

2016 Community Health Needs Assessment

Mercy Hospital Downtown

Mercy Hospital Southwest

Bakersfield, California



Table of Contents

Executive Summary.....	5
Community Area	5
Assessment Process and Methods	5
Prioritization of Significant Health Needs.....	6
Resources to Address Significant Health Needs	7
Introduction.....	8
Background and Purpose.....	8
Community Area	8
Project Oversight.....	10
Consultant.....	10
Methods.....	11
Secondary Data Collection.....	11
Primary Data Collection.....	11
Information Gaps.....	13
Public Comment.....	13
Identification of Significant Health Needs	15
Review of Primary and Secondary Data	15
Significant Health Needs	15
Resources to Address Significant Needs.....	16
Priority Health Needs	17
Impact Evaluation.....	18
Demographics.....	19
Population.....	19
Gender.....	23
Race/Ethnicity	24
Citizenship	25
Language.....	26
Veterans.....	28
Social, Economic and Environmental Factors.....	29
Social and Economic Factors Ranking	29

Poverty.....	29
Community Needs Index.....	31
Vulnerable Populations.....	32
Households.....	34
Food Insecurity.....	36
Free or Reduced Price Meals	36
Unemployment.....	37
Educational Attainment.....	38
Homelessness.....	38
Crime and Violence.....	39
Child Neglect and Abuse.....	39
Air, Water and Climate Indicators.....	41
Coccidioidomycosis	41
Community Input – Social, Economic and Environmental Factors.....	42
Health Access	44
Health Insurance	44
Sources of Care	46
Use of the Emergency Room.....	47
Community Input – Access to Care.....	48
Dental Care	50
Health Professional Shortage Area.....	51
Community Input – Dental Care	51
Maternal and Infant Health.....	52
Births.....	52
Teen Birth Rate	52
Prenatal Care	52
Low Birth Weight	52
Preterm Births	53
Infant Mortality.....	53
Smoking and Pregnancy	53
Breast Feeding.....	54

Community Input – Maternal and Infant Health.....	54
Mortality/Leading Causes of Death	56
Mortality Rates	56
Chronic Disease.....	58
Health Status.....	58
Diabetes.....	58
Heart Disease.....	59
High Blood Pressure.....	59
Asthma.....	60
Disability.....	60
Community Input – Chronic Disease.....	60
Cancer.....	62
Community Input – Cancer	62
Health Behaviors	64
Health Behaviors Ranking.....	64
Immunization of Children.....	64
Flu.....	64
Mammograms and Pap Smears.....	64
Colorectal Cancer Screening	65
Overweight and Obesity	65
Fast Food.....	67
Soda Consumption	68
Fresh Fruits and Vegetables.....	68
Physical Activity	68
Community Input – Overweight and Obesity	70
Sexually Transmitted Infections	71
HIV/AIDS.....	71
Sexually Transmitted Diseases	71
Community Input – Sexually Transmitted Infections.....	71
Mental Health and Substance Abuse.....	73
Mental Health	73

Cigarette Smoking	74
Alcohol and Drug Use.....	74
Community Input – Mental Health and Substance Abuse.....	75
Attachment 1. Community Stakeholder Interviewees.....	78
Attachment 2. Community Survey.....	80
Attachment 3. Community Resources	84
Attachment 4. Impact Evaluation.....	89

Executive Summary

The purpose of this Community Health Needs Assessment (CHNA) is to identify and prioritize significant health needs of the community served by Mercy Hospitals. The priorities identified in this report help to guide the hospitals' community health improvement programs and community benefit activities, as well as their collaborative efforts with other organizations that share a mission to improve health. This CHNA report meets requirements of the Patient Protection and Affordable Care Act and California Senate Bill 697 that not-for-profit hospitals conduct a Community Health Needs Assessment at least once every three years. The Community Health Needs Assessment process was overseen by the Kern County Community Benefit Collaborative. The Collaborative is comprised of Delano Regional Medical Center, Dignity Health (Mercy and Memorial Hospitals), Kaiser Permanente, and San Joaquin Community Hospital.

Community Area

Mercy Hospital Downtown is located at 2215 Truxtun Avenue, Bakersfield, California, 93301. Mercy Hospital Southwest is located at 400 Old River Road, Bakersfield, California, 93311. Mercy determines the community for the purposes of this CHNA by assigning zip codes based on patient discharges. Over 70% of inpatient discharges constitute the Primary Service Area. The community area encompasses Kern County.

Assessment Process and Methods

Secondary and primary data were collected to complete the CHNA. Secondary data were collected from a variety of local, county, and state sources to present community demographics; social, economic and environmental factors; health access; maternal and infant health; leading causes of death; chronic disease; health behaviors; sexually transmitted infections; and mental health and substance abuse. The analysis of secondary data yielded a preliminary list of significant health needs, which then informed primary data collection.

The primary data collection process was designed to validate secondary data findings, identify additional community issues, solicit information on disparities among subpopulations, ascertain community assets to address needs and discover gaps in resources. For this Community Health Needs Assessment, information was obtained through a community survey and interviews with key community stakeholders, public health, and service providers, members of medically underserved, low-income, and minority populations in the community, and individuals or organizations serving or representing the interests of such populations.

The analysis of secondary data yielded a preliminary list of significant health needs, which then informed primary data collection. The primary data collection process helped to validate secondary data findings, identify additional community issues, solicit information on disparities among subpopulations, and ascertain community assets to address needs. The following criteria were used to identify significant health needs:

1. The size of the problem (relative portion of population afflicted by the problem)
2. The seriousness of the problem (impact at individual, family, and community levels)

Prioritization of Significant Health Needs

The Kern County Community Benefit Collaborative hosted a community forum on January 19, 2016 in Bakersfield to prioritize the significant health needs. The forum engaged 38 community leaders in public health, government agencies, schools, and nonprofit organizations that serve the medically underserved, low-income, and minority populations in the community. A review of the significant health needs was presented at the community forum.

The forum attendees were engaged in a process to prioritize the health needs using the Relative Worth method. The Relative Worth method is a ranking strategy where each participant received a fixed number of points they assigned to health needs based on the size of the problem (relative portion of population afflicted by the problem); or seriousness of the problem (impact at individual, family, and community levels).

The community input yielded this prioritized list of significant health needs:

1. Overweight and obesity
2. Mental health
3. Access to care
4. Diabetes
5. Cardiovascular disease
6. Substance abuse
7. Asthma
8. Maternal and infant health
9. Cancer
10. HIV/AIDS/STD
11. Oral health
12. Environmental health

Resources to Address Significant Health Needs

The resources potentially available to address the significant health needs are listed in Attachment 3 of this report. Resources are also available at Healthy Kern County www.healthykern.org and 211 Kern County at <http://www.capk.org/211Kern/>.

This CHNA report was adopted by the Mercy Hospitals Community Board April, 2016.

This report is available to the public on the hospital's website and a paper copy is available for inspection upon request at Mercy Hospital Downtown's Administrative Office. Written comments on this report can be submitted to the Mercy Downtown Administration Office at 2215 Truxtun Avenue, Bakersfield, California, 93301 or on the website at <http://www.dignityhealth.org/mercy-bakersfield/dignity-health-in-kern-county/community-programs/community-benefit-report>.

Introduction

Background and Purpose

Mercy has two hospital facilities in Bakersfield, Mercy Hospital Downtown and Mercy Hospital Southwest. These hospital facilities operate under one license.

Founded in 1910 by the Sisters of Mercy and situated in downtown Bakersfield, Mercy Hospital Downtown is licensed for 144 acute care beds. The full range of medical and surgical services includes a 14-station, Level II Base-Station Emergency Department; six surgical suites; post anesthesia care unit; ambulatory and prep units; outpatient surgery and outpatient GI laboratory. Mercy Hospital Downtown is also home to the area's only inpatient oncology unit.

Mercy Hospital Southwest has established a similar reputation for superior health care, since opening in 1992. This 78-bed facility is adjacent to California State University Bakersfield and is the only acute care hospital west of Hwy 99. The hospital includes our respected Family Birth Center, which features an 18-bed labor delivery recovery postpartum unit (LDRP), an 11-bed postpartum unit, and a 9-bed NICU. Mercy Hospital Southwest also has an Emergency Department, ICU and Operating Room.

Mercy Hospitals have undertaken a Community Health Needs Assessment (CHNA) as required by state and federal law. California Senate Bill 697 and the Patient Protection and Affordable Care Act and IRS section 501(r) direct tax-exempt hospitals to conduct a Community Health Needs Assessment and develop an Implementation Strategy every three years. The Community Health Needs Assessment process was overseen by the Kern County Community Benefit Collaborative. The Collaborative is comprised of Delano Regional Medical Center, Dignity Health (Mercy and Memorial Hospitals), Kaiser Permanente, and San Joaquin Community Hospital.

The Community Health Needs Assessment is a primary tool used by Mercy to create its community health Implementation Strategy and Community Benefit plan, which outline how it will give back to the community in the form of health care and other community services to address unmet community health needs. This assessment incorporates components of primary data collection and secondary data analysis that focus on the health and social needs of the hospital community area.

Community Area

Mercy Hospital Downtown is located at 2215 Truxtun Avenue, Bakersfield, California, 93301. Mercy Hospital Southwest is located at 400 Old River Road, Bakersfield, California, 93311. Mercy determines the community for the purposes of this CHNA by

assigning zip codes based on patient discharges. Over 70% of inpatient discharges constitute the Primary Service Area. The community area encompasses Kern County and is presented below by community and zip code.

Mercy Hospitals Community

Zip Code	Place	Zip Code	Place
93203	Arvin	93304	Bakersfield
93205	Bodfish	93305	Bakersfield
93206	Buttonwillow	93306	Bakersfield
93215	Delano	93307	Bakersfield
93224	Fellows	93308	Bakersfield
93225	Frazier Park	93309	Bakersfield
93226	Glennville	93311	Bakersfield
93238	Kernville	93312	Bakersfield
93240	Lake Isabella	93313	Bakersfield
93241	Lamont	93314	Bakersfield
93243	Lebec	93501	Mojave
93249	Lost Hills	93505	California City
93250	McFarland	93516	Boron
93251	McKittrick	93518	Caliente
93252	Maricopa	93519	Cantil
93255	Onyx	93523	Edwards
93263	Shafter	93524	Edwards
93268	Taft	93527	Inyokern
93276	Tupman	93528	Johannesburg
93280	Wasco	93531	Keene
93283	Weldon	93554	Randsburg
93285	Wofford Heights	93555	Ridgecrest
93287	Woody	93560	Rosamond
93301	Bakersfield	93561	Tehachapi

Map of the Community



Project Oversight

The Community Health Needs Assessment for Mercy Hospitals was overseen by:

Debbie Hull
Regional Director
Special Needs and Community Outreach
Mercy and Memorial Hospitals

Consultant

Biel Consulting, Inc. conducted the Community Health Needs Assessment. Biel Consulting, Inc. is an independent consulting firm that works with hospitals, clinics and community-based nonprofit organizations. Dr. Melissa Biel conducted the Mercy Hospitals Community Health Needs Assessment. She was joined by Sevanne Sarkis, JD, MHA, MEd, and Irene Graff, MA. Biel Consulting, Inc. has extensive experience conducting hospital Community Health Needs Assessments and working with hospitals on developing, implementing, and evaluating community benefit programs.
www.bielconsulting.com

Methods

Secondary Data Collection

Secondary data were collected from a variety of local, county, and state sources to present community demographics; social, economic and environmental factors; health access; maternal and infant health; leading causes of death; chronic disease; health behaviors; sexually transmitted infections; and mental health and substance abuse. Sources of data include Healthy Kern, Kern County Network for Children, U.S. Census American Community Survey, County Health Rankings, California Health Interview Survey, California Department of Public Health; California Office of Statewide Health Planning & Development; California Department of Justice, California Employment Development Department, Community Commons, California Cancer Registry, California Department of Education, and others. When pertinent, these data sets are presented in the context of California State, framing the scope of an issue as it relates to the broader community.

The secondary data for the hospital community area were collected and documented in data tables with narrative explanation. The 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 included an examination and reporting of health disparities for some health indicators. The report includes benchmark comparison data that measures Mercy data findings with Healthy People 2020 objectives. Healthy People 2020 objectives are a national initiative to improve the public's health by providing measurable objectives and goals that are applicable at national, state, and local levels.

Primary Data Collection

The analysis of secondary data yielded a preliminary list of significant health needs, which then informed primary data collection. The primary data collection process was designed to validate secondary data findings, identify additional community issues, solicit information on disparities among subpopulations, ascertain community assets to address needs and discover gaps in resources.

For this Community Health Needs Assessment, information was obtained through a community survey and interviews with key community stakeholders, public health, and service providers, members of medically underserved, low-income, and minority populations in the community, and individuals or organizations serving or representing the interests of such populations.

Interviews

Targeted interviews were used to gather information and opinions from persons who represent the community served by the hospital. Given shared community areas, Mercy partnered with the Kern County Community Benefit Collaborative hospitals to conduct the interviews. Thirty-three (33) interviews were completed during September through November, 2015.

The Kern County Community Benefit Collaborative developed a list of key influencers who have knowledge of community health needs. They were selected to cover a wide range of communities within Kern County, represent different age groups, and racial/ethnic populations. The identified stakeholders were invited by email to participate in a phone interview. Appointments for the interviews were made on dates and 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.

Interview participants were asked to share their perspectives on a number of topics related to the identified preliminary health needs in the community area. Questions focused on the following topics:

- Major health issues facing the community.
- Socioeconomic, behavioral, environmental or clinical factors that contribute to poor health in a community.
- Issues, challenges, barriers faced by community members as they relate to the identified health needs (preliminary list from secondary data analysis).
- Services, programs, community efforts, resources available to address the health needs.
- Special populations or groups that are affected by a health need.
- Health and social services missing or difficult to access in the community.
- Other comments or concerns.

A list of the stakeholder interview respondents, their titles and organizations can be found in Attachment 1.

Community Survey

The Kern County Community Benefit Collaborative hospital representatives developed a plan for distribution of a survey to engage community residents. The survey was available in an electronic format through a Survey Monkey link, and in a paper copy format in English and Spanish. The hospitals distributed the surveys to their clients, in hospital waiting rooms and service sites, and through social media, including posting the survey link on hospital Facebook pages. The survey was also distributed to community partners who made them available to their clients. A written introduction to

the survey questions explained the purpose of the survey and assured participants the survey was voluntary, and that they would remain anonymous. For community members who were illiterate, an agency staff member read the survey introduction and questions to the client in his/her preferred language and marked his/her responses on the survey.

The survey asked for the respondents' zip code, age, insurance status, and perceived health status. Survey questions focused on the following topics:

- Biggest health issues in the community.
- Where residents and their families receive routine health care services.
- Problems faced accessing health care, mental health care, dental care or supportive services.
- What would make it easier to obtain care?
- Types of support or services needed in the community.
- Healthy changes adopted in the past year to improve health.

The summary survey report can be found in Attachment 2.

Interview and survey participants were asked to provide additional comments to share with the hospitals. Analysis of the primary data occurred through a process that compared and combined responses to identify themes. All responses to each question were examined together and concepts and themes were then summarized to reflect the respondents' experiences and opinions. The results of the primary data collection were reviewed in conjunction with the secondary data. Primary data findings were used to corroborate the secondary data-defined health needs, serving as a confirming data source. The responses are included in the following Community Health Needs Assessment chapters.

Information Gaps

Information gaps that impact the ability to assess health needs were identified. Some of the secondary data are not always collected on a regular basis, meaning that some data are several years old. Disaggregated data around age, ethnicity, race, and gender are not available for all data indicators, which limited the ability to examine disparities of health issues within the community.

Public Comment

Mercy Hospitals makes the CHNA and its companion Implementation Strategy widely available to the public and welcomes comments on them. This CHNA report is available to the public on the hospital's website and a paper copy is available for inspection upon request at Mercy Hospital Downtown's Administrative Office. Written comments on this report can be submitted to the Mercy Downtown Administration Office at 2215 Truxtun

Avenue, Bakersfield, California, 93301 or on the website at
<http://www.dignityhealth.org/mercy-bakersfield/dignity-health-in-kern-county/community-programs/community-benefit-report>.

In compliance with IRS regulations 501r for charitable hospitals, public comment was requested on the previous CHNA and Implementation Strategy. All written comments were reviewed and, where appropriate, are included in the following Community Health Needs Assessment chapters.

Identification of Significant Health Needs

Review of Primary and Secondary Data

The analysis of secondary data yielded a preliminary list of significant health needs, which then informed primary data collection. The primary data collection process helped to validate secondary data findings, identify additional community issues, solicit information on disparities among subpopulations, and ascertain community assets to address needs.

The following criteria were used to identify significant health needs:

1. The size of the problem (relative portion of population afflicted by the problem)
2. The seriousness of the problem (impact at individual, family, and community levels)

To determine size and seriousness of the problem, health indicators identified in the secondary data were measured against benchmark data, specifically California rates and Healthy People 2020 objectives, where available. Health indicators that performed poorly against one or more of these benchmarks were considered to have met the size or seriousness criteria. Additionally, primary data sources (interview and survey participants) were asked to identify and validate community and health issues; information gathered from these sources helped determine significant health needs.

Significant Health Needs

The following significant health needs were determined:

- Access to care
- Asthma
- Cancer
- Cardiovascular disease
- Dental health
- Diabetes
- Environmental health (air quality and water safety)
- Lung disease
- Maternal and infant health
- Mental health
- Overweight and obesity
- Sexually Transmitted Infections
- Substance abuse (alcohol, drug, tobacco use)

Community input on these health needs is detailed throughout the CHNA report.

Resources to Address Significant Needs

Through the interview and survey process, community stakeholders and residents identified community resources potentially available to address the significant health needs. The identified community resources are presented in Attachment 3.

Priority Health Needs

The Kern County Community Benefit Collaborative hosted a community forum on January 19, 2016 in Bakersfield to prioritize the identified health needs. The forum engaged 38 community leaders in public health, government agencies, schools, and nonprofit organizations that serve the medically underserved, low-income, and minority populations in the community. These individuals have current data or other information relevant to the health needs of the community served by the hospital facilities. A review of the significant health needs was presented at the community forum.

Priority Setting Process

The forum attendees were engaged in a process to prioritize the health needs using the Relative Worth method. The Relative Worth method is a ranking strategy where each participant received a fixed number of points; in this case 100 points (5 dots equaled 100 points, where each dot was worth 20 points). Instructions were given, and the criteria for assigning points were explained. The points were assigned to health needs based on the size of the problem (relative portion of population afflicted by the problem); or seriousness of the problem (impact at individual, family, and community levels).

The points could be distributed among the health needs in a number of ways:

- Give all points to a single, very important item
- Distribute points evenly among all items (if none is larger or more serious than another)
- Distribute some points to some items, no points to other items

In the tabulation, the health needs were ranked in priority order according to the total points the group assigned.

Participants engaged in a group discussion about the priority areas. Participants were asked to discuss the following questions for the high priority areas:

- For priority issues, what is going well? What works in the community to address this issue? What groups/organizations are already focused on this issue?
- What/who is missing? Where are the gaps? What are the barriers?
- What is the level of community readiness to effectively implement and support programs to address this priority need?

The information gathered from the community forums will be used for decision making in creation of the Implementation Strategy.

The community input yielded this prioritized list of significant health needs:

Prioritized Health Needs	Number of Points
Overweight and obesity	880
Mental health	780
Access to care	600
Diabetes	380
Cardiovascular disease	340
Substance abuse	320
Asthma	240
Maternal and infant health	140
Cancer	80
HIV/AIDS/STD	80
Oral health	40
Environmental health	40

Impact Evaluation

In 2013, Mercy Hospitals conducted their previous Community Health Needs Assessment (CHNA). Significant health needs were identified from issues supported by primary and secondary data sources gathered for the Community Health Needs Assessment. In developing the hospital's Implementation Strategy associated with the 2013 CHNA, Mercy Hospitals chose to address access to health care, preventive care, cardiovascular disease, diabetes, and asthma through a commitment of community benefit programs and resources. The evaluation of the impact of actions the hospital used to address these significant health needs can be found in Attachment 4.

Demographics

Population

A total of 848,204 people live in the 8,129.76 square mile land area of the Mercy Hospitals community area. The population density for this area, estimated at 104.33 persons per square mile, is lower than the state average population density of 241.81.

Population

	Population	Total Land Area (Square Miles)	Population Density (Per Square Mile)
Kern County	848,204	8,129.76	104.33
California	37,659,180	155,738.02	241.81

Source: U.S. Census Bureau, American Community Survey, 2009-2013, DP05. <http://factfinder.census.gov>.

The area served by Mercy Hospitals has experienced dramatic growth in just over 10 years. Population in the county grew by 28.2%, much higher than the state average of 11.2%. Parts of Bakersfield, California City, Delano, Glennville, Tehachapi and Woody grew by more than 35%.

