

2016 Community Health Needs Assessment

Mercy Hospital Downtown

Mercy Hospital Southwest

Bakersfield, California



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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

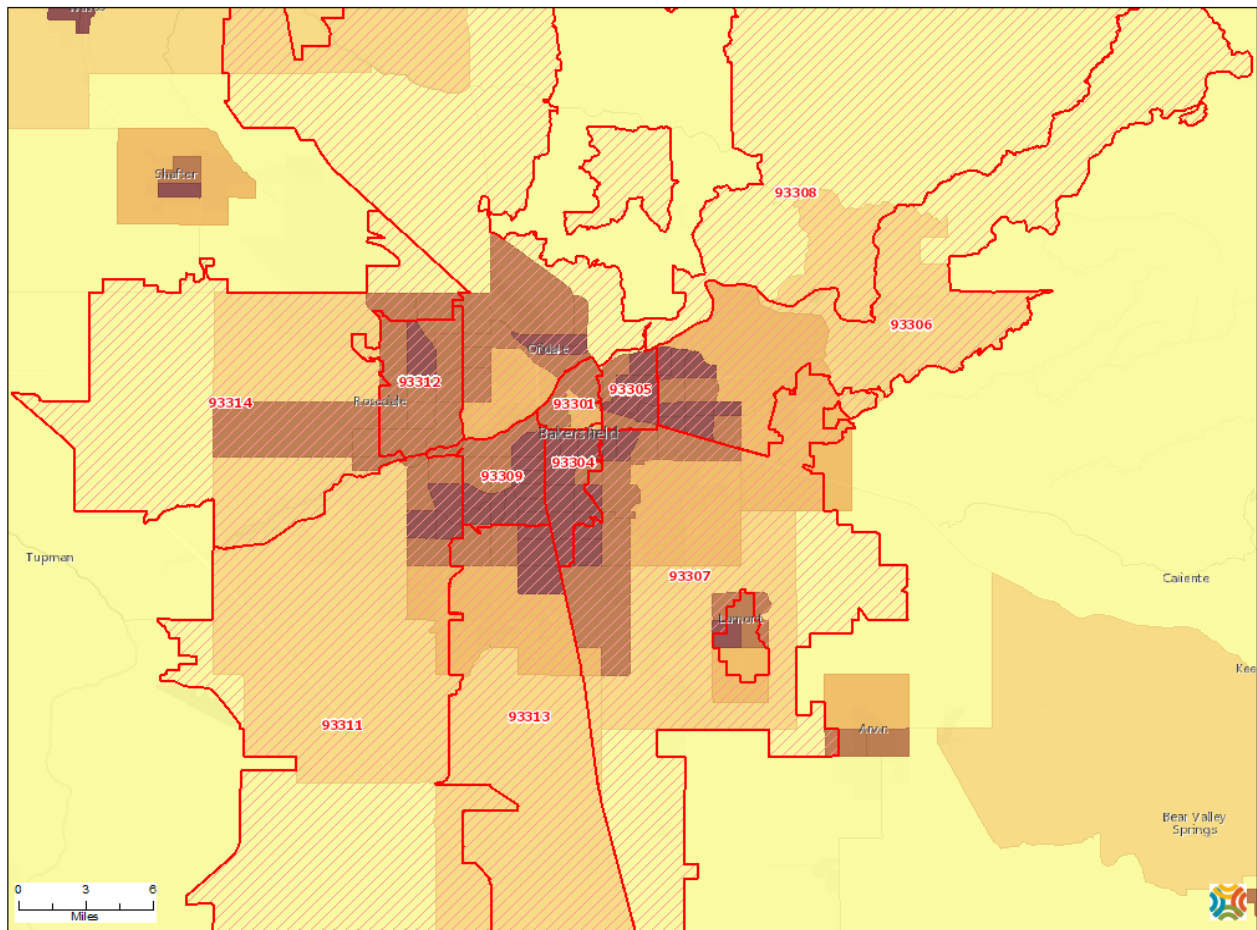
| | Zip Code | Total Population, 2000 Census | Current Population Estimate | Total Population Change, 2000 to Current | Percent Population Change, 2000 to Current |
|---------------|----------|-------------------------------------|-----------------------------------|---|---|
| Arvin | 93203 | 16,202 | 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 4.1% 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>

