

Mercy Medical Center Community Health Needs Assessment

Adopted March 2025



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Executive Summary

Purpose Statement

The purpose of this Community Health Needs Assessment (CHNA) is to identify and prioritize significant health needs of the community served by Mercy Medical Center Merced. The priorities identified in this report help to guide the hospital's community health improvement programs and community benefit activities, as well as its collaborative efforts with other organizations that share a mission to improve health. This report meets requirements of the Patient Protection and Affordable Care Act that not-for-profit hospitals conduct a CHNA at least once every three years.

CommonSpirit Health Commitment and Mission Statement

The hospital's dedication to engaging with the community, assessing priority needs, and helping to address them with community health program activities is in keeping with its mission. As CommonSpirit Health, we make the healing presence of God known in our world by improving the health of the people we serve, especially those who are vulnerable, while we advance social justice for all.

CHNA Collaborators

This CHNA was conducted in partnership with Valley Children's Healthcare. The hospitals engaged Biel Consulting, Inc. to conduct the CHNA.

Community Definition

Dignity Health Mercy Medical Center Merced (MMCM) is located at 333 Mercy Avenue, Merced, CA 95340. The hospital tracks ZIP Codes of origin for all patient admissions and includes all who received care without regard to insurance coverage or eligibility for financial assistance. For the purposes of this report, the hospital defines its primary service area to include six ZIP Codes in four cities. While one city, Chowchilla (and most of its associated ZIP Code) is in Madera County, only Merced County-level data are included in this report.

Mercy Medical Center Merced Service Area

Place	ZIP Code	County
Atwater	95301	Merced
Chowchilla	93610	Madera
Merced	95340, 95341, 95348	Merced
Winton	95388	Merced

The population of the service area is 186,200. Children and youth, ages 0-17, make up 27.6% of the population, 61.2% are adults, ages 18-64, and 11.2% of the population are seniors, ages 65 and older. The largest portion of the population in the service area are

Hispanic or Latino residents (55.6%), 28.3% are White or Caucasian residents, 8.5% are Asian residents, and 4% are Black or African American residents. 2.6% of the population are non-Latino multiracial (two-or-more races) residents, 0.4% are American Indian or Alaskan Native residents, and 0.3% are Native Hawaiian or Pacific Islander residents. Those who identify with a race and ethnicity not listed represent 0.3% of the population. In the service area, 52% of the population, 5 years and older, speak only English in the home. Among the area population, 39.2% speak Spanish, 5.2% speak an Asian or Pacific Islander language, and 3.2% speak an Indo-European language in the home.

Among the residents in the service area, 20.6% are at or below 100% of the federal poverty level (FPL) and 42.4% are at 200% of FPL or below. In Merced County, 16.6% of the population experienced food insecurity in 2022. Among children in the county, 23.1% lived in households that experienced food insecurity. Feeding America estimated that 83% of those experiencing food insecurity in Merced County, and 73% of county children experiencing food insecurity, were income-eligible for nutritional programs such as SNAP. Educational attainment is a key driver of health. In the hospital service area, 25.3% of adults, ages 25 and older, lack a high school diploma, which is higher than the state rate (15.6%). 16.2% of area adults have a bachelor's or higher degree.

Assessment Process and Methods

Secondary data were collected from local, county, and state sources to present community demographics, social determinants of health, health care access, birth characteristics, leading causes of death, acute and chronic disease, health behaviors, mental health, substance use, and preventive practices. Where available, these data are presented in the context of Merced County and California, framing the scope of an issue as it relates to the broader community. The report includes benchmark comparison data, comparing community data findings with Healthy People 2030 objectives.

Mercy Medical Center Merced conducted interviews with community stakeholders to obtain input on health needs, barriers to care and resources available to address the identified health needs. Fifteen (15) interviews were completed during November 2024 through January 2025. Community stakeholders identified by the hospital were contacted and asked to participate in the interviews. Interview participants included a broad range of stakeholders concerned with health and wellbeing in Merced County who spoke about issues and needs in the communities. Interviewees included individuals who are leaders and representatives of organizations serving medically underserved, low-income, and minority populations, or local health or other departments or agencies.

Process and Criteria to Identify and Prioritize Significant Health Needs

Significant health needs were identified from an analysis of the primary and secondary data sources. Interviews with community stakeholders were used to gather input and prioritize the significant health needs. The following criteria were used to prioritize the health needs:

- The perceived severity of a health or community issue as it affects the health and lives of those in the community.
- Improving or worsening of an issue in the community.
- Availability of resources to address the need.
- The level of importance the hospital should place on addressing the issue.

The interviewees were also asked to prioritize the health needs according to the highest level of importance in the community. The total score for each significant health need (possible score of 4) was divided by the total number of responses for which data were provided, resulting in an overall score for each need. The community residents were also asked to indicate the level of importance of the health needs.

List of Prioritized Significant Health Needs 2025

List of Significant Health Needs

Significant health needs were identified from an analysis of the primary and secondary data sources.

- Access to Care
- Birth Indicators
- Chronic Diseases
- Economic Insecurity
- Food Insecurity
- Housing and Homelessness
- Mental Health
- Overweight/Obesity/Healthy Eating/Physical Activity
- Preventive Care
- Substance Use
- Violence and Injury Prevention

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- Availability of resources to address the need.
 - The level of importance the hospital should place on addressing the issue.
- The interviewees were also asked to prioritize the health needs according to the highest level of importance in the community. The total score for each significant health need (possible score of 4) was divided by the total number of responses for which data were provided, resulting in an overall score for each need. The community residents were also asked to indicate the level of importance of the health needs. Interviewees identified access to health care, chronic disease, economic insecurity and mental health as priority needs in the service area.

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Resources Potentially Available to Address Needs

Community stakeholders identified community resources potentially available to address the identified community needs. A partial list of community resources can be found in the CHNA report.

Report Adoption, Availability and Comments

This CHNA report was adopted by the Mercy Medical Center Merced Board of Directors in March 2025. This report is widely available to the public on the hospital website at <https://www.dignityhealth.org/central-california/locations/mercymedical-merced/about-us/community-benefit-report> and a paper copy is available for inspection, upon request, at the Mercy Medical Center Merced, Mission Integration Department. Written comments on this report can be submitted to Mercy Medical Center, Mission Integration Department, 333 Mercy Ave. Merced, CA 95340. To send comments or questions about this report, please visit <https://www.dignityhealth.org/central-california/contact-us> and select community benefit as the topic.

Community Definition

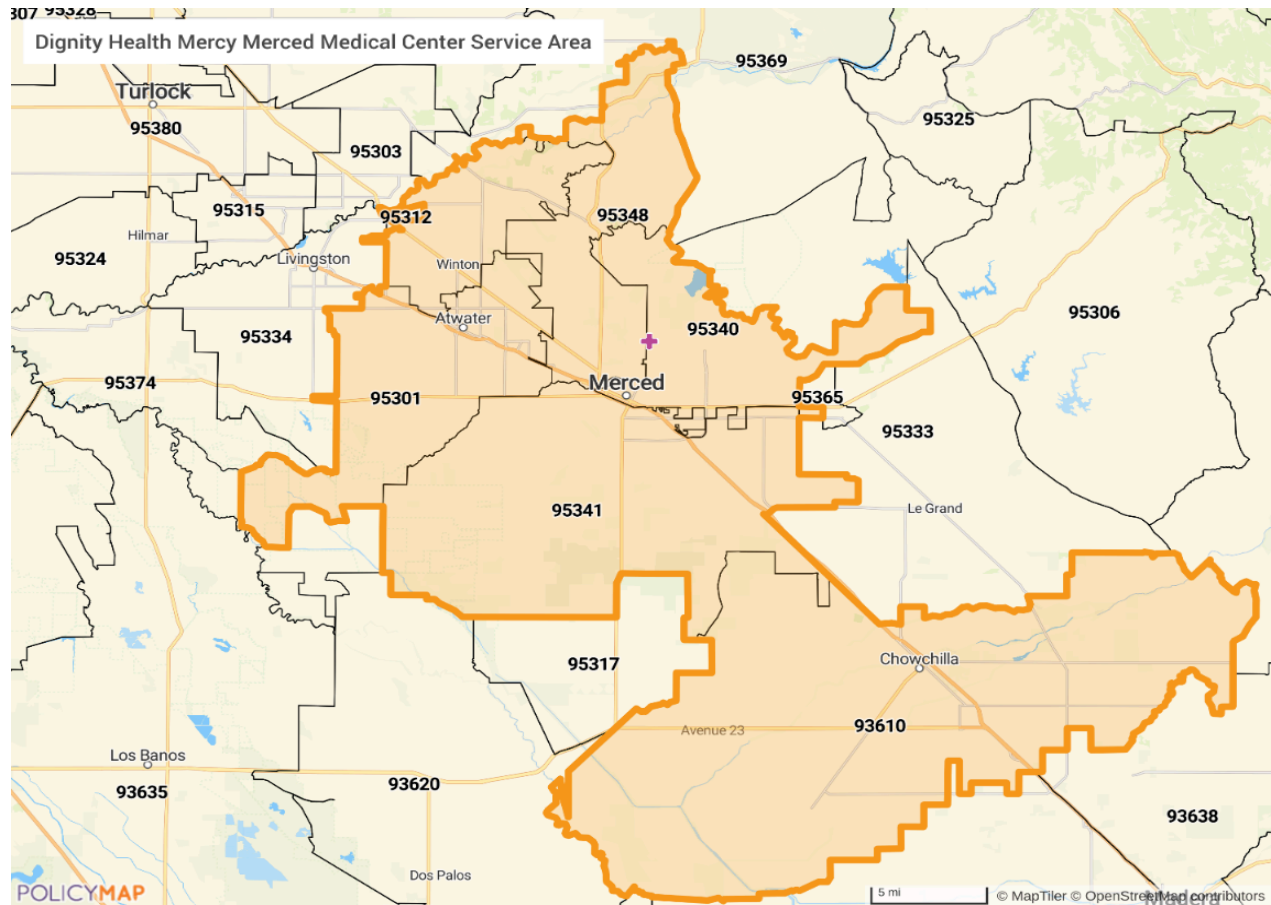
Service Area

Dignity Health Mercy Medical Center Merced (MMCM) is located at 333 Mercy Avenue, Merced, CA 95340. The hospital tracks ZIP Codes of origin for all patient admissions and includes all who received care without regard to insurance coverage or eligibility for financial assistance. For the purposes of this report, the hospital defines its primary service area to include six ZIP Codes in four area cities. While one city, Chowchilla (and most of its associated ZIP Code) is in Madera County, only Merced County-level data are included in this report. MMCM is the only hospital recorded in the service area.

Mercy Medical Center Merced Service Area

Place	ZIP Code	County
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Service Area Map



The population of the service area is 186,200. Children and youth, ages 0-17, make up 27.6% of the population, 61.2% are adults, ages 18-64, and 11.2% of the population are seniors, ages 65 and older. The largest portion of the population in the service area are Hispanic or Latino residents (55.6%), 28.3% are White or Caucasian residents, 8.5% are Asian residents, and 4% are Black or African American residents. 2.6% of the population are non-Latino multiracial (two-or-more races) residents, 0.4% are American Indian or Alaskan Native residents, and 0.3% are Native Hawaiian or Pacific Islander residents. Those who identify with a race and ethnicity not listed represent 0.3% of the population. In the service area, 52% of the population, 5 years and older, speak only English in the home. Among the area population, 39.2% speak Spanish, 5.2% speak an Asian or Pacific Islander language, and 3.2% speak an Indo-European language in the home.

Among the residents in the service area, 20.6% are at or below 100% of the federal poverty level (FPL) and 42.4% are at 200% of FPL or below. In the service area, 27.7% of children live in poverty, 15.1% of senior adults live in poverty, and 45.3% of families with female head of household with minor children live in poverty. The unemployment rate in the service area among the civilian labor force, averaged over 5 years, is 11.6%. The median household income in the service area is \$62,905.

In Merced County, 16.6% of the population experienced food insecurity in 2022. Among children in the county, 23.1% lived in households that experienced food insecurity. Feeding America estimated that 83% of those experiencing food insecurity in Merced County, and 73% of county children experiencing food insecurity, were income-eligible for nutritional programs such as SNAP. In Merced County, 46.1% of low-income residents (those making less than 200% of the FPL) were not able to afford enough to eat, while 37.4% of low-income residents utilized food stamps. 61.8% of county children, 6 years and younger, accessed WIC benefits. 14.7% of county residents were TANF/CalWORKs recipients.

Educational attainment is a key driver of health. In the hospital service area, 25.3% of adults, ages 25 and older, lack a high school diploma, which is higher than the state rate (15.6%). 16.2% of area adults have a bachelor's or higher degree.

In the service area, 91.4% of the civilian, non-institutionalized population have health insurance, and 96% of children, ages 18 and younger, have health insurance coverage. Among county residents, 38.8% have Medi-Cal coverage.

The U.S. Health Services Administration (HRSA) designates medically underserved areas/populations (MUA) as areas or populations having too few primary care providers,

high infant mortality, high poverty, or a high elderly population. Madera County, including the Chowchilla area, and part of Merced County east of Merced, known as the 'Planada Le Grande Service Area' are designated as Medically Underserved Areas (MUAs) for primary care.

There are three categories of Health Professions Shortage Area (HPSA) designations based on the health discipline that is experiencing a shortage: 1) primary medical, 2) dental, and 3) mental health. The primary factor used to determine a HPSA designation is the number of health professionals relative to the population with consideration of high need. For primary care, the Atwater and Chowchilla areas are designated as HPSAs, as is the Merced/Merced Southwest area for low-income residents, and the Le Grand/Planada area for the Medicaid eligible population. The Chowchilla area is designated as an HPSA for Medicaid eligible residents for dental health, and all of Merced and Madera Counties are designated as HPSAs for mental health.

Assessment Process and Methods

Secondary Data Collection

Secondary data were collected from local, county, and state sources to present community demographics, social determinants of health, health care access, birth characteristics, leading causes of death, acute and chronic disease, health behaviors, mental health, substance use, and preventive practices. Where available, these data are presented in the context of Merced County and California, framing the scope of an issue as it relates to the broader community.

Secondary data for the service area were collected and documented in data tables with narrative explanation. The data tables present the data indicator, the geographic area represented, the data measurement (e.g., rate, number, or percent), county and state comparisons (when available), the data source, data year and an electronic link to the data source.

Analysis of secondary data includes an examination and reporting of health disparities for some health indicators. The report includes benchmark comparison data that measure the data findings as compared to Healthy People 2030 objectives, where appropriate. Healthy People objectives are a national initiative to improve the public's health by providing measurable objectives that are applicable at national, state, and local levels. Attachment 1 compares Healthy People 2030 objectives with service area data.

Primary Data Collection

Mercy Medical Center Merced conducted interviews with community stakeholders to obtain input on health needs, barriers to care and resources available to address the identified health needs.

Interviews

Fifteen (15) telephone interviews were conducted November 2024 through January 2025. Interview participants included a broad range of stakeholders concerned with health and wellbeing in Merced County who spoke about issues and needs in the communities served by the hospitals. Interviewees included individuals who are leaders and representatives of organizations serving medically underserved, low-income, and minority populations, or local health or other departments or agencies.

The identified stakeholders were invited by email to participate in the phone interview. Appointments for the interviews were made on dates and at times convenient to the stakeholders. At the beginning of each interview, the purpose of the interview in the

context of the assessment was explained, the stakeholders were assured their responses would remain confidential, and consent to proceed was given. Attachment 2 lists the stakeholder interview respondents, their titles and organizations.

The interviews were structured to obtain greater depth and richness of information on significant health needs. First, interview participants were asked to describe, from their professional perspective, some of the major health issues impacting the community as well as the social determinants of health contributing to poor health in the community. Interview participants were also asked to rate the impact and importance of each health need on a brief survey prior to participating in the telephone interviews. Attachment 3 provides stakeholder responses to the interview questions.

Analysis of the primary data occurred through a process that compared and combined responses to identify themes. The interviews focused on these significant health needs:

- Access to Care
- Birth Indicators
- Chronic Diseases
- Economic Insecurity
- Food Insecurity
- Housing and Homelessness
- Mental Health
- Overweight/Obesity/Healthy Eating/Physical Activity
- Preventive Care
- Substance Use
- Violence and Injury Prevention

Public Comment

In compliance with IRS regulations 501(r) for charitable hospitals, a hospital CHNA and Implementation Strategy are to be made widely available to the public and public comment is to be solicited. Mercy Medical Center Merced invited written comments on the most recent CHNA report and Implementation Strategy both in the documents and on the web site where they are widely available to the public at <https://www.dignityhealth.org/central-california/locations/mercymedical-merced/about-us/community-benefit-report>. No written comments have been received.

Project Oversight

The CHNA process was overseen by:
Lillian Sánchez Rábago
Director of Mission Integration
Mercy Medical Center

CHNA Collaborators

This CHNA was conducted in partnership with Valley Children's Healthcare.

Consultant

Biel Consulting, Inc. conducted the CHNA. Dr. Melissa Biel was joined by Sevanne Sarkis, JD, MHA, MEd, and Denise Flanagan, BA. Biel Consulting, Inc. is an independent consulting firm that works with hospitals, clinics and community-based nonprofit organizations. Biel Consulting, Inc. has over 25 years of experience conducting hospital CHNAs and working with hospitals on developing, implementing, and evaluating community benefit programs. www.bielconsulting.com

Community Demographics

Population

The population of the service area is 186,200. From 2017 to 2022, the population increased by 3.8%, which is a lower rate of population growth than in the county (5.6%).

Total Population and Change in Population

	MMCM Service Area	Merced County	California
Total population	186,200	282,290	39,356,104
Change in population, 2017-2022	3.8%	5.6%	1.0%

Source: U.S. Census Bureau, American Community Survey, 2013-2017 & 2018-2022, DP05. <http://data.census.gov>

The hospital service area population by gender was 49.3% female and 50.7% male.

Population, by Gender

	MMCM Service Area	Merced County	California
Male	50.7%	50.8%	50.1%
Female	49.3%	49.2%	49.9%

Source: U.S. Census Bureau, American Community Survey, 2018-2022, DP05. <http://data.census.gov>

In Merced County, 90.3% of the adult population identify as straight or heterosexual, and 98.9% as cisgender, or not transgender. 2.7% identify as gay, lesbian or homosexual, and 4.6% identify as bisexual.

Sexual Orientation and Gender Identity, Adults

	Merced County	California
Straight or heterosexual	90.3%	90.2%
Gay, lesbian or homosexual	2.7%	3.4%
Bisexual	4.6%	4.4%
Not sexual/celebrate/none/other	2.4%	1.9%
Cisgender/not transgender ±	98.9%	98.9%
Transgender/gender non-conforming ±	1.1%	1.1%

Source: California Health Interview Survey, 2018-2022 or ±2019-2023, pooled. <http://ask.chis.ucla.edu/>

In Merced County, 2.9% of the teen population identify as transgender or gender non-conforming, while 22% said that other people at school would describe them as gender non-conforming (males who would be described as feminine, females who would be described as masculine, or either gender described as equally feminine and masculine).

Gender Identity and Gender Expression, Teens

	Merced County	California
Identify as cisgender/not transgender ±	*97.1%	97.5%
Identify as transgender/gender non-conforming ±	*2.9%	2.5%
Express as cisgender/not transgender	78.0%	78.7%
Express as transgender/gender non-conforming	22.0%	21.3%

Source: California Health Interview Survey, 2019-2022 or ±2019-2023 combined. <http://ask.chis.ucla.edu/> *Statistically unstable due to sample size.

Children and youth, ages 0-17, make up 27.6% of the population of the service area, 61.2% are adults, ages 18-64, and 11.2% of the population are senior adults, ages 65 and older.

Population, by Age

	MMCM Service Area		Merced County		California	
	Number	Percent	Number	Percent	Number	Percent
Age 0-4	12,757	6.9%	20,677	7.3%	2,258,308	5.7%
Age 5-17	38,633	20.7%	61,640	21.8%	6,516,262	16.6%
Age 18-24	21,867	11.7%	31,470	11.1%	3,738,836	9.5%
Age 25-44	52,934	28.4%	76,811	27.2%	11,235,259	28.5%
Age 45-64	39,214	21.1%	59,470	21.1%	9,742,139	24.8%
Age 65-74	12,546	6.7%	19,151	6.8%	3,427,460	8.7%
Age 75-84	5,825	3.1%	9,374	3.3%	1,686,649	4.3%
85+	2,424	1.3%	3,697	1.3%	751,191	1.9%

Source: U.S. Census Bureau, American Community Survey, 2018-2022, DP05. <http://data.census.gov/>

When the service area is examined by ZIP Code, Merced 95341 has the highest percentage of children and youth (35.5%), followed by Winton (31.5%). Chowchilla has the lowest percentage of children and youth in the service area (23%). Merced 95340 has the highest percentage of senior adults in the service area (14.4%). Merced 95341 reported the lowest senior population (8.1%).

Population, by Youth, Ages 0-19, and Senior Adults, Ages 65 and Older

	ZIP Code	Total Population	Youth Ages 0 – 17	Senior Adults Ages 65+
Atwater	95301	41,660	27.9%	12.4%
Chowchilla	93610	23,795	23.0%	10.1%
Merced	95340	36,833	23.4%	14.4%
Merced	95341	34,541	35.5%	8.1%
Merced	95348	35,853	25.6%	10.1%
Winton	95388	13,518	31.5%	11.2%
MMCM Service Area		186,200	27.6%	11.2%
Merced County		282,290	29.2%	11.4%
California		39,356,104	22.3%	14.9%

Source: U.S. Census Bureau, American Community Survey, 2018-2022, DP05. <http://data.census.gov/>

Senior adults living alone may be isolated and lack adequate support systems. Of the 20,795 senior adults who live in the service area, the percentage who live alone ranged from 18.2% in Merced 95341 and Winton, to 26% in Chowchilla.

Senior Adults Living Alone

	ZIP Code	Total Senior Adults	Percent Living Alone
Atwater	95301	5,164	21.4%
Chowchilla	93610	2,401	26.0%
Merced	95340	5,287	25.3%
Merced	95341	2,809	18.2%
Merced	95348	3,614	24.3%
Winton	95388	1,520	18.2%
MMCM Service Area		20,795	22.8%
Merced County		32,222	20.8%
California		5,865,300	22.0%

Source: U.S. Census Bureau, American Community Survey, 2018-2022, DP02 & DP05. <http://data.census.gov>

Race and Ethnicity

The largest portion of the population in the service area are Hispanic or Latino residents (55.6%), 28.3% are White or Caucasian residents, 8.5% are Asian residents, and 4% are Black or African American residents. 2.6% of the population are non-Latino multiracial (two-or-more races) residents, 0.4% are American Indian or Alaskan Native residents, and 0.3% are Native Hawaiian or Pacific Islander residents. Those who identify with a race and ethnicity not listed represent 0.3% of the population.

Race and Ethnicity

	MMCM Service Area	Merced County	California
Hispanic or Latino	55.6%	61.9%	39.7%
White, non-Latino	28.3%	25.2%	35.2%
Asian, non-Latino	8.5%	7.2%	14.9%
Black or African American, non-Latino	4.0%	2.7%	5.3%
Multiracial, non-Latino	2.6%	2.3%	3.8%
American Indian or Alaska Native, non-Latino	0.4%	0.3%	0.3%
Native Hawaiian or Pacific Islander, non-Latino	0.3%	0.3%	0.3%
Some other race, non-Latino	0.3%	0.2%	0.4%

Source: U.S. Census Bureau, American Community Survey, 2018-2022, DP05. <http://data.census.gov/>

When race and ethnicity are examined by ZIP Code, Winton has the highest percentage of Hispanic or Latino residents in the service area (75.9%), followed by Merced 95341 (72.2%). Chowchilla (37.9%) and Merced 95340 (36.2%) have the highest percentage of White residents in the service area. Merced 95348 has the highest percentage of Asian residents (16%) and Black or African American residents (6%). Merced 95341 has the lowest percentage of White residents in the service area (12.8%).

Race and Ethnicity, by ZIP Code

	ZIP Code	Hispanic or Latino	White	Asian	Black
Atwater	95301	51.5%	33.8%	6.0%	4.8%
Chowchilla	93610	47.8%	37.9%	4.8%	4.7%
Merced	95340	50.3%	36.2%	7.9%	2.7%
Merced	95341	72.2%	12.8%	8.8%	3.0%
Merced	95348	47.4%	26.0%	16.0%	6.0%
Winton	95388	75.9%	18.4%	2.9%	1.5%
MMCM Service Area		55.6%	28.3%	8.5%	4.0%
Merced County		61.9%	25.2%	7.2%	2.7%
California		39.7%	35.2%	14.9%	5.3%

Source: U.S. Census Bureau, American Community Survey, 2018-2022, DP05. <http://data.census.gov/>

Language

In the service area, 52% of the population, 5 years and older, speak only English in the home. Among the area population, 39.2% speak Spanish, 5.2% speak an Asian or Pacific Islander language, and 3.2% speak an Indo-European language other than Spanish or English in the home, while 0.4% speak some other language.

Language Spoken at Home for the Population, 5 Years and Older

	MMCM Service Area	Merced County	California
Population, 5 years and older	173,443	261,613	37,097,796
English only	52.0%	46.5%	56.1%
Speaks Spanish	39.2%	45.0%	28.2%
Speaks Asian or Pacific Islander language	5.2%	3.7%	9.9%
Speaks non-Spanish Indo-European language	3.2%	4.7%	4.6%
Speaks other language	0.4%	0.2%	1.1%

Source: U.S. Census Bureau, American Community Survey, 2018-2022, DP02. <http://data.census.gov/>

The highest percentage of Spanish speakers within the service area can be found in Winton (68.2%). Merced 95348 (9.5%) and Merced 95341 (7.5%) have the highest percentages of Asian or Pacific-Islander language speakers. Merced 95348 (4.5%) and Atwater (4.3%) have the highest percentages of non-Spanish Indo-European languages spoken at home in the service area.

Language Spoken at Home, by ZIP Code

	ZIP Code	English	Spanish	Asian or Pacific Islander	Non-Spanish Indo European
Atwater	95301	57.1%	35.8%	2.7%	4.3%
Chowchilla	93610	57.9%	34.6%	2.4%	4.0%
Merced	95340	64.1%	28.7%	4.7%	2.3%
Merced	95341	37.0%	54.0%	7.5%	1.5%
Merced	95348	52.8%	32.3%	9.5%	4.5%
Winton	95388	28.1%	68.2%	2.3%	1.3%
MMCM Service Area		52.0%	39.2%	5.2%	3.2%
Merced County		46.5%	45.0%	3.7%	4.7%
California		56.1%	28.2%	9.9%	4.6%

Source: U.S. Census Bureau, American Community Survey, 2018-2022, DP02. <http://data.census.gov/>

Linguistic Isolation

Linguistic isolation is defined as the population, ages five and older, who speaks English “less than very well.” In the service area, 16% of the service area population is linguistically isolated.