Population Growth

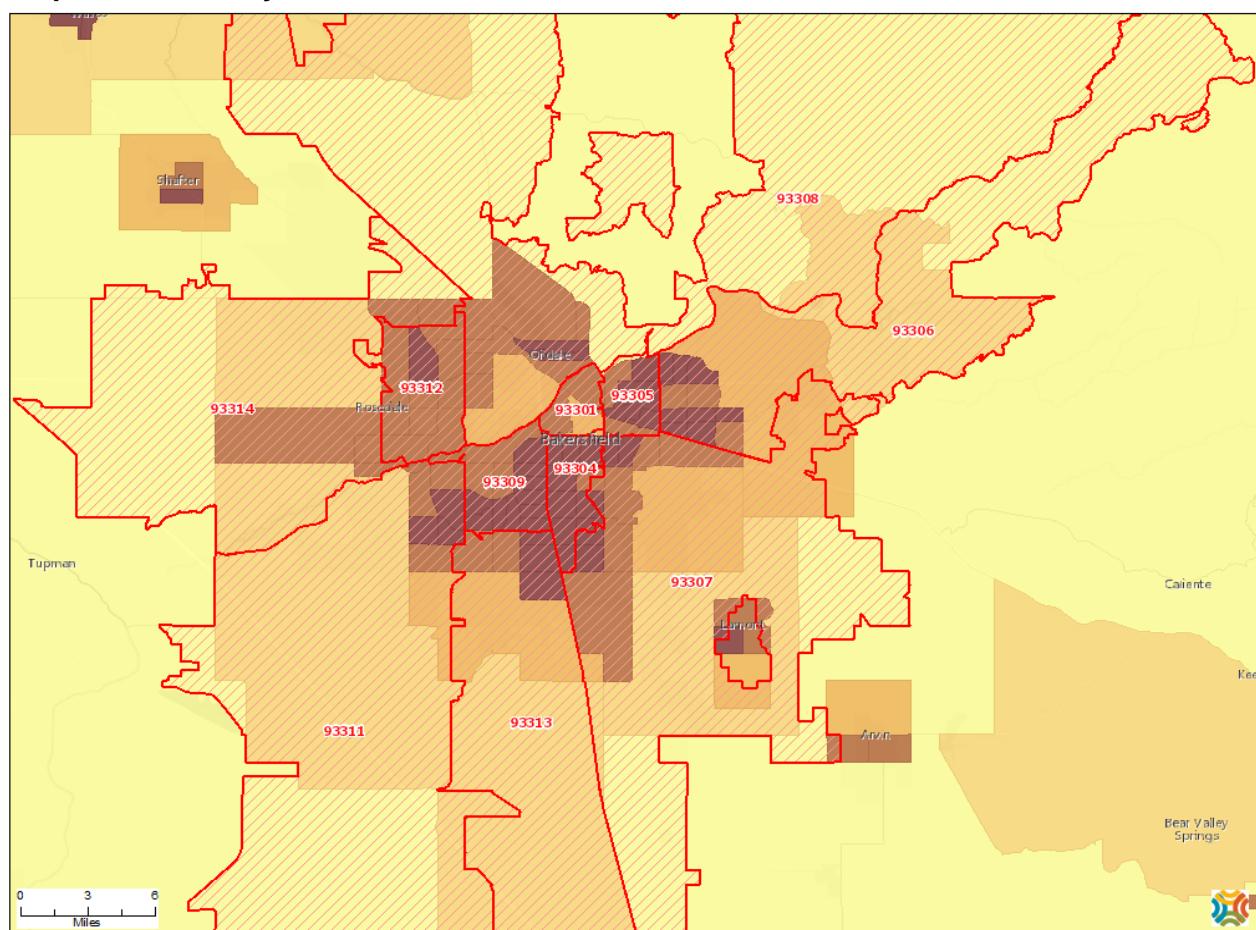
	Zip Code	Total Population, 2000 Census	Current Population Estimate	Total Population Change, 2000 to Current	Percent Population Change, 2000 to Current
Arvin	93203	16,202	21,208	5,006	30.9%
Bodfish	93205	1,951	2,190	239	12.3%
Buttonwillow	93206	2,076	2,240	164	7.9%
Delano	93215	37,277	56,141	18,864	50.6%
Fellows	93224	608	459	-149	-24.5%
Frazier Park	93225	4,481	5,373	892	19.9%
Glennville	93226	280	382	102	36.4%
Kernville	93238	1,871	1,653	-218	-11.7%
Lake Isabella	93240	5,550	5,100	-450	-8.1%
Lamont	93241	15,350	18,541	3,191	20.8%
Lebec	93243	1,229	1,419	190	15.5%
Lost Hills	93249	2,501	2,459	-42	-1.7%
McFarland	93250	10,780	13,493	2,713	25.2%
McKittrick	93251	296	233	-63	-21.3%
Maricopa	93252	4,342	3,830	-512	-11.8%
Onyx	93255	653	627	-26	-4.0%
Shafter	93263	15,172	19,613	4,441	29.3%
Taft	93268	14,926	17,143	2,217	14.9%
Tupman	93276	229	148	-81	-35.4%

	Zip Code	Total Population, 2000 Census	Current Population Estimate	Total Population Change, 2000 to Current	Percent Population Change, 2000 to Current
Wasco	93280	22,752	27,162	4,410	19.4%
Weldon	93283	1,920	2,319	399	20.8%
Wofford Heights	93285	2,510	2,005	-505	-20.1%
Woody	93287	68	112	44	64.7%
Bakersfield	93301	12,960	11,396	-1,564	-12.1%
Bakersfield	93304	44,577	52,421	7,844	17.6%
Bakersfield	93305	35,623	37,194	1,571	4.4%
Bakersfield	93306	53,466	67,322	13,856	25.9%
Bakersfield	93307	59,179	82,472	23,293	39.4%
Bakersfield	93308	44,914	53,639	8,725	19.4%
Bakersfield	93309	58,612	59,489	877	1.5%
Bakersfield	93311	20,432	42,591	22,159	108.5%
Bakersfield	93312	40,824	55,539	14,715	36.0%
Bakersfield	93313	25,115	44,571	19,456	77.5%
Bakersfield	93314	11,268*	22,535	11,267	100.0%
Mojave	93501	4,873	5,411	538	11.0%
California City	93505	8,311	13,324	5,013	60.3%
Boron	93516	2,231	2,347	116	5.2%
Caliente	93518	1,009	1,131	122	12.1%
Cantil	93519	N/A	89	--	--
Edwards	93523	7,679	2,926	-4,753	-61.9%
Edwards	93524	N/A	454	--	--
Inyokern	93527	2,196	2,125	-71	-3.2%
Johannesburg	93528	198	49	-149	-75.3%
Keene	93531	1,435	409	-1,026	-71.5%
Randsburg	93554	105	116	11	10.5%
Ridgecrest	93555	29,762	32,376	2,614	8.8%
Rosamond	93560	14,926	19,371	4,445	29.8%
Tehachapi	93561	25,793	34,851	9,058	35.1%
Kern County*		661,645	848,204	186,559	28.2%
California		33,871,648	37,659,181	3,787,533	11.2%

Source: U.S. Census Bureau, 2000 Census, DP-1; 2009-2013 American Community Survey, DP05. <http://factfinder.census.gov>

* Kern total is county-based and not a sum of zip code populations.

Population Density



Map Legend

Population, Density (Persons per Sq Mile) by Tract, ACS 2009-13

- Over 5,000
- 1,001 - 5,000
- 501 - 1,000
- 51 - 500
- Under 51
- No Data or Data Suppressed

Community Commons, 10/24/2015

Source geography: Tract. Accessed from Community Commons. <http://www.communitycommons.org/>.

In the community area, 30% of the population is children, ages 0-17. 60.8% of the population is adults and 9.2% are seniors. The county has a higher percentage of children and a smaller percentage of seniors than found in the state.

Population by Age

	Kern County		California	
	Number	Percent	Number	Percent
Age 0-4	72,910	8.6%	2,527,752	6.7%
Age 5-17	181,480	21.4%	6,714,466	17.8%
Age 18-24	95,115	11.2%	3,961,953	10.5%
Age 25-44	232,716	27.4%	10,592,531	28.1%
Age 45-64	187,689	22.1%	9,415,614	25.0%
Age 65+	78,294	9.2%	4,446,865	11.8%
Total	848,204	100.0%	37,659,181	100.0%

Source: U.S. Census Bureau, American Community Survey, 2009-2013, DP05. <http://factfinder.census.gov>

When the population is examined by place, Arvin, Edwards and Lost Hills have the highest concentration of children and youth in the community area (over 37%); they also have the lowest median age. In contrast, Cantil, Johannesburg and Ransburg have higher percentages of seniors than the county or state average, with median ages ranging from 69.6 to 74. Overall, the median age for Kern County (30.8) is lower than that for California (35.4). The median age for Bakersfield zips ranges from 26.1 to 37.9.

Population by Age and Zip Code

	Zip Code	Ages 0-17	Ages 18-64	Ages 65+	Median age
Arvin	93203	38.4%	57.6%	4.0%	23.6
Bodfish	93205	15.9%	60.7%	23.4%	54.2
Buttonwillow	93206	33.9%	58.0%	8.1%	30.1
Delano	93215	29.8%	63.8%	6.4%	29
Fellows	93224	24.2%	61.9%	13.9%	38.9
Frazier Park	93225	23.7%	61.8%	14.5%	44.3
Glennville	93226	22.0%	60.5%	17.5%	47.7
Kernville	93238	16.1%	46.1%	37.8%	56.4
Lake Isabella	93240	13.6%	55.4%	31.0%	51.1
Lamont	93241	36.1%	58.7%	5.1%	24.6
Lebec	93243	30.4%	65.5%	4.1%	25.5
Lost Hills	93249	40.7%	56.8%	2.4%	22.3
McFarland	93250	36.0%	60.0%	3.9%	24.4
McKittrick	93251	21.9%	68.2%	9.9%	33.7
Maricopa	93252	11.8%	82.0%	6.2%	38.3
Onyx	93255	0.0%	64.1%	35.9%	61.5

	Zip Code	Ages 0-17	Ages 18-64	Ages 65+	Median age
Shafter	93263	34.9%	57.5%	7.5%	27.5
Taft	93268	29.3%	60.7%	10.0%	32
Tupman	93276	28.4%	60.8%	10.8%	23.9
Wasco	93280	28.9%	65.9%	5.2%	28.4
Weldon	93283	14.9%	58.8%	26.3%	57.1
Wofford Heights	93285	17.0%	51.4%	31.6%	56.8
Woody	93287	3.6%	58.9%	37.5%	55.2
Bakersfield	93301	24.7%	62.7%	12.6%	31.6
Bakersfield	93304	32.0%	58.9%	9.1%	28.8
Bakersfield	93305	34.4%	58.1%	7.5%	26.1
Bakersfield	93306	31.0%	58.9%	10.1%	30.1
Bakersfield	93307	37.2%	56.6%	6.2%	26.3
Bakersfield	93308	26.5%	62.7%	10.8%	33.7
Bakersfield	93309	26.0%	62.4%	11.6%	32.1
Bakersfield	93311	30.2%	62.1%	7.7%	31.7
Bakersfield	93312	29.8%	62.0%	8.2%	32.7
Bakersfield	93313	32.3%	60.7%	7.0%	29.9
Bakersfield	93314	27.5%	62.7%	9.8%	37.9
Mojave	93501	27.6%	59.5%	12.9%	36
California City	93505	22.6%	65.6%	11.8%	37.2
Boron	93516	28.2%	53.9%	18.0%	44.1
Caliente	93518	16.3%	51.3%	32.4%	53.9
Cantil	93519	0.0%	25.8%	74.2%	74
Edwards	93523	37.7%	56.9%	5.4%	26
Edwards	93524	0.0%	100.0%	0.0%	22
Inyokern	93527	14.5%	70.7%	14.8%	47.1
Johannesburg	93528	0.0%	0.0%	100.0%	71.6
Keene	93531	13.9%	56.5%	29.6%	53.5
Randsburg	93554	0.0%	8.6%	91.4%	69.6
Ridgecrest	93555	26.3%	59.8%	13.9%	36.4
Rosamond	93560	27.3%	62.4%	10.3%	33.2
Tehachapi	93561	22.5%	64.0%	13.5%	39.3
Kern County		30.0%	60.8%	9.2%	30.8
California		24.9%	63.6%	11.5%	35.4

Source: U.S. Census Bureau, American Community Survey, 2009-2013, DP05. <http://factfinder.census.gov>

Gender

In the county, 51.5% are male and 48.5% are female. The county has a higher percentage of males than the state.

Population by Gender

	Kern County	California
Male	51.5%	49.2%
Female	48.5%	50.8%

Source: U.S. Census Bureau, American Community Survey, 2009-2013, DP05. <http://factfinder.census.gov>

Race/Ethnicity

The community area is primarily Hispanic or Latino, at 49.8%, followed by White at 37.8%. Black/African-Americans are 5.3% and Asians represent 5.3% of the population. The area has a larger percentage of Latinos, and a smaller percentage of Asians, than the state.

Race/Ethnicity

	Kern County	California
Hispanic or Latino	49.8%	37.9%
White	37.9%	39.7%
Black or African American	5.3%	5.7%
Asian	4.1%	13.1%
Other or Multiple	2.1%	2.9%
American Indian Alaskan Native	0.7%	0.4%
Native Hawaiian Pacific Islander	0.1%	0.4%

Source: U.S. Census Bureau, American Community Survey, 2009-2013, DP05. <http://factfinder.census.gov>

Population by Race and Ethnicity and Zip Code

	Zip Code	Asian	Black	Latino	White
Arvin	93203	0.4%	0.9%	90.4%	7.7%
Bodfish	93205	0.0%	0.6%	19.9%	73.4%
Buttonwillow	93206	0.0%	3.5%	66.3%	26.8%
Delano	93215	12.5%	4.7%	74.5%	6.8%
Fellows	93224	0.0%	0.0%	6.8%	92.6%
Frazier Park	93225	2.8%	0.0%	8.1%	87.8%
Glennville	93226	3.7%	1.6%	0.0%	93.2%
Kernville	93238	0.0%	0.7%	4.1%	88.4%
Lake Isabella	93240	0.0%	1.3%	8.7%	86.8%
Lamont	93241	1.0%	0.0%	94.5%	4.0%
Lebec	93243	0.2%	0.0%	27.8%	68.6%
Lost Hills	93249	0.0%	0.0%	97.7%	2.3%
McFarland	93250	0.6%	1.9%	89.4%	6.0%
McKittrick	93251	0.0%	0.0%	60.5%	36.9%
Maricopa	93252	3.7%	3.5%	49.7%	40.8%
Onyx	93255	0.0%	0.0%	4.3%	95.7%

	Zip Code	Asian	Black	Latino	White
Shafter	93263	0.2%	0.7%	80.2%	17.5%
Taft	93268	0.9%	1.1%	29.7%	64.6%
Tupman	93276	0.0%	0.0%	7.4%	92.6%
Wasco	93280	0.9%	7.1%	76.1%	15.0%
Weldon	93283	0.0%	0.0%	2.1%	82.3%
Wofford Heights	93285	0.0%	0.0%	0.7%	98.7%
Woody	93287	0.0%	0.0%	2.7%	89.3%
Bakersfield	93301	1.4%	11.8%	43.4%	40.3%
Bakersfield	93304	2.4%	11.3%	59.9%	21.3%
Bakersfield	93305	0.5%	6.1%	71.7%	18.6%
Bakersfield	93306	2.5%	2.4%	60.3%	32.6%
Bakersfield	93307	2.2%	7.2%	75.9%	13.1%
Bakersfield	93308	1.4%	2.5%	21.1%	71.8%
Bakersfield	93309	3.4%	9.8%	40.3%	43.1%
Bakersfield	93311	14.4%	5.8%	30.3%	45.9%
Bakersfield	93312	6.5%	2.2%	22.4%	64.4%
Bakersfield	93313	11.1%	8.2%	49.4%	29.2%
Bakersfield	93314	6.3%	2.5%	25.1%	63.8%
Mojave	93501	0.6%	6.8%	47.7%	42.6%
California City	93505	3.2%	13.7%	27.4%	52.5%
Boron	93516	1.1%	11.9%	13.7%	71.1%
Caliente	93518	0.0%	0.0%	13.2%	77.4%
Cantil	93519	0.0%	0.0%	0.0%	100.0%
Edwards	93523	0.6%	8.6%	11.5%	72.4%
Edwards	93524	9.5%	17.6%	18.5%	45.5%
Inyokern	93527	0.8%	1.3%	7.6%	84.8%
Johannesburg	93528	0.0%	0.0%	0.0%	100.0%
Keene	93531	0.0%	0.0%	6.4%	93.6%
Randsburg	93554	0.0%	0.0%	35.3%	64.7%
Ridgecrest	93555	3.5%	5.5%	16.4%	69.1%
Rosamond	93560	3.7%	8.0%	35.2%	48.5%
Tehachapi	93561	1.3%	2.9%	25.6%	67.4%
Kern County		4.1%	5.3%	49.8%	37.9%
California		13.1%	5.7%	37.9%	39.7%

Source: U.S. Census Bureau, American Community Survey, 2009-2013, DP05. <http://factfinder.census.gov>

Citizenship

In the Mercy Hospitals community area, 20.6% of the population is foreign born, lower than the state rate of 27%. Of the foreign born, 14.3% are not U.S. citizens.

Foreign Born Residents and Citizenship

	Kern County	California
Foreign born	20.6%	27.0%
Not a U.S. citizen	14.3%	14.3%

Source: U.S. Census Bureau, American Community Survey, 2009-2013, DP02. <http://factfinder.census.gov>

Language

In the community area, 57.9% of residents speak English. The communities of Arvin, Lamont, Lost Hills and McFarland have a high percentage of Spanish speakers (over 80%). In Delano, 10.1% of the population speaks an Asian language.

Language Spoken at Home, Population 5 Years and Older

	Zip Code	English Only	Spanish	Asian/PI	Other Indo-European	Other Language
Arvin	93203	13.3%	85.8%	0.4%	0.1%	0.5%
Bodfish	93205	84.2%	13.9%	0.0%	0.0%	1.9%
Buttonwillow	93206	31.1%	63.4%	0.0%	2.1%	3.4%
Delano	93215	23.5%	65.1%	10.1%	0.9%	0.4%
Fellows	93224	95.8%	0.4%	0.0%	3.8%	0.0%
Frazier Park	93225	92.2%	2.6%	2.7%	1.0%	1.5%
Glennville	93226	96.3%	0.0%	3.7%	0.0%	0.0%
Kernville	93238	92.9%	7.1%	0.0%	0.0%	0.0%
Lake Isabella	93240	97.0%	2.0%	0.0%	0.7%	0.3%
Lamont	93241	13.1%	85.6%	0.6%	0.6%	0.1%
Lebec	93243	81.9%	17.7%	0.3%	0.2%	0.0%
Lost Hills	93249	6.4%	93.6%	0.0%	0.0%	0.0%
McFarland	93250	16.0%	81.4%	0.6%	0.1%	1.9%
McKittrick	93251	54.1%	45.9%	0.0%	0.0%	0.0%
Maricopa	93252	50.7%	45.1%	3.0%	1.2%	0.0%
Onyx	93255	100.0%	0.0%	0.0%	0.0%	0.0%
Shafter	93263	29.7%	69.3%	0.2%	0.3%	0.5%
Taft	93268	72.4%	26.1%	0.3%	1.1%	0.1%
Tupman	93276	92.1%	7.9%	0.0%	0.0%	0.0%
Wasco	93280	31.1%	67.3%	0.6%	0.6%	0.3%
Weldon	93283	97.2%	2.8%	0.0%	0.0%	0.0%
Wofford Heights	93285	99.8%	0.2%	0.0%	0.0%	0.0%
Woody	93287	99.1%	0.9%	0.0%	0.0%	0.0%
Bakersfield	93301	74.1%	23.6%	1.1%	0.6%	0.6%
Bakersfield	93304	51.2%	45.9%	1.1%	1.0%	0.8%
Bakersfield	93305	44.8%	54.3%	0.2%	0.3%	0.3%
Bakersfield	93306	57.2%	39.8%	1.8%	0.9%	0.3%

	Zip Code	English Only	Spanish	Asian/PI	Other Indo-European	Other Language
Bakersfield	93307	33.8%	63.1%	0.9%	1.6%	0.5%
Bakersfield	93308	86.0%	11.2%	0.8%	1.1%	0.9%
Bakersfield	93309	70.3%	25.1%	2.5%	1.6%	0.6%
Bakersfield	93311	67.9%	18.6%	7.9%	4.4%	1.2%
Bakersfield	93312	83.5%	10.6%	3.4%	2.2%	0.4%
Bakersfield	93313	52.9%	35.1%	2.5%	8.9%	0.5%
Bakersfield	93314	78.7%	13.5%	3.2%	2.1%	2.4%
Mojave	93501	65.3%	34.5%	0.0%	0.2%	0.0%
California City	93505	80.5%	16.3%	3.1%	0.2%	0.0%
Boron	93516	89.7%	9.2%	0.9%	0.2%	0.0%
Caliente	93518	88.0%	5.8%	0.1%	4.0%	2.1%
Cantil	93519	100.0%	0.0%	0.0%	0.0%	0.0%
Edwards	93523	93.8%	3.4%	0.7%	2.1%	0.0%
Edwards	93524	85.5%	5.3%	9.3%	0.0%	0.0%
Inyokern	93527	92.1%	2.4%	0.0%	5.5%	0.0%
Johannesburg	93528	100.0%	0.0%	0.0%	0.0%	0.0%
Keene	93531	98.3%	0.0%	0.0%	1.7%	0.0%
Randsburg	93554	100.0%	0.0%	0.0%	0.0%	0.0%
Ridgecrest	93555	87.2%	8.0%	2.9%	1.8%	0.2%
Rosamond	93560	73.4%	23.1%	2.7%	0.6%	0.1%
Tehachapi	93561	81.6%	15.7%	1.3%	0.6%	0.7%
Kern County		57.9%	37.4%	1.7%	2.5%	0.6%
California		56.3%	28.8%	9.6%	4.4%	0.9%

Source: U.S. Census Bureau, American Community Survey, 2009-2013, DP02. <http://factfinder.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 deemed necessary for academic success. In the Bakersfield area school districts, Lamont and Vineland Elementary Districts had over 60% of students as English learners, higher than the Bakersfield area and county averages.

