2018 Community Health Needs Assessment Report

Merced County, California

Prepared for:

Mercy Medical Center Merced

In collaboration with:

Memorial Hospital Los Banos
Valley Children's Hospital

By:

Professional Research Consultants, Inc.
11326 P Street Omaha, NE 68137-2316
www.PRCCustomResearch.com

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Table of Contents

Introduction

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Project Overview

Project Goals

This Community Health Needs Assessment, a follow-up to similar studies conducted in 2012 and 2015, is a systematic, data-driven approach to determining the health status, behaviors and needs of residents in Merced County, California. Subsequently, this information may be used to inform decisions and guide efforts to improve community health and wellness.

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

- **To improve residents' health status, increase their life spans, and elevate their overall quality of life.** A healthy community is not only one where its residents suffer little from physical and mental illness, but also one where its residents enjoy a high quality of life.
- **To reduce the health disparities among residents.** By gathering demographic information along with health status and behavior data, it will be possible to identify population segments that are most at-risk for various diseases and injuries. Intervention plans aimed at targeting these individuals may then be developed to combat some of the socio-economic factors that historically have had a negative impact on residents' health.
- **To increase accessibility to preventive services for all community residents.** More accessible preventive services will prove beneficial in accomplishing the first goal (improving health status, increasing life spans, and elevating the quality of life), as well as lowering the costs associated with caring for late-stage diseases resulting from a lack of preventive care.

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

Methodology

This assessment incorporates data from both quantitative and qualitative sources. Quantitative data input includes primary research (the PRC Community Health Survey) and secondary research (vital statistics and other existing health-related data); these quantitative components allow for trending and comparison to benchmark data at the state and national levels. Qualitative data input includes primary research gathered through an Online Key Informant Survey.

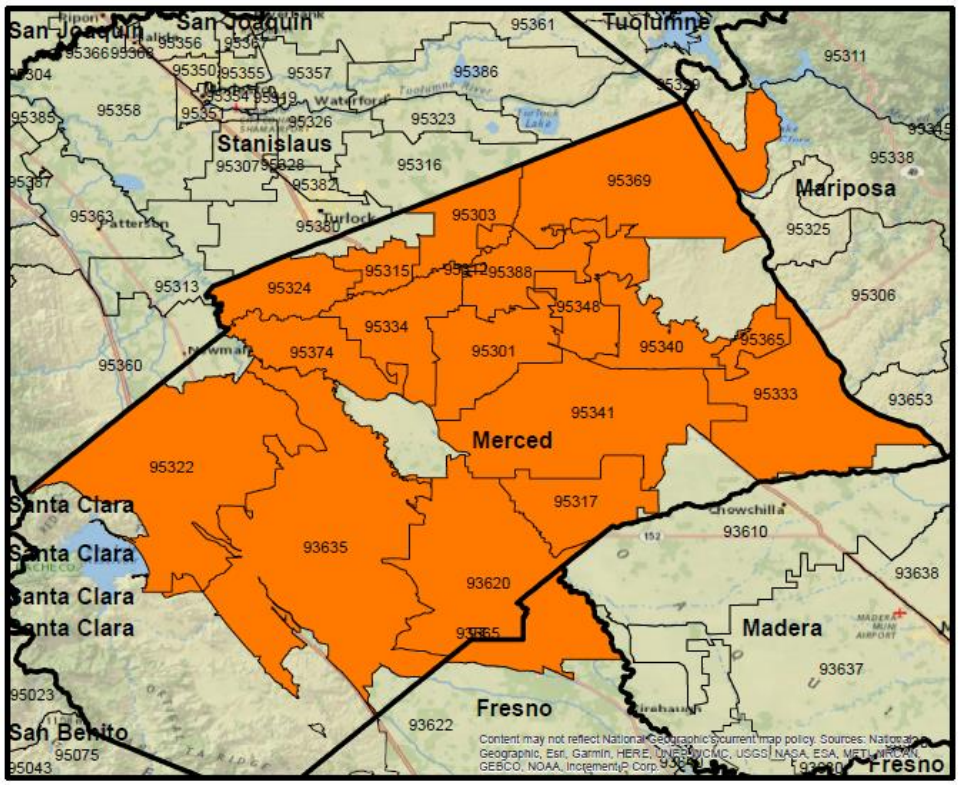
PRC Community Health Survey

Survey Instrument

The survey instrument used for this study is based largely on the Centers for Disease Control and Prevention (CDC) Behavioral Risk Factor Surveillance System (BRFSS), as well as various other public health surveys and customized questions addressing gaps in indicator data relative to health promotion and disease prevention objectives and other recognized health issues. The final survey instrument was developed by the study sponsors and PRC and is similar to previous surveys used in the region, allowing for data trending.

Community Defined for This Assessment

The study area for the survey effort is defined as each of the residential ZIP Codes comprising Merced County, California. This community definition- determined based on the ZIP Codes of residence of recent patients of Mercy Medical Center Merced, Memorial Hospital Los Banos, and Valley Children's Hospital- is illustrated in the following map.



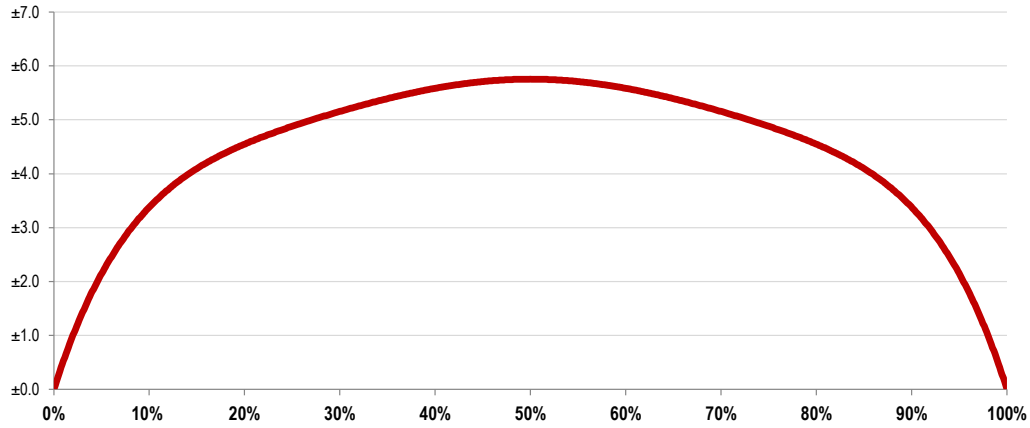
Sample Approach & Design

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

The sample design used for this effort consisted of a random sample of 300 individuals age 18 and older in Merced County. Once the interviews were completed, these were weighted in proportion to the actual population distribution so as to appropriately represent Merced County as a whole. All administration of the surveys, data collection and data analysis was conducted by PRC.

For statistical purposes, the maximum rate of error associated with a sample size of 300 respondents is ±5.7% at the 95 percent confidence level.

Expected Error Ranges for a Sample of 300 Respondents at the 95 Percent Level of Confidence



Note:
- The "response rate" (the percentage of a population giving a particular response) determines the error rate associated with that response. A "95 percent level of confidence" indicates that responses would fall within the expected error range on 95 out of 100 trials.

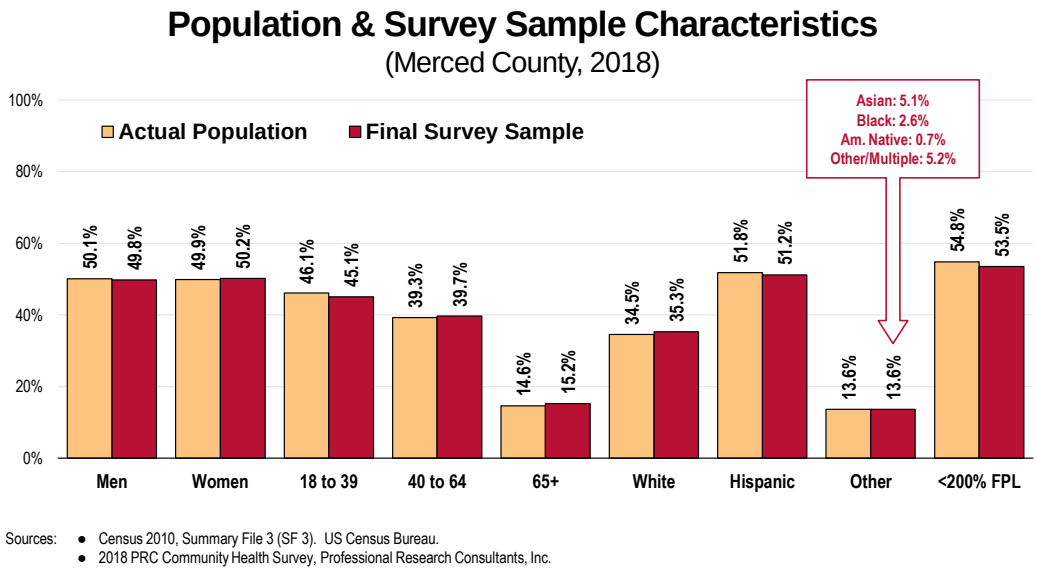
Examples:
- If 10% of the sample of 300 respondents answered a certain question with a "yes," it can be asserted that between 6.6% and 13.4% (10% ± 3.4%) of the total population would offer this response.
- If 50% of respondents said "yes," one could be certain with a 95 percent level of confidence that between 44.3% and 55.7% (50% ± 5.7%) of the total population would respond "yes" if asked this question.

Sample Characteristics

To accurately represent the population studied, PRC strives to minimize bias through application of a proven telephone methodology and random-selection techniques. While this random sampling of the population produces a highly representative sample, it is a common and preferred practice to “weight” the raw data to improve this representativeness even further. This is accomplished by adjusting the results of a random sample to match the geographic distribution and demographic characteristics of the population surveyed (poststratification), so as to eliminate any naturally occurring bias. Specifically, once the raw

data are gathered, respondents are examined by key demographic characteristics (namely sex, age, race, ethnicity, and poverty status), and a statistical application package applies weighting variables that produce a sample which more closely matches the population for these characteristics. Thus, while the integrity of each individual's responses is maintained, one respondent's responses may contribute to the whole the same weight as, for example, 1.1 respondents. Another respondent, whose demographic characteristics may have been slightly oversampled, may contribute the same weight as 0.9 respondents.

The following chart outlines the characteristics of the Merced County sample for key demographic variables, compared to actual population characteristics revealed in census data. [Note that the sample consisted solely of area residents age 18 and older; data on children were given by proxy by the person most responsible for that child's healthcare needs, and these children are not represented demographically in this chart.]



Sources:
- Census 2010, Summary File 3 (SF 3). US Census Bureau.
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc.

Further note that the poverty descriptions and segmentation used in this report are based on administrative poverty thresholds determined by the US Department of Health & Human Services. These guidelines define poverty status by household income level and number of persons in the household *(e.g., the 2018 guidelines place the poverty threshold for a family of four at $25,100 annual household income or lower)*. In sample segmentation: "**low income**" refers to community members living in a household with defined poverty status or living just above the poverty level, earning up to twice (<200% of) the poverty threshold; "**mid/high income**" refers to those households living on incomes which are twice or more (≥200% of) the federal poverty level.

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

Online Key Informant Survey

To solicit input from key informants, those individuals who have a broad interest in the health of the community, an Online Key Informant Survey also was implemented as part of this process. A list of recommended participants was provided by the study sponsors; this list included names and contact information for physicians, public health representatives, other health professionals, social service providers, and a variety of other community leaders. Potential participants were chosen because of their ability to identify primary concerns of the populations with whom they work, as well as of the community overall.

Key informants were contacted by email, introducing the purpose of the survey and providing a link to take the survey online; reminder emails were sent as needed to increase participation. In all, 49 community stakeholders took part in the Online Key Informant Survey, as outlined below:

Online Key Informant Survey Participation		
Key Informant Type	**Number Invited**	**Number Participating**
Physicians	3	0
Public Health Representatives	141	45
Other Health Providers	4	0
Social Services Providers	4	3
Other Community Leaders	3	1

Final participation included representatives of the organizations outlined below.