Linguistic Isolation, Ages 5 Years and Older

	Percent
MMCM Service Area	16.0%
Merced County	21.4%
California	17.1%

Source: U.S. Census Bureau, American Community Survey, 2018-2022, DP02. <https://data.census.gov/>

The California Department of Education publishes rates of “English Learners,” defined as the percentage of students whose primary language is not English and who lack sufficient English-language skills necessary for academic success. In Merced County school districts, the percentage of students who were classified as English Learners was 23.5%. Among area school districts, English Learners ranged from 8.8% of students in McSwain Union Elementary School District to 51.5% of students in Winton School District.

English Learner (EL) Students, by School District

	Number	Percent
Alview-Dairyland Union Elementary School District	136	35.2%
Atwater Elementary School District	1,351	27.2%
Chowchilla Elementary School District	601	27.7%
Chowchilla Union High School District	205	18.1%
McSwain Union Elementary School District	83	8.8%
Merced City Elementary School District	1,929	17.5%
Merced River Union Elementary School District	75	26.7%
Merced Union High School District	1,295	11.6%
Plainsburg Union Elementary School District	14	13.1%
Weaver Union Elementary School District	731	24.1%
Winton School District	962	51.5%
Merced County	14,007	23.5%
California	1,074,833	18.4%

Source: California Department of Education DataQuest, 2023-2024. <http://dq.cde.ca.gov/dataquest/>

Veteran Status

In the service area, 4.7% of the civilian population, 18 years and older, are veterans.

Veteran Status

	MMCM Service Area	Merced County	California
Civilian Veterans	4.7%	4.2%	4.7%

Source: U.S. Census Bureau, American Community Survey, 2018-2022, DP02. <http://data.census.gov>

Citizenship

In the service area, 22.1% of the population is foreign-born, which is lower than the county (26.3%) and state (26.5%) rates. Of the foreign-born in the service area, 57.2% are not citizens. It is important to note that not being a U.S. citizen does not indicate an illegal resident status within the U.S.

Foreign-Born Residents and Citizenship

	MMCM Service Area	Merced County	California
Foreign born	22.1%	26.3%	26.5%
Of the foreign born, not a U.S. citizen	57.2%	58.7%	46.0%

Source: U.S. Census Bureau, American Community Survey, 2018-2022, DP02. <http://data.census.gov>

Social Determinants of Health

Social and Economic Factors Ranking

The County Health Rankings ranks counties according to health factors data. Social and economic indicators are examined as a contributor to the health of a county's residents. California has 58 counties, which are ranked from 1 to 58 according to social and economic factors. A ranking of 1 is the county with the best factors and a ranking of 58 is the county with the poorest factors. This ranking examines: high school graduation rates, unemployment, children in poverty, social support, and others. Merced County is ranked 57 among California's counties, and Madera County ranks 51, placing them both near the bottom of the county rankings.

Social and Economic Factors Ranking

	County Ranking (out of 58)
Madera County	51
Merced County	57

Source: County Health Rankings, 2023 <http://www.countyhealthrankings.org>

California Healthy Places Index

The California Healthy Places Index (HPI) is a measure of socioeconomic need that is correlated with poor health outcomes. It combines 25 community characteristics into a single indexed HPI score available at the Census Tract level or aggregated for larger areas. In addition to the overall score, the index also contains eight sub-scores for each of the Policy Action Areas: economic, education, social, transportation, neighborhood, housing, clean environment, and health care access. The index was created using statistical modeling techniques that evaluated the relationship between these Policy Action Areas and life expectancy at birth and was designed to maximize the ability of the HPI to identify healthy communities and quantify the factors that shape health.

The HPI map displays the MMCM service area and surrounding areas. The data are presented in colored quartiles (dark blue, light blue, light green and dark green). The dark blue shading indicates the census tracts with the least healthy conditions and the dark green shading shows census tracts with the healthiest conditions. (The gray hatched sections represent missing data.) The service area ZIP Codes have an overall HPI score that is better than only 18.1% of California ZIP Codes. The service area has the lowest scores for economic factors (13%) based on: the percent of population above poverty, the percent of population employed, and per capita income. The area also has a low score (14.9%) for transportation based on active commuting (the percent of population that walk or bike to work) and automobile access. There are two Census Tracts in the service area that have healthier conditions than 59.7% of other Census

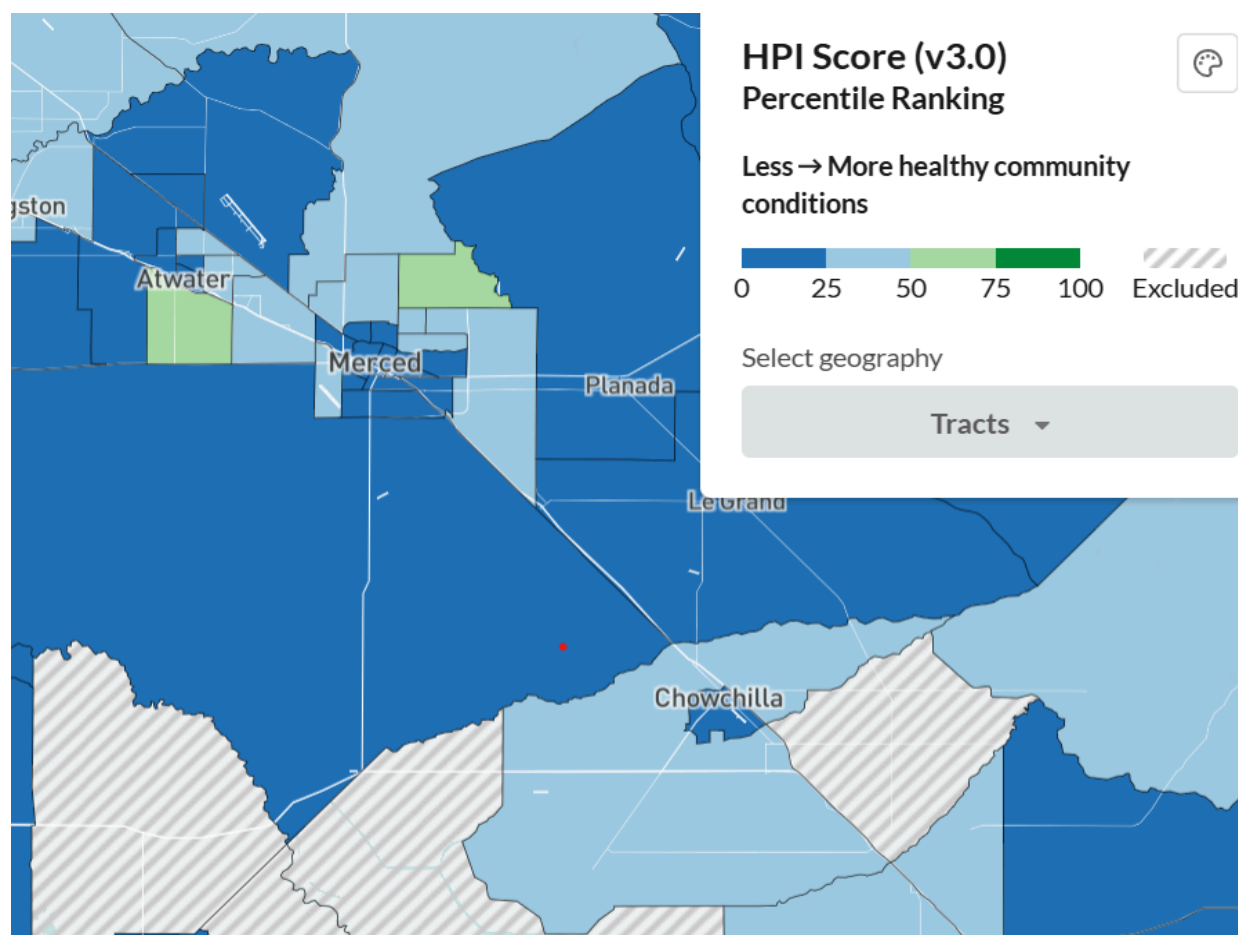
Tracts (south Atwater) and 70.9% of other Census Tracts (northeast of Merced), respectively.

California Healthy Places Index Value and Sub-Scores, as Percentiles

	Percent
Economic	13.0%
Education	35.9%
Social	33.0%
Transportation	14.9%
Neighborhood	23.3%
Housing	42.9%
Clean Environment	21.0%
Health Care Access	30.7%
HPI Score	18.1%

Source: Public Health Alliance of Southern California, the California Healthy Places Index (HPI) Map, accessed October 26, 2024.

<https://healthyplacesindex.org>



Unemployment

The unemployment rate among the civilian labor force in the service area, averaged over 5 years, was 11.6%. This is higher than the county (10.7%) and state (6.4%)

unemployment rates. The highest rate of unemployment was found in Merced 95340 (14.7%). The lowest unemployment rate in the service area was in Chowchilla (9.7%).

Employment Status for the Population, Ages 16 and Older

	ZIP Codes	Civilian Labor Force	Unemployed	Unemployment Rate
Atwater	95301	19,063	1,963	10.3%
Chowchilla	93610	7,997	775	9.7%
Merced	95340	16,927	2,488	14.7%
Merced	95341	14,248	1,598	11.2%
Merced	95348	16,355	1,900	11.6%
Winton	95388	5,756	608	10.6%
MMCM Service Area		80,346	9,332	11.6%
Merced County		123,984	13,272	10.7%
California		20,011,853	1,282,055	6.4%

Source: U.S. Census Bureau, American Community Survey, 2018-2022, DP03. <http://data.census.gov/>

Poverty

The Census Bureau annually updates official poverty population statistics. For 2022, the Federal Poverty Level (FPL) was set at an annual income of \$14,880 for one person and \$29,678 for a family of four. Among the residents in the service area, 20.6% are at or below 100% of the federal poverty level (FPL) and 42.4% are at 200% of FPL or below. These poverty and low-income rates are higher than county and state rates. The highest poverty and low-income rates in the service area are found in Merced 95341, where 29.8% of the population lives in poverty and 55.2% qualify as low-income. San Winton has the lowest rate of poverty (15.8%) and Atwater has the lowest rate of low-income residents (33.4%).

Poverty Level, <100% FPL and <200% FPL, by ZIP Code

	ZIP Code	<100% FPL	<200% FPL
Atwater	95301	16.1%	33.4%
Chowchilla	93610	16.7%	42.4%
Merced	95340	19.6%	37.3%
Merced	95341	29.8%	55.2%
Merced	95348	21.7%	43.4%
Winton	95388	15.8%	47.1%
MMCM Service Area		20.6%	42.4%
Merced County		18.5%	41.4%
California		12.1%	28.0%

Source: U.S. Census Bureau, American Community Survey, 2018-2022, S1701. <http://data.census.gov/>

Merced 95341 has the highest rate of poverty among children (42.3%). Merced 95341 also has the highest rate of poverty among senior adults (17.6%), followed by Atwater (17.4%). In Merced 95340, 57.7% of female heads-of-household (HoH), living with their

own children, under the age of 18, live in poverty. This is followed closely by Merced 95341, where 57.4% of female HoH with children live in poverty.

Poverty Levels of Children, Under Age 18, Senior Adults, 65 and Older, and Female HoH

	ZIP Code	Children	Senior Adults	Female HoH with Children*
Atwater	95301	21.4%	17.4%	37.1%
Chowchilla	93610	19.4%	13.9%	34.8%
Merced	95340	26.1%	12.3%	57.7%
Merced	95341	42.3%	17.6%	57.4%
Merced	95348	23.4%	15.1%	37.3%
Winton	95388	25.2%	14.7%	30.1%
MMCM Service Area		27.7%	15.1%	45.3%
Merced County		25.8%	14.0%	42.7%
California		15.6%	11.0%	29.2%

Source: U.S. Census Bureau, American Community Survey, 2018-2022, S1701 & *S1702. <http://data.census.gov/>

The service area has higher rates of poverty than the county or state, among every ethnic and racial group for whom data were available, except for American Indian or Alaska Native residents. 43.5% of Black or African American residents in the service area live in poverty, 29.8% of Asians residents live in poverty, and 23.9% of Hispanic or Latino residents live in poverty. Care should be taken when interpreting data based on relatively low population numbers, such as the service area population of Native Hawaiian or Pacific Islander residents (eight individuals, total) or American Indian or Alaska Native residents (161 individuals, total).

Poverty Levels, by Race and Ethnicity

	MMCM Service Area	Merced County	California
Native HI or Pacific Islander	100.0%	**	13.9%
Black or African American	43.5%	31.1%	19.0%
Asian	29.8%	18.6%	9.8%
Some other race	24.8%	22.1%	16.1%
Hispanic or Latino	23.9%	20.5%	15.1%
Multiracial	20.7%	16.7%	12.2%
White, non-Hispanic	14.5%	12.9%	8.9%
American Indian or AK Native	14.3%	24.8%	16.1%

Source: U.S. Census Bureau, American Community Survey, 2018-2022, S1701. <http://data.census.gov/> **No Native Hawaiian or Pacific Islander residents recorded for the county.

Free and Reduced-Price Meals

The National School Lunch Program is a federally assisted meal program that provides free, nutritionally balanced lunches to children whose families meet eligibility income requirements. Area school district eligibility ranged from 36.4% of students in the McSwain Union Elementary School District, to 93.1% in the Winton School District. Other school districts with percentages above the county average were Atwater Elementary (79.1%), Merced Union High (79.6%), Weaver Union Elementary (80.6%),

Merced City Elementary (82.8%), Chowchilla Union High (84.1%), and Chowchilla Elementary (88.6%) School Districts.

Free and Reduced-Price Meals Eligibility

	Percent Eligible Students
Alview-Dairyland Union Elementary School District	65.8%
Atwater Elementary School District	79.1%
Chowchilla Elementary School District	88.6%
Chowchilla Union High School District	84.1%
McSwain Union Elementary School District	36.4%
Merced City Elementary School District	82.8%
Merced River Union Elementary School District	77.6%
Merced Union High School District	79.6%
Plainsburg Union Elementary School District	53.3%
Weaver Union Elementary School District	80.6%
Winton School District	93.1%
Merced County	78.7%
California	61.7%

Source: California Department of Education, 2023-2024. <http://data1.cde.ca.gov/dataquest/>

Community Input – Economic Insecurity

Stakeholder interviews identified the following issues, challenges and barriers related to economic insecurity. Following are their comments edited for clarity:

- There is a lack of manufacturing and real industrialization in our county.
- There are not enough resources and job opportunities. Some families don't own a car. Or if they do, they don't have resources to pay for and maintain the car.
- People thought when the University came to town that big businesses would start following and we'd ramp up. But that hasn't been the case.
- Older adults are afraid to say they are struggling. They don't want to be told they can't take care of themselves and must go to a care facility. Seniors tell me they lie because they don't want their family to worry about them.
- We are a poor county and there is a clear distinction between the haves and the have nots. We have people who have moved here from the Bay Area because they are able to purchase homes at a reasonable price, which has priced out a lot of our community.
- We have a large undocumented population, and they need assistance finding housing and employment.
- There is a discrepancy between the number of job openings and the qualified applicant pool we have in our community. That leads to employment and economic issues. Most health insurance is obtained through employment. No jobs may result in no health insurance.
- We're seeing large employers leaving the community, which impacts how people provide for themselves.

- With UC Merced coming in and graduating students, we're seeing some manufacturing jobs getting filled by UC Merced graduates. That is displacing non-college educated people who may have been qualified for those jobs.
- A lot of the work in the valley is seasonal, so people must work while it's available. We also have some migrant workers. They have issues with education, because they might start in one school and then move on to another community and another school. Then there's a gap in their education or they end up dropping out of school.
- We recently had a report that indicated employers in Merced County are not providing a living wage. So even though people are working, they do not have the types of jobs that allow them a stable home and life. That contributes to them also being food insecure, not eating well, not taking care of themselves, and not going to the doctor regularly.
- In Merced, we traditionally have lower paying jobs, and we haven't been able to improve our workforce educational or skill capacity. Good things are going on, but we haven't been able to catch up economically. Jobs are not paying as much as they should because of the types of industry we have. At the same time, even as those industries become more skilled, especially with agriculture and technology, we haven't been able to improve our workforce capacity to get higher paying jobs. We have people from outside of Merced who take the higher paying jobs, and the cycle continues.
- The twin issues that employers will point to right away are health care and education. The issue with the medical school is that we cannot guarantee it will provide more providers in our community. They may choose to go somewhere else. And for our kids' schools, it is one of the major reasons professionals will say they are leaving the community, they want their kids to go to a better high school.
- Because of drought, we've had people out of work and seen labor reduction in agriculture. It is going to be a while before that gets resolved.
- Childcare is an issue if you want low-income parents to work. Childcare must be culturally appropriate, and the kids must be learning and developing.

Wi-Fi Access

Households with zero, or limited, access to highspeed internet are at a competitive, educational, and health care disadvantage, creating what has become known as a Digital Divide between those who have access and those who do not. The Digital Divide is of particular concern to mobility-limited (i.e., elderly or disabled) households and individuals who may not have access to linguistically or culturally appropriate care in their area, as Broadband access to providers holds the promise of closing gaps in care.

86.6% of county residents have available Broadband coverage (a minimum of 25/3 Mbps) in their area, and 84.5% have access to 1G of download speed.

Terrestrial Broadband Internet Coverage

	Percent Broadband Coverage (Download Speed)		
	25+ Mbps	100+ Mbps	1 Gig
Merced County	86.6%	85.6%	84.5%
California	96.1%	96.1%	51.1%

Source: BroadbandNow, 2024 data. <https://broadbandnow.com/California>

86.6% of the county population could access broadband for their households, and 87% in the San Joaquin Valley choose to do so. Cost was reported to be the main factor affecting unconnected and underconnected household decisions not to adopt broadband service, while concerns over privacy/security/identity theft, sufficiency of smartphone access, and digital literacy are additional factors. “Underconnected” refers to households that can only connect at home through a smartphone. Almost half of unconnected and underconnected state residents reported connecting to broadband at other locations (retail stores, friends’ or relatives’ homes, libraries or schools, work).

Household Access to Broadband Internet

	Connected	Underconnected (Smartphone access only)	Unconnected
San Joaquin Valley counties (Merced, Madera, San Joaquin, Stanislaus, Fresno, Kings, Tulare and Kern)	87%	1.8%	11.1%

Source: California For All / Broadband For All, 2023 Statewide Digital Equity Survey, Final Report, August 31, 2023.
<https://broadbandforall.cdt.ca.gov/california-statewide-digital-equity-telephone-survey/>

Transportation

Service area workers spent on average 26.3 minutes a day commuting to work. 78.1% of workers drove alone to work and 28.5% of solo drivers have a long commute (greater than 30 minutes one way). Few workers commute by public transportation (0.7%) or walk to work (2%). It should be noted that these data span from 2018 to 2022, from pre- to post-Pandemic and may not be reflective of current commuting practices.

Transportation for Workers, Ages 16 and Older

	MMCM Service Area	Merced County	California
Mean travel time to work (in minutes)*	26.3	30.5	29.2
Drove alone to work	78.1%	77.3%	68.4%
Solo drivers with a long commute**	28.5%	33.9%	41.6%
Carpooled to work	7.9%	9.9%	9.5%
Commuted by public transportation	0.7%	0.5%	3.6%
Walked to work	2.0%	2.3%	2.4%
Other means	5.7%	4.6%	2.4%

	MMCM Service Area	Merced County	California
Worked from home	5.6%	5.4%	13.6%

Source: U.S. Census Bureau, American Community Survey, 2018-2022, DP03 & **S0802; defined as >30 min. one way.
<https://data.census.gov/> *Weighted average of the area means.

Households

Many factors impact and constrain household formation, including housing costs, income, employment, marriage and children, and other considerations. There is a need for vacant units – both for sale and for rent – in a well-functioning housing market to enable prospective buyers or renters to find a unit matching their needs and to give prospective sellers the confidence to list their homes in the belief they will find replacement housing. The mortgage corporation, Freddie Mac estimates that the vacancy rate should be 13% to allow for these needs to be met.

http://www.freddiemac.com/research/insight/20181205_major_challenge_to_u.s._housing_supply.page

In the service area, there are 54,459 households and 57,548 housing units. Over the last five years, the population increased by 3.8%, while the number of households increased by 6%. Owner-occupied households increased by 13.5% while renter-households decreased by 0.9% from 2017 levels. Housing units grew by 4.3%, and vacant units decreased by 19.1%, to just 5.4% of overall housing stock.

Households and Housing Units and Percent Change

	2017		2022		Percent Change
	Number	Percent	Number	Percent	
Housing units	55,188		57,548		4.3%
Vacant	3,819	6.9%	3,089	5.4%	-19.1%
Households	51,369		54,459		6.0%
Owner occ.	24,733	48.1%	28,072	51.5%	13.5%
Renter occ.	26,636	51.9%	26,387	48.5%	-0.9%

Source: U.S. Census Bureau, American Community Survey, 2013-2017 & 2018-2022, DP04. <http://data.census.gov/>

The weighted average of the median household income in the service area is \$62,905, and ranges from \$54,448 in Merced 95341 to \$69,383 in Chowchilla.

Median Household Income

	ZIP Code	Households	Median Household Income
Atwater	95301	12,828	\$66,749
Chowchilla	93610	5,488	\$69,383
Merced	95340	12,323	\$64,809
Merced	95341	9,074	\$54,448
Merced	95348	10,998	\$62,551
Winton	95388	3,748	\$55,517
MMCM Service Area*		54,459	\$62,905
Merced County		82,760	\$64,772
California		13,315,822	\$91,905

Source: U.S. Census Bureau, 2018-2022 American Community Survey, DP03. <http://data.census.gov/> *Weighted average of the medians.

According to the US Department of Housing and Urban Development, those who spend more than 30% of their income on housing are said to be “cost burdened.” 38.1% of owner and renter occupied households in the service area spend 30% or more of their income on housing. The ZIP Codes with the highest percentage of households spending 30% or more of their income on housing are Merced 95341 (41.7%) and Merced 95348 (41%). Among renters-only, the rates are higher, with 48.4% of service area renter households that are cost burdened, as opposed to 29.1% for owner households. Merced 95340 has the highest rate of cost-burdened renter households, at 58.5%, followed by Merced 95341 (48.9%).

Households that Spend 30% or More of Income on Housing

	ZIP Code	All Households	Owner Households	Renter Households
Atwater	95301	35.2%	27.6%	46.8%
Chowchilla	93610	36.7%	35.9%	38.0%
Merced	95340	38.1%	23.0%	58.5%
Merced	95341	41.7%	31.3%	48.9%
Merced	95348	41.0%	37.1%	44.3%
Winton	95388	32.1%	22.0%	47.8%
MMCM Service Area		38.1%	29.1%	48.4%
Merced County		37.3%	29.2%	47.2%
California		41.0%	30.8%	54.4%

Source: U.S. Census Bureau, American Community Survey, 2018-2022, DP04. <http://data.census.gov/>

Households by Type

In the service area, 25.8% of households are family households (married or cohabiting couples) with children under 18 years old, 8.7% of households are households with a female as head of household with children, with no spouse or partner present, and 8.7% of area households are senior adults who live alone.

Households, by Type

	Total Households	Family* Households with Children Under Age 18	Female Head of Household with own Children Under Age 18	Senior Adults, 65 and Older, Living Alone
	Number	Percent	Percent	Percent
MMCM Service Area	54,459	25.8%	8.7%	8.7%
Merced County	82,760	27.3%	7.8%	8.1%
California	13,315,822	23.3%	4.5%	9.7%

Source: U.S. Census Bureau, American Community Survey, 2018-2022, DP02. <http://data.census.gov/> *Family Households refers to married or cohabiting couples with householder's children under 18.

Homelessness

A point-in-time count of homeless people is normally conducted annually in Merced County, scheduled to occur on a single night in the third week of January, unless the weather does not permit.

On the night of January 25, 2024, there were an estimated 837 individuals experiencing homelessness in Merced County. From 2019 to 2024, the unhoused population rose 37.9% in the county, while the proportion of sheltered homeless declined from 53.0% in 2019 to 48.9% in 2024. The proportion of sheltered homeless persons that were in emergency housing versus transitional housing rose from 70.8% of sheltered in 2019 to 76% in 2024.

Homeless Point-in-Time Count, Merced County, 2017 to 2024

Year of Count	Unsheltered	Sheltered		Total Homeless Persons
		Emergency	Transitional	
2017	65.6%	53.2%	46.8%	454
2018	60.7%	51.5%	48.5%	514
2019	47.0%	70.8%	29.2%	607
2020	49.2%	50.5%	49.5%	636
2021	54.5%	55.0%	45.0%	835
2022	43.0%	76.4%	23.6%	855
2023	49.7%	81.7%	18.3%	784
2024	51.1%	76.0%	24.0%	837

Source: Merced City and County Continuum of Care, Homeless Count Reports. <https://www.mercedcoc.org/pit-count>

Among sheltered and unsheltered persons who are homeless, 6.8% were children under age 18 (one was unsheltered), and 0.4% of homeless individuals identified as transgendered. 8.8% were transition-age youth (ages 18 to 24, 11 who were parents to a total of 13 children). 2.9% of homeless county adults were veterans, and 42.2% of homeless adults were chronically homeless. Among unhoused adults, 36.5% were identified as having a chronic substance use disorder 30.4% were identified as having a serious mental illness, 7.7% as being survivors of domestic violence, 6.2% as having developmental disabilities, and 11.3% as having physical disabilities. 0.8% of unhoused adults identified as having HIV/AIDS, four of whom were unsheltered.

Homeless Subpopulations, Merced County

	Count	Percent
Children, under age 18	57 (only 1 unsheltered)	6.8%
Youth, 18 to 24 years old (from 2023)	36	4.6%
Parenting youth, 18 to 24 (from 2023)	11	1.4%
Children of parenting youth (from 2023)	13	1.7%
Transgender or gender nonconforming	3	0.4%
Veterans	23	2.9%
Chronically homeless adults	329	42.2%

Adults with chronic substance use disorder	285	36.5%
Adults with a serious mental health problem	237	30.4%
Adults with physical disabilities	88	11.3%
Adult survivors of domestic violence	60	7.7%
Adults with developmental disabilities	48	6.2%
Adults with HIV/AIDS	6	0.8%

Source: Merced City and County Continuum of Care, 2024 Homeless Count Report. <https://www.mercedcoc.org/pit-count>
Source for 2023 data: U.S. Department of Housing and Urban Development (HUD), 2022 Continuum of Care (CoC) Homeless Populations and Subpopulations report.
<https://www.hudexchange.info/programs/coc/coc-homeless-populations-and-subpopulations-reports/>

Among the people experiencing homelessness in Merced County, fewer Hispanic or Latino people, non-Latino multiracial people, or non-Latino Asian or Asian American people were experiencing homelessness, compared to the general population. More non-Latino White people, Black or African American or African people, American Indian or Alaska Native or Indigenous people, or Native Hawaiian or Pacific Islander people were experiencing homelessness, compared to the general population.

