy People 2020 (www.healthypeople.gov)

High Blood Pressure Testing

**A total of 91.0% of Merced County adults have had their blood pressure tested within the past two years.**

- Below than national findings.
- Fails to satisfy the Healthy People 2020 target (94.9% or higher).

**Have Had Blood Pressure Checked in the Past Two Years**

![Graph showing blood pressure testing rates in Merced County and United States](chart.png)

Sources:  
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 48]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:  
- Asked of all respondents.

Prevalence of Hypertension

**A total of 33.1% of adults have been told at some point that their blood pressure was high.**

- Less favorable than the California prevalence.
- Similar to the national prevalence.
- Fails to satisfy the Healthy People 2020 target (26.9% or lower).

Among hypertensive adults, 77.7% have been diagnosed with high blood pressure more than once.
Hypertension diagnoses are higher among:

- Adults age 40 and older, and especially those age 65+.
- Whites.
Hypertension Management

Among respondents who have been told that their blood pressure was high, 89.8% report that they are currently taking actions to control their condition.

- Nearly identical to national findings.

**Taking Action to Control Hypertension**

(Among Adults With High Blood Pressure)

<table>
<thead>
<tr>
<th></th>
<th>Merced County</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>89.8%</td>
<td>89.1%</td>
<td></td>
</tr>
</tbody>
</table>

Sources: ● 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 47]
● 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents who have been diagnosed with high blood pressure.
● In this case, the term “action” refers to medication, change in diet, and/or exercise.

High Blood Cholesterol

Blood Cholesterol Testing

A total of 83.5% of Merced County adults have had their blood cholesterol checked within the past five years.

- More favorable than California findings.
- Less favorable than national findings.
- Similar to the Healthy People 2020 target (82.1% or higher).

**Have Had Blood Cholesterol Levels Checked in the Past Five Years**

<table>
<thead>
<tr>
<th></th>
<th>Merced County</th>
<th>California</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>83.5%</td>
<td>74.5%</td>
<td>90.7%</td>
<td></td>
</tr>
</tbody>
</table>

Sources: ● 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 51]
● 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.
The following demographic segments report lower screening levels:

- Men.
- Young adults.

### Have Had Blood Cholesterol Levels Checked in the Past Five Years
(Merced County, 2012)

**Healthy People 2020 Target = 82.1% or Higher**

<table>
<thead>
<tr>
<th>Gender</th>
<th>18 to 39</th>
<th>40 to 64</th>
<th>65+</th>
<th>Low Income</th>
<th>Mid/High Income</th>
<th>White</th>
<th>Hispanic</th>
<th>Merced County</th>
</tr>
</thead>
<tbody>
<tr>
<td>Men</td>
<td>78.8%</td>
<td>88.1%</td>
<td>87.5%</td>
<td>97.2%</td>
<td>82.7%</td>
<td>88.0%</td>
<td>84.9%</td>
<td>83.5%</td>
</tr>
<tr>
<td>Women</td>
<td>75.7%</td>
<td>80.9%</td>
<td>87.5%</td>
<td>88.0%</td>
<td>82.7%</td>
<td>88.0%</td>
<td>81.9%</td>
<td>83.5%</td>
</tr>
</tbody>
</table>

**Sources:**
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 51]

**Notes:**
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).
- Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Low Income” includes households with incomes up to 200% of the federal poverty level. “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.

### Self-Reported High Blood Cholesterol

* A total of 29.1% of adults have been told by a health professional that their cholesterol level was high.
  - More favorable than the California findings.
  - Similar to the national prevalence.
  - More than twice the Healthy People 2020 target (13.5% or lower).

**Prevalence of High Blood Cholesterol**

<table>
<thead>
<tr>
<th>Source</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Merced County</td>
<td>29.1%</td>
</tr>
<tr>
<td>California*</td>
<td>36.5%</td>
</tr>
<tr>
<td>United States</td>
<td>31.4%</td>
</tr>
</tbody>
</table>

**Sources:**
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 142]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

**Notes:**
- Asked of all respondents.
- *The California data reflects those adults who have been tested for high cholesterol and who have been diagnosed with it.*
Note that 20.8% of Merced County adults report not having high blood cholesterol, but: 1) have never had their blood cholesterol levels tested; 2) have not been screened in the past 5 years; or 3) do not recall when their last screening was. For these individuals, current prevalence is unknown.

- Note the positive correlation between age and high blood cholesterol.
- Keep in mind that “unknowns” are relatively high in men, young adults, lower-income residents and Hispanics.

### Prevalence of High Blood Cholesterol
(Merced County, 2012)

<table>
<thead>
<tr>
<th>Category</th>
<th>Men</th>
<th>Women</th>
<th>18 to 39</th>
<th>40 to 64</th>
<th>65+</th>
<th>Low Income</th>
<th>Mid/High Income</th>
<th>White</th>
<th>Hispanic</th>
<th>Merced County</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>30.7%</td>
<td>27.5%</td>
<td>16.9%</td>
<td>36.1%</td>
<td>53.6%</td>
<td>31.6%</td>
<td>27.3%</td>
<td>33.5%</td>
<td>27.1%</td>
<td>29.1%</td>
</tr>
</tbody>
</table>

**Healthy People 2020 Target = 13.5% or Lower**

**Notes:**
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. (Item 142)
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).
- Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Low Income” includes households with incomes up to 200% of the federal poverty level. “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.

**High Cholesterol Management**

Among adults who have been told that their blood cholesterol was high, 87.8% report that they are currently taking actions to control their cholesterol levels.

- Similar to that found nationwide.

### Taking Action to Control High Blood Cholesterol Levels
(Among Adults with High Cholesterol)

<table>
<thead>
<tr>
<th>Category</th>
<th>Merced County</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>87.8%</td>
<td>89.1%</td>
</tr>
</tbody>
</table>

**Notes:**
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. (Item 50)
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.
- Asked of all respondents who have been diagnosed with high blood cholesterol levels.
- In this case, the term “action” refers to medication, change in diet, and/or exercise.
Individual level risk factors which put people at increased risk for cardiovascular diseases include:

- High Blood Pressure
- High Blood Cholesterol
- Tobacco Use
- Physical Inactivity
- Poor Nutrition
- Overweight/Obesity
- Diabetes

National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention

Three health-related behaviors contribute markedly to cardiovascular disease:

**Poor nutrition.** People who are overweight have a higher risk for cardiovascular disease. Almost 60% of adults are overweight or obese. To maintain a proper body weight, experts recommend a well-balanced diet which is low in fat and high in fiber, accompanied by regular exercise.

**Lack of physical activity.** People who are not physically active have twice the risk for heart disease of those who are active. More than half of adults do not achieve recommended levels of physical activity.

**Tobacco use.** Smokers have twice the risk for heart attack of nonsmokers. Nearly one-fifth of all deaths from cardiovascular disease, or about 190,000 deaths a year nationally, are smoking-related. Every day, more than 3,000 young people become daily smokers in the US

Modifying these behaviors is critical both for preventing and for controlling cardiovascular disease. Other steps that adults who have cardiovascular disease should take to reduce their risk of death and disability include adhering to treatment for high blood pressure and cholesterol, using aspirin as appropriate, and learning the symptoms of heart attack and stroke.

National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention

**A total of 84.7% of Merced County adults report one or more cardiovascular risk factors, such as being overweight, smoking cigarettes, being physically inactive, or having high blood pressure or cholesterol.**

- Statistically comparable to national findings.

**Present One or More Cardiovascular Risks or Behaviors**

<table>
<thead>
<tr>
<th></th>
<th>Merced County</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>84.7%</td>
<td>86.3%</td>
<td></td>
</tr>
</tbody>
</table>

**Sources:**
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. (Item 143)
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

**Notes:**
- Asked of all respondents.
- Cardiovascular risk is defined as exhibiting one or more of the following: 1) no leisure-time physical activity; 2) regular/occasional cigarette smoking; 3) hypertension; 4) high blood cholesterol; and/or 5) being overweight/obese.
Adults more likely to exhibit cardiovascular risk factors include:

- Men.
- Adults age 40 and older.

### Present One or More Cardiovascular Risks or Behaviors
(Merced County, 2012)

<table>
<thead>
<tr>
<th></th>
<th>Men</th>
<th>Women</th>
<th>18 to 39</th>
<th>40 to 64</th>
<th>65+</th>
<th>Low Income</th>
<th>Mid/High Income</th>
<th>White</th>
<th>Hispanic</th>
<th>Merced County</th>
</tr>
</thead>
<tbody>
<tr>
<td>18 to 39</td>
<td>89.5%</td>
<td>79.7%</td>
<td>77.5%</td>
<td>90.4%</td>
<td>92.7%</td>
<td>83.0%</td>
<td>86.2%</td>
<td>87.4%</td>
<td>82.0%</td>
<td>84.7%</td>
</tr>
</tbody>
</table>

**Sources:**
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. (Item 143)

**Notes:**
- Asked of all respondents.
- Cardiovascular risk is defined as exhibiting one or more of the following: 1) no leisure-time physical activity; 2) regular/occasional cigarette smoking; 3) hypertension; 4) high blood cholesterol; and/or 5) being overweight/obese.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).
- Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Low Income” includes households with incomes up to 200% of the federal poverty level. “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.
Continued advances in cancer research, detection, and treatment have resulted in a decline in both incidence and death rates for all cancers. Among people who develop cancer, more than half will be alive in five years. Yet, cancer remains a leading cause of death in the United States, second only to heart disease. Many cancers are preventable by reducing risk factors such as: use of tobacco products; physical inactivity and poor nutrition; obesity; and ultraviolet light exposure. Other cancers can be prevented by getting vaccinated against human papillomavirus and hepatitis B virus. In the past decade, overweight and obesity have emerged as new risk factors for developing certain cancers, including colorectal, breast, uterine corpus (endometrial), and kidney cancers. The impact of the current weight trends on cancer incidence will not be fully known for several decades. Continued focus on preventing weight gain will lead to lower rates of cancer and many chronic diseases.

Screening is effective in identifying some types of cancers (see US Preventive Services Task Force [USPSTF] recommendations), including:

- Breast cancer (using mammography)
- Cervical cancer (using Pap tests)
- Colorectal cancer (using fecal occult blood testing, sigmoidoscopy, or colonoscopy)

Healthy People 2020 (www.healthypeople.gov)

### Age-Adjusted Cancer Deaths

#### All Cancer Deaths

**Between 2006 and 2008, there was an annual average age-adjusted cancer mortality rate of 159.3 deaths per 100,000 population in Merced County.**

- Comparable to the statewide rate.
- More favorable than the national rate.
- Similar to the Healthy People 2020 target of 160.6 or lower.

#### Cancer: Age-Adjusted Mortality

**2006-2008 Annual Average Deaths per 100,000 Population**

- Healthy People 2020 Target = 160.6 or Lower

**Sources:**
- CDC WONDER Online Query System. Centers for Disease Control and Prevention. Epidemiology Program Office, Division of Public Health Surveillance and Informatics.
- Data extracted March 2012.
- Notes:
  - Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
  - Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
  - Local, state and national data are simple three-year averages.
The cancer mortality rate is notably higher among Whites in Merced County.

Cancer: Age-Adjusted Mortality by Race
(2006-2008 Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 160.6 or Lower

Cancer mortality has decreased over the past decade in Merced County; the same trend is apparent both statewide and nationwide.

Cancer: Age-Adjusted Mortality Trends
(Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 160.6 or Lower
Cancer Deaths by Site

Lung cancer is by far the leading cause of cancer deaths in Merced County. Other leading sites include breast cancer among women, prostate cancer among men, and colorectal cancer (both genders).

As can be seen in the following chart (referencing 2006-2008 annual average age-adjusted death rates):

- The Merced County lung cancer death rate is higher than the state rate but more favorable than the national rate.
- The Merced County female breast cancer death rate is higher than both the California and US rates.
- The Merced County prostate cancer death rate is lower than both the state and national rates.
- The Merced County colorectal cancer death rate is lower than both the state and national rates.

Note that the Merced County prostate, colorectal and lung cancer death rates detailed below satisfy or are comparable to the related Healthy People 2020 targets, while the female breast cancer rate fails to satisfy the related goal.

### Age-Adjusted Cancer Death Rates by Site
(2006-2008 Annual Average Deaths per 100,000 Population)

<table>
<thead>
<tr>
<th>Cancer Type</th>
<th>Merced County</th>
<th>CA</th>
<th>US</th>
<th>HP2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lung Cancer</td>
<td>46.0</td>
<td>39.2</td>
<td>50.5</td>
<td>45.5</td>
</tr>
<tr>
<td>Female Breast Cancer</td>
<td>24.7</td>
<td>22.0</td>
<td>23.0</td>
<td>20.6</td>
</tr>
<tr>
<td>Prostate Cancer</td>
<td>19.6</td>
<td>22.2</td>
<td>23.1</td>
<td>21.2</td>
</tr>
<tr>
<td>Colorectal Cancer</td>
<td>13.5</td>
<td>15.1</td>
<td>16.8</td>
<td>14.5</td>
</tr>
</tbody>
</table>

**Prevalence of Cancer**

**Skin Cancer**

A total of 3.8% of surveyed Merced County adults report having been diagnosed with skin cancer.
- More favorable than the national average.

**Other Cancer**

A total of 3.7% of respondents have been diagnosed with some type of (non-skin) cancer.
- Similar to the national prevalence.
Cancer Risk

Reducing the nation’s cancer burden requires reducing the prevalence of behavioral and environmental factors that increase cancer risk.

- All cancers caused by cigarette smoking could be prevented. At least one-third of cancer deaths that occur in the United States are due to cigarette smoking.
- According to the American Cancer Society, about one-third of cancer deaths that occur in the United States each year are due to nutrition and physical activity factors, including obesity.

– National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention

Cancer Screenings

The American Cancer Society recommends that both men and women get a cancer-related checkup during a regular doctor’s checkup. It should include examination for cancers of the thyroid, testicles, ovaries, lymph nodes, oral cavity, and skin, as well as health counseling about tobacco, sun exposure, diet and nutrition, risk factors, sexual practices, and environmental and occupational exposures.

Screening levels in the community were measured in the PRC Community Health Survey relative to four cancer sites: prostate cancer (prostate-specific antigen testing and digital rectal examination); female breast cancer (mammography); cervical cancer (Pap smear testing); and colorectal cancer (sigmoidoscopy and fecal occult blood testing).
The US Preventive Services Task Force (USPSTF) concludes that the current evidence is insufficient to assess the balance of benefits and harms of prostate cancer screening in men younger than age 75 years.

Rationale: Prostate cancer is the most common nonskin cancer and the second-leading cause of cancer death in men in the United States. The USPSTF found convincing evidence that prostate-specific antigen (PSA) screening can detect some cases of prostate cancer.

In men younger than age 75 years, the USPSTF found inadequate evidence to determine whether treatment for prostate cancer detected by screening improves health outcomes compared with treatment after clinical detection.

The USPSTF found convincing evidence that treatment for prostate cancer detected by screening causes moderate-to-substantial harms, such as erectile dysfunction, urinary incontinence, bowel dysfunction, and death. These harms are especially important because some men with prostate cancer who are treated would never have developed symptoms related to cancer during their lifetime.

There is also adequate evidence that the screening process produces at least small harms, including pain and discomfort associated with prostate biopsy and psychological effects of false-positive test results.

The USPSTF recommends against screening for prostate cancer in men age 75 years or older.

Rationale: In men age 75 years or older, the USPSTF found adequate evidence that the incremental benefits of treatment for prostate cancer detected by screening are small to none.

Given the uncertainties and controversy surrounding prostate cancer screening in men younger than age 75 years, a clinician should not order the PSA test without first discussing with the patient the potential but uncertain benefits and the known harms of prostate cancer screening and treatment. Men should be informed of the gaps in the evidence and should be assisted in considering their personal preferences before deciding whether to be tested.


Note that other organizations (e.g., American Cancer Society, American Academy of Family Physicians, American College of Physicians, National Cancer Institute) may have slightly different screening guidelines.

PSA Testing and/or Digital Rectal Examination

Among men age 50 and older, 70.9% have had a PSA (prostate-specific antigen) test and/or a digital rectal examination for prostate problems in the past two years.

- Almost identical to national findings.
Female Breast Cancer Screening

The US Preventive Services Task Force (USPSTF) recommends screening mammography, with or without clinical breast examination (CBE), every 1-2 years for women age 40 and older.

Rationale: The USPSTF found fair evidence that mammography screening every 12-33 months significantly reduces mortality from breast cancer. Evidence is strongest for women age 50-69, the age group generally included in screening trials. For women age 40-49, the evidence that screening mammography reduces mortality from breast cancer is weaker, and the absolute benefit of mammography is smaller, than it is for older women. Most, but not all, studies indicate a mortality benefit for women undergoing mammography at ages 40-49, but the delay in observed benefit in women younger than 50 makes it difficult to determine the incremental benefit of beginning screening at age 40 rather than at age 50.

The absolute benefit is smaller because the incidence of breast cancer is lower among women in their 40s than it is among older women. The USPSTF concluded that the evidence is also generalizable to women age 70 and older (who face a higher absolute risk for breast cancer) if their life expectancy is not compromised by comorbid disease. The absolute probability of benefits of regular mammography increase along a continuum with age, whereas the likelihood of harms from screening (false-positive results and unnecessary anxiety, biopsies, and cost) diminish from ages 40-70. The balance of benefits and potential harms, therefore, grows more favorable as women age. The precise age at which the potential benefits of mammography justify the possible harms is a subjective choice. The USPSTF did not find sufficient evidence to specify the optimal screening interval for women age 40-49.


Note that other organizations (e.g., American Cancer Society, American Academy of Family Physicians, American College of Physicians, National Cancer Institute) may have slightly different screening guidelines.

Mammography

Among women age 50-74, 77.2% have had a mammogram within the past two years.

- Similar to statewide findings (which represent all women 50+).
- Similar to national findings.
- Similar to the Healthy People 2020 target (81.1% or higher).

Among women 40+, 72.5% had a mammogram in the past two years.

Have Had a Mammogram in the Past Two Years
(Among Women 50-74)

Healthy People 2020 Target = 81.1% or Higher

<table>
<thead>
<tr>
<th>Healthy People 2020 Target</th>
<th>Merced County</th>
<th>California*</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>81.4%</td>
<td></td>
<td>79.9%</td>
<td></td>
</tr>
<tr>
<td>77.2%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Women 40+ = 72.5%</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Sources:
- 2012 PRC Community Health Survey; Professional Research Consultants, Inc. (Items 144-145).
- 2012 PRC National Health Survey; Professional Research Consultants, Inc.

Notes:
- Reflects female respondents 50 to 74:
- *Note that state data reflects all women 50 and older (vs. women 50-74 in local, US and Healthy People data).
Cervical Cancer Screenings

The US Preventive Services Task Force (USPSTF) strongly recommends screening for cervical cancer in women who have been sexually active and have a cervix.

**Rationale:** The USPSTF found good evidence from multiple observational studies that screening with cervical cytology (Pap smears) reduces incidence of and mortality from cervical cancer. Direct evidence to determine the optimal starting and stopping age and interval for screening is limited. Indirect evidence suggests most of the benefit can be obtained by beginning screening within 3 years of onset of sexual activity or age 21 (whichever comes first) and screening at least every 3 years. The USPSTF concludes that the benefits of screening substantially outweigh potential harms.

The USPSTF recommends against routinely screening women older than age 65 for cervical cancer if they have had adequate recent screening with normal Pap smears and are not otherwise at high risk for cervical cancer.

**Rationale:** The USPSTF found limited evidence to determine the benefits of continued screening in women older than 65. The yield of screening is low in previously screened women older than 65 due to the declining incidence of high-grade cervical lesions after middle age. There is fair evidence that screening women older than 65 is associated with an increased risk for potential harms, including false-positive results and invasive procedures. The USPSTF concludes that the potential harms of screening are likely to exceed benefits among older women who have had normal results previously and who are not otherwise at high risk for cervical cancer.

The USPSTF recommends against routine Pap smear screening in women who have had a total hysterectomy for benign disease.

**Rationale:** The USPSTF found fair evidence that the yield of cytologic screening is very low in women after hysterectomy and poor evidence that screening to detect vaginal cancer improves health outcomes. The USPSTF concludes that potential harms of continued screening after hysterectomy are likely to exceed benefits.

Note that other organizations (e.g., American Cancer Society, American Academy of Family Physicians, American College of Physicians, National Cancer Institute) may have slightly different screening guidelines.

Pap Smear Testing

Among women age 21 to 65, 85.1% have had a Pap smear within the past three years.