- Merced County Behavioral Health and Recovery Services
- Merced County Department of Public Health
- Merced County Emergency Medical Services Agency
- Merced County Environmental Health
- Merced County Office of Education

Through this process, input was gathered from several individuals whose organizations work with low-income, minority, or other medically underserved populations.

Minority/medically underserved populations represented:

> *African-Americans, AIDS/HIV/STD patients, Asians/Pacific Islanders, children, dual diagnosis patients, the elderly, ESL or non-English speakers, Hispanics, Hmong, the homeless, immigrants/refugees, low income, Medicare/Medicaid recipients, the mentally ill, mothers, those with special needs, teens, the undocumented, the uninsured/underinsured*

In the online survey, key informants were asked to rate the degree to which various health issues are a problem in their own community. Follow-up questions asked them to describe why they identify problem areas as such and how these might better be addressed. Results of their ratings, as well as their verbatim comments, are included throughout this report as they relate to the various other data presented.

NOTE: These findings represent qualitative rather than quantitative data. The Online Key Informant Survey was designed to gather input regarding participants' opinions and perceptions of the health needs of the residents in the area.

Public Health, Vital Statistics & Other Data

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

- California Health & Human Services Agency, Office of Statewide Health Planning and Development (OSHPD)
- Center for Applied Research and Environmental Systems (CARES)
- Centers for Disease Control & Prevention, Office of Infectious Disease, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
- Centers for Disease Control & Prevention, Office of Public Health Science Services, Center for Surveillance, Epidemiology and Laboratory Services, Division of Health Informatics and Surveillance (DHIS)
- Centers for Disease Control & Prevention, Office of Public Health Science Services, National Center for Health Statistics
- Community Commons
- ESRI ArcGIS Map Gallery
- National Cancer Institute, State Cancer Profiles
- OpenStreetMap (OSM)
- University of Wisconsin Population Health Institute and Robert Wood Johnson Foundation (County Health Rankings)
- US Census Bureau, American Community Survey
- US Census Bureau, County Business Patterns
- US Census Bureau, Decennial Census
- US Department of Agriculture, Economic Research Service
- US Department of Health & Human Services
- US Department of Health & Human Services, Health Resources and Services Administration (HRSA)
- US Department of Justice, Federal Bureau of Investigation
- US Department of Labor, Bureau of Labor Statistics

Benchmark Data

Trending

Similar surveys were administered in Merced County in 2012 and 2015 by PRC on behalf of the study sponsors. Trending data, as revealed by comparison to prior survey results, are provided throughout this report whenever available. Historical data for secondary data indicators are also included for the purposes of trending.

California Risk Factor Data

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

Nationwide Risk Factor Data

Nationwide risk factor data, which are also provided in comparison charts, are taken from the *2017 PRC National Health Survey*; the methodological approach for the national study is similar to that employed in this assessment, and these data may be generalized to the US population with a high degree of confidence. National-level vital statistics are also provided for comparison of secondary data indicators.

Healthy People 2020

Healthy People provides science-based, 10-year national objectives for improving the health of all Americans. For three decades, Healthy People has established benchmarks and monitored progress over time in order to:

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

Healthy People strives to:

- Identify nationwide health improvement priorities.
- Increase public awareness and understanding of the determinants of health, disease, and disability and the opportunities for progress.
- Provide measurable objectives and goals that are applicable at the national, State, and local levels.
- Engage multiple sectors to take actions to strengthen policies and improve practices that are driven by the best available evidence and knowledge.
- Identify critical research, evaluation, and data collection needs.

Determining Significance

Differences noted in this report represent those determined to be significant. For survey-derived indicators (which are subject to sampling error), statistical significance is determined based on confidence intervals (at the 95 percent confidence level), using question-specific samples and response rates. For the purpose of this report, "significance" of secondary data indicators (which do not carry sampling error but might be subject to reporting error) is determined by a 15% variation from the comparative measure.

Information Gaps

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

For example, certain population groups — such as the homeless, institutionalized persons, or those who only speak a language other than English or Spanish — are not represented in the survey data. Other population groups — for example, pregnant women, lesbian/gay/bisexual/transgender residents, undocumented residents, and members of certain racial/ethnic or immigrant groups — might not be identifiable or might not be represented in numbers sufficient for independent analyses.

In terms of content, this assessment was designed to provide a comprehensive and broad picture of the health of the overall community. However, there are certainly medical conditions that are not specifically addressed.

Public Comment

The hospitals each made prior Community Health Needs Assessment (CHNA) reports publicly available through their websites, and through that mechanism, requested public written comments and feedback regarding their CHNAs. At the time of this writing, the sponsors had not received any written comments or feedback. The hospitals will continue to use their websites to solicit public comments and ensure that these comments are considered in the development of future CHNAs.

Public Comment

Mercy Medical Center Merced (MMCM) made its prior Community Health Needs Assessment (CHNA) report publicly available in 2016 through its website; through that mechanism, the hospital requested from the public written comments and feedback regarding the CHNA and implementation strategy. At the time of this writing, MMCM had not received any written comments. However, through population surveys and key informant feedback for this assessment, input from the broader community was considered and taken into account when identifying and prioritizing the significant health needs of the community. MMCM will continue to use its website as a tool to solicit public comments and ensure that these comments are considered in the development of future CHNAs.

IRS Form 990, Schedule H Compliance

For non-profit hospitals, a Community Health Needs Assessment (CHNA) also serves to satisfy certain requirements of tax reporting, pursuant to provisions of the Patient Protection & Affordable Care Act of 2010. To understand which elements of this report relate to those requested as part of hospitals' reporting on IRS Form 990 Schedule H, the following table cross-references related sections.

IRS Form 990, Schedule H (2017)	See Report Page
Part V Section B Line 3a *A definition of the community served by the hospital facility*	8
Part V Section B Line 3b *Demographics of the community*	35
Part V Section B Line 3c *Existing health care facilities and resources within the community that are available to respond to the health needs of the community*	221
Part V Section B Line 3d *How data was obtained*	8
Part V Section B Line 3e *The significant health needs of the community*	16
Part V Section B Line 3f *Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups*	Addressed Throughout
Part V Section B Line 3g *The process for identifying and prioritizing community health needs and services to meet the community health needs*	18
Part V Section B Line 3h *The process for consulting with persons representing the community's interests*	11
Part V Section B Line 3i *The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)*	229

Summary of Findings

Significant Health Needs of the Community

The following “Areas of Opportunity” represent the significant health needs of the community, based on the information gathered through this Community Health Needs Assessment and the guidelines set forth in Healthy People 2020. From these data, opportunities for health improvement exist in the area with regard to the following health issues (see also the summary tables presented in the following section).

The Areas of Opportunity were determined after consideration of various criteria, including: standing in comparison with benchmark data (particularly national data); identified trends; the preponderance of significant findings within topic areas; the magnitude of the issue in terms of the number of persons affected; and the potential health impact of a given issue. These also take into account those issues of greatest concern to the community stakeholders (key informants) giving input to this process.

Areas of Opportunity Identified Through This Assessment	

Access to Healthcare Services	• Barriers to Access
	  ○ Appointment Availability
	  ○ Finding a Physician
	• Primary Care Physician Ratio
	• Ratings of Local Healthcare
	• Access to Healthcare ranked as a top concern in the Online Key Informant Survey.

Cancer	• Cancer is a leading cause of death. • Prostate Cancer Deaths • Cervical Cancer Screening [Age 21-65]
Dementia, Including Alzheimer's Disease	• Alzheimer’s Disease Deaths
Diabetes	• Diabetes Deaths • Prevalence of Borderline/Pre-Diabetes • Diabetes ranked as a top concern in the Online Key Informant Survey.
Heart Disease & Stroke	• Cardiovascular disease is a leading cause of death. • Heart Disease & Stroke ranked as a top concern in the Online Key Informant Survey.
Infant Health & Family Planning	• Teen Births • Timely Prenatal Care
Injury & Violence	• Unintentional Injury Deaths ○ Including Motor Vehicle Crash Deaths • Homicide Deaths • Violent Crime Rate

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AOOs Continued	
Kidney Disease	• Kidney Disease Deaths
Mental Health	• Social Associations • Days of Poor Mental Health • Suicide Deaths • Difficulty Obtaining Mental Health Services • Access to Mental Health Professionals • Mental Health ranked as a top concern in the Online Key Informant Survey.
Nutrition, Physical Activity, & Weight	• Fruit/Vegetable Consumption • Overweight [Adults] • Healthy Weight [Children Age 5-17] • Access to Recreation/Fitness Facilities • Nutrition, Physical Activity, & Weight ranked as a top concern in the Online Key Informant Survey.
Potentially Disabling Conditions	• Activity Limitations • Blindness/Vision Trouble • Caregiving
Respiratory Diseases	• Pneumonia/Influenza Deaths • Flu Vaccination [Age 65+] • Pneumonia Vaccination [Age 65+] • Respiratory Diseases ranked as a top concern in the Online Key Informant Survey.
Substance Abuse	• Cirrhosis/Liver Disease Deaths • Unintentional Drug-Related Deaths • Substance Abuse ranked as a top concern in the Online Key Informant Survey.
Tobacco Use	• Tobacco Use ranked as a top concern in the Online Key Informant Survey.

Community Feedback on Prioritization of Health Needs

Mercy Medical Center Merced engaged its Community Board to prioritize the health need identified by the 2019 CHNS's community survey and secondary data analysis. The Community Board met on March 28, 2019 to review the identified health needs ("areas of opportunity") in the Professional Research Consultants report. Prioritization of the identified health needs included input from representatives of multiple community interests in addition to hospital and health system staff. As a result, Mercy Medical Center has identified the following six prioritized significant health needs from among the 13 areas of opportunity in the CHNA.

___1____ Access to Healthcare Services

- Barriers to Access; appointment availability, finding a physician
- Primary Care Physician Ratio
- Rating of Local Healthcare
- Access to Healthcare ranked as a top concern in the Online Key Informant Survey

___2____Diabetes

- Diabetes Deaths
- Prevalence of Borderline/Pre-Diabetes
- Diabetes ranked as a top concern in the Online Key Informant Survey

____3____Mental Health

- Suicide Deaths
- Mental Health ranked as a top concern in the Online Key Informant Survey

____4____Heart Disease & Stroke

- Cardiovascular disease is a leading cause of death
- Heart Disease & Stroke ranked as a top concern in the Online Key Informant Survey

___5____Cancer

- Cancer is a leading cause of death
- Prostate Cancer deaths
- Cervical cancer screening (age 21 – 65)

____6____Nutrition, Physical Activity & Weight

- Overweight (adults)
- Poor Fruit/Vegetable consumption
- Not meeting physical activity guidelines

- Healthy weight (children)
- Lack of access to recreation/fitness facilities
- Nutrition, Physical Activity & Weight ranked as a top concern in the Online Key Informant Survey

Hospital Implementation Strategy

Mercy Medical Center Merced will use the information from this Community Health Needs Assessment to develop an Implementation Strategy to address the significant health needs in the community. While the hospital will likely not implement strategies for all of the health issues listed above, the results of this prioritization exercise will be used to inform the development of the hospital's action plan to guide community health improvement efforts in the coming years.

Note: An evaluation of the hospital's past activities to address the needs identified in prior CHNAs can be found as an appendix to this report.

Summary Tables: Comparisons With Benchmark Data

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

Reading the Summary Tables

TREND SUMMARY
(Current vs. Baseline Data)

Survey Data Indicators: Trends for survey-derived indicators represent significant changes since 2012 (or 2015, if not measured in 2012).

Other (Secondary) Data Indicators: Trends for other indicators (e.g., public health data) represent point-to-point changes between the most current reporting period and the earliest presented in this report (typically representing the span of roughly a decade).