Homeless Population, by Race and Ethnicity, Merced County

	Percent of General Population	Percent of Homeless Population
Hispanic or Latino	61.9%	47.0%
White, non-Latino	25.2%	31.8%
Black or African American or African, non-Latino	2.7%	14.7%
American Indian or Alaska Native or Indigenous, non-Latino	0.3%	2.4%
Multiracial, non-Latino	2.3%	1.7%
Asian or Asian American, non-Latino	7.2%	1.3%
Native Hawaiian or Pacific Islander, non-Latino	0.3%	1.0%
Other race, non-Latino	0.2%	0.2%

Source: Merced City and County Continuum of Care, 2024 Homeless Count Report. <https://www.mercedcoc.org/pit-count>

The largest number of Merced County's unsheltered homeless individuals lived in the city of Merced, representing 91.9% of the total sheltered, and 46% of the total unsheltered population experiencing homelessness.

Homeless Individuals, by City

	Number		Percent of Total		Total Count	
	Unsheltered	Sheltered	Unsheltered	Sheltered	Number	Percent
Atwater	53	0	12.4%	-	53	6.3%
Merced	197	376	46.0%	91.9%	573	68.5%
Winton	23	3	5.4%	0.7%	26	3.1%

Source: Merced City and County Continuum of Care, 2024 Homeless Count Report. <https://www.mercedcoc.org/pit-count>

Community Input – Housing and Homelessness

Stakeholder interviews identified the following issues, challenges and barriers related to

housing and homelessness. Following are their comments edited for clarity:

- The high interest rates that have tripled in the last three years, make homeownership nearly unattainable for many individuals who four years ago could afford a home. That has contributed to a degree of homelessness, as has drug abuse and mental health issues.
- When you drive through the city of Merced, you can see the encampments along the freeway, along the railroad. A few months ago, the homeless population took over a vacant building because it's getting cold. The building ended up catching on fire.
- With students renting while attending UC Merced, the average low-income family cannot afford to keep up with the rent.
- The average person getting social security here gets around \$1,100 or \$1,200 a month and the rent for a studio is about \$950, so they have nothing to live on. The cost of housing has increased here. We also see seniors who have outlived their children because they had issues with drugs.
- We know with our unhoused population, it's much harder for them to access care. When they're at a point when they need to seek services, they go to the ED versus getting care through a primary care physician.
- The cost of housing has far exceeded the economic baseline of our community. Also, having less than 1% rental availability has created more difficulties for families who are experiencing homelessness or are at risk of homelessness. Owning your own home is in the dream realm. We just kind of live from lease to lease within our community. That impacts their ability to gain generational wealth through the purchase of a home.
- Homelessness seems to be exploding within our community. The strategies to address it are admirable but is like putting a Band Aid on a bullet wound. There is no long-term solution for the explosion in homelessness.
- Housing the UC Merced students has created problems. Investors have bought property, and they will rent a house to five students. But now the people who are making the prevailing wage in the community are priced out.
- Homelessness is spreading to places that it hasn't existed before. Now we have tent encampments throughout the city and county. There is housing planned and in development, but it is catching up to the problem.
- We need to provide substance use and mental health support to people experiencing homelessness.
- We have a huge homeless population in Merced. For many seniors, they don't want to leave their house anymore because they are afraid they will be harassed or threatened.
- Homeownership has become unaffordable.

Public Program Participation

In Merced County, 46.1% of low-income residents (those making less than 200% of the FPL) were not able to afford enough to eat, while 37.4% of low-income residents utilized food stamps. WIC benefits appear to be more readily accessed: 61.8% of county children, 6 years and younger, accessed WIC benefits, which was higher than the state rate (53.8%). 14.7% of county residents were TANF/CalWORKs recipients. 9.2% of county residents said they had avoided government benefits within the prior 12 months due to concerns over green card disqualification for themselves or a family member.

Public Program Participation, 200% FPL and Lower

	Merced County	California
Avoided government benefits (asked of all immigrants, regardless of income), past 12 months, due to concerns over green card disqualification for self or a family member	9.2%	7.9%
Not able to afford enough food	46.1%	42.5%
Food stamp recipients, current	37.4%	33.5%
WIC usage among children, 6 years and under	61.8%	53.8%
TANF/CalWORKs recipients	14.7%	11.4%

Source: California Health Interview Survey, 2021-2023. <https://healthpolicy.ucla.edu/our-work/askchis/>

In the service area, 9.8% of households received SSI benefits, 7.5% received cash public assistance income, and 22.9% of households received food stamp benefits. These rates were higher than county and state rates.

Household Supportive Benefits

	MMCM Service Area	Merced County	California
Total households	54,459	82,760	13,315,822
Supplemental Security Income (SSI)	9.8%	9.4%	5.9%
Public assistance	7.5%	5.8%	3.7%
Food stamps/SNAP	22.9%	19.4%	10.3%

Source: U.S. Census Bureau, American Community Survey, 2018-2022, DP03. <http://data.census.gov>

CalFresh Eligibility and Participation

CalFresh is California's food stamp program. According to the California Department of Social Services, 68.1% of eligible households in Merced County received food stamps (CalFresh) in 2021. A monthly average of 30,875 households in the county received food stamps in 2023, with the number rising slightly over the course of the year. The number of households receiving food stamps in August 2024 (31,674) was a 2.6% increase over the 2023 monthly average.

CalFresh Eligibility and Participation

	Participating Households	Participation Rate* Among Eligible Households	August 2024	Percent Increase From 2023 Monthly Average
Merced County	30,875	68.1%	31,674	2.6%
California	3,049,919	77.0%	3,220,929	5.6%

Source: California Department of Social Services' CalFresh Master Data and Dashboard, 2023 and *2021 Calendar Year Averages. <http://www.cdss.ca.gov/inforesources/Data-Portal/Research-and-Data/CalFresh-Data-Dashboard>

Access to Food

The US Department of Agriculture (USDA) defines food insecurity as limited or uncertain availability of nutritionally adequate foods or uncertain ability to acquire foods in socially acceptable ways. In Merced County, 16.6% of the population experienced food insecurity. Among children in Merced County, 23.1% lived in households that experienced food insecurity. Feeding America estimated that 83% of those experiencing food insecurity in Merced County, and 73% of county children experiencing food insecurity, were income-eligible for nutritional programs such as SNAP.

Food Insecurity

	Merced County		California	
	Number	Rate	Number	Rate
Total population experienced food insecurity during the year	46,740	16.6%	4,915,450	12.6%
Children, under 18, experienced food insecurity during the year	19,030	23.1%	1,437,250	16.9%

Source: Feeding America, 2022. <https://map.feedingamerica.org/county/2022/overall/california/county/merced>

Community Input – Food Insecurity

Stakeholder interviews identified the following issues, challenges and barriers related to food insecurity. Following are their comments edited for clarity:

- There are kids in our community who are food insecure. This is related to their parents' drug use. We see children who come to school without having been fed because the parents are using their money for drugs.
- A lot of families receive some type of CalFresh or aid for food, but it's not enough to support them for the entire month. So, they supplement through other programs and food banks. We also see cultural components and limitations, where prepackaged food boxes may contain food that isn't tailored to most families. So, we feel there is waste.
- We have a lot of food deserts in Merced. We have more grocery stores on the north side of town than we do on the south side of town. The south side of town is where more of the socioeconomically disadvantaged live. They don't have a lot of options for fresh fruit and vegetables. They have a lot of convenience stores that sell junk food. They need a grocery store on the south side of town, so people aren't

expected to drive five miles to the north to do their shopping. Everyone should have access to the same nutrition, no matter where they live.

- Food has become so expensive that a lot of individuals are not eating healthy because healthy food is too expensive. We need to find a way to decrease the prices of nutritious food so that people can be healthy.
- The food bank is seeing a large increase in utilization and demand. Post pandemic they're not getting the same number of donations, so it's creating concern.
- Some of our neighborhoods who are experiencing poverty don't have access to grocery stores that carry fresh fruits and vegetables and healthy foods. The cost of eating healthy is unreasonable for the families that we're serving. It's a whole lot easier to buy five cases of ramen than it is to buy fish, broccoli, rice and carrots to feed a family with children. Families are trying to stretch the food dollar as far as they possibly can.
- I'm worried for our older residents because many of them do not qualify for food stamps, or their food stamps are only \$50. In Merced County, if you live on social security, it is almost impossible to get nutritious good meals. People may own a home they bought 60 years ago, so they don't qualify.

Educational Attainment

Educational attainment is a key driver of health. In the hospital service area, 25.3% of adults, ages 25 and older, lack a high school diploma, which is lower than the county (28.6%) but higher than the state (15.6%) rate. 16.2% of area adults have a bachelor's degree or higher degree, which is higher than the county (14.6%) but lower than the state (35.9%) rate.

Education Levels, Population 25 Years and Older

	MMCM Service Area	Merced County	California
Population, 25 years and older	112,943	168,503	26,842,698
Less than 9 th grade	13.6%	16.8%	8.7%
9 th to 12 th grade, no diploma	11.6%	11.8%	6.9%
High school graduate	26.1%	27.8%	20.4%
Some college, no degree	23.9%	21.3%	20.1%
Associate's degree	8.6%	7.7%	8.0%
Bachelor's degree	11.0%	10.2%	22.1%
Graduate/professional degree	5.1%	4.5%	13.8%

Source: U.S. Census Bureau, American Community Survey, 2018-2022, DP02. <http://data.census.gov/>.

High School Graduation Rates

High school graduation rates are the percentage of high school students who graduate four years after starting 9th grade. The Healthy People 2030 objective for high school graduation is 90.7%. Of the two area high school districts, Chowchilla Union High School District did not meet this objective for the 2022-2023 school year (89.8%).

High School Graduation Rates, 2022-2023

	Percent
Chowchilla Union High School District	89.8%
Merced Union High School District	95.9%
Merced County	93.3%
California	89.1%

Source: California Department of Education DataQuest, 2022-2023. <http://dq.cde.ca.gov/dataquest/>

Differences are seen in rates of high school graduation according to the race and ethnicity of the students. American Indian or Alaska Native students and Pacific Islander students had the lowest four-year graduation rates, followed by African American students. Filipino students and Asian students had the highest graduation rates.

High School Graduation Rates, Four-Year Cohorts, by Race and Ethnicity, 2022-2023

	Merced County	California
Filipino	100.0%	94.6%
Asian	97.1%	94.5%
Hispanic or Latino	92.8%	83.9%
White	91.7%	89.7%
Multiracial	88.9%	88.5%
African American	87.0%	77.9%
American Indian or Alaska Native	79.2%	79.1%
Pacific Islander	78.9%	84.3%

Source: California Department of Education, 2024. <https://data1.cde.ca.gov/dataquest/>

Safe Parks or Playgrounds

73.9% of Merced County parents of children, ages one to 11, indicated the park or playground closest to where they live is safe during the daytime, which is lower than the statewide rate (87.2%).

Safe Park or Playground, Children, Ages 1 to 11

	Merced County	California
Park or playground nearest to home is safe during the daytime	73.9%	87.2%

Source: California Health Interview Survey, 2021-2023; <http://ask.chis.ucla.edu/> *Statistically unstable due to sample size.

Crime and Violence

Violent crimes include homicide, rape, robbery and assault. Property crimes include burglary, larceny and motor vehicle theft. All crime rates were higher in Merced County than in the state in 2019 and 2023, except for property crimes in 2023. Violent crime in the county rose from 2019 to 2023, while property crimes fell. However, arson rates rose in the county.

Violent Crime and Property Crime, Rates per 100,000 Persons, 2019 and 2023

	Property Crimes				Violent Crimes				Arson			
	Number		Rate*		Number		Rate*		Number		Rate*	
	2019	2023	2019	2023	2019	2023	2019	2023	2019	2023	2019	2023
Merced County	6,898	6,070	2,484.0	2,128.4	1,520	1,607	547.4	563.5	89	140	32.0	49.1
California	915,197	888,840	2,316.7	2,275.5	173,205	199,838	438.5	511.6	8,266	6,736	20.9	17.2

Source: California Department of Justice, Open Justice Portal, 2024.

<https://openjustice.doj.ca.gov/exploration/crime-statistics/crimes-clearances> *All rates calculated based on January population estimates by the State of CA Dept. of Finance, for the referenced year.

Calls for domestic violence are categorized as with or without a weapon. In 2018, strangulation and suffocation were added as a domestic violence reporting category. Weapons include firearms, knives, other weapons, and personal weapons (hands, feet). Within “Weapon Involved,” a personal weapon was the category most frequently reported. In Merced County, 74.9% of domestic violence calls involved a weapon, and 1.6% involved strangulation or suffocation.

Domestic Violence Calls, Rates per 1,000 Persons

	Total	No Weapon	Weapon Involved	% Weapon Involved	Strangulation or Suffocation
Merced County	1,540	387	1,153	74.9%	1.6%
California	160,357	58,733	101,625	63.4%	5.2%

Source: California Department of Justice, Office of the Attorney General, 2023. <https://oag.ca.gov/crime/cjisc/stats/domestic-violence>

When adults and teens in Merced County were asked about neighborhood cohesion, 80.8% of adult residents agreed that their neighborhood felt safe most or all of the time, neighbors were willing to help (71.2%), and people in their neighborhood could be trusted (72.4%). 77.5% of teens felt safe most or all of the time, and that people in the neighborhood were willing to help (81.3%). Between 63.1% and 77.4% of teens felt that people in the neighborhood could be trusted.

Neighborhood Cohesion, Adults Who Agree or Strongly Agree

	Merced County	California
Feels safe all or most of time	80.8%	86.7%
People in neighborhood are willing to help	71.2%	81.2%
People in neighborhood can be trusted	72.4%	79.7%

Source: California Health Interview Survey, 2021-2023, pooled. <https://healthpolicy.ucla.edu/our-work/askchis/>

Neighborhood Cohesion, Teens, Ages 12-17, Who Agree or Strongly Agree

	Merced County	California
Feels safe all or most of the time	77.5%	86.9%
People in neighborhood are willing to help	81.3%	86.1%
People in neighborhood can be trusted	63.1% - *77.4%	80.4%

Source: California Health Interview Survey, 2020-2023, pooled. *Statistically unstable due to sample size.

<https://healthpolicy.ucla.edu/our-work/askchis/>

In Merced County, the rate of children under age 18, who experienced abuse or neglect was 7.4 per 1,000 children. This was higher than the state rate of 6.8 per 1,000 children. Rates of reported and substantiated abuse and neglect fell from 2018 to 2020.

Substantiated Child Abuse Rates, per 1,000 Children, 2018 and 2020

	Merced County		California	
	2018	2020	2018	2020
Reported cases of child abuse and neglect	98.5	77.1	53.2	43.5
Substantiated cases of child abuse and neglect	8.5	7.4	7.6	6.8

Source: U.C. Berkeley Center for Social Services Research, California Child Welfare Indicators Project Reports, July 2019 and October 2021. Accessed from KidsData.org at <http://kidsdata.org>

Community Input – Violence and Injury Prevention

Stakeholder interviews identified the following issues, challenges and barriers related to violence and injury prevention. Following are their comments edited for clarity:

- Drug abuse and alcohol abuse are the instigating factors of most violence.
- The high homeless population and high drug use increases violence within the community. The sheriff department has struggled to obtain law enforcement officers.
- We've had two situations recently where a young child picked up a gun and accidentally shot and killed their sibling. A lot of people here have guns, so gun safety is always going to be an issue. Gang violence is significant. There is a lot of rage people have had since Covid. It seems like there is not a lot of self-regulation happening.
- We are seeing a massive uptick in significant behavioral concerns with kids born during Covid. Super violent behavior, where kids are hitting each other until their arms are broken. We see fractures in the face, broken arms, all due to this rage some kids have. We're seeing kids who can't communicate their needs or wants unless it is through acting out. We are seeing it in that transitional kindergarten through second and third grade. Some of these kids have already been suspended for up to 20 days a year.
- In Merced County we have one of the highest crime rates. It has ripple effects – when physicians are looking at relocating here, crime is one of the things they look at. They want a safe place for themselves and their families. When they see our high crime rate, they don't choose to practice here.
- Gun violence is a health concern as well. We've seen some pretty severe cases of gun violence in the community.
- I think we live in a violent society. All of us, to some extent, have been exposed to violence within our community. One thing that has changed is our younger generation, they are exposed to more violence. It becomes normal to expect a certain amount of violence within your community and your life. That goes back to a lack of youth programs and enrichment opportunities. A field trip won't end violence,

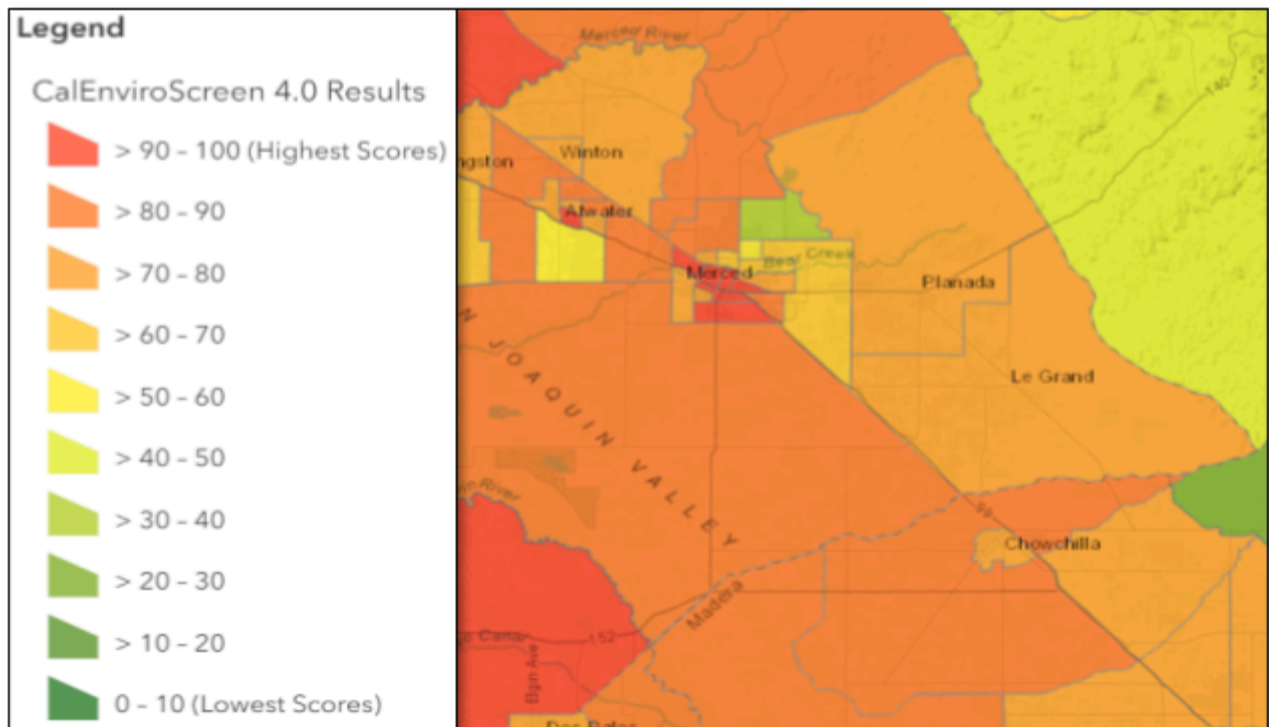
but it introduces youth to something different from what they are experiencing now. Violence has become so common we are not even shocked by it anymore.

- Motor vehicle accidents are a huge problem. Fortunately, most people do use their seat belts.
- We have seen quite an increase in domestic violence. It goes back to the challenges people are facing and their socioeconomic situations. We have seen more domestic violence occurring that is being reported.
- Computer games and television are so violent now. Violence is being modeled everywhere. And when there is a school fight, instead of kids stepping in, they are all videotaping it on their phone.

Environmental Health

The California Communities Environmental Health Screening Tool: CalEnviroScreen 4.0 is a screening methodology that can be used to help identify California communities that are disproportionately burdened by multiple sources of pollution. Developed by the Office of Environmental Health Hazard Assessment (OEHHA), it presents a relative evaluation of pollution burdens and vulnerabilities in California communities by providing a relative ranking of communities across the state of California. The model includes two components representing Pollution Burden: Exposures and Environmental Effects, and two components representing Population Characteristics: Sensitive Populations (in terms of health status and age) and Socioeconomic Factors. Census Tracts across California are ranked from the lowest possible score of 0 up to the highest possible score of 100, and then maps are created to help visualize the data.

Most of the census tracts in the service belong to the top 10th (red), 20th (dark orange), 30th (orange), or 40th (light orange) percentiles of highest-burdened California tracts. Two tracts within the service area, one within Merced 95340 and one in Atwater, belong to the top 50th percentile (yellow), one tract in east Chowchilla belongs to the bottom 30th percentile of lowest-burdened tracts (green) and one to the northeast of Merced, also in 95340, belongs to the bottom 40th percentile (light green) of lowest-burdened tracts.

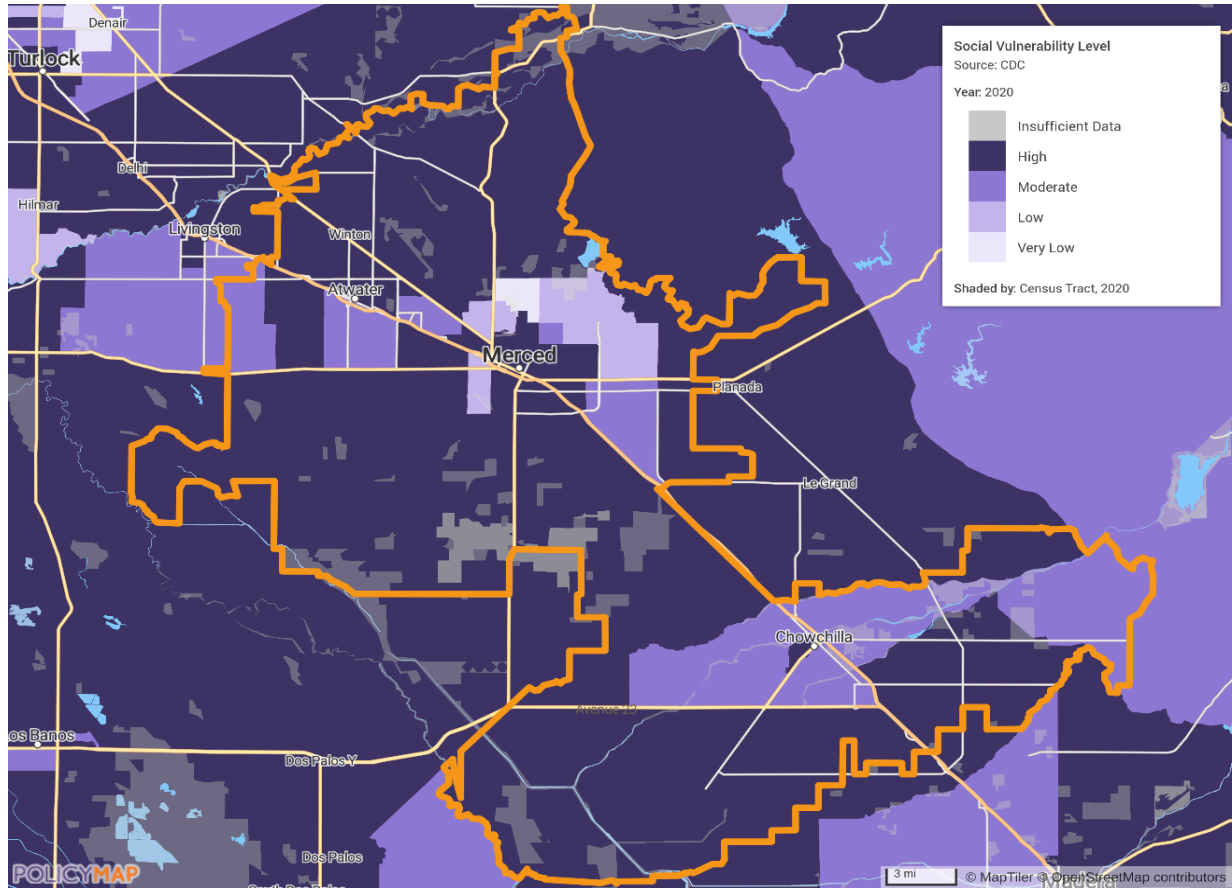


Source: California Office of Environmental Health Hazard Assessment, CalEnviroScreen 4.0. Results Map, October 2021.
<https://oehha.ca.gov/calenviroscreen/report/calenviroscreen-40>

Social Vulnerability

One tool used to assess health needs is the Social Vulnerability Index (SVI). The SVI, available from the CDC, analyzes data at the census tract level. Social vulnerability refers to populations that are particularly vulnerable to disruption and health problems because of natural disasters, human-made disasters, climate change, and extreme weather. The index is comprised of four categories of vulnerability: socioeconomic status, household composition and disability, minority status and language, and housing and transportation.

Merced and Madera Counties are both considered to be 'High' vulnerability based on SVI criteria, and most regions of the service area are rated either 'High' (darkest purple) or 'Moderate' (purple). One census tract on the north side of Merced is rated as 'Very Low' SVI (palest lavender), and an additional four census tracts around the city as 'Low' SVI (lavender).



Source: 2024 PolicyMap, utilizing CDC's 2020 Social Vulnerability Index, 2016-2020 ACS data. <https://www.policymap.com/>

Health Care Access

Health Insurance Coverage

Health insurance coverage is considered a key component to ensure access to health care. The Healthy People 2030 objective for health insurance is 92.4% coverage. 91.4% of the civilian, non-institutionalized population in the service area has health insurance. Merced 95340 has the highest health insurance rate (95.3%) and Merced 95341 (86.6%) has the lowest health insurance coverage rate. 96% of children, ages 18 and younger, have health insurance coverage in the service area. Merced 95340 has 98% health insurance coverage among children. Chowchilla has the lowest percentage of children with health insurance in the service area (93.8%). Among adults, ages 19-64, 87.5% in the service area have health insurance. Merced 94340 has the highest insurance rate among adults (93.4%), and Merced 95341 has the lowest health insurance rate among adults, ages 19-64 (79.1%).