- Comparable to California findings (which represents all women 18+).
- Comparable to national findings.
- Fails to satisfy the Healthy People 2020 target (93% or higher).

**Have Had a Pap Smear in the Past Three Years**

(Among Women 21-65)

---

Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. (Item 146)
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Colorectal Cancer Screenings

The USPSTF recommends screening for colorectal cancer using fecal occult blood testing, sigmoidoscopy, or colonoscopy in adults, beginning at age 50 years and continuing until age 75 years.

The evidence is convincing that screening for colorectal cancer with fecal occult blood testing, sigmoidoscopy, or colonoscopy detects early-stage cancer and adenomatous polyps. There is convincing evidence that screening with any of the three recommended tests (FOBT, sigmoidoscopy, colonoscopy) reduces colorectal cancer mortality in adults age 50 to 75 years. Follow-up of positive screening test results requires colonoscopy regardless of the screening test used.


Note that other organizations (e.g., American Cancer Society, American Academy of Family Physicians, American College of Physicians, National Cancer Institute) may have slightly different screening guidelines.

Colorectal Cancer Screening

Among adults age 50-75, 70.4% have had an appropriate colorectal cancer screening (fecal occult blood testing within the past year and/or sigmoidoscopy/colonoscopy [lower endoscopy] within the past 10 years).

- Almost identical to the Healthy People 2020 target (70.5% or higher).

Have Had a Colorectal Cancer Screening
(Among Merced County Adults 50-75, 2012)

Healthy People 2020 Target = 70.5% or Higher

Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 150]

Notes:
- Asked of all respondents age 50 through 75.
- In this case, the term “colorectal screening” refers to adults age 50-75 receiving a FOBT (fecal occult blood test) in the past year and/or a lower endoscopy (sigmoidoscopy/colonoscopy) in the past 10 years.

Lower Endoscopy

Among adults age 50 and older, nearly two-thirds (66.1%) have had a lower endoscopy (sigmoidoscopy or colonoscopy) at some point in their lives.

- Comparable to California findings.
- Comparable to national findings.
Have Ever Had a Lower Endoscopy Exam
(Among Adults 50+)

Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 148]
- Behavioral Risk Factor Surveillance System Survey Data, Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC), 2010 California data.
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents 50+.
- Lower endoscopy includes either sigmoidoscopy or colonoscopy.

Blood Stool Testing

Among adults age 50 and older, 34.1% have had a blood stool test (aka “fecal occult blood test”) within the past two years.

- More favorable than California findings.
- Similar to national findings.

Have Had a Blood Stool Test in the Past Two Years
(Among Adults 50+)

Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 149]
- Behavioral Risk Factor Surveillance System Survey Data, Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC), 2010 California data.
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents 50+.
Respiratory Disease

Asthma and chronic obstructive pulmonary disease (COPD) are significant public health burdens. Specific methods of detection, intervention, and treatment exist that may reduce this burden and promote health.

Asthma is a chronic inflammatory disorder of the airways characterized by episodes of reversible breathing problems due to airway narrowing and obstruction. These episodes can range in severity from mild to life threatening. Symptoms of asthma include wheezing, coughing, chest tightness, and shortness of breath. Daily preventive treatment can prevent symptoms and attacks and enable individuals who have asthma to lead active lives.

COPD is a preventable and treatable disease characterized by airflow limitation that is not fully reversible. The airflow limitation is usually progressive and associated with an abnormal inflammatory response of the lung to noxious particles or gases (typically from exposure to cigarette smoke). Treatment can lessen symptoms and improve quality of life for those with COPD.

Several additional respiratory conditions and respiratory hazards, including infectious agents and occupational and environmental exposures, are covered in other areas of Healthy People 2020. Examples include tuberculosis, lung cancer, acquired immunodeficiency syndrome (AIDS), pneumonia, occupational lung disease, and smoking. Sleep Health is now a separate topic area of Healthy People 2020.

Currently in the United States, more than 23 million people have asthma. Approximately 13.6 million adults have been diagnosed with COPD, and an approximately equal number have not yet been diagnosed. The burden of respiratory disease affects individuals and their families, schools, workplaces, neighborhoods, cities, and states. Because of the cost to the healthcare system, the burden of respiratory diseases also falls on society; it is paid for with higher health insurance rates, lost productivity, and tax dollars. Annual healthcare expenditures for asthma alone are estimated at $20.7 billion.

Asthma. The prevalence of asthma has increased since 1980. However, deaths from asthma have decreased since the mid-1990s. The causes of asthma are an active area of research and involve both genetic and environmental factors.

Risk factors for asthma currently being investigated include:

- Having a parent with asthma
- Sensitization to irritants and allergens
- Respiratory infections in childhood
- Overweight

Asthma affects people of every race, sex, and age. However, significant disparities in asthma morbidity and mortality exist, in particular for low-income and minority populations. Populations with higher rates of asthma include: children; women (among adults) and boys (among children); African Americans; Puerto Ricans; people living in the Northeast United States; people living below the Federal poverty level; and employees with certain exposures in the workplace.

While there is not a cure for asthma yet, there are diagnoses and treatment guidelines that are aimed at ensuring that all people with asthma live full and active lives.

– Healthy People 2020 (www.healthypeople.gov)

[NOTE: COPD was changed to chronic lower respiratory disease (CLRD) with the introduction of ICD-10 codes. CLRD is used in vital statistics reporting, but COPD is still widely used and commonly found in surveillance reports.]
Between 2006 and 2008, there was an annual average age-adjusted CLRD mortality rate of 46.0 deaths per 100,000 population in Merced County.

- Higher than found statewide.
- Higher than the national rate.

**CLRD: Age-Adjusted Mortality**

(2006-2008 Annual Average Deaths per 100,000 Population)

**CLRD mortality appears notably higher among Merced County Whites.**

**CLRD: Age-Adjusted Mortality by Race**

(2006-2008 Annual Average Deaths per 100,000 Population)

---

**Note:** COPD was changed to chronic lower respiratory disease (CLRD) in 1999 with the introduction of ICD-10 codes. CLRD is used in vital statistics reporting, but COPD is still widely used and commonly found in surveillance reports.
CLRD mortality in Merced County has decreased over time, mirroring the trends reported both statewide and nationwide.

## CLRD: Age-Adjusted Mortality Trends
(Annual Average Deaths per 100,000 Population)

<table>
<thead>
<tr>
<th>Year</th>
<th>Merced County</th>
<th>California</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>1999-2001</td>
<td>58.1</td>
<td>45.1</td>
<td>44.4</td>
</tr>
<tr>
<td>2000-2002</td>
<td>54.9</td>
<td>43.5</td>
<td>43.8</td>
</tr>
<tr>
<td>2001-2003</td>
<td>57.0</td>
<td>43.1</td>
<td>43.5</td>
</tr>
<tr>
<td>2002-2004</td>
<td>54.9</td>
<td>41.7</td>
<td>42.4</td>
</tr>
<tr>
<td>2003-2005</td>
<td>48.4</td>
<td>41.4</td>
<td>42.2</td>
</tr>
<tr>
<td>2004-2006</td>
<td>46.8</td>
<td>39.9</td>
<td>41.6</td>
</tr>
<tr>
<td>2005-2007</td>
<td>46.3</td>
<td>39.1</td>
<td>41.5</td>
</tr>
<tr>
<td>2006-2008</td>
<td>46.0</td>
<td>38.5</td>
<td>41.8</td>
</tr>
</tbody>
</table>

Sources: CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted March 2012.

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population; age-adjusted to the 2000 U.S. Standard Population.
- State and national data are simple three-year averages.
- CLRD is chronic lower respiratory disease.

## Pneumonia/Influenza Deaths
Between 2006 and 2008, there was an annual average age-adjusted pneumonia influenza mortality rate of 15.3 deaths per 100,000 population in Merced County.

- More favorable than found statewide.
- More favorable than the national rate.

## Pneumonia/Influenza: Age-Adjusted Mortality
(2006-2008 Annual Average Deaths per 100,000 Population)

<table>
<thead>
<tr>
<th>Year</th>
<th>Merced County</th>
<th>California</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>2006-2008</td>
<td>15.3</td>
<td>19.7</td>
<td>17.0</td>
</tr>
</tbody>
</table>

Sources: CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted March 2012.

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population; age-adjusted to the 2000 U.S. Standard Population.
- Local, state and national data are simple three-year averages.

For prevalence of vaccinations for pneumonia and influenza, see also “Immunization & Infectious Disease.”
The pneumonia/influenza mortality rate was 16.8 among Merced County Whites between 2006-2008.

Merced County pneumonia/influenza mortality has decreased over the past several years. Across California and the US overall, pneumonia/influenza death rates have decreased as well.

### Pneumonia/Influenza: Age-Adjusted Mortality by Race

(2006-2008 Annual Average Deaths per 100,000 Population)

<table>
<thead>
<tr>
<th>Race</th>
<th>2006-2008 Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Merced County Non-Hispanic White</td>
<td>16.8</td>
</tr>
<tr>
<td>Merced County Hispanic</td>
<td>N/A</td>
</tr>
<tr>
<td>Merced County Non-Hispanic Other</td>
<td>N/A</td>
</tr>
<tr>
<td>Merced County All Races/Ethnicities</td>
<td>15.3</td>
</tr>
</tbody>
</table>

### Pneumonia/Influenza: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)

<table>
<thead>
<tr>
<th>Year</th>
<th>Merced County</th>
<th>California</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>2000-2002</td>
<td>17.6</td>
<td>24.5</td>
<td>23.0</td>
</tr>
<tr>
<td>2001-2003</td>
<td>19.7</td>
<td>28.0</td>
<td>22.7</td>
</tr>
<tr>
<td>2002-2004</td>
<td>22.1</td>
<td>26.9</td>
<td>22.2</td>
</tr>
<tr>
<td>2003-2005</td>
<td>20.8</td>
<td>25.3</td>
<td>21.5</td>
</tr>
<tr>
<td>2004-2006</td>
<td>20.8</td>
<td>24.0</td>
<td>20.7</td>
</tr>
<tr>
<td>2005-2007</td>
<td>17.3</td>
<td>22.5</td>
<td>19.3</td>
</tr>
<tr>
<td>2006-2008</td>
<td>14.9</td>
<td>21.2</td>
<td>18.1</td>
</tr>
</tbody>
</table>

### Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
Survey respondents were next asked to indicate whether they suffer from or have been diagnosed with various respiratory conditions, including asthma, nasal/hay fever allergies, sinusitis, and/or chronic lung disease.

**Prevalence of Respiratory Conditions**

**Nasal/Hay Fever Allergies**

One-fourth (25.0%) of Merced County adults currently suffers from or has been diagnosed with nasal/hay fever allergies.

- Similar to the national prevalence.

**Sinusitis**

A total of 10.3% of Merced County adults suffer from sinusitis.

- More favorable than the national prevalence.

**Chronic Lung Disease**

A total of 10.2% of Merced County adults suffer from chronic lung disease.

- Similar to the national prevalence.

---

**Prevalence of Respiratory Conditions**

(Merced County, 2012)

---

**Sources:**
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 24, 33-34]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

**Notes:**
- Asked of all respondents.
A total of 12.5% of Merced County adults currently suffer from asthma.

- Worse than the statewide prevalence.
- Worse than the national prevalence.

**Currently Have Asthma**

Note the positive correlation between asthma and age in Merced County.
A total of 28.4% of Merced County adults with asthma report three or more days in the past year when their asthma prevented them from working or carrying out their usual activities (although most report zero days).

### Number of Days in Past Year When Asthma Prevented Work or Usual Activities
(Among Merced County Adults w/Asthma, 2012)

![Pie chart showing the distribution of days prevented by asthma.](chart)

- None: 66.2%
- One: 5.4%
- Two: 0.0%
- Three/More: 28.4%

Median = 0 Days

**Sources:**
- 2012 PRC Community Health Survey. Professional Research Consultants, Inc. [Item 42]

**Notes:**
- Asked of those respondents who have been diagnosed with asthma.

#### Children

Among Merced County children under age 18, 11.0% currently have asthma.

- Statistically similar to national findings.

### Child Currently Has Asthma
(Among Parents of Children Age 0-17)

- **Merced County:** 11.0%
- **US:** 6.8%

**Sources:**
- 2012 PRC Community Health Survey. Professional Research Consultants, Inc. [Item 152]
- 2011 PRC National Health Survey. Professional Research Consultants, Inc.

**Notes:**
- Asked of all respondents with children 0 to 17 in the household.
Injury & Violence

Injuries and violence are widespread in society. Both unintentional injuries and those caused by acts of violence are among the top 15 killers for Americans of all ages. Many people accept them as “accidents,” “acts of fate,” or as “part of life.” However, most events resulting in injury, disability, or death are predictable and preventable.

Injuries are the leading cause of death for Americans ages 1 to 44, and a leading cause of disability for all ages, regardless of sex, race/ethnicity, or socioeconomic status. More than 180,000 people die from injuries each year, and approximately 1 in 10 sustains a nonfatal injury serious enough to be treated in a hospital emergency department.

Beyond their immediate health consequences, injuries and violence have a significant impact on the well-being of Americans by contributing to:
- Premature death
- Disability
- Poor mental health
- High medical costs
- Lost productivity

The effects of injuries and violence extend beyond the injured person or victim of violence to family members, friends, coworkers, employers, and communities.

Numerous factors can affect the risk of unintentional injury and violence, including individual behaviors, physical environment, access to health services (ranging from pre-hospital and acute care to rehabilitation), and social environment (from parental monitoring and supervision of youth to peer group associations, neighborhoods, and communities).

Interventions addressing these social and physical factors have the potential to prevent unintentional injuries and violence. Efforts to prevent unintentional injury may focus on:
- Modifications of the environment
- Improvements in product safety
- Legislation and enforcement
- Education and behavior change
- Technology and engineering

Efforts to prevent violence may focus on:
- Changing social norms about the acceptability of violence
- Improving problem-solving skills (for example, parenting, conflict resolution, coping)
- Changing policies to address the social and economic conditions that often give rise to violence

Healthy People 2020 (www.healthypeople.gov)
Leading Causes of Accidental Death

Motor vehicle accidents accounted for nearly half (49.3%) of accidental deaths in Merced County (2006-2008 data).

Unintentional Injury

Age-Adjusted Unintentional Injury Deaths

Between 2006 and 2008, there was an annual average age-adjusted unintentional injury mortality rate of 43.3 deaths per 100,000 population in Merced County.

- Less favorable than the California rate.
- Less favorable than the national rate.
- Fails to meet the Healthy People 2020 target (36.0 or lower).
The accidental death rate is highest among Whites in Merced County when compared with Hispanics and “Other” races.

**Unintentional Injuries: Age-Adjusted Mortality by Race**
(2006-2008 Annual Average Deaths per 100,000 Population)

Despite recent declines, the Merced County unintentional injury mortality rate is higher overall than it was a decade ago; it has remained consistently above the California and the US rates.

**Unintentional Injuries: Age-Adjusted Mortality Trends**
(Annual Average Deaths per 100,000 Population)
Motor Vehicle Safety

Age-Adjusted Motor-Vehicle Related Deaths

Between 2006 and 2008, there was an annual average age-adjusted motor vehicle crash mortality rate of 20.3 deaths per 100,000 population in Merced County.

- Much higher than found statewide.
- Much higher than found nationally.
- Fails to satisfy the Healthy People 2020 target (12.4 or lower).

**Motor Vehicle Crashes: Age-Adjusted Mortality**
(2006-2008 Annual Average Deaths per 100,000 Population)

<table>
<thead>
<tr>
<th>Merced County</th>
<th>California</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>20.3</td>
<td>11.2</td>
<td>14.1</td>
</tr>
</tbody>
</table>

Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted March 2012.

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
- Local, state and national data are simple three-year averages.

Note the following breakout by race (a rate for "Other" races was unavailable).

**Motor Vehicle Crashes: Age-Adjusted Mortality by Race**
(2006-2008 Annual Average Deaths per 100,000 Population)

<table>
<thead>
<tr>
<th>Merced County Non-Hispanic White</th>
<th>Merced County Hispanic</th>
<th>Merced County Non-Hispanic Other</th>
<th>Merced County All Races/Ethnicities</th>
</tr>
</thead>
<tbody>
<tr>
<td>19.1</td>
<td>20.9</td>
<td>N/A</td>
<td>20.3</td>
</tr>
</tbody>
</table>

Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted March 2012.

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
- Local, state and national data are simple three-year averages.
The Merced County mortality rate decreased, particularly in the past few years.

Motor Vehicle Crashes: Age-Adjusted Mortality Trends
(Annual Average Deaths per 100,000 Population)

Sources:
● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted March 2012.

Notes:
● Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
● Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
● Local, state and national data are simple three-year averages.

Seat Belt Usage - Adults

Most Merced County adults (91.1%) report “always” wearing a seat belt when driving or riding in a vehicle.

- More favorable than the percentage found nationally.
- Similar to the Healthy People 2020 target of 92.4% or higher.

“Always” Wear a Seat Belt
When Driving or Riding in a Vehicle

Sources:
● 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 52]
● 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
● Asked of all respondents.
These population segments are **less** likely to report consistent seat belt usage:

- Men.
- Residents living on higher incomes.

### “Always” Wear a Seat Belt When Driving or Riding in a Vehicle (Merced County, 2012)

<table>
<thead>
<tr>
<th>Healthy People 2020 Target = 92.4% or Higher</th>
</tr>
</thead>
<tbody>
<tr>
<td>Men</td>
</tr>
<tr>
<td>-----</td>
</tr>
<tr>
<td>87.8%</td>
</tr>
</tbody>
</table>

**Sources:**
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 52]

**Notes:**
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).
- Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Low Income” includes households with incomes up to 200% of the federal poverty level. “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.

---

### Seat Belt Usage - Children

A full 96.7% of Merced County parents report that their child (age 0 to 17) “always” wears a seat belt (or appropriate car seat for younger children) when riding in a vehicle.

- More favorable than what is found nationally.

### Child “Always” Wears a Seat Belt or Appropriate Restraint When Riding in a Vehicle (Among Parents of Children Age 0-17)

<table>
<thead>
<tr>
<th></th>
<th>Merced County</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Child “Always” Wears a Seat Belt or Appropriate Restraint When Riding in a Vehicle</strong></td>
<td><img src="image1" alt="Graph" /></td>
<td><img src="image2" alt="Graph" /></td>
</tr>
<tr>
<td></td>
<td>96.7%</td>
<td>91.6%</td>
</tr>
</tbody>
</table>

**Sources:**
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 131]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

**Notes:**
- Asked of all respondents with children 0 to 17 in the household.
Bicycle Safety

One-half (50.3%) of Merced County children age 5 to 17 is reported to “always” wear a helmet when riding a bicycle.

- Much higher than the national prevalence.

Child “Always” Wears a Helmet When Riding a Bicycle
(Among Parents of Children Age 5-17)

Firearm Safety

Age-Adjusted Firearm-Related Deaths

Between 2006 and 2008, there was an annual average age-adjusted rate of 9.0 deaths per 100,000 population due to firearms in Merced County.

- Similar to the statewide death rate.
- Lower than found nationally.
- Similar to the Healthy People 2020 objective (9.2 or lower).

Firearms-Related Deaths: Age-Adjusted Mortality
(2006-2008 Annual Average Deaths per 100,000 Population)

Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted March 2012.
Notes: ● Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
● Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
● Local, state and national data are simple three-year averages.
The Merced County firearm-related mortality rate is higher among Whites than Hispanics (rate was not available for “Other” races).

**Firearms-Related Deaths: Age-Adjusted Mortality by Race**
(2006-2008 Annual Average Deaths per 100,000 Population)

<table>
<thead>
<tr>
<th>Merced County Non-Hispanic White</th>
<th>Merced County Hispanic</th>
<th>Merced County Non-Hispanic Other</th>
<th>Merced County All Races/Ethnicities</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>10.3</td>
<td>N/A</td>
<td>9.0</td>
</tr>
</tbody>
</table>

**Notes:**
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
- Local, state and national data are simple three-year averages.

After increasing in the early 2000s, the Merced County mortality rate has decreased in recent years. The California rate decreased over the past decade, while the US rate has been stable.