English Learners (EL)

	Number	Percent
Bakersfield City	9,446	31.4%
Beardsley Elementary	183	10.4%
Edison Elementary	290	27.5%
Fairfax Elementary	1,010	41.9%
Fruitvale Elementary	182	5.6%

	Number	Percent
General Shafter Elementary	71	46.4%
Greenfield Union	2,702	28.9%
Kern High	3,299	8.8%
Lakeside Union	174	13.7%
Lamont Elementary	1,801	60.9%
Norris Elementary	171	4.2%
Panama-Buena Vista Union	2,936	16.8%
Rio Bravo-Greeley Union Elementary	150	14.5%
Rosedale Union Elementary	226	4.2%
Standard Elementary	146	4.7%
Vineland Elementary	510	62.0%
Bakersfield Area	23,297	19.2%
Kern County	39,634	22.0%
California	1,392,263	22.3%

Source: California Department of Education DataQuest, 2014-2015. <http://dq.cde.ca.gov/dataquest/>

Veterans

In the county, 7.6% of the population is veterans. This is higher than the percentage of veterans in the state (6.7%).

Veteran Status

	Kern County	California
Veteran status	7.6%	6.7%

Source: U.S. Census Bureau, American Community Survey, 2009-2013, DP02. <http://factfinder.census.gov>

Social, Economic and Environmental Factors

Social and Economic Factors Ranking

The County Health Rankings rank counties according to health factors data. Social and economic indicators are examined as a contributor to the health of a county's residents. California's 57 evaluated counties (Alpine excluded) are ranked according to social and economic factors with 1 being the county with the best factors to 57 for that county with the poorest factors. This ranking examines: unemployment, high school graduation rates, children in poverty, social support, and others. Kern County is ranked as 51, in the bottom 20% of all California counties on social and economic factors.

Social and Economic Factors Ranking

	County Ranking (out of 57)
Kern County	51

Source: County Health Rankings, 2015. <http://www.countyhealthrankings.org/app/california/2015/rankings/outcomes/overall>

Poverty

Poverty thresholds are used for calculating all official poverty population statistics. They are updated each year by the Census Bureau. For 2013, the Federal Poverty Level for one person was \$11,490 and for a family of four \$23,550. Among the residents in the Mercy Hospitals community area, 22.9% are at or below 100% of the federal poverty level (FPL) and 47.6% are at 200% of FPL or below. Poverty rates in the community area are higher than for California. Bakersfield (93305) and Mojave have poverty rates above 40%; Arvin, Lost Hills, McFarland and Ransburg have low-income population (< 200% FPL poverty) rates above 70%.

Ratio of Income to Poverty Level

	Zip Code	Below 100% Poverty	Below 200% Poverty
Arvin	93203	31.9%	71.8%
Bodfish	93205	24.6%	58.9%
Buttonwillow	93206	32.0%	49.8%
Delano	93215	30.1%	65.4%
Fellows	93224	8.2%	29.8%
Frazier Park	93225	9.2%	37.3%
Glennville	93326	22.0%	46.6%
KN/ernville	93238	6.5%	18.0%
Lake Isabella	93240	29.9%	55.5%
Lamont	93241	31.3%	67.6%
Lebec	93243	7.2%	22.5%
Lost Hills	93249	30.9%	79.8%

	Zip Code	Below 100% Poverty	Below 200% Poverty
McFarland	93250	33.1%	75.8%
McKittrick	93251	3.0%	28.3%
Maricopa	93252	29.2%	52.6%
Onyx	93255	29.5%	36.2%
Shafter	93263	21.2%	57.6%
Taft	93268	20.2%	49.6%
Tupman	93276	39.9%	64.9%
Wasco	93280	32.4%	63.2%
Weldon	93283	25.1%	45.0%
Wofford Heights	93285	25.0%	50.4%
Woody	93287	0.0%	4.5%
Bakersfield	93301	34.5%	63.6%
Bakersfield	93304	34.1%	63.1%
Bakersfield	93305	42.8%	66.8%
Bakersfield	93306	20.5%	42.9%
Bakersfield	93307	32.8%	68.6%
Bakersfield	93308	24.5%	45.2%
Bakersfield	93309	20.2%	44.5%
Bakersfield	93311	8.9%	23.8%
Bakersfield	93312	4.8%	14.9%
Bakersfield	93313	16.7%	35.7%
Bakersfield	93314	6.7%	13.5%
Mojave	93501	40.4%	59.8%
California City	93505	24.0%	42.1%
Boron	93516	29.6%	58.6%
Caliente	93518	14.3%	33.6%
Cantil	93519	25.8%	62.9%
Edwards	93523	15.3%	34.5%
Inyokern	93527	22.4%	27.8%
Johannesburg	93528	0.0%	26.5%
Keene	93531	3.9%	3.9%
Randsburg	93554	8.6%	90.5%
Ridgecrest	93555	14.1%	31.5%
Rosamond	93560	17.6%	40.6%
Tehachapi	93561	12.3%	29.8%
Kern County		22.9%	47.6%
California		15.9%	35.9%

Source: U.S. Census Bureau, American Community Survey, 2009-2013, S1701. <http://factfinder.census.gov>
No data available for 93524 (Edwards).

Within the hospital community area, about one third of children (32.3%), 10% of seniors, and 53.1% of Female Head of Household (HoH) with children in the community area live below the poverty level. The poverty rate for seniors, children and Female HoH is higher than found in the state.

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

	Children Under 18	Seniors	Female HoH with Children
Kern County	32.3%	10.5%	53.1%
California	22.1%	9.9%	36.8%

Source: U.S. Census Bureau, American Community Survey, 2009-2013, S1702. <http://factfinder.census.gov>

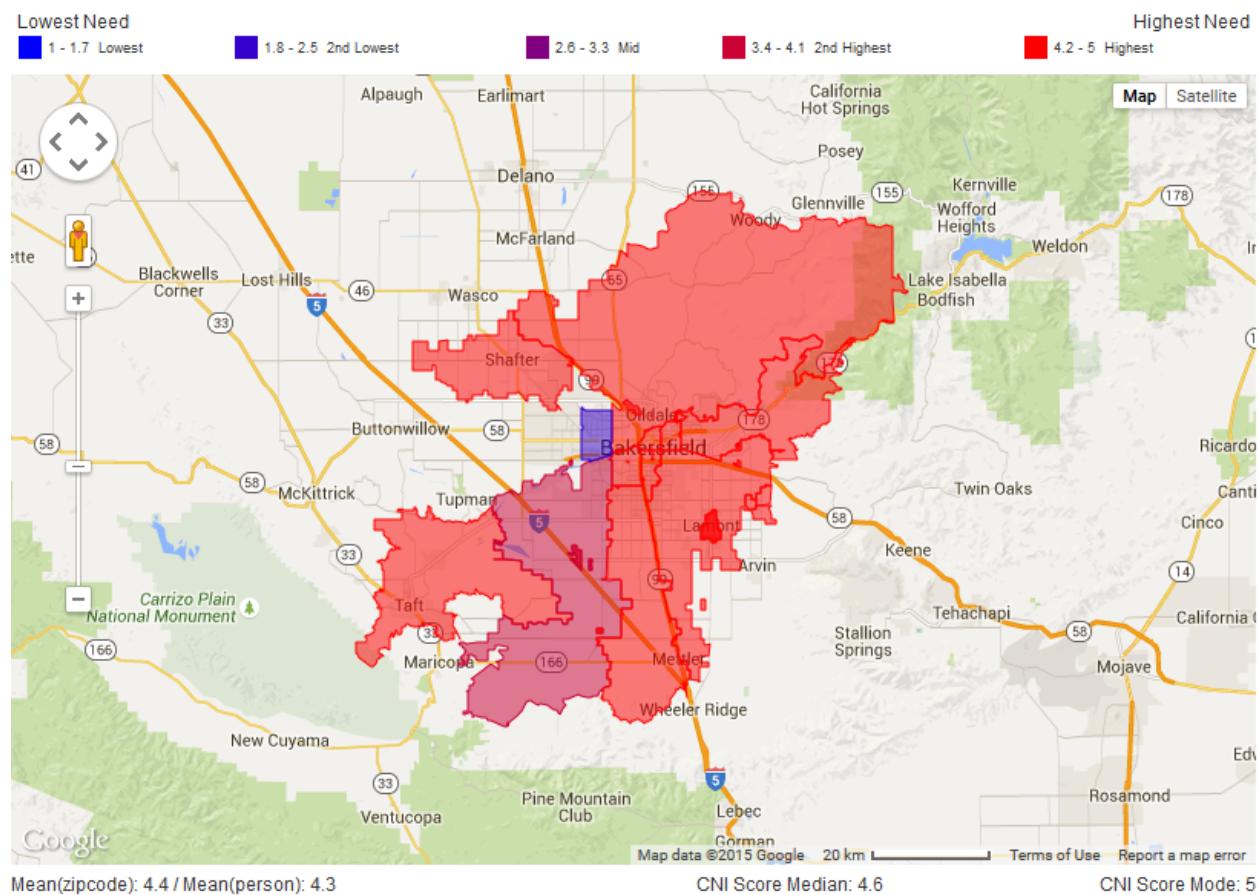
Community Needs Index

Dignity Health and Truven Health jointly developed a Community Need Index (“CNI”) to assist in the process of gathering vital socioeconomic factors in the community. The CNI is effectively linked to variations in community health care needs and is a strong indicator of a community’s demand for various health care services. Based on a wide array of demographic and economic statistics, the CNI provides a score for every populated ZIP code in the United States on a scale of 1.0 to 5.0. A score of 1.0 indicates a ZIP code with the least need, while a score of 5.0 represents a ZIP code with the most need. The CNI can help pinpoint specific areas that have greater need than others. The CNI score is an average of five different barrier scores that measure various socioeconomic indicators of each community. The five barriers are:

- Economic barrier
- Cultural barrier
- Education barrier
- Insurance barrier
- Housing barrier

Every populated ZIP code in the United States is assigned a barrier score of 1, 2, 3, 4, or 5 depending upon the ZIP code national rank (quintile). A score of 1 represents the lowest rank nationally for the statistics listed, while a score of 5 indicates the highest rank nationally. For example, ZIP codes that score a 1 for the Education Barrier contain highly educated populations; ZIP codes with a score of 5 have a very small percentage of high school graduates. The CNI scores and associated map show the high need scores in the hospital community area.

Community Needs Index (CNI) Map



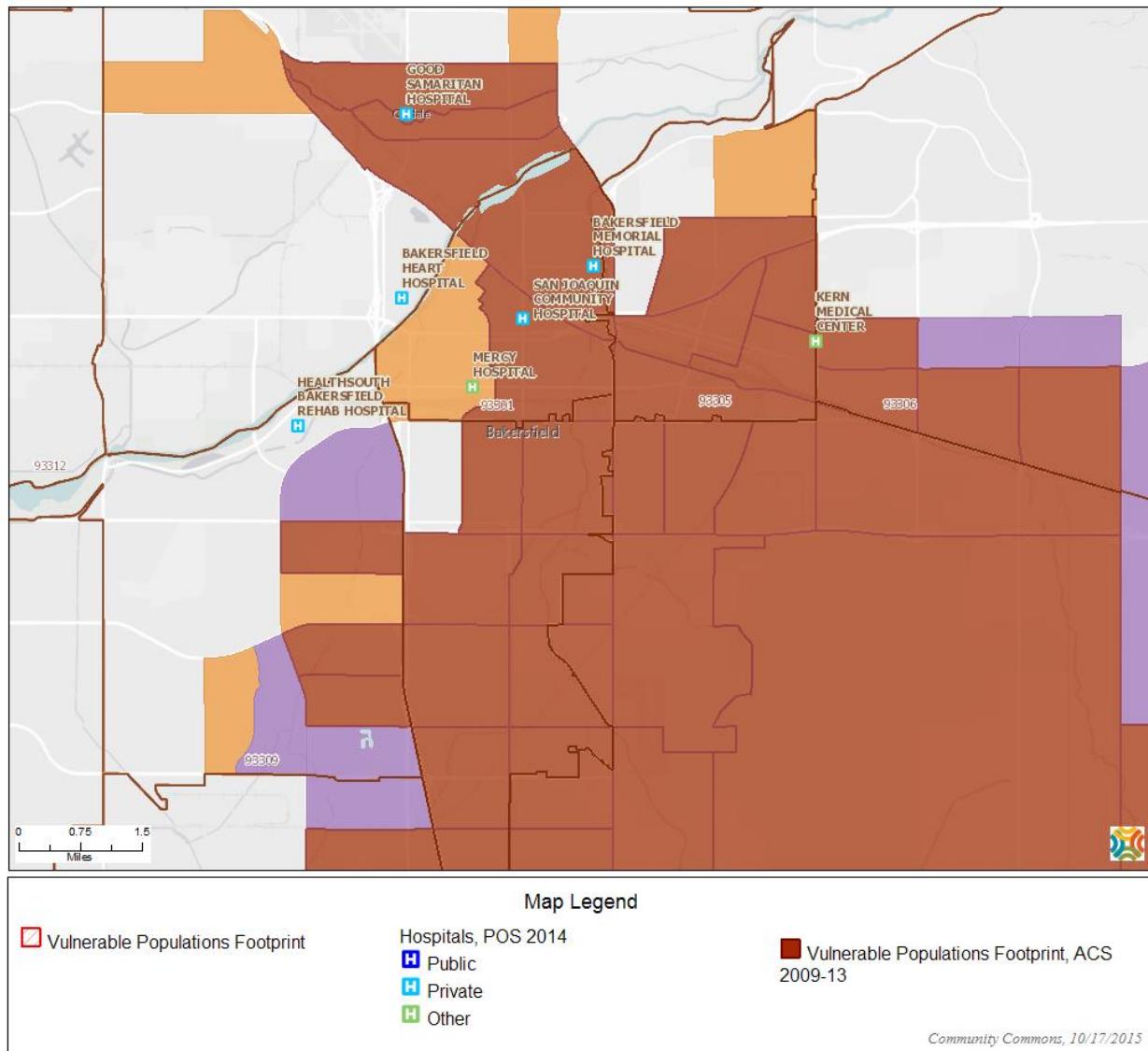
Zip Code	CNI Score	Population	City	County	State
93241	5	17837	Lamont	Kern	California
93263	4.6	20965	Shafter	Kern	California
93268	4.8	19143	Taft	Kern	California
93301	5	12649	Bakersfield	Kern	California
93304	5	49870	Bakersfield	Kern	California
93305	5	37773	Bakersfield	Kern	California
93306	4.6	67944	Bakersfield	Kern	California
93307	5	89240	Bakersfield	Kern	California
93308	4.2	54377	Bakersfield	Kern	California
93309	4.4	58201	Bakersfield	Kern	California
93311	3.4	45539	Bakersfield	Kern	California
93312	2.4	61315	Bakersfield	Kern	California
93313	4.2	48297	Bakersfield	Kern	California

Vulnerable Populations

When vulnerable populations in the area are mapped, a picture of poverty emerges. The map below shows Mercy and other area hospitals, highlighting the percentage of each sub-area that has more than 20% poverty and more than 20% with low education, defined as less than a high school education (in brown). Areas above the vulnerable threshold for low education alone are displayed in lavender. Areas above the threshold for poverty alone are in tan.

High rates of vulnerable populations exist around the central hospital area, particularly in the near north and most of the areas south.

Vulnerable Populations in the Mercy Hospitals Community Area



Households

The median household income in the Mercy Hospitals community area is \$48,552, below the median income for the state (\$61,094).

Median Household Income

	Zip Code	Median Household Income
Arvin	93203	\$33,147
Bodfish	93205	\$21,552
Buttonwillow	93206	\$43,355
Delano	93215	\$35,195
Fellows	93224	\$60,114
Frazier Park	93225	\$55,313
Glennville	93326	\$44,107
Kernville	93238	\$58,480
Lake Isabella	93240	\$22,706
Lamont	93241	\$32,490
Lebec	93243	\$64,611
Lost Hills	93249	\$32,768
McFarland	93250	\$35,616
McKittrick	93251	\$38,750
Maricopa	93252	\$31,550
Onyx	93255	\$31,250
Shafter	93263	\$41,448
Taft	93268	\$45,024
Tupman	93276	\$46,260
Wasco	93280	\$39,038
Weldon	93283	\$24,821
Wofford Heights	93285	\$31,761
Woody	93287	\$58,125
Bakersfield	93301	\$31,721
Bakersfield	93304	\$35,059
Bakersfield	93305	\$31,179
Bakersfield	93306	\$54,126
Bakersfield	93307	\$33,711
Bakersfield	93308	\$42,543
Bakersfield	93309	\$47,593
Bakersfield	93311	\$86,026
Bakersfield	93312	\$90,495
Bakersfield	93313	\$61,226
Bakersfield	93314	\$95,830

	Zip Code	Median Household Income
Mojave	93501	\$30,250
California City	93505	\$51,238
Boron	93516	\$35,872
Caliente	93518	\$45,382
Cantil	93519	\$22,083
Edwards	93523	\$52,569
Edwards *	93524	N/A
Inyokern	93527	\$52,170
Johannesburg *	93528	N/A
Keene	93531	\$82,622
Randsburg	93554	\$26,280
Ridgecrest	93555	\$61,221
Rosamond	93560	\$59,142
Tehachapi	93561	\$57,422
Kern County		\$48,552
California		\$61,094

Source: U.S. Census Bureau, American Community Survey, 2009-2013, DP03. <http://factfinder.census.gov>
No data available for 93524 (Edwards) or 93528 (Johannesburg).

There are 255,271 households in Kern County. Occupancy rates in the county resemble those of the state, with 3-person households only 16% of the households, and four or more residents 35.8% of the households. The county does have a higher rate of 4+ person households than the state.

Household Size

	Kern County	California
1 person households	19.9%	24.2%
2 person households	28.1%	29.9%
3 person households	16.1%	16.3%
4+ person households	35.8%	29.5%

Source: U.S. Census Bureau, American Community Survey, 2009-2013, S2501. <http://factfinder.census.gov>

Residents have higher levels of supportive benefits in the county when compared to the state. This is most apparent in the Food Stamp/SNAP benefits, with 14.7% of households in the county making use of this resource compared to 8.1% of households in the state.

Household Supportive Benefits

	Kern County	California
Total households	255,271	12,542,460
Supplemental Security Income (SSI)	7.9%	5.8%
Public Assistance	7.0%	4.0%
Food Stamps/SNAP	14.7%	8.1%

Source: U.S. Census Bureau, American Community Survey, 2009-2013, DP03. <http://factfinder.census.gov>

Food Insecurity

In Kern County, 28.5% of children (under age 18) lived in households that experienced some food insecurity. Among the entire population in Kern County, 15.1% experienced food insecurity.

Food Insecurity, Kern County

	Percent
Children living in households that experienced food insecurity at some point last year	28.5%
Total population that experienced food insecurity at some point last year	15.1%

Source: Feeding America accessed from www.healthykern.org, 2013

Free or Reduced Price Meals

The number of students eligible for the free or reduced price lunch program is one indicator of the socioeconomic status of a school district's student population. All but four districts have rates of eligibility higher than the state average of 58.6%. School districts with more than 85% eligible students are Bakersfield City, Edison Elementary, Fairfax Elementary, Lamont, and Vineland. Note that while examining district totals provides an overview of the student population, this is an average among each district's school enrollments. Within the district are a number of schools with higher and lower rates of eligible low-income children.

Students Eligible for the Free or Reduced-Price Meals Program

	Number	Percent
Bakersfield City	26,594	88.4%
Beardsley Elementary	1,482	84.5%
Edison Elementary	942	89.2%
Fairfax Elementary	2,120	87.9%
Fruitvale Elementary	1,125	34.5%
General Shafter Elementary	120	78.4%
Greenfield Union	7,609	81.4%
Kern High	23,690	63.5%
Lakeside Union	828	65.0%

	Number	Percent
Lamont Elementary	2,845	96.2%
Norris Elementary	693	17.1%
Panama-Buena Vista Union	10,895	62.4%
Rio Bravo-Greeley Union Elementary	474	45.8%
Rosedale Union Elementary	1,335	24.7%
Standard Elementary	2,352	75.4%
Vineland Elementary	822	99.9%
Bakersfield Area	83,926	69.1%
Kern County	39,634	71.0%
California	1,392,263	58.6%

Source: California Department of Education DataQuest, 2014-2015. <http://dq.cde.ca.gov/dataquest/>

Unemployment

The unemployment rate Kern County was 10.4% in 2014, above the state rate of 7.5% for the same period.