Health Insurance, Total Population, Children, Ages 0-18, and Adults, Ages 19-64

	ZIP Code	Total Population	Children Ages 0-18	Adults Ages 19-64
Atwater	95301	90.4%	95.2%	85.9%
Chowchilla	93610	91.7%	93.8%	89.4%
Merced	95340	95.3%	98.0%	93.4%
Merced	95341	86.6%	95.2%	79.1%
Merced	95348	92.9%	97.1%	90.2%
Winton	95388	90.9%	96.8%	85.6%
MMCM Service Area		91.4%	96.0%	87.5%
Merced County		91.0%	95.6%	87.0%
California		92.9%	96.6%	90.0%

Source: U.S. Census Bureau, American Community Survey, 2018-2022, DP03. <http://data.census.gov/>

The lowest rate of health insurance in the service area among the total population is for those residents who identify as a race or ethnicity Other than those listed (87.1%), followed by Hispanic residents (89.3%), Asian residents (89.6%) and American Indian or Alaska Native residents. Asian residents have the lowest rate of health insurance coverage among children (92.1%). Care should be taken when interpreting rates for small populations.

Health Insurance, Service Area Population, by Race and Ethnicity, and Age Group

	Total Population	Children, Under 19	Adults, Ages 19-64	Adults, Ages 65+
Native Hawaiian or Pacific Islander	97.7%	100.0%	96.7%	100.0%
Black or African American	97.1%	97.8%	96.0%	100.0%
Multiracial	94.8%	98.1%	91.9%	100.0%
Non-Hispanic White	94.7%	95.5%	92.6%	100.0%

	Total Population	Children, Under 19	Adults, Ages 19-64	Adults, Ages 65+
American Indian or Alaskan Native	89.7%	99.2%	84.0%	100.0%
Asian	89.6%	92.1%	87.1%	96.5%
Hispanic	89.3%	96.7%	84.0%	96.2%
Other race	87.1%	95.9%	81.1%	95.0%

Source: U.S. Census Bureau, American Community Survey, 2018-2022, C27001B thru C27001I. <http://data.census.gov/>

In Merced County, 38.8% of county residents have Medi-Cal coverage and 36.6% of county residents have employment-based insurance. This is a higher rate of Medi-Cal coverage and a lower rate of employment-based coverage than found at the state level.

Insurance Coverage, by Type

	Merced County	California
Medi-Cal	38.8%	22.9%
Medicare only	1.9%	1.3%
Medi-Cal/Medicare	6.7%	3.8%
Medicare and others	6.4%	12.0%
Other public	*1.0%	1.0%
Employment based	36.6%	49.3%
Private purchase	4.4%	4.5%
No insurance	4.2%	5.3%

Source: California Health Interview Survey, 2021-2023. <https://healthpolicy.ucla.edu/our-work/askchis/> *Statistically unstable due to sample size.

Regular Source of Care

Access to a medical home and a primary care provider improves continuity of care and decreases unnecessary emergency room visits. In Merced County, 18.7% of the population does not have a regular source of health care, which is higher than the state rate (17.6%).

Does Not Have Usual Source of Care, All Ages

	Merced County	California
No usual source of medical care	18.7%	17.6%

Source: California Health Interview Survey, 2021-2023, pooled. <https://healthpolicy.ucla.edu/our-work/askchis/>

When access to care through a usual source of care was examined by race and ethnicity, Latino residents were the least likely to have a usual source of care (79.4%).

Have Usual Source of Care, by Race and Ethnicity, All Ages

	Merced County	California
Black or African American, non-Latino	*91.6%	85.7%
Asian, non-Latino	90.8%	83.1%
White, non-Latino	87.7%	88.4%
American Indian or Alaska Native	N/A	87.6%
Multiracial, non-Latino	84.7%	85.2%

	Merced County	California
Native Hawaiian or Pacific Islander	N/A	83.6%
Latino	79.4%	79.8%
All	83.4%	84.0%

Source: California Health Interview Survey, 2019-2023. <https://healthpolicy.ucla.edu/our-work/askchis/> *Statistically unstable due to sample size. N/A = no data given small sample size.

In Merced County, 47.3% of residents accessed care at a doctor's office, HMO or Kaiser, and 32.3% accessed care at a clinic or community hospital. 18.7% had no usual source of care.

Sources of Care

	Merced County	California
Dr. office/HMO/Kaiser Permanente	47.3%	61.3%
Community clinic/government clinic/community hospital	32.3%	18.4%
ER/Urgent care	*0.3%	1.1%
Other place/no one place	1.4%	1.7%
No usual source of care	18.7%	17.6%

Source: California Health Interview Survey, 2021-2023. <https://healthpolicy.ucla.edu/our-work/askchis/> *Statistically unstable due to sample size.

An examination of Emergency Room (ER) use can lead to improvements in providing community-based primary care. 20.2% of county residents had visited an ER in the past year. Poverty-level residents visited the ER at a higher rate than the general population (30.2%), while low-income residents visited at a lower rate than average (16.3%).

Use of Emergency Room

	Merced County	California
Visited ER in last 12 months	20.2%	16.8%
0-17 years old	24.8%	15.4%
18-64 years old	17.9%	15.9%
65 and older	19.7%	21.9%
<100% of poverty level	30.2%	21.8%
<200% of poverty level	16.3%	19.6%

Source: California Health Interview Survey, 2019-2023. <https://healthpolicy.ucla.edu/our-work/askchis/>

Difficulty Accessing Care

11.1% of Merced County adults had difficulty finding a primary care doctor who would see them or take them as a new patient in the past year. 24.5% of adults reported difficulty accessing specialty care. 9.3% of adults had been told by a primary care physician's office that their insurance would not be accepted. 16.8% of adults were told by a specialist's office their insurance was not accepted.

Difficulty Accessing Care in the Past Year, Adults

	Merced County	California
Reported difficulty finding primary care	11.1%	10.3%
Reported difficulty finding specialist care	24.5%	19.8%
Primary care doctor not accepting their insurance	9.3%	6.0%
Specialist not accepting their insurance	16.8%	11.0%

Source: California Health Interview Survey, 2021-2023. <https://healthpolicy.ucla.edu/our-work/askchis/>.

Delayed or Forgone Care

18.9% of Merced County residents delayed or did not get medical care when needed. Of these residents, 55.7% ultimately went without needed medical care, meaning that 8.1% of the overall population had to forgo needed medical care. This is higher than the Healthy People 2030 objective of 5.9% of the population who forgo care. 7.9% of county residents had to delay or forgo a prescription in the past 12 months.

Delayed Care in Past 12 Months, All Ages

	Merced County	California
Delayed or did not get medical care	14.5%	16.1%
Had to forgo needed medical care	8.1%	8.4%
Delayed or did not get prescription meds	7.9%	9.0%

Source: California Health Interview Survey, 2021-2023. <https://healthpolicy.ucla.edu/our-work/askchis/>.

Of the Merced County residents who delayed or did not get care, 36.6% attributed it to cost, lack of insurance, or issues with insurance, 27.8% delayed or forewent care because of systems and provider issues and barriers, 29% of the population delayed or forewent care due to personal or other reasons, and 6.6% due to COVID-19-related issues.

Reason for Delayed Care, All Ages

	Merced County	California
Cost, lack of insurance or other insurance issue	36.6%	28.5%
Health care system/provider issues and barriers	27.8%	31.6%
Personal and other reasons	29.0%	28.5%
COVID-19	*6.6%	11.5%

Source: California Health Interview Survey, 2021-2023, pooled. <https://healthpolicy.ucla.edu/our-work/askchis/>. *Statistically unstable due to sample size.

Telehealth

Telehealth connects patients to vital health care services through video conferencing, remote monitoring, electronic consults, and wireless communications. Among county adults, 46.7% had received care from a health care provider through telehealth in the prior year, rather than an office visit.

Telehealth, Past Year, Adults

	Merced County	California
Received care from a health care provider through video or telephone	46.7%	45.4%

Source: California Health Interview Survey, 2021-2023, pooled. <https://healthpolicy.ucla.edu/our-work/askchis/>

When asked to rate their most-recent video call experience with a provider compared to an in-person visit, the majority felt it was about the same, 19.2% of county residents felt that the visit was somewhat or much worse, and 21.4% felt that it was somewhat or much better.

Most-Recent Video Visit Experience with Provider Compared to In-Person Visit

	Merced County	California
Much worse	2.6%	4.1%
Somewhat worse	16.6%	17.7%
About the same	39.8%	44.4%
Somewhat better	9.2%	9.8%
Much better	12.2%	9.0%
Have not had one	19.5%	14.9%

Source: California Health Interview Survey, 2021-2022, pooled. <https://healthpolicy.ucla.edu/our-work/askchis/>

Primary Care Physicians

The ratio of the population to primary care physicians in Merced County is 2,125:1. This indicates fewer primary care providers in Merced County than compared to the state ratio of 1,233 persons per primary care physician.

Primary Care Physicians, Number and Ratio

	Merced County	California
Number of primary care physicians	75	31,820
Ratio of population to primary care physicians	2,125:1	1,233:1

Source: County Health Rankings, 2024; data from 2021. <http://www.countyhealthrankings.org>

HPSA and MUA Designations

The U.S. Health Services Administration (HRSA) designates medically underserved areas/populations (MUA) as areas or populations having too few primary care providers, high infant mortality, high poverty, or a high elderly population. Madera County, including the Chowchilla area, and part of Merced County east of Merced, known as the 'Planada Le Grande Service Area' are designated as Medically Underserved Areas (MUAs) for primary care.

There are three categories of Health Professions Shortage Area (HPSA) designations based on the health discipline that is experiencing a shortage: 1) primary medical, 2) dental, and 3) mental health. The primary factor used to determine a HPSA designation is the number of health professionals relative to the population with consideration of

high need. For primary care, the Atwater and Chowchilla areas are designated as HPSAs, as is the Merced/Merced Southwest area for low-income residents, and the Le Grand/Planada area for the Medicaid eligible population. The Chowchilla area is designated as an HPSA for Medicaid eligible residents for dental health, and all of Merced and Madera Counties are designated as HPSAs for mental health. *Source: U.S.*

Department of Health and Human Services, HPSA-find and MUA-find tools. Accessed October 30, 2024.
<https://data.hrsa.gov/tools/shortage-area>.

Access to Primary Care Community Health Centers

Community Health Centers provide primary care (including medical, dental and mental health services) for uninsured and medically underserved populations. Using ZCTA (ZIP Code Tabulation Area) data for the Dignity Health Mercy Medical Center Merced service area and information from the Uniform Data System (UDS)¹, 44.4% of the population in the service area is low-income (200% of Federal Poverty Level) and 21.4% of the population are living in poverty. There are Section 330-funded grantees (Federally Qualified Health Centers – FQHCs and FQHC Look-Alikes) located in the service area, including Camarena Health, Castle Family Health Centers Inc, Community Health Centers of America, Family Healthcare Network, Golden Valley Health Center, Livingston Community Health, and United Health Centers of the San Joaquin Valley.

Even with Section 330 funded Community Health Centers serving the area, there are low-income residents who are not served by one of these clinic providers. The FQHCs have a total of 69,067 patients in the service area, which equates to 91.1% penetration among low-income patients and 37.1% penetration among the total population. From 2021-2023, the Community Health Center providers served 4,416 additional patients, for a 6.8% increase in patients served by Community Health Centers in the service area. There remain 6,757 low-income residents, 8.9% of the population at or below 200% FPL that are not served by an FQHC.

Low-Income Patients Served and Not Served by FQHCs

Low-Income Population	Patients served by Section 330 Grantees In Service Area	Penetration among Low-Income Patients	Penetration of Total Population	Low-Income Not Served	
				Number	Percent
75,824	69,067	91.1%	37.1%	6,757	8.9%

Source: Health Center Program GeoCare Navigator, 2024, 2018-2022 population numbers. <https://geocarenavigator.hrsa.gov/>

Dental Care

Oral health is essential to a person's overall health and well-being. In Merced County,

¹ The UDS is an annual reporting requirement for grantees of HRSA primary care programs:

- Community Health Center, Section 330 (e)
- Migrant Health Center, Section 330 (g)
- Health Care for the Homeless, Section 330 (h)
- Public Housing Primary Care, Section 330 (i)

4.9% of children and 28.5% of adults lack dental insurance.

Dental Insurance

	Merced County	California
Children without dental insurance	4.9%	7.4%
Adults without dental insurance	28.5%	28.7%

Source: California Health Interview Survey, 2021-2023, pooled. <https://healthpolicy.ucla.edu/our-work/askchis/>

In Merced County, 13.5% of children, ages 3 to 11, have never been to a dentist, and 77% have been in the past 12 months. In the past year, 12.3% of area children needed dental care and did not receive it because the parent could not afford it, which is higher than the state rate (6.4%).

Dental Care Utilization, Children, Ages 3-11

	Merced County	California
Never been to the dentist	13.5%	14.9%
Visited dentist < 6 months ago	62.9%	69.5%
Visited dentist > 6 months to 1 year ago	14.1%	9.7%
Visited dentist > 1 to 2 years ago	*9.5%	4.2%
Visited dentist > 2 to 5 years ago		1.4%
Visited dentist more than 5 years ago		0.3%
Parent could not afford needed dental care for child	12.3%	6.4%

Source: California Health Interview Survey, 2021-2023, pooled. * Statistically unstable due to small sample size. <https://healthpolicy.ucla.edu/our-work/askchis/>

Among county teens, 95.2% were reported to have seen a dentist in the prior 12 months. This rate is higher than the state rate (88.0%).

Dental Care Utilization, Teens, Ages 12-17

	Merced County	California
Never been to the dentist	< *4.8%	0.7%
Visited dentist < 6 months ago	65.4%	72.2%
Visited dentist > 6 months to 1 year ago	29.8%	15.8%
Visited dentist > 1 to 2 years ago	< *4.8%	6.8%
Visited dentist > 2 to 5 years ago		3.2%
Visited dentist more than 5 years ago		1.3%

Source: California Health Interview Survey, 2020-2023, pooled. * Statistically unstable due to sample size. <https://healthpolicy.ucla.edu/our-work/askchis/>

65.6% of county adults described the condition of their teeth as 'good', 'very good', or 'excellent', which is lower than the state average (71.7%). 3.7% had no natural teeth remaining, which was higher than the state average (2.1%). 3.1% of county residents had never been to a dentist, and 11.5% had not been within the past 5 years.

Dental Care Utilization and Condition of Teeth, Adults

	Merced County	California
Condition of teeth: good to excellent †	65.6%	71.7%
Condition of teeth: fair to poor †	30.7%	26.2%
Condition of teeth: has no natural teeth †	3.7%	2.1%
Never been to a dentist	3.1%	2.1%
Visited dentist < 6 months to two years	75.1%	80.4%
Visited dentist more than 5 years ago	11.5%	7.1%

Source: California Health Interview Survey, 2021-2023 or †2020-2022, pooled. <https://healthpolicy.ucla.edu/our-work/askchis/>

The ratio of residents to dentists in Merced County is 2,148:1, which is less than the dentists per capita compared to the state rate (1,076:1).

Dentists, Number and Ratio

	Merced County	California
Number of dentists	135	36,261
Ratio of population to dentists	2,148:1	1,076:1

Source: County Health Rankings, 2024; data from 2022. <http://www.countyhealthrankings.org>

Community Input – Access to Health Care

Stakeholder interviews identified the following issues, challenges and barriers related to access to health care. Following are their comments edited for clarity:

- It's very hard to recruit doctors in central California. UC Merced has begun medical education, which is exciting for future recruitment and retainment. We need additional funding for our hospitals to increase the size of emergent care or easily accessible care. Our EDs are overrun, and you can only care for so many people through the portal of the ED at any one time.
- There is limited access. We have one managed care provider. We have one local hospital here. The county next to us, Madera County, lost its hospital. So there has been an influx of patients coming from Madera County being transported into Merced County, putting a strain on Merced. We have two counties sharing one hospital.
- We lack obstetrics and pediatricians. We have limited EMS services here in the county as well, so that is a struggle. The EMS system is being utilized by Madera County as well.
- We have kids who are suspected of having autism go undiagnosed because most pediatric services with specialists are scheduled in the Bay Area or UCSF and sometimes there are transportation issues.
- Many times, we must send parents to Madera or to Valley Children to see a specialist or even UCSF or Lucille Packard. They don't keep their appointments because they are not able to make them because they don't have reliable transportation. I don't think they have enough education about what is offered through their insurance in terms of transportation options.

- There is a lack of primary care and specialty providers. That leads to barriers and challenges to access care. Often people are sent out of town and out of the county to receive specialty care services.
- This is an area that does not attract many physicians. For years the hospital and clinics have put a lot of effort into recruiting and retaining providers. But what we're seeing, especially after the pandemic, is that we've lost many providers.
- We have a large immigrant population, so having providers that speak a language other than English is important. It is very difficult to recruit bilingual staff to serve our community.
- We don't have the linguistically and culturally trained physicians to meet the community's needs.
- Pediatrics for a community of our size is a concern. Also, urgent care is very limited. We have no urgent care access in Merced County on a Sunday. ED utilization is very high.
- We've heard there is a shortage of practitioners. We hope the UC Merced training program will assist with that. Also, retaining physicians is difficult as well. We've tried recruitment bonuses, but it's difficult to retain physicians in the area.
- The number one reason people visit our website is to search for dental care. There aren't enough dental providers.
- We are offering recruitment assistance and retention assistance to clinics and hospitals. We also offer a grant to hire linguistically appropriate physicians or mid-levels. Spanish and Hmong are our threshold languages.
- There are some cultural barriers in place with the Hmong population. One of the things that we found to be helpful is working with the community-based organizations that are specifically focused on the population. Once we've developed trust with them, it has helped with compliance. For cervical cancer screening, we are not seeing good compliance because Hmong women don't want to see a male physician for cervical cancer screening.
- Our dental care is worse in our county than in other parts of the state. It really comes down to a lack of providers that accept Medi-cal.
- We are looking at roughly 50% of our population where English is not their native language. So cultural sensitivity is important. Top languages include Spanish, Hmong, Punjabi, and Portuguese.
- Even though there is a public bus system, it's not efficient. It may take a two-hour ride to get to the location and another two-hour ride to get home. Accessing services can literally take all day.
- Because of Medi-Cal, access to care has improved for children, for the undocumented, and for seniors.
- Telemedicine allows more accessibility to providers. Especially with mental health for children and teenagers, who often prefer telehealth.

- Top shortages for specialists include neurology, cardiovascular surgeons, dermatology, and specialized oncology. Also, obstetrics has been a huge concern and challenge in our community. There are just not enough providers to meet the needs.
- Trust is a huge thing. Having a culturally appropriate connection with folks in the community makes a difference in their health. For African American residents, it is difficult to go to a provider that looks like them. We have one female black doctor in town.

Birth Characteristics

Births

From 2019 to 2023, there were, on average, 3,781 births per year in Merced County.

Total Births

	2019	2020	2021	2022	2023
Merced County	3,806	3,732	3,863	3,849	3,657
California	446,479	420,259	420,608	419,104	400,108

Source: U.S. Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics, Natality public-use data 2019-2023, on CDC WONDER. <https://wonder.cdc.gov/natality-expanded-current.html>

Teen Birth Rate

Teen births in Merced County occurred at an average annual rate of 5.5% of total births (54.7 per 1,000 live births). This rate is higher than the state rate (29.3 per 1,000 live births).

Births to Teen Mothers (Under Age 20), Rate per 1,000 Live Births

	Merced County	California
Births to teen mothers	54.7	29.3

Source: U.S. Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics, Natality public-use data 2021-2023, on CDC WONDER. <https://wonder.cdc.gov/natality-expanded-current.html>

Prenatal Care

The Healthy People 2030 objective for prenatal care is for 80.5% of pregnant women receiving 'early and adequate' prenatal care, which includes both entry into care within the first trimester, plus attending at least 80% of recommended prenatal visits. Care is considered 'adequate plus' when an expectant mother attends 110% or more of the recommended number of prenatal visits. 65.8% of Merced County mothers received at least adequate prenatal care, which is lower than the state average (72.2%) and does not meet the Health People 2030 objective.

Mother Receiving Adequate Prenatal Care, Rate per 1,000 Live Births

	Merced County	California
Adequate/Adequate Plus prenatal care	65.8%	72.2%

Source: California Department of Public Health, County Health Profiles, CHSP 2024. 2020-2022 Data
<https://www.cdph.ca.gov/programs/chsi/pages/county-health-status-profiles.aspx>

Low Birth Weight

Low birth weight is a negative birth indicator. Babies born at a low birth weight are at higher risk for disease, disability and possibly death. For this measure, a lower rate is a better indicator. The rate of Merced County low-birth-weight babies is 7.0% (69.8 per 1,000 live births).

Low Birth Weight (Under 2,500g), Rate per 1,000 Live Births

	Merced County	California
Low birth weight	69.8	74.0

Source: U.S. Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics, Natality public-use data 2021-2023, on CDC WONDER. <https://wonder.cdc.gov/natality-expanded-current.html>

Delivery Paid by Public Insurance or Self-Pay

In Merced County, the birth rate paid by public insurance or self-pay was 683.1 births per 1,000 live births, which is higher than the state rate (423.2 per 1,000 live births).

Delivery Paid by Public Insurance or Self-Pay, Rate per 1,000 Live Births

	Merced County	California
Delivery paid by public insurance or self-pay	683.1	423.2

Source: U.S. Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics, Natality public-use data 2021-2023, on CDC WONDER. <https://wonder.cdc.gov/natality-expanded-current.html>

Preterm Births

The rate of premature birth occurring before the start of the 38th week of gestation, in Merced County, is 9.3% (93 per 1,000 live births).

Premature Births before Start of 38th Week, Rate per 1,000 Live Births

	Merced County	California
Premature births	93.0	91.2

Source: U.S. Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics, Natality public-use data 2021-2023, on CDC WONDER. <https://wonder.cdc.gov/natality-expanded-current.html>

Maternal Smoking During Pregnancy

Among pregnant women, 99.7% in Merced County did not smoke during pregnancy. This rate meets the Healthy People 2030 objective of 95.7% of women who abstain from cigarette smoking during pregnancy.

No Smoking during Pregnancy

	Merced County	California
Mothers who did not smoke during pregnancy	99.7%	99.3%

Source: U.S. Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics, Natality public-use data 2021-2023, on CDC WONDER. <https://wonder.cdc.gov/natality-expanded-current.html>

Infant Mortality

Infant mortality reflects deaths of children under one year of age. The infant death rate in the county was 4.2 per 1,000 live births. Merced County meets the Healthy People 2030 objective of 5.0 deaths per 1,000 live births.

Infant Mortality, Rate per 1,000 Live Births

	Merced County	California
Infant deaths, per 1,000 live births	4.2	4.0

Source: U.S. Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital

Breastfeeding

Breast feeding has been proven to have considerable benefits to babies and mothers. The California Department of Public Health highly recommends babies be fed only breast milk for the first six months of life. Breast feeding rates at Mercy Medical Center Merced indicated that 94.3% of new mothers used some breast feeding. 63.4% of new mothers at Mercy Medical Center Merced used breast feeding exclusively, which was higher than the county (59.9%), but lower than the state (68.8%) rate.

In-Hospital Breastfeeding, Mercy Medical Center Merced

	Any Breastfeeding		Exclusive Breastfeeding	
	Number	Percent	Number	Percent
Mercy Medical Center Merced	2,000	94.3%	1,346	63.4%
Merced County	2,493	93.3%	1,601	59.9%
California	346,452	93.9%	253,783	68.8%

Source: California Department of Public Health, Breastfeeding Hospital of Occurrence, 2022.

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

There were race and ethnicity differences noted in breastfeeding rates of mothers who delivered at Mercy Medical Center Merced. 95.9% of Latina or Hispanic mothers and 95.4% of White mothers initiated breastfeeding. 78.2% of White mothers and 64.5% of multiracial mothers breastfed exclusively. Rates of breastfeeding were lowest among mothers who identified as a race or ethnicity Other than those listed, 70.5% of whom initiated breastfeeding and 34.1% of whom breastfed exclusively.

In-Hospital Breastfeeding, Mercy Medical Center Merced, by Race and Ethnicity of Mother

	Any Breastfeeding		Exclusive Breastfeeding	
	Number	Percent	Number	Percent
Latina or Hispanic	1,348	95.9%	871	62.0%
White	354	95.4%	290	78.2%
Multiracial	56	90.3%	40	64.5%
Asian	78	85.7%	39	42.9%
Black	40	83.3%	24	50.0%
Other	31	70.5%	15	34.1%
Mercy Medical Center Merced	2,000	94.3%	1,346	63.4%

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

2022 <https://www.cdph.ca.gov/Programs/CFH/DMCAH/surveillance/Pages/Breastfeeding-Initiation.aspx>

Community Input – Birth Characteristics

Stakeholder interviews identified the following issues, challenges and barriers related to birth characteristics. Following are their comments edited for clarity:

- Family dynamics affect teenagers' emotional and physical health for decades. We need to have better parent education and better education in middle and high schools regarding emotional wellness and family dynamics.

- Historically, Merced did not have a high infant death or SIDS rate. But in the last three years, we've seen an uptick in our SIDS cases. We don't know if it's just a lack of education.
- Pregnant women are coming in at 20 weeks pregnant for their first prenatal visit. And they're coming in with conditions that aren't the best.
- Merced is a very conservative community. I don't know how readily available birth control is in this community. We do have a Planned Parenthood in the community. However, there's no medical abortion services available within the county.
- With infant mortality and maternity health, there is a bias within our system for African American mothers.
- Midwives and doulas are not active in Merced County. In some of the adjacent counties, that's beginning to change.
- We have women who are in their second and third trimester coming in for their first initial prenatal visit. Many are working seasonal jobs or are working in the fields, so getting time off from their job can be difficult.
- We need to educate moms to understand a proper diet.
- We often send patients to Valley Children's Hospital.

Leading Causes of Death

Life Expectancy at Birth

Life expectancy in Merced County is 76.9 years. Death before the age of 75 is considered a premature death. The rate of premature death in Merced County was 428 deaths per 100,000 persons. The years of potential life lost (the difference between the age of persons who died and the age of 75, totaled) for the county was 8,468 years. By these metrics, residents of Merced County have a lower life expectancy compared to the state.