In the following tables, Merced County results are shown in the larger, blue column. *Tip: Indicator labels beginning with a "%" symbol are taken from the PRC Community Health Survey; the remaining indicators are taken from secondary data sources.*

The columns to the right of the Merced County column provide trending, as well as comparisons between local data and any available state and national findings, and Healthy People 2020 targets. Symbols indicate whether Merced County compares favorably (), unfavorably (), or comparably () to these external data.

Note that blank table cells signify that data are not available or are not reliable for that area and/or for that indicator.

Social Determinants	Merced County	Merced County vs. Benchmarks			TREND
		vs. CA	vs. US	vs. HP2020	
Linguistically Isolated Population (Percent)	12.6	8.9	4.5		
Population in Poverty (Percent)	24.2	15.8	15.1		
Population Below 200% FPL (Percent)	52.7	35.2	33.6		
Children Below 200% FPL (Percent)	66.4	45.2	43.3		
No High School Diploma (Age 25+, Percent)	31.4	17.9	13.0		
Unemployment Rate (Age 16+, Percent)	10.2	4.2	4.1		9.4
% Someone to Turn to for Help in Past Month "All of the Time"	38.8				
Social Associations (Rate)	4.1	5.8			
		better	similar	worse	

Overall Health	Merced County	Merced County vs. Benchmarks			TREND
		vs. CA	vs. US	vs. HP2020	
% "Fair/Poor" Overall Health	25.9	17.8	18.1		23.6
% Activity Limitations	25.7	19.1	25.0		17.7
% Caregiver to a Friend/Family Member	30.4		20.8		
		better	similar	worse	

Access to Health Services	Merced County	Merced County vs. Benchmarks			TREND
		vs. CA	vs. US	vs. HP2020	
% [Age 18-64] Lack Health Insurance	8.7	12.9	13.7	0.0	25.2
% Difficulty Accessing Healthcare in Past Year (Composite)	52.5		43.2		46.6
% Difficulty Finding Physician in Past Year	18.9		13.4		15.6
% Difficulty Getting Appointment in Past Year	30.6		17.5		18.4
% Cost Prevented Physician Visit in Past Year	15.9		15.4		21.1
% Transportation Hindered Dr Visit in Past Year	11.7		8.3		12.2
% Inconvenient Hrs Prevented Dr Visit in Past Year	17.1		12.5		16.9
% Language/Culture Prevented Care in Past Year	2.1		1.2		
% Cost Prevented Getting Prescription in Past Year	16.2		14.9		21.5
% Skipped Prescription Doses to Save Costs	16.4		15.3		15.3
% Difficulty Getting Child's Healthcare in Past Year	4.9		5.6		5.4
Primary Care Doctors per 100,000	55.9	86.7	87.8		
% Have a Specific Source of Ongoing Care	75.5		74.1	95.0	75.1
% Have Had Routine Checkup in Past Year	64.6	67.0	68.3		63.1
% Child Has Had Checkup in Past Year	93.5		87.1		84.4

Access to Health Services (continued)	Merced County	Merced County vs. Benchmarks			TREND
		vs. CA	vs. US	vs. HP2020	
% Two or More ER Visits in Past Year	13.0		9.3		8.3
% Rate Local Healthcare "Fair/Poor"	25.4		16.2		29.7
		better	similar	worse	

Cancer	Merced County	Merced County vs. Benchmarks			TREND
		vs. CA	vs. US	vs. HP2020	
Cancer (Age-Adjusted Death Rate)	158.2	142.2	158.5	161.4	164.1
Lung Cancer (Age-Adjusted Death Rate)	34.9	29.4	40.3	45.5	
Prostate Cancer (Age-Adjusted Death Rate)	24.1	19.8	19.0	21.8	
Female Breast Cancer (Age-Adjusted Death Rate)	20.4	19.3	20.3	20.7	
Colorectal Cancer (Age-Adjusted Death Rate)	14.0	12.9	14.1	14.5	
Female Breast Cancer Incidence Rate	105.7	120.7	123.5		
Prostate Cancer Incidence Rate	94.7	109.2	114.8		
Lung Cancer Incidence Rate	53.7	44.6	61.2		
Colorectal Cancer Incidence Rate	38.0	37.1	39.8	38.7	
Cervical Cancer Incidence Rate	8.7	7.5	7.6	7.1	

Cancer (continued)	Merced County	Merced County vs. Benchmarks			TREND
		vs. CA	vs. US	vs. HP2020	
% Cancer (Other Than Skin)	3.5	5.6	7.1		3.7
% Skin Cancer	4.4	5.0	8.5		3.8
% [Women 50-74] Mammogram in Past 2 Years	71.6	82.4	77.0	81.1	77.2
% [Women 21-65] Pap Smear in Past 3 Years	62.8	81.6	73.5	93.0	85.1
% [Age 50-75] Colorectal Cancer Screening	74.5	71.3	76.4	70.5	70.4
		better	similar	worse	

Dementias, Including Alzheimer's Disease	Merced County	Merced County vs. Benchmarks			TREND
		vs. CA	vs. US	vs. HP2020	
Alzheimer's Disease (Age-Adjusted Death Rate)	25.6	34.2	28.4		20.8
		better	similar	worse	

Diabetes	Merced County	Merced County vs. Benchmarks			TREND
		vs. CA	vs. US	vs. HP2020	
Diabetes (Age-Adjusted Death Rate)	30.3	21.0	21.1	20.5	25.2
% Diabetes/High Blood Sugar	15.9	10.2	13.3		12.0
% Borderline/Pre-Diabetes	14.6	4.0	9.5		12.3
% [Diabetics] Taking Insulin/Other Medication for Diabetes	69.4				81.9
% [Non-Diabetes] Blood Sugar Tested in Past 3 Years	52.3		50.0		47.2

Heart Disease & Stroke	Merced County	Merced County vs. Benchmarks			TREND
		vs. CA	vs. US	vs. HP2020	
Diseases of the Heart (Age-Adjusted Death Rate)	176.5	143.6	167.0	156.9	204.0
Stroke (Age-Adjusted Death Rate)	43.0	35.7	37.1	34.8	46.3
% Heart Disease (Heart Attack, Angina, Coronary Disease)	7.4		8.0		6.8
% Stroke	4.8	2.4	4.7		4.2
% Blood Pressure Checked in Past 2 Years	94.9		90.4	92.6	91.0
% Told Have High Blood Pressure (Ever)	35.8	28.5	37.0	26.9	33.1
% [HBP] Taking Action to Control High Blood Pressure	95.4		93.8		89.8
% Cholesterol Checked in Past 5 Years	87.3	76.9	85.1	82.1	83.5
% Told Have High Cholesterol (Ever)	28.7		36.2	13.5	29.1
% [HBC] Taking Action to Control High Blood Cholesterol	81.9		87.3		87.8
% 1+ Cardiovascular Risk Factor	83.5		87.2		84.7
		better	similar	worse	

HIV	Merced County	Merced County vs. Benchmarks			TREND
		vs. CA	vs. US	vs. HP2020	
HIV/AIDS (Age-Adjusted Death Rate)	1.7	2.1	2.5	3.3	
HIV Prevalence Rate	89.8	376.2	353.2		
		better	similar	worse	

Immunization & Infectious Diseases	Merced County	Merced County vs. Benchmarks			TREND
		vs. CA	vs. US	vs. HP2020	
% [Age 65+] Flu Vaccine in Past Year	62.5	58.0	76.8	70.0	69.0
% [High-Risk 18-64] Flu Vaccine in Past Year	51.1		55.7	70.0	49.6
% [Age 65+] Pneumonia Vaccine Ever	72.2	72.4	82.7	90.0	64.1
% [High-Risk 18-64] Pneumonia Vaccine Ever	40.5		39.9	60.0	35.9
		better	similar	worse	

Infant Health & Family Planning	Merced County	Merced County vs. Benchmarks			TREND
		vs. CA	vs. US	vs. HP2020	
No Prenatal Care in First Trimester (Percent)	29.4	15.3		22.1	39.1
Low Birthweight Births (Percent)	5.9	6.9	8.1	7.8	6.5
Infant Death Rate	3.9	4.3	5.9	6.0	6.1
Births to Teenagers Under Age 20 (Percent)	8.4	5.0	5.8		13.4
		better	similar	worse	

Injury & Violence	Merced County	Merced County vs. Benchmarks			TREND
		vs. CA	vs. US	vs. HP2020	
Unintentional Injury (Age-Adjusted Death Rate)	52.1	30.6	43.7	36.4	42.7
Motor Vehicle Crashes (Age-Adjusted Death Rate)	19.7	9.0	11.0	12.4	
[65+] Falls (Age-Adjusted Death Rate)	44.2	39.0	60.6	47.0	
Firearm-Related Deaths (Age-Adjusted Death Rate)	10.1	7.7	11.0	9.3	
Homicide (Age-Adjusted Death Rate)	8.8	5.0	5.7	5.5	7.9
Violent Crime Rate	614.4	403.2	379.7		
% Victim of Violent Crime in Past 5 Years	4.2		3.7		3.1
% Victim of Domestic Violence (Ever)	13.7		14.2		13.7
		better	similar	worse	

Kidney Disease	Merced County	Merced County vs. Benchmarks			TREND
		vs. CA	vs. US	vs. HP2020	
Kidney Disease (Age-Adjusted Death Rate)	10.5	8.3	13.2		5.0
% Kidney Disease	5.4	2.8	3.8		3.5
		better	similar	worse	

Mental Health	Merced County	Merced County vs. Benchmarks			TREND
		vs. CA	vs. US	vs. HP2020	
% "Fair/Poor" Mental Health	17.7		13.0		17.2
% Diagnosed Depression	16.7	13.4	21.6		16.3
% Symptoms of Chronic Depression (2+ Years)	32.3		31.4		37.1
% Typical Day Is "Extremely/Very" Stressful	9.6		13.4		10.1
Poor Mental Health Days in Past Month (Average)	4.3	3.5			
Suicide (Age-Adjusted Death Rate)	12.1	10.4	13.0	10.2	8.8
% Taking Rx/Receiving Mental Health Trtmt	11.3		13.9		
% Have Ever Sought Help for Mental Health	27.0		30.8		20.7
% Unable to Get Mental Health Svcs in Past Yr	5.7		6.8		
Mental Health Professionals (Rate)	119.0	280.6	202.8		
		better	similar	worse	

Nutrition, Physical Activity & Weight	Merced County	Merced County vs. Benchmarks			TREND
		vs. CA	vs. US	vs. HP2020	
% Eat 5+ Servings of Fruit or Vegetables per Day	30.2		33.5		49.3
% "Very/Somewhat" Difficult to Buy Fresh Produce	22.2		22.1		21.4

Nutrition, Physical Activity & Weight (continued)	Merced County	Merced County vs. Benchmarks			TREND
		vs. CA	vs. US	vs. HP2020	
Population With Low Food Access (Percent)	22.6	13.4	22.4		
% No Leisure-Time Physical Activity	24.7	20.5	26.2	32.6	29.9
% Meeting Physical Activity Guidelines	21.5	22.9	22.8	20.1	
% Child [Age 2-17] Physically Active 1+ Hours per Day	59.6		50.5		52.5
Recreation/Fitness Facilities per 100,000	7.4	10.8	11.0		
% Healthy Weight (BMI 18.5-24.9)	25.2	36.4	30.3	33.9	28.1
% Overweight (BMI 25+)	73.9	61.0	67.8		70.7
% [Overweights] Trying to Lose Weight	62.6		61.3		40.7
% Obese (BMI 30+)	37.3	25.0	32.8	30.5	35.9
% Medical Advice on Weight in Past Year	24.0		24.2		24.6
% [Overweights] Counseled About Weight in Past Year	28.4		29.0		32.4
% Child [Age 5-17] Healthy Weight	37.6		58.4		42.7
% Children [Age 5-17] Overweight (85th Percentile)	43.1		33.0		38.6
% Children [Age 5-17] Obese (95th Percentile)	34.1		20.4	14.5	21.9
% [Child Age 5-17] Parent Advised That Child Is Overweight in Past Yr	8.2				7.2