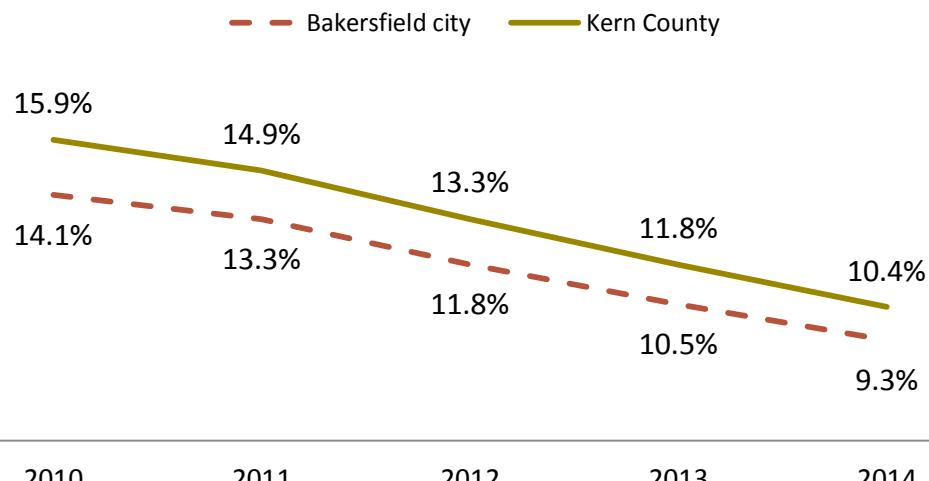
Unemployment Rate, 2014 Average

	Unemployment Rate
Kern County	10.4%
California	7.5%

Source: California Employment Development Department, Labor Market Information, 2014. <http://www.labormarketinfo.edd.ca.gov>

Overall, unemployment rates have decreased over the past five years. In Bakersfield, unemployment was 14.1% in 2010, decreasing to 9.3% in 2014.

Unemployment Rates (2010-2014) Bakersfield & Kern County



Source: California Employment Development Department, Labor Market Information, 2010-2014. www.labormarketinfo.edd.ca.gov

Educational Attainment

Of the population aged 25 and over, 27.5% of the county population does not have a high school diploma. This is above the state average of 18.7%.

Population, 25 Years and Older, with No High School Diploma

Kern County	California
27.5%	18.7%

Source: U.S. Census Bureau, American Community Survey, 2009-2013, S1501. <http://factfinder.census.gov>

Just over one-quarter of county adults (26.5%) are high school graduates only, while 22% are college graduates (Associate degree through Graduate level).

Educational Attainment of Adults, 25 Years and Older

	Kern County	California
Population 25 years and older	498,699	24,455,010
Less than 9 th grade	14.5%	10.2%
Some High School, no diploma	13.0%	8.5%
High School graduate	26.5%	20.7%
Some college, no degree	23.9%	22.1%
Associate degree	7.0%	7.8%
Bachelor degree	9.9%	19.4%
Graduate or professional degree	5.1%	11.2%

Source: U.S. Census Bureau, American Community Survey, 2009-2013, S1501. <http://factfinder.census.gov>

Homelessness

The Kern County Homeless Collaborative conducts a biannual ‘point-in-time’ count of homeless for the Bakersfield/Kern Continuum of Care (CoC), which is reported to the U.S. Department of Housing and Urban Development (HUD). Recent trends show that rates of homelessness are declining along with the percentage of homeless who are unsheltered. Among children, 4.2% of public school enrollees in Kern County were recorded as being homeless at some point during the 2013-14 school year, according to the California Department of Education (Source: kidsdata.org, January 2015). This rate has increased from 2.6% in 2010-2011.

Homeless Annual Count, Bakersfield/Kern CoC, 2010 to 2014

Year of Count	Total Homeless	Sheltered	Unsheltered
2010	1,499	44.5%	55.5%
2011	1,439	42.1%	57.9%
2012	1,352	38.4%	61.6%
2013	1,152	47.5%	52.5%
2014	992	58.2%	41.8%

Source: HUD Annual Homeless Assessment Report, 2014. <https://www.hudexchange.info/resource/4074/2014-ahar-part-1-pit-estimates-of-homelessness/>

Crime and Violence

Violent crimes include homicide, rape, robbery and assault. The crime rate for Kern County (526.4) is higher than that of the state (393.3).

Violent Crimes, per 100,000 Persons, 2014

	Number	Rate
Kern County	4,465	526.4
California	151,425	393.3

Source: California Department of Justice, Office of the Attorney General, 2015. <https://oag.ca.gov/crime>

Calls for domestic violence are categorized as with or without a weapon. 13.4% of domestic violence calls in the county involved a weapon, far below the California rate of 42.7%.

Domestic Violence Calls, 2014

	Total	Without Weapon	With Weapon
Kern County	4,868	86.6%	13.4%
California	155,965	57.3%	42.7%

Source: California Department of Justice, Office of the Attorney General, 2015. <https://oag.ca.gov/crime>

In Kern County, 19.8% of adults indicated they had experienced physical or sexual violence by an intimate partner since the age of 18, and 5.7% had been the victims of intimate partner violence in the past year. Rates of physical or sexual violence in Kern County are higher than state levels.

Experienced Physical or Sexual Violence

	Kern County	California
By intimate partner since age 18	19.8%	14.8%
Female	26.4%	20.5%
Male	13.7%	9.1%
By intimate partner in past year	5.7%	3.5%
Female	4.8%	4.0%
Male	6.5%	3.0%

Source: California Health Interview Survey, 2009. <http://ask.chis.ucla.edu/AskCHIS/>

Child Neglect and Abuse

According to the Kern County Network for Children, child neglect is the failure to provide for a child's basic physical, emotional, medical or educational needs, which threatens the child's health or welfare. Physical abuse is injury to a child that is not an accident and sexual abuse is any situation where a child is used for sexual gratification.

In Kern County in 2014, the rate of child abuse was 14.2 per 1,000 children; this is higher than the state rate of 8.7 per 1,000 children. The referral rate to California Protective Services (CPS) was 74.1 per 1,000 children, which is higher than the state rate of 54.6 per 1,000 children. Among these children, African American children have higher rates of substantiated child abuse (38.7 per 1,000 children) and children under the age of 1 have the highest rates of abuse (46.1 per 1,000 children).

Child Abuse and CPS Referral Rates, 2014

	Kern County	California
Substantiated child abuse rates per 1,000 children	14.2	8.7
CPS referral rates per 1,000 children	74.1	54.6

Source: Kern County Network for Children, 2015 Report Card.

http://kerncares.org/wp-content/uploads/sites/22/2015/06/2015ReportCard_interactive.pdf

http://cssr.berkeley.edu/ucb_childwelfare/ReportDefault.aspx

In 2014, Kern County CPS responded to 863 allegations of suspected sexual abuse among children. 47 or 5% of these cases were substantiated by CPS and 18 of these children were placed in foster care. The number of substantiated sexual abuse cases among children has declined over the past five years.

Cases of Substantiated Sexual Abuse among Children in Kern County, 2012-2014

	2010	2011	2012	2013	2014
Number of children with substantiated cases of sexual abuse	84	86	62	52	47

Source: Kern County Network for Children, 2015 Report Card.

http://kerncares.org/wp-content/uploads/sites/22/2015/06/2015ReportCard_interactive.pdf

http://cssr.berkeley.edu/ucb_childwelfare/ReportDefault.aspx

The child abuse and neglect reports in Kern County in 2014 showed 51.5% were for children ages 6-15.

Child Abuse and Neglect Reports by Age, in Kern County, 2010-2014

	2010	2011	2012	2013	2014
Under 1	9.4%	9.6%	9.5%	9.4%	9.2%
Ages 1-2	13.3%	13.1%	12.7%	13.2%	12.9%
Ages 3-5	19.1%	19.1%	20.0%	19.5%	18.8%
Ages 6-10	26.3%	27.2%	27.1%	28.1%	28.5%
Ages 11-15	23.5%	22.9%	22.4%	22.2%	23.0%
Ages 16-17	8.4%	8.1%	8.3%	7.5%	7.6%

Source: As cited on kidsdata.org. Webster, D., et al. California Child Welfare Indicators Project Reports, UC Berkeley Center for Social Services Research (May 2015).

Air, Water and Climate Indicators

The Environmental Protection Agency provides information on toxic chemical releases. Disposal of the chemicals can occur in air, water, wells, and landfills. In 2014, Kern County disposed of more than 7 million pounds of hazardous air pollutants.

Release of Pollutants in Air and Water

	Kern County	California
Surface and underground water discharges (in pounds)	145	13,157
Total air emissions (in pounds)	48,806	3,652,346
Total on or off site disposal or other releases of OSHA carcinogens (in pounds)	2,705,498	6,219,650
Total on or off site disposal or other releases of hazardous air pollutants (in pounds)	7,152,472	14,609,357

Source: U.S. Environmental Protection Agency, Toxics Release Inventory Program, 2014.

http://iaspub.epa.gov/triexplorer/tri_release.geography

In Kern County, 13.5% of the population may be getting drinking water from public water systems with at least one health-based violation. This is higher than the population exposed to unsafe water in the state (2.7%).

Unsafe Drinking Water

	Kern County	California
Population exposed to unsafe drinking water	13.5%	2.7%

Source: University of Wisconsin Population Health Institute, County Health Rankings. 2012-2013. [County Health Rankings: Safe Drinking Water Information System](#)

In Kern County, the percentage of weeks in drought from January 1, 2012 – December 31, 2014 was 98%, which is higher than found in California (92.8%).

Drought Severity, 2012-2014

	Kern County	California
Percentage of weeks in drought	98.0%	92.8%

Source: U.S. Drought Monitor, 2012-2014. [US Drought Monitor](#)

Coccidioidomycosis

Coccidioidomycosis or Valley Fever is an illness caused by a fungus found in the soil. The fungus can become airborne and be inhaled with dust particles. It affects the lungs and can produce flu-like symptoms and pneumonia. Kern County has very high rates of Valley Fever. Rates of Valley Fever in Kern County have been decreasing from a rate of 217.3 per 100,000 persons in 2012 to 102.0 in 2014.

Valley Fever, Cases and Rates, per 100,000 Persons, 2012 - 2014

	2012		2013		2014	
	Cases	Rates	Cases	Rates	Cases	Rates
Kern County	1,860	217.3	1,659	191.7	890	102.0
California	4,147	11.0	3,318	8.7	2,217	5.8

Source: California Department of Public Health, Center for Infectious Disease, Yearly Summaries of Selected General Communicable Diseases in California, 2011 – 2014.
<http://www.cdph.ca.gov/data/statistics/Pages/YearlySummariesofSelectedGeneralCommunicableDiseasesinCalifornia2011-2014.aspx>

Community Input – Social, Economic and Environmental Factors

Stakeholder interviews identified the most important socioeconomic, behavioral, environmental and clinical factors contributing to poor health in the community:

- We live in a community where our main economy is oil and agriculture. Our median income is \$42,000. That is 32% less than the state medium income. We also have higher unemployment than the state. Our housing is affordable, but a person needs to make about \$16 an hour to afford rent here and not a lot of jobs pay that.
- Human trafficking: women and girls are being brought here and moved around.
- With the drought and the decreasing of costs of oil, we've experienced a loss of employment for our population. This reduces quality of life and increases crime.
- The percentage of single parent female-led households is about 40% and the majority of them are under the federal poverty level.
- We have air pollutants coming from the desert valley area and farming and oil industries. Air quality affects everyone, especially newborns.
- We have a lot of undocumented residents. But in May 2016, all kids under 19 will have Medi-Cal, regardless of immigration status. Chances are, these kids will be insured but they won't be going to the doctor because they're scared they will be deported even though there is a disclaimer that won't happen.
- We don't have enough homeless shelters. The ones we do have are very strict: you have to check in, shower, strip, put all your belongings in a certain area and people are afraid to misplace their possessions. That's all they have.
 - A lot the homeless have mental health issues and are alcoholics. If they are under the influence, they are rejected.
 - For women, we have them receiving assistance and getting welfare money and they stay in the homeless shelter for months – why is this happening? Why aren't they saving money?
- We have soup kitchens but they are all located in one area of Bakersfield. In outlining areas, there aren't any places to get meals.
- We have poor housing. People don't want to say anything to the landlord for fear of getting kicked out.

- One area of difficulty is housing for low-income individuals. Kern is one of the more affordable areas in the state. Even so, obtaining housing for low income is difficult. We see multiple families living together.
- Seniors experience a lot of isolation. Also, unless family or friends pitch in, access can be a problem.
- Families need to take care of each other. People are just disenfranchised. There is no social support.
- We are a poor County. 7 out of 10 kids are on our free or reduced lunch plan.
- We are the Appalachia of the West. We experience the poorest outcomes of virtually every County. In addition, we have a large migrant, undocumented population that stays outside the parameters of the health delivery system.
- We need to get schools to fly air quality flag so people know what is going on that day and you can limit yourself in outside activity that day.
- People are having a hard time affording health insurance even with the new program. Also, those newly unemployed are vulnerable because the pay rate is based on their prior year of salaried employment.
- We have experienced some layoffs in the oil industry. There were 2,700 jobs eliminated here in the last year.
- Along the fringes of the County we still see access issues especially relating to transportation. We have a transportation system but the schedules are limited and stops are limited along the main route of state and county roads. Those who live a distance from those main routes struggle.
- We have a high rate of abuse/neglect in Kern County. We have 51 kids referred each day; 11 per day are substantiated. 98% is neglect related to poverty and substance abuse and teen moms.
- It can be difficult for migrant workers who are transitioning into the community. They can be the neediest because they don't know how to connect to the system for the services.

Health Access

Health Insurance

Health insurance coverage is considered a key component to accessing health care. In Kern County, 90.9% of residents are insured, slightly higher than the state rate (88.1%).

Insurance Coverage for Adults, Teens and Children

	Insured	Uninsured
Kern County	90.9%	9.1%
California	88.1%	11.9%

Source: California Health Interview Survey, 2014. <http://ask.chis.ucla.edu/AskCHIS/>

Health insurance coverage of children has increased from 90.6% in 2011 to 95.2% in 2014.

Children Health Insurance Coverage, Kern County, 2011-2014

	2011	2012	2013	2014
Children with health insurance	90.6%	90.6%	93.1%	95.2%

Source: American Community Survey, accessed from www.healthykern.org.

In Kern County, employment-based insurance is available for over one-third of the residents (37.1%). Medi-Cal (Medicaid) is the second highest percentage of insurance coverage in the county and state.

Insurance Coverage by Type of Coverage

	Kern County	California
Employment-based	37.1%	44.8%
Medicaid	31.8%	22.5%
Private insurance	12.5%	6.4%
Medicare	9.1%	13.4%
Other public	0.3%	1.0%
No insurance	9.1%	11.9%

Source: California Health Interview Survey, 2014. <http://ask.chis.ucla.edu/AskCHIS/>.

Arvin, Cantil, Edwards, Lamont and McFarland all have uninsured rates above 30%.

Rate of Uninsured by Zip Code

	Zip Code	Uninsured Population
Arvin	93203	35.3%
Bodfish	93205	24.5%

	Zip Code	Uninsured Population
Buttonwillow	93206	18.5%
Delano	93215	27.7%
Fellows	93224	8.7%
Frazier Park	93225	14.5%
Glennville	93326	14.6%
Kernville	93238	15.1%
Lake Isabella	93240	24.9%
Lamont	93241	35.2%
Lebec	93243	3.3%
Lost Hills	93249	27.8%
McFarland	93250	34.3%
McKittrick	93251	16.3%
Maricopa	93252	20.8%
Onyx	93255	15.8%
Shafter	93263	22.6%
Taft	93268	20.1%
Tupman	93276	15.5%
Wasco	93280	26.6%
Weldon	93283	12.8%
Wofford Heights	93285	5.9%
Woody	93287	0.0%
Bakersfield	93301	25.2%
Bakersfield	93304	24.3%
Bakersfield	93305	26.8%
Bakersfield	93306	19.4%
Bakersfield	93307	28.3%
Bakersfield	93308	15.6%
Bakersfield	93309	17.9%
Bakersfield	93311	12.2%
Bakersfield	93312	8.6%
Bakersfield	93313	19.2%
Bakersfield	93314	9.2%
Mojave	93501	19.3%
California City	93505	15.7%
Boron	93516	8.5%
Caliente	93518	8.3%
Cantil	93519	38.2%
Edwards	93523	5.2%
Inyokern	93527	10.9%

	Zip Code	Uninsured Population
Johannesburg	93528	0.0%
Keene	93531	4.6%
Randsburg	93554	0.0%
Ridgecrest	93555	11.2%
Rosamond	93560	19.8%
Tehachapi	93561	11.5%
Kern County		20.2%
California		17.8%

Source: U.S. Census Bureau, American Community Survey, 2009-2013, S2701. <http://factfinder.census.gov>
No data available for 93524 (Edwards).

Sources of Care

Residents who have a medical home and access to a primary care provider improve continuity of care and decrease unnecessary ER visits. 85.4% of residents reported a regular source for medical care, lower than the Healthy People 2020 benchmark of 89.4%. The source of care for 54.1% of Kern County is a doctor's office, HMO, or Kaiser, lower than the state rate of 60.7%. Clinics and community hospitals are the source of care for 25.8% in the county, while 14.6% of county residents have no regular source of care.

Sources of Care

	Kern County	California
Dr. Office/HMO/Kaiser Permanente	54.1%	60.7%
Community clinic/government clinic/ community hospital	25.8%	23.0%
ER/Urgent care	2.6%	1.4%
Other	3.0%	0.7%
No source of care	14.6%	14.2%

Source: California Health Interview Survey, 2014. <http://ask.chis.ucla.edu/AskCHIS/>

Accessing health care can be affected by the number of providers in a community. According to the 2015 County Health Rankings, Kern County ranks 55 out of 58 California counties for clinical care, which includes ratios of population-to-care providers and preventive screening practices, among others. The ratio of county population to health care providers shows many fewer primary care physicians, dentists, and mental health providers for its population when compared to California.

All regions in the county are designated both a Primary Care Shortage Area (PCSA) and a Registered Nurse Shortage Area (RHSA) by the California Healthcare Workforce Policy Commission. The criteria for the PCSA designation are percent of population below 100% poverty level and primary care physician-to-population ratio. The current

ratio for Kern County is 2,014:1 persons per primary care physician within this PCSA. The RHSA designation is based on the ratio of patients to nurse availability in facilities where they are employed (not shown). Kern County is designated as an RHSA with a ratio of patients to nurses of 59.1 to 1 (Source: OSHPD, 2015 <http://gis.oshpd.ca.gov/atlas/topics/shortage/msa>).

Ratio of Population to Health Care Providers

	Kern County	California
Primary Care Physicians	2,014:1	1,294:1
Dentists	2,155:1	1,291:1
Mental health providers	697:1	376:1

Source: County Health Rankings, 2015. <http://www.countyhealthrankings.org/app/california/2015/rankings/outcomes/overall>

Delayed care may also indicate reduced access to care; 7.9% of county residents reported delaying or not seeking medical care, lower than the state rate of 11.3%. 8.4% reported delaying or not getting their prescription medication in the last 12 months.

Delay of Care

	Kern County	California
Delayed or didn't get medical care in last 12 months	7.9%	11.3%
Delayed or didn't get prescription medicine in last 12 months	8.4%	8.7%

Source: California Health Interview Survey, 2014. <http://ask.chis.ucla.edu/AskCHIS/>

Use of the Emergency Room

An examination of ER use can lead to improvements in providing community-based prevention and primary care; 15.8% of residents in the county visited an ER over the period of a year, slightly less than the state (17.4%). Seniors access the ER at higher rates than other age groups.

Use of Emergency Room

	Kern County	California
Visited ER in last 12 months	15.8%	17.4%
0-17 years old	6.1%	19.3%
18-64 years old	18.9%	16.5%
65 and older	28.0%	18.3%
<100% of poverty level	17.9%	20.6%
<200% of poverty level	16.1%	19.0%

Source: California Health Interview Survey, 2014. <http://ask.chis.ucla.edu/AskCHIS/>

Mercy Hospitals reported 68,245 emergency department (ED) encounters in 2014, with 6,986 (10.2%) resulting in admission. At Mercy Hospitals, accidents and other causes of injury accounted for 22.2% of ED encounters in 2014.