Life Expectancy, Premature Mortality and Premature Death, Age-Adjusted

	Merced County	California
Life expectancy at birth in years	76.9	79.9
Premature age-adjusted mortality (number of deaths among residents under 75, per 100,000 persons)*	428	319
Premature death/Years of Potential Life Lost (YPLL) before age 75, per 100,000 persons, age-adjusted	8,468	6,373

Source: National Center for Health Statistics' National Statistics System (NVSS); *CDC Wonder mortality data; data accessed and calculations performed by County Health Rankings, 2024; data from 2019-2021. <http://www.countyhealthrankings.org>

Differences in life expectancy, premature mortality, and years of potential life lost can be seen among Merced County residents. Non-Hispanic Asian residents of the county have the highest life expectancy (80.2 years), lowest premature mortality (330 deaths in persons younger than 75 years, per 100,000 population), and years of potential life lost (6,568 years per 100,000 population). Black or African American residents have the lowest life expectancy and the highest rates of premature death and YPLL in the county.

Life Expectancy, Premature Mortality, Premature Death, by Race and Ethnicity

	Life Expectancy	Premature Mortality	YPLL
Asian, non-Hispanic	80.2	330	6,568
Hispanic	79.8	360	7,231
White, non-Hispanic	74.7	506	10,245
American Indian and Alaskan Native	N/A	565	N/A
Black or African American, non-Hispanic	67.4	878	19,832
Native Hawaiian and Pacific Islander	N/A	N/A	N/A

Source: National Center for Health Statistics' National Statistics System (NVSS); *CDC Wonder mortality data; data accessed and calculations performed by County Health Rankings, 2024; data from 2019-2021. N/A = Not available due to statistical instability related to small numbers. <http://www.countyhealthrankings.org>

Mortality Rates

Age-adjusted death rates are an important factor to examine when comparing mortality data. A crude death rate is a ratio of the number of deaths to the entire population. Age-adjusted death rates eliminate the bias of age in the makeup of the populations.

The age-adjusted death rate in Merced County is 854.1 deaths per 100,000 persons, which is higher than the California rate (670 deaths per 100,000 persons).

Mortality Rate, Age-Adjusted, per 100,000 Persons, Three-Year Average

	Merced County	California
Mortality rate	854.1	670.0

Source: California Department of Public Health, Vital Records Data and Statistics, California Counties, 2020-2022, CHSP 2024.

<https://www.cdph.ca.gov/programs/chsi/pages/county-health-status-profiles.aspx>

Leading Causes of Death

When age-adjusted, the top three leading causes of death in the county are cancer, ischemic heart disease, which is a subset of heart disease, and unintentional injuries. Mortality rates are higher in the county with the exceptions of Alzheimer's disease, suicide, and HIV.

Leading Causes of Death Rates, Age-Adjusted, per 100,000 Persons

	Merced County	California	Healthy People 2030 Objective
Cancer	137.0	122.0	122.7
Ischemic heart disease	86.2	77.2	71.1
Unintentional injuries (accidents)	56.9	47.9	43.2
Stroke	41.7	37.0	33.4
Chronic lower respiratory disease	38.3	24.5	Not Comparable
Diabetes	38.2	23.6	Not Comparable
Alzheimer's disease	28.6	35.5	No Objective
Motor vehicle traffic crashes	21.9	11.5	10.1
Liver disease and cirrhosis	17.9	14.4	10.9
Pneumonia and influenza	14.4	10.9	No Objective
Suicide	9.8	10.1	12.8
Homicide	9.2	6.1	5.5
HIV*	2.8	5.4	No Objective

Source: California Department of Public Health, Vital Records Data and Statistics, California Counties, 2020-2022, CHSP 2024, Three-Year Average Age-Adjusted Death Rate. <https://www.cdph.ca.gov/programs/chsi/pages/county-health-status-profiles.aspx>

*Source: California Department of Public Health, Office of AIDS, California HIV Surveillance Report, 2022. 2020-2022 averaged. https://www.cdph.ca.gov/Programs/CID/DOA/Pages/OA_case_surveillance_reports.aspx

Cancer

All-site cancer mortality in Merced County (146.6 deaths per 100,000 persons) is higher than the all-site cancer mortality rate at the state level (134.1 deaths per 100,000 persons). The highest rates of cancer in Merced County were lung and bronchus cancers (29.4 deaths per 100,000 persons), female breast cancer (20.9 deaths per 100,000 women), and prostate cancer (20.4 per 100,000 men).

Cancer Mortality Rates, Age-Adjusted, per 100,000 Persons

	Merced County	California
Cancer all sites	146.6	134.1
Lung and bronchus	29.4	24.3
Breast (female)	20.9	18.9
Prostate (males)	20.4	20.1
Colon and rectum	13.9	12.0
Pancreas	10.1	10.4
Liver and intrahepatic bile duct	9.0	7.6
Leukemia	6.0	5.5
Ovary (females)	5.5	6.4
Urinary bladder	4.4	3.7
Uterine (female)	4.2	5.3
Kidney and renal pelvis	4.1	3.2
Non-Hodgkin lymphoma	3.7	4.9
Stomach	3.7	3.8
Brain and other nervous system	3.5	4.4
Esophagus	2.4	2.9
Cervix uteri	2.4	2.2
Melanoma of the skin	1.6	1.8

Source: California Cancer Registry, Cal*Explorer-CA Cancer Data tool, 2017-2021. <https://explorer.ccrca.org/application.html>

Rates of mortality in Merced County for the top three cancers are listed below by race and ethnicity. Black or African American residents have a higher all-cancer mortality rate than do non-Hispanic White residents. White residents have a higher all-cancer mortality than do Hispanic residents. Among the groups for whom rates are available, Black or African American residents have the highest mortality rate from prostate cancer, and Hispanic residents have the lowest mortality rates of all groups.

Cancer Mortality, Age-Adjusted, per 100,000 Persons, by Race and Ethnicity

	All Cancers	Lung and Bronchus	Female Breast	Prostate
Hispanic	95.4	6.4	14.2	16.1
Asian or Pacific Islander	99.1	**	**	**
White, non-Hispanic	142.1	34.9	25.0	21.2
Black or African American	228.2	**	**	75.3
Total	126.2	22.7	20.9	20.4

Source: California Cancer Registry, Cal*Explorer-CA Cancer Data tool, 2017-2021. <https://explorer.ccrca.org/application.html>

**Suppressed due to small sample size.

Unintentional Injury

Unintentional injury deaths include those due to accidental drug poisonings, motor-vehicle accidents, and falls, among other causes. From 2020 through 2022 there were 168 accidental drug overdose deaths in Merced County.

The age-adjusted death rate from unintentional injuries in Merced County is 56.9 deaths per 100,000 persons. This rate is higher than the state rate (47.9 per 100,000 persons).

and does not meet the Healthy People 2030 objective of 43.2 unintentional injury deaths per 100,000 persons.

Unintentional Injury Mortality Rate, Age-Adjusted, per 100,000 Persons

	Merced County	California
Unintentional injuries	56.9	47.9

Source: California Department of Public Health, Vital Records Data and Statistics, California Counties, 2020-2022, CHSP 2024, Three-Year Average Age-Adjusted Death Rate. <https://www.cdph.ca.gov/programs/chsi/pages/county-health-status-profiles.aspx>

Unintentional drug overdoses are a subset of unintentional injury deaths. The crude death rate from unintentional drug overdoses in the county (19.6 deaths per 100,000 persons) is lower than the state rate (24.8 deaths per 100,000 persons).

Unintentional Drug Overdose Mortality, Crude Rate, per 100,000 Persons

	Merced County	California
Unintentional drug overdoses	19.6	24.8

Source: U.S. Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics, Mortality public-use data 2020-2022, on CDC WONDER. <https://wonder.cdc.gov/Deaths-by-Underlying-Cause.html>

Motor vehicle crashes are also a subset of unintentional injury deaths. The death rate from motor vehicle traffic crashes in the county is 21.9 deaths per 100,000 persons. This is higher than the state rate (11.5 per 100,000 persons). The death rate from motor vehicle crashes is more than double the Healthy People 2030 objective of 10.1 deaths per 100,000 persons.

Motor Vehicle Traffic Crash Mortality Rate, Age-Adjusted, per 100,000 Persons

	Merced County	California
Motor vehicle crashes	21.9	11.5

Source: California Department of Public Health, Vital Records Data and Statistics, California Counties, 2020-2022, CHSP 2024, Three-Year Average Age-Adjusted Death Rate. <https://www.cdph.ca.gov/programs/chsi/pages/county-health-status-profiles.aspx>

Ischemic Heart Disease and Stroke

In the county, the age-adjusted death rate for ischemic heart disease is 86.2 deaths per 100,000 persons, and the age-adjusted death rate from stroke is 41.7 deaths per 100,000 persons. The rates do not meet the Healthy People 2030 objectives of 71.1 deaths from ischemic heart disease, per 100,000 persons, and 33.4 deaths from stroke, per 100,000 persons.

Heart Disease and Stroke Mortality Rates, Age-Adjusted, per 100,000 Persons

	Merced County	California
Ischemic heart disease	86.2	77.2
Stroke	41.7	37.0

Source: California Department of Public Health, Vital Records Data and Statistics, California Counties, 2020-2022, CHSP 2024, Three-Year Average Age-Adjusted Death Rate. <https://www.cdph.ca.gov/programs/chsi/pages/county-health-status-profiles.aspx>

Chronic Lower Respiratory Disease

Chronic Lower Respiratory Disease (CLRD) and Chronic Obstructive Pulmonary Disease (COPD) include emphysema and bronchitis. The age-adjusted death rate for respiratory disease in the county is 38.3 deaths per 100,000 persons. This is higher than the state rate (24.5 per 100,000 persons).

Chronic Lower Respiratory Disease Mortality Rate, Age-Adjusted, per 100,000 Persons

	Merced County	California
Chronic Lower Respiratory Disease	38.3	24.5

Source: California Department of Public Health, Vital Records Data and Statistics, California Counties, 2020-2022, CHSP 2024, Three-Year Average Age-Adjusted Death Rate. <https://www.cdph.ca.gov/programs/chsi/pages/county-health-status-profiles.aspx>

Diabetes

The age-adjusted mortality rate from diabetes in the county is 38.2 deaths per 100,000 persons. This is higher than the state rate (23.6 deaths per 100,000 persons).

Diabetes Mortality Rate, Age-Adjusted, per 100,000 Persons

	Merced County	California
Diabetes	38.2	23.6

Source: California Department of Public Health, Vital Records Data and Statistics, California Counties, 2020-2022, CHSP 2024, Three-Year Average Age-Adjusted Death Rate. <https://www.cdph.ca.gov/programs/chsi/pages/county-health-status-profiles.aspx>

Alzheimer's Disease

The age-adjusted mortality rate from Alzheimer's disease is 28.6 deaths per 100,000 persons. This is lower than the state rate (35.5 deaths per 100,000 persons).

Alzheimer's Disease Mortality Rate, Age-Adjusted, per 100,000 Persons

	Merced County	California
Alzheimer's disease	28.6	35.5

Source: California Department of Public Health, Vital Records Data and Statistics, California Counties, 2020-2022, CHSP 2024, Three-Year Average Age-Adjusted Death Rate. <https://www.cdph.ca.gov/programs/chsi/pages/county-health-status-profiles.aspx>

Liver Disease and Cirrhosis

The death rate from liver disease in the county is 17.9 deaths per 100,000 persons. This is higher than the state rate (14.4 per 100,000 persons) and does not meet the Healthy People 2030 objective of 10.9 liver disease deaths per 100,000 persons.

Liver Disease Mortality Rate, Age-Adjusted, per 100,000 Persons

	Merced County	California
Chronic Liver Disease and Cirrhosis	17.9	14.4

Source: California Department of Public Health, Vital Records Data and Statistics, California Counties, 2020-2022, CHSP 2024, Three-Year Average Age-Adjusted Death Rate. <https://www.cdph.ca.gov/programs/chsi/pages/county-health-status-profiles.aspx>

Pneumonia and Influenza

The age-adjusted death rate for pneumonia and influenza in the county is 14.3 per 100,000 persons. This rate is higher than the state rate (10.9 per 100,000 persons).

Pneumonia and Influenza Mortality Rate, Age-Adjusted, per 100,000 Persons

	Merced County	California
Pneumonia and Influenza	14.4	10.9

Source: California Department of Public Health, Vital Records Data and Statistics, California Counties, 2020-2022, CHSP 2024, Three-Year Average Age-Adjusted Death Rate. <https://www.cdph.ca.gov/programs/chsi/pages/county-health-status-profiles.aspx>

Suicide

The suicide rate in the county is 9.8 deaths per 100,000 persons, which is lower than the state rate (10.1 per 100,000 persons), and meets the Healthy People 2030 objective for suicide of 12.8 deaths per 100,000 persons.

Suicide Mortality Rate, Age-Adjusted, per 100,000 Persons

	Merced County	California
Suicide	9.8	10.1

Source: California Department of Public Health, Vital Records Data and Statistics, California Counties, 2020-2022, CHSP 2024, Three-Year Average Age-Adjusted Death Rate. <https://www.cdph.ca.gov/programs/chsi/pages/county-health-status-profiles.aspx>

Homicide

The homicide rate in Merced County is 9.2 deaths per 100,000 persons. This rate is higher than the state rate (6.1 deaths per 100,000 persons) and does not meet the Healthy People 2030 objective for homicide deaths of 5.5 per 100,000 persons.

Homicide Mortality Rate, Age-Adjusted, per 100,000 Persons

	Merced County	California
Homicide	9.2	6.1

Source: California Department of Public Health, Vital Records Data and Statistics, California Counties, 2020-2022, CHSP 2024, Three-Year Average Age-Adjusted Death Rate. <https://www.cdph.ca.gov/programs/chsi/pages/county-health-status-profiles.aspx>

HIV

The rate of HIV deaths in the county was 2.8 deaths per 100,000 persons, which is less than the state rate (5.4 deaths per 100,000 persons).

HIV Mortality Rate, Age-Adjusted, per 100,000 Persons

	Merced County	California
HIV	2.8	5.4

Source: California Department of Public Health, Office of AIDS, California HIV Surveillance Report, 2022. 2020-2022 averaged. https://www.cdph.ca.gov/Programs/CID/DOA/Pages/OA_case_surveillance_reports.aspx

Drug Overdose Deaths

Rates of death by drug overdose, whether unintentional, suicide, homicide, or undetermined intent, have generally been rising. Drug overdose deaths in the county were higher from 2011 to 2019 than the statewide rate.

Deaths Caused by Drug Overdose Rates, Age-Adjusted, per 100,000 Persons

	2009	2011	2013	2015	2017	2018	2019	2020	2021*	2022*
Merced County	9.6	14.6	13.4	16.4	12.9	14.3	17.9	19.0	19.2	24.5
California	10.7	10.7	11.1	11.3	11.7	12.8	15.0	21.8	27.8	28.1

Source: U.S. Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics, Mortality public-use data 2017-2019, on CDC WONDER. <https://wonder.cdc.gov/Deaths-by-Underlying-Cause.html>

In 2023, the age-adjusted death rate from opioid overdoses in Merced County was 15.2 deaths per 100,000 persons, which was lower than the state rate. The county did not meet the Healthy People 2030 objective of 13.1 opioid overdose deaths per 100,000 persons.

Opioid Drug Overdose Death Rates, Age-Adjusted, per 100,000 Persons, 2016 - 2023

	Annual Rate							
	2016	2017	2018	2019	2020	2021	2022	2023
Merced County	9.8	4.7	7.3	7.7	10.0	9.6	13.8	15.2
California	4.9	5.2	5.8	7.9	13.5	18.0	18.7	20.4

Source: California Office of Statewide Health Planning and Development, via CA Department of Public Health, California Opioid Overdose Surveillance Dashboard, 2024. <https://skylab.cdph.ca.gov/ODdash/>

When examined by demographics, the 43 opioid overdose deaths in Merced County in 2023 were more likely to occur in men (34.4 deaths per 100,000 men) than women (11.8 deaths per 100,000 women). 24 of the 43 opioid overdose deaths were among White residents (35.2 deaths per 100,000 White residents) and 16 among Hispanic residents (9.1 deaths per 100,000 Hispanic or Latino residents). The remaining three opioid deaths were among members of other racial or ethnic groups; due to the low numbers, these rates were suppressed.

Opioid Overdose Death Rates, per 100,000 Persons, Age-Adjusted, by Demographics

	Rate
Male	34.4
Female	11.8
White	35.2
Hispanic or Latino	9.1
Merced County	15.2

Source: California Office of Statewide Health Planning and Development, via CA Department of Public Health, California Opioid Overdose Surveillance Dashboard, 2024; 2023 data. <https://skylab.cdph.ca.gov/ODdash/>

Acute and Chronic Disease

Hospitalizations by Diagnoses

At MMCM, the top five primary diagnoses resulting in hospitalization were complications of pregnancy and childbirth, certain conditions originating in the perinatal period, infectious and parasitic diseases, circulatory system, and digestive system diagnoses.

Hospitalizations, by Principal Diagnoses, Top Ten Causes

	Mercy Medical Center Merced
Complications of pregnancy, childbirth and postpartum period	19.4%
Certain conditions originating in perinatal period	18.4%
Infectious and parasitic diseases	12.3%
Circulatory system	9.9%
Digestive system	8.2%
Respiratory system	5.8%
Endocrine, nutritional, metabolic diseases and immunity disorders	5.3%
Injury and poisoning	5.0%
Genitourinary system	4.9%
Nervous system and sense organ diseases	2.1%

Source: California Department of Health Care Access and Information (HCAI), Hospital Inpatient Characteristics by Facility, Pivot Profile, 2023. <https://data.chhs.ca.gov/dataset/>

Emergency Room Visits by Diagnoses

At MMCM, the top five primary diagnoses seen in the Emergency Room were injuries and poisonings, respiratory system, circulatory system, digestive system, and genitourinary system diagnoses.

Emergency Room Visits, by Principal Diagnoses, Top Ten Causes

	Mercy Medical Center Merced
Injury and poisoning	18.2%
Respiratory system	10.8%
Circulatory system	8.5%
Digestive system	8.2%
Genitourinary system	7.2%

Musculoskeletal system and connective tissue	6.4%
Infectious and parasitic diseases	5.4%
Mental illness	4.4%
Nervous system and sense organs	4.3%
Complications of pregnancy, childbirth and postpartum period	3.5%

Source: California Department of Health Care Access and Information (HCAI), Emergency Department Characteristics by Facility, Pivot Profile, 2023. <https://data.chhs.ca.gov/dataset/>

Diabetes

When asked if they had ever been diagnosed with diabetes by a health professional, 12.7% of service area adults answered 'yes'. Among area communities, Merced 95348 had the lowest rate of adults with diabetes (11.6%), and Merced 95341 had the highest rate of adults with diabetes (14.6%).

Diabetes, Adults

	ZIP Code	Percent
Atwater	95301	12.6%
Chowchilla	93610	12.8%
Merced	95340	12.2%
Merced	95341	14.6%
Merced	95348	11.6%
Winton	95388	13.4%
MMCM Service Area*		12.7%
Merced County		13.3%
California		11.5%

Source: For county and ZIP Codes: PolicyMap, utilizing the CDC's Behavioral Risk Factor Surveillance System (BRFSS), 2022 data. <https://www.policymap.com/> *Weighted average; calculated using 2018-2022 ACS adult population estimates. For California data U.S. CDC BRFSS, 2022 data: <https://www.cdc.gov/brfss/brfssprevalence/>

The federal Agency for Healthcare Research and Quality (AHRQ) developed Prevention Quality Indicators (PQIs) to identify hospital admissions that may be avoided through access to high-quality outpatient care. Four PQIs, and one Composite PQI, are related to diabetes: short-term complications (ketoacidosis, hyperosmolarity and coma); long-term complications (renal, ophthalmic, or neurological manifestations, and peripheral circulatory disorders); amputation; and uncontrolled diabetes. For all four PQI measures, and the composite PQI, hospitalization rates were higher in Merced County than in the state.

Diabetes Hospitalization Rates* for Prevention Quality Indicators

	Merced County	California
Diabetes short term complications	90.0	70.1
Diabetes long term complications	147.0	108.7
Lower-extremity amputation among patients with diabetes	55.1	34.4
Uncontrolled diabetes	32.2	31.9

Diabetes composite	295.2	226.6
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Source: California Office of Statewide Health Planning & Development, 2022.

<https://data.chhs.ca.gov/dataset/rates-of-preventable-hospitalizations-for-selected-medical-conditions-by-county> *Risk-adjusted (age/sex-adjusted) annual rates per 100,000 persons.

Heart Disease and Stroke

6.3% of adults in the service area reported being told by a health professional they have heart disease. The lowest rate of heart disease in area communities was seen in Merced 95348 (5.7%) and the highest rates were in Atwater and Merced 95340 and 95341 (6.5%).

3.7% of service area adults reported being told by a health professional they had a stroke. Rates of stroke in area communities ranged from 3.3% in Merced 95348 to 4% in Merced 95341.

Heart Disease and Stroke Prevalence, Adults

	ZIP Code	Heart Disease	Stroke
Atwater	95301	6.5%	3.7%
Chowchilla	93610	6.4%	3.8%
Merced	95340	6.5%	3.7%
Merced	95341	6.5%	4.0%
Merced	95348	5.7%	3.3%
Winton	95388	6.4%	3.7%
MMCM Service Area*		6.3%	3.7%
Merced County		6.6%	3.8%
California		3.0%	2.9%

Source: For county and ZIP Codes: PolicyMap, utilizing the CDC's Behavioral Risk Factor Surveillance System (BRFSS), 2022 data. <https://www.policymap.com/> *Weighted average; calculated using 2018-2022 ACS adult population estimates. For California data U.S. CDC BRFSS, 2022 data: <https://www.cdc.gov/brfss/brfssprevalence/>

As noted, Prevention Quality Indicators (PQIs) identify hospital admissions that may be avoided through access to high-quality outpatient care. The rate of admissions related to heart failure in Merced County (476.7 annual hospitalizations per 100,000 persons, risk-adjusted) is higher than the state rate of 380.7 hospitalizations per 100,000 persons.

Heart Failure Hospitalization Rate* for Prevention Quality Indicators

	Merced County	California
Hospitalization rate due to heart failure	476.7	380.7

Source: California Office of Statewide Health Planning & Development, 2022.

<https://data.chhs.ca.gov/dataset/rates-of-preventable-hospitalizations-for-selected-medical-conditions-by-county> *Risk-adjusted (age/sex-adjusted) annual rates per 100,000 persons.

When viewed by race and ethnicity, non-Latino White residents in Merced County have the highest rate of diagnosed heart disease (10.5%), followed by multiracial residents (9.6%). Latino residents have the lowest rate of diagnosed heart disease at county (5.6%) and state (4.2%) levels. Insufficient numbers of Asian residents, Native Hawaiian

or Pacific Islander residents, and American Indian or Alaska Native residents were surveyed in the county to allow for statistical validity.

Heart Disease by Race and Ethnicity, Adults

	Merced County	California
American Indian or Alaska Native, non-Latino	**	12.7%
White, non-Latino	10.5%	10.1%
Native Hawaiian or Pacific Islander, non-Latino	**	8.8%
Multiracial, non-Latino	*9.6%	5.7%
Black or African American, non-Latino	*6.0%	7.2%
Asian, non-Latino	**	5.3%
Latino	5.6%	4.2%
Total	6.8%	6.9%

Source: California Health Interview Survey, 2019-2023, pooled. <https://healthpolicy.ucla.edu/our-work/askchis/> *Statistically unstable due to sample size. **Suppressed due to instability.

High Blood Pressure and High Cholesterol

Co-morbidity factors for diabetes and heart disease are high blood pressure (hypertension) and high blood cholesterol. The percentage of adults who reported being diagnosed with high blood pressure was 29.8% in the service area, and for high cholesterol it was 32.9. The highest rates of high blood pressure (30.5%) and high cholesterol (33.6%) were reported in Atwater, and the lowest rates were reported in Merced 95348 (28.3% of adults had hypertension and 31.6% had high cholesterol).

High Blood Pressure and High Cholesterol, Adults

	ZIP Code	Hypertension	High Cholesterol
Atwater	95301	30.5%	33.6%
Chowchilla	93610	29.7%	33.4%
Merced	95340	30.4%	33.2%
Merced	95341	30.4%	32.7%
Merced	95348	28.3%	31.6%
Winton	95388	29.4%	33.3%
MMCM Service Area*		29.8%	32.9%
Merced County		30.1%	33.5%
California		27.9%	33.8%

Source: For county and ZIP Codes: PolicyMap, utilizing the CDC's Behavioral Risk Factor Surveillance System (BRFSS), 2021 data. <https://www.policymap.com/> *Weighted average; calculated using 2018-2022 ACS adult population estimates. For California data U.S. CDC BRFSS, 2021 data: <https://www.cdc.gov/brfss/brfssprevalence/>

In addition to heart failure, the remaining Prevention Quality Indicator (PQIs) related to heart disease is hypertension. The rate of admissions related to hypertension in Merced County (73 hospitalizations per 100,000 persons, risk-adjusted) is higher than the state rate (51.3 hospitalizations per 100,000 persons).

Hypertension Hospitalization Rate* for Prevention Quality Indicators

	Merced County	California
Hospitalization rate due to hypertension	73.0	51.3

Source: California Office of Statewide Health Planning & Development, 2022.

<https://data.chhs.ca.gov/dataset/rates-of-preventable-hospitalizations-for-selected-medical-conditions-by-county> *Risk-adjusted (age/sex-adjusted) annual rates per 100,000 persons.

Black or African American residents in Merced County have the highest rate of diagnosed high blood pressure (50.3%), followed by White residents (42.2%), and Latino residents (39.1%). Asian residents of the county have the lowest diagnosed rate of high blood pressure (21.6%).

High Blood Pressure by Race and Ethnicity, Adults

	Merced County	California
American Indian or Alaska Native, non-Latino	**	52.0%
Black or African American, non-Latino	50.3%	46.3%
Native Hawaiian or Pacific Islander, non-Latino	**	44.8%
White, non-Latino	42.2%	37.9%
Latino	39.1%	29.6%
Multiracial, non-Latino	34.8%	30.5%
Asian, non-Latino	21.6%	30.0%
Total	38.9%	34.0%

Source: California Health Interview Survey, 2019-2023, pooled. <https://healthpolicy.ucla.edu/our-work/askchis/> *Statistically unstable due to sample size. **Suppressed due to instability.

Cancer

Despite the higher mortality rate from cancer in the county than the state, the county shows lower levels of diagnosed cancers (379.6 per 100,000 persons). In Merced County, the highest rates of diagnosed cancers are for female breast, prostate, lung and bronchus, and colon and rectal cancers.