Oral Health	Merced County	Merced County vs. Benchmarks			TREND
		vs. CA	vs. US	vs. HP2020	
% Have Dental Insurance	72.5		59.9		54.4
% [Age 18+] Dental Visit in Past Year	58.1	67.1	59.7	49.0	54.1
% Child [Age 2-17] Dental Visit in Past Year	84.7		87.0	49.0	80.1
		better	similar	worse	

Potentially Disabling Conditions	Merced County	Merced County vs. Benchmarks			TREND
		vs. CA	vs. US	vs. HP2020	
% [50+] Arthritis/Rheumatism	42.6		38.3		39.3
% [50+] Osteoporosis	13.1		9.4	5.3	12.2
% Sciatica/Chronic Back Pain	23.8		22.9		22.9
% Eye Exam in Past 2 Years	53.5		55.3		49.5
% Deafness/Trouble Hearing	8.5		10.5		10.6
% Blindness/Trouble Seeing	14.3	4.3	9.1		11.8
% Multiple Chronic Conditions	52.5		56.8		
		better	similar	worse	

Respiratory Diseases	Merced County	Merced County vs. Benchmarks			TREND
		vs. CA	vs. US	vs. HP2020	
CLRD (Age-Adjusted Death Rate)	42.0	32.6	40.9		48.3
Pneumonia/Influenza (Age-Adjusted Death Rate)	17.8	14.5	14.6		16.5
% [Adult] Currently Has Asthma	12.7	7.8	11.8		12.5
% Adults Asthma (Ever Diagnosed)	23.5	12.8	19.4		19.2
% [Child 0-17] Currently Has Asthma	6.1		9.3		11.0
% Child [Age 0-17] Asthma (Ever Diagnosed)	16.4		11.1		18.0
% COPD (Lung Disease)	8.3	4.4	8.6		10.2
		better	similar	worse	

Sexually Transmitted Diseases	Merced County	Merced County vs. Benchmarks			TREND
		vs. CA	vs. US	vs. HP2020	
Chlamydia Incidence Rate	394.7	459.2	456.1		
Gonorrhea Incidence Rate	71.4	118.5	110.7		
		better	similar	worse	

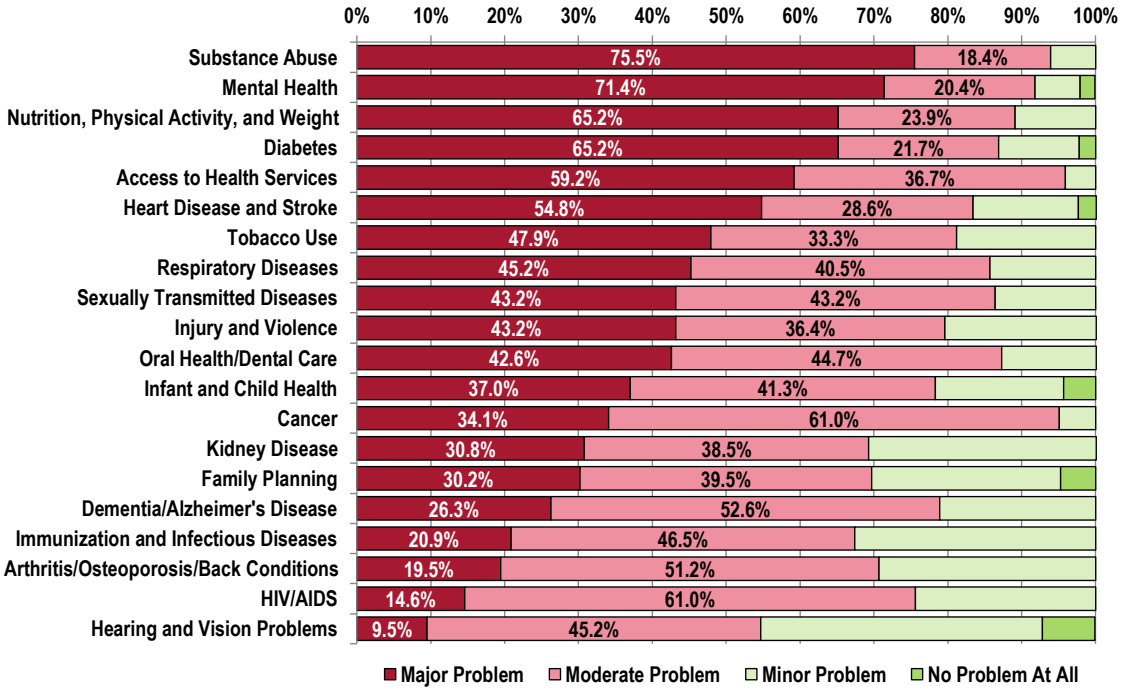
Substance Abuse	Merced County	Merced County vs. Benchmarks			TREND
		vs. CA	vs. US	vs. HP2020	
Unintentional Drug-Related Deaths (Age-Adjusted Death Rate)	12.3	9.5	14.3	11.3	7.5
Cirrhosis/Liver Disease (Age-Adjusted Death Rate)	14.9	12.3	10.6	8.2	15.0
% Current Drinker	45.8	53.7	55.0		47.9
% Binge Drinker (Single Occasion - 5+ Drinks Men, 4+ Women)	11.7	16.3	20.0	24.4	17.9
% Excessive Drinker	14.6		22.5	25.4	19.9
% Drinking & Driving in Past Month	1.8	2.4	5.2		3.8
% Illicit Drug Use in Past Month	1.3		2.5	7.1	2.7
% Ever Sought Help for Alcohol or Drug Problem	4.0		3.4		3.5
		better	similar	worse	

Tobacco Use	Merced County	Merced County vs. Benchmarks			TREND
		vs. CA	vs. US	vs. HP2020	
% Current Smoker	9.3	11.0	11.0	12.0	13.1
% Someone Smokes at Home	7.9		10.7		11.9
% [Nonsmokers] Someone Smokes in the Home	4.4		4.0		7.9
% [Household With Children] Someone Smokes in the Home	5.5		7.2		10.3
% Currently Use Vaping Products	1.8	3.2	3.8		

Summary of Key Informant Perceptions

In the Online Key Informant Survey, community stakeholders were asked to rate the degree to which each of 20 health issues is a problem in their own community, using a scale of "major problem," "moderate problem," "minor problem," or "no problem at all." The following chart summarizes their responses; these findings also are outlined throughout this report, along with the qualitative input describing reasons for their concerns. (Note that these ratings alone do not establish priorities for this assessment; rather, they are one of several data inputs considered for the prioritization process described earlier.)

Key Informants: Relative Position of Health Topics as Problems in the Community



Community Description

Professional Research Consultants, Inc.

Population Characteristics

Total Population

Merced County, the focus of this Community Health Needs Assessment, encompasses 1,935.21 square miles and houses a total population of 265,001 residents, according to latest census estimates.

Total Population

(Estimated Population, 2012-2016)

	Total Population	Total Land Area (Square Miles)	Population Density (Per Square Mile)
Merced County	265,001	1,935.21	136.94
California	38,654,206	155,792.65	248.11
United States	318,558,162	3,532,068.58	90.19

Sources:
- US Census Bureau American Community Survey 5-year estimates.
- Retrieved August 2018 from Community Commons at http://www.chna.org.

Population Change 2000-2010

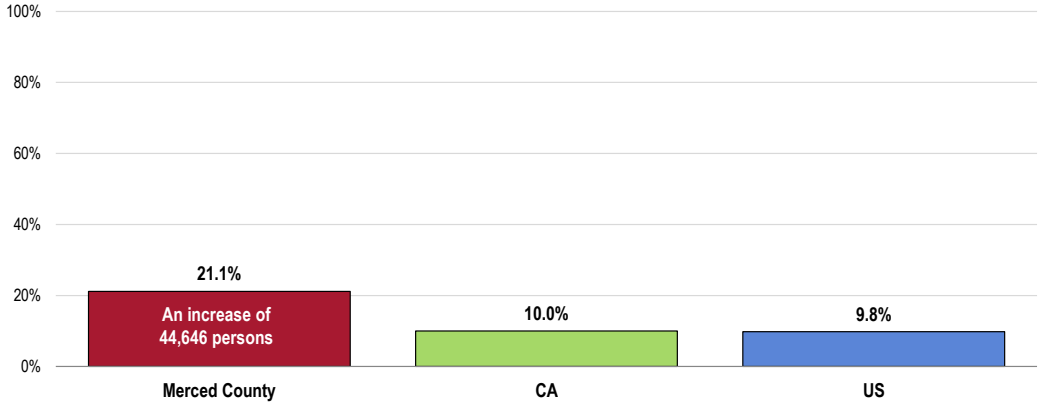
A significant positive or negative shift in total population over time impacts healthcare providers and the utilization of community resources.

Between the 2000 and 2010 US Censuses, the population of Merced County increased by 44,646 persons, or 21.1%.

- A greater proportional increase than seen across both the state and the nation overall.

Change in Total Population

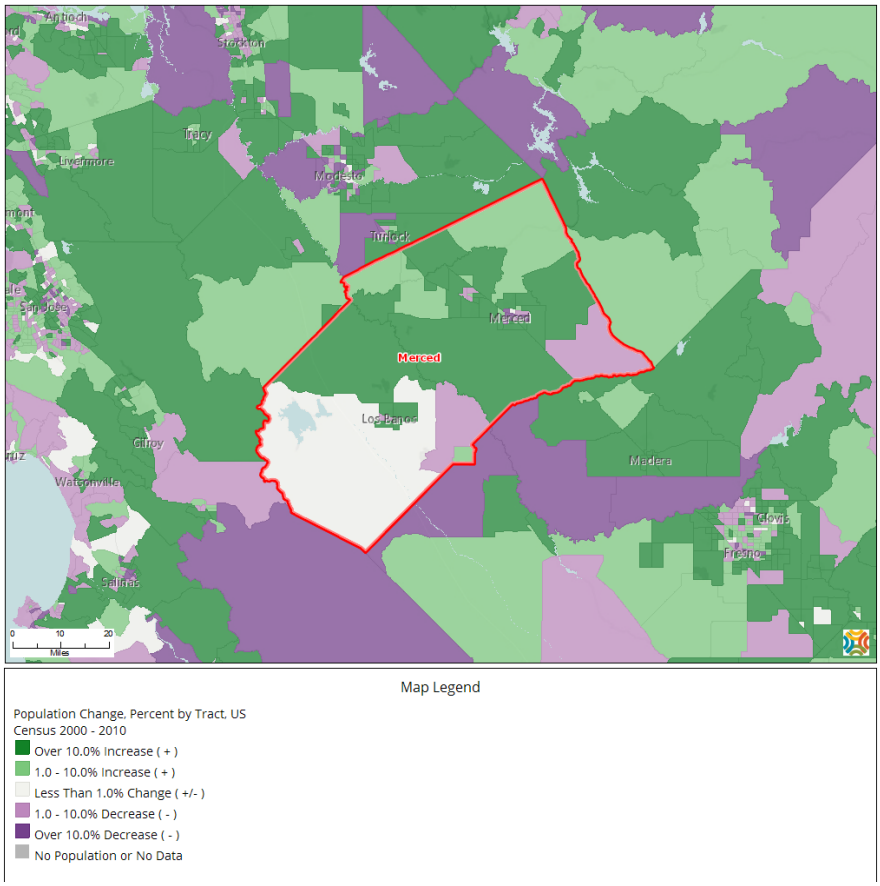
(Percentage Change Between 2000 and 2010)



Sources:
- US Census Bureau Decennial Census (2000-2010).
- Retrieved August 2018 from Community Commons at http://www.chna.org.

Notes:
- A significant positive or negative shift in total population over time impacts healthcare providers and the utilization of community resources.

Note the increases in population in the northern portion of the county.