Principal Causes of Injury (ED Encounters) – Mercy Hospitals, 2014

	ED Encounters	Percent
No principal cause of injury reported	53,107	77.8%
Other accidents	5,927	8.7%
Accidental falls	4,302	6.3%
Rail and motor vehicle	1,389	2.0%
Natural/environmental factors	767	1.1%
Inflicted by others	741	1.1%
Misadventures/complication	493	0.7%
Adverse effects/therapeutics	393	0.6%
Submersion, suffocation, foreign body	360	0.5%
Other vehicle/transport	202	0.3%
Accidental poisoning	243	0.4%
Self-inflicted injury	226	0.3%
Late effects of injury	28	0.0%
Undetermined injury	50	0.1%
Fire accidents	17	0.0%
Total	68,245	100.0%

Source: California Office of Statewide Health Planning & Development, 2014.

http://report.oshpd.ca.gov/?DID=PID&RID=Facility_Summary_Report_Emergency_Department

http://report.oshpd.ca.gov/?DID=PID&RID=Facility_Summary_Report_Hospital_Inpatient

Community Input – Access to Care

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

- At-risk children and families don't necessarily seek care on a regular basis. They are in survivor mode and struggle with basic needs; so long term health isn't an investment they make. It's always crisis mode.
- If people need to access care after regular office hours, it can be hard to maneuver urgent care vs. ED treatment.
- There is only one option for our health care: long lines, take the day off of work, and not get paid. And still, you may not have a remedy to the illness.
- We need specialty care, especially pediatrics. You need to go out of County for care. This is a hard reality for families, lost work time, etc.
- After hours care there is a big gap in services. Many partners are looking at how they can increase access on weekends or after 5 pm. Residents visit the ED because they don't have timely access to a primary care provider. We have urgent care systems, but they are also limited hours.

- Bakersfield has a new urgent care. There is one in Taft and an after-hours clinic in Delano. For our insured, we try to promote access to an advice line 24 hours a day.
- Medications can be expensive on a limited income and become prohibitive. There are programs out there but people are not always aware. You can almost always get medications in some way that is economical for things like blood pressure, etc.
- In Kern County, there is a huge shortage of ophthalmology. You have to wait 3-6 months for Medi-Cal or you have to travel 150 miles outside of Kern to get care.
- The amount of providers in our area doesn't match the population so it's difficult for everyone to be served. Also, if health literacy were higher, we'd probably have higher access.
- It is very problematic for residents to access care even within the city limits of Bakersfield. Depending on where you live and your transport options, if your spouse is at work and your family only has one car, your transportation options are limited. If you don't have a car, you take public transportation and it takes all day to travel. It can be extremely difficult to get to those resources.
- Finding culturally linguistic competent medical staff can be difficult. We have a Mexican indigenous population that doesn't speak Spanish, Filipinos, and a growing Sheikh population.
- Establishment of a medical home is the biggest issue. When the undocumented and migrant workers get sick they are using the ED for their health care. This is the most expensive and least efficient way to get your health care.
- Even for people who have insurance, we have a lack of primary care providers in our community and more and more providers are retiring and choosing other ways to practice their craft. So access is always a problem and it's an even bigger problem if you don't have an established relationship with a medical home.
- People get a list of doctors from the ACA but the doctors really aren't accepting that insurance or the time to get an appointment is so far out in the future that people only get all worked up about getting to a doctor when they aren't feeling well. But when you're sick, they don't see you that quickly anyways without a prior relationship.
- We have extreme shortages of specialists, particularly urologists, ENT, neurologists, and endocrinologists.
- We have a shortage of primary care providers. This impacts communities of color. Same day appointments or well visits and immunizations are difficult to get. We don't have enough access for the demand.

- It's challenging to hire doctors. We compete with organizations like Kaiser. They can offer a better salary and benefit package and bonus for the doctor.
- Attracting new people to Kern is difficult with the air quality and long hot summers. People rather live somewhere else. Physicians have the economic means to live anywhere.
- There is a surplus of primary care doctors in L.A. and the Bay area. They are paid less than they are here but the fact is, they'd rather live by the beach and have better air quality. We need to work on how we repackage and sell ourselves as a community.
- We really need to expand linkages to medical schools in the state. We have some, but we could use more to have a real robust pipeline to physicians in our community.
- A number of our residents' legal status may be in question so they don't qualify for Covered CA. They may access a natural healer and the ED so they aren't doing any preventive care.
- We need to work with small businesses to understand what their options are for providing care. How can we do a better job of providing coverage for our employees and explore anything that can be done on a community basis to defray costs to small businesses.
- Often small businesses can't offer the best coverage and that becomes a retention issue and access and quality of care as well. We need to look at localized health plans with a large local pool of applicants to reduce cost and increase coverage.

Dental Care

In Kern County, 37.9% of adults and 21.3% of children and teens do not have dental insurance. These rates are higher for adults, but similar for children and teens, compared to the state rates. 23% of county children and teens have never been to the dentist compared with 15.3% at the state level.

Dental Care

	Kern County	California
Adults with no dental insurance	37.9%	33.7%
Children and teens with no dental insurance	21.3%	19.6%
Children who have never been to the dentist	23.0%	15.3%

Source: California Health Interview Survey, 2007 & 2014. <http://ask.chis.ucla.edu/AskCHIS/>

A "Health Professional Shortage Area" (HPSA) is defined as a geographic area designated as having a shortage of primary medical care, dental or mental health

professionals. In Kern County 11% of the population is living in a designated HPSA for dental care.

Health Professional Shortage Area

	Kern County	California
Percentage of population living in a dental care HPSA	11.0%	4.9%

Source: U.S. Department of Health & Human Services, Health Resources and Services Administration, March 2015.

<http://datawarehouse.hrsa.gov/tools/analyzers/hpsafind.aspx>

Community Input – Dental Care

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

- Not all employers offer dental and vision with medical insurance. So families opt out, trying to prioritize their money.
- Our water isn't fluoridated.
- Over the last decade Denti-Cal has been cut repeatedly. Dental is viewed as almost cosmetic when that is not the case. If you aren't insured what do you do? Take time off work? Can you afford to do that?
- For our mentally ill and substance abusers, they have horrific dental hygiene. Meth abusers lose their teeth too.
- At one point we had Mercy Clinic in Taft reaching underserved populations for dental needs. But it became a significant transportation issue. They were taking vans of people to dental services but between the transportation costs and the canceled appointments, they stopped.
- We identified a need for more dental care in our community. Young children in particular and for toddlers, shortages of early screenings and treatment.
- There used to be a lot of campaigns about baby bottle tooth decay but maybe it fell off the radar. We see kids who are very overweight and with very poor oral hygiene.
- Private insurance may not have dental coverage. And if they do, they have high deductibles.
- We should take dental care into the schools like food programs. If we are serious about prevention, then it isn't just migrant or poor people we should reach out to, it is for everyone.

Maternal and Infant Health

Births

In 2013, there were 12,712 births in the county. The majority of births were to mothers who are Latino (65.7%), 24.7% of births were born to White mothers, 5.1% to African-Americans and 3.6% of births were to Asian mothers (*Source: California Department of Health, 2013*).

Teen Birth Rate

In 2013, teen pregnancy rates in the county occurred at a rate of 109.4 per 1,000 births or 10.9% of total births. This is well above the state rate of 6.2%.

Births to Teenage Mothers (Under Age 20)

	Births to Teen Mothers	Live Births	Percent
Kern County	1,473	13,463	10.9%
California	30,838	495,571	6.2%

Source: California Department of Public Health, 2013. <http://www.apps.cdph.ca.gov/>

Prenatal Care

In 2013, pregnant women in the county entered prenatal care early – within the first trimester - at a rate of 76.2%, lower than the state rate of 83.6%. This rate of early entry translates to 23.8% of women entering prenatal care late or not at all. Kern County rates of prenatal care do not meet the Healthy People 2020 benchmark of 77.9% of women entering prenatal care in the first trimester.

Early Entry into Prenatal Care (In First Trimester)

	Early Prenatal Care	Live Births*	Percent
Kern County	9,947	13,059	76.2%
California	407,064	486,912	83.6%

Source: California Department of Public Health, 2013. <http://www.apps.cdph.ca.gov/>

*Births in which the first month of prenatal care is unknown are not included in the tabulation.

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. The hospital community area has a higher rate of low birth weight babies (70 per 1,000 live births) than does the state (68.2 per 1,000 live births). The rate of low birth weight in the county (7.0%) is within the Healthy People 2020 objective of 7.8% of low birth weights.

Low Birth Weight (Under 2,500 g)

	Low Birth Weight	Live Births	Rate per 1,000 Live Births
Kern County	942	13,463	70.0
California	33,818	495,571	68.2

Source: California Department of Public Health, 2013. <http://www.apps.cdph.ca.gov/>

Preterm Births

A preterm birth is an infant born prior to 37 weeks of gestation. In Kern County, the rate of preterm births has decreased over the last five years. In 2013, 10.3% of live births were preterm.

Preterm Births in Kern County, 2009 - 2013

	2009	2010	2011	2012	2013
Preterm births	13.5%	12.2%	11.9%	11.1%	10.3%

Source: [As cited on kidsdata.org](#), California Dept. of Public Health, Center for Health Statistics, Birth Statistical Master Files; Centers for Disease Control & Prevention, Natality data on CDC WONDER; Martin et al. (2015), *Births: Final Data for 2013*. National Vital Statistics Reports, 64(1) (Mar. 2015)

Infant Mortality

Infant mortality reflects deaths of children under one year of age. The infant death rate in the county is 7.0 and the state is 4.7 deaths per 1,000 live births. The county rate is higher than the Healthy People 2020 objective of 6.0 deaths per 1,000 live births. Infant mortality rates are not available for smaller geographies.

Infant Mortality Rate, 2013

	Infant Deaths	Live Births	Death Rate
Kern County	99	14,145	7.0
California	2,348	494,392	4.7

Source: California Department of Public Health, 2013. <http://www.apps.cdph.ca.gov/vsa/>

Smoking and Pregnancy

The Maternal and Infant Health Assessment (MIHA) is an annual, statewide-representative survey of women with a recent live birth in California. MIHA collects self-reported information about maternal and infant experiences and about maternal attitudes and behaviors before, during and shortly after pregnancy. According to the results of the 2012 MIHA, 14.3% of women smoked three months before pregnancy, 10.25 smoked during pregnancy and 6.9% smoked after the birth of their babies. These rates of cigarette smoking in Kern County are higher than found in the state.

Smoking During and After Pregnancy

	Kern County	California
Any smoking, three months before pregnancy	14.7%	11.9%
Any smoking, first or third trimester	10.2%	8.3%
Any smoking, postpartum	6.9%	5.7%

Source: California Department of Public Health, Maternal and Infant Health Assessment Survey, 2012.

<http://www.cdph.ca.gov/data/surveys/MIHA/MIHASnapshots/SnapshotCoKern2012.pdf>

Breast Feeding

Breastfeeding has been proven to have considerable benefits to baby and mother. The California Department of Public Health (CDPH) highly recommends babies be fed only breast milk for the first six months of life. Breastfeeding rates at Mercy Hospital Southwest indicate 92.1% of new mothers use some breastfeeding and 66.6% use breastfeeding exclusively. These rates are higher than found among hospitals in Kern County. The hospital exceeds the Healthy People 2020 objective for 81.9% of women to breastfeed their infants.

In-Hospital Breastfeeding

	Any Breastfeeding		Exclusive Breastfeeding	
	Number	Percent	Number	Percent
Mercy Hospital Southwest	2,055	92.1%	1,486	66.6%
Kern County	10,186	87.6%	6,282	54.0%
California	396,602	92.9%	275,706	64.6%

Source: California Department of Public Health, In-Hospital Breastfeeding by Hospital of Occurrence, 2013.

www.cdph.ca.gov/data/statistics/Pages/BreastfeedingStatistics.aspx

Community Input – Maternal and Infant Health

Stakeholder interviews identified the following issues, challenges and barriers related to maternal and infant health:

- Women and children involved in prostitution and sex trafficking receive a lot of negative responses to how they present themselves so they do not seek care. They also have their own unaddressed trauma and unmet needs.
- There is an intergenerational factor in terms of teen pregnancy. They grow up seeing this in their family unit, so it's normal. They aren't able to escape it or leave it or make changes, so it gets passed on.
- Because we are a relatively conservative County, it is looked down upon to have different sexual health issues and pregnancies. A number of women who have undesired pregnancy experience biases when deciding on adoption vs. abortion.
- We found that many girls don't realize they are pregnant until the end of their 1st or in their 2nd trimester, so accessing timely care is an issue.
- First 5 funds have been cut with the drop in tobacco taxes. I'd really love to see a more comprehensive home visitation model.

- We need to do a better job discussing sexual health in educational institutions.
- Education is limited or spotty because the school board does not see this as a priority or the direct impact on our community.
- For low-birth weight issues there is a lot of evidence that genetics are involved and also generational trauma and stress. Women of color and with lower income means may be struggling with substance abuse, gang violence, getting food on the table, domestic violence.
- African American women of childbearing age have worse child health outcomes compared to other populations.
- Kern County has the highest rates of teen pregnancy in the state. We also have higher rates of infant mortality among African Americans for the last 28 years.
- I volunteered for a year with Covenant Services and was a mentor. The young woman I mentored was a HS girl who got pregnant. She wanted to love something that was hers. She wanted to be pregnant. She would do better than her own mom did for her.
- Often the oldest child gets stuck caring for the youngest and girls try to escape their place by becoming pregnant.
- I have some struggles with the Black Infant Health program. The model is confined by the state. We need to look for alternative models so people aren't falling through all the cracks. I want to bring resources to them and find out their needs. If they are just kicked out of program and we forget about them, what are we accomplishing?

Mortality/Leading Causes of Death

Mortality Rates

The two leading causes of death in Kern County are heart disease and cancer. The heart disease mortality rate in the county is 161.7 per 100,000 persons, higher than the state rate. The cancer death rate is 128.3, lower than the state average and the Healthy People 2020 target of 161.4 per 100,000 persons. In Kern County death rates for lung disease, unintentional injuries, diabetes, liver disease and suicide exceed the state rates for these causes of death.

Mortality Rates, per 100,000 Persons, 2013

	Kern County		California	HP 2020
	Number	Rate	Rate	Rate
Heart disease	1,400	161.7	155.7	No Objective
Cancer	1,111	128.3	149.6	161.4
Chronic Lower Respiratory Disease	378	43.7	35.3	No Objective
Unintentional injuries	365	42.2	29.1	36.4
Alzheimer's disease	251	29.0	30.9	No Objective
Diabetes	240	27.7	20.8	No Objective
Stroke	234	27.0	35.4	34.8
Liver disease	115	13.3	12.4	8.2
Suicide	111	12.8	10.4	10.2
Pneumonia and influenza	103	11.9	17.0	No Objective

Source: California Department of Public Health, 2013. <http://www.cdph.ca.gov/>

When causes of death for children and youth in Kern County are examined by age, unintentional injury is the highest cause of death for children ages 1-4. Birth defects and unintentional injuries are the highest causes of death for 5-14 year olds; suicide and unintentional injuries are the highest causes of death for 15-19 year olds, and homicide is the highest cause of death for youth 20-24 years of age.

Leading Causes of Death for Child/Youth by Age, Kern County, 2013

	Birth Defects	Cancer	Heart Disease	Homicide	Influenza and Pneumonia	Suicide	Unintentional Injuries
1-4 years	0	1	2	2	0	N/A	5
5-14 years	4	3	1	1	2	1	4
15-19 years	0	2	0	4	0	7	7
20-24 years	0	4	1	19	0	9	35

Source: As cited on kidsdata.org, California Dept. of Public Health, Death Statistical Master Files; CDC, Mortality data on WONDER (Apr. 2015).

The five-year average cancer mortality rate for all cancer sites in Kern County was 126.4, which is lower than the California rate. Mortality from respiratory system and digestive system cancers occurs at the highest rates in the county.

Cancer Mortality Rates, per 100,000 Persons, 2009-2013

	Kern County		California
	Number	Rate	Rate
Cancer, all sites	5,360	126.4	150.4
Respiratory system	1,394	32.9	34.8
Digestive system	1,287	30.4	41.4
Male genital	308	14.1	16.8
Female genital	271	13.2	16.3
Breast	409	9.6	11.6
Urinary System	290	6.8	7.5
Leukemia	214	5.1	6.3
Lymphoma	206	4.9	5.9

Source: California Cancer Registry, Cancer Surveillance Section, California Department of Public Health, 2009-2013.

<http://www.cancer-rates.info/ca/>

Chronic Disease

Health Status

Among the population of Kern County, 17.1% reported being in fair or poor health. Among adults only, a slightly higher percentage (23.2%) reported being in fair or poor health compared to the state (20.7%).

Health Status, Fair or Poor Health

	Kern County	California
Persons with fair or poor health	17.1%	17.0%
Adults with fair or poor health	23.2%	20.7%

Source: California Health Interview Survey, 2014. <http://ask.chis.ucla.edu/AskCHIS/>

Diabetes

Diabetes is a growing concern in the community; 10.3% of adults in Kern County have been diagnosed with diabetes, which is higher than the state rate. For adults with diabetes, only 29.4% are very confident they can control their diabetes.

Adult Diabetes

	Kern County	California
Diagnosed pre/borderline diabetic	13.5%	10.5%
Diagnosed with diabetes	10.3%	8.5%
Very confident to control diabetes	29.4%	56.9%
Somewhat confident	67.7%	34.7%
Not confident	2.9%	8.8%

Source: California Health Interview Survey, 2014. <http://ask.chis.ucla.edu/AskCHIS/>

The federal Agency for Healthcare Research and Quality (AHRQ) developed Prevention Quality Indicators (PQIs) that identify hospital admissions that may be avoided through access to high-quality outpatient care. Four PQIs are related to diabetes: long-term complications (renal, ophthalmic, or neurological manifestations, peripheral circulatory disorders); short-term complications (ketoacidosis, hyperosmolarity coma); amputation; and uncontrolled diabetes. Hospitalization rates were higher for Kern County than for California, particularly for long-term and short-term complications from diabetes.

Diabetes Hospitalization Rates* for Prevention Quality Indicators

	Kern County	California
Diabetes long-term complications	133.2	103.4
Diabetes short-term complications	86.9	56.5
Lower-extremity amputation among patients with diabetes	20.2	15.5
Uncontrolled diabetes	9.4	8.0

Source: California Office of Statewide Health Planning & Development, 2014. <http://www.oshpd.ca.gov>

* Age-adjusted annual rates per 100,000 hospitalizations.

Heart Disease

For adults in Kern County, 9.4% have been diagnosed with heart disease. Among these adults, 67.9% are very confident they can manage their condition. Less than half (46.4%) have a management care plan developed by a health care professional.

Adult Heart Disease

	Kern County	California
Diagnosed with heart disease	9.4%	6.1%
Very confident to control condition	67.9%	53.6%
Somewhat confident to control condition	28.7%	34.9%
Not confident to control condition	3.5%	11.5%
Has a management care plan	46.4%	67.1%

Source: California Health Interview Survey, 2014. <http://ask.chis.ucla.edu/AskCHIS/>

As noted, Prevention Quality Indicators (PQIs) identify hospital admissions that may be avoided through access to high-quality outpatient care. The three PQIs related to heart disease are: hypertension, heart failure, and angina without procedure. The rate of Congestive Heart Failure was much higher in Kern County (378.1) than in the state (292.0). The rate for hypertension was also higher than the state rate.

Heart Disease Hospitalization Rates* for Prevention Quality Indicators

	Kern County	California
Hypertension	36.6	33.3
Congestive Heart Failure	378.1	292.0
Angina without procedure	14.5	16.9

Source: California Office of Statewide Health Planning & Development, 2014. <http://www.oshpd.ca.gov>

* Age-adjusted annual rates per 100,000 hospitalizations.

High Blood Pressure

A co-morbidity factor for diabetes and heart disease is hypertension (high blood pressure). In Kern County, 40.3% of adults have been diagnosed with high blood pressure, and of those, 64.3% take medication to control their hypertension. The rate of reported diagnosis is higher than the state rate.

High Blood Pressure

	Kern County	California
Ever diagnosed with hypertension	40.3%	28.5%
Takes medicine for hypertension	64.3%	68.5%

Source: California Health Interview Survey, 2014. <http://ask.chis.ucla.edu/AskCHIS/>

Asthma

The population diagnosed with asthma in Kern County is 9.4%, which is lower than the state rate (14%). 44% of county asthmatics take medication to control their symptoms. Among county children and youth, 8.9% have been diagnosed with asthma.

Asthma

	Kern County	California
Diagnosed with asthma, total population	9.4%	14.0%
Diagnosed with asthma, 0-17 years old	8.9%	14.5%
ER visit in past year due to asthma, total population	8.3%	9.6%
ER visit in past year due to asthma, 0-17 years old	13.6%	13.9%
Takes daily medication to control asthma, total population	44.0%	44.2%
Takes daily medication to control asthma, 0-17 years old	13.6%	39.0%

Source: California Health Interview Survey, 2014. <http://ask.chis.ucla.edu/AskCHIS/>

Two Prevention Quality Indicators (PQIs) are related to asthma, which include chronic obstructive pulmonary disease (COPD) or Asthma in Older Adults, and Asthma in Younger Adults. In 2014, hospitalization rates for COPD and asthma were higher in Kern County than the state.

Asthma Hospitalization Rates* for Prevention Quality Indicators (PQI)

	Kern County	California
COPD or asthma in older adults	505.9	296.0
Asthma in younger adults	28.5	25.2

Source: California Office of Statewide Health Planning & Development, 2014. <http://www.oshpd.ca.gov>

* Age-adjusted annual rates per 100,000 hospitalizations.