Cancer Incidence Rates, per 100,000 Persons, Age Adjusted

	Merced County	California
All sites	379.6	398.3
Breast (female)	98.8	124.1
Prostate (males)	92.1	99.0
Lung and bronchus	39.7	36.8
Colon and rectum	37.5	33.5
Corpus uteri (females)	24.6	27.7
Kidney and renal pelvis	17.3	15.0
Non-Hodgkin lymphoma	16.8	17.7
Urinary bladder	14.4	15.4
Pancreas	14.4	12.4
Melanoma of the skin	14.2	22.8
Thyroid	12.4	12.4
Cervix uteri (females)	11.5	7.3
Liver and intrahepatic bile duct	11.4	9.6
Leukemia	9.4	12.3
Ovary (females)	9.3	10.6
Stomach	8.3	7.4
Brain and other nervous system	5.4	5.8
Esophagus	3.1	3.5

Source: California Cancer Registry, Cal*Explorer-CA Cancer Data tool, 2017-2021. <https://explorer.ccrca.org/application.html>

The incidence of cancer diagnoses among non-Hispanic Black and non-Hispanic White residents of Merced County is higher than for Hispanic residents and Asian or Pacific Islander residents.

Among the groups for whom rates are available, Black or African American residents of the county have the highest incidence of diagnoses for the top three cancers, followed by White residents. Asian or Pacific Islander residents have the lowest cancer incidence rates.

Cancer Incidence, Age-Adjusted, per 100,000 Persons, by Race and Ethnicity

	All Cancers	Female Breast	Prostate	Lung and Bronchus
Asian or Pacific Islander	256.9	80.0	35.2	20.4
Hispanic	312.6	84.3	77.3	20.7
White	431.6	108.6	97.8	55.7
Black or African American	449.9	109.0	148.5	70.7
Total	379.6	98.8	92.1	39.7

Source: California Cancer Registry, Cal*Explorer-CA Cancer Data tool, 2017-2021. <https://explorer.ccrca.org/application.html>

Asthma

The reported rate of adult asthma in the service area was 11%. Chowchilla had the highest rate of asthma (11.6%). Merced 95348 had the lowest rate of adult asthma in the service area (10.7%).

Asthma Prevalence, Current, Adults

	ZIP Code	Percent
Atwater	95301	10.8%
Chowchilla	93610	11.6%
Merced	95340	10.9%
Merced	95341	11.3%
Merced	95348	10.7%
Winton	95388	11.2%
MMCM Service Area*		11.0%
Merced County		11.1%
California		8.7%

Source: For county and ZIP Codes: PolicyMap, utilizing the CDC's Behavioral Risk Factor Surveillance System (BRFSS), 2022 data. <https://www.policymap.com/> *Weighted average; calculated using 2018-2022 ACS adult population estimates. For California data U.S. CDC BRFSS, 2022 data: <https://www.cdc.gov/brfss/brfssprevalence/>

In Merced County, 21.2% of the adult population and 9% of children had been diagnosed with asthma. 36.1% of the adult population with diagnosed asthma had an asthma episode or attack in the past year, and 48.3% with current asthma take medication daily to control their symptoms. Among children with asthma, 43.3% had an

asthma episode or attack in the past year, and 38.8% of children with current asthma take daily medication to control it.

Asthma, Ever, Adults, and Children and Teens, Ages 1-17

	Merced County	California
Ever diagnosed with asthma, adults	21.2%	16.4%
Has had an asthma episode/attack in past 12 months, adults	36.1%	29.0%
Takes daily medication to control asthma, adults	48.3%	45.4%
Ever diagnosed with asthma, ages 1-17	9.0%	12.0%
Has had an asthma episode/attack in past 12 months, ages 1-17	43.3%	30.4%
Takes daily medication to control asthma, ages 1-17	38.8%	40.0%

Source: California Health Interview Survey, 2019-2023. <https://healthpolicy.ucla.edu/our-work/askchis/>

Non-Latino multiracial residents in the county have the highest rate of diagnosed asthma (24.6%), followed by Latino residents (19.5%). Black or African American residents of the county have the lowest rate (9.5%), but the rate is statistically unstable.

Asthma, by Race and Ethnicity, All Ages

	Merced County	California
American Indian or Alaska Native	**	23.0%
Multiracial	24.6%	22.2%
Latino	19.5%	14.2%
White	16.3%	16.6%
Native Hawaiian or Pacific Islander	**	14.6%
Asian	14.2%	11.8%
Black or African American	*9.5%	20.8%
Total	17.8%	15.4%

Source: California Health Interview Survey, 2019-2023, pooled. <https://healthpolicy.ucla.edu/our-work/askchis/> *Statistically unstable due to sample size **Suppressed due to instability.

Two Prevention Quality Indicators (PQIs) related to asthma include Chronic Obstructive Pulmonary Disease (COPD) or asthma in older adults, and asthma in younger adults. In 2022, the rate in Merced County for COPD and asthma hospitalizations among adults, ages 40 and older, was 225 hospitalizations per 100,000 persons. The rate of hospitalizations in Merced County for asthma among young adults, ages 18 to 39, was 20.3 hospitalizations per 100,000 persons. These rates are higher than the statewide rates.

Asthma Hospitalization Rates* for Prevention Quality Indicators

	Merced County	California
COPD or asthma in older adults, ages 40+	225.0	176.5
Asthma in younger adults, ages 18 to 39	20.3	18.0

Source: California Office of Statewide Health Planning & Development, 2022.

<https://data.chhs.ca.gov/dataset/rates-of-preventable-hospitalizations-for-selected-medical-conditions-by-county> *Risk-adjusted (age/sex-adjusted) annual rates per 100,000 persons.

Tuberculosis

The tuberculosis (TB) rate in Merced County in 2023 was 3.5 cases per 100,000 persons, which was below the state rate of 5.4 TB cases per 100,000 persons.

Tuberculosis, Number and Crude Rate, per 100,000 Persons

	2019		2020		2021		2022		2023	
	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate
Merced County	11	4.0	9	3.2	9	3.2	11	3.9	10	3.5
California	2,110	5.3	1,703	4.3	1,749	4.5	1,842	4.7	2,113	5.4

Source: California Department of Public Health, Tuberculosis Control Branch, California Tuberculosis Provisional Data Tables, 2023, accessed October 28, 2024. <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/TB-Disease-Data.aspx>

Disability

The U.S. Census Bureau collects data on six different categories of disability or ‘difficulties’: difficulty with hearing, vision, cognitive tasks, ambulatory tasks, self-care tasks and independent living. In the service area, 13.3% of the non-institutionalized civilian population identified as having a disability. In Merced County, 12.8% had a disability.

Disability, Five-Year Average

	MMCM Service Area	Merced County	California
Population with a disability	13.3%	12.8%	11.0%

Source: U.S. Census Bureau, American Community Survey, 2018-2022, DP02. <http://data.census.gov>

COVID-19 Incidence, Mortality, and Vaccination Rates

In Merced County, there were 80,214 confirmed cases of COVID-19 as of December 19, 2023, when the state of California ended its Pandemic tracking. This was a lower rate of infection (279.1 cases per 1,000 persons) than the statewide rate of 288 cases per 1,000 persons. The county, however, had a higher rate of confirmed deaths due to COVID-19. Through the same date, 938 county residents were confirmed to have died due to COVID-19 complications, for a rate of 3.26 deaths per 1,000 persons, as compared to the statewide rate of 2.63 deaths per 1,000 persons.

COVID-19, Cases and Crude Death Rates, per 1,000 Persons, as of 12/19/23

	Merced County		California	
	Number	Rate	Number	Rate
Cases	80,214	279.1	11,557,751	288.0
Deaths	938	3.26	105,346	2.63

Source: California State Health Department, Statewide COVID-19 Cases Deaths Tests file, Updated December 26, 2023, with data from December 19, 2023. <https://data.chhs.ca.gov/dataset/covid-19-time-series-metrics-by-county-and-state>

The percentage of Merced County residents, of all ages, who have completed the primary series of a COVID-19 vaccine was 54.8%, as compared to 72.9% for the state. The CDC's vaccination recommendations, as of September 29, 2024, included an updated 2023-2024 vaccine dose for everyone ages five and older. 3.3% of county residents were up to date with their COVID vaccinations as of that date, as compared to 11.4% statewide. County rates of primary and up-to-date vaccinations were lower than the statewide vaccination rates among all age groups.

COVID-19 Vaccinations, Completed Primary Series and 'Up to Date', by Age

	Primary Series		Up to Date*	
	Merced County	California	Merced County	California
Population, under 5	0.1%	7.9%	0.1%	4.1%
Population, ages 5-11	19.7%	37.1%	0.6%	6.3%
Population, ages 12-17	47.2%	66.9%	1.0%	5.6%
Population, ages 18-49	58.9%	78.6%	1.8%	7.6%
Population, ages 50-64	74.2%	83.0%	5.5%	13.6%
Population, ages 65+	85.5%	91.1%	13.0%	27.2%
Total Population	54.8%	72.9%	3.3%	11.4%

Source: CA Dept. of Health & Human Services, COVID-19 Vaccines Administered by Demographics (for CA), and by Demographics by County files. Data through Sept. 29, 2024. *Up to Date as of September 29th, per CDC recommendations, which included an updated 2023-2024 COVID-19 vaccine. <https://data.ca.gov/dataset/covid-19-vaccine-progress-dashboard-data> & <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-Vaccine-Data.aspx>

In Merced County, among the vaccine-eligible population, 82.4% of the Native Hawaiian or Pacific Islander population have completed the primary COVID-19 vaccination series. 61.6% of Asian residents, 55.4% of White residents, 48.6% of American Indian or Alaska Native (AIAN) residents, 48.5% of Black residents, 43.5% of Latino residents, and 18.3% of multiracial residents have completed the primary COVID-19 vaccination series. Uptake of the 2023-2024 COVID-19 vaccine booster recommended by the CDC followed largely the same pattern, with the highest vaccination rate among Native Hawaiian or Pacific Islander residents and the lowest vaccination rate among multiracial residents of the county.

COVID-19 Vaccinations, Completed Primary Series and Up to Date, by Race and Ethnicity

	Primary Series	Up to Date
Native Hawaiian or Pacific Islander	82.4%	6.1%
Asian	61.6%	3.5%
White	55.4%	5.2%
American Indian or Alaska Native	48.6%	2.7%
Black	48.5%	3.7%
Latino	43.5%	1.9%
Multiracial	18.3%	0.8%

Source: CA Dept. of Health & Human Services, COVID-19 Vaccines Administered by Demographics (for CA), and by Demographics by County files. Data through Sept. 29, 2024. *Up to Date as of September 29, 2024 per CDC recommendations, which included an updated 2023-2024 COVID-19 vaccine. <https://data.ca.gov/dataset/covid-19-vaccine-progress-dashboard-data>

Community Input – Chronic Disease

Stakeholder interviews identified the following issues, challenges and barriers related to chronic disease. Following are their comments edited for clarity:

- Diabetes has been a significant issue. We are also seeing an increasing number of strokes among younger adults than we were used to seeing. We are seeing increased strokes within minority and underserved communities.
- We just do not have the specialty providers to address community member's needs. A lot of times people must travel outside of the county to access specialty care. When you put that barrier or obstacle in place, people just don't obtain services.
- The hospital sees a lot of people who show up in the emergency room when their illnesses are advanced, and we can't manage them in a manner that is more proactive. Barriers include a lack of health literacy and understanding how diet and activity impact those conditions. There's also been some challenges obtaining insulin for affordable prices. A lack of stable housing can impact chronic diseases.
- Diabetes and high blood pressure are prevalent within our community. People are so preoccupied with surviving from day to day they are not even thinking about diabetes and blood pressure.
- With hypertension, diabetes, and heart disease, nutritional education is an issue. That includes the training providers. Medical residents aren't given sufficient training as to what a healthy diet should look like. What does a dash diet look like? What does a Mediterranean diet look like? What are healthy foods that the Latino community or an Asian community or the Punjabi community eat?
- When we look at medication noncompliance, patients do not have the means to pay for their medication. Some patients have no insurance at all.
- It is important for people to realize the connections between the mind, heart, and soul. Often, we have trauma in our lives that we have not addressed, and food is an escape. We can give you a pill for diabetes, but we must address the underlying factors, like eating healthier and more exercise.

Health Behaviors

Health Behaviors Ranking

The County Health Rankings examine healthy behaviors and rank counties according to health behavior data. California has 58 counties, which are ranked from 1 (healthiest) to 58 (least healthy) based on indicators that include: adult smoking, obesity, physical inactivity, excessive drinking, sexually transmitted infections, and others. A ranking of 50 for Merced County and 49 for Madera County puts them in the bottom quintile of California counties for healthy behaviors.

Health Behaviors Ranking

	County Ranking (out of 58)
Merced County	50
Madera County	49

Source: County Health Rankings, 2023. <http://www.countyhealthrankings.org>

Overweight and Obesity

33.6% of adults in the service area are obese, which is higher than the state rate (28.1%). Rates of obesity in service area cities ranged from 31.2% in Merced 95348 to 36.4% in Merced 95341.

Obesity, Adults, Ages 18 and Older

	ZIP Code	Percent
Atwater	95301	33.4%
Chowchilla	93610	36.1%
Merced	95340	31.9%
Merced	95341	36.4%
Merced	95348	31.2%
Winton	95388	35.0%
MMCM Service Area*		33.6%
Merced County		34.0%
California		28.1%

Source: For county and ZIP Codes: PolicyMap, utilizing the CDC's Behavioral Risk Factor Surveillance System (BRFSS), 2022 data. <https://www.policymap.com/> *Weighted average; calculated using 2018-2022 ACS adult population estimates.

Source: For California data U.S. CDC BRFSS, 2022 data: <https://www.cdc.gov/brfss/brfssprevalence/>

In Merced County, 29.1% of adults, 14% of teens, and 14.5% of children are overweight. Rates of overweight adults, children, and teens in Merced County are below state rates.

Overweight

	Merced County	California
Adults, ages 20 and older	29.1%	33.9%
Teens, ages 12-17†	14.0%	16.9%
Children, ages under 12	14.5%	15.4%

Source: California Health Interview Survey, 2021-2023 and †2019-2023, pooled. <https://healthpolicy.ucla.edu/our-work/askchis/>

While fewer adults and teens in the county are overweight than at the state level, a higher percentage are obese. The Healthy People 2030 objectives for obesity are for no more than 36% of adults, ages 20 and older, and 15.5% of children and teens, ages 2 to 19, to be obese. County adults (40.5%) and teens (22.9%) do not meet these objectives.

Obesity

	Merced County	California
Adults, ages 20 and older	40.5%	29.2%
Teens, ages 12-17†	22.9%	18.1%

Source: California Health Interview Survey, 2021-2023, pooled, and †2019-2023, pooled. <https://healthpolicy.ucla.edu/our-work/askchis/>

From 2012 to 2014, averaged, to 2021 to 2023, averaged, the rate of obesity among adults in Merced County increased by 9.9%, more than double the rate of increase statewide.

Obesity, Adults, Ages 20 and Older, 2012 – 2023

	2012-2014	2015-2017	2018-2020	2021-2023	Change 2012-2023
Merced County	30.6%	38.4%	36.1%	40.5%	9.9
California	25.8%	27.9%	28.3%	29.2%	3.4

Source: California Health Interview Survey, 2011-2023. <https://healthpolicy.ucla.edu/our-work/askchis/>

In Merced County, 75.1% of Black or African American adults, 73.2% of Latino adults, 69.9% of White adults, 60.2% of multiracial adults, and 41.1% of Asian adults are overweight or obese.

Overweight and Obesity, Adults, Ages 20 and Older, by Race and Ethnicity

	Merced County	California
Black or African American, non-Latino	75.1%	72.3%
Latino	73.2%	73.3%
American Indian or Alaska Native, non-Latino	**	72.8%
Native Hawaiian or Pacific Islander, non-Latino	**	70.5%
White, non-Latino	69.9%	59.1%
Multiracial, non-Latino	60.2%	59.5%
Asian, non-Latino	41.1%	40.7%
Total population	70.4%	62.6%

Source: California Health Interview Survey, 2018-2023. <https://healthpolicy.ucla.edu/our-work/askchis/> **Suppressed due to small sample size.

Soda or Sugar-Sweetened Beverage (SSB) Consumption

Among county children and adolescents, ages 2-17, 26.4% drank one or more glasses or cans of non-diet soda the day before and 60.3% drank one or more glasses or cans

of a sugar-sweetened beverage (SSB), other than soda, the day before. These rates are higher than in the state.

Consumed 1 or More Sugar-Sweetened Beverages (SSBs) or Sodas Yesterday, Ages 2-17

	Merced County	California
Drank ≥ 1 SSB other than soda yesterday, ages 2-17	60.3%	48.5%
Drank ≥ 1 sugar-sweetened soda yesterday, ages 2-17†	26.4%	22.2%

Source: California Health Interview Survey, 2021-2022, pooled. †2019-2020, pooled. <https://healthpolicy.ucla.edu/our-work/askchis/>

Adequate Fruit and Vegetable Consumption

In Merced County, 37.6% of teens, ages 12 to 17, eat five or more servings of fruits and vegetables daily (excluding juice and fried potatoes). This rate is higher than the statewide average (27.8%). The rate is higher for girls (45.4%) than for boys (40.5%), and higher among teens, ages 15 to 17 (41.1%), than youth, ages 12 to 14 (20.7%). 71.6% of county children and teens ate two or more servings of fruit the prior day. The rate is higher for girls (77.9%) than for boys (64.7%). Adequate fruit consumption decreased with age.

Five or More Servings Fruits or Vegetables Daily, Teens, Ages 12 to 17 At Least Two Servings of Fruit Daily, Children and Teens

	5 or More Servings of Fruits and Vegetables	2 or More Servings of Fruit
Male	*40.5%	*64.7%
Female	*45.4%	77.9%
Child, ages 2 to 4	N/A	*90.6%
Child, ages 5 to 11	N/A	*83.0%
Teen, ages 12 to 14	*20.7%	59.6%
Teen, ages 15 to 17	*41.1%	*58.3%
Merced County	37.6%	71.6%
California	27.8%	68.0%

Source: California Health Interview Survey, 2018-2020, pooled. <https://healthpolicy.ucla.edu/our-work/askchis/> N/A = Not asked.

*Statistically unstable due to sample size.

Physical Activity

Current recommendations for physical activity for adults include aerobic exercise (at least 150 minutes per week of moderate exercise, or 75 minutes of vigorous exercise) and muscle-strengthening (at least 2 days per week). For children and teens, the guidelines are at least an hour of aerobic exercise daily and at least 2 days per week of muscle-strengthening exercises.

When asked whether they had participated in any physical activities or exercise outside of work in the past month, 28.3% of service area adults had not engaged in any leisure-time physical activity. Residents of Merced 95341 were the most likely to have

been sedentary (34.7%), followed by Winton residents (32.2%).

No Leisure Time Physical Activity, Past Month, Adults, Age-Adjusted

	ZIP Code	Percent
Atwater	95301	27.0%
Chowchilla	93610	28.4%
Merced	95340	24.8%
Merced	95341	34.7%
Merced	95348	26.8%
Winton	95388	32.2%
MMCM Service Area*		28.3%
Merced County		30.5%
California		21.9%

Source: For county and ZIP Codes: PolicyMap, utilizing the CDC's Behavioral Risk Factor Surveillance System (BRFSS), 2022 data. <https://www.policymap.com/> *Weighted average; calculated using 2018-2022 ACS adult population estimates.

Source: For California data U.S. CDC BRFSS, 2022 data: <https://www.cdc.gov/brfss/brfssprevalence/>

Sedentary activities include time spent sitting and watching TV, playing computer games, talking with friends, or doing other sitting activities. Among Merced County children and teenagers, more than half (51.7%) spent five or more hours in sedentary activities on weekend days, which is higher than the state rate (34.5%).

Sedentary Children and Teens, Weekend Days, Ages 2-17

	Merced County	California
2 to <3 hours	*6.8%	20.4%
3 to <5 hours	*25.4%	29.2%
5 or more hours	51.7%	34.5%

Source: California Health Interview Survey, 2018-2020, pooled. <https://healthpolicy.ucla.edu/our-work/askchis/> *Statistically unstable due to sample size.

Proximity to exercise opportunities can increase physical activity in a community. 78% of Merced County residents live in close proximity to exercise opportunities, as compared to 94% for the state.

Adequate Access to Exercise Opportunities, 2020, 2022, and 2023 Combined

	Percent
Merced County	78%
California	94%

Source: County Health Rankings, 2024 ranking, utilizing 2020, 2022, and 2023 combined data. <http://www.countyhealthrankings.org>

Community Input – Overweight and Obesity

Stakeholder interviews identified the following issues, challenges and barriers related to overweight and obesity. Following are their comments edited for clarity:

- We need significant education on the quality and quantity of our food.
- We have limited parks and walking trails within the community.
- There are so many options for going hiking and nature walks where we live.

- There is not much space in the community for families to go out and do activities. There is also a cultural shift where kids are stuck on their phones or computers, so they are less active today than they were a couple of generations ago. Also, we have limited walking, running, and biking options. Unless you go along the canal, there is really nothing.
- There are very few healthy, fun and inexpensive activities for pre-teens and teenagers in our community.
- There is a big gap in the community in terms of access to nutritional services. There are food deserts where there's insufficient places to find healthier foods and people tend to have more access to junk foods.
- Improved access to nutritional counseling is important. Often, we are focused on the diagnosis and whether there is any medication required. We are not focusing on the prevention aspect, and that is where we can improve.
- We have seen food insecurity increase. Food has become more expensive and has become impossible to access. People have just given up and are just surviving.
- I used to go out in the community and do nutrition education. People don't know how to cut vegetables and put them in storage and prep and cook foods.

Sexually Transmitted Infections

In 2021, the rate of chlamydia in Merced County was 388.8 cases per 100,000 persons. The county rate of gonorrhea was 173 cases per 100,000 persons. The rate of primary and secondary syphilis for Merced County was 26.5 cases per 100,000 persons. The rate of early latent syphilis in the county was 7.4 cases per 100,000 persons. Late or unknown-duration syphilis in the county was 53.7 cases per 100,000 persons. Congenital syphilis is rising, in the county and statewide, with 174.3 cases per 100,000 live births in the county in 2021.

STI Cases and Rates, per 100,000 Persons or per 100,000 Live Births

	Merced County				California	
	Cases		Rate		Rate	
	2019	2021	2019	2021	2019	2021
Chlamydia	1,656	1,101	595.3	388.8	600.7	484.7
Gonorrhea	690	490	248.1	173.0	203.8	230.9
Primary and secondary syphilis	71	75	25.5	26.5	20.9	22.3
Early latent syphilis	21	21	7.5	7.4	21.1	21.7
Late/unknown duration syphilis	151	152	54.3	53.7	30.0	34.4
Congenital syphilis by year of birth	3	7	77.9	174.3	99.9	120.9

Source: California Department of Public Health, STD Control Branch, 2021 STD Surveillance Report.
<https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/STD-Data.aspx>

Teen Sexual History

In Merced County, 16.5% of teens, ages 14 to 17, whose parents gave permission for the question to be asked, reported they have had sex at least once. Approximately the same number of county girls as boys answered in the affirmative. At the state level, teen girls are more likely to say they have had sex than are teen boys.

Sexual Activity Teens, Ages 14-17

	Merced County	California
Ever had sex	16.5%	10.0%
Ever had sex, male	*15.1%	9.4%
Ever had sex, female	*15.3%	10.5%

Source: California Health Interview Survey, 2019-2023, pooled.. <https://healthpolicy.ucla.edu/our-work/askchis/> *Statistically unstable due to sample size.

HIV

From 2020 to 2022, the rate of new HIV cases in Merced County was 10.9 cases per 100,000 persons and increased from the 2017-2019 average of 9.7 new cases per 100,000 persons. In Merced County, 80.4% of diagnosed persons in 2019 were receiving care, and in 2022 the rate was 77.2%. Those who were virally suppressed decreased to 65.5%. The Ending the HIV Epidemic in the U.S. (EHE) goals are to increase linkage to care and viral suppression to 95% by 2025. Rates of death in the county among persons diagnosed with HIV fell from 2017-2019, averaged, to 2020-2022, averaged.

HIV, Cases and Rates, per 100,000 Persons, Three-Year Averages or As Indicated

	Merced County		California	
	2017-2019	2020-2022	2017-2019	2020-2022
Number of newly diagnosed cases	27	31	4,755	4,529
Rate of new diagnoses	9.7	10.9	12.0	11.3
Number of people living with HIV, 2019 and 2022	319	429	137,886	142,772
Rate of HIV, 2019 and 2022	113.3	148.6	346.8	355.6
Percent in care, 2019 and 2022	80.4%	77.2%	75.0%	73.7%
Percent virally suppressed, 2019 and 2022	66.0%	65.5%	65.3%	64.7%
Deaths per 100,000 HIV+ persons	3.0	2.8	4.6	5.4

Source: California Department of Public Health, Office of AIDS, California HIV Surveillance Report, 2019, 2021 & 2022. https://www.cdph.ca.gov/Programs/CID/DOA/Pages/OA_case_surveillance_reports.aspx

Mental Health

Mental Health Indicators

In Merced County, 23.5% of adults reported being told by a doctor, nurse, or other health professional they had depressive disorder. From 2021 through 2023, 18.8% of county adults had likely suffered from serious psychological distress in the prior year, and 12.5% said they had taken a prescription medication for two weeks or more for an emotional or personal problem during the past year. Rates of life impairment (in the spheres of family, social, and work life, as well as household chores) were higher in the county than in the state. The rate of teens who had experienced serious psychological distress in the past year (21.6%) was lower than in the state (30.1%).

Depression, Adults

Merced County	California
Told by health care professional they had depressive disorder, ever 23.5%	*20.6%

Source: U.S. Centers for Disease Control (CDC), Behavioral Risk Factor Surveillance System (BRFSS), PLACES Project 2024, 2022 data year.

https://data.cdc.gov/500-Cities-Places/PLACES-Local-Data-for-Better-Health-County-Data-20/swc5-untb/data_preview *Weighted average of county rates.

Mental Health Indicators

	Merced County	California
Adults who had serious psychological distress during past year	18.8%	15.7%
Adults taken prescription medicine at least 2 weeks for emotional/mental health issue in past year	12.5%	12.2%
Adults: family life impairment during the past year	27.8%	24.0%
Adults: social life impairment during the past year	28.4%	24.3%
Adults: household chore impairment during the past year	29.1%	23.8%
Adults: work impairment during the past year	29.8%	25.1%
Teens who had serious psychological distress during past year	21.6%	30.1%

Source: California Health Interview Survey, 2021-2023. <https://healthpolicy.ucla.edu/our-work/askchis/>

Frequent Mental Distress

Frequent Mental Distress is defined as 14 or more bad mental health days in the last month. In the service area, the rate of mental distress among adults was 19.8%, which was lower than the county rate (20.3%). Service area cities had rates ranging from 18.7% in Atwater and 18.8% in Merced 95340 to 21.8% of adults in Merced 95341 with frequent mental distress.