**Firearms-Related Deaths: Age-Adjusted Mortality Trends**
(Annual Average Deaths per 100,000 Population)

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Merced County</td>
<td>8.5</td>
<td>9.2</td>
<td>10.3</td>
<td>11.6</td>
<td>11.5</td>
<td>11.5</td>
<td>9.8</td>
</tr>
<tr>
<td>California</td>
<td>9.3</td>
<td>9.4</td>
<td>9.6</td>
<td>9.6</td>
<td>9.5</td>
<td>9.3</td>
<td>9.2</td>
</tr>
<tr>
<td>United States</td>
<td>10.3</td>
<td>10.3</td>
<td>10.3</td>
<td>10.2</td>
<td>10.2</td>
<td>10.1</td>
<td>10.2</td>
</tr>
</tbody>
</table>

**Sources:**
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted March 2012.

**Notes:**
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
- Local, state and national data are simple three-year averages.
Survey respondents were further asked about the presence of weapons in the home:

“Are there any firearms now kept in or around your home, including those kept in a garage, outdoor storage area, truck, or car? For the purposes of this inquiry, ‘firearms’ include pistols, shotguns, rifles, and other types of guns, but do NOT include starter pistols, BB guns, or guns that cannot fire.”

Overall, 3 in 10 Merced County adults (30.0%) have a firearm kept in or around their home.

- Lower than the national prevalence.
- Among Merced County households with children, 22.6% have a firearm kept in or around the house (lower than reported nationally).

### Have a Firearm Kept in or Around the Home

![Chart showing percentage of households with firearms in Merced County and the United States](chart.png)

**Households With Children:** 22.6% (vs. 34.4% nationwide)

### Have a Firearm Kept in or Around the House

(Merced County, 2012)

![Chart showing percentage of households with firearms by demographics](chart2.png)

Reports of firearms in or around the home are more prevalent among the following respondent groups:

- Men.
- Seniors.
- Higher-income households.
- White respondents.

**Sources:**
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 56, 153]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

**Notes:**
- Asked of all respondents.
- In this case, firearms include pistols, shotguns, rifles, and other types of guns; this does not include starter pistols, BB guns, or guns that cannot fire.
Among Merced County households with firearms, 7.0% report that there is at least one weapon that is kept unlocked and loaded.

- More favorable than that found nationally.

### Household Has An Unlocked, Loaded Firearm
(Among Respondents Reporting a Firearm in or Around the Home)

<table>
<thead>
<tr>
<th></th>
<th>Merced County</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>7.0%</td>
<td>16.9%</td>
</tr>
<tr>
<td>No</td>
<td>93.0%</td>
<td>83.1%</td>
</tr>
</tbody>
</table>

Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. (Item 154)
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents with a firearm in or around the home.
- In this case, firearms include pistols, shotguns, rifles, and other types of guns; this does not include starter pistols, BB guns, or guns that cannot fire.

### Intentional Injury (Violence)

#### Age-Adjusted Homicide Deaths

Between 2006 and 2008, there was an annual average age-adjusted homicide rate of 7.6 deaths per 100,000 population in Merced County.

- Less favorable than the rate found statewide.
- Less favorable than the national rate.
- Fails to satisfy the Healthy People 2020 target of 5.5 or lower.

### Homicide: Age-Adjusted Mortality
(2006-2008 Annual Average Deaths per 100,000 Population)

- Healthy People 2020 Target = 5.5 or Lower

<table>
<thead>
<tr>
<th></th>
<th>Merced County</th>
<th>California</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthy People 2020 Target</td>
<td>7.6</td>
<td>6.4</td>
<td>6.1</td>
</tr>
</tbody>
</table>

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted March 2012.

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
- Local, state and national data are simple three-year averages.

RELATED ISSUE:
See also Suicide in the Mental Health & Mental Disorders section of this report.
The Merced County 2006-2008 homicide rate was 8.9 among Hispanics (other rates by race were unavailable).

Homicide: Age-Adjusted Mortality by Race
(2006-2008 Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 5.5 or Lower

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>2006-2008 Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-Hispanic White</td>
<td>8.9</td>
</tr>
<tr>
<td>Hispanic</td>
<td>N/A</td>
</tr>
<tr>
<td>Non-Hispanic Other</td>
<td>N/A</td>
</tr>
<tr>
<td>All Races/Ethnicities</td>
<td>7.6</td>
</tr>
</tbody>
</table>

Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted March 2012.

Notes: ● Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
● Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
● Local, state and national data are simple three-year averages.

The Merced County homicide rate increased steadily through the 2003-2005 reporting period but has decreased in recent years (although still ending higher than the 1999-2001 rate). The California rate increased somewhat over the past decade; during this time, the US rate decreased.

Homicide: Age-Adjusted Mortality Trends
(Annual Average Deaths per 100,000 Population)

<table>
<thead>
<tr>
<th>Year</th>
<th>Merced County</th>
<th>California</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>1999-2001</td>
<td>4.4</td>
<td>6.0</td>
<td>6.3</td>
</tr>
<tr>
<td>2000-2002</td>
<td>4.2</td>
<td>6.2</td>
<td>6.4</td>
</tr>
<tr>
<td>2001-2003</td>
<td>5.6</td>
<td>6.5</td>
<td>6.4</td>
</tr>
<tr>
<td>2002-2004</td>
<td>7.6</td>
<td>6.8</td>
<td>6.0</td>
</tr>
<tr>
<td>2003-2005</td>
<td>8.7</td>
<td>6.8</td>
<td>6.0</td>
</tr>
<tr>
<td>2004-2006</td>
<td>8.4</td>
<td>6.9</td>
<td>6.1</td>
</tr>
<tr>
<td>2005-2007</td>
<td>7.8</td>
<td>6.7</td>
<td>6.1</td>
</tr>
<tr>
<td>2006-2008</td>
<td>7.6</td>
<td>6.4</td>
<td>N/A</td>
</tr>
</tbody>
</table>

Healthy People 2020 Target = 5.5 or Lower

Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted March 2012.

Notes: ● Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
● Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
● Local, state and national data are simple three-year averages.
Violent crime is composed of four offenses (FBI Index offenses): murder and non-negligent manslaughter; forcible rape; robbery; and aggravated assault.

Note that the quality of crime data can vary widely from location to location, depending on the consistency and completeness of reporting among various jurisdictions.

Between 2007 and 2009, there was an annual average violent crime rate of 636.2 offenses per 100,000 population in Merced County.

- Much higher than the California rate for the same period.
- Much higher than the national rate.

The crime rate has been consistently higher than state and national rates during the past decade.
A total of 3.1% of Merced County adults acknowledge being the victim of a violent crime in the past five years.

- Statistically comparable to the national figure.

Reports of violence are notably higher among women, young adults and residents aged 65 and older.

Victim of a Violent Crime in the Past Five Years
(Merced County, 2012)
Between 2005 and 2007, there was an annual average domestic violence rate of 596.1 offenses per 100,000 population in Merced County (referencing the number of calls for assistance).

- Higher than the California rate for the same period.

The domestic violence rate decreased in Merced County in recent years, as did the California rate.
Self-Reported Family Violence

A total of 11.4% of survey respondents report that they have ever been threatened with physical violence by an intimate partner.

- Comparable to that reported nationally.

A total of 13.7% of community members acknowledge that they have ever been hit, slapped, pushed, kicked, or otherwise hurt by an intimate partner.

- Comparable to national findings.

Reports of domestic violence are also notably higher among:

- Women.
- Adults under 65.

Sources: ● 2012 PRC Community Health Survey, Professional Research Consultants, Inc. (Items 54-55)
Notes: ● Asked of all respondents.

By an intimate partner, I mean any current or former spouse, boyfriend, or girlfriend. Someone you were dating, or romantically or sexually intimate with would also be considered an intimate partner.
Child Abuse Rates

Between 2008 and 2010, there was an annual average child abuse offense rate of 61.4 offenses per 1,000 children in Merced County.

- Higher than the California rate for the same period.

Reported Child Abuse Rates
(2008-2010 Annual Average Offenses per 1,000 Children)

The reported child abuse rate has decreased overall in Merced County over the past decade.

Reported Child Abuse Rates
(Annual Average Offenses per 1,000 Children)

Sources: Center for Social Services Research, University of Berkeley.
Notes: Rates are based on unduplicated counts of children with allegations, substantiations, and entering care during the time period.

Keep in mind that these data only reflect those incidents reported to law enforcement.
Diabetes mellitus occurs when the body cannot produce or respond appropriately to insulin. Insulin is a hormone that the body needs to absorb and use glucose (sugar) as fuel for the body’s cells. Without a properly functioning insulin signaling system, blood glucose levels become elevated and other metabolic abnormalities occur, leading to the development of serious, disabling complications. Many forms of diabetes exist; the three common types are Type 1, Type 2, and gestational diabetes.

Effective therapy can prevent or delay diabetic complications. However, almost 25% of Americans with diabetes mellitus are undiagnosed, and another 57 million Americans have blood glucose levels that greatly increase their risk of developing diabetes mellitus in the next several years. Few people receive effective preventative care, which makes diabetes mellitus an immense and complex public health challenge.

Diabetes mellitus affects an estimated 23.6 million people in the United States and is the 7th leading cause of death. Diabetes mellitus:

- Lowers life expectancy by up to 15 years.
- Increases the risk of heart disease by 2 to 4 times.
- Is the leading cause of kidney failure, lower limb amputations, and adult-onset blindness.

In addition to these human costs, the estimated total financial cost of diabetes mellitus in the US in 2007 was $174 billion, which includes the costs of medical care, disability, and premature death.

The rate of diabetes mellitus continues to increase both in the United States and throughout the world. Due to the steady rise in the number of persons with diabetes mellitus, and possibly earlier onset of type 2 diabetes mellitus, there is growing concern about the possibility that the increase in the number of persons with diabetes mellitus and the complexity of their care might overwhelm existing healthcare systems.

People from minority populations are more frequently affected by type 2 diabetes. Minority groups constitute 25% of all adult patients with diabetes in the US and represent the majority of children and adolescents with type 2 diabetes.

Lifestyle change has been proven effective in preventing or delaying the onset of type 2 diabetes in high-risk individuals.

– Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Diabetes Deaths

Between 2006 and 2008, there was an annual average age-adjusted diabetes mortality rate of 25.8 deaths per 100,000 population in Merced County.

- Less favorable than that found statewide.
- Less favorable than the national rate.
- Fails to satisfy the Healthy People 2020 target (19.6 or lower).
Diabetes: Age-Adjusted Mortality
(2006-2008 Annual Average Deaths per 100,000 Population)

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted March 2012.

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
- Local, state and national data are simple three-year averages.
- The Healthy People 2020 target for Diabetes is adjusted to account for only diabetes mellitus coded deaths.

The Merced County diabetes mortality rate is higher among Hispanics than Whites (rate is not available for "Other" races).

Diabetes: Age-Adjusted Mortality by Race
(2006-2008 Annual Average Deaths per 100,000 Population)

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted March 2012.

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
- The Healthy People 2020 target for Diabetes is adjusted to account for only diabetes mellitus coded deaths.
The Merced County diabetes mortality rate has decreased in recent years. Statewide, the rate appears to be stable, while decreasing slightly in the US.

**Diabetes: Age-Adjusted Mortality Trends**
(Annual Average Deaths per 100,000 Population)

<table>
<thead>
<tr>
<th>Year</th>
<th>Merced County</th>
<th>California</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>1999-2001</td>
<td>32.8</td>
<td>21.7</td>
<td>25.1</td>
</tr>
<tr>
<td>2000-2002</td>
<td>33.9</td>
<td>21.6</td>
<td>25.2</td>
</tr>
<tr>
<td>2001-2003</td>
<td>37.6</td>
<td>22.0</td>
<td>25.3</td>
</tr>
<tr>
<td>2002-2004</td>
<td>38.2</td>
<td>22.7</td>
<td>25.1</td>
</tr>
<tr>
<td>2003-2005</td>
<td>36.5</td>
<td>22.6</td>
<td>24.8</td>
</tr>
<tr>
<td>2004-2006</td>
<td>32.2</td>
<td>22.5</td>
<td>24.1</td>
</tr>
<tr>
<td>2005-2007</td>
<td>28.4</td>
<td>21.7</td>
<td>23.5</td>
</tr>
<tr>
<td>2006-2008</td>
<td>25.8</td>
<td></td>
<td>22.5</td>
</tr>
</tbody>
</table>

Sources:
● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted March 2012.

Notes:
● Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
● Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
● Local, state and national data are simple three-year averages.
● The Healthy People 2020 target for Diabetes is adjusted to account for only diabetes mellitus coded deaths.

Prevalence of Diabetes

According to survey findings, a total of 12.0% of Merced County adults have been diagnosed with diabetes.

- Worse than the proportion statewide.
- Similar to the national proportion.

**Prevalence of Diabetes**

<table>
<thead>
<tr>
<th></th>
<th>Merced County</th>
<th>California</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage</td>
<td>12.0%</td>
<td>8.6%</td>
<td>10.1%</td>
</tr>
</tbody>
</table>

Sources:
● 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 43]
● 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
● Asked of all respondents.
● Local and national data exclude gestation diabetes (occurring only during pregnancy).
Note the positive correlation between diabetes and age (with 26.0% of seniors with diabetes).

**Prevalence of Diabetes**  
(Merced County, 2012)

<table>
<thead>
<tr>
<th>Gender</th>
<th>18 to 39</th>
<th>40 to 64</th>
<th>65+</th>
<th>Low Income</th>
<th>Mid/High Income</th>
<th>White</th>
<th>Hispanic</th>
<th>Merced County</th>
</tr>
</thead>
<tbody>
<tr>
<td>Men</td>
<td>12.5%</td>
<td>11.4%</td>
<td>3.5%</td>
<td>18.3%</td>
<td>26.0%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Women</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Sources:  
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 43]
Notes:  
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).
- Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Low Income” includes households with incomes up to 200% of the federal poverty level. “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.
- Excludes gestation diabetes (occurring only during pregnancy).

**Diabetes Treatment**

Among adults with diabetes, most (81.9%) are currently taking insulin or some type of medication to manage their condition.

**Taking Insulin or Other Medication for Diabetes**  
(Among Merced County Diabetics)

- **Yes 81.9%**
- **No 18.1%**

Sources:  
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 44]
Notes:  
- Asked of all diabetic respondents.
Dementia is the loss of cognitive functioning—thinking, remembering, and reasoning—to such an extent that it interferes with a person’s daily life. Dementia is not a disease itself, but rather a set of symptoms. Memory loss is a common symptom of dementia, although memory loss by itself does not mean a person has dementia. Alzheimer’s disease is the most common cause of dementia, accounting for the majority of all diagnosed cases.

Alzheimer’s disease is the 6th leading cause of death among adults age 18 years and older. Estimates vary, but experts suggest that up to 5.1 million Americans age 65 years and older have Alzheimer’s disease. These numbers are predicted to more than double by 2050 unless more effective ways to treat and prevent Alzheimer’s disease are found.

– Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Alzheimer’s Disease Deaths

Between 2006 and 2008, there was an annual average age-adjusted Alzheimer’s disease mortality rate of 18.5 deaths per 100,000 population in Merced County.

- More favorable than the statewide rate.
- More favorable than the national rate.
The Alzheimer’s disease 2006-2008 mortality rate was 23.2 among Merced County Whites (not available for Hispanics or “Other” races).

### Alzheimer’s Disease: Age-Adjusted Mortality by Race

(2006-2008 Annual Average Deaths per 100,000 Population)

**Sources:** CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted March 2012.

**Notes:**
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population; age-adjusted to the 2000 U.S. Standard Population.
- Local, state and national data are simple three-year averages.

<table>
<thead>
<tr>
<th>Race</th>
<th>2006-2008 Average Deaths per 100,000 Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Merced County</td>
<td></td>
</tr>
<tr>
<td>Non-Hispanic White</td>
<td>23.2</td>
</tr>
<tr>
<td>Merced County</td>
<td>N/A</td>
</tr>
<tr>
<td>Hispanic</td>
<td>N/A</td>
</tr>
<tr>
<td>Hispanic Other</td>
<td>18.5</td>
</tr>
<tr>
<td>All Races/Ethnicities</td>
<td></td>
</tr>
</tbody>
</table>

The Merced County Alzheimer’s disease mortality rate has increased in recent years. Across California and the US, rates increased steadily during this time.

### Alzheimer’s Disease: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)

**Sources:** CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted March 2012.

**Notes:**
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population; age-adjusted to the 2000 U.S. Standard Population.

<table>
<thead>
<tr>
<th>Year</th>
<th>Merced County</th>
<th>California</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>1999-2001</td>
<td>16.3</td>
<td>16.4</td>
<td>17.9</td>
</tr>
<tr>
<td>2000-2002</td>
<td>15.4</td>
<td>16.9</td>
<td>19.1</td>
</tr>
<tr>
<td>2001-2003</td>
<td>17.5</td>
<td>18.7</td>
<td>20.2</td>
</tr>
<tr>
<td>2002-2004</td>
<td>17.2</td>
<td>20.4</td>
<td>21.1</td>
</tr>
<tr>
<td>2003-2005</td>
<td>17.1</td>
<td>22.1</td>
<td>22.0</td>
</tr>
<tr>
<td>2004-2006</td>
<td>16.2</td>
<td>23.0</td>
<td>22.4</td>
</tr>
<tr>
<td>2005-2007</td>
<td>16.8</td>
<td>23.9</td>
<td>22.7</td>
</tr>
<tr>
<td>2006-2008</td>
<td>18.5</td>
<td>25.4</td>
<td>25.2</td>
</tr>
</tbody>
</table>
Kidney Disease

Chronic kidney disease and end-stage renal disease are significant public health problems in the United States and a major source of suffering and poor quality of life for those afflicted. They are responsible for premature death and exact a high economic price from both the private and public sectors. Nearly 25% of the Medicare budget is used to treat people with chronic kidney disease and end-stage renal disease.

Genetic determinants have a large influence on the development and progression of chronic kidney disease. It is not possible to alter a person’s biology and genetic determinants; however, environmental influences and individual behaviors also have a significant influence on the development and progression of chronic kidney disease. As a result, some populations are disproportionately affected. Successful behavior modification is expected to have a positive influence on the disease.

Diabetes is the most common cause of kidney failure. The results of the Diabetes Prevention Program (DPP) funded by the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) show that moderate exercise, a healthier diet, and weight reduction can prevent development of type 2 diabetes in persons at risk.

– Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Kidney Disease Deaths

Between 2006 and 2008, there was an annual average age-adjusted kidney disease mortality rate of 3.8 deaths per 100,000 population in Merced County.

- More favorable than the rate found statewide.
- More favorable than the national rate.

Kidney Disease: Age-Adjusted Mortality
(2006-2008 Annual Average Deaths per 100,000 Population)

Sources: CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted March 2012.

Notes: Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10). Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.

Local, state and national data are simple three-year averages.
Potential Disabling Conditions

There are more than 100 types of arthritis. Arthritis commonly occurs with other chronic conditions, such as diabetes, heart disease, and obesity. Interventions to treat the pain and reduce the functional limitations from arthritis are important, and may also enable people with these other chronic conditions to be more physically active. Arthritis affects 1 in 5 adults and continues to be the most common cause of disability. It costs more than $128 billion per year. All of the human and economic costs are projected to increase over time as the population ages. There are interventions that can reduce arthritis pain and functional limitations, but they remain underused. These include: increased physical activity; self-management education; and weight loss among overweight/obese adults.

Osteoporosis is a disease marked by reduced bone strength leading to an increased risk of fractures (broken bones). In the United States, an estimated 5.3 million people age 50 years and older have osteoporosis. Most of these people are women, but about 0.8 million are men. Just over 34 million more people, including 12 million men, have low bone mass, which puts them at increased risk for developing osteoporosis. Half of all women and as many as 1 in 4 men age 50 years and older will have an osteoporosis-related fracture in their lifetime.

Chronic back pain is common, costly, and potentially disabling. About 80% of Americans experience low back pain in their lifetime. It is estimated that each year:

- 15%-20% of the population develop protracted back pain.
- 2-8% have chronic back pain (pain that lasts more than 3 months).
- 3-4% of the population is temporarily disabled due to back pain.
- 1% of the working-age population is disabled completely and permanently as a result of low back pain.

Americans spend at least $50 billion each year on low back pain. Low back pain is the:

- 2nd leading cause of lost work time (after the common cold).
- 3rd most common reason to undergo a surgical procedure.
- 5th most frequent cause of hospitalization.

Arthritis, osteoporosis, and chronic back conditions all have major effects on quality of life, the ability to work, and basic activities of daily living.

- Healthy People 2020 (www.healthypeople.gov)

Arthritis, Osteoporosis, & Chronic Pain

Prevalence of Arthritis/Rheumatism

A total of 39.3% of Merced County adults age 50 and older report suffering from arthritis or rheumatism.

- Similar to that found nationwide.

RELATED ISSUE:
See also Activity Limitations in the General Health Status section of this report.
Prevalence of Arthritis/Rheumatism
(Among Adults 50+)

Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 157]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Reflects respondents 50 and older.