Disability

Among adults in Kern County, 28.8% have been identified as having a physical, mental or emotional disability. This rate is slightly lower than the state rate of disability (29.9%). 5% of Kern County adults could not work for at least a year due to physical or mental impairment.

Population with a Disability

	Kern County	California
Adults with a disability	28.8%	29.9%
Couldn't work due to impairment	5.0%	5.2%

Source: California Health Interview Survey, 2014. <http://ask.chis.ucla.edu/AskCHIS/>

Community Input – Chronic Disease

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

- Arvin has some of the worst air quality in the country, not just the state. With asthma we are at the mercy of geography. Poor air quality gets trapped. We are also a major highway corridor.
- For healthy food access, we are one of the top counties in the nation that is food insecure. We are 9th highest in the US for food hardship. Taken together with the environment it's all interrelated.
- If you suffer from asthma then you may not go outside and be active and then you are gaining weight and you're not eating healthy food.
- A huge environmental challenge is that we can't get rid of our air so asthma, allergies and sinusitis are very prevalent.
- Heart disease we are 4th highest rate of 58 California counties. With diabetes we are 2nd highest in the state. This is an improvement from where we were; we used be #1 with both. So we're seeing some improvements with both areas.
- Contributing to diabetes is the weather in this area. It's a barrier to making lifestyle choices.
- There are social aspects to our convenience culture and the types of food that are available. We also have a lot of genetic modifications to most of our fruits and veggies and we're eating highly processed foods.
- Smoking rates are down but we still have higher rates than the state average.
- We live in an arid climate with lots of dust and particulate matters. We are in a bowl so inversion takes place that traps air.
- Chronic disease goes back to education. Diabetes can be largely controlled by diet and changing lifestyles.
- Because we have such high rates of cardiac issues, we could collaborate better and use more social media to remind people to walk, eat well, support one another with community challenges, go to parks and use facilities that are available.
- We should give incentive dollars to promote change.
- The challenge with diabetes is the understanding that what you eat and your physical activity and medications impact this disease. Many people have comorbidities and they may focus more efforts on the other diseases than diabetes.
- The Air Pollution Control District monitors organizations from an emissions standpoint. Our air has improved dramatically over the last 20 years.
- People with serious and persistent mental illness die on average 15 years earlier than other populations. Most of those deaths are related to preventative chronic diseases that could have been maintained. So our effort is to make sure they get their medical care.
- In the county we received an F grade for ozone levels from the American Lung Association.

- We are the worst county in CA for heart disease. This goes back to diet and exercise and ethnicity. A lot of diets and traditional meals are high fat and heavy foods.
- Geography and industry (oil and agriculture) contribute to asthma and breathing problems.

Cancer

In Kern County, the five-year, age-adjusted cancer incidence rate is 419.6 per 100,000 persons, slightly lower than the state rate. Respiratory system cancers (61.6) occurred at significantly higher rates than the state (51.2). Significantly lower rates of incidence for the county were found for male genital, digestive system, breast, and skin cancers.

Cancer Incidence, per 100,000 Persons, Age Adjusted, 2008-2012

	Kern County	California
All sites	419.6	424.9
Male genital	124.7	133.7
Digestive system	76.3	81.1
Respiratory system	61.6	51.2
Breast (either sex)	58.4	65.3
Female genital	47.2	47.6
Urinary system	35.6	33.5
Lymphoma	19.5	21.3
Skin	17.9	23.0
Endocrine system/thyroid	13.3	12.7
Oral Cavity and pharynx	12.6	10.4
Leukemia	12.0	12.5
Brain and nervous system	6.5	6.1

Source: California Cancer Registry, Cancer Surveillance Section, Cancer Surveillance and Research Branch, California Department of Public Health, 2008-2012. <http://www.cancer-rates.info/ca/>

Community Input – Cancer

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

- Our agricultural industry adds a lot of pesticides and herbicides to our environment, which can especially impact the health of kids. Building Healthy Communities is working on increasing the distance of active spraying that can be done within a school radius to 1 mile while school is in session. Currently we have a ¼ mile mandate.
- We have higher than average rates of breast cancer. There are theories that it's related to the hormones and chemicals in our livestock. The body retains these chemicals.

- In the McFarland cancer cluster, young children were diagnosed with very rare, strange types of cancer. It's believed there was a well contaminated by pesticides and it got concentrated. By the time the well was tested, it has reduced but the damage was done.
- Health screening is a challenge. We work with the American Cancer Society and the American Lung Association to increase awareness but it's still hard to get people in.
- We have great facilities for early diagnosis. It's about continued education as to how you educate the community about accessing care.

Health Behaviors

Health Behaviors Ranking

County Health Rankings examines healthy behaviors and ranks counties according to health behavior data. California's 57 evaluated counties (Alpine excluded) are ranked from 1 (healthiest) to 57 (least healthy) based on a number of indicators that include: adult smoking, obesity, physical inactivity, excessive drinking, sexually transmitted infections, and others. A ranking of 52 puts Kern County in the bottom 20% of California counties for health behaviors.

Health Behaviors Ranking

	County Ranking (out of 57)
Kern County	52

Source: County Health Rankings, 2015. <http://www.countyhealthrankings.org/app/california/2015/rankings/outcomes/overall>

Immunization of Children

Most area school districts have high rates of compliance with childhood immunizations upon entry into kindergarten. Schools in Kern County achieved a 93.5% compliance rate, higher than the state rate of 90.4%.

Up-to-Date Immunization Rates of Children Entering Kindergarten, 2014 – 2015

	Percent
Kern County	93.5%
California	90.4%

Source: California Department of Public Health, Immunization Branch, 2014-2015. <https://cdph.data.ca.gov/>

Flu

Among seniors, 73.6% of county residents have received a flu shot. These rates are higher than the Healthy People 2020 objectives of 70% of the population to receive a flu shot. 44.9% of adults in Kern County received flu shots. Adult flu shot compliance is below the Healthy People 2020 objective.

Flu Vaccine, past 12 months

	Kern County	California
Received flu vaccine, 65+ years old	73.6%	72.7%
Received flu vaccine, 18+	44.9%	43.4%

Source: California Health Interview Survey, 2014. <http://ask.chis.ucla.edu/AskCHIS/>

Mammograms and Pap Smears

The Healthy People 2020 objective for mammograms is 81% of women, 50 to 74 years old, to have a mammogram within the past two years. In Kern County, women have

exceeded that objective with 87.5% obtaining mammograms. 84.7% of county women aged 18 and older reported having had a pap smear.

Women Mammograms & Pap Smears

	Kern County	California
Women ages 50 to 74 who reported having a mammogram in the past 2 years	87.5%	85.9%
Women 18+ who reported having a pap smear within the past 3 years	84.7%	89.9%

Source: California Health Interview Survey, 2007 & 2012. <http://ask.chis.ucla.edu/AskCHIS/>

Colorectal Cancer Screening

In Kern County, the rate of compliance for colorectal cancer screening is 75.1%, which exceeds the Healthy People 2020 objective for colorectal cancer screening of 70.5%. Of adults advised to obtain screening, 66.7% of county residents were compliant at the time of the recommendation.

Colorectal Cancer Screening, Adults 50+

	Kern County	California
Screening Sigmoidoscopy, colonoscopy or fecal occult blood test	75.1%	78.0%
Compliant with screening at time of recommendation	66.7%	68.1%

Source: California Health Interview Survey, 2009. <http://ask.chis.ucla.edu/AskCHIS/>

Overweight and Obesity

In Kern County, 24.2% of the adult population reported being overweight, lower than the state (36.2%). 15.6% of teens and 18.2% of children in the county are overweight.

Overweight

	Kern County	California
Adult (ages 20+ years)	24.2%	36.2%
Teen (ages 12-17 years)	15.6%	16.3%
Child	18.2%	13.6%

Source: California Health Interview Survey, 2014. <http://ask.chis.ucla.edu/AskCHIS/>

The Healthy People 2020 objectives for obesity are 30.5% of adults and 16.1% of teens. Residents of Kern County are above these target rates.

Obese

	Kern County	California
Adult (ages 20+ years)	50.4%	27.0%
Teen (ages 12-17 years)	18.5%	14.6%

Source: California Health Interview Survey, 2014. <http://ask.chis.ucla.edu/AskCHIS/>

When adult obesity levels are tracked over time, Kern County shows an increase in obesity that is larger than the increase in obesity rates reported statewide.

Adult Obesity over Time

	2005	2007	2009	2011	2012	2013	2014	Change 2005-2014
Kern County	30.5%	29.8%	33.2%	34.0%	34.9%	32.1%	52.7%	+22.2
California	21.6%	23.2%	23.0%	25.4%	24.8%	25.2%	27.5%	+5.9

Source: California Health Interview Survey, 2005, 2007, 2009, 2011-2012, 2013 & 2014. <http://ask.chis.ucla.edu/AskCHIS/>

Adult overweight and obesity (combined) by race and ethnicity indicate rates among Latinos (87.7%) and Whites (75.9%) in the hospital community area are higher than those in the state.

Adult Overweight and Obesity by Race/Ethnicity

	Kern County	California
African American	35.3%	73.5%
Asian	--	44.0%
Latino	87.7%	74.7%
White	75.9%	60.1%
Total adult population	76.9%	63.7%

Source: California Health Interview Survey, 2014. <http://ask.chis.ucla.edu/AskCHIS/>

The physical fitness test (PFT) for students in California schools is the FitnessGram®. One of the components of the PFT is measurement of body composition (measured by skinfold measurement, BMI, or bioelectric impedance). Children who do not meet the "Healthy Fitness Zone" criteria for body composition are categorized as needing improvement or at high risk (overweight/obese). Nearly half of Bakersfield area fifth graders (48.8%) and 41.2% of ninth graders scored as needing improvement or at high risk for the body composition criterion. More than half of district had rates above the state average.

5th and 9th Graders, Body Composition, Needs Improvement + High Risk

	Fifth Grade	Ninth Grade
Bakersfield City	61.6%	n/a
Beardsley Elementary	44.1%	n/a
Edison Elementary	43.0%	n/a
Fairfax Elementary	61.5%	n/a
Fruitvale Elementary	35.5%	n/a
General Shafter Elementary	84.2%	n/a
Greenfield Union	47.8%	n/a

	Fifth Grade	Ninth Grade
Kern High	n/a	41.2%
Lakeside Union	51.5%	n/a
Lamont Elementary	57.1%	n/a
Norris Elementary	31.2%	n/a
Panama-Buena Vista Union	38.7%	n/a
Rio Bravo-Greeley Union Elementary	19.8%	n/a
Rosedale Union Elementary	32.6%	n/a
Standard Elementary	40.8%	n/a
Vineland Elementary	52.9%	n/a
Bakersfield Area	48.8%	41.2%
Kern County	47.1%	40.8%
California	40.5%	35.8%

Source: California Department of Education Fitnessgram Physical Fitness Testing Results, 2013-2014.

<http://dq.cde.ca.gov/dataquest/>

When weight status is examined by gender, females are at a higher percentage of healthy weight or underweight in among Kern County students in 5th, 7th and 9th grades.

Students Who Are at a Healthy Weight or Underweight, by Gender and Grade Level, 2014

	Grade 5	Grade 7	Grade 9
Female	56.5%	56.8%	60.1%
Male	49.4%	53.7%	58.3%

Source: [As cited on kidsdata.org](#), California Dept. of Education, Physical Fitness Testing Research Files.

<http://www.cde.ca.gov/ta/tg/pf/pfresearch.asp> (Jan. 2015).

Fast Food

In Kern County, 81.7% of children and teens consume fast food at least once a week, higher than the state rate of 72.4%. Among adults in the county, 61.9% consume fast food at least once a week, comparable to the state rate (62.7%).

Fast Food Consumption

	Kern County	California
Children and teens who were reported to eat fast food one or more times a week	81.7%	72.4%
Adults who reported eating fast food one or more times a week	61.9%	62.7%

Source: California Health Interview Survey, 2014. <http://ask.chis.ucla.edu/AskCHIS/>

Soda Consumption

17.0% of children in Kern County consume at least two sodas or sweetened drinks a day. County adults are less likely to consume higher rates of sweetened drinks (7.6%) compared to state averages.

Soda or Sweetened Drink Consumption

	Kern County	California
Children reported to drink at least two sodas or sweetened drinks a day	17.0%	14.2%
Adults who reported drinking at least 7 sodas or sweetened drinks weekly	7.6%	10.1%
Adults who reported drinking no soda or sweetened drinks weekly	50.7%	61.4%

Source: California Health Interview Survey, 2014. <http://ask.chis.ucla.edu/AskCHIS/>

Fresh Fruits and Vegetables

48.6% of children and 33.5% of teens in Kern County consume five fruits and vegetables in a day. A majority of adults (76%) report that they could usually or always find fresh fruits and vegetables in the neighborhood. In contrast, 22.6% of adults sometimes or never found fresh produce in the neighborhood, higher than the state average.

Access to and Consumption of Fresh Fruits and Vegetables, Adults

	Kern County	California
Children who reported eating 5 or more servings of fruit/vegetables in the past day	48.6%	50.7%
Teens who reported eating 5 or more servings of fruit/vegetables in the past day	33.5%	23.4%
Adults who reported finding fresh produce (fruits and vegetables) in the neighborhood sometimes or never	22.6%	12.2%
Adults who reported finding fresh produce (fruits and vegetables) in the neighborhood always or usually	76.0%	86.7%

Source: California Health Interview Survey, 2011-2012, 2014. <http://ask.chis.ucla.edu/AskCHIS/>

Physical Activity

For school-aged children in Kern County, 33.8% engage in physical activity for at least one hour a day, 7 days a week. Children were less likely to visit a park, playground or open space in the last month, at 75.2%, compared to the state rate of 83.9%.

Physical Activity, Children Ages 6-17

	Kern County	California
Activity available one hour or more per day, 7 days per week (ages 5-11)	33.8%	32.8%
Visited a park, playground or open space in the last month (ages 1-17)	75.2%	83.9%

Source: California Health Interview Survey, 2014. <http://ask.chis.ucla.edu/AskCHIS/>

Among adults in Kern County, 16.4% participate in non-walking vigorous physical activity at least 20 minutes per day and three days per week. 70.4% of adults walked for transportation, fun, or exercise.

Physical Activity, Adults

	Kern County	California
Vigorous physical activity at least 20 mins/day and 3 days/week (excludes walking)	16.4%	16.5%
Walked for transportation, fun, exercise	70.4%	77.2%

Source: California Health Interview Survey, 2009. <http://ask.chis.ucla.edu/AskCHIS/>

One of the components of the physical fitness test (PFT) for students is measurement of aerobic capacity through run and walk tests. Among area fifth graders, 53.4% met the Healthy Fitness Zone standards for aerobic capacity and 66.4% of ninth graders meet the standards. At the fifth grade level, the highest performing districts include Norris Elementary and Rio Bravo-Greeley Union Elementary, while the lowest performing districts include Fairfax, Bakersfield City, and Lamont Elementary school districts.

5th and 9th Grade Students, Aerobic Capacity, Healthy Fitness Zone

	Fifth Grade	Ninth Grade
Bakersfield City	39.1%	n/a
Beardsley Elementary	59.1%	n/a
Edison Elementary	60.7%	n/a
Fairfax Elementary	24.2%	n/a
Fruitvale Elementary	67.0%	n/a
General Shafter Elementary	42.1%	n/a
Greenfield Union	57.5%	n/a
Kern High	n/a	66.4%
Lakeside Union	54.5%	n/a
Lamont Elementary	45.3%	n/a
Norris Elementary	80.0%	n/a
Panama-Buena Vista Union	64.9%	n/a
Rio Bravo-Greeley Union Elementary	88.1%	n/a
Rosedale Union Elementary	66.7%	n/a
Standard Elementary	57.3%	n/a
Vineland Elementary	66.2%	n/a
Bakersfield Area	53.4%	66.4%
Kern County	55.0%	65.1%
California	63.4%	63.9%

Source: California Department of Education Fitnessgram Physical Fitness Testing Results, 2013-2014.

<http://dq.cde.ca.gov/dataquest/>

Community Input – Overweight and Obesity

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

- We see fewer home cooked meals. Both parents are working and the kids are at home eating a lot of junk food and tending for themselves.
- Awareness doesn't cause a change in behavior. So policy change is a huge step in the right direction like schools not serving junk food and soda on campus.
- This depends a lot on your community. In East Bakersfield there is no walkability, no walkways or streetlights. Southeast is particularly bad with lots of empty lots and crime and everything is spread so far apart. In Northwest Bakersfield, they walk a lot. I think it also depends on culture.
- We've really tried to attack this issue locally. When you look at partnerships that have happened private/public they have been incredibly helpful. We have two charter schools that are funded by agriculture companies and put a big focus on healthy lunches, community gardens: Paramount and Grimmway Farms. They actually have reached out to the public schools around them to help support more school gardens.
- There is fast food on every corner in poor neighborhoods and it's not always healthier food choices. It's relatively cheap and it fills the stomach and tastes good. Our culture is focused on what's convenient, what's appealing to the eye and tastes good versus what our body needs to be healthy.
- The geography makes it imperative to have a vehicle here so there is not a lot of walking, and with environmental factors like air quality, climate and temperature it is not conducive for persons to be outdoors all of the time.
- Recently a neighborhood Wal-Mart opened in East Bakersfield. It's nice to have a neighborhood store and groceries. They are opening up several of them. There are lots of low-income apartments around nearby so now people within the area can access that resource.
- Often people don't have enough money to buy fresh food and produce so they are buying Raman noodles or going to the food bank for canned foods with lots of sodium and empty calories.
- Community gardens work in areas where people care about their environment and are educated about them. Unless it's heavily supervised here, it isn't sustainable. Here, it needs to be protected and we need to have instructors.
- Calfresh program is hard to access so it's underutilized. In Southeast Bakersfield there are a lot of people who qualify and a lot of mom and pop shops that do EBT. Grocery stores accept it too. But there is not a lot of fresh food.
- In Los Angeles people can use their EBT for fast foods. Here in Kern, we don't do it.

Sexually Transmitted Infections

HIV/AIDS

In 2013 there were 1,208 cases of persons living with HIV/AIDS in Kern County.

HIV/AIDS, 2013

	Total Cases	Living Cases	Percent Deceased
Kern County	2,049	1,208	41%
California	169,734	73,291	57%

Source: California Department of Public Health, HIV AIDS Surveillance in California, 2013.

<http://www.cdph.ca.gov/data/statistics/Pages/OAHIV/AIDSStatistics.aspx>

Sexually Transmitted Diseases

Rates of Chlamydia in Kern County are 719.5 per 100,000 persons, higher than the state rate of 453.4. The rate of Gonorrhea is 176.8 per 100,000 persons, which is higher than the state rate of 116.8. Primary and Secondary Syphilis (16.2) is also higher than the state average, while Early Latent Syphilis is slightly lower, at 4.6 per 100,000 persons.

STD Cases, Rate per 100,000 Persons, 2014

	Kern County		California
	Cases	Rate	Rate
Chlamydia	6,276	719.5	453.4
Gonorrhea	1,542	176.8	116.8
Primary & Secondary Syphilis	141	16.2	9.9
Early Latent Syphilis	59	4.6	6.8

Source: California Department of Public Health, 2014. <http://www.cdph.ca.gov/data/statistics/Pages/STDDataTables.aspx>

Community Input – Sexually Transmitted Infections

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

- HIV rates are increasing for African American women.
- If you want birth control, you have to go to the Department of Public Health or a nonprofit and not a lot of kids are doing that.
- This County is in the middle of a syphilis outbreak. Young mothers have no prenatal care and come to the ED to deliver babies with congenital syphilis. Treatment takes over 3 weeks and it's very hard to keep track of them after they leave.
- This is really a migrant population issue. And it's about cultural background differences.
- Incidence is directly proportional to society. We are pretty tolerant of almost everything.

- Up until recently, comprehensive age appropriate sex education wasn't mandatory in public schools, so they'd take the path of least resistance. We do a comprehensive program in a few schools but we need to hit all schools all the time. I fully believe when young people are given accurate information in a supportive environment they can make better choices.
- With an economic crisis, prevention programs are always the first to go and it comes back with explosive rates of STDs. We are seeing a hint now and we are starting to see HIV infections in adolescents. We had 7 of them last year, the highest number ever.
- There is a belief that if we give information on contraception then we are giving permission to have sex. Families need to express their values and expectations and always tell young people that the only 100% way to not get pregnant or get an STI is to be abstinent until one is ready to be in long-term relationship. You can always give that message, but people make their own choices and should have the tools that will be with them for the rest of their lives.

Mental Health and Substance Abuse

Mental Health

In Kern County, 17.1% of adults experienced serious psychological distress in the past year. 21.4% of adults needed help for emotional, mental health, alcohol or drug issues, and 85.5% of those who sought or needed help did not receive treatment. The Healthy People 2020 objective is for 64.6% of adults with a mental disorder to receive treatment (35.4% who do not receive treatment).