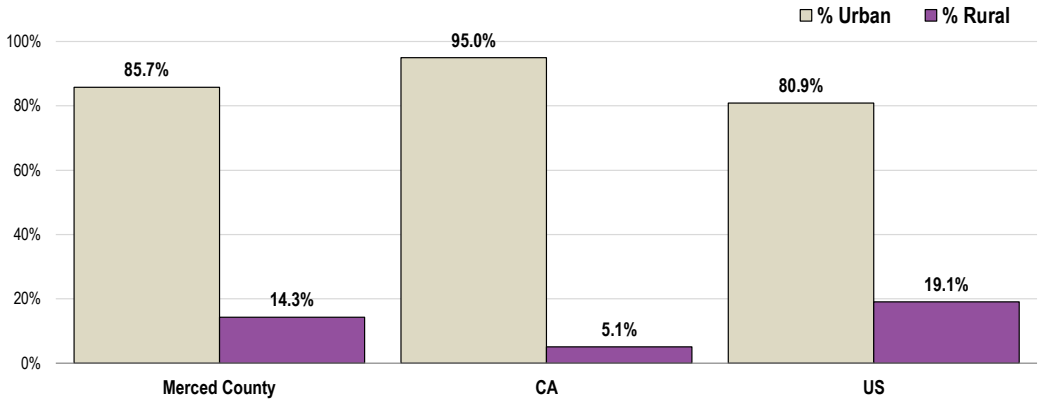
Urban/Rural Population

Urban areas are identified using population density, count, and size thresholds. Urban areas also include territory with a high degree of impervious surface (development). Rural areas are all areas that are not urban.

Merced County is predominantly urban, with 85.7 % of the population living in areas designated as urban.

- Note that 95% of the state population lives in urban areas.

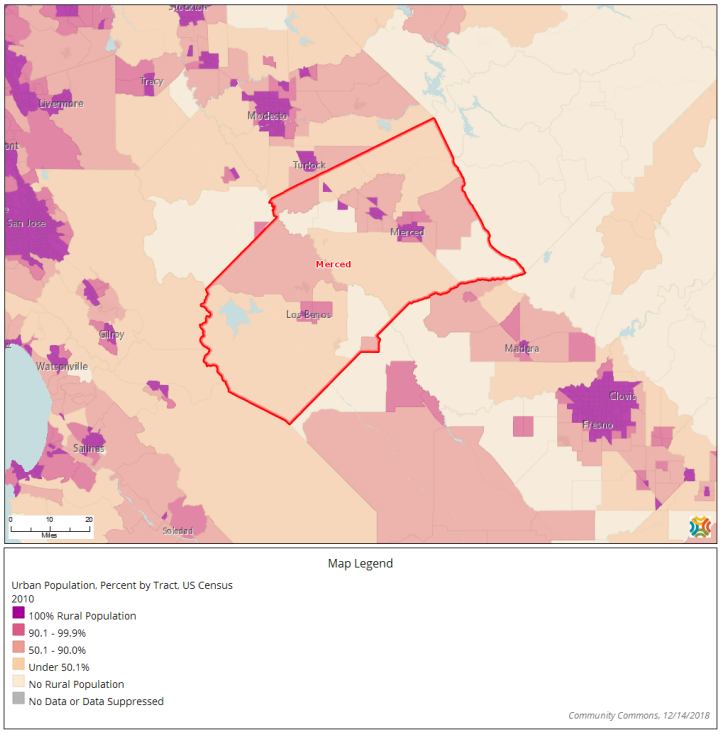
Urban and Rural Population
(2010)



Sources:
- US Census Bureau Decennial Census (2010).
- Retrieved August 2018 from Community Commons at http://www.chna.org.

Notes:
- This indicator reports the percentage of population living in urban and rural areas. Urban areas are identified using population density, count, and size thresholds. Urban areas also include territory with a high degree of impervious surface (development). Rural areas are all areas that are not urban.

- Note the following map, outlining the urban population in Merced County census tracts as of 2010.

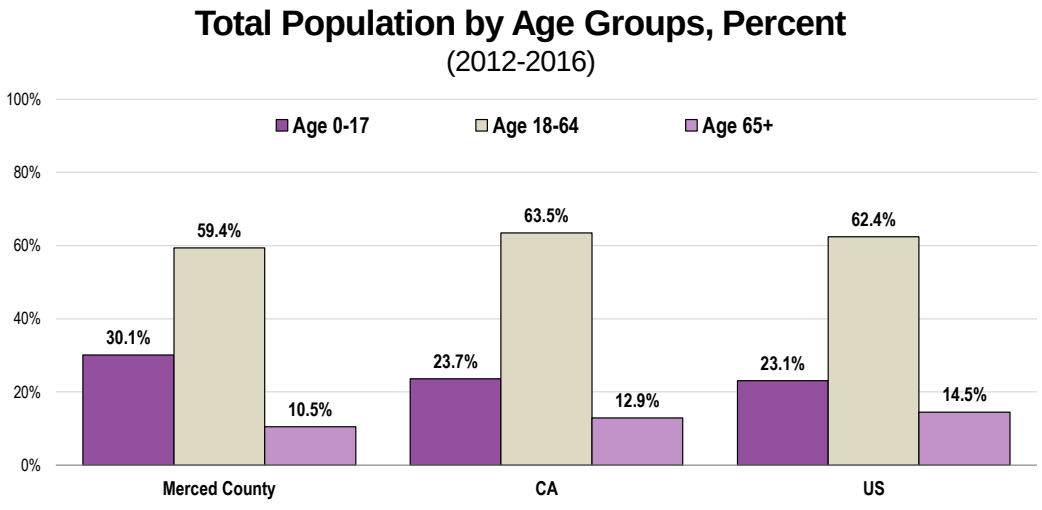


Age

It is important to understand the age distribution of the population, as different age groups have unique health needs that should be considered separately from others along the age spectrum.

In Merced County, 30.1% of the population are infants, children, or adolescents (age 0-17); another 59.4% are age 18 to 64, while 10.5% are age 65 and older.

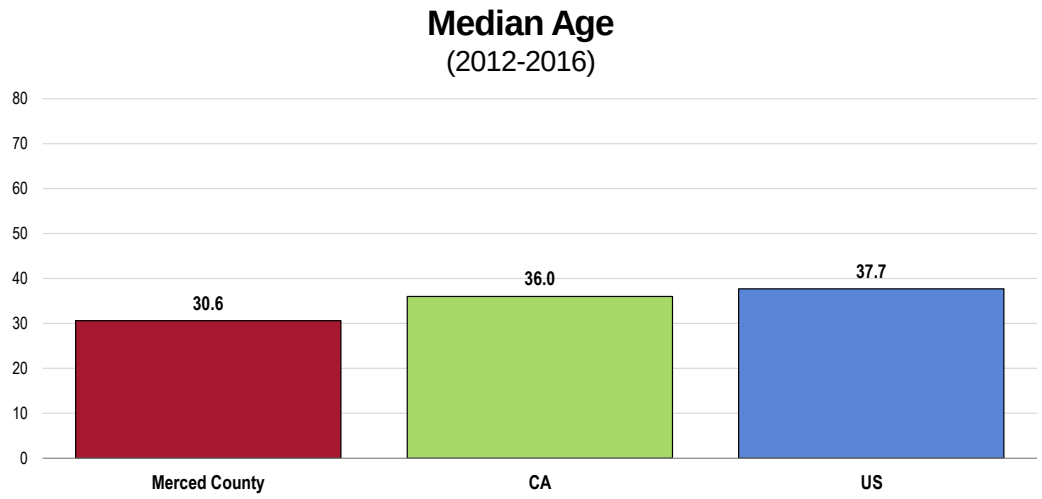
- The percentage of older adults (65+) is lower than that found statewide or nationally.



Sources:
- US Census Bureau American Community Survey 5-year estimates.
- Retrieved August 2018 from Community Commons at http://www.chna.org.

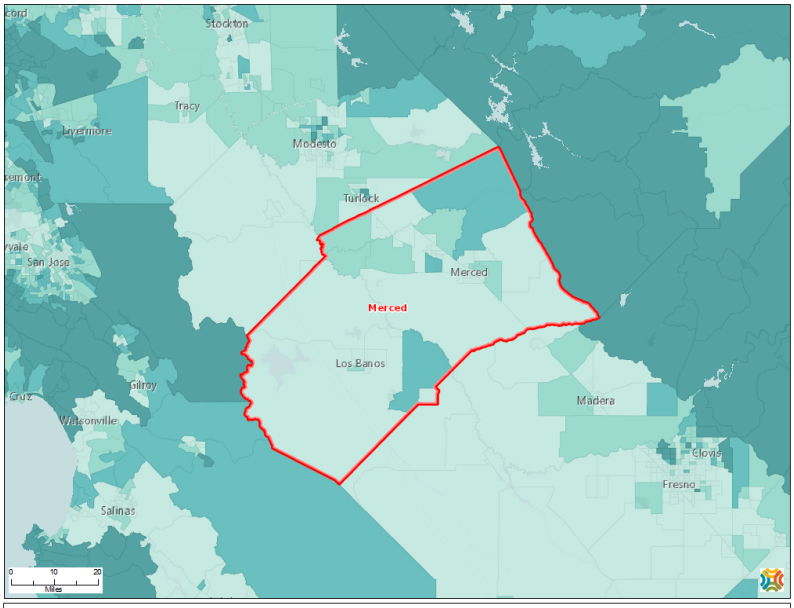
Median Age

Merced County is "younger" than the state and the nation in that the median age is lower.



Sources:
- US Census Bureau American Community Survey 5-year estimates.
- Retrieved August 2018 from Community Commons at http://www.chna.org.

- The following map provides an illustration of the median age in Merced County, segmented by census tract.

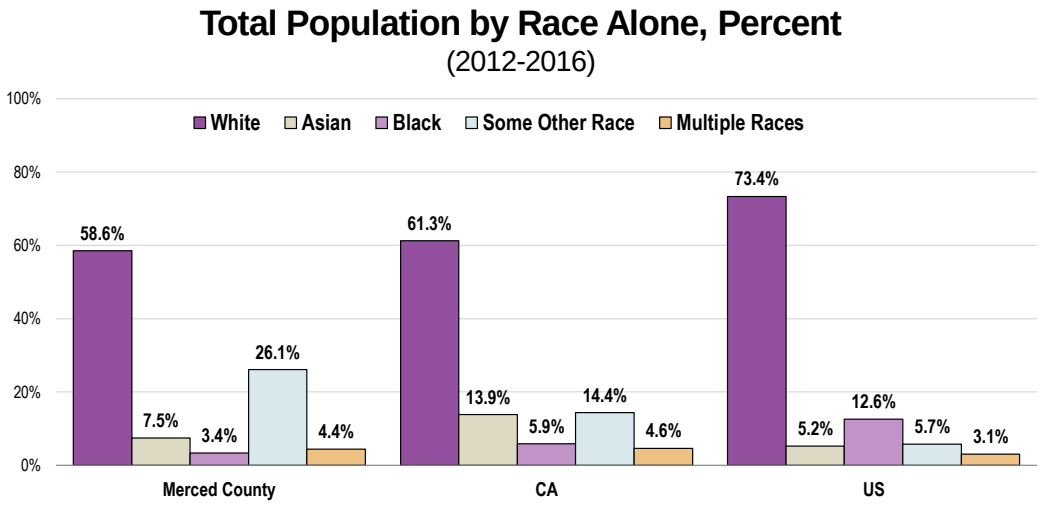


Race & Ethnicity

Race

In looking at race independent of ethnicity (Hispanic or Latino origin), 58.6% of residents of Merced County are White, 3.4% are Black, 33.6% are some "other" race, and 4.4% are multiple races.

- This is generally similar to the state racial distribution.
- Nationally, the US population is more White and Black, and less Asian, "other" race, and multiple races.