39.3% 35.4%
0%
20%
40%
60%
80%
100%
Merced County United States

Prevalence of Osteoporosis

A total of 12.2% of survey respondents age 50 and older have osteoporosis.

- Similar to that found nationwide.
- Fails to satisfy the Healthy People 2020 target of 5.3% or lower.

Prevalence of Osteoporosis
(Among Adults 50+)

Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 158]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Reflects respondents 50 and older.

12.2% 11.4%
0%
20%
40%
60%
80%
100%
Merced County United States
Healthy People 2020 Target = 5.3% or Lower
Prevalence of Sciatica/Chronic Back Pain

A total of 22.9% of survey respondents suffer from chronic back pain or sciatica.
- Comparable to that found nationwide.

Prevalence of Migraines/Severe Headaches

A total of 18.2% of survey respondents report suffering from migraines or severe headaches.
- Similar to that found nationwide.

Prevalence of Chronic Neck Pain

A total of 12.9% of survey respondents currently suffer from chronic neck pain.
- Worse than that found nationwide.

Prevalence of Chronic Pain
(Merced County, 2012)

<table>
<thead>
<tr>
<th>Condition</th>
<th>Merced County</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sciatica/Chronic Back Pain</td>
<td>22.9%</td>
<td>21.5%</td>
</tr>
<tr>
<td>Migraines/Severe Headaches</td>
<td>18.2%</td>
<td>16.9%</td>
</tr>
<tr>
<td>Chronic Neck Pain</td>
<td>12.9%</td>
<td>8.3%</td>
</tr>
</tbody>
</table>

Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 28, 35-36]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
Vision & Hearing Impairment

Vision is an essential part of everyday life, influencing how Americans of all ages learn, communicate, work, play, and interact with the world. Yet millions of Americans live with visual impairment, and many more remain at risk for eye disease and preventable eye injury.

The eyes are an important, but often overlooked, part of overall health. Despite the preventable nature of some vision impairments, many people do not receive recommended screenings and exams. A visit to an eye care professional for a comprehensive dilated eye exam can help to detect common vision problems and eye diseases, including diabetic retinopathy, glaucoma, cataract, and age-related macular degeneration.

These common vision problems often have no early warning signs. If a problem is detected, an eye care professional can prescribe corrective eyewear, medicine, or surgery to minimize vision loss and help a person see his or her best.

Healthy vision can help to ensure a healthy and active lifestyle well into a person’s later years. Educating and engaging families, communities, and the nation is critical to ensuring that people have the information, resources, and tools needed for good eye health.

– Healthy People 2020 (www.healthypeople.gov)

Vision Trouble

A total of 11.8% of Merced County adults are blind, or have trouble seeing even when wearing corrective lenses.

● Less favorable than found nationwide.

Among Merced County adults age 65 and older, 23.3% have vision trouble.

Prevalence of Blindness/Trouble Seeing

Among 65+: 23.3%

11.8%

6.9%

Merced County United States

Sources: ● 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 25]
● 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: ● Asked of all respondents.
Hearing Trouble

An impaired ability to communicate with others or maintain good balance can lead many people to feel socially isolated, have unmet health needs, have limited success in school or on the job. Communication and other sensory processes contribute to our overall health and well-being. Protecting these processes is critical, particularly for people whose age, race, ethnicity, gender, occupation, genetic background, or health status places them at increased risk.

Many factors influence the numbers of Americans who are diagnosed and treated for hearing and other sensory or communication disorders, such as social determinants (social and economic standings, age of diagnosis, cost and stigma of wearing a hearing aid, and unhealthy lifestyle choices). In addition, biological causes of hearing loss and other sensory or communication disorders include: genetics; viral or bacterial infections; sensitivity to certain drugs or medications; injury; and aging.

As the nation’s population ages and survival rates for medically fragile infants and for people with severe injuries and acquired diseases improve, the prevalence of sensory and communication disorders is expected to rise.

– Healthy People 2020 (www.healthypeople.gov)

In all, 10.6% of area adults report being deaf or having difficulty hearing.

- Similar to that found nationwide.

Among adults age 65 and older, 31.4% have partial or complete hearing loss.

Prevalence of Deafness/Trouble Hearing

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Merced County</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>10.6%</td>
<td></td>
<td>9.6%</td>
</tr>
<tr>
<td>Among 65+:</td>
<td>31.4%</td>
<td></td>
</tr>
</tbody>
</table>

Sources: ● 2012 PRC Community Health Survey, Professional Research Consultants, Inc. (Item 26)
● 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: ● Asked of all respondents.
INFECTIOUS DISEASE
Vaccine-Preventable Conditions

The increase in life expectancy during the 20th century is largely due to improvements in child survival; this increase is associated with reductions in infectious disease mortality, due largely to immunization. However, infectious diseases remain a major cause of illness, disability, and death. Immunization recommendations in the United States currently target 17 vaccine-preventable diseases across the lifespan.

People in the US continue to get diseases that are vaccine-preventable. Viral hepatitis, influenza, and tuberculosis (TB) remain among the leading causes of illness and death across the nation and account for substantial spending on the related consequences of infection.

The infectious disease public health infrastructure, which carries out disease surveillance at the national, state, and local levels, is an essential tool in the fight against newly emerging and re-emerging infectious diseases. Other important defenses against infectious diseases include:

- Proper use of vaccines
- Antibiotics
- Screening and testing guidelines
- Scientific improvements in the diagnosis of infectious disease-related health concerns

Vaccines are among the most cost-effective clinical preventive services and are a core component of any preventive services package. Childhood immunization programs provide a very high return on investment. For example, for each birth cohort vaccinated with the routine immunization schedule, society:

- Saves 33,000 lives.
- Prevents 14 million cases of disease.
- Reduces direct healthcare costs by $9.9 billion.
- Saves $33.4 billion in indirect costs.

“Incidence rate” or “case rate” is the number of new cases of a disease occurring during a given period of time. It is usually expressed as cases per 100,000 population per year.

Measles, Mumps, Rubella

Aside from one case of mumps in Merced County in 2006, there are no cases of measles, mumps or rubella to report in recent years.

Pertussis

Between 2007 and 2009, the annual average pertussis incidence rate (new cases per year) was 1.8 cases per 100,000 population in Merced County.

- Below the California incidence rate.
- Well below the national incidence rate.
Incidence has fluctuated over the past several years: after increasing dramatically in the mid-2000s, the incidence rate has decreased in recent years in Merced County.

### Pertussis Incidence

(Annual Average Cases per 100,000 Population)

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Merced County</td>
<td>2.3</td>
<td>1.5</td>
<td>2.0</td>
<td>3.1</td>
<td>5.6</td>
<td>5.5</td>
<td>3.7</td>
<td>1.8</td>
</tr>
<tr>
<td>California</td>
<td>2.5</td>
<td>2.8</td>
<td>3.2</td>
<td>4.9</td>
<td>5.4</td>
<td>5.0</td>
<td>2.5</td>
<td>2.1</td>
</tr>
<tr>
<td>United States</td>
<td>3.0</td>
<td>3.4</td>
<td>5.5</td>
<td>7.2</td>
<td>7.6</td>
<td>5.8</td>
<td>4.4</td>
<td>4.5</td>
</tr>
</tbody>
</table>

Sources:
- California Department of Public Health.
- Centers for Disease Control and Prevention, National Center for Health Statistics.

Notes:
- Rates are annual average new cases per 100,000 population.

### Acute Hepatitis C

Merced County reports no cases of hepatitis C in recent years.
Influenza & Pneumonia Vaccination

Acute respiratory infections, including pneumonia and influenza, are the 8th leading cause of death in the nation, accounting for 56,000 deaths annually. Pneumonia mortality in children fell by 97% in the last century, but respiratory infectious diseases continue to be leading causes of pediatric hospitalization and outpatient visits in the US. On average, influenza leads to more than 200,000 hospitalizations and 36,000 deaths each year. The 2009 H1N1 influenza pandemic caused an estimated 270,000 hospitalizations and 12,270 deaths (1,270 of which were of people younger than age 18) between April 2009 and March 2010.

— Healthy People 2020 (www.healthypeople.gov)

Flu Vaccinations

Among Merced County seniors, 69.0% received a flu shot (or FluMist®) within the past year.

- Statistically comparable to the California finding.
- Comparable to the national finding.
- Fails to satisfy the Healthy People 2020 target (90% or higher).

Have Had a Flu Vaccination in the Past Year
(Among Adults 65+)

"High-risk" includes adults who report having been diagnosed with heart disease, diabetes or respiratory disease.

Sources:
- 2012 PRC Community Health Survey; Professional Research Consultants, Inc. (Item 159)
- 2012 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Reflects respondents 65 and older.
- Includes FluMist as a form of vaccination.

High-Risk Adults

A total of 49.6% of high-risk adults age 18 to 64 received a flu vaccination (flu shot or FluMist®) within the past year.

- Similar to national findings.
- Fails to satisfy the Healthy People 2020 target (90% or higher).
Have Had a Flu Vaccination in the Past Year  
(Among High-Risk Adults 18-64)  

Sources:  
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. (Item 160)  
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.  

Notes:  
- Reflects high-risk respondents age 18-64.  
- Includes FluMist as a form of vaccination.

Pneumonia Vaccination  
Among adults age 65 and older, 64.1% have received a pneumonia vaccination at some point in their lives.  
- Similar to the California finding.  
- Similar to the national finding.  
- Fails to satisfy the Healthy People 2020 target of 90% or higher.

Sources:  
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. (Item 161)  
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.  

Notes:  
- Reflects respondents 65 and older.
A total of 35.9% of high-risk adults age 18 to 64 have ever received a pneumonia vaccination.

- Similar to national findings.
- Fails to satisfy the Healthy People 2020 target (60% or higher).

**Have Ever Had a Pneumonia Vaccine**

(Among High-Risk Adults 18-64)

Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 162]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- “High-risk” includes adults who report having been diagnosed with heart disease, diabetes or respiratory disease.

---

“High-risk” includes adults who report having been diagnosed with heart disease, diabetes or respiratory disease.
Viral hepatitis and tuberculosis (TB) can be prevented, yet healthcare systems often do not make the best use of their available resources to support prevention efforts. Because the US healthcare system focuses on treatment of illnesses, rather than health promotion, patients do not always receive information about prevention and healthy lifestyles. This includes advancing effective and evidence-based viral hepatitis and TB prevention priorities and interventions.

– Healthy People 2020 (www.healthypeople.gov)

Between 2008 and 2010, the annual average tuberculosis incidence rate (new cases per year) was 3.0 cases per 100,000 population in Merced County.

- Well below the California incidence rate.
- Below the national incidence rate.
- Fails to satisfy the Healthy People 2020 target (1.0 or lower).

**Tuberculosis Incidence**
(2008-2010 Annual Average Cases per 100,000 Population)

Merced County tuberculosis incidence has decreased in recent years.

**Tuberculosis Incidence**
(Annual Average Cases per 100,000 Population)
The HIV epidemic in the United States continues to be a major public health crisis. An estimated 1.1 million Americans are living with HIV, and 1 in 5 people with HIV do not know they have it. HIV continues to spread, leading to about 56,000 new HIV infections each year.

HIV is a preventable disease, and effective HIV prevention interventions have been proven to reduce HIV transmission. People who get tested for HIV and learn that they are infected can make significant behavior changes to improve their health and reduce the risk of transmitting HIV to their sex or drug-using partners. More than 50% of new HIV infections occur as a result of the 21% of people who have HIV but do not know it.

In the era of increasingly effective treatments for HIV, people with HIV are living longer, healthier, and more productive lives. Deaths from HIV infection have greatly declined in the United States since the 1990s. As the number of people living with HIV grows, it will be more important than ever to increase national HIV prevention and healthcare programs.

There are gender, race, and ethnicity disparities in new HIV infections:

- Nearly 75% of new HIV infections occur in men.
- More than half occur in gay and bisexual men, regardless of race or ethnicity.
- 45% of new HIV infections occur in African Americans, 35% in whites, and 17% in Hispanics.

Improving access to quality healthcare for populations disproportionately affected by HIV, such as persons of color and gay and bisexual men, is a fundamental public health strategy for HIV prevention. People getting care for HIV can receive:

- Antiretroviral therapy
- Screening and treatment for other diseases (such as sexually transmitted infections)
- HIV prevention interventions
- Mental health services
- Other health services

As the number of people living with HIV increases and more people become aware of their HIV status, prevention strategies that are targeted specifically for HIV-infected people are becoming more important. Prevention work with people living with HIV focuses on:

- Linking to and staying in treatment.
- Increasing the availability of ongoing HIV prevention interventions.
- Providing prevention services for their partners.

Public perception in the US about the seriousness of the HIV epidemic has declined in recent years. There is evidence that risky behaviors may be increasing among uninfected people, especially gay and bisexual men. Ongoing media and social campaigns for the general public and HIV prevention interventions for uninfected persons who engage in risky behaviors are critical.

*Healthy People 2020 (www.healthypeople.gov)*

### Age-Adjusted HIV/AIDS Deaths

*Between 2004 and 2008, there was an annual average age-adjusted HIV/AIDS mortality rate of 2.1 deaths per 100,000 population in Merced County.*

- Lower than found statewide.
- Lower than the rate reported nationally.
- Satisfies the Healthy People 2020 target (3.3 or lower).
**HIV/AIDS: Age-Adjusted Mortality**
(2004-2008 Annual Average Deaths per 100,000 Population)

- Healthy People 2020 Target = 3.3 or Lower

**Sources:**

**Notes:**
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.

**HIV Testing**

Among Merced County adults age 18-44, 16.1% report that they have been tested for human immunodeficiency virus (HIV) in the past year.

- Similar to the proportion found nationwide.
- Similar to the Healthy People 2020 target of 16.9% or higher.

**Tested for HIV in the Past Year**
(Among Respondents 18-44)

**Sources:**
- 2012 PRC Community Health Survey. Professional Research Consultants, Inc. [Item 165]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

**Notes:**
- Reflects respondents age 18 to 44.
- Note that the Healthy People 2020 objective is for ages 15-44.
By demographic characteristics, men and Whites less often report having been tested for HIV.

Tested for HIV in the Past Year
(Among Respondents 18-44)

Healthy People 2020 Target = 16.9% or Higher

<table>
<thead>
<tr>
<th></th>
<th>Men</th>
<th>Women</th>
<th>Low Income</th>
<th>Mid/High Income</th>
<th>White</th>
<th>Hispanic</th>
<th>Merced County</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthy</td>
<td>11.6%</td>
<td>21.3%</td>
<td>15.0%</td>
<td>13.8%</td>
<td>3.6%</td>
<td>21.6%</td>
<td>16.1%</td>
</tr>
</tbody>
</table>

Sources:  
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 165]  

Notes:  
- Reflects respondents age 18 to 44.
- Note that the Healthy People 2020 objective is for ages 15-44.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).
- Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Low Income” includes households with incomes up to 200% of the federal poverty level. “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.
Sexually Transmitted Diseases

STDs refer to more than 25 infectious organisms that are transmitted primarily through sexual activity. Despite their burdens, costs, and complications, and the fact that they are largely preventable, STDs remain a significant public health problem in the United States. This problem is largely unrecognized by the public, policymakers, and health care professionals. STDs cause many harmful, often irreversible, and costly clinical complications, such as: reproductive health problems; fetal and perinatal health problems; cancer; and facilitation of the sexual transmission of HIV infection.

The Centers for Disease Control and Prevention (CDC) estimates that there are approximately 19 million new STD infections each year—almost half of them among young people ages 15 to 24. Because many cases of STDs go undiagnosed—and some common viral infections, such as human papillomavirus (HPV) and genital herpes, are not reported to CDC at all—the reported cases of chlamydia, gonorrhea, and syphilis represent only a fraction of the true burden of STDs in the US. Untreated STDs can lead to serious long-term health consequences, especially for adolescent girls and young women. CDC estimates that undiagnosed and untreated STDs cause at least 24,000 women in the United States each year to become infertile. Several factors contribute to the spread of STDs.

**Biological Factors.** STDs are acquired during unprotected sex with an infected partner. Biological factors that affect the spread of STDs include:

- **Asymptomatic nature of STDs.** The majority of STDs either do not produce any symptoms or signs, or they produce symptoms so mild that they are unnoticed; consequently, many infected persons do not know that they need medical care.

- **Gender disparities.** Women suffer more frequent and more serious STD complications than men do. Among the most serious STD complications are pelvic inflammatory disease, ectopic pregnancy (pregnancy outside of the uterus), infertility, and chronic pelvic pain.

- **Age disparities.** Compared to older adults, sexually active adolescents ages 15 to 19 and young adults ages 20 to 24 are at higher risk for getting STDs.

- **Lag time between infection and complications.** Often, a long interval, sometimes years, occurs between acquiring an STD and recognizing a clinically significant health problem.

**Social, Economic and Behavioral Factors.** The spread of STDs is directly affected by social, economic, and behavioral factors. Such factors may cause serious obstacles to STD prevention due to their influence on social and sexual networks, access to and provision of care, willingness to seek care, and social norms regarding sex and sexuality. Among certain vulnerable populations, historical experience with segregation and discrimination exacerbates the influence of these factors. Social, economic, and behavioral factors that affect the spread of STDs include:

- **Racial and ethnic disparities.** Certain racial and ethnic groups (mainly African American, Hispanic, and American Indian/Alaska Native populations) have high rates of STDs, compared with rates for whites.

- **Poverty and marginalization.** STDs disproportionately affect disenfranchised people and people in social networks where high-risk sexual behavior is common, and either access to care or health-seeking behavior is compromised.

- **Access to health care.** Access to high-quality health care is essential for early detection, treatment, and behavior-change counseling for STDs. Groups with the highest rates of STDs are often the same groups for whom access to or use of health services is most limited.

- **Substance abuse.** Many studies document the association of substance abuse with STDs. The introduction of new illicit substances into communities often can alter sexual behavior drastically in high-risk sexual networks, leading to the epidemic spread of STDs.

- **Sexuality and secrecy.** Perhaps the most important social factors contributing to the spread of STDs in the United States are the stigma associated with STDs and the general discomfort of discussing intimate aspects of life, especially those related to sex. These social factors separate the United States from industrialized countries with low rates of STDs.

- **Sexual networks.** Sexual networks refer to groups of people who can be considered “linked” by sequential or concurrent sexual partners. A person may have only 1 sex partner, but if that partner is a member of a risky sexual network, then the person is at higher risk for STDs than a similar individual from a nonrisky network.

*Healthy People 2020 (www.healthypeople.gov)*
Gonorrhea

Between 2008 and 2010, the annual average gonorrhea incidence rate was 31.6 cases per 100,000 population in Merced County.

- Half the California incidence rate.
- Notably lower than the national incidence rate.

Gonorrhea Incidence
(2008-2010 Annual Average Cases per 100,000 Population)

Sources: ● California Department of Public Health. ● Centers for Disease Control and Prevention, National Center for Health Statistics.
Notes: ● Rates are annual average new cases per 100,000 population.

The Merced County gonorrhea rate has risen and fallen during the past decade, most recently to levels well below state and national rates.

Gonorrhea Incidence
(Annual Average Cases per 100,000 Population)

Sources: ● California Department of Public Health. ● Centers for Disease Control and Prevention, National Center for Health Statistics.
Notes: ● Rates are annual average new cases per 100,000 population.
Between 2008 and 2010, the annual average primary/secondary syphilis incidence rate was 1.6 cases per 100,000 population in Merced County.

- Much lower than the California incidence rate.
- Much lower than the national incidence rate.

**Primary/Secondary Syphilis Incidence**
(2008-2010 Annual Average Cases per 100,000 Population)

However, the Merced County syphilis incidence has increased in recent years, echoing the trends across California and the US overall.

**Primary/Secondary Syphilis Incidence**
(Annual Average Cases per 100,000 Population)
Chlamydia

Between 2008 and 2010, the annual average chlamydia incidence rate was 371.6 cases per 100,000 population in Merced County.

- Comparable to the California incidence rate.
- More favorable than the national incidence rate.

![Chlamydia Incidence](chart)

Sources: California Department of Public Health, Centers for Disease Control and Prevention, National Center for Health Statistics.

Notes: Rates are annual average new cases per 100,000 population.

The overall trendline in chlamydia incidence in Merced County during the past decade has been upward, as it has for state and national incidence rates.

![Chlamydia Incidence](chart2)
Acute Hepatitis B

Hepatitis B Incidence

Between 2008 and 2010, the Merced County hepatitis B incidence rate was just 0.3 per 100,000 population.