Mental Health Indicators, Adults

	Kern County	California
Adults who has likely had serious psychological distress during past year	17.1%	7.7%
Adults who needed help for emotional-mental and/or alcohol-drug issues in past year	21.4%	15.9%
Adults who saw a healthcare provider for emotional/mental health and/or alcohol-drug issues in past year	3.8%	12.0%
Adults who sought/needed help but did not receive treatment	85.5%	43.4%
Adults who took prescription medicine for emotional/mental health issue in past year	8.0%	10.1%

Source: California Health Interview Survey, 2014. <http://ask.chis.ucla.edu>

In Kern County, 9.5% of teens needed help for an emotional or mental health problem and 13% received counseling.

Mental Health Indicators, Teens

	Kern County	California
Teens who needed help for emotional / mental health problems in past year	9.5%	23.2%
Teens who received psychological/ emotional counseling in past year	13.0%	11.6%

Source: California Health Interview Survey, 2014. <http://ask.chis.ucla.edu>

Among adults in Kern County, 26.8% reported they received insufficient social and emotional support all or most of the time.

Lack of Social or Emotional Support

	Kern County	California
Adults who received insufficient social and emotional support	26.8%	24.6%

Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2006-2012. [Health Indicators Warehouse](#).

In Kern County, 3.4% of adults had seriously considered suicide.

Thought about Committing Suicide

	Kern County	California
Adults who ever seriously thought about committing suicide	3.4%	7.8%

Source: California Health Interview Survey, 2014. <http://ask.chis.ucla.edu>

In Kern County, the age-adjusted rate of suicide is 13.2 per 100,000 persons. This is higher than the state and Healthy People 2020 objective of 10.2 per 100,000 persons.

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

	Kern County	California
Suicide death rate	13.2	10.2

Source: California Department of Public Health, 2012-2014 <http://www.cdph.ca.gov/programs/ohir/Pages/CHSP.aspx>.

Cigarette Smoking

In Kern County, 10.1% of adults smoke cigarettes, lower than the state rate (11.6%) and the Healthy People 2020 objective of 12%.

Cigarette Smoking, Adults

	Kern County	California
Current smoker	10.1%	11.6%
Former smoker	23.0%	22.4%
Never smoked	67.0%	66.0%

Source: California Health Interview Survey, 2014. <http://ask.chis.ucla.edu/AskCHIS/>

12.5% of teens in Kern County are current cigarette smokers, which is greater than the state rate of 3.5% teen smokers. 21.6% of teens in Kern County have smoked an e-cigarette, higher than the state rate of 10.3%.

Smoking, Teens Ages 13-19

	Kern County	California
Current cigarette smoker	12.5%	3.5%
Ever smoked an e-cigarette	21.6%	10.3%

Source: California Health Interview Survey, 2014. <http://ask.chis.ucla.edu/AskCHIS/>

Alcohol and Drug 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 county adults, 40.9% had engaged in binge drinking in the past year, higher than the state rate of 32.6%. Among teens, 11.9% reported binge drinking in the last month, also higher than the state rate.

Alcohol Consumption and Binge Drinking, Adult

	Kern County	California
Adults reporting binge drinking in the past year	40.9%	32.6%
Teens reporting binge drinking in the past month	11.9%	3.6%

Source: California Health Interview Survey, 2014. <http://ask.chis.ucla.edu/AskCHIS/>

In Kern County, 10.7% of teens have tried drugs and 9.7% have used marijuana in the past year. Teen marijuana use is higher than among teens in the state.

Teen Illegal Drug Use

	Kern County	California
Ever tried marijuana, cocaine, sniffing glue, other drugs	10.7%	12.4%
Marijuana use in past year	9.7%	8.6%

Source: California Health Interview Survey, 2012. <http://ask.chis.ucla.edu>

Community Input – Mental Health and Substance Abuse

Stakeholder interviews identified the following issues, challenges and barriers related to mental health and substance abuse:

- I believe about 70-80% of homelessness is related to mental health issues. We have a few facilities that offer immediate or around-the-clock mental health, hope, and beds. Their beds are consistently full, so there is a lot more need than services currently available.
- Culturally some groups view mental health as a weakness and don't talk about it. Also, immigrant populations experience stress from navigating a new life and being undocumented, concerned about deportation, or being taken advantage of at work.
- We are the 3rd largest county by geography and 11th for the largest population. The largest role is played by County. They try to partner with everyone but they're underfunded. We had bond funding (2006-2010) that aimed at increasing services and reach, but overall mental health funding has dwindled.
- A big piece of what goes on is a lot of people that are chronically homeless are not interested in going to our programs that are meant to get them re-housed, working, etc. Homeless funding is coming from HUD, but it really needs to come from a federal level for mental health. It's a unique population.
- Our mental health plan is for the serious and persistent, and not for people with insurance or people who could otherwise be treated by their PCP.
- Too often the disenfranchised experience access issues and they use the ED for routine needs.
- Lots of kids try to get a job at a fast food joint or mall and they aren't getting them so they stick to what they know: smoking pot and hanging with friends.
- We are too 'siloed.' We take money and build programs. We'd serve the community better by connecting people to existing services.
- Our mental health plan treats the entire County. We are trying to reinvent our connections with hospitals, schools, and the police in smaller rural communities like Lake Isabella. I'm trying to work with hospitals, all ED and psych beds, but it's like herding cats; social services comes to the table but not ED doctors. We

used to go to hospitals twice a year with key staff but cohesiveness with hospitals is always difficult.

- Mental health may be guarding its door, hospitals may be misdiagnosing or want to inappropriately transfer patients. There is a lack of knowledge on both sides what the other is doing. We need to build that relationship and open communications.
- People who are on Medi-Cal get comprehensive mental health because of case management and wraparound services.
- Our mental health agency has a new administration and we see an increased desire to collaborate with other agencies. Access for our clients has greatly increased. We have clinicians in several of our offices now. They have contracts with providers and our provider network has increased in the last year.
- When we look at demographics by zip code and ask do we have easy access to mental health facilities in those communities where schools are? My answer is no. We need something on school campuses.
- Our Hispanic culture says your behavior is serious but it's interpreted as you aren't behaving well, not that it is something in our brain.
- County mental health folks are so understaffed and resourced and there are endless clients who need help. It is difficult for them to serve their clients, especially with any degree of success and longevity.
- Often people who need services have transportation challenges and family issues so there are a huge number of people without access to counseling and medications.
- Delano has 2 or 3 prisons in the area. When the prisoners came in, their families followed. And then they get out and stay in the neighborhood. Issues come about.
- Some people think counseling is waste of time, talking to a stranger won't help. They don't trust therapists and prescriptions, they don't think treatment drugs are good for their body, and they don't want to get addicted.
- Drugs are readily available. Kids watch parents and they aren't setting a good example. Kids think this is part of life.
- We have a lot of functional addicts and lots of issues of denial so they don't seek treatment, even the ones who can afford it.
- Drugs are a big deal here for teens in the Arvin area. Kids are taking cocktails of prescription medication mixes.
- We hire between 15- 30 people a year and 30% of people who we extend offers to fail their drug screen. Abuse is very prevalent here and it's hard to get a job.
- Very high rates of substance abuse - meth to spice and bath salts with our youth. We also have issues around pain medication addiction and abuse. You don't

hear much about it, but #1 is still alcohol. We have more than our fair share of car accidents with deaths due to drinking.

- County is working very hard to create a more robust mental health and substance abuse treatment.
- This is almost epidemic along with family violence. You see a lot of families with domestic violence, mental health and substance abuse.
- Kern County used to be a big area to grow or manufacture drugs. It's reduced, but we are still a hub of transport.
- Real issues with meth, heroin, alcohol and pot. There are high relapse rates.
- We get 2-3 kids a day who we have to call the paramedics for or they need detox.
- Kern County is a pipeline for drugs. DEA had a spice bust here. We're a transportation zone – we're between North and South CA and the Mexican mafia.
- Pot use has increased. Meth use is not that high with teens but it is high with adults. A lot of people in fields like transportation and agriculture are addicted and there has also been a big comeback of heroin.
- We lack an in-house treatment facility for teens for substance abuse. This is a gap. There is always a waiting list, even for adults trying to get in-house treatment.
- There are a number of programs now that the court refers to for decriminalization of some abuse and illegal activities that has allowed people get treatment vs. jail but there are capacity issues.
- It can be very expensive to access substance abuse counseling and treatment and even private insurance is not sufficient to fully pay for treatment.
- There is huge use of drugs and a shortage of affordable rehab centers. People go to LA or back to Mexico for treatment because it's so cost prohibitive here.
- Meth is everywhere and pot is so pervasive now because it's so easy to get and there is no longer a taboo since it's so widely available. With collectives everywhere, it's in the high schools. It's the gateway to other drugs.
- Our community based rehab organizations aren't providing holistic-based care so people are relapsing. The reality is we can put you in rehab, but you need the skills to avoid your old behaviors and triggers. When they go back to the same neighborhood and people, they relapse.

Attachment 1. Community Stakeholder Interviewees

Community input was obtained from public health professionals, community members and representatives from organizations that represent medically underserved, low-income, and/or minority populations.

Name	Title	Organization
Jennifer Ansolabehere	Senior Public Health Nurse	Kern County Department of Public Health
Sumeet Batth	Recreation Manager	Delano Parks and Recreation
Jennie Capucau	Senior Public Health Nurse	Kern County Department of Public Health
Justin Cave	Executive Director	Advanced Center for Eyecare
Imelda Ceja-Butkiewicz	Community Project Specialist	Kern County Department of Public Health
Morgan Clayton	President	Tel-Tec Security
Joan Collins	Community Member	
Tom Corson	Executive Director	Kern County Network for Children
Kathy Daniel	Occupational Health Nurse	Aera Energy
Colleen Dillaway	Director of Sales and Marketing	Bright House Networks
Mikie Hay	Director, Community Affairs	Jim Burke Ford
Pam Holiwell	Assistant Director	Kern County Department of Human Services
Linda Hinojosa	Health Services Coordinator	Delano Union Elementary School District
Diana Hoover	Director	City of Bakersfield Parks and Recreation Department
Louie Iturriria	Director, Marketing and Member Services	Kern Health Systems
Mariel MehdiPour	Director of Community Wellness	Kern County Department of Public Health
Gloria Morales	Services Coordinator	Mercy Services Corporation
Sr. Judy Morasci	Vice President, Mission Integration	Mercy Hospitals of Bakersfield
Carla Musser	Manager, Policy, Government and Public Affairs	Chevron
Genie Navarro	Property Manager	Mercy Services Corporation
Nick Ortiz	Director of Public Relations	Bakersfield Chamber of Commerce
Eddie Paine	President	Foundation Financial
Michelle Pearl-Krizo	Coordinator	Kern County Department of Public Health
Bill Phelps	Chief of Programs	Clinica Sierra Vista
Tomeka Powell	President and Chief Executive Officer	Black Chamber of Commerce
Norma Rojas-Mora	Executive Director	Housing Authority of the County of Kern
Cheryl Scott	Vice President	Kern Economic Development Corporation
Sandra Serrano	Chancellor	Kern Community College District
Bhavna Sharma	Lead Coordinator	Global Family Care Network
Isabelle Silvia	Manager of Health Education and Disease Management	Kern Health Systems
Jay Tamsi	Director	Hispanic Chamber of Commerce

Name	Title	Organization
Melvina Terry	Senior Public Health Nurse	Kern County Department of Public Health
William Walker	Director	Kern County Department of Mental Health

Attachment 2. Community Survey

A community survey was distributed to residents in Kern County from September 21 – October 23, 2015. The survey was available in an electronic format through a Survey Monkey link, and in a paper copy format in English and Spanish. The hospitals distributed the surveys to their clients, in hospital waiting rooms and service sites, and through social media, including posting the survey link on hospital Facebook pages. The survey was also distributed to community partners who made them available to their clients. A written introduction to the survey questions explained the purpose of the survey and assured participants the survey was voluntary, and that they would remain anonymous. For community members who were illiterate, an agency staff member read the survey introduction and questions to the client in his/her preferred language and marked his/her responses on the survey.

The survey received 935 respondents. A summary of the survey results follows.

What is the biggest health issue facing your community?

Top 8 Health Issues

Health Issues	Number of Respondents
Obesity	169
Diabetes	162
Heart disease	64
Cancer	51
Addiction/Drug abuse	49
Air Quality/Pollution	49
Asthma	38
Mental health	37

More Health Issues

Health Issues	Number	Health Issues	Number
Flu	26	Poverty	13
Poor diet	23	Valley fever	12
Underinsured/Access	23	Homelessness	12
Cost of insurance/Care	20	Chronic disease	11
Allergies	20	Teen pregnancy	11
Lack of insurance	18	Hypertension	10
Cholesterol	17	STDs	9
Need more doctors	16	Smoking	9
Lack of exercise	15	Food	8
Dental	14	Preventive services and immunizations	8
Transportation	14	Undocumented services	7
Long waits for doctor appointments	14	ER overcrowding/misuse/quality	7
Distance to get to doctor	13	Navigating the system/Patient education	7

Other (1-6): pesticides, thyroid, arthritis, Hepatitis C, lack of services, vandalism, clothing, lack of education for elderly, autism/ADHD, information on services, affordable housing, stress, violence, jobs, poor parenting

Where do you or your family members go most often to receive routine health care services?

Location	Number of Respondents
Primary care physician/My doctor/Family doctor	326
Clinica Sierra Vista	114
Kaiser	78
Clinic/Free Clinic/Community Health Center	30
Omni	24
Bakersfield	15
Delano	10
San Joaquin	10
Dignity Health	7
Kern	7

Other (1-6): urgent care, Memorial, Mexico, Shafter, Hospital, Sagebrush, rural, Senior Center, Zacoalco, Fernando Bravo, High Grove, Poly Clinic, Bakersfield Family Medical Center, CBCC, Welly, Gemcare, Mt. Mesa, Arvin, Lamont, ER, Health Fairs, Lancaster, Palmdale, Dept. Human Services, Frazier Mountain, Visalia, San Luis Obispo

What kinds of problems do you or your family face obtaining care or supportive services?

Problems Faced	Number of Respondents
Long waits to get appointments/long waits at the doctor's office	126
Financial	122
Transportation/Distance	91
None	78
No insurance/Doctor does not take insurance	65
Finding Time with work/children	49
Referral/Gatekeeper process	30
Mental health	16

Other (1-12): child care, after hours needed, urgent care clinic, dr. does not listen or take time, holistic care, getting medications, lack of knowledge of resources, need better doctors, need more doctors, language barriers.

What would make it easier for you and your family to obtain care?

Easier to Obtain Care	Number of Respondents
Health insurance/Affordable insurance/Lower costs for care/lower co-pays	119
Transportation	50
After-hour clinic hours	47
Shorter waits	31
More doctors/staff	24
More appointments	20
Healthcare that is convenient/local/close to work	11
More doctors/dentists take Medi-Cal/Denti-Cal	9
No referral/gatekeeper	9
Dental coverage/cost relief	9

Other (1-8): jobs, food, help for seniors, mental health, better education on access, more urgent care, bilingual services, free community services, more clinics, increased communication with doctors and insurance, support for caregivers, coordination of emergency services, health outreach, more compassionate care, national health coverage, low-income housing, easier to get medical records, more holistic care, navigation services, better customer service, in home care

What type of support or services do you see a need for in this community?

Support or Services	Number of Respondents
Transportation	49
Food that is healthy and affordable	36
Mental health	36
More clinics and services	31
Healthy living education	29
Affordable dental care	27
Specialists	26
More physical activities	23
Support for insurance and care costs	23
Free/Low cost services	20

Other (1-19): clothing, grocery stores, support groups, homeless center, parks and green space, community garden, air quality, urgent care, sober living/addiction counseling, after hour appointments, bilingual, better doctors, medication costs, vision, jobs, mortgage assistance, family planning, in-home care, elderly care, navigation services, housing, autism, preventive services, better customer service, undocumented care, quality doctors, holistic care, stress management

In the past year, what healthy changes have you made in taking care of your health?

Healthy Changes	Number of Respondents
Healthy eating/Diet/Exercise	417
See doctor more	29
Routine check-up	9
Got insurance/Researched options	6
Stop smoking	4
Follow doctor orders	4

Others (1-3): not drink alcohol, worked more, medication, stopped using drugs, alternative medicine, leave of absence from work, dental, flu shot, be more social to reduce loneliness, meditation, air filter in house, had surgery

Other Comments

Top 5 Categories

- Need for better customer service
- More education and outreach/free services
- More mental health resources
- Reduce long ED wait times
- Keep up the great work

Age of Respondents

Age	Percent
Under age 20	0.7%
20-29	10.0%
30-39	19.3%
40-49	18.6%
50-59	24.1%
60-69	13.3%
70-79	10.0%
80 and over	4.0%

Insurance Coverage

Insurance Coverage	Percent
No health care insurance	10.6%
Medicaid/Medi-Cal	24.6%
Medicare	10.1%
Employer-based insurance (includes HMO)	51.1%
Other or don't know	3.6%

Attachment 3. Community Resources

Community resources to address the identified significant health needs are listed in the table below. This is not a comprehensive list of all available resources. For additional resources refer to Healthy Kern County at www.healthykern.org and 211 Kern County at <http://www.capk.org/211Kern/>.

Significant Health Needs	Community Resources
Access to Care	<ul style="list-style-type: none">• Our County has 19 local community collaboratives that are linkages. We have resource centers. We also have a large nonprofit clinic that is spread out and other community clinics.• Dignity Health and Cal State University Nursing program do screenings in the community.• The Advanced Center for Eyecare is a resource for optometry for people who are uninsured or underinsured.• Dignity Health's Community health programs and their promotoras.• Call to Action Kern 2010 looks at policy and system changes for health issues.• Prison realignment in jail. People are being linked to Medi-Cal before they're released.• County Hospital's 3-year residency program was going to close. Clinica Sierra Vista took it over in 2014. Our first class will graduate in 2017. Every year we will have 6 primary care residents graduating.• The Hispanic Chamber hosts Binational Health Week and provides free vaccinations, screenings and health education.• Kern County Department of Public Health.• Veterans Assistance Foundation.
Cancer	<ul style="list-style-type: none">• American Cancer Society.• American Lung Association.• Building Healthy Communities.• Local foundations help with cancer medication costs.• The Kern Cancer Group helps fund transportation costs.• Comprehensive Blood and Cancer Center.• The Black Chamber of Commerce partners with the Comprehensive Blood and Cancer Center to do cancer screenings in the community at the Bakersfield Senior Center.• Delano Relay for Life.
Chronic Disease (heart disease, asthma, diabetes, lung disease)	<ul style="list-style-type: none">• Dr. Kumar does a quarterly diabetes awareness campaign at the Vascular and Leg Center. We had all the Chambers and church leaders come and people who had amputations talked about the importance of watching their sugars and what happens after amputations.• Call to Action Building Healthy Communities (BHC) partnership looks at how we can support health. Within that framework we looked at schools with school wellness policies to do innovative physical activity and make it attractive for kids to be active, and changing the food in schools.• Faith organizations are creating joint use agreements to promote being physically active as well as health fairs and healthy options.• Elementary schools raise awareness on obesity and are innovating

Significant Health Needs	Community Resources
	<p>physical education to encourage walking and safe routes to school in collaboration with the city. It's not about team sports as much as it's individually based so people learn to be active for the rest of their lives vs. basketball and team sports. It's about running, and aerobics that doesn't require a team to do it. And encouraging walking to schools.</p> <ul style="list-style-type: none"> • Asthma Coalition of Kern County. • Delano Diabetes Clinic. • Kern County Call to Action. • Local worksite wellness programs. • Kern County Housing Authority has a no smoking policy in all their housing. • American Lung Association. • Clinica Sierra Vista.
Dental Care	<ul style="list-style-type: none"> • The dental hygienist program at Taft College provides very affordable cleanings. • Many nonprofit partners provide educational outreach on how to brush teeth and try to get the community to rethink what they are drinking. • Omni Family Health. • Nurse Family Partnership (NFP) is working with families to prevent kids from falling asleep with a bottle in their mouth and doing education about cleaning gums, even before they get teeth. • We're starting a dental collaborative here in Kern with health plans, schools, and the Kern County Dental Society. We're just starting to strategize what we need in our County. • 105 medical assistants trained at Clinica Sierra Vista about fluoride varnish and dental health education so when kids come, it can be addressed for everyone. Medi-Cal covers the treatment.
Maternal and Infant Health	<ul style="list-style-type: none"> • Black Infant Health. • Clinica Sierra Vista. • Omni Family Health. • Family resources centers are run by local school districts. They provide links to health for underserved communities. This is run through Kern County Superintendent of Schools Office. They collaborate with local school districts in underserved communities. They provide information to parents and students in the community, give services and linkages like the local food bank, and work with the homeless collaborative to ensure information gets out about rent assistance, Section 8, rapid re-housing, etc. • Junior League has a program called GAP that works with foster youth for self-esteem and sense of value and importance and working on goal setting to help prevent teen pregnancy. • Gloria Nelson Center for Women and Children. • Alliance Against Family Violence and Sexual Assault. • Kern County Department of Public Health. • WIC.
Mental health	<ul style="list-style-type: none"> • Access Kern County Network for Children is a mental health network to help get a diagnosis and where to get help. • Kern County Mental Health and Alliance Against Family Violence offer critical short and long term counseling to patients who have Medi-Cal.