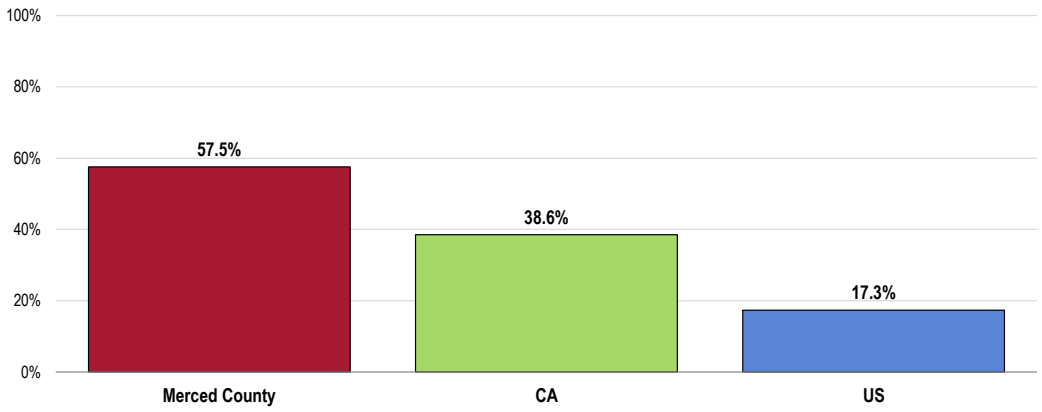
Sources:
- US Census Bureau American Community Survey 5-year estimates.
- Retrieved August 2018 from Community Commons at http://www.chna.org.

Ethnicity

A total of 57.5% of Merced County residents are Hispanic or Latino.

- Much higher than state and nationwide percentages.

Hispanic Population
(2012-2016)



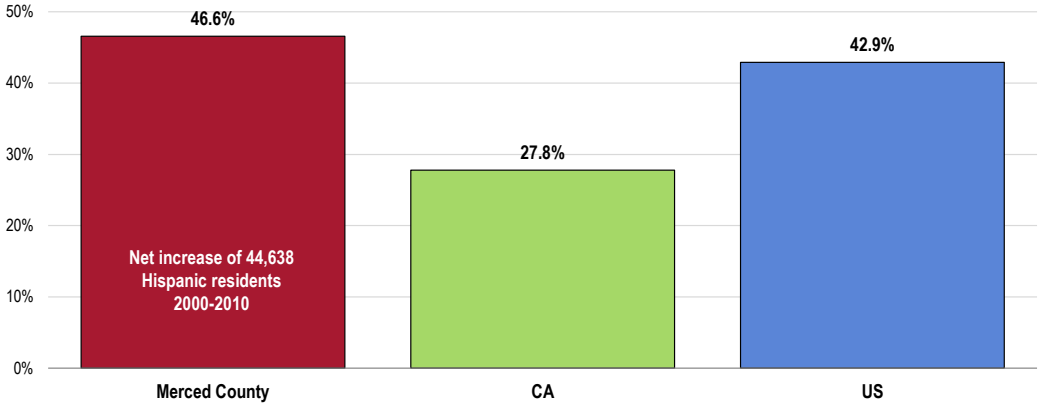
Sources:
- US Census Bureau American Community Survey 5-year estimates.
- Retrieved August 2018 from Community Commons at http://www.chna.org.

Notes:
- Origin can be viewed as the heritage, nationality group, lineage, or country of birth of the person or the person's parents or ancestors before their arrival in the United States. People who identify their origin as Hispanic, Latino, or Spanish may be of any race.

Between 2000 and 2010, the Hispanic population in Merced County increased by over 44,000 or 46.6%.

- Higher (in terms of percentage growth) than found statewide (similar to the nation).

Hispanic Population Change
(Percentage Change in Hispanic Population Between 2000 and 2010)



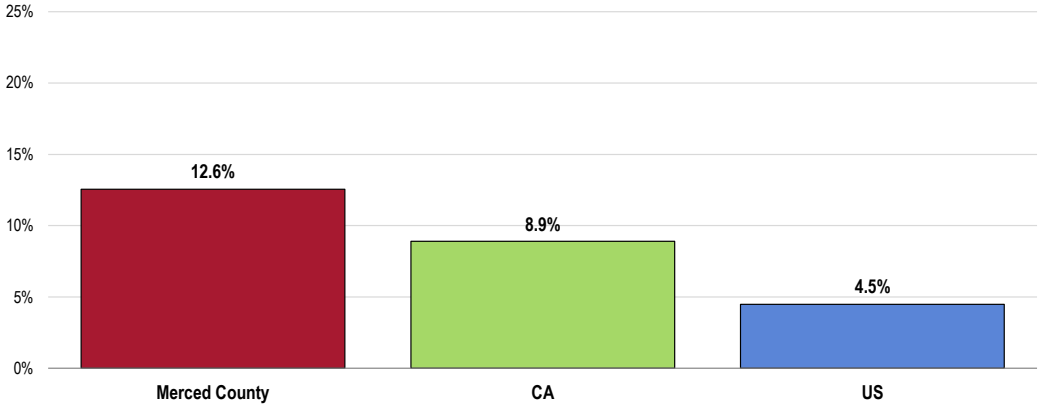
Sources:
- US Census Bureau Decennial Census (2000-2010).
- Retrieved August 2018 from Community Commons at http://www.chna.org.

Linguistic Isolation

A total of 12.6% of the Merced County population age 5 and older live in a home in which no person age 14 or older is proficient in English (speaking only English, or speaking English "very well").

- Higher than found statewide and nationally.

Linguistically Isolated Population
(2012-2016)



Sources:
- US Census Bureau American Community Survey 5-year estimates.
- Retrieved August 2018 from Community Commons at http://www.chna.org.

Notes:
- This indicator reports the percentage of the population age 5+ who live in a home in which no person age 14+ speaks only English, or in which no person age 14+ speak a non-English language and speak English "very well."

Social Determinants of Health

About Social Determinants

Health starts in our homes, schools, workplaces, neighborhoods, and communities. We know that taking care of ourselves by eating well and staying active, not smoking, getting the recommended immunizations and screening tests, and seeing a doctor when we are sick all influence our health. Our health is also determined in part by access to social and economic opportunities; the resources and supports available in our homes, neighborhoods, and communities; the quality of our schooling; the safety of our workplaces; the cleanliness of our water, food, and air; and the nature of our social interactions and relationships. The conditions in which we live explain in part why some Americans are healthier than others and why Americans more generally are not as healthy as they could be.

- Healthy People 2020 (www.healthypeople.gov)

Poverty

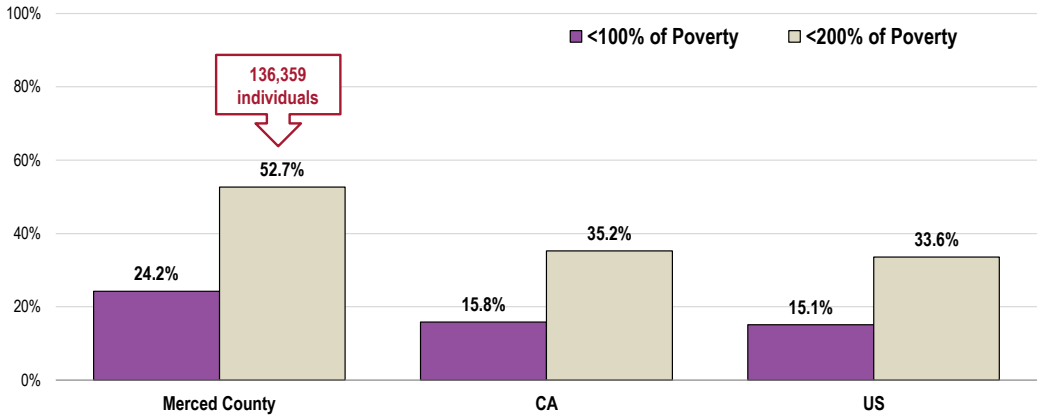
The latest census estimate shows 24.2% of Merced County population living below the federal poverty level.

In all, 52.7% of Merced County residents (an estimated 136,359 individuals) live below 200% of the federal poverty level.

- Higher than the proportions reported statewide and nationally.

Population in Poverty

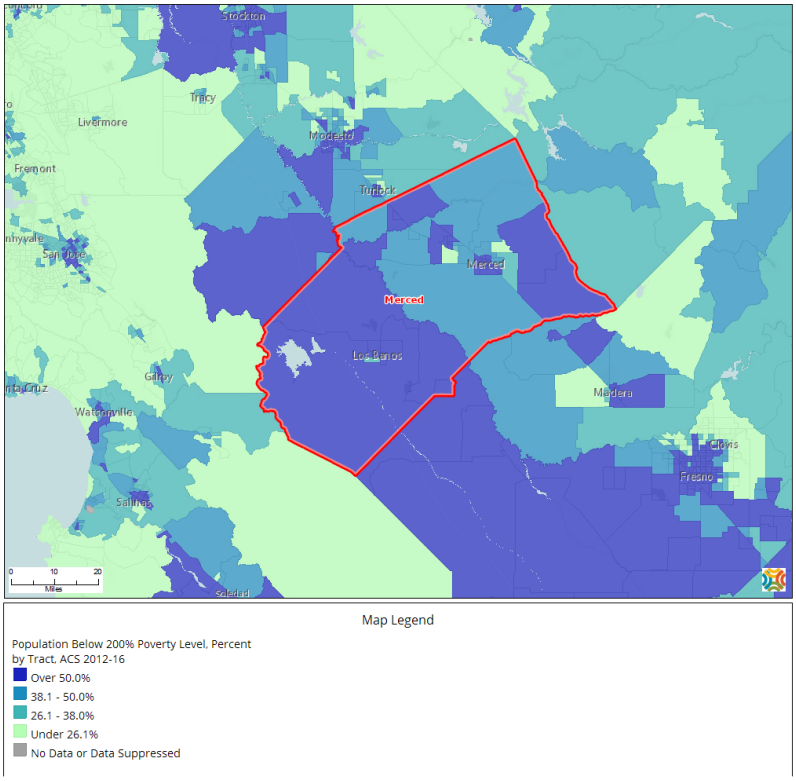
(Populations Living Below 100% and Below 200% of the Poverty Level; 2012-2016)



Sources:
- US Census Bureau American Community Survey 5-year estimates.
- Retrieved August 2018 from Community Commons at http://www.chna.org.

Notes:
- Poverty is considered a key driver of health status. This indicator is relevant because poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status.

- A higher concentration of persons living below the 200% poverty threshold is found in southwestern, northern, and northeastern portions of the county.



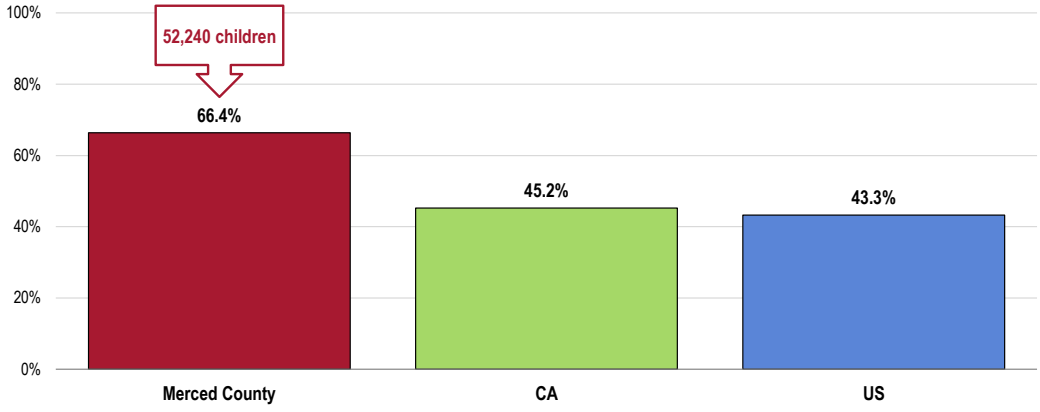
Children in Low-Income Households

Additionally, two-thirds (66.4%) of Merced County children age 0-17 (representing an estimated 52,240 children) live below the 200% poverty threshold.