- More favorable than the statewide rate.
- More favorable than the national rate.

**Hepatitis B (Acute) Incidence**

(2008-2010 Annual Average Cases per 100,000 Population)

![Graph showing hepatitis B incidence rates for Merced County, California, and the United States over the years 2000-2009.](image)

**Notes:**
- Rates are annual average new cases per 100,000 population.
- Decreasing in recent years, echoing the downward trend reported both statewide and nationwide.

**Hepatitis B (Acute) Incidence**

(Annual Average Cases per 100,000 Population)

![Graph showing hepatitis B incidence rates for Merced County, California, and the United States over the years 2000-2009.](image)

**Sources:**
- California Department of Public Health.
- Centers for Disease Control and Prevention, National Center for Health Statistics.

**Notes:**
- Rates are annual average new cases per 100,000 population.
Hepatitis B Vaccination

Based on survey data, over one-third (36.3%) of residents report having received the hepatitis B vaccine.

- Similar to what is reported nationwide.

Have Ever Received the Hepatitis B Vaccination

Note the negative correlation between age and hepatitis B vaccination.

In addition, residents living at higher incomes are more likely than those with lower incomes to have received the hepatitis B vaccine.

Have Ever Received the Hepatitis B Vaccination
(Merced County, 2012)
Safe Sexual Practices

Sexual Partners

Among unmarried Merced County adults under 65, the vast majority cites having one (47.8%) or no (35.3%) sexual partners in the past 12 months.

Number of Sexual Partners in Past 12 Months
(Among Unmarried Adults 18-64; Merced County, 2012)

None 35.3%
One 47.8%
Two 9.4%
Three/More 7.5%

Sources: ● 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 96]
Notes: ● Asked of all unmarried respondents under the age of 65.

However, 7.5% report three or more sexual partners in the past year.

- Comparable to that reported nationally.

Had Three or More Sexual Partners in the Past Year
(Among Unmarried Adults 18-64)

Merced County United States

Sources: ● 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 96]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all unmarried respondents under the age of 65.
Those **more** likely to report three or more sexual partners in the past year include:

- Men.
- Residents age 18 to 39.
- Higher-income residents.
- Hispanics.

### Had Three or More Sexual Partners in the Past Year
(Among Unmarried Adults 18-64; Merced County, 2012)

<table>
<thead>
<tr>
<th>Category</th>
<th>Men (11.8%)</th>
<th>Women (1.2%)</th>
<th>18 to 39 (10.2%)</th>
<th>40 to 64 (1.6%)</th>
<th>Low Income (&lt; 200% FPL) (4.7%)</th>
<th>Mid/High Income (≤ 200% FPL) (12.7%)</th>
<th>White (4.1%)</th>
<th>Hispanic (10.8%)</th>
<th>Merced County (7.5%)</th>
</tr>
</thead>
</table>

**Sources:**
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 96]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

**Notes:**
- Asked of all unmarried respondents under the age of 65.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).
- Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Low Income” includes households with incomes up to 200% of the federal poverty level; “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.

### Condom Use

Among Merced County adults who are under age 65 and unmarried, **36.6%** report that a condom was used during their last sexual intercourse.

- Nearly twice the proportion found nationally.

### Condom Was Used During Last Sexual Intercourse
(Among Unmarried Adults 18-64)

<table>
<thead>
<tr>
<th>Category</th>
<th>Merced County</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>36.6%</td>
<td>18.9%</td>
</tr>
</tbody>
</table>

**Sources:**
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 97]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

**Notes:**
- Asked of all unmarried respondents under the age of 65.
Those less likely to report that a condom was used during their last sexual intercourse include:

- Women.
- Residents age 40 through 64.
- Respondents with lower incomes.
- Whites.

**Condom Was Used During Last Sexual Intercourse**

*(Among Unmarried Adults 18-64; Merced County, 2012)*

Sources: 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 97]

Notes:
- Asked of all unmarried respondents under the age of 65.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).
- Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Low Income” includes households with incomes up to 200% of the federal poverty level. “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.
BIRTHS
Between 2007 and 2009, 7.0% of all Merced County births received late (starting in the third trimester) or no prenatal care.

- More than twice the California proportion.

**Mothers Receiving Late Or No Prenatal Care**
(Percentage of Live Births, 2007-2009)

![Graph showing comparison between Merced County and California for mothers receiving late or no prenatal care.]

- **Merced County**: 7.0%
- **California**: 3.2%

Sources: California Department of Public Health.

Note:
- Numbers are a percentage of all live births within each population.
- Late prenatal care is defined as care started in the third trimester.

---

Improving the well-being of mothers, infants, and children is an important public health goal for the US. Their well-being determines the health of the next generation and can help predict future public health challenges for families, communities, and the healthcare system. The risk of maternal and infant mortality and pregnancy-related complications can be reduced by increasing access to quality preconception (before pregnancy) and inter-conception (between pregnancies) care. Moreover, healthy birth outcomes and early identification and treatment of health conditions among infants can prevent death or disability and enable children to reach their full potential. Many factors can affect pregnancy and childbirth, including pre-conception health status, age, access to appropriate healthcare, and poverty.

Infant and child health are similarly influenced by socio-demographic factors, such as family income, but are also linked to the physical and mental health of parents and caregivers. There are racial and ethnic disparities in mortality and morbidity for mothers and children, particularly for African Americans. These differences are likely the result of many factors, including social determinants (such as racial and ethnic disparities in infant mortality; family income; educational attainment among household members; and health insurance coverage) and physical determinants (i.e., the health, nutrition, and behaviors of the mother during pregnancy and early childhood).

- Healthy People 2020 (www.healthypeople.gov)
The proportion of mothers receiving late or no prenatal care in Merced County has been consistently above the California proportion.

Mothers Receiving Late Or No Prenatal Care
(Percentage of Live Births)

Sources: California Department of Public Health.
Note: Numbers are a percentage of all live births within each population.
Late prenatal care is defined as care started in the third trimester.
Low birthweight babies, those who weigh less than 2,500 grams (5 pounds, 8 ounces) at birth, are much more prone to illness and neonatal death than are babies of normal birthweight.

Largely a result of receiving poor or inadequate prenatal care, many low-weight births and the consequent health problems are preventable.

A total of 6.6% of 2007-2009 Merced County births were low-weight.

- Similar to the California proportion.
- Better than the national proportion.
- Satisfies the Healthy People 2020 target (7.8% or lower).

The proportion of low-weight births in Merced County has shown no clear trend over the past decade.
Between 2006 and 2008, there was an annual average of 6.1 infant deaths per 1,000 live births.

- Less favorable than the California rate.
- More favorable than the national rate.
- Comparable to the Healthy People 2020 target of 6.0 per 1,000 live births.

### Infant Mortality Rate

(2006-2008 Annual Average Infant Deaths per 1,000 Live Births)

- Merced County: 6.7
- California: 5.1
- United States: 6.1

**Sources:**

**Notes:**
- Rates are three-year averages of deaths of children under 1 year old per 1,000 live births.

The infant mortality rate is higher among births to Whites than to Hispanics in Merced County (rate not available for “Other” races).

### Infant Mortality Rate

(2006-2008 Annual Average Infant Deaths per 1,000 Live Births)

- Merced County Non-Hispanic White: 6.7
- Merced County Hispanic: 5.5
- Merced County Non-Hispanic Other: N/A
- Merced County All Races/Ethnicities: 6.1

**Sources:**

**Notes:**
- Rates are three-year averages of deaths of children under 1 year old per 1,000 live births.
The Merced County infant mortality rate has fluctuated over the past decade; state and national rates have decreased overall.

**Infant Mortality Rate**
(Annual Average Infant Deaths per 1,000 Live Births)

<table>
<thead>
<tr>
<th>Year</th>
<th>Healthy People 2020</th>
<th>Merced County</th>
<th>California</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>1999-2001</td>
<td>6.0</td>
<td>6.8</td>
<td>5.7</td>
<td>7.2</td>
</tr>
<tr>
<td>2000-2002</td>
<td>6.0</td>
<td>6.1</td>
<td>5.6</td>
<td>7.0</td>
</tr>
<tr>
<td>2001-2003</td>
<td>6.0</td>
<td>7.1</td>
<td>5.4</td>
<td>6.9</td>
</tr>
<tr>
<td>2002-2004</td>
<td>6.0</td>
<td>6.8</td>
<td>5.4</td>
<td>6.9</td>
</tr>
<tr>
<td>2003-2005</td>
<td>6.0</td>
<td>6.7</td>
<td>5.2</td>
<td>6.8</td>
</tr>
<tr>
<td>2004-2006</td>
<td>6.0</td>
<td>5.8</td>
<td>5.1</td>
<td>6.9</td>
</tr>
<tr>
<td>2005-2007</td>
<td>6.0</td>
<td>6.6</td>
<td>5.2</td>
<td>6.9</td>
</tr>
<tr>
<td>2006-2008</td>
<td>6.0</td>
<td>6.1</td>
<td>5.1</td>
<td>6.7</td>
</tr>
</tbody>
</table>

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted March 2012.
- Centers for Disease Control and Prevention, National Center for Health Statistics.

Notes:
- Rates are three-year averages of deaths of children under 1 year old per 1,000 live births.
Family Planning

Family planning is one of the 10 great public health achievements of the 20th century. The availability of family planning services allows individuals to achieve desired birth spacing and family size and contributes to improved health outcomes for infants, children, and women. Family planning services include contraceptive and broader reproductive health services (patient education and counseling), breast and pelvic examinations, breast and cervical cancer screening, sexually transmitted infection (STI) and HIV prevention education/counseling/testing/referral, and pregnancy diagnosis and counseling. For many women, a family planning clinic is their entry point into the healthcare system and is considered to be their usual source of care. This is especially true for women with incomes below the poverty level, women who are uninsured, Hispanic women, and Black women.

Unintended pregnancies (those reported by women as being mistimed or unwanted) are associated with many negative health and economic outcomes. In 2001, almost one-half of all pregnancies in the US were unintended. For women, negative outcomes associated with unintended pregnancy include:

- Delays in initiating prenatal care
- Reduced likelihood of breastfeeding
- Poor maternal mental health
- Lower mother-child relationship quality
- Increased risk of physical violence during pregnancy

Children born as a result of an unintended pregnancy are more likely to experience poor mental and physical health during childhood and poor educational and behavioral outcomes.

- Healthy People 2020 (www.healthypeople.gov)

Births to Teen Mothers

The negative outcomes associated with unintended pregnancies are compounded for adolescents. Teen mothers:

- Are less likely to graduate from high school or attain a GED by the time they reach age 30.
- Earn an average of approximately $3,500 less per year, when compared with those who delay childbearing.
- Receive nearly twice as much Federal aid for nearly twice as long.

Similarly, early fatherhood is associated with lower educational attainment and lower income. Children of teen parents are more likely to have lower cognitive attainment and exhibit more behavior problems. Sons of teen mothers are more likely to be incarcerated, and daughters are more likely to become adolescent mothers.

- Healthy People 2020 (www.healthypeople.gov)

A total of 13.2% of 2007-2009 Merced County births were to teenage mothers.

- Higher than the California proportion.
- Higher than the national proportion.
Births to Teen Mothers (Under 20)
(Percentage of Live Births, 2007-2009)

Merced County 13.2%
California 9.3%
United States 10.3%

Sources: ● California Department of Public Health.
● Centers for Disease Control and Prevention, National Vital Statistics System.
Note: • Numbers are a percentage of all live births within each population.

This percentage decreased somewhat in Merced County in recent years; the same can be said both statewide and nationwide.

Births to Teen Mothers (Under 20)
(Percentage of Live Births)

Sources: ● California Department of Public Health.
● Centers for Disease Control and Prevention, National Vital Statistics System.
Note: • Numbers are a percentage of all live births within each population.
MODIFIABLE HEALTH RISKS
Actual Causes Of Death

A 1999 study (an update to a landmark 1993 study), estimated that as many as 40% of premature deaths in the United States are attributed to behavioral factors. This study found that behavior patterns represent the single-most prominent domain of influence over health prospects in the United States. The daily choices we make with respect to diet, physical activity, and sex; the substance abuse and addictions to which we fall prey; our approach to safety; and our coping strategies in confronting stress are all important determinants of health.

The most prominent contributors to mortality in the United States in 2000 were tobacco (an estimated 435,000 deaths), diet and activity patterns (400,000), alcohol (85,000), microbial agents (75,000), toxic agents (55,000), motor vehicles (43,000), firearms (29,000), sexual behavior (20,000), and illicit use of drugs (17,000). Socioeconomic status and access to medical care are also important contributors, but difficult to quantify independent of the other factors cited. Because the studies reviewed used different approaches to derive estimates, the stated numbers should be viewed as first approximations.

These analyses show that smoking remains the leading cause of mortality. However, poor diet and physical inactivity may soon overtake tobacco as the leading cause of death. These findings, along with escalating healthcare costs and aging population, argue persuasively that the need to establish a more preventive orientation in the US healthcare and public health systems has become more urgent.

While causes of death are typically described as the diseases or injuries immediately precipitating the end of life, a few important studies have shown that the actual causes of premature death (reflecting underlying risk factors) are often preventable.

### Leading Causes of Death

<table>
<thead>
<tr>
<th>Leading Causes of Death</th>
<th>Underlying Risk Factors</th>
<th>(Actual Causes of Death)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardiovascular disease</td>
<td>Tobacco use</td>
<td>Obesity</td>
</tr>
<tr>
<td></td>
<td>Elevated serum cholesterol</td>
<td>Diabetes</td>
</tr>
<tr>
<td></td>
<td>High blood pressure</td>
<td>Sedentary lifestyle</td>
</tr>
<tr>
<td>Cancer</td>
<td>Tobacco use</td>
<td>Alcohol</td>
</tr>
<tr>
<td></td>
<td>Improper diet</td>
<td>Occupational/environmental exposures</td>
</tr>
<tr>
<td>Cerebrovascular disease</td>
<td>High blood pressure</td>
<td>Occupational serum cholesterol</td>
</tr>
<tr>
<td></td>
<td>Tobacco use</td>
<td>Stress/fatigue</td>
</tr>
<tr>
<td>Accidental injuries</td>
<td>Safety belt noncompliance</td>
<td>Occupational hazards</td>
</tr>
<tr>
<td></td>
<td>Alcohol/substance abuse</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Reckless driving</td>
<td></td>
</tr>
<tr>
<td>Chronic lung disease</td>
<td>Tobacco use</td>
<td>Occupational/environmental exposures</td>
</tr>
</tbody>
</table>


### Factors Contributing to Premature Deaths in the United States

- Tobacco: 18%
- Diet/Inactivity: 17%
- Alcohol: 4%
- Infectious Disease: 3%
- Toxic Agents: 2%
- Motor Vehicle: 2%
- Firearms: 1%
- Sexual Behavior: 1%
- Illicit Drugs: 1%
- Other: 52%

Nutrition

Strong science exists supporting the health benefits of eating a healthful diet and maintaining a healthy body weight. Efforts to change diet and weight should address individual behaviors, as well as the policies and environments that support these behaviors in settings such as schools, worksites, healthcare organizations, and communities.

The goal of promoting healthful diets and healthy weight encompasses increasing household food security and eliminating hunger.

Americans with a healthful diet:

- Consume a variety of nutrient-dense foods within and across the food groups, especially whole grains, fruits, vegetables, low-fat or fat-free milk or milk products, and lean meats and other protein sources.
- Limit the intake of saturated and trans fats, cholesterol, added sugars, sodium (salt), and alcohol.
- Limit caloric intake to meet caloric needs.

Diet and body weight are related to health status. Good nutrition is important to the growth and development of children. A healthful diet also helps Americans reduce their risks for many health conditions, including: overweight and obesity; malnutrition; iron-deficiency anemia; heart disease; high blood pressure; dyslipidemia (poor lipid profiles); type 2 diabetes; osteoporosis; oral disease; constipation; diverticular disease; and some cancers.

Diet reflects the variety of foods and beverages consumed over time and in settings such as worksites, schools, restaurants, and the home. Interventions to support a healthier diet can help ensure that:

- Individuals have the knowledge and skills to make healthier choices.
- Healthier options are available and affordable.

Social Determinants of Diet. Demographic characteristics of those with a more healthful diet vary with the nutrient or food studied. However, most Americans need to improve some aspect of their diet.

Social factors thought to influence diet include:

- Knowledge and attitudes
- Skills
- Social support
- Societal and cultural norms
- Food and agricultural policies
- Food assistance programs
- Economic price systems

Physical Determinants of Diet. Access to and availability of healthier foods can help people follow healthful diets. For example, better access to retail venues that sell healthier options may have a positive impact on a person’s diet; these venues may be less available in low-income or rural neighborhoods.

The places where people eat appear to influence their diet. For example, foods eaten away from home often have more calories and are of lower nutritional quality than foods prepared at home.

Marketing also influences people’s—particularly children’s—food choices.

Healthy People 2020 (www.healthypeople.gov)
Daily Recommendation of Fruits/Vegetables

A total of 49.3% of Merced County adults report eating five or more servings of fruits and/or vegetables per day.

- Similar to national findings.

### Consume Five or More Servings of Fruits/Vegetables Per Day

![Bar chart showing percentage of Merced County and United States adults consuming five or more servings of fruits and vegetables per day.]

#### Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. (Item 167)
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

#### Notes:
- Asked of all respondents.
- For this issue, respondents were asked to recall their food intake on the previous day.

- Area men are less likely to get the recommended servings of daily fruits/vegetables, as are residents aged 40+, higher-income adults and Whites.

### Consume Five or More Servings of Fruits/Vegetables Per Day

(Merced County, 2012)

![Bar chart showing percentage of different groups in Merced County consuming five or more servings of fruits and vegetables per day.]

#### Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. (Item 167)

#### Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).
- Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Low Income” includes households with incomes up to 200% of the federal poverty level. “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.
- For this issue, respondents were asked to recall their food intake on the previous day.
Health Advice About Diet & Nutrition

A total of 37.8% of survey respondents acknowledge that a physician counseled them about diet and nutrition in the past year.

- Similar to national findings.

Note: Among obese respondents, 44.9% report receiving diet/nutrition advice (meaning that more than one-half did not).

Have Received Advice About Diet and Nutrition in the Past Year From a Physician, Nurse, or Other Health Professional (By Weight Classification)

<table>
<thead>
<tr>
<th>Weight Classification</th>
<th>Merced County: Healthy Weight</th>
<th>Merced County: Overwt/Not Obese</th>
<th>Merced County: Obese</th>
<th>Merced County: All Adults</th>
<th>US: All Adults</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage</td>
<td>27.2%</td>
<td>38.6%</td>
<td>44.9%</td>
<td>37.8%</td>
<td>41.9%</td>
</tr>
</tbody>
</table>

Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 17]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
Physical Activity

Regular physical activity can improve the health and quality of life of Americans of all ages, regardless of the presence of a chronic disease or disability. Among adults and older adults, physical activity can lower the risk of: early death; coronary heart disease; stroke; high blood pressure; type 2 diabetes; breast and colon cancer; falls; and depression. Among children and adolescents, physical activity can: improve bone health; improve cardiorespiratory and muscular fitness; decrease levels of body fat; and reduce symptoms of depression. For people who are inactive, even small increases in physical activity are associated with health benefits.

Personal, social, economic, and environmental factors all play a role in physical activity levels among youth, adults, and older adults. Understanding the barriers to and facilitators of physical activity is important to ensure the effectiveness of interventions and other actions to improve levels of physical activity.

Factors positively associated with adult physical activity include: postsecondary education; higher income; enjoyment of exercise; expectation of benefits; belief in ability to exercise (self-efficacy); history of activity in adulthood; social support from peers, family, or spouse; access to and satisfaction with facilities; enjoyable scenery; and safe neighborhoods.

Factors negatively associated with adult physical activity include: advancing age; low income; lack of time; low motivation; rural residency; perception of great effort needed for exercise; overweight or obesity; perception of poor health; and being disabled. Older adults may have additional factors that keep them from being physically active, including lack of social support, lack of transportation to facilities, fear of injury, and cost of programs.

Among children ages 4 to 12, the following factors have a positive association with physical activity:

- Gender (boys)
- Belief in ability to be active (self-efficacy)
- Parental support

Among adolescents ages 13 to 18, the following factors have a positive association with physical activity:

- Parental education
- Gender (boys)
- Personal goals
- Physical education/school sports
- Belief in ability to be active (self-efficacy)
- Support of friends and family

Environmental influences positively associated with physical activity among children and adolescents include:

- Presence of sidewalks
- Having a destination/walking to a particular place
- Access to public transportation
- Low traffic density
- Access to neighborhood or school play area and/or recreational equipment

People with disabilities may be less likely to participate in physical activity due to physical, emotional, and psychological barriers. Barriers may include the inaccessibility of facilities and the lack of staff trained in working with people with disabilities.