Frequent Mental Distress, Adults

	ZIP Code	Percent
Atwater	95301	18.7%
Chowchilla	93610	20.6%
Merced	95340	18.8%

	ZIP Code	Percent
Merced	95341	21.8%
Merced	95348	19.6%
Winton	95388	21.0%
MMCM Service Area*		19.8%
Merced County		20.3%
California		14.3%

Source: For county and ZIP Codes: PolicyMap, utilizing the CDC's Behavioral Risk Factor Surveillance System (BRFSS), 2022 data. <https://www.policymap.com/> *Weighted average; calculated using 2018-2022 ACS adult population estimates. For California data U.S. CDC BRFSS, 2022 data: <https://www.cdc.gov/brfss/brfssprevalence/>

Mental Health Care Access

From 2021 through 2023, 38.3% of Merced County teens needed help for emotional or mental health problems in the prior year, and 13.5% of teens received psychological or emotional counseling in the past year. 27.8% of adults in Merced County needed help for emotional-mental and/or alcohol-drug related issues in the past year. Among county adults who sought help, 43.5% received treatment. The Healthy People 2030 objective is for 68.8% of adults with a serious mental disorder to receive treatment (a maximum of 31.2% who do not receive treatment).

Tried to Access Mental Health Care in the Past Year

	Merced County	California
Teen who needed help for emotional or mental health problems in the past year	38.3%	33.5%
Teen who received psychological or emotional counseling in the past year	13.5%	19.5%
Adults who needed help for emotional-mental and/or alcohol-drug issues in past year	27.8%	25.0%
Adults, sought/needed help and received treatment	43.5%	56.4%
Adults, sought/needed help but did not receive	56.5%	43.6%

Source: California Health Interview Survey, 2021-2023 <https://healthpolicy.ucla.edu/our-work/askchis/>

Among county adults who had seen a professional in the past 12 months for problems with mental health, emotions or nerves, 31.7% visited a primary care physician only, and 22.2% visited a mental health professional only. 46.1% of those who had seen a professional had seen both a primary care physician and a mental health professional.

Type of Provider Giving Care for Mental and Emotional Issues in the Past Year, Adults

	Merced County	California
Primary care physician only	31.7%	22.1%
Mental health professional only	22.2%	38.8%
Both	46.1%	39.1%

Source: California Health Interview Survey, 2021-2023, pooled. <https://healthpolicy.ucla.edu/our-work/askchis/>

Among county adults and teens, 7.7% sought help from an online tool (mobile apps or texting services) for mental health, emotions, or use of alcohol and/or drugs in the past

12 months. 5.1% of adults and teens in the county connected online with a mental health professional, and 6.4% connected with people with similar issues or status. Female residents (8.9%) were more likely than males (6.6%) to seek help from an online tool, connect online with mental health professionals (5.9% vs. 4.5% for males), or connect online with peers (6.6% vs. 6.1%). In general, online mental health utilization declined with age.

Online Mental Health Utilization, Adults and Teens

	Merced County	California
Sought help from an online tool	7.7%	7.7%
Connected with a mental health professional online in last 12 months	5.1%	8.2%
Connected online with people with similar mental health or alcohol/drug status	6.4%	6.0%

Source: California Health Interview Survey, 2020-2022, pooled. <https://healthpolicy.ucla.edu/our-work/askchis/>.

Mental Health Providers

Mental health providers include psychiatrists, clinical psychologists, clinical social workers, psychiatric nurse specialists, and marriage and family therapists who meet certain qualifications and certifications. In Merced County, the ratio of residents to mental health providers is 417:1, compared to the state rate of 222 persons per mental health provider.

Mental Health Providers, Number and Ratio

	Merced County	California
Number of mental health providers	696	175,563
Ratio of population to mental health providers	417:1	222:1

Source: County Health Rankings, 2024; data from 2023. <http://www.countyhealthrankings.org>

Suicidal Ideation

In Merced County, 20.5% of adults indicated they had seriously thought about committing suicide.

Ever Seriously Thought About Committing Suicide, Adults

	Merced County	California
Ever seriously thought about committing suicide	20.5%	19.2%

Source: California Health Interview Survey, 2021-2023, pooled. <https://healthpolicy.ucla.edu/our-work/askchis/>

Suicidal ideation (ever) in Merced County is higher for women (17.2%) than men (14.3%), and is higher among residents who identify as bisexual (69.9%) or homosexual (42.7%), and lowest among those who identify as not sexual (3.9%) or heterosexual (10.5%). The rate of suicidal ideation in the county is highest in younger adults, ages 18 to 39. The highest rates are among multiracial residents (26.5%) and lowest among Black or African American residents (13.5%).

Suicidal Ideation, Adults, Merced County, by Demographics

	Merced County
Male	14.3%
Female	17.2%
Gay, lesbian, or homosexual	42.7%
Bisexual	69.9%
Heterosexual	10.5%
Not sexual/celebrate/none/other	*3.9%
18 to 24 years old	22.4%
25 to 39 years old	22.6%
40 to 64 years old	9.3%
65 to 79 years old	11.9%
80 or older	*4.3%
Multiracial or Other Race, non-Latino	26.5%
Asian, non-Latino	16.9%
White, non-Latino	16.3%
Latino	15.8%
Black or African American, non-Latino	13.5%
Total	16.0%

Source: California Health Interview Survey, 2019-2023, pooled. <https://healthpolicy.ucla.edu/our-work/askchis> *Statistically unstable due to sample size.

Among teens in the service area responding to the 2021-2022 and/or 2022-2023 California Healthy Kids Survey (in those area school districts choosing to participate), 13% to 24% had seriously considered attempting suicide in the past 12 months. Winton School District had the highest levels of suicide ideation for 7th graders (24%). 18% of Merced Union High School 9th graders and 15% of 11th graders said they had considered attempting suicide in the past year; no other area high school districts participated in the survey.

Seriously Considered Suicide, High School Students

	7 th Grade	9 th Grade	11 th Grade
Chowchilla Elementary School District	19%	N/A	N/A
Merced City Elementary School District	16%	N/A	N/A
Weaver Union Elementary School District*	13%	N/A	N/A
Winton School District*	24%	N/A	N/A
Merced Union High School District	N/A	18%	15%

Source: California Department of Education, California Healthy Kids Survey, 2022-2023 and *2021-2022. <https://data1.cde.ca.gov/dataquest/> N/A = Not Asked, or Not Applicable

Community Input – Mental Health

Stakeholder interviews identified the following issues, challenges and barriers related to mental health. Following are their comments edited for clarity:

- There is a lack of knowledge regarding the effects of adverse childhood experiences and its impact on physical and emotional health.
- Developing additional funds and support for effective CBOs providing emotional

based wellness could reduce overutilization of behavioral health and recovery services and would be a great return on investment in our community.

- Connecting someone to a mental health provider here within Merced County is virtually impossible because we don't have enough psychiatrists. Typically, they're referred to either a peer-to-peer type counselor or to a licensed social worker. Neither of who can provide medication. Our provider shortage is huge. We have clients who have been on a wait list for over a year. If we know someone is in crisis, we can move them up the queue, but that is for a real crisis. We have telehealth options, but a lot of these individuals need a personal touch to have a true impact and change. Virtual appointments are not working for them.
- You can see the community struggling. People are self-medicating, people are not resilient, and people do not know how to handle things. We've seen an uptick in cirrhosis of the liver in young people. Now we are seeing it in people as young as 30.
- In Merced, there's not a large population of clinicians. Traditionally our county has not paid very well when it comes to county-based mental health. And there are not a lot of people who want to work for County Mental Health. For adults, there are more options with telehealth. But some people want that human connection and being face to face. Others want anonymity.
- People are starting to realize that social and emotional wellness is just as important as physical wellness. They coexist and one benefits the other.
- If you're a kid that needs to be put on a hold, due to suicidal or homicidal ideation, you could be at the hospital for a month waiting for a bed to open somewhere in California or even the Reno area. There's no pediatric mental health facility. I don't think there's anything closer than Bakersfield for us.
- Patients struggle with the process of getting services, of being referred, getting a response back, and reaching someone to get an appointment.
- Even if we were able to fill all our clinical positions, we still would not have sufficient staffing to truly serve our Medi-Cal population. Not only is it a very difficult system to navigate, there's also a lack of providers.
- Post pandemic, we've seen a rise in the need for mental health services and there are just not enough providers in this community. In Merced County, we're predominantly a Hispanic population. We need to work on normalizing mental health. We've heard from our high school population that a lot of times when they talk to their parents about needing to access a psychiatrist or a psychologist, they're being turned down and told, no, you don't need that. There's a lot of shame and stigma around accessing mental health services.
- We have a very small inpatient facility called Marie Greens. They have eight beds available. People express fear about accessing services: I have to leave my family. I have to leave my community. People just don't want to do that.

- We saw an uptick in adolescent and youth mental health concerns, especially from Covid, due to the isolation, depression and anxiety. There are challenges to accessing outpatient and inpatient availability, especially for kids. The hospital ED becomes a holding ground for people suffering from a mental health crisis or mental health issues. They are not always evaluated in a timely manner to be moved to whatever level of care is required.
- Once we get a dad to come to the realization that getting screened for potential mental health illness is not something to be afraid of or ashamed of, you have a very small window to make that connection to resources. It's even more difficult when you talk about fathers of children who have behavioral health challenges. Dads just want to fix it and having that inability to fix it can make them feel incompetent and insecure in their role as a father. It is quite natural for one to retreat into a denial state, which is not healthy for the family, the child, or our community.
- If a parent needs to go see a therapist, they often must take their child with them, and that means taking them out of school for the day. That means trying to actively participate in a therapy session while meeting your child's needs.
- There are cultural stigmas around mental health. In our dad's group, when someone is presenting with challenges, if our clinician tells him about the importance of therapy, it will land to some degree. But if another dad in the group says I see how you feel, I went to therapy and this is how it affected my life, that is when you see a change. We need diverse messaging for our underserved communities that include Latino, African American, and Southeast Asian residents.
- We have many Latino community members and there is a constant fear of deportation. That is a major mental health threat for people. There is just so much uncertainty right now.
- There is less resilience overall in our community. People are very reactive. People are struggling with life overall and in finding a new normal.

Substance Use

Cigarette Smoking

The Healthy People 2030 objective for cigarette smoking among adults is 6.1%. In Merced County, 5.1% of adults smoke cigarettes, which is lower than the state rate, and meets the objective. 16.2% of county residents are former smokers. 52.6% of Merced County adult smokers were thinking of quitting in the next 6 months. 22.1% of Merced County adults, ages 18 to 65, had smoked an e-cigarette, and 4.2% had done so in the past month.

Smoking, Adults

	Merced County	California
Current smoker	5.1%	5.6%
Former smoker	16.2%	19.3%
Never smoked	78.8%	75.1%
Thinking about quitting in the next 6 months	52.6%	64.9%
Ever smoked an e-cigarette (all adults 18-65)	22.1%	21.0%
Smoked an e-cigarette in the past 30 days	4.2%	5.9%

Source: California Health Interview Survey, 2021-2023. <https://healthpolicy.ucla.edu/our-work/askchis/>

Cigarette smoking in Merced County is more common in men (5.6%) than in women (4.7%). While the low overall rate of smokers in the county makes rates unstable due to small sample sizes, the rate is highest among adults, ages 40 to 64. Cigarette smoking is less popular with younger adult residents and less common among senior adults.

Cigarette Smoking, Adults, Merced County, by Demographics

	Merced County
Male	5.6%
Female	4.7%
18 to 24 years old	**
25 to 39 years old	5.3%
40 to 64 years old	7.3%
65 to 79 years old	5.3%
80 or older	*2.9%
Total	5.1%

Source: California Health Interview Survey, 2019-2023, pooled. <https://healthpolicy.ucla.edu/our-work/askchis/> *Statistically unstable due to sample size. **Data suppressed due to small sample size.

No Merced County teen surveyed admitted to being a current smoker, and 0.5% had smoked an e-cigarette in the past 30 days. These rates are lower than state rates.

Smoking, Teens

	Merced County	California
Current cigarette smoker	*0.0%	0.7%
Smoked an e-cigarette in the past 30 days	*0.5%	2.8%

Source: California Health Interview Survey, 2020-2023. <https://healthpolicy.ucla.edu/our-work/askchis/> *Statistically unstable due to sample size.

Alcohol Use

Binge drinking is defined as consuming a certain amount of alcohol within a set period of time. For males this is five or more drinks per occasion and for females it is four or more drinks per occasion. Among service area adults, 17.7% reported having engaged in binge drinking in the previous 30 days. Rates of binge drinking ranged from 16.8% in Merced 95341, to 18.7% in Chowchilla. The Healthy People 2030 objective is for no more than 25.4% of adults to engage in binge drinking in the prior month.

Binge Drinking, Past 30 Days, Adults

	ZIP Code	Percent
Atwater	95301	18.0%
Chowchilla	93610	18.7%
Merced	95340	17.7%
Merced	95341	16.8%
Merced	95348	17.5%
Winton	95388	17.8%
MMCM Service Area*		17.7%
Merced County		17.7%
California		17.5%

Source: For county and ZIP Codes: PolicyMap, utilizing the CDC's Behavioral Risk Factor Surveillance System (BRFSS), 2022 data. <https://www.policymap.com/> *Weighted average; calculated using 2018-2022 ACS adult population estimates. For California data U.S. CDC BRFSS, 2022 data: <https://www.cdc.gov/brfss/brfssprevalence/>

Among county residents, men were more likely to say they engaged in binge drinking (16.1%) than women (15.2%). Rates were higher among gay or homosexual (38.9%) and bisexual (28.6%) residents than among straight or heterosexual residents (15.3%). Rates were highest among young adults, ages 18 to 24 (23.3%), and declined with age. Binge drinking is the lowest among residents living in poverty.

Binge Drinking, Adults, Previous Month, by Demographics

	Percent
Male	16.1%
Female	15.2%
Straight or heterosexual	15.3%
Gay, lesbian or homosexual	38.9%
Bisexual	28.6%
Not sexual/celibate/none/other	*0.0%
18 to 24	23.3%

	Percent
25 to 39	20.1%
40 to 64	14.5%
65 to 79	*7.0%
80 or older	*0.0%
0-99% FPL	4.5%
100-199% FPL	20.0%
200-299% FPL	19.5%
300% or above FPL	20.3%
Merced County	15.7%
California	18.3%

Source: California Health Interview Survey, 2021-2023 pooled. <https://healthpolicy.ucla.edu/our-work/askchis/> *Statistically unstable due to sample size.

25.2% of Merced County teens have tried alcohol, and 7.8% engaged in binge drinking in the past month. These are higher rates of alcohol use and abuse than state rates.

Teen Binge Drinking and Alcohol Experience

	Merced County	California
Teen binge drinking, past month	*7.8%	4.3%
Teen ever had an alcoholic drink	25.2%	22.3%

Source: California Health Interview Survey, 2019-2023, pooled. <https://healthpolicy.ucla.edu/our-work/askchis/> *Statistically unstable due to sample size.

Marijuana Use

Marijuana use became legal in the state of California (while remaining illegal at the Federal level) in 2017. 45.9% of Merced County adults interviewed said they had tried marijuana or hashish, which is lower than the state rate of 49.2%. Of those who had tried it, county adults were slightly more likely to have used marijuana in the previous month (37.2%, or 17.1% of the total population including those who've never tried it) than adults statewide (34.6%, or 17% of the total population). About a fifth of county adults who have tried marijuana said they last used it more than 15 years ago (20.7%).

Marijuana Use, Adults

	Merced County	California
Have tried marijuana or hashish	45.9%	49.2%
Used marijuana within the past month	37.2%	34.6%
Used marijuana within the past year but not within the past month	12.0%	16.6%
Used marijuana more than 15 years ago	20.7%	24.2%

Source: California Health Interview Survey, 2021-2023, pooled. <https://healthpolicy.ucla.edu/our-work/askchis/> .

8.7% of county teens said they had tried marijuana or hashish. Of those, only 6.8%, meaning less than 1% of all county teens, admitted to having used it within the past

month. The rates of teenage marijuana experimentation and usage are lower than state rates.

Marijuana Use, Teens

	Merced County	California
Have tried marijuana or hashish	*8.7%	10.1%
Used marijuana within the past month	*6.8%	50.5%

Source: California Health Interview Survey, 2021-2023 pooled. <https://healthpolicy.ucla.edu/our-work/askchis/> *Statistically unstable due to sample size.

Opioid Use

The rate of mortality from opioid overdose is lower for Merced County (15.2 deaths per 100,000 persons) than for the state (20.4 deaths per 100,000 persons), as is the rate of hospitalizations due to opioid overdose, excluding heroin (13.6 per 100,000 persons, versus 15 per 100,000 persons for the state). Emergency Department visits due to opioid overdose other than heroin overdose were also lower in Merced County (38.9 per 100,000 persons, versus 58.7 per 100,000 persons for the state). Despite these lower rates, the rate of opioid prescriptions in Merced County was higher (406.1 prescriptions per 100,000 persons) than the state rate (296 prescriptions per 100,000 persons).

Opioid Use, Age-Adjusted Rates, per 100,000 Persons (Prescriptions per 1,000 Persons)

	Merced County	California
Hospitalization rate for opioid overdose (excludes heroin)	13.6	15.0
ER visits for opioid overdose (excludes heroin)	38.9	58.7
Opioid prescriptions, per 1,000 persons	406.1	296.0

Source: California Office of Statewide Health Planning and Development, via CA Department of Public Health, California Opioid Overdose Surveillance Dashboard, 2024; data from 2023. <https://skylab.cdph.ca.gov/ODdash/>

Substance Use by Race and Ethnicity

In Merced County, from 2019 to 2023, 5.1% of adults reported being current smokers. Non-Latino White residents were more likely to be current smokers (10.6%) than were Asian residents (3.2%), Latino residents, or Black or African American (both 2.5%) residents.

From 2019 to 2023, 16.1% of Merced County adults said they had used marijuana during the prior month. Rates of marijuana use were highest among Black or African American residents (24.7%), multiracial residents (24%) and White residents (23%), and lowest among Asian residents (6.5%).

From 2021 to 2023, 15.7% of adults in Merced County engaged in binge drinking during the prior month. The rates were highest among Latino residents (18.9%), and lowest among Asian residents (2.4%).

Cigarette Smoking, Binge Drinking and Marijuana Use, Adults, by Race, 5-Year Average

	Current Smoker	Current Marijuana Use	Binge Drinking, Prior Month†
Latino	2.5%	13.2%	18.9%
White	10.6%	23.0%	14.8%
Multiracial	*0.3%	*24.0%	*13.8%
Black or African American	*2.5%	24.7%	*10.9%
Asian	*3.2%	*6.5%	*2.4%
Merced County, all races	5.1%	16.1%	15.7%

Source: California Health Interview Survey, 2019-2023 or †2021-2023, pooled. <https://healthpolicy.ucla.edu/our-work/askchis/>

*Statistically unstable due to sample size.

Community Input – Substance Use

Stakeholder interviews identified the following issues, challenges and barriers related to substance use. Following are their comments edited for clarity:

- It hasn't helped our community to have marijuana dispensaries available. The prevalence of marijuana filters down into high schools and junior high schools.
- The drug of choice is meth and fentanyl. Trying to link people to limited resources is difficult. We are also seeing an increase in youth, ages 18-20, who are actively using.
- The use of fentanyl and marijuana among minors is out of control. 3rd and 4th graders are vaping in school. It is something new in the past couple of years. They have sensors in the bathroom, but they don't always go off. If it is a big enough issue that you are putting sensors in your bathroom, then you know it is an emerging issue.
- A lot of our homeless individuals are self-medicating with meth.
- We are seeing the potency of drugs increase, which is leading to a lot of significant issues. For example, fentanyl is an issue among our community and among our youth. We are monitoring the overdose rate as well as issues surrounding substance use disorder. We are seeing, for reasons not yet known, those issues are being concentrated more in certain parts of the county.
- We don't have the residential treatment facilities in our county for the type of high level need we are experiencing. So, we have to either send them somewhere else or they are not able to access that service. A lack of providers is an issue. A lack of services throughout the continuum is also an issue. And for those with commercial insurance, that is even more challenging because we don't have anything locally.
- The state health assessment shows that drug overdose is the first primary killer of 20- to 45-year-olds. Hospitals can help through navigators. Once someone comes in and is handled for an overdose, they can be steered toward providers. We also need to have more substance use providers.
- Our primary care area doesn't get adequate training to be able to provide the level of care needed. It is becoming a larger and larger problem.
- Addressing addiction without good connections is almost impossible. We need to address the underlying issues. The reality is most Americans are probably taking

some kind of drug to manage their mental health, whether legal or illegal.

Preventive Practices

Flu Vaccines

The Healthy People 2030 objective is for 70% of the population to receive a flu shot. 35.9% of Merced County adults received a flu shot during the 2021 survey.

Flu Vaccines

	Merced County	California
Received flu vaccine, ages 6 mo. to 17 years	N/A	60.1%
Received flu vaccine, ages 18 to 64 years	35.9%	34.5%
Received flu vaccine, ages 65 and older		64.7%

Source: U.S. Centers for Disease Control (CDC), FluVaxView Interactive!, 2021 survey year (for county), 2021-2022 season (for California). N/A = Not Available. <https://www.cdc.gov/fluview/interactive/general-population-coverage.html>

Immunization of Children

The rate of compliance with childhood immunizations upon entry into kindergarten was 95.4% for Merced County. Rates ranged from 73% in Merced River Union Elementary School District to 97.9% in McSwain Union Elementary District and Winton School District. Atwater Elementary (95.1%), Alview-Dairyland Union Elementary (94.3%), and Chowchilla Elementary (91.5%) School Districts had lower rates than the county rate of student immunizations.

Up-to-Date Immunization Rates of Children Entering Kindergarten, 2021-2022*

School District	Immunization Rate
Alview-Dairyland Union Elementary School Dist.	94.3%
Atwater Elementary School District	95.1%
Chowchilla Elementary School District	91.5%
McSwain Union Elementary School District	97.9%
Merced City Elementary School District	96.3%
Merced River Union Elementary School District	73.0%
Plainsburg Union Elementary School District	N/A
Weaver Union Elementary School District	96.7%
Winton School District	97.9%
Merced County*	95.4%
California*	93.6%

Source: California Department of Public Health, Immunization Branch, 2021-2022. *For those schools where data were not suppressed due privacy concerns over small numbers. N/A = Suppressed due to fewer than 20 enrollees.

<https://data.chhs.ca.gov/dataset/school-immunizations-in-kindergarten-by-academic-year>

Mammograms, Pap Smears, and Colorectal Screenings

The Healthy People 2030 objective for mammograms is for 80.3% of women, between the ages of 50 and 74, to have a mammogram in the past two years. In the service area, 69.5% of women had obtained mammograms in the prior two years, which did not meet this objective.

The Healthy People 2030 objective for Pap smears is for 79.2% of women, ages 21 to 65, to have a Pap smear in the past three years. 77.9% of women, ages 21 to 65, having had a cervical cancer screening in the prior 3 years, which did not meet this objective.

For colorectal cancer screenings, the Healthy People 2030 objective for adults, ages 50 to 75 years old, is for 68.3% to obtain a screening (defined as a blood stool test in the past year, sigmoidoscopy in the past five years plus blood test in the past three years, or colonoscopy in the past ten years). 53% of service area residents, ages 50-75, met the colorectal cancer screening guidelines. The service area has a lower rate than the county (53.2%) and state (61.5%) and does not meet the Health People objective.

Mammogram in the Past 2 Years, Women, Ages 50-74, 2-Year Average, Pap Test Past 3 Years, Women, Ages 21-65, Screening for Colorectal Cancer, Adults, Ages 50-75

	ZIP Code	Mammograms	Pap Smears †	Colorectal Cancer Screenings
Atwater	95301	70.0%	79.5%	55.5%
Chowchilla	93610	72.9%	80.4%	53.9%
Merced	95340	70.2%	79.5%	57.3%
Merced	95341	65.7%	74.0%	45.9%
Merced	95348	69.4%	76.4%	52.6%
Winton	95388	68.0%	76.2%	48.2%
MMCM Service Area*		69.5%	77.9%	53.0%
Merced County		68.9%	78.3%	53.2%
California		76.5%	79.3%	61.5%

Source: For county and ZIP Codes: PolicyMap, utilizing the CDC's Behavioral Risk Factor Surveillance System (BRFSS), 2022 or †2020 data: <https://www.policymap.com/> *Weighted average; calculated using 2018-2022 ACS adult population estimates. For California data U.S. CDC BRFSS, 2022 or †2020 data: <https://www.cdc.gov/brfss/brfssprevalence/>

Community Input – Preventive Practices

Stakeholder interviews identified the following issues, challenges and barriers related to preventive practices. Following are their comments edited for clarity:

- People are becoming hesitant about some of the more proven vaccines that have a track record of efficacy because of some of the inconsistencies and the damage done by some of the COVID vaccines. Some people are now rebelling against MMR vaccines and polio.
- There is an uptick and concern around HIV and STIs. We are getting more diagnoses and seeing it in new young populations.
- I think in the past couple of years there's been better collaboration between outside agencies, like the health department and schools to lean on each other and get the word out. There is more sharing of information. People are better connected now and are pushing resources out there.
- People were afraid to get the Covid vaccine. We need better education on why vaccines are necessary. Older people know what polio can do, but generations

behind us have not experienced that.

- With our Latino community we have been working with promotoras who serve as our cultural bridge and trusted messengers.
- We are seeing a decrease in people getting routine immunizations. Even for adults, we are seeing fewer people readily access flu shots.
- We're seeing fewer parents consenting to immunizations and boosters for their adolescents.
- In our community, prevention is not a priority. Priorities are paying the rent, keeping the power on, keeping the kids fed. People would just rather not know the reality that they could be facing a terminal illness.
- Our community is not vaccine friendly. More and more kids are sick and chronic absenteeism is high in Merced.
- We see individuals who don't go to the doctor or can't get into the doctor but want their prescriptions filled.
- A woman I know had a child who needed an immunization. She had to take all her kids out of school, take the bus, go downtown to the doctor, see the doctor for 5 minutes, and take the bus back home. It was a 5-hour ordeal. The kids missed a day of school. But she couldn't make it back in time to pick the kids up from school.