Significant Health Needs	Community Resources
	<ul style="list-style-type: none"> • California State University Bakersfield (SCUB) has a master's program for clinical counseling and they have a clinic available to the public. • Mercy House on Mount Vernon. • National Association for Mental Illness (NAMI) is active in Kern. • There is an effort to collaborate better between the mental health department, sheriff, and other agencies. We also have a collaborative partnership to look at those mentally ill and in jail and increase those services. We already have this in our jail facilities. As soon as they get out, they help them transition to the outside world. • Children's Services works with all schools to improve access to mental health care. • Delano just got funding to build a Domestic Violence shelter. • Henrietta Weill Counseling Center in Delano. • If we have a known suicide, we send volunteers to the Coroner's office to work with family survivors. There is a lot of trauma guilt, etc. When they connect this way, the likelihood that they will seek care for themselves goes up. • We are piloting an open crisis stabilization unit at Ridgecrest Regional Hospital. People stay up to 23 hours, so they're not inpatient. SB82 funds. Mimic what we have in Bakersfield. Separate entrances for kids and adults and voluntary and non-voluntary. • We are working with hospitals and the police to identify people in the ED who really need linkages to mental health. We are following-up with people outside of the ED to make sure that they are getting services and not refusing them. • Restorative justice: Standard school district has some flexibility in how they use funds so they brought in counselors and connections with mental health and behavioral services with Clinica Sierra Vista with a different mindset. If we have a middle school student that is acting out, let's bring them in to redirect that anger and manage the stress and interact with others.
Overweight and Obesity	<ul style="list-style-type: none"> • Community Leadership Bakersfield. • Friendship House afterschool program is getting kids more active. • American Heart Association's Go Red Heart Health program does a grocery store walk with a nutritionist. It takes 3 hours and they walk down each aisle with the group and identify what people like to buy, what they should buy, and they discuss how marketing is used to get people to buy the wrong foods. • We're doing a jog and walk path. Also doing more bike routes. We have a bike master plan but we don't have enough space for it. • School programs in Delano and Bakersfield. They promote walking activity and healthy eating with kids and family, (k-5) and (k-8). • Reducing obesity is one of the goals of the County's Action Initiative. We did a pilot with providers to do education prescriptions for healthy eating and activity. There were challenges with provider time. Currently, we're looking at data to see if the pilot impacted the patient population at all. • Parks and Recreation in Bakersfield fed over 900 meals last month at our MLK center. For the first time, we are working with schools to provide afterschool snacks and dinner to kids at the center. They

Significant Health Needs	Community Resources
	<p>already get a healthy lunch at school, so now they are getting two healthy meals and a snack before they go home. Without us, many of them would go to bed hungry. We serve about 150 snacks/meals a day, five days a week.</p> <ul style="list-style-type: none"> • City of Delano had an employee get fit program last year. It was a year-long wellness program for city employees with free Zumba, juicing, walking with your supervisor, etc. We'd love to pick up again but we're short staffed. We're also thinking about getting that out to the community. • Schools are doing instant recess in the classroom, SPARK curriculum, after school programs, walking groups. There are a number of school based or community gardens. • In the Recreation center we have sports, peewee basketball, cheer camp, coed adult softball, tennis lessons, volleyball, open gym, loaded fitness class, martial arts, yoga, Zumba, racquetball. • USDA made changes in meal requirements in schools. • We have a Second Chance breakfast program in schools to tackle food insufficiency. • UC Co-op extension has done healthy cooking classes. • A clinic did a great Saturday class on cooking with vegetables. They brought different kinds of veggies and had people try and sample them. • Kaiser has a farmer's market on Sundays. • Kern County Nutrition Education and Obesity Prevention program.
Sexually Transmitted Infections	<ul style="list-style-type: none"> • Planned Parenthood. • Clinica Sierra Vista. • Kern County Department of Public Health has a website where you can ask questions and get a response in 24 hours. • Latino Leaders of Kern County. • Girl scouts for girls 7-11 is a really positive program here. • County Office of Education does sex education in HS and elementary schools in Bakersfield. But we are a conservative County so abstinence teaching is viewed as best. • Family PACT.
Substance Abuse	<ul style="list-style-type: none"> • Oildale Leadership Alliance does prevention, awareness and intervention. • Church Without Walls does services and kids programs. • Global Family works with girls in these areas to empower them and calm the intergenerational dysfunction. • We have a multidisciplinary task force with the Bakersfield police department and DHS and targeting children 8-12 and 11-14 to do preventive education around substance abuse and alcohol abuse. • County programs, like the Mental Health department provide substance abuse treatment. They have residential beds for treatment. • Kern Stop Meth Now Coalition puts a lot of effort into this. They are using a social marketing strategy. The Mental Health Department plays a lead and many agencies are participating, as well as law enforcement and the private sector. • There are few clinically based programs in town, a lot of sober living programs, 12 steps, Good Samaritan, and Aspire Action Family Counseling.

Significant Health Needs	Community Resources
	<ul style="list-style-type: none"> • Programs like Just Say No through the police department are no longer funded with budget issues in the state of CA. • Teen Challenge USA is a residential rehab facility outside of Bakersfield. It's a well-known local program but goes beyond Kern.

Attachment 4. Impact Evaluation

Mercy Hospitals developed and approved an Implementation Strategy to address significant health needs identified in the 2013 Community Health Needs Assessment.

The Implementation Strategy addressed the following health needs through a commitment of community benefit programs and resources: access to care, preventive care, cardiovascular disease (heart disease and stroke), diabetes, and asthma.

To accomplish the Implementation Strategy, goals were established that indicated the expected changes in the health needs as a result of community programs and activities. Strategies to address the priority health needs were identified and impact measures tracked. The following section outlines the impact made on the selected significant health needs since the completion of the 2013 CHNA.

Access to Care

The Community Health Initiative (CHI) of Kern County is a grant-funded project that works with more than 50 public, private and non-profit organizations to enroll children and adults into health insurance programs and educate them on how to utilize insurance. The CHI endeavors to provide access to healthcare for Kern County residents for whom no insurance program is available. The county-wide effort is further enhanced by providing training to Certified Enrollment Counselors (CECs) and by working with local and state stakeholders to streamline the sometimes-burdensome process of navigating the public health system. Our program works with dozens of local organizations to reach the different populations residing in Kern County. Partners include: community health centers, public health, social services, school districts, community-based organizations and other private and public stakeholders.

During FY14, we accomplished the following:

- Provided financial assistance (charity care and discounted care) to 5,945 people.
- Verified enrollment of 24,539 children and adults into health insurance programs through program employee efforts and partner agencies.
- Enrolled 5,775 children into Medi-Cal and 1,058 individuals were assisted by our Certified Enrollment Counselors with Medi-Cal and Covered California applications.
- Provided enrollment assistance in 19 new locations throughout the county.
- Regular enrollment support was established at Kern Medical Center through a partner agency.
- Created utilization services to educate newly-insured individuals about how to maximize their health insurance benefits.
- Added five new partner agencies to provide enrollment services.

- Conducted 12 trainings on the new enrollment practices of Covered California for partner agency personnel.

During FY15, we accomplished the following:

- Provided financial assistance (charity care and discounted care) to 12,522 people.
- Verified enrollment of 1,164 children and adults into health insurance programs.
- Provided enrollment assistance in 25 new locations throughout the county and 42 locations previously supported.
- Provided Outreach and Enrollment support at 48 events in collaboration with Dignity Health Marketing.
- The “My Path to Good Health” Booklet was created as an education tool for Certified Enrollment Counselors and a resource for clients who were provided application assistance. Confirming the scheduling of clients’ first doctor appointment within six months of enrollment did not begin this year.
- 100% of clients who received enrollment assistance by CHI employees were offered renewal assistance.
- One additional agency became a Certified Enrollment Entity associated with the Community Health Initiative.
- Conducted 11 partner trainings, with 398 partner agency personnel trained on the new enrollment practices of Covered California.

During FY16 (through December), we accomplished the following:

- Provided financial assistance (charity care and discounted care) to 2,378 people.
- Enrolled or renewed 280 individuals in health insurance through Medi-Cal and Covered California.
- Provided enrollment assistance in 20 new locations throughout the county and 29 locations previously supported.
- Provided Outreach and Enrollment support at 8 events in collaboration with Dignity Health Marketing.
- 100% of clients who received enrollment assistance by Community Health Initiative employees were offered renewal assistance.

Breast Health Program - provides qualifying women, ages 40 and under, who are poor and uninsured with a mammogram free of charge for preventive health care and when necessary, a breast ultrasound or a breast needle biopsy. Various community clinics and agencies refer qualifying patients to the hospitals. All three procedures are performed at the Women’s Health Center at Mercy Hospital Southwest. In FY14, the Breast Health Program provided 25 ultrasounds and 51 biopsies. 92% of the women

receiving biopsies and ultrasounds were Latino/Hispanic. In FY15, the Breast Health Program provided 18 ultrasounds, 1 mammogram and 38 biopsies. 17% of women receiving ultrasounds were African American, 11% White, and 72% Latino/Hispanic. In FY16 (through December), 17 ultrasounds, 1 mammogram and 19 biopsies were provided. 89% of women receiving biopsies were Latino/Hispanic.

Prescription Program - purchases necessary medications in emergency situations for people who must have the medicines for their health but have no money to buy them. The program also purchases necessary durable medical equipment (DME) and IV therapy. During FY14, the Prescription Program provided 423 patients with their needed prescriptions/DME and IV Therapy. In FY15, 323 patients were provided with prescription coverage, in FY16 (through December 2015) 112 persons received assistance.

Asthma

The Asthma Management project's goal is to bring a new level of asthma education and management to Kern County families, and to reduce repeated hospitalizations due to uncontrolled asthma. Certified Asthma Educators provide education to individuals and small groups throughout our county. Education is supported by state of the art technology that monitors a client's usage of both rescue and controller medications. This technology also notifies our educators when direct intervention is needed to help a client avoid an asthma crisis. Our program partners with Kern Health Systems, the American Lung Association and several local community organizations to achieve its goals.

In FY 16, Mercy and Memorial Hospitals, and Kern Health Systems signed an Operational Agreement with Propeller Health to manage 20 asthma patients for a year using a digital platform. Patients will participate in the Propeller Health self-management program.

- Identify and recruit 20 KHS members with asthma to participate in the pilot
- Provide sensor kits to pilot participants, Mercy and Memorial Hospitals and Kern Health Systems
- Distribute asthma sensor kits to KHS pilot participants and assist with activation
- Provide user support for both patients and providers through Propeller Health's technical support team
- Conduct home visit evaluations for asthma triggers and provide a summary of findings to KHS
- Provide asthma education in the home

- Monitor the KHS Propeller pilot participants on Propeller Health's enterprise dashboard to assess medication use
- Conduct follow up calls with members, as needed based on findings

Cardiovascular Disease and Diabetes

Our comprehensive Chronic Disease Self-Management Programs (Empowerment-Chronic Disease and Empowerment-Diabetes) are designed to provide patients who have diabetes and other chronic illnesses with the knowledge, tools and motivation needed to become proactive in their health. Each program seminar consists of six (6) weekly classes covering a variety of topics including nutrition, exercise, use of medications, communication with doctors, stress management, and evaluating new treatments.

During FY14, we accomplished the following:

- Completed 19 Empowerment -Chronic Disease and Empowerment -Diabetes Seminars in Kern County. A total of 8 seminars were for Diabetes Self-Management (6 Spanish, 2 English), and 11 seminars were for Chronic Disease Self-Management (10 Spanish, 1 English).
- 100% of participants with chronic diseases who completed the Empowerment - Chronic Disease and Empowerment -Diabetes seminars avoided admissions to the hospital or emergency department for the three months following their participation in the program.
- 147 participants completed Empowerment -Chronic Disease and Empowerment –Diabetes seminars.
- 15 new leaders for Empowerment -Diabetes Seminars were trained during the year – 8 for English Seminars and 7 for Spanish Seminars.
- Expanded access with Empowerment -Chronic Disease and Empowerment-Diabetes self-management seminars provided in Delano and through the Exceptional Families Center in Bakersfield.

During FY15, we accomplished the following:

- Completed 27 Empowerment-Chronic Disease and Empowerment-Diabetes Seminars in Kern County. A total of 11 seminars were for Diabetes Self-Management, and 16 seminars were for Chronic Disease Self-Management.
- 98.9% of participants with chronic diseases who completed the Empowerment-Chronic Disease and Empowerment-Diabetes seminars avoided admissions to the hospital or emergency department for three months following their participation in the program.

- 197 participants completed Empowerment-Chronic Disease and Empowerment-Diabetes seminars.
- Referrals are received from hospital Care Managers for patients who can benefit from Empowerment Seminars.
- Expanded access with Empowerment-Chronic Disease and Empowerment-Diabetes self-management seminars provided in Wasco, and four new locations in Bakersfield with a Community Needs Index (CNI) score of 3 or above, including Central Church and Bessie Owens Elementary School.
- Session Zero was tested on three Diabetes Self-Management Seminars and two Chronic Disease Self-Management Seminars. There was no difference seen in retention by using Session Zero in any of the seminars. However, it did save time during Session One. It also signals the leaders when a seminar needs to be split because of a large turnout.

During FY16 (through December), we accomplished the following:

- Completed 13 Empowerment-Chronic Disease and Empowerment-Diabetes Seminars in Kern County. A total of 8 seminars were for Diabetes Self-Management, and 5 seminars were for Chronic Disease Self-Management.
- 100% of participants with chronic diseases who completed the Empowerment-Chronic Disease and Empowerment-Diabetes seminars avoided admissions to the hospital or emergency department for three months following their participation in the program.
- 65 participants completed Empowerment-Chronic Disease and Empowerment-Diabetes seminars.
- Two new locations were added in Bakersfield with a Community Needs Index (CNI) score of 3 or above.

Preventive Care

The Community Wellness Program provides personalized in-home health education and monitoring, community health screening clinics, health education classes, and referrals to other local health care and social service resources. Our programs work with dozens of local community organizations to achieve its goals, including community health centers, public health, social services, school districts, and other private and public stakeholders.

During FY14, the Community Wellness Program accomplished the following:

- Provided 31,987 health screenings for blood pressure, cholesterol, glucose and BMI.
- Provided 13,750 clients with health education classes on high blood pressure, cancer, diabetes, and nutrition.

- Established community education classes on Asthma, Diabetes, Nutrition, and other topics throughout the county.
- Added three new monthly clinic sites – Delano Ellington Senior Center; Casa de Eva Senior Complex in Bakersfield; St. Vincent de Paul Homeless Center.

During FY15, the Community Wellness Program accomplished the following:

- Provided 31,130 health screenings for blood pressure, cholesterol, glucose and BMI.
- Provided 13,385 clients with health education classes on high blood pressure, cancer, diabetes, and nutrition.
- Achieved an average evaluation score of 4.75 (out of 5) from attendees at Community Health Education classes.
- Added a monthly Community Screening Clinic in Tehachapi.
- Provided multiple team approaches in providing mini-education sessions for screening clients, and scheduled Health Education Classes and Empowerment Seminars in nearby locations.

During FY16 (through December), we accomplished the following:

- Provided 14,860 blood pressure, cholesterol, glucose and BMI screenings throughout Kern County.
- Provided 499 clients with health education through in-home visits and classes/seminars including Empowerment-Chronic Disease and Diabetes.
- Provided 62 Community Health Education classes across the county.
- Added 5 new locations for Community Health Education classes.

The Homemaker Care Program provides homemaker services to frail elderly and disabled adults by helping them live independently for as long as possible. This program also provides job training to unemployed/hard to employ individuals by helping them learn marketable skills and transition into the work force.

During FY14, the Homemaker Care Program accomplished the following:

- Achieved an overall grade of 92% on total competency exam scores.
- Verified that 87% of graduates applied for a minimum of three jobs after program training.
- Provided 14,205 hours of in-home supportive services to senior and disabled clients.
- Increased full pay hours to 44% of total hours served.
- Provided 6 job fairs, one at the end of each training session.
- Included 6 employment recruitment opportunities for 68 students.

- Conducted 6 application assistance workshops.

During FY15, the Homemaker Care Program accomplished the following:

- Achieved an overall grade of 90% or more on total competency exam scores.
- Verified that 72% of 50 graduates applied for a minimum of three jobs after program completion.
- Provided 15,828 hours of in-home supportive services to at-risk seniors and disabled adults.
- Increased full pay hours to 59% of total hours served.

During FY16 (through December), the Homemaker Care Program accomplished the following:

- Conducted two 2-week training sessions.
- Graduated a total of 12 participants with an overall grade of at least 80% on competency exam scores.
- Provided 8,316 hours of in-home supportive services to at-risk seniors and disabled adults.

Healthy Kids in Healthy Homes addresses the issue of childhood obesity through 6-week seminars for children. The program provides information on the topics of nutrition, exercise, and lifestyle. Each session of the seminar is 1.5 hours with 45 minutes of nutrition education followed by 45 minutes of physical activity. The program takes place at various schools throughout Kern County for children in 4th, 5th and 6th grades. The Healthy Kids and Healthy Homes Program served 44 students during FY14, 74 students during FY15, and 73 students during FY16 (through December 2015).

Flu vaccinations are given to the community free of charge prior to the flu season. The Community Wellness Program provided 864 flu vaccinations during FY 2014, 1,414 during FY 2015, and 1,078 during FY 2016 (through December 2015).

Dignity Health Community Grants Program

An objective of Dignity Health's Community Grants Program is to award grants to organizations that partner together and whose proposals respond to the priorities identified in the health assessment and/or the community benefit plan of the hospital. These grant funded programs address all of the priority health needs found in the Implementation Strategy. Dignity Health grant funds are used to provide services to underserved populations (economically poor; women and children; mentally or physically disabled; or other disenfranchised populations). Below are the organizations who have been awarded grant funds during the past three years.

FY14

Alzheimer's Disease Association of Kern County

Low income elderly people diagnosed with Alzheimer's disease or other forms of dementia participate in Adult Day Services activities for cognitive, physical, and social stimulation to improve the quality of life and slow disease progression.

Bakersfield Pregnancy Center

This organization promotes healthy pregnancies and births by providing pregnancy testing, counseling, ultrasound, and a connection to prenatal care and Medi-Cal.

Bakersfield Association for Retarded Citizens (BARC)

This agency's dental program provided dental care in Kern County for non-insured and very vulnerable low income individuals for people with disabilities.

California Veterans Assistance Foundation

The agency provided dental services to homeless or very low income veterans that are a disenfranchised population that have limited or no income, or un/underinsured, and are not able to receive care through other community or federal agencies.

CASA of Kern County

This project addressed unmet health needs of foster children on psychotropic medications. After uncovering systemic gaps in psychiatric assessments through Kern County funded through Dignity Health in 2011, they addressed these needs through systemic and individual case advocacy.

Links for Life

Comprehensive breast health program (CBHP). This program targeted medically underserved individuals in Kern County who were under or uninsured and under the age of 40. Referrals and clinical services come to Links for Life through community health partners.

St. Vincent De Paul Center

Their homeless assistance program provided nutritious meals, clothing, personal hygiene kits, bus passes, and pay for prescription medications for homeless individuals and families with a special focus on maintaining a healthier environment in spite of chronic homelessness.

Westside Community Resource Center

This project provided prescription medications, bus passes, lice medication, and resource and referral services for underserved and disenfranchised children and adults

living in rural communities on the West Side of Kern County, in Taft and surrounding areas. It also provides essential infant supplies, health and safety education materials, and insurance application services for at risk young parents.

FY15

Advanced Center for Eyecare

Through the Building Better Vision Program, ACE ensured that 500 children throughout Kern County were provided with eye exams. For those needing glasses, 100% were provided a voucher for eyeglasses.

Alpha House of Taft

Alpha House worked with the Lions Club and Community Christian Fellowship to build a healthier community. They provided food, shelter, medical, and optical care for the poor in Taft, particularly battered and homeless women and their children.

American Lung Association

Healthy Lungs, Healthy Kids is a program that provided asthma education, training, and management tools to underserved children.

Garden Pathways

This neighborhood transformation program provided innovative opportunities for the poor and transient in 93301, 93305, and 93308 to build productive lives and lead their families to educational advancement, employment, family stability, self-sufficiency, healthy living, and improved quality of life.

West Side Community Resource Center

This program provided prescription medications, bus passes to medical appointments and services, lice medication, infant safety, basic needs supplies, health and safety information to local populations that are otherwise unable to afford or access medical and health services.

FY16

Advanced Center for Eyecare

The Building Better Vision Program provided eye exams, and glasses for children in Kern County and 100% were provided with a voucher for eyeglasses.

Alzheimer's Disease Association of Kern County

The Adult Day Service, Education, and Community Outreach Program specialized in care plans for underserved seniors and keeps families intact as the disease progresses

benefiting both caregivers and their loved ones and ensuring that caregivers have access to support services.

Links for Life

The Comprehensive Breast Health Program provided breast health care, education and support for women and families affected by breast cancer.

Saint Vincent De Paul

The Homeless Assistance Program provided services to support the health of underserved and at-risk homeless populations.

Westside Resource Center

Access to Healthcare and Family Sustainability on the Greater West Side provided prescription medications, transportation to medical services, lice treatment kits, car seats and safety supplies for infants, basic needs, and health and safety information for underserved children, and disenfranchised adults living in rural communities on the West Side of Kern County.