– Healthy People 2020 (www.healthypeople.gov)
Level of Activity at Work

The prevalence of employed respondents reporting low levels of physical activity at work is much more favorable than the proportion reported nationally.

- Just over 4 in 10 employed respondents (43.5%) report that their job entails mostly sitting or standing, much lower than the US figure.
- 35.8% report that their job entails mostly walking (much higher than that reported nationally).
- 20.7% report that their work is physically demanding (higher than reported nationally).

### Primary Level of Physical Activity At Work
(Among Employed Respondents)

<table>
<thead>
<tr>
<th></th>
<th>Merced County</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sitting/Standing</td>
<td>43.5%</td>
<td>63.2%</td>
</tr>
<tr>
<td>Mostly Walking</td>
<td>35.8%</td>
<td>22.2%</td>
</tr>
<tr>
<td>Physically Demanding</td>
<td>20.7%</td>
<td>14.6%</td>
</tr>
</tbody>
</table>

Sources: ● 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 102]
● 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of those respondents who are employed for wages.
Leisure-Time Physical Activity

A total of 29.9% of Merced County adults report no leisure-time physical activity in the past month.

- Less favorable than statewide findings.
- Comparable to national findings.
- Comparable to the Healthy People 2020 target (32.6% or lower).

No Leisure-Time Physical Activity in the Past Month

<table>
<thead>
<tr>
<th>Merced County</th>
<th>California</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>29.9%</td>
<td>20.4%</td>
<td>28.7%</td>
</tr>
</tbody>
</table>

Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 103]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Lack of leisure-time physical activity in the area is more prevalent among lower-income residents.

No Leisure-Time Physical Activity in the Past Month

(Merced County, 2012)

<table>
<thead>
<tr>
<th>Men</th>
<th>Women</th>
<th>18 to 39</th>
<th>40 to 64</th>
<th>65+</th>
<th>Low Income</th>
<th>Mid/High Income</th>
<th>White</th>
<th>Hispanic</th>
<th>Merced County</th>
</tr>
</thead>
<tbody>
<tr>
<td>26.8%</td>
<td>33.1%</td>
<td>26.0%</td>
<td>34.1%</td>
<td>35.3%</td>
<td>36.4%</td>
<td>20.9%</td>
<td>30.4%</td>
<td>31.3%</td>
<td>29.9%</td>
</tr>
</tbody>
</table>

Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 103]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).
- Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Low Income” includes households with incomes up to 200% of the federal poverty level. “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.
Activity Levels

Adults (age 18–64) should do 2 hours and 30 minutes a week of moderate-intensity, or 1 hour and 15 minutes (75 minutes) a week of vigorous-intensity aerobic physical activity, or an equivalent combination of moderate- and vigorous-intensity aerobic physical activity. Aerobic activity should be performed in episodes of at least 10 minutes, preferably spread throughout the week.

Additional health benefits are provided by increasing to 5 hours (300 minutes) a week of moderate-intensity aerobic physical activity, or 2 hours and 30 minutes a week of vigorous-intensity physical activity, or an equivalent combination of both.

Older adults (age 65 and older) should follow the adult guidelines. If this is not possible due to limiting chronic conditions, older adults should be as physically active as their abilities allow. They should avoid inactivity. Older adults should do exercises that maintain or improve balance if they are at risk of falling.

For all individuals, some activity is better than none. Physical activity is safe for almost everyone, and the health benefits of physical activity far outweigh the risks.


Recommended Levels of Physical Activity

A total of 48.2% of Merced County adults participate in regular, sustained moderate or vigorous physical activity (meeting physical activity recommendations).

- Similar to statewide findings.
- Similar to national findings.

Meets Physical Activity Recommendations

<table>
<thead>
<tr>
<th>Meets Physical Activity Recommendations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Merced County</td>
</tr>
<tr>
<td>California</td>
</tr>
<tr>
<td>United States</td>
</tr>
</tbody>
</table>

48.2% 51.3% 42.7%

Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. (Item 170)
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
- In this case the term “meets physical activity recommendations” refers to participation in moderate physical activity (exercise that produces only light sweating or a slight to moderate increase in breathing or heart rate) at least 5 times a week for 30 minutes at a time, and/or vigorous physical activity (activities that cause heavy sweating or large increases in breathing or heart rate) at least 3 times a week for 20 minutes at a time.

Those less likely to meet physical activity requirements include:

- Seniors (65+).
- Lower-income residents.
Meets Physical Activity Recommendations  
(Merced County, 2012)

Moderate & Vigorous Physical Activity

In the past month:

A total of 29.2% of adults participated in moderate physical activity (5 times a week, 30 minutes at a time).
  - More favorable than the national level.

A total of 37.1% participated in vigorous physical activity (3 times a week, 20 minutes at a time).
  - Similar to the statewide figure (not shown).
  - Similar to the nationwide figure.

Sources: ● 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 170]
Notes: ● Asked of all respondents.
● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).
● Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Low Income” includes households with incomes up to 200% of the federal poverty level. “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.
● In this case the term “meets physical activity recommendations” refers to participation in moderate physical activity (exercise that produces only light sweating or a slight to moderate increase in breathing or heart rate ) at least 5 times a week for 30 minutes at a time, and/or vigorous physical activity (activities that cause heavy sweating or large increases in breathing or heart rate ) at least 3 times a week for 20 minutes at a time.
Health Advice About Physical Activity & Exercise

A total of 42.2% of Merced County adults report that their physician has asked about or given advice to them about physical activity in the past year.

- Comparable to the national average.

Note: 49.3% of obese Merced County respondents say that they have talked with their doctor about physical activity/exercise in the past year.

Have Received Advice About Exercise in the Past Year From a Physician, Nurse, or Other Health Professional (By Weight Classification)

Children’s Screen Time

Television Watching & Other Screen Time

Among children aged 5 through 17, 22.4% are reported to watch three or more hours of television per day; 15.4% are reported to spend three or more hours on other types of screen time for entertainment (video games, Internet, etc.).

- Both proportions are similar to those reported nationally (not shown).

Children’s Screen Time

(Among Parents of Children Ages 5-17; Merced County, 2012)
Total Screen Time

When combined, 55.8% of Total Area children aged 5 to 17 spend three or more hours on screen time (whether television or computer, Internet, video games, etc.) per day.

- Less favorable than found nationally.
- By age, highest among Merced County teens.

Children With Three or More Hours per School Day of Total Screen Time [TV, Computer, Video Games, Etc. for Entertainment]
(Among Parents of Children 5-17)

Sources: 2012 Professional Research Consultants, Inc. PRC Community Health Survey. (Item 176)

Notes:
- Asked of all respondents with children 5-17 at home.
- For this issue, respondents with children who are not in school were asked about “weekdays,” while parents of children in school were asked about typical “school days.”
- “Three or more hours” includes reported screen time of 180 minutes or more per day.
Weight Status

Because weight is influenced by energy (calories) consumed and expended, interventions to improve weight can support changes in diet or physical activity. They can help change individuals’ knowledge and skills, reduce exposure to foods low in nutritional value and high in calories, or increase opportunities for physical activity. Interventions can help prevent unhealthy weight gain or facilitate weight loss among obese people. They can be delivered in multiple settings, including healthcare settings, worksites, or schools.

The social and physical factors affecting diet and physical activity (see Physical Activity topic area) may also have an impact on weight. Obesity is a problem throughout the population. However, among adults, the prevalence is highest for middle-aged people and for non-Hispanic black and Mexican American women. Among children and adolescents, the prevalence of obesity is highest among older and Mexican American children and non-Hispanic black girls. The association of income with obesity varies by age, gender, and race/ethnicity.

- Healthy People 2020 (www.healthypeople.gov)

Body Mass Index (BMI), which describes relative weight for height, is significantly correlated with total body fat content. The BMI should be used to assess overweight and obesity and to monitor changes in body weight. In addition, measurements of body weight alone can be used to determine efficacy of weight loss therapy. BMI is calculated as weight (kg)/height squared (m²). To estimate BMI using pounds and inches, use: \[
\text{BMI} = \frac{703 \times \text{weight (pounds)}}{\text{height (inches)}^2}
\]

In this report, overweight is defined as a BMI of 25.0 to 29.9 kg/m² and obesity as a BMI ≥ 30 kg/m². The rationale behind these definitions is based on epidemiological data that show increases in mortality with BMIs above 25 kg/m². The increase in mortality, however, tends to be modest until a BMI of 30 kg/m² is reached. For persons with a BMI ≥ 30 kg/m², mortality rates from all causes, and especially from cardiovascular disease, are generally increased by 50 to 100 percent above that of persons with BMIs in the range of 20 to 25 kg/m².


<table>
<thead>
<tr>
<th>Classification of Overweight and Obesity by BMI</th>
<th>BMI (kg/m²)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Underweight</td>
<td>&lt;18.5</td>
</tr>
<tr>
<td>Normal</td>
<td>18.5 – 24.9</td>
</tr>
<tr>
<td>Overweight</td>
<td>25.0 – 29.9</td>
</tr>
<tr>
<td>Obese</td>
<td>≥ 30.0</td>
</tr>
</tbody>
</table>


Adult Weight Status

Healthy Weight

Based on self-reported heights and weights, 28.1% of Merced County adults are at a healthy weight.

- Comparable to national findings.
- Fails to satisfy the Healthy People 2020 target (33.9% or higher).

“Healthy weight “means neither underweight, nor overweight (BMI = 18.5-24.9).
Healthy Weight
(Percent of Adults With a Body Mass Index Between 18.5 and 24.9)

Healthy People 2020 Target = 33.9% or Higher

<table>
<thead>
<tr>
<th></th>
<th>Merced County</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012</td>
<td>28.1%</td>
<td>31.7%</td>
</tr>
</tbody>
</table>

Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. (Item 178)
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Based on reported heights and weights, asked of all respondents.
- The definition of healthy weight is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), between 18.5 and 24.9.

Overweight Status

A total of 7 in 10 Merced County adults (70.7%) are overweight.
- Higher than the California prevalence.
- Similar to the US overweight prevalence.

Prevalence of Total Overweight
(Percent of Overweight or/Obese Adults; Body Mass Index of 25.0 or Higher)

<table>
<thead>
<tr>
<th></th>
<th>Merced County</th>
<th>California</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012</td>
<td>70.7%</td>
<td>61.6%</td>
<td>66.9%</td>
</tr>
</tbody>
</table>

Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. (Item 178)
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Based on reported heights and weights, asked of all respondents.
- The definition of overweight is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 25.0, regardless of gender. The definition for obesity is a BMI greater than or equal to 30.0.

Here, “overweight” includes those respondents with a BMI value ≥25.
Further, 35.9% of Merced County adults are obese.

- Less favorable than California findings.
- Less favorable than US findings.
- Fails to satisfy the Healthy People 2020 target (30.6% or lower).

**Prevalence of Obesity**

(Percent of Obese Adults; Body Mass Index of 30.0 or Higher)

- Healthy People 2020 Target = 30.6% or Lower

```
<table>
<thead>
<tr>
<th></th>
<th>Merced County</th>
<th>California</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>Obesity</td>
<td>35.9%</td>
<td>24.7%</td>
<td>28.5%</td>
</tr>
</tbody>
</table>
```

Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 178]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Based on reported heights and weights, asked of all respondents.
- The definition of obesity is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 30.0, regardless of gender.

Obesity is notably more prevalent among adults between the ages of 40 and 64.

**Prevalence of Obesity**

(Percent of Obese Adults; Body Mass Index of 30.0 or Higher; Merced County, 2012)

```
<table>
<thead>
<tr>
<th></th>
<th>Men</th>
<th>Women</th>
<th>18 to 39</th>
<th>40 to 64</th>
<th>65+</th>
<th>Low Income</th>
<th>Mid/High Income</th>
<th>White</th>
<th>Hispanic</th>
<th>Merced County</th>
</tr>
</thead>
<tbody>
<tr>
<td>Obesity</td>
<td>38.0%</td>
<td>33.4%</td>
<td>28.4%</td>
<td>46.1%</td>
<td>35.2%</td>
<td>42.2%</td>
<td>32.4%</td>
<td>35.4%</td>
<td>37.7%</td>
<td>35.9%</td>
</tr>
</tbody>
</table>
```

Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 178]

Notes:
- Based on reported heights and weights, asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorization (e.g., “White” reflects non-Hispanic White respondents).
- Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Low Income” includes households with incomes up to 200% of the federal poverty level. “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.
- The definition of obesity is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 30.0, regardless of gender.
Actual vs. Perceived Body Weight

A total of 12.3% of obese adults and 34.9% of overweight (but not obese) adults feel that their current weight is “about right.”

- 62.0% of overweight (but not obese) adults see themselves as “somewhat overweight.”
- 28.3% of obese adults see themselves as “very overweight.”

Actual vs. Perceived Weight Status
(Among Adults Who Are Overweight/Obese Based on BMI; Merced County, 2012)

Sources:● 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 110]
Notes:● BMI is based on reported heights and weights, asked of all respondents.
  ● The definition of overweight is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 25.0, regardless of gender. The definition for obesity is a BMI greater than or equal to 30.0.

The correlation between overweight and various health issues cannot be disputed.

Relationship of Overweight With Other Health Issues

Obese adults are more likely to report a number of adverse health conditions.

Among these are:

- Hypertension (high blood pressure).
- “Fair” or “poor” physical health.
- High cholesterol.
- Arthritis/rheumatism.
- Activity limitations.
- “Fair” or “poor” mental health.
- Diabetes.
- Asthma.

Obese residents are also more likely to have overweight/obese children.
Relationship of Overweight With Other Health Issues
(By Weight Classification; Merced County, 2012)

<table>
<thead>
<tr>
<th>Health Issue</th>
<th>Healthy Weight</th>
<th>Overweight/Not Obese</th>
<th>Obese</th>
</tr>
</thead>
<tbody>
<tr>
<td>High Blood Pressure</td>
<td>20.4%</td>
<td>22.6%</td>
<td>25.7%</td>
</tr>
<tr>
<td>Child Is Overweight</td>
<td>30.0%</td>
<td>31.8%</td>
<td>30.0%</td>
</tr>
<tr>
<td>&quot;Fair/Poor&quot; Health</td>
<td>18.4%</td>
<td>22.6%</td>
<td>24.6%</td>
</tr>
<tr>
<td>High Cholesterol</td>
<td>14.5%</td>
<td>33.5%</td>
<td>22.6%</td>
</tr>
<tr>
<td>Arthritis/Rheumatism</td>
<td>10.0%</td>
<td>10.0%</td>
<td>12.5%</td>
</tr>
<tr>
<td>Activity Limitations</td>
<td>7.1%</td>
<td>7.4%</td>
<td>7.5%</td>
</tr>
<tr>
<td>&quot;Fair/Poor&quot; Mental Health</td>
<td>14.5%</td>
<td>15.1%</td>
<td>14.5%</td>
</tr>
<tr>
<td>Diabetes</td>
<td>21.9%</td>
<td>27.1%</td>
<td>25.7%</td>
</tr>
<tr>
<td>Asthma</td>
<td>48.6%</td>
<td>48.4%</td>
<td>48.6%</td>
</tr>
</tbody>
</table>

Sources: ● 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 4, 27, 32, 43, 111, 115, 141, 142, 151, 182]
Notes: ● Based on reported heights and weights, asked of all respondents.

Weight Management

Health Advice

A total of 24.6% of adults have been given advice about their weight by a doctor, nurse or other health professional in the past year.

- Statistically similar to the national findings.
- Note that 42.7% of obese adults have been given advice about their weight by a health professional in the past year (while over one-half have not).
  - This proportion satisfies the Healthy People 2020 target of 31.8% or higher.

Have Received Advice About Weight in the Past Year From a Physician, Nurse, or Other Health Professional
(By Weight Classification)

Healthy People 2020 Target = 31.8% or Higher for Obese Adults

Merced County:
- Healthy Weight: 5.4%
- Overweight/Not Obese: 21.9%
- Obese: 42.7%
- All Adults: 24.6%

US:
- All Adults: 25.7%

Sources: ● 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 109, 180-181]
● 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.
Weight Control

Individuals who are at a healthy weight are less likely to:

- Develop chronic disease risk factors, such as high blood pressure and dyslipidemia.
- Develop chronic diseases, such as type 2 diabetes, heart disease, osteoarthritis, and some cancers.
- Experience complications during pregnancy.
- Die at an earlier age.

All Americans should avoid unhealthy weight gain, and those whose weight is too high may also need to lose weight.

– Healthy People 2020 (www.healthypeople.gov)

A total of 40.7% of Merced County adults who are overweight say that they are both modifying their diet and increasing their physical activity to try to lose weight.

- Similar to national findings.

Note: 45.5% of obese Merced County adults report that they are trying to lose weight through a combination of diet and exercise, similar to what is found nationally.

### Trying to Lose Weight by Both Modifying Diet and Increasing Physical Activity

(Per Weight Classification)

- **Overweight/Obese**
- **Obese**

<table>
<thead>
<tr>
<th>Weight Classification</th>
<th>Merced County</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overweight/Obese</td>
<td>40.7%</td>
<td>38.6%</td>
</tr>
<tr>
<td>Obese</td>
<td>45.5%</td>
<td>41.1%</td>
</tr>
</tbody>
</table>

Sources:  
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 179]  
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:  
- Based on reported heights and weights, asked of all respondents.
Childhood Overweight & Obesity

In children and teens, body mass index (BMI) is used to assess weight status – underweight, healthy weight, overweight, or obese. After BMI is calculated for children and teens, the BMI number is plotted on the CDC BMI-for-age growth charts (for either girls or boys) to obtain a percentile ranking. Percentiles are the most commonly used indicator to assess the size and growth patterns of individual children in the United States. The percentile indicates the relative position of the child’s BMI number among children of the same sex and age.

BMI-for-age weight status categories and the corresponding percentiles are shown below:

- **Underweight**: <5th percentile
- **Healthy Weight**: ≥5th and <85th percentile
- **Overweight**: ≥85th and <95th percentile
- **Obese**: ≥95th percentile

- Centers for Disease Control and Prevention.

**Based on the heights/weights reported by surveyed parents, 38.6% of Merced County children age 5 to 17 are overweight or obese (≥85th percentile).**

- Comparable to the prevalence reported across the US.
- **Unfavorably high** among children aged 5 to 12.

### Child Total Overweight Prevalence

(Percent of Children 5-17 Who Are Overweight/Obese; Body Mass Index in the 85th Percentile or Higher)

- **Merced County**:
  - Boys: 45.1%
  - Girls: 33.2%
  - Age 5-12: 50.1%
  - Age 13-17: 21.2%
  - US: 30.7%

**Sources:**
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. (Item 182)
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

**Notes:**
- Asked of all respondents with children age 5-17 at home.
- Overweight among children is estimated based on children’s Body Mass Index status at or above the 85th percentile of US growth charts by gender and age.
Further, 21.9% of Merced County children age 5 to 17 are obese (≥95th percentile).

- Comparable to the national percentage.
- Fails to satisfy the Healthy People 2020 target (14.6% or lower for children age 2-19).
- Unfavorably high among children aged 5 to 12.

**Child Obesity Prevalence**

(Percent of Children 5-17 Who Are Obese; Body Mass Index in the 95th Percentile or Higher)

<table>
<thead>
<tr>
<th></th>
<th>Merced County: Boys</th>
<th>Merced County: Girls</th>
<th>Merced County Age 5-12</th>
<th>Merced County Age 13-17</th>
<th>Merced County</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthy People 2020 Target = 14.6% or Lower</td>
<td>24.5%</td>
<td>19.7%</td>
<td>34.2%</td>
<td>5.5%</td>
<td>21.9%</td>
<td>18.9%</td>
</tr>
</tbody>
</table>

**Sources:**
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 182]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

**Notes:**
- Asked of all respondents with children age 5-17 at home.
- Obesity among children is determined by children’s Body Mass Index status equal to or above the 95th percentile of US growth charts by gender and age.
In 2005, an estimated 22 million Americans struggled with a drug or alcohol problem. Almost 95% of people with substance use problems are considered unaware of their problem. Of those who recognize their problem, 273,000 have made an unsuccessful effort to obtain treatment. These estimates highlight the importance of increasing prevention efforts and improving access to treatment for substance abuse and co-occurring disorders.