Prioritized Description of Significant Health Needs

The identified significant community needs were prioritized with input from the community. Interviews with community stakeholders were used to gather input on the significant needs. The following criteria were used to prioritize the significant needs:

- The perceived severity of a health or community issue as it affects the health and lives of those in the community
- Improving or worsening of an issue in the community
- Availability of resources to address the need
- The level of importance the hospital should place on addressing the issue

The stakeholder interviewees were sent a link to an electronic survey (SurveyMonkey) in advance of the interview. The stakeholders were asked to rank each identified need. The percentage of responses were noted as those that identified the need as having severe or very severe impact on the community, had worsened over time, and had a shortage or absence of resources available in the community. Not all respondents answered every question; therefore, the response percentages were calculated based on respondents only and not on the entire sample size. Economic insecurity, housing and homelessness, mental health, and overweight and obesity had the highest scores for severe and very severe impact on the community. Housing and homelessness, mental health, and economic insecurity were the top three needs that had worsened over time. Housing and homelessness, access to health care, economic insecurity, mental health, and overweight and obesity had the highest scores for insufficient resources available to address the need.

Significant Health Needs	Severe and Very Severe Impact on the Community	Worsened Over Time	Insufficient or Absent Resources
Access to health care	92.3%	46.2%	92.3%
Birth indicators	46.2%	15.4%	84.6%
Chronic disease	92.3%	53.9%	84.6%
Economic insecurity	100%	69.2%	92.3%
Food insecurity	92.3%	53.9%	76.9%
Housing and homelessness	100%	76.9%	100%
Mental health	100%	76.9%	92.3%
Overweight and obesity	100%	38.5%	92.3%
Preventive practices	53.9%	30.8%	30.8%
Substance use	84.6%	61.5%	84.6%
Violence and injury prevention	53.8%	15.3%	53.9%

The interviewees were also asked to prioritize the health needs according to the highest level of importance in the community. The total score for each significant need (possible score of 4) was divided by the total number of responses for which data were provided, resulting in an overall score for each significant need. Economic insecurity, access to health care, chronic disease, mental health, and housing and homelessness were ranked as the top five priority needs in the service area. Calculations resulted in the following prioritization of the significant needs.

Significant Needs	Priority Ranking (Total Possible Score of 4)
Economic insecurity	3.92
Access to health care	3.85
Chronic disease	3.85
Mental health	3.77
Housing and homelessness	3.69
Food insecurity	3.62
Substance use	3.62
Preventive practices	3.54
Overweight and obesity	3.46
Birth indicators	3.38
Violence and injury prevention	3.38

Resources to Address Significant Health Needs

Community stakeholders identified community resources potentially available to address the identified community needs. This is not a comprehensive list of all available resources. For additional resources refer to 211 Merced County www.211merced.org/.

Significant Health Needs	Community Resources
Access to care	211, Alianza Nacional de Campesina, Alpha Pregnancy Help Center, Bi-National Health Week, California Health Collaborative, Castle Family Health Centers, Central California Alliance for Health, Communities for a New California, Community Health Centers of America, Cultiva Central Valley, First 5, Golden Valley Health Centers, Healthy House, Lenae's Lactation, Livingston Community Health, United Way
Birth indicators	All Dads Matter Bootcamp for New Dads, All Moms Matter Bootcamp for New Moms, Alpha Pregnancy Help Center, Breastfeeding Café Support Group, Breastfeeding Warm Line, Castle Family Health Centers, CDC Milestone Checklist, Challenged Family Resource Center, Community Health Centers of America, First 5, Golden Valley Health Centers, Head Start Merced, Lenae's Lactation, Livingston Community Health, Merced Breastfeeding Network, Merced County Alcohol and Drug Services Perinatal Program, Merced County Family Health Services, Nursing Nook
Chronic diseases	ACE Overcomers, Adverse Child Experiences Informed Network of Care, California Health Collaborative, Castle Family Health Centers, Challenged Family Resource Center, Community Health Centers of America, Cultiva La Salud, Every Woman Counts, Golden Valley Health Centers, Livingston Community Health, Merced County Area Agency on Aging
Economic insecurity	211, Alianza Nacional de Campesina, Alpha Pregnancy Help Center, Catholic Charities, Central California Alliance for Health, Central Valley Community Foundation, Central Valley Opportunity Center, Communities for a New California, Community Foundation, First 5, Goodwill, Head Start Merced, Help Me Grow, LifeLine CDC, Love Inc., Merced County Area Agency on Aging, North Valley Thrive, Puentes Program, Tzu Chi USA, United Way, Valley Onward, Women, Infants and Children (WIC) Merced County, Worknet Merced County
Food insecurity	18th Street People's Garden, 211, Alpha Pregnancy Help Center, Community Foundation, County Nutrition Action Plan Coalition, Cultiva La Salud, First 5, Food. Para todos, Harvest Time, Head Start Merced, Help Me Grow, Hlub Hmong Center, LifeLine CDC, Love Inc., Merced County Area Agency on Aging, Merced County Food Bank, People's Fridge, Second Harvest of the Greater Valley, St. Vincent De Paul, United Way, Valley Onward, Women, Infants and Children (WIC) Merced County
Housing and homelessness	211, Central California Alliance for Health, Community Action Agency, County Distributive Housing, D Street Shelter, Mary's Mantle Maternity Home, Merced Community Assistance Recovery Enterprise (CARE), Merced County Rescue Mission, New Direction, Salvation Army, Sierra Saving Grace Homeless Project, Twelve Thirteen, United Way

Significant Health Needs	Community Resources
Mental health	988 Suicide and Crisis Line, ACE Overcomers, Adverse Child Experiences Informed Network of Care, All Dads Matter Fatherhood Program, California Health Collaborative, Castle Family Health Centers, Challenged Family Resource Center, Coalition for Digital Wellness, Community Health Centers of America, Community United by Empowerment (CUBE), Golden Valley Health Centers, LifeLine CDC, Livingston Community Health, Los Banos Clinic, Love Inc., Marie Green Center Merced Community Assistance Recovery Enterprise (CARE), Merced County Behavioral Health and Recovery Services, Merced County Crisis Stabilization Services, Merced County Department of Public Health, Merced County Trauma & Resilience Network, Merced Lao Family Community, Inc., National Alliance on Mental Illness (NAMI), PACES Connection, Salvation Army, Westside Community Counseling Center, Youth Outreach and Learning Institute (YOALI)
Overweight and obesity	Boys and Girls Club, California Health Collaborative, Castle Family Health Centers, Community Health Centers of America, County Nutrition Action Plan, County Nutrition Action Plan Coalition, Cultiva La Salud, Golden Valley Health Centers, Livingston Community Health, Merced County Department of Public Health
Preventive care	Adverse Child Experiences Informed Network of Care, Alpha Pregnancy Help Center, Bi-National Health Week, California Health Collaborative, Castle Family Health Centers, Central California Alliance for Health, Coalition for Digital Wellness, Community Foundation, Community Health Centers of America, Cultiva Central Valley, First 5, Golden Valley Health Centers, Head Start Merced, Healthy House, Help Me Grow, Livingston Community Health, Merced County Department of Public Health, Merced County Family Health Services, Merced County Trauma & Resilience Network, Women, Infants and Children (WIC) Merced County
Substance use	Adverse Child Experiences Informed Network of Care, Aegis Treatment Center, Castle Family Health Centers, Community Counteracting Tobacco Coalition, Community Health Centers of America, Community United by Empowerment (CUBE), Golden Valley Health Centers, Hobie House, Livingston Community Health, Los Banos Clinic, Maynard's Recovery Center, Merced Community Assistance Recovery Enterprise (CARE), Merced County Alcohol and Drug Services Perinatal Program, Merced County Behavioral Health and Recovery Services, Merced Lao Family Community, Inc., Recovery Assistance for Teens (RAFT), Salvation Army, The Center, Tranquility Village
Violence and injury prevention	Alianza Nacional de Campesina, California Health Collaborative, Child Abuse Prevention Center, Cultiva La Salud, Healthy Alternatives to Violent Environments (HAVEN), Merced Lao Family Community, Inc., Valley Crisis Center, Victim-Witness Assistance Office

Impact of Actions Taken Since the Preceding CHNA

In 2022, Mercy Medical Center Merced conducted the previous CHNA, and significant health needs were identified from issues supported by primary and secondary data sources. The hospital Implementation Strategy associated with the 2022 CHNA addressed access to health care, chronic disease, infant and maternal health, injury and violence, nutrition, physical activity and weight, oral health, and social determinants of health through a commitment of community benefit programs and resources. The following activities were undertaken to address these selected significant health needs since the completion of the 2022 CHNA.

Access to Health Care

Strategy or Program Name	Summary Description
Family Practice Clinic	This UC Davis Residency program affiliated clinic primarily served Medi-Cal and underinsured patients.
Financial Assistance Program	Financial assistance was provided to uninsured and underinsured patients.
General Medicine Clinic	This clinic provided rotating specialty physicians who served the underinsured, working poor, and patients with Medi-Cal coverage.
Kids Care Pediatric Clinic	This pediatric and obstetric clinic primarily served managed Medi-Cal and underinsured patients.

Chronic Diseases

Strategy or Program Name	Summary Description
Accessible Yoga	Provided a modified yoga program tailored to cancer patients' physical abilities.
American Cancer Society Collaborative	The Collaborative Action Plan is a partnership with ACS and the cancer center. Provided educational materials and the Reach to Recovery program.
Asthma Awareness and Education Outreach	Partnered with community groups such as the Tobacco Coalition, Asthma Coalition and other health collaboratives to raise asthma awareness. Provided education via health presentations, health screening events, and health fairs.
Asthma Self-Management Program	This workshop provided tools, knowledge and resources to better manage asthma.
Cancer Support Group	This support group was open to any person affected by cancer; patient or family member, regardless of where they received treatment.
COVID-19 Community Outreach	Partnered with CBOs and provided education and access to preventive measures, including PPE, and vaccination clinics.
Diabetes Education and Empowerment Program (DEEP)	An evidenced-based self-management program that helped participants take control of their diabetes and

Strategy or Program Name	Summary Description
	reduce the risk of complications. This program focused on low-income, racial and ethnic minority populations. Through surveys and self-reports there were positive outcomes in the reduction of hospitalizations and A1c numbers among program participants.
Diabetes Support Group and Educational Program	Weekly diabetes education sessions were provided via Zoom, phone, and in-person in English and Spanish. These sessions provided education and the opportunity for participants to offer each other support.
Kindness Box Program	Food box program provided touchless food delivery front door service for cancer patients and their families. Over 11,000 “Kindness Boxes” for food insecurity were distributed or delivered for a total of 5,200 occurrences.
Mercy UC Davis Cancer Center	Provided oncology care to the community. Partnered with the American Cancer Society for outreach programs and support services. Collaborated within the community to provide cancer screening events. Provided cancer patients with access to synthetic wigs and head coverings at no cost.
National Diabetes Prevention Program (DPP)	Partnership with the Center for Disease Control offered participants a year-long lifestyle coach program.
Stroke Support and Resource Class	Monthly meetings offered individuals information on preventing strokes, coping with disabilities and changes after a stroke, and support for caregivers.
Tobacco Cessation Clinics	Through the American Lung Association’s Freedom from Smoking Clinics, provided clinic sessions to prepare community members to quit tobacco use
Transportation Program	A comprehensive assistance program assisted cancer patients with navigating benefits, resources and other programs to secure transportation for treatment.

Infant and Maternal Health

Strategy or Program Name	Summary Description
Baby Café	Childbirth Educators and Lactation Consultants from Mercy Medical Center and Merced County WIC facilitated this support group. New and experienced moms helped each other with challenges they encountered with breastfeeding and postpartum depression, and celebrated their successes.
Maternal and Infant Care Education	Pregnant women and their families were provided with educational opportunities and resources to improve birth outcomes.
Prenatal Yoga	Incorporated stretching, mental centering and focused breathing to reduce stress, improve sleep and improve flexibility and strength.

Strategy or Program Name	Summary Description
California Lactation Coalition and the Merced County Breastfeeding Network	Hospital staff participated in these collaborative efforts to increase breastfeeding.

Injury and Violence

Strategy or Program Name	Summary Description
Human Trafficking Community Awareness Work	Multiagency partners within the Merced County Human Trafficking Coalition worked toward addressing community violence, included sex, labor, and domestic servitude etc.
Medical Safe Haven	Worked with the Valley Crisis Center and developed a multifaceted program with a whole person approach to provide medical care to those experiencing human trafficking. The program provided access to counseling, support, vocational programs, housing and well-being programs.

Nutrition, Physical Activity and Weight

Strategy or Program Name	Summary Description
Community Grants Program	Grant funds were awarded to nonprofit organizations, which increased physical activity and provided nutritious food.
Walk with Ease	A six-week program for individuals with arthritis. The classes were held three times a week for six weeks and increased physical activity, balance and strength, focusing on ways to reduce risk of injury, falls and pain.
Yoga	Community exercise classes were offered weekly for adults of all fitness levels to increase balance, strengthen muscles, maintain flexibility and relieve stress.
Zumba	Community group exercise classes were offered weekly for adults of all fitness levels.

Oral Health

Strategy or Program Name	Summary Description
BHW/Tzu Chi Dental and Medical Clinic	Large collaborative with multiple cross-sector community partners provided access to dental services including, cleanings, exams, x-rays, fillings and extractions.

Social Determinants of Health

Strategy or Program Name	Summary Description
Community Grants Program	Grant funds were awarded to nonprofit organizations, which improved the health and well-being of vulnerable and underserved populations.
Connected Community Network (CCN)	A network of members provided resources, programs and services through a bidirectional electronic platform. Allowed health care providers to refer their patients to supportive services to improve outcomes.

Attachment 1: Benchmark Comparisons

Where data were available, the hospital service area health and social indicators were compared to the Healthy People 2030 objectives. Healthy People identifies public health priorities to help individuals, organizations, and communities across the United States improve health and well-being. The **bolded items** are Healthy People 2030 objectives that did not meet established benchmarks; non-bolded items met or exceeded the objectives.

Indicators	Service Area Data	Healthy People 2030 Objectives
High school graduation rate	89.8% - 95.9%	90.7%
Child health insurance rate	96.0%	92.4%
Adult health insurance rate	87.5%	92.4%
Unable to obtain medical care	8.1%	5.9%
Ischemic heart disease deaths	86.2	71.1 per 100,000 persons
Cancer deaths	137.0	122.7 per 100,000 persons
Colon/rectum cancer deaths	13.9	8.9 per 100,000 persons
Lung cancer deaths	29.4	25.1 per 100,000 persons
Female breast cancer deaths	20.9	15.3 per 100,000 persons
Prostate cancer deaths	20.4	16.9 per 100,000 persons
Stroke deaths	41.7	33.4 per 100,000 persons
Unintentional injury deaths	56.9	43.2 per 100,000 persons
Suicides	9.8	12.8 per 100,000 persons
Liver disease (cirrhosis) deaths	17.9	10.9 per 100,000 persons
Homicides	9.2	5.5 per 100,000 persons
Overdose deaths involving opioids	15.2	13.1 per 100,000 persons
Infant death rate	4.2	5.0 per 1,000 live births
Adult obese, ages 20 and older	40.5%	36.0%, adults ages 20+
Teens, 12 to 17 years, obese	22.9%	15.5%, children & youth, 2 to 19
Adults with a serious mental disorder who receive treatment	43.5%	68.8%
Adults engaging in binge drinking	17.7%	25.4%
Cigarette smoking by adults	5.1%	6.1%
Pap smears, ages 21-65, screened in the past 3 years	77.9%	79.2%
Mammogram, ages 50-74, screened in the past 2 years	69.5%	80.3%
Colorectal cancer screenings, ages 50-75, screened per guidelines	53.0%	68.3%
Annual adult influenza vaccination	35.9%	70.0%

Attachment 2: Community Stakeholder Interviewees

Community input was obtained from interviews with stakeholders from community agencies and organizations that represent medically underserved, low-income, and/or minority populations.

Name	Title	Organization
Leslie Abasta-Cummings, MPH	Chief Executive Officer	Livingston Community Health
Janet Apling Kasper	Director of Community Impacts	United Way of Merced County
Andrea Barriga	Practice Manager	Valley Children's Olivewood Pediatrics Practice
Monika Grasley	Executive Director	Lifeline CDC
Lamar Henderson	Family Services Supervisor, All Dads Matter Fatherhood Program	Merced County Human Services Agency
Dave Lockridge	Founder and Chief Executive Officer	ACE Overcomers
Ronita Margain	Community Engagement Director	Central California Alliance for Health
Peter Mojarras, MA	Chief Executive Officer	Castle Family Health Centers
Fanta Nelson	Nursing Division Manager	Merced County Public Health
Marie Pickney, MPH, CHES	Program Manager; Consultant	First 5 Merced County; Merced County Food Bank
Stergios Roussos, PhD, MPH	Chief Executive Officer	Community Initiatives for Collective Impact
Salvador Sandoval, MD, MPH	County Health Officer	Merced County Department of Public Health
Ignacio A. Santana, MD, MPH	Assistant Health Officer	Merced County Department of Public Health
Kevin Smith, MA, LEP	Director Special Education	Merced City School District
Kimiko Vang, DSW, LCSW	Director	Merced County Behavioral Health and Recovery Services

Attachment 3: Community Stakeholder Interview Responses

Each interview began by asking participants to name the most significant health issues or needs in the community. Responses included:

- A lack of awareness and the effects of adverse childhood experience, homelessness, and Emergency Departments (ED) that are overwhelmed.
- Housing, food insecurity, unemployment.
- Homelessness is rampant here. We have a lot of students in our school districts who are considered homeless. And I think that mental health resources for kids are lacking in this community.
- Pediatrics, access to care, mental health services, optometry, and transportation.
- I'm seeing an increase in the lack of medical professionals for people who are over the age of 70. They seem to be falling through the cracks, and that population is becoming one of our larger homeless populations in the area.
- Access to health care.
- Access to care, every specialty. Even primary care access has been difficult in the past year.
- We have a lot of people who leave the community to access care because they can't get care locally.
- Behavioral health services. The system feels like it is overwhelmed.
- Transportation is an issue as we are a rural community in many ways.
- We see chronic diseases that are presenting later than they should and we lack sufficient health care providers in all fields.
- Chronic illnesses have gotten increasingly worse. We are seeing higher rates of diabetes and related issues around obesity and nutrition related disorders. Also, high poverty and a lack of good jobs.
- We see delays in care, a lot of noncompliance with medication management and chronic diseases, ongoing issues with substance abuse, and access to specialists. When we refer patients to specialists, we find they often will miss their appointments. It may be because of transportation issues.
- Access to consistent health care. We have a number of clinics here, but you don't ever get to see the same doctor twice. That has a negative effect on our community members.
- We lack access to healthy foods and mental health care.
- Childcare is a need and getting timely developmental delay screenings. Mental health for postpartum mothers.

Interview participants were asked what factors or conditions contribute to those health issues (e.g., social, racial, cultural, structural, behavioral, environmental) Their responses included:

- There is the belief that you can go to the ED for any non-emergent condition.
- A lot of substance abuse, lack of jobs and employment resources. Substance abuse is increasing in our homeless population.
- It is a socially and economically depressed area. It's not the poorest county or area in the state, but we are not where we should be compared to Fresno, San Joaquin or Stanislaus Counties. We have a lot of agriculture in our community.
- Kids are having vision issues at school, and they can't get into optometric services in the area.
- Most senior adults are on fixed incomes. A lot of times a senior will find a roommate who is younger and then they end up being exploited. Seniors are afraid to tell family members they cannot afford their groceries and medications, so then they stop taking their medications.
- We face recruitment issues with physicians in our community.
- We lack primary care and that is contributing to health disparities with diabetes, hypertension, and asthma. Also, we don't have a lot of medical office space from a real estate perspective.
- A lack of gainful employment and access to private insurance.
- There is a lot of poverty in the area. The Central Valley or San Joaquin Valley has a lower standard of living and income. There's a tendency for providers, when they finish their training, to go to more populated areas like the Bay Area or Southern California.
- We need to recruit better employers into the area. That is happening, but employers are telling us they aren't going to come because our local workforce isn't ready. People would like to come here because they are attracted to the University and the high-speed rail and the low cost of housing. But we don't have the workforce.
- We have high unemployment rates, so people can't pay for what they need, especially healthy food. In some areas of our county there is an abundance of places to eat and get food. And then in other areas, there is a food desert.

Who or what groups in the community are most affected by these issues? (e.g., youth, older residents, racial/ethnic groups, LGBTQ, persons experiencing homelessness, veterans, specific neighborhoods). Responses included:

- The lower socioeconomic neighborhoods are significantly impacted by adverse childhood experiences, health challenges, and homelessness. Although, adverse childhood experiences are an equal opportunity offender, regardless of your socioeconomic status. Abuse, neglect and household dysfunction cut across all neighborhoods.
- Pediatrics.
- It is impacting everyone. We have over 50% of our population on Medi-Cal here.

- Fathers, youth, rural areas. Impoverished African American families are falling in that gap.
- It spans all age groups.
- Older residents particularly.
- Low-income moms.

Stakeholders were asked about community members who were impacted by climate hazards. In the past three years, area residents have been impacted by extreme heat, wildfires and/or wildfire smoke, drought, flooding, water quality, insect infestations and West Nile virus. If your clients were impacted by a climate hazard event, tell us how it impacted their quality of life and wellbeing (health, economic stability, housing, mental health, etc.)?

- In central California we have experienced flooding in many neighborhoods. Also, fires have displaced a great number of people in the Mariposa area.
- Last year we experienced a flood in Planada. It flooded the whole community. They had to bring in boats to rescue and evacuate the whole town. Mental health was an issue because some people lost everything. Also, for those who went back, there was an uptick in mold within the homes.
- With the floods we had in Merced County, we are seeing individuals struggling with mold in their homes, which is complicating their asthma. Also, there were a lot of migrant workers who were impacted, and they are not qualified for FEMA relief.
- A levee broke that caused severe flooding for one of our communities last year. People had to leave their homes, they lost most of their belongings, and most of them were on Medi-Cal. The only health clinic available in that area had to shut down for months as well. Accessing care in other areas was difficult.
- The flooding caused a massive amount of damage and displacement.
- The flooding caused a lot of disruption. Farm workers were displaced, and some of them had to stay in temporary housing, which was the seasonal housing for farmworkers, which caused problems when the seasonal workers came in. Climate change has had a detrimental impact, especially for people who work outside, because of poor air quality. Also, it affects students when they're out playing sports because of poor air quality days from wildfires and extreme temperatures.
- We have extreme heat. People who are working in the fields come in for heat exhaustion because they don't drink enough water.
- It has been a crazy couple of years here in the Central Valley. Drought, floods. Also, we have people who have lived in their home for decades and many are not able to maintain the upkeep of their homes. So, we see infestations of termites and rats.

What are the greatest needs or challenges facing children, pregnant women or new moms in the community?

- Housing and food insecurity.
- Parents will seek services in the ED if they can't get services in a timely manner, within the recommended one to three days.
- New mothers with postpartum depression are not going in and getting adequate care.
- We have a lot of requests for doulas and midwives, but there's a shortage.
- We do not have sufficient OB care. Also, there is not enough parent education. We're seeing fewer kids getting their routine immunizations.
- Timely prenatal care for new moms and prenatal to postnatal care. We lack obstetricians in the area. We're seeing a shortage of pediatricians to treat new babies.
- One of the real challenges to pregnant moms is the lack of communication to the father and not inviting dads as a participant in the care team so he can feel connected and know that his presence has an impact on the quality of life for the baby and the mom.
- Having a regular provider is a problem for children and for pregnant women. There are providers in the community, like FQHCs and the lookalikes like the rural health clinics, and they have good services, but the problem there is they may not be able to see the same provider at each visit. A lot of children are seen on an urgent care basis when they're sick.
- Moms need more culturally appropriate social supports.
- We need access to vaccines, physicals, well child visits and overcoming vaccine resistance. Parents are very young; some are still in their teens so educating them on how to access resources and be able to provide them with information of where to receive assistance is important.
- With the economy, it is hard to get resources.

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

- We have a lot of high-risk pregnancies and a lot of preterm births that end up in the NICU.
- Obesity for our kids.
- Asthma.
- Lack of immunizations and care visits. In our community, we tend to see parents bringing in young children for sick visits, but not necessarily keeping up the well visits. So, as a result, kids are missing screenings, like vision.
- Access to nutritious foods is a challenge. Transportation to prenatal appointments, access to prenatal care, education on what is happening to your body and how it is impacting your mental health.

- For women, it's getting access to prenatal care early so they can get started on their prenatal visits and medications and get screened in case they have any special needs.
- We work with 30 childcare providers and schools. We are hearing that kids are not verbal, and it is not a language barrier because it has come up with English and Spanish speaking providers. Maybe it is developmental? Some people are blaming screen time and parents for not spending time with their kids. But something is happening because it is becoming more and more of a complaint.
- The onset of diabetes during pregnancy. Many moms aren't receiving appropriate care. We've had a few instances where they developed hypertension and ended up in renal failure because they did not follow up with their prenatal care visits.
- We are seeing more isolation with children and more depression occurring because kids are staying home, and they may not be active in activities.
- We are seeing an increase in depression and obesity among the pediatric population.
- Mental health, not having access to good healthy food, being tethered to social media. Also, when parents live in trauma and all they are doing is surviving, running from one thing to the next, there is very little time for parents to think about the well-being of their kids.

What could we change that would measurably improve the overall health and wellbeing of children, pregnant women or new moms in the community?

- Continue to fund the local public health department's maternal child health division. Provide more resources and more home visits to link these families to resources, jobs, and housing. Support them with a public health nurse, making sure the baby is staying up on well visits, and getting immunized.
- I'd like to see a larger community of midwives and doulas. It's hard to find a pediatrician that is accepting new patients.
- Parents need education on asthma, what they can do before the child ends up in the emergency room.
- If we had a magic wand, more OB providers and more pediatricians.
- A broader approach to recruitment of providers, more attention around the social determinants of health and how we can provide community supports and wraparound services to that population.
- More employment with a living wage and full benefits.
- For children, expanding school-based clinics. Oftentimes the mother will miss work to take her child to care. But if they're already going to a school and there's a clinic there, they can easily be seen. There are also possibilities for training in family medicine, which may encourage some medical students to stay in the area.
- Social support, including transportation, help preparing meals, having a break, and

getting back to work.

- We are hearing that moms can't get back into work, which impacts providing a stable home with income.
- Better communication, continuity of care and ensuring kids are getting vaccinated. There is a disconnect between the school system and the health care system.
- Sometimes moms are isolated. They don't always have the assurance that things are progressing properly, or they are doing a good job. We need more resources in Merced County.