- Above the proportions found across the state and nation.

Percent of Children in Low-Income Households

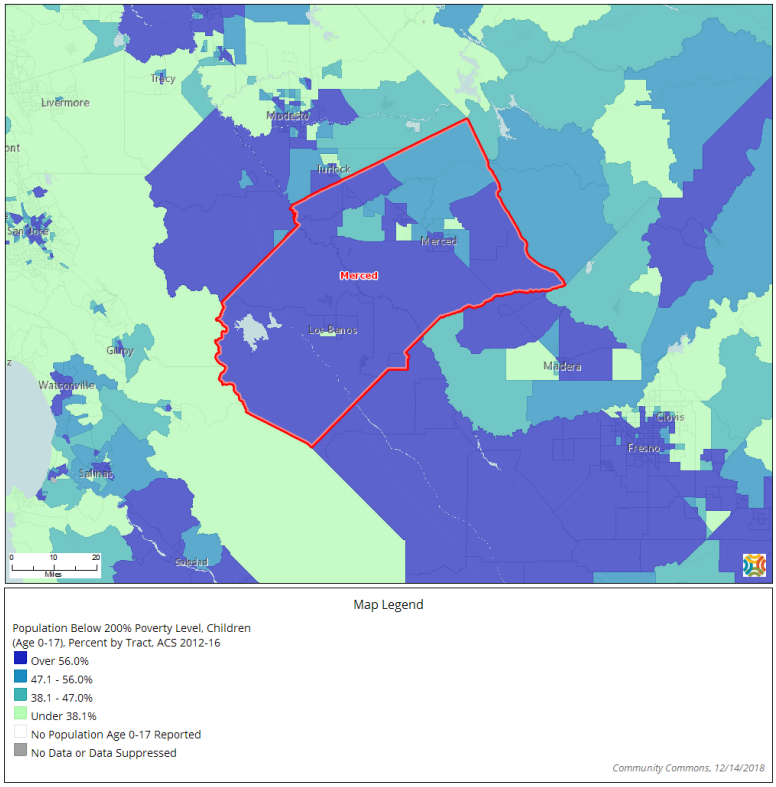
(Children 0-17 Living Below 200% of the Poverty Level, 2012-2016)



Sources:
- US Census Bureau American Community Survey 5-year estimates.
- Retrieved August 2018 from Community Commons at http://www.chna.org.

Notes:
- This indicator reports the percentage of children aged 0-17 living in households with income below 200% of the Federal Poverty Level (FPL). This indicator is relevant because poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status.

- Note the concentration of children in lower-income households in the following map.



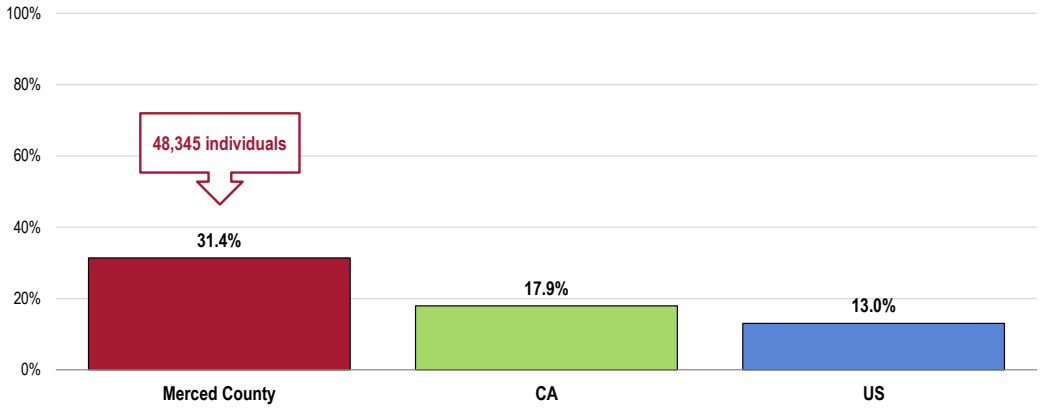
Education

Among the Merced County population age 25 and older, an estimated 31.4% (over 48,345 people) do not have a high school education.

- Less favorable than seen across California or the US.

Population With No High School Diploma

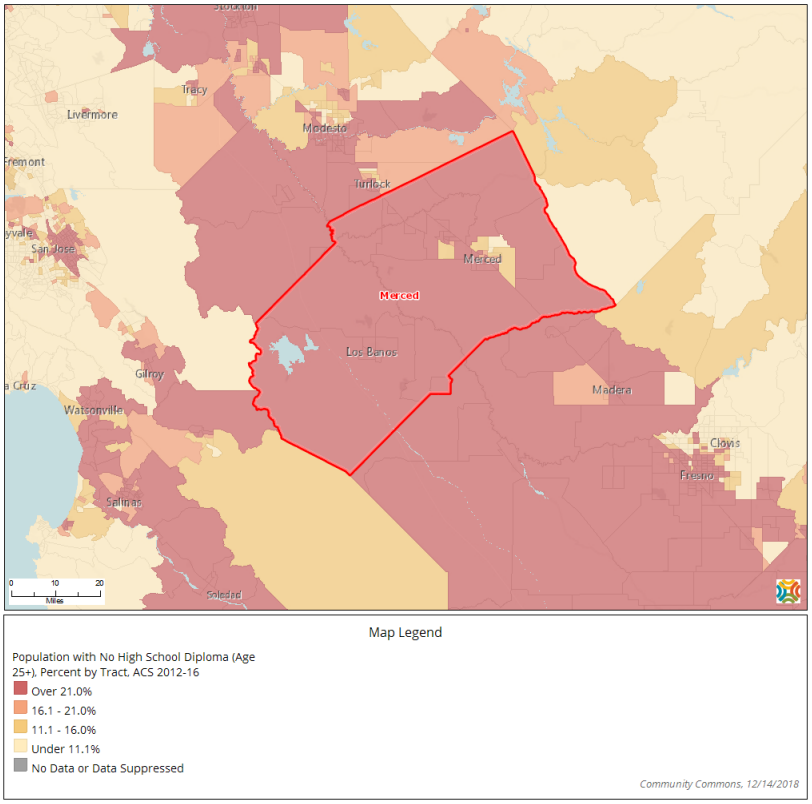
(Population Age 25+ Without a High School Diploma or Equivalent, 2012-2016)



Sources:
- US Census Bureau American Community Survey 5-year estimates.
- Retrieved August 2018 from Community Commons at http://www.chna.org.

Notes:
- This indicator is relevant because educational attainment is linked to positive health outcomes.

- Geographically, this indicator is more concentrated outside the city of Merced.



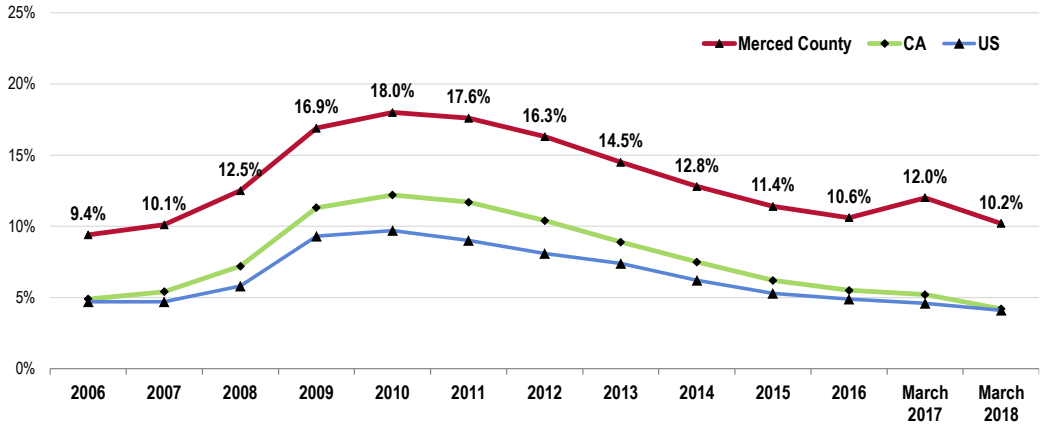
Employment

According to data derived from the US Department of Labor, the unemployment rate in Merced County as of March 2018 was 10.2%.

- Far less favorable than the statewide or national unemployment rates.
- TREND: Unemployment for Merced County has overall trended downward since 2010, echoing the state and national trends.

Unemployment Rate

(Percent of Non-Institutionalized Population Age 16+ Unemployed, Not Seasonally-Adjusted)



Sources:
- US Department of Labor, Bureau of Labor Statistics.
- Retrieved August 2018 from Community Commons at http://www.chna.org.

Notes:
- This indicator is relevant because unemployment creates financial instability and barriers to access including insurance coverage, health services, healthy food, and other necessities that contribute to poor health status.

Social Support

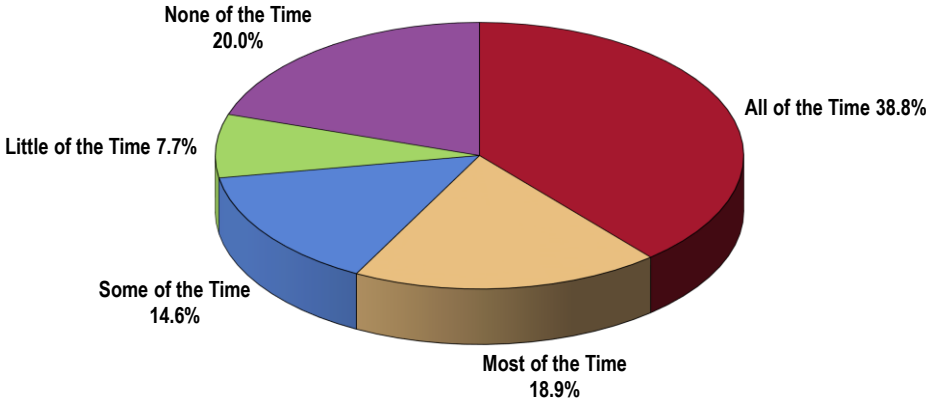
"In the past month, how often have you had someone in your community you could turn to if you needed or wanted help? Would you say: all of the time, most of the time, some of the time, little of the time, or none of the time."

The majority of Merced County respondents report having someone in the community to which to turn for help in the past month (72.3% "all/most/some of the time" responses).

Another 27.7% of respondents rarely or never had such support.

Had Someone in Community to Turn To the Past Month

(Merced County, 2018)



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 305]

Notes:
- Asked of all respondents.

NOTE:

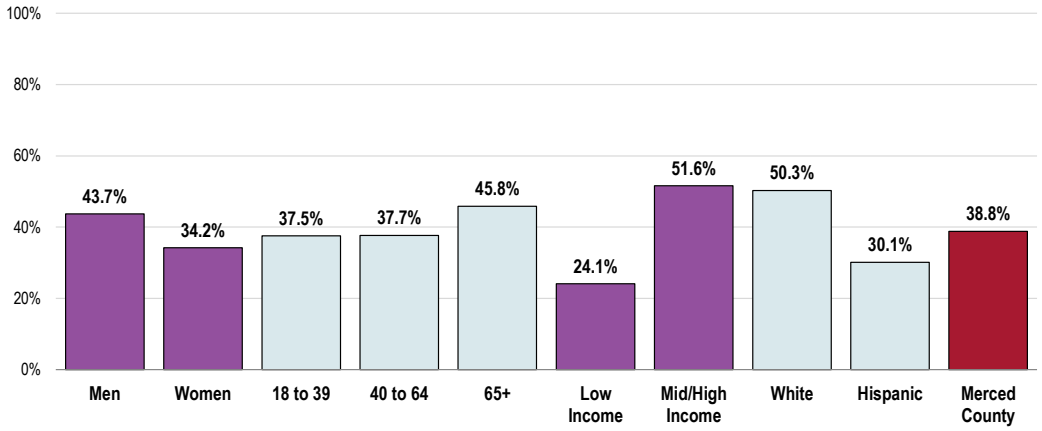
Differences noted in the text represent significant differences determined through statistical testing.