Substance abuse has a major impact on individuals, families, and communities. The effects of substance abuse are cumulative, significantly contributing to costly social, physical, mental, and public health problems. These problems include:

- Teenage pregnancy
- Human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS)
- Other sexually transmitted diseases (STDs)
- Domestic violence
- Child abuse
- Motor vehicle crashes
- Physical fights
- Crime
- Homicide
- Suicide

The field has made progress in addressing substance abuse, particularly among youth. According to data from the national Institute of Drug Abuse (NIDA) Monitoring the Future (MTF) survey, which is an ongoing study of the behaviors and values of America’s youth between 2004 and 2009, a drop in drug use (including amphetamines, methamphetamine, cocaine, hallucinogens, and LSD) was reported among students in 8th, 10th, and 12th grades. Note that, despite a decreasing trend in marijuana use which began in the mid-1990s, the trend has stalled in recent years among these youth. Use of alcohol among students in these three grades also decreased during this time.

Substance abuse refers to a set of related conditions associated with the consumption of mind- and behavior-altering substances that have negative behavioral and health outcomes. Social attitudes and political and legal responses to the consumption of alcohol and illicit drugs make substance abuse one of the most complex public health issues. In addition to the considerable health implications, substance abuse has been a flash-point in the criminal justice system and a major focal point in discussions about social values: people argue over whether substance abuse is a disease with genetic and biological foundations or a matter of personal choice.

Advances in research have led to the development of evidence-based strategies to effectively address substance abuse. Improvements in brain-imaging technologies and the development of medications that assist in treatment have gradually shifted the research community’s perspective on substance abuse. There is now a deeper understanding of substance abuse as a disorder that develops in adolescence and, for some individuals, will develop into a chronic illness that will require lifelong monitoring and care.

Improved evaluation of community-level prevention has enhanced researchers’ understanding of environmental and social factors that contribute to the initiation and abuse of alcohol and illicit drugs, leading to a more sophisticated understanding of how to implement evidence-based strategies in specific social and cultural settings.

A stronger emphasis on evaluation has expanded evidence-based practices for drug and alcohol treatment. Improvements have focused on the development of better clinical interventions through research and increasing the skills and qualifications of treatment providers.

– Healthy People 2020 (www.healthypeople.gov)
Between 2006 and 2008, there was an annual average age-adjusted cirrhosis/liver disease mortality rate of 10.1 deaths per 100,000 population in Merced County.

- More favorable than the statewide rate.
- Higher than the national rate.
- Fails to satisfy the Healthy People 2020 target (8.2 or lower).

### Cirrhosis/Liver Disease: Age-Adjusted Mortality
(2006-2008 Annual Average Deaths per 100,000 Population)

- Merced County: 10.1 deaths per 100,000 population
- California: 11.2 deaths per 100,000 population
- United States: 9.0 deaths per 100,000 population

**Healthy People 2020 Target = 8.2 or Lower**

- The cirrhosis mortality rate appears to be slightly higher among Hispanics when compared with Whites.

### Cirrhosis/Liver Disease: Age-Adjusted Mortality by Race
(2006-2008 Annual Average Deaths per 100,000 Population)

- Merced County Non-Hispanic White: 9.0 deaths per 100,000 population
- Merced County Hispanic: 11.2 deaths per 100,000 population
- Merced County Non-Hispanic Other: N/A
- Merced County All Races/Ethnicities: 10.1 deaths per 100,000 population

**Healthy People 2020 Target = 8.2 or Lower**

**Notes:**
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
The mortality rate has decreased in Merced County in recent years, echoing the declines reported across California and the US overall.

### Cirrhosis/Liver Disease: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)

<table>
<thead>
<tr>
<th>Year</th>
<th>Healthy People 2020</th>
<th>Merced County</th>
<th>California</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>1999-2001</td>
<td>8.2</td>
<td>14.1</td>
<td>11.9</td>
<td>9.5</td>
</tr>
<tr>
<td>2000-2002</td>
<td>8.2</td>
<td>14.5</td>
<td>11.8</td>
<td>9.5</td>
</tr>
<tr>
<td>2001-2003</td>
<td>8.2</td>
<td>14.5</td>
<td>11.6</td>
<td>9.4</td>
</tr>
<tr>
<td>2002-2004</td>
<td>8.2</td>
<td>13.8</td>
<td>11.3</td>
<td>9.2</td>
</tr>
<tr>
<td>2003-2005</td>
<td>8.2</td>
<td>11.9</td>
<td>11.1</td>
<td>9.1</td>
</tr>
<tr>
<td>2004-2006</td>
<td>8.2</td>
<td>11.3</td>
<td>10.9</td>
<td>8.9</td>
</tr>
<tr>
<td>2005-2007</td>
<td>8.2</td>
<td>11.1</td>
<td>11.1</td>
<td>9.0</td>
</tr>
<tr>
<td>2006-2008</td>
<td>8.2</td>
<td>11.3</td>
<td>11.2</td>
<td>9.0</td>
</tr>
</tbody>
</table>

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics.
  Data extracted March 2012.

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
- State and national data are simple three-year averages.

### High-Risk Alcohol Use

#### Current Drinking

A total of 47.9% of area adults had at least one drink of alcohol in the past month (current drinkers).

- Lower than the statewide proportion.
- Lower than the national proportion.

<table>
<thead>
<tr>
<th></th>
<th>Merced County</th>
<th>California</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current Drinkers</td>
<td>47.9%</td>
<td>53.3%</td>
<td>58.8%</td>
</tr>
</tbody>
</table>

Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 187]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
- Current drinkers had at least one alcoholic drink in the past month.
Current drinking is more prevalent among men, residents under 65, higher-income adults and Whites.

**Current Drinkers**  
(Merced County, 2012)

<table>
<thead>
<tr>
<th>Category</th>
<th>Men</th>
<th>Women</th>
<th>18 to 39</th>
<th>40 to 64</th>
<th>65+</th>
<th>Low Income</th>
<th>Mid/High Income</th>
<th>White</th>
<th>Hispanic</th>
<th>Merced County</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current Drinkers</td>
<td>58.3%</td>
<td>36.9%</td>
<td>49.0%</td>
<td>49.1%</td>
<td>37.9%</td>
<td>37.6%</td>
<td>61.1%</td>
<td>54.9%</td>
<td>41.8%</td>
<td>47.9%</td>
</tr>
</tbody>
</table>

Sources:  
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc.  

Notes:  
- Chronic drinkers include survey respondents reporting 60 or more drinks of alcohol in the month preceding the interview.

Chronic Drinking

A total of 4.0% of area adults averaged two or more drinks of alcohol per day in the past month (chronic drinkers).

- Similar to the statewide proportion.
- Similar to the national proportion.

**Chronic Drinkers**

<table>
<thead>
<tr>
<th>Category</th>
<th>Merced County</th>
<th>California</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chronic Drinkers</td>
<td>4.0%</td>
<td>5.7%</td>
<td>5.6%</td>
</tr>
</tbody>
</table>

Sources:  
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc.  
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:  
- Chronic drinkers are defined as having 60+ alcoholic drinks in the past month.
- The state definition for chronic drinkers is males consuming 2+ drinks per day and females consuming 1+ drink per day.
No significant difference to report by demographic characteristics.

Chronic Drinkers
(Merced County, 2012)

Sources:
● 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 188]

Notes:
● Asked of all respondents.

“Binge drinkers” include:
1) MEN who report drinking 5 or more alcoholic drinks on any single occasion during the past month; and
2) WOMEN who report drinking 4 or more alcoholic drinks on any single occasion during

Binge Drinking

A total of 17.9% of Merced County adults are binge drinkers.

● Similar to California findings.
● Similar to national findings.
● Satisfies the Healthy People 2020 target (24.3% or lower).

Sources:
● 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 189]

Notes:
● Asked of all respondents.

“Binge drinkers” include:
1) MEN who report drinking 5 or more alcoholic drinks on any single occasion during the past month; and
2) WOMEN who report drinking 4 or more alcoholic drinks on any single occasion during

RELATED ISSUE:
See also Stress in the Mental Health & Mental Disorders section of this report.
Binge drinking is more prevalent among:

- Men (especially those under age 40).
- Young adults.

### Binge Drinkers
(Merced County, 2012)

<table>
<thead>
<tr>
<th>Group</th>
<th>Men 18-39</th>
<th>21.9%</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Women</td>
<td>13.8%</td>
</tr>
<tr>
<td>18 to 39</td>
<td>24.4%</td>
<td></td>
</tr>
<tr>
<td>40 to 64</td>
<td>13.9%</td>
<td></td>
</tr>
<tr>
<td>65+</td>
<td>5.2%</td>
<td></td>
</tr>
<tr>
<td>Low Income</td>
<td>18.7%</td>
<td></td>
</tr>
<tr>
<td>Mid/High Income</td>
<td>19.9%</td>
<td></td>
</tr>
<tr>
<td>White</td>
<td>18.0%</td>
<td></td>
</tr>
<tr>
<td>Hispanic</td>
<td>18.8%</td>
<td></td>
</tr>
<tr>
<td>Merced County</td>
<td>17.9%</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Group</th>
<th>Merced County, 2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthy People 2020 Target = 24.3% or Lower</td>
<td></td>
</tr>
</tbody>
</table>

**Drink Driving**

A total of 3.8% of Merced County adults acknowledge having driven a vehicle in the past month after they had perhaps too much to drink.

- Similar to the national findings.

### Have Driven in the Past Month
After Perhaps Having Too Much to Drink

<table>
<thead>
<tr>
<th>Group</th>
<th>Merced County</th>
<th>3.8%</th>
</tr>
</thead>
<tbody>
<tr>
<td>United States</td>
<td>3.5%</td>
<td></td>
</tr>
</tbody>
</table>

**Notes:**

- As a self-reported measure – and because this indicator reflects potentially illegal behavior – it is reasonable to expect that it might be underreported, and that the actual incidence of drinking and driving in the community is likely higher.

Sources:

- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. (Item 189)
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:

- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).
- Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Low Income” includes households with incomes up to 200% of the federal poverty level. “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.
- Binge drinkers are defined as men having 5+ alcoholic drinks on any one occasion or women consuming 4+ drinks on any one occasion.
A total of 7.8% of Merced County adults acknowledge either drinking and driving or riding with a drunk driver in the past month.

- Comparable to the US proportion.

### Have Driven Drunk OR Ridden With a Driver in the Past Month Who Had Too Much to Drink

<table>
<thead>
<tr>
<th></th>
<th>Merced County</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage</td>
<td>7.8%</td>
<td>5.5%</td>
</tr>
</tbody>
</table>

Sources: 2012 PRC Community Health Survey, Professional Research Consultants, Inc. (Item 190)
2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: Asked of all respondents.

---

### Age-Adjusted Drug-Induced Deaths

Between 2006 and 2008, there was an annual average age-adjusted drug-induced mortality rate of 10.1 deaths per 100,000 population in Merced County.

- More favorable than the statewide rate.
- More favorable than the national rate.
- Satisfies the Healthy People 2020 target (11.3 or lower).

### Drug-Induced Deaths: Age-Adjusted Mortality

(2006-2008 Annual Average Deaths per 100,000 Population)

<table>
<thead>
<tr>
<th></th>
<th>Merced County</th>
<th>California</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rate</td>
<td>10.1</td>
<td>11.1</td>
<td>12.6</td>
</tr>
</tbody>
</table>

Sources: CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics.
Data extracted March 2012.

Notes: Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
Local, state and national data are simple three-year averages.
The 2006-2008 drug-induced mortality rate was 14.9 among Whites in Merced County (data are not available for Hispanic or “Other” races).

Drug-Induced Deaths: Age-Adjusted Mortality by Race
(2006-2008 Annual Average Deaths per 100,000 Population)

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Rate ( Deaths per 100,000 Population)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Merced County Non-Hispanic White</td>
<td>14.9</td>
</tr>
<tr>
<td>Merced County Hispanic</td>
<td>N/A</td>
</tr>
<tr>
<td>Merced County Non-Hispanic Other</td>
<td>N/A</td>
</tr>
<tr>
<td>Merced County All Races/Ethnicities</td>
<td>10.1</td>
</tr>
</tbody>
</table>

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
- County, state and national data are simple three-year averages.

Illicit Drug Use

A total of 2.7% of Merced County adults acknowledge using an illicit drug in the past month.

- Similar to the proportion found nationally.
- Satisfies the Healthy People 2020 target of 7.1% or lower.

Illicit Drug Use in the Past Month

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Rate ( %)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Merced County</td>
<td>2.7%</td>
</tr>
<tr>
<td>United States</td>
<td>1.7%</td>
</tr>
</tbody>
</table>

Sources:

Notes:
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
- County, state and national data are simple three-year averages.
Alcohol & Drug Treatment

A total of 3.5% of Merced County adults report that they have sought professional help for an alcohol or drug problem at some point in their lives.

- Similar to national findings.

Have Ever Sought Professional Help for an Alcohol/Drug-Related Problem

Sources:  
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 72]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:  
- Asked of all respondents.
Tobacco Use

Tobacco use is the single most preventable cause of death and disease in the United States. Each year, approximately 443,000 Americans die from tobacco-related illnesses. For every person who dies from tobacco use, 20 more people suffer with at least one serious tobacco-related illness. In addition, tobacco use costs the US $193 billion annually in direct medical expenses and lost productivity.

Scientific knowledge about the health effects of tobacco use has increased greatly since the first Surgeon General’s report on tobacco was released in 1964.

Tobacco use causes:
- Cancer
- Heart disease
- Lung diseases (including emphysema, bronchitis, and chronic airway obstruction)
- Premature birth, low birth weight, stillbirth, and infant death

There is no risk-free level of exposure to secondhand smoke. Secondhand smoke causes heart disease and lung cancer in adults and a number of health problems in infants and children, including: severe asthma attacks; respiratory infections; ear infections; and sudden infant death syndrome (SIDS).

Smokeless tobacco causes a number of serious oral health problems, including cancer of the mouth and gums, periodontitis, and tooth loss. Cigar use causes cancer of the larynx, mouth, esophagus, and lung.

– Healthy People 2020 (www.healthypeople.gov)

Cigarette Smoking

Cigarette Smoking Prevalence

A total of 13.1% of Merced County adults currently smoke cigarettes, either regularly (8.5% every day) or occasionally (4.6% on some days).

Cigarette Smoking Prevalence
(Merced County, 2012)

Sources: ● 2012 PRC Community Health Survey, Professional Research Consultants, Inc. (Item 183)
Notes: ● Asked of all respondents
- Similar to statewide findings.
- Similar to national findings.
- Similar to the Healthy People 2020 target (12% or lower).

### Current Smokers

**Healthy People 2020 Target = 12% or Lower**

<table>
<thead>
<tr>
<th></th>
<th>Everyday</th>
<th>Some Days</th>
</tr>
</thead>
<tbody>
<tr>
<td>Merced County</td>
<td>13.1%</td>
<td>4.6%</td>
</tr>
<tr>
<td>California</td>
<td>12.1%</td>
<td>4.6%</td>
</tr>
<tr>
<td>United States</td>
<td>16.6%</td>
<td>5.5%</td>
</tr>
</tbody>
</table>

**Note:**
- Cigarette smoking is more prevalent among adults under 65.

**Note also:**
- 9.4% of women of child-bearing age (ages 18 to 44) currently smoke. This is notable given that tobacco use increases the risk of infertility, as well as the risks for miscarriage, stillbirth, and low birthweight for women who smoke during pregnancy.
Environmental Tobacco Smoke

A total of 11.9% of Merced County adults (including smokers and non-smokers) report that a member of their household has smoked cigarettes in the home in the past month an average of four or more times per week.

- Comparable to the US figure.

Note that 7.9% of Merced County non-smokers are exposed to cigarette smoke at home.

Member of Household Smokes at Home

Unfavorably high among residents with lower incomes.

Member of Household Smokes At Home

(Merced County, 2012)
Among households with children, 10.3% have someone who smokes cigarettes in the home.

- Similar to national findings.

### Percentage of Households With Children In Which Someone Smokes in the Home

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Merced County</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>10.3%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12.1%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 186]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

#### Notes:
- Asked among parents of children age 0-17.
- "Smokes at home" refers to someone smoking cigarettes, cigars, or a pipe in the home an average of four or more times per week in the past month.

### Other Tobacco Use

#### Cigars

A total of 3.6% of Merced County adults use cigars every day or on some days.

- Similar to the national percentage.
- Fails to satisfy the Healthy People 2020 target (0.2% or lower).

### Use of Cigars

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Merced County</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.6%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.2%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 65]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

#### Notes:
- Asked of all respondents.
A total of 2.5% of Merced County adults use some type of smokeless tobacco every day or on some days.

- Comparable to the national percentage.
- Fails to satisfy the Healthy People 2020 target (0.3% or lower).

Examples of smokeless tobacco include chewing tobacco, snuff, or “snus.”

Use of Smokeless Tobacco

<table>
<thead>
<tr>
<th>Merced County</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.5%</td>
<td>2.8%</td>
</tr>
</tbody>
</table>

Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 64]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
- Smokeless tobacco includes chewing tobacco or snuff.
Health Insurance Coverage

Survey respondents were asked a series of questions to determine their healthcare insurance coverage, if any, from either private or government-sponsored sources.

Type of Healthcare Coverage

A total of 44.3% of Merced County adults age 18 to 64 report having healthcare coverage through private insurance. Another 30.5% report coverage through a government-sponsored program (e.g., MediCal, Medicare, military benefits).

Healthcare Insurance Coverage
(Among Adults 18-64; Merced County, 2012)

Prescription Drug Coverage

Among insured adults, 92.8% report having prescription coverage as part of their insurance plan.

Health Insurance Covers Prescriptions at Least in Part
(Among Insured Respondents)

Sources: ● 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 191]
Notes: ● Reflects respondents age 18 to 64.
**Supplemental Coverage**

Among Medicare recipients, the majority (69.0%) has additional, supplemental healthcare coverage.

- Comparable to that reported among Medicare recipients nationwide.

**Have Supplemental Coverage in Addition to Medicare**

(Among Adults 65+)

- Merced County: 69.0%
- United States: 75.5%

**Lack of Health Insurance Coverage**

Among adults age 18 to 64, 25.2% report having no insurance coverage for healthcare expenses.

- Similar to the state finding.
- Less favorable than the national finding.
- The Healthy People 2020 target is universal coverage (0% uninsured).

**Lack of Healthcare Insurance Coverage**

(Among Adults 18-64)

**Healthy People 2020 Target = 0.0% (Universal Coverage)**

- Merced County: 25.2%
- California: 20.9%
- United States: 14.9%
The following segments are more likely to be without healthcare insurance coverage:

- Young adults (those under 40).
- Residents living at lower incomes (note the 39.0% uninsured prevalence among low-income adults).
- Hispanics.

**Lack of Healthcare Insurance Coverage**
(Among Adults 18-64; Merced County, 2012)

As might be expected, uninsured adults in Merced County are less likely to receive routine care and preventive health screenings, and are more likely to have experienced difficulties accessing healthcare.

**Preventive Healthcare**
(By Insured Status; Merced County, 2012)
Recent Lack of Coverage (Insurance Instability)

Among currently insured adults in Merced County, 10.7% report that they were without healthcare coverage at some point in the past year.

- More than twice the US figure.

**Went Without Healthcare Insurance Coverage At Some Point in the Past Year**
(Among Insured Adults)

![Graph showing the percentage of insured adults in Merced County and the United States who went without healthcare insurance coverage.]

Sources: 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 87]
Notes: Asked of all insured respondents.

Among insured adults, the following segments are more likely to have gone without healthcare insurance coverage at some point in the past year:

- Young adults.
- Lower-income residents.
- Hispanics.
Access to comprehensive, quality health care services is important for the achievement of health equity and for increasing the quality of a healthy life for everyone. It impacts: overall physical, social, and mental health status; prevention of disease and disability; detection and treatment of health conditions; quality of life; preventable death; and life expectancy.

Access to health services means the timely use of personal health services to achieve the best health outcomes. It requires three distinct steps: 1) Gaining entry into the health care system; 2) Accessing a health care location where needed services are provided; and 3) Finding a health care provider with whom the patient can communicate and trust.

– Healthy People 2020 (www.healthypeople.gov)

This indicator reflects the percentage of the total population experiencing problems accessing healthcare in the past year, regardless of whether they needed or sought care.

Difficulties Accessing Services

A total of 46.6% of Merced County adults report some type of difficulty or delay in obtaining healthcare services in the past year.

- Less favorable than national findings.

Experienced Difficulties or Delays of Some Kind in Receiving Needed Healthcare in the Past Year

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Merced County</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>46.6%</td>
<td></td>
<td>37.3%</td>
</tr>
</tbody>
</table>

Sources: ● 2012 PRC Community Health Survey, Professional Research Consultants, Inc. (Item 195)
● 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: ● Asked of all respondents.
● Represents the percentage of respondents experiencing one or more barriers to accessing healthcare in the past 12 months.