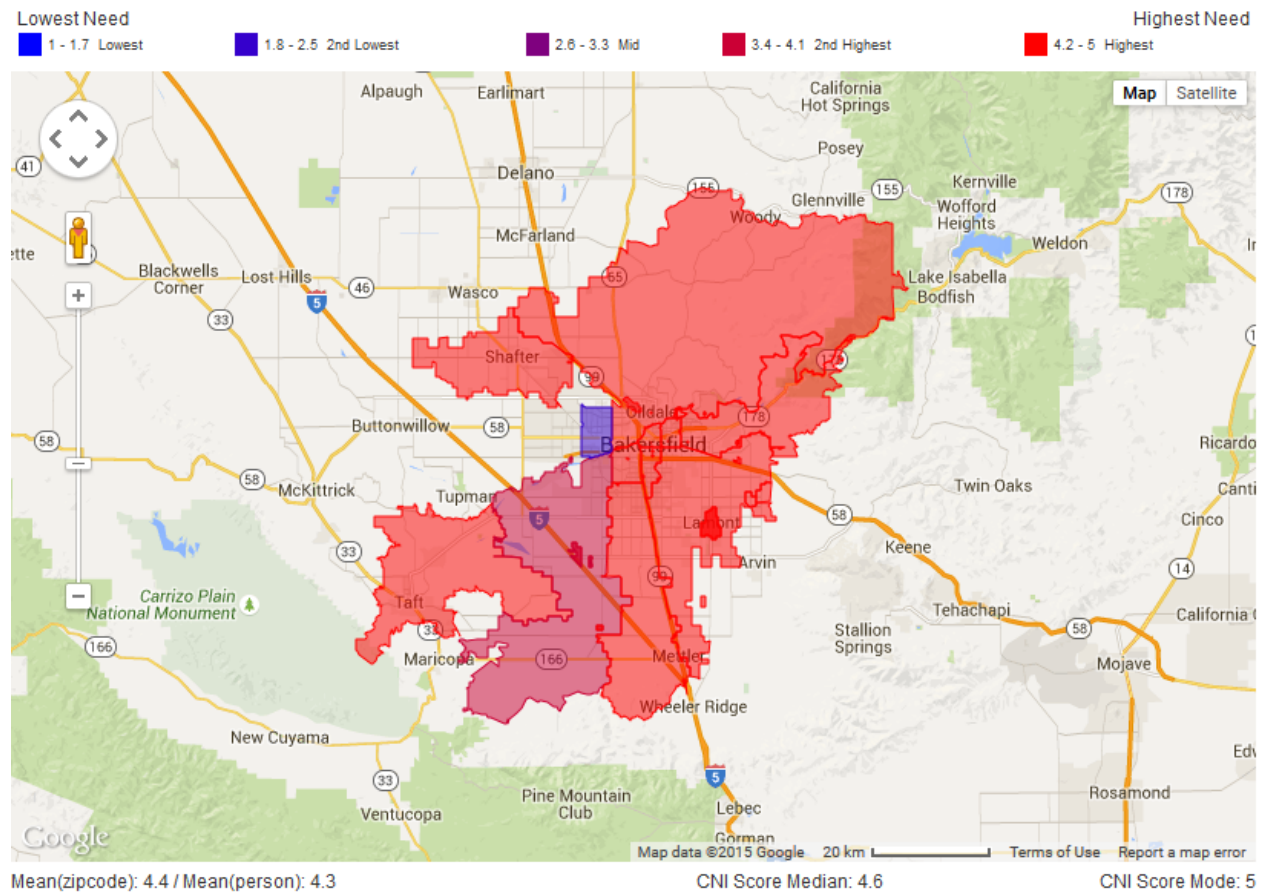
Community Needs Index

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



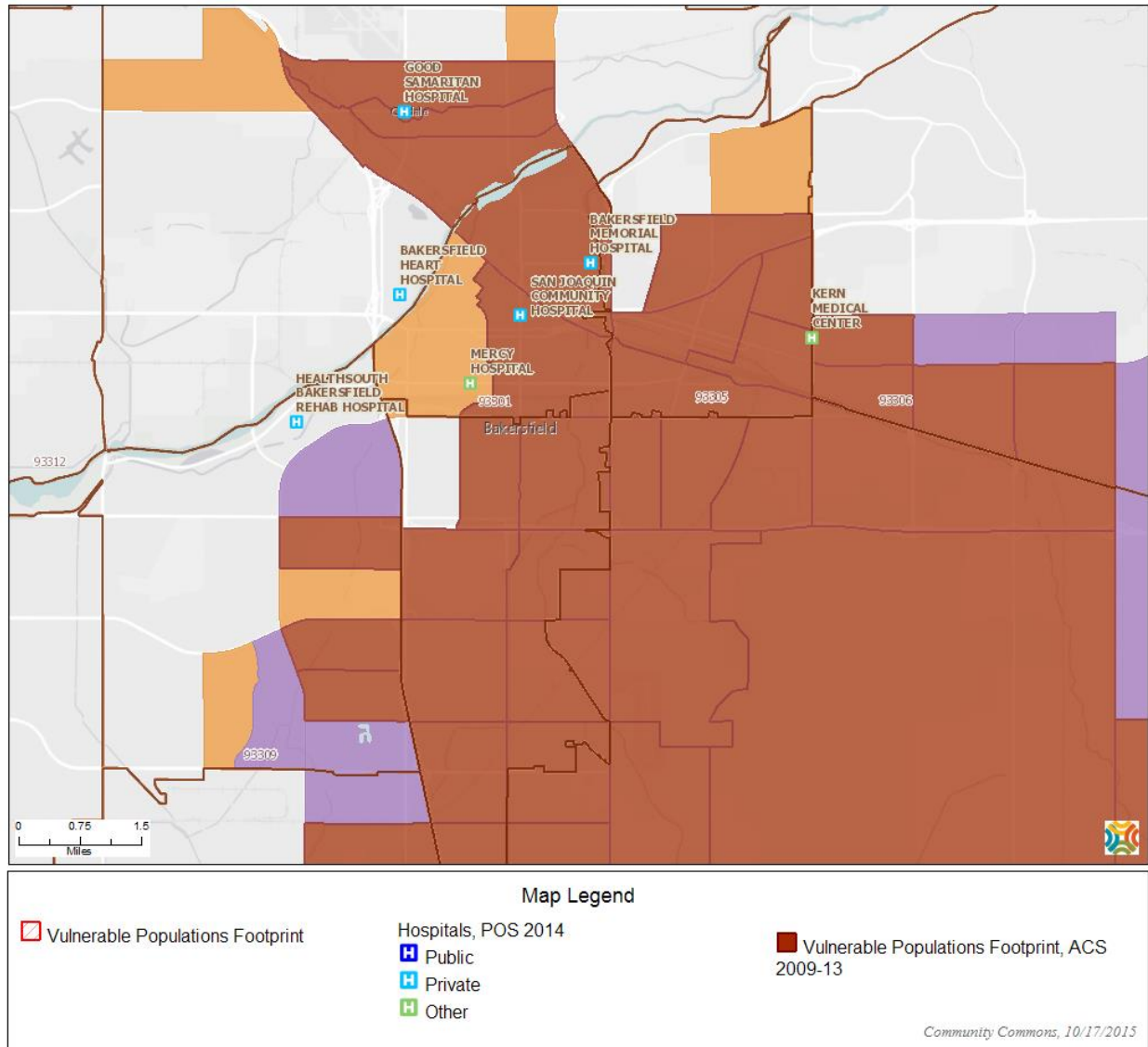
| Zip Code | CNI Score | Population | City | County | State |
|----------|-----------|------------|-------------|--------|------------|
| 93241 | 5 | 17837 | Lamont | Kern | California |
| 93263 | 4.6 | 20965 | Shafter | Kern | California |
| 93268 | 4.8 | 19143 | Taft | Kern | California |
| 93301 | 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.

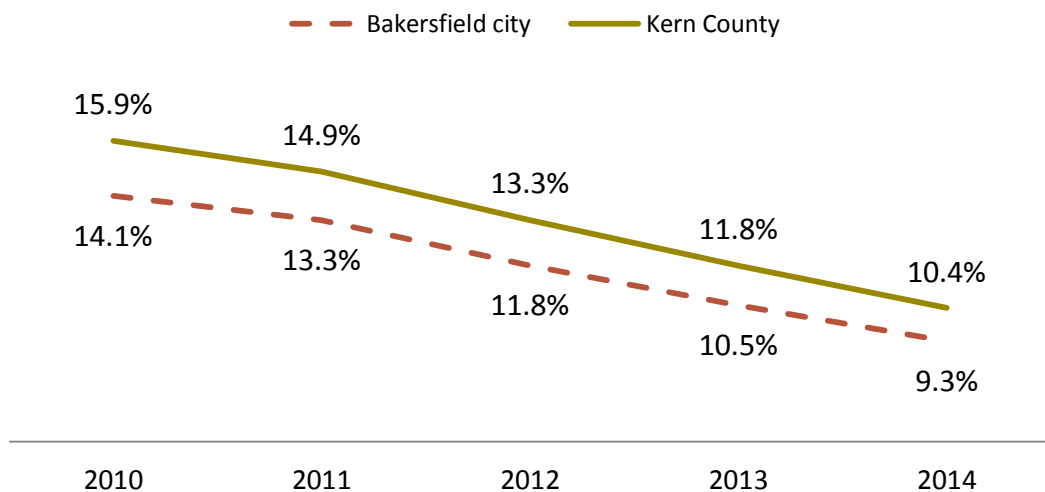
Unemployment Rate, 2014 Average

| | 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/rnsa>).

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/vsq/>

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](http://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 co-morbidities 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/pftrresearch.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 Ramen 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/OAHIVAIDSStatistics.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 Rate |
|------------------------------|-------------|-------|-----------------|
| | Cases | 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/STDDDataTables.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 Capucan | 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 Moraschi | 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-Krize | 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.