Note that the following demographic groups more often report difficulties accessing healthcare services:

- Women.
- Adults under the age of 65.
- Lower-income residents.
- Hispanics.
Experienced Difficulties or Delays of Some Kind in Receiving Needed Healthcare in the Past Year
(Merced County, 2012)

Sources:  
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 195]

Notes:  
- Asked of all respondents.
- Represents the percentage of respondents experiencing one or more barriers to accessing healthcare in the past 12 months.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents). Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Low Income” includes households with incomes up to 200% of the federal poverty level; “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.

Barriers to Healthcare Access

Of the tested barriers, cost impacted the greatest share of Merced County adults (21.5% say that cost prevented them from obtaining a needed prescription in the past year; 21.1% say that cost prevented a doctor visit in the past year).

- The proportion of Merced County adults impacted was statistically less favorable than that found nationwide for: cost barriers (prescriptions/doctor visits); difficulty finding physicians; and lack of transportation.

Barriers to Access Have Prevented Medical Care in the Past Year

Sources:  
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 6-11]

Notes:  
- Asked of all respondents.
As might be expected, Merced County adults without health insurance are much more likely to report access barriers when compared to the insured population, particularly those related to cost.

### Barriers to Healthcare Access
(By Insured Status, Adults 18+; Merced County, 2012)

<table>
<thead>
<tr>
<th>Cost (Doctor Visit)</th>
<th>Cost (Prescriptions)</th>
<th>Finding a Doctor</th>
<th>Getting a Dr Appointment</th>
<th>Inconvenient Office Hours</th>
<th>Lack of Transportation</th>
</tr>
</thead>
<tbody>
<tr>
<td>14.7%</td>
<td>39.2%</td>
<td>26.1%</td>
<td>21.3%</td>
<td>16.9%</td>
<td>10.7%</td>
</tr>
<tr>
<td>44.2%</td>
<td>17.0%</td>
<td>12.6%</td>
<td>17.2%</td>
<td>16.7%</td>
<td>12.6%</td>
</tr>
</tbody>
</table>

Sources: 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 6-11]
Notes: Asked of all respondents.

### Prescriptions

Among all Merced County adults, 15.3% skipped or reduced medication doses in the past year in order to stretch a prescription and save money.

- Similar to national findings.

### Skipped or Reduced Prescription Doses in Order to Stretch Prescriptions and Save Money

<table>
<thead>
<tr>
<th>Merced County</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>15.3%</td>
<td>14.8%</td>
</tr>
</tbody>
</table>

Sources: 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 12]
2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: Asked of all respondents.

Adults more likely to have skipped or reduced their prescription doses include:

- Respondents with lower incomes.
- Hispanics.
- Uninsured adults.
Skipped or Reduced Prescription Doses in Order to Stretch Prescriptions and Save Money
(Merced County, 2012)

Surveyed parents were also asked if, within the past year, they experienced any trouble receiving medical care for a randomly-selected child in their household.

Accessing Healthcare for Children

A total of 5.4% of parents say there was a time in the past year when they needed medical care for their child, but were unable to get it.

- Statistically similar to what is reported nationwide.
- Highest among parents of teens.

Had Trouble Obtaining Medical Care for Child in the Past Year
(Among Parents of Children 0-17)

Parents with trouble obtaining medical care for their child mainly reported barriers due to cost or lack of insurance coverage. Problems with insurance and long waits for an appointment were also mentioned.

Among the parents experiencing difficulties, the majority cited **cost or a lack of insurance** as the primary reason; others cited problems with insurance and long waits for appointments.
Improving health care services depends in part on ensuring that people have a usual and ongoing source of care. People with a usual source of care have better health outcomes and fewer disparities and costs. Having a primary care provider (PCP) as the usual source of care is especially important. PCPs can develop meaningful and sustained relationships with patients and provide integrated services while practicing in the context of family and community. Having a usual PCP is associated with:

- Greater patient trust in the provider
- Good patient-provider communication
- Increased likelihood that patients will receive appropriate care

Improving health care services includes increasing access to and use of evidence-based preventive services. Clinical preventive services are services that: prevent illness by detecting early warning signs or symptoms before they develop into a disease (primary prevention); or detect a disease at an earlier, and often more treatable, stage (secondary prevention).

- Healthy People 2020 (www.healthypeople.gov)

Specific Source of Ongoing Care

A total of 75.1% of Merced County adults were determined to have a specific source of ongoing medical care (a “medical home”).

- Similar to national findings.
- Fails to satisfy the Healthy People 2010 objective (95% or higher).

Have a Specific Source of Ongoing Medical Care

<table>
<thead>
<tr>
<th>Merced County</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>75.1%</td>
<td>76.3%</td>
</tr>
</tbody>
</table>

Sources:  
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. (Item 192)  
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.  

Notes:  
- Asked of all respondents.
When viewed by demographic characteristics, the following population segments are less likely to have a specific source of care:

- Men.
- Young adults.
- Lower-income adults.

Among adults age 18-64, 73.9% have a specific source for ongoing medical care, comparable to national findings.

  - Fails to satisfy the Healthy People 2020 target for this age group (89.4% or higher).

Among adults 65+, 82.0% have a specific source for care, similar to the figure reported among seniors nationally.

  - Fails to satisfy the Healthy People 2020 target of 100% for seniors.

### Have a Specific Source of Ongoing Medical Care
(Merced County, 2012)

<table>
<thead>
<tr>
<th>[All Ages] Healthy People 2020 Target = 95.0% or Higher</th>
<th>[18-64] Healthy People 2020 Target = 89.4% or Higher</th>
<th>[65+] Healthy People 2020 Target = 100%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Men: 69.5%</td>
<td>Women: 81.0%</td>
<td>65+: 82.0%</td>
</tr>
<tr>
<td>18 to 39: 70.5%</td>
<td>40 to 64: 77.9%</td>
<td>Low Income: 71.8%</td>
</tr>
<tr>
<td>65+: 82.0%</td>
<td>Mid/High Income: 82.1%</td>
<td>White: 79.3%</td>
</tr>
<tr>
<td>White: 71.8%</td>
<td>Hispanic: 74.1%</td>
<td>Merced County: 75.1%</td>
</tr>
<tr>
<td>Hispanic: 82.0%</td>
<td>18-64 = 73.9%</td>
<td></td>
</tr>
</tbody>
</table>

Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 193-194]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).
- Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Low Income” includes households with incomes up to 200% of the federal poverty level. “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.
Type of Place Used for Medical Care

When asked where they usually go if they are sick or need advice about their health, the greatest share of respondents (37.2%) identified some type of clinic, followed closely (36.2%) by mention of a particular doctor's office.

A total of 1.8% rely on military or VA benefits and 1.8% usually go to a hospital emergency room.

![Diagram showing medical care utilization]

Particular Place Utilized for Medical Care
(Merced County, 2012)

Sources: ● 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 14-15]
Notes: ● Asked of all respondents.

Utilization of Primary Care Services

Adults

More than 6 in 10 adults (63.1%) visited a physician for a routine checkup in the past year.

- Comparable to national findings.

![Bar chart showing physician visits]

Have Visited a Physician for a Checkup in the Past Year

Sources: ● 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 16]
Notes: ● Asked of all respondents.
Adults under age 40 are less likely to have received routine care in the past year (note the positive correlation with age).

### Have Visited a Physician for a Checkup in the Past Year (Merced County, 2012)

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Men</th>
<th>Women</th>
<th>Low Income</th>
<th>Mid/High Income</th>
<th>White</th>
<th>Hispanic</th>
<th>Merced County</th>
</tr>
</thead>
<tbody>
<tr>
<td>18 to 39</td>
<td>59.1%</td>
<td>67.2%</td>
<td>66.1%</td>
<td>65.8%</td>
<td>62.2%</td>
<td>62.0%</td>
<td>64.9%</td>
</tr>
<tr>
<td>40 to 64</td>
<td>66.1%</td>
<td>65.8%</td>
<td>62.2%</td>
<td>62.0%</td>
<td>64.9%</td>
<td>63.1%</td>
<td></td>
</tr>
<tr>
<td>65+</td>
<td>83.3%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Sources:** 2012 PRC Community Health Survey, Professional Research Consultants, Inc. (Item 16)

**Notes:**
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).
- Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Low Income” includes households with incomes up to 200% of the federal poverty level. “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.

### Children

Among surveyed parents, 84.4% report that their child has had a routine checkup in the past year.

- Similar to national findings.
- As may be expected, routine checkups are highest in Merced County among children under age 5.

### Child Has Visited a Physician for a Routine Checkup in the Past Year (Among Parents of Children 0-17)

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Merced County: Age 0-4</th>
<th>Merced County: Age 5-12</th>
<th>Merced County: Age 13-17</th>
<th>Merced County</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>95.0%</td>
<td>83.4%</td>
<td>75.8%</td>
<td>87.0%</td>
<td></td>
</tr>
</tbody>
</table>

**Sources:** 2012 PRC Community Health Survey, Professional Research Consultants, Inc. (Item 126) 2011 PRC National Health Survey, Professional Research Consultants, Inc.

**Notes:**
- Asked of all respondents with children 0 to 17 in the household.
A total of 8.3% of Merced County adults have gone to a hospital emergency room more than once in the past year about their own health.

- Comparable to the US figure.

**Have Used a Hospital Emergency Room More Than Once in the Past Year**

<table>
<thead>
<tr>
<th>Used the ER because:</th>
<th>Merced County</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Situation</td>
<td>8.3%</td>
<td>6.5%</td>
</tr>
<tr>
<td>Weekend/After Hours</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Access Problems</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Sources: ● 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 22-23]
● 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: ● Asked of all respondents.

Lower-income residents report an unfavorably high prevalence of ER use.

**Have Used a Hospital Emergency Room More Than Once in the Past Year**

(Merced County, 2012)

<table>
<thead>
<tr>
<th></th>
<th>Men</th>
<th>Women</th>
<th>18 to 39</th>
<th>40 to 64</th>
<th>65+</th>
<th>Low Income</th>
<th>Mid/High Income</th>
<th>White</th>
<th>Hispanic</th>
<th>Merced County</th>
</tr>
</thead>
<tbody>
<tr>
<td>%</td>
<td>6.9%</td>
<td>9.3%</td>
<td>8.2%</td>
<td>8.3%</td>
<td>9.9%</td>
<td>12.4%</td>
<td>3.4%</td>
<td>7.3%</td>
<td>10.3%</td>
<td>8.3%</td>
</tr>
</tbody>
</table>

Sources: ● 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 22]

Notes: ● Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).
- Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Low Income” includes households with incomes up to 200% of the federal poverty level; “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.

Of those using a hospital ER, 70.0% say this was due to an emergency or life-threatening situation, while 24.6% indicated that the visit was during after-hours or on the weekend. Just 1.8% cited difficulties accessing primary care for various reasons.
Oral Health

The health of the mouth and surrounding craniofacial (skull and face) structures is central to a person’s overall health and well-being. Oral and craniofacial diseases and conditions include: dental caries (tooth decay); periodontal (gum) diseases; cleft lip and palate; oral and facial pain; and oral and pharyngeal (mouth and throat) cancers.

The significant improvement in the oral health of Americans over the past 50 years is a public health success story. Most of the gains are a result of effective prevention and treatment efforts. One major success is community water fluoridation, which now benefits about 7 out of 10 Americans who get water through public water systems. However, some Americans do not have access to preventive programs. People who have the least access to preventive services and dental treatment have greater rates of oral diseases. A person’s ability to access oral healthcare is associated with factors such as education level, income, race, and ethnicity.

Oral health is essential to overall health. Good oral health improves a person’s ability to speak, smile, smell, taste, touch, chew, swallow, and make facial expressions to show feelings and emotions. However, oral diseases, from cavities to oral cancer, cause pain and disability for many Americans. Good self-care, such as brushing with fluoride toothpaste, daily flossing, and professional treatment, is key to good oral health. Health behaviors that can lead to poor oral health include:

- Tobacco use
- Excessive alcohol use
- Poor dietary choices

Barriers that can limit a person’s use of preventive interventions and treatments include:

- Limited access to and availability of dental services
- Lack of awareness of the need for care
- Cost
- Fear of dental procedures

There are also social determinants that affect oral health. In general, people with lower levels of education and income, and people from specific racial/ethnic groups, have higher rates of disease. People with disabilities and other health conditions, like diabetes, are more likely to have poor oral health.

Community water fluoridation and school-based dental sealant programs are 2 leading evidence-based interventions to prevent tooth decay.

Major improvements have occurred in the nation’s oral health, but some challenges remain and new concerns have emerged. One important emerging oral health issue is the increase of tooth decay in preschool children. A recent CDC publication reported that, over the past decade, dental caries (tooth decay) in children ages 2 to 5 have increased.

Lack of access to dental care for all ages remains a public health challenge. This issue was highlighted in a 2008 Government Accountability Office (GAO) report that described difficulties in accessing dental care for low-income children. In addition, the Institute of Medicine (IOM) has convened an expert panel to evaluate factors that influence access to dental care.

Potential strategies to address these issues include:

- Implementing and evaluating activities that have an impact on health behavior.
- Promoting interventions to reduce tooth decay, such as dental sealants and fluoride use.
- Evaluating and improving methods of monitoring oral diseases and conditions.
- Increasing the capacity of State dental health programs to provide preventive oral health services.
- Increasing the number of community health centers with an oral health component.

Healthy People 2020 (www.healthypeople.gov)
A total of 54.1% of Merced County adults have visited a dentist or dental clinic (for any reason) in the past year.

- Much lower than statewide findings.
- Much lower than national findings.
- Satisfies the Healthy People 2020 target (49% or higher).

### Have Visited a Dentist or Dental Clinic Within the Past Year

<table>
<thead>
<tr>
<th></th>
<th>Merced County</th>
<th>California</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthy People 2020 Target = 49.0% or Higher</td>
<td>54.1%</td>
<td>69.6%</td>
<td>66.9%</td>
</tr>
</tbody>
</table>

Recent dental care is unfavorably low among adults under 65, lower-income residents (failing to satisfy the Healthy People 2020 target), Hispanics and persons without dental coverage.

### Have Visited a Dentist or Dental Clinic Within the Past Year
(Merced County, 2012)

<table>
<thead>
<tr>
<th></th>
<th>Men</th>
<th>Women</th>
<th>18 to 39</th>
<th>40 to 64</th>
<th>65+</th>
<th>Low Income</th>
<th>Mid/High Income</th>
<th>White</th>
<th>Hispanic</th>
<th>Dental Insur.</th>
<th>No Dental Insur.</th>
<th>Merced County</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthy People 2020 Target = 49.0% or Higher</td>
<td>53.0%</td>
<td>55.3%</td>
<td>51.6%</td>
<td>51.5%</td>
<td>65.2%</td>
<td>36.4%</td>
<td>69.6%</td>
<td>65.4%</td>
<td>48.8%</td>
<td>70.4%</td>
<td>34.9%</td>
<td>54.1%</td>
</tr>
</tbody>
</table>

**Sources:**
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. (Item 20)
- 2012 PRC National Health Survey, Professional Research Consultants, Inc.

**Notes:**
- Asked of all respondents.
Children

A total of 80.1% of parents report that their child (age 2 to 17) has been to a dentist or dental clinic within the past year.

- Comparable to national findings.
- Satisfies the Healthy People 2020 target (49% or higher).
- Regular dental care is notably lower among children under 5.

Child Has Visited a Dentist or Dental Clinic Within the Past Year
(Among Parents of Children 2-17)

Dental Insurance

Over one-half of Merced County adults (54.4%) has dental insurance that covers all or part of their dental care costs.

- Lower than the national finding.

Have Insurance Coverage That Pays All or Part of Dental Care Costs

Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. (Item 127)
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents with children age 2 through 17.
A total of 49.5% of residents had an eye exam in the past two years during which their pupils were dilated.

- Less favorable than the US prevalence.

**Had an Eye Exam in the Past Two Years During Which the Pupils Were Dilated**

![Bar chart showing comparison between Merced County and the United States](chart.png)

**Sources:**
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. (Item 19)
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

**Notes:**
- Asked of all respondents.

Recent vision care in Merced County is less often reported among:

- Young adults.
- Residents with lower incomes.
- Hispanics.

**Had an Eye Exam in the Past Two Years During Which the Pupils Were Dilated**

**(Merced County, 2012)**

![Bar chart showing results by demographic groups](chart2.png)

**Sources:**
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. (Item 19)

**Notes:**
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).
- Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Low Income” includes households with incomes up to 200% of the federal poverty level. “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.
HEALTH EDUCATION & OUTREACH
Family physicians and the Internet are residents’ primary sources of healthcare information.

- 47.4% of Merced County adults cited their **family physician** as their primary source of healthcare information.
- The **Internet** received the second-highest response, with 19.5%.
  - Other sources mentioned include friends and relatives (5.1%), books and magazines (4.7%), and hospital publications (4.0%).
- Just 4.8% of survey respondents say that they do not receive any healthcare information.

**Primary Source of Healthcare Information**
(Merced County, 2012)

---

**Sources:**
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 117]

**Notes:**
- Asked of all respondents.
Participation in Health Promotion Events

Educational and community-based programs play a key role in preventing disease and injury, improving health, and enhancing quality of life.

Health status and related-health behaviors are determined by influences at multiple levels: personal, organizational/institutional, environmental, and policy. Because significant and dynamic interrelationships exist among these different levels of health determinants, educational and community-based programs are most likely to succeed in improving health and wellness when they address influences at all levels and in a variety of environments/Settings.

Education and community-based programs and strategies are designed to reach people outside of traditional healthcare settings. These settings may include schools, worksites, healthcare facilities, and/or communities.

Using nontraditional settings can help encourage informal information sharing within communities through peer social interaction. Reaching out to people in different settings also allows for greater tailoring of health information and education.

Educational and community-based programs encourage and enhance health and wellness by educating communities on topics such as: chronic diseases; injury and violence prevention; mental illness/behavioral health; unintended pregnancy; oral health; tobacco use; substance abuse; nutrition; and obesity prevention.

– Healthy People 2020 (www.healthypeople.gov)

A total of 14.8% of Merced County adults participated in some type of organized health promotion activity in the past year, such as health fairs, health screenings, or seminars.

- Lower than the national prevalence.
- Note that 51.8% of adults who participated in a health promotion activity in the past year indicate that it was sponsored by their employer.

Participated in a Health Promotion Activity in the Past Year

Sources: ● 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 118-119]
● 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.
Note the negative correlation between age and participation in health promotion activities.

**Participated in a Health Promotion Activity in the Past Year**
(Merced County, 2012)

<table>
<thead>
<tr>
<th>Category</th>
<th>Men</th>
<th>Women</th>
<th>18 to 39</th>
<th>40 to 64</th>
<th>65+</th>
<th>Low Income</th>
<th>Mid/High Income</th>
<th>White</th>
<th>Hispanic</th>
<th>Insured</th>
<th>Uninsured</th>
<th>Merced County</th>
</tr>
</thead>
<tbody>
<tr>
<td>Participation</td>
<td>11.5%</td>
<td>18.3%</td>
<td>19.0%</td>
<td>13.7%</td>
<td>5.3%</td>
<td>16.0%</td>
<td>17.4%</td>
<td>11.0%</td>
<td>15.1%</td>
<td>16.2%</td>
<td>10.5%</td>
<td>14.8%</td>
</tr>
</tbody>
</table>

Sources: ● 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 118]
Notes: ● Asked of all respondents.
● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level. "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
LOCAL HEALTHCARE
Perceptions of Local Healthcare Services

A total of 30.0% of Merced County adults rate the overall healthcare services available in their community as “excellent” or “very good.”

- Another 40.4% gave “good” ratings.

![Rating of Overall Healthcare Services Available in the Community](image)

Sources: ● 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 5]
Notes: ● Asked of all respondents.

However, 29.7% of residents characterize local healthcare services as “fair” or “poor.”

- Nearly twice the figure reported nationally.

![Perceive Local Healthcare Services as “Fair/Poor”](image)

Sources: ● 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 5]
● 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.
The following residents are more critical of local healthcare services:

- Young adults.
- Residents with lower incomes.
- Uninsured adults.

**Perceive Local Healthcare Services as “Fair/Poor”**
(Merced County, 2012)

![Graph showing percentage of residents per category]

Sources: ● 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 5]
Notes: ● Asked of all respondents.
● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).
● Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Low Income” includes households with incomes up to 200% of the federal poverty level. “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.