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

- Among the 38.8% of respondents reporting having someone to turn to "all of the time," low-income or Hispanic respondents are least likely to report this level of support.

"All of the Time" Had Someone in Community to Turn To the Past Month

(Merced County, 2018)



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 305]

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

Social Associations

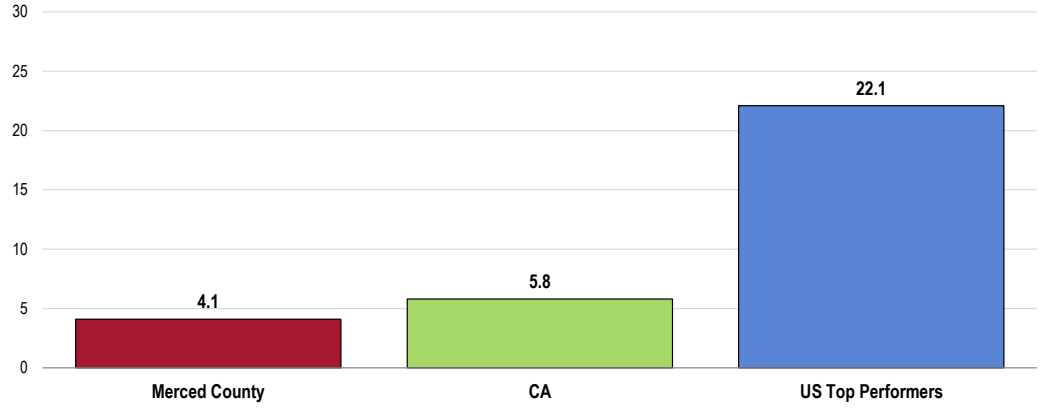
Social associations is the number of associations per 10,000 population. Associations include membership organizations such as civic organizations, bowling centers, golf clubs, fitness centers, sports organizations, religious organizations, business organizations, and professional organizations.

In 2015, adults in Merced County reported an average of 4.1 social associations per 10,000 population.

- Less favorable than state and (especially) national top performers (e.g., the 90th percentile of all counties in the nation).

Social Associations

(Number of Membership Associations per 10,000 Population, 2015)



Sources:
- County Health Rankings & Roadmaps, University of Wisconsin Population Health Institute and Robert Wood Johnson Foundation. Retrieved January 2019 from http://www.countyhealthrankings.org/.

Notes:
- This indicator is defined as number of membership associations per 10,000 population.
- For this indicator, US Top Performers is the value for which only 10% of counties in the country are doing better (i.e., the 90th percentile).

General Health Status

Professional Research Consultants, Inc.

Overall Health Status

Evaluation of Health Status

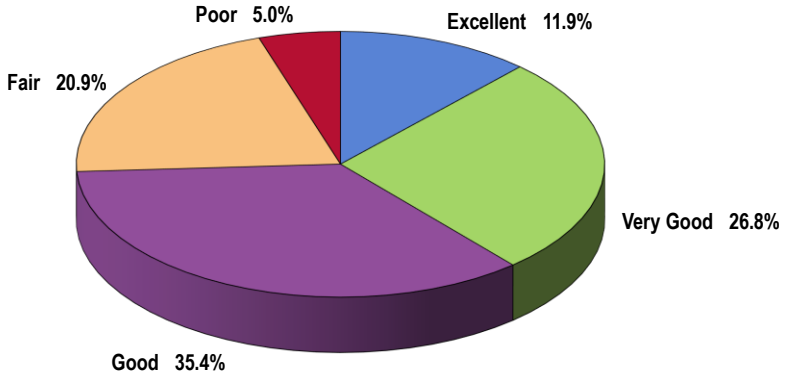
The initial inquiry of the PRC Community Health Survey asked respondents the following:

"Would you say that in general your health is: excellent, very good, good, fair, or poor?"

A total of 38.7% of Merced County adults rate their overall health as "excellent" or "very good."

- Another 35.4% gave "good" ratings of their overall health.

Self-Reported Health Status
(Merced County, 2018)

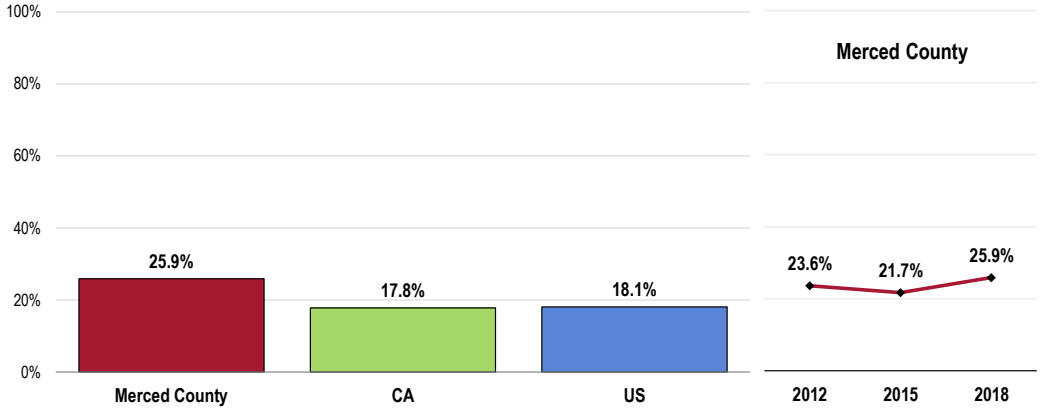


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 5]
Notes: • Asked of all respondents.

However, 25.9% of Merced County adults believe that their overall health is "fair" or "poor."

- Much worse than statewide and national findings.
- TREND: No statistically significant change has occurred when comparing "fair/poor" overall health reports to previous survey results.

Experience "Fair" or "Poor" Overall Health



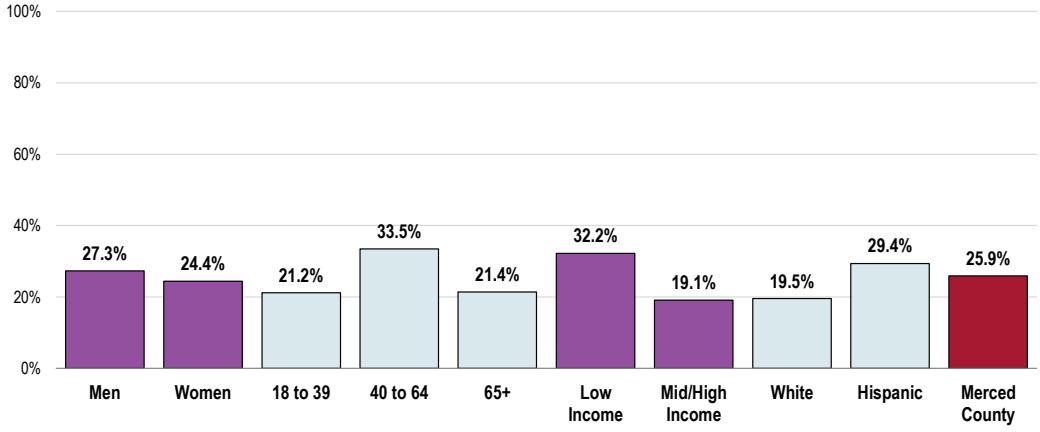
Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 5]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 California data.
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Adults more likely to report experiencing "fair" or "poor" overall health include:

- Adults age 40-64.
- Residents living at lower incomes.

Experience "Fair" or "Poor" Overall Health
(Merced County, 2018)



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 5]

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

Activity Limitations

About Disability & Health

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

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

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

- **Improve the conditions of daily life** by: encouraging communities to be accessible so all can live in, move through, and interact with their environment; encouraging community living; and removing barriers in the environment using both physical universal design concepts and operational policy shifts.
- **Address the inequitable distribution of resources among people with disabilities and those without disabilities** by increasing: appropriate health care for people with disabilities; education and work opportunities; social participation; and access to needed technologies and assistive supports.
- **Expand the knowledge base and raise awareness about determinants of health for people with disabilities** by increasing: the inclusion of people with disabilities in public health data collection efforts across the lifespan; the inclusion of people with disabilities in health promotion activities; and the expansion of disability and health training opportunities for public health and health care professionals.

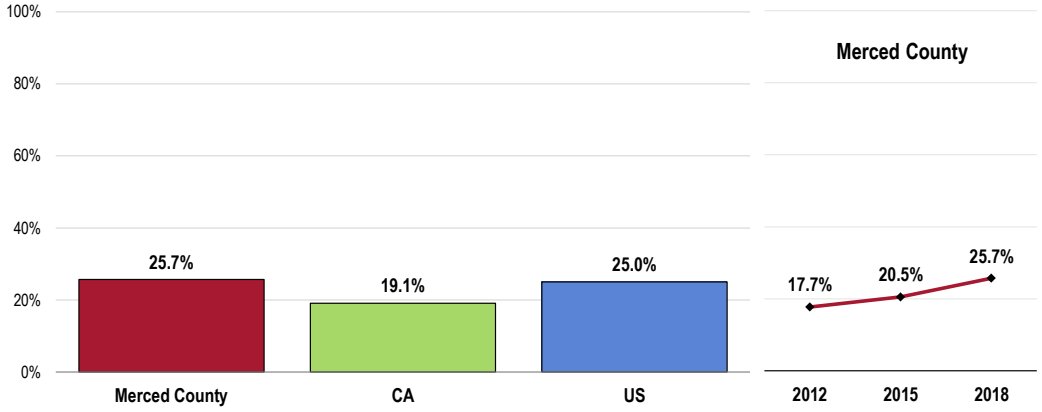
- Healthy People 2020 (www.healthypeople.gov)

One-quarter (25.7%) of Merced County adults are limited in some way in some activities due to a physical, mental, or emotional problem.

- Less favorable than the prevalence statewide.
- Similar to the national prevalence.
- TREND: Marks a statistically significant increase in activity limitations since 2012.

RELATED ISSUE:
See also *Potentially Disabling Conditions* in the **Death, Disease, & Chronic Conditions** section of this report.

Limited in Activities in Some Way Due to a Physical, Mental or Emotional Problem



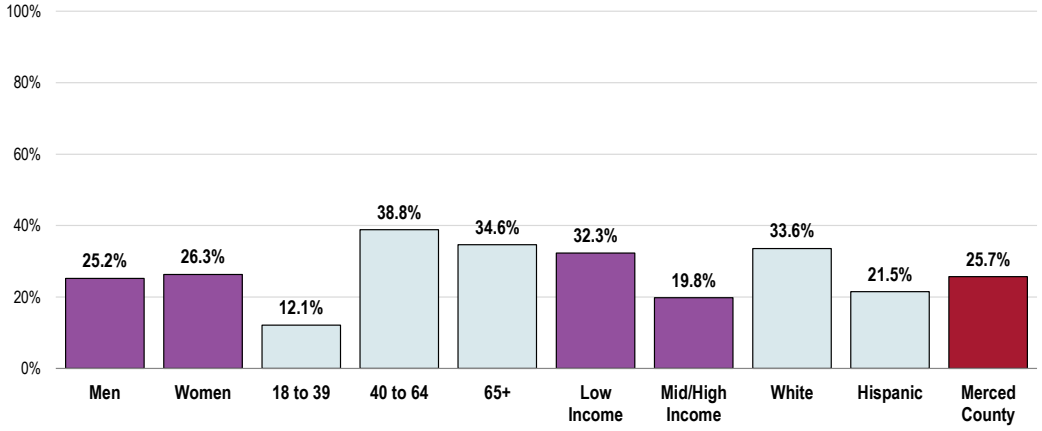
Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 109]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 California data.
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

- In looking at responses by key demographic characteristics, adults age 40 and older are statistically more likely to report some type of activity limitation.
- Differences among other demographic groups are not statistically significant.

Limited in Activities in Some Way Due to a Physical, Mental or Emotional Problem

(Merced County, 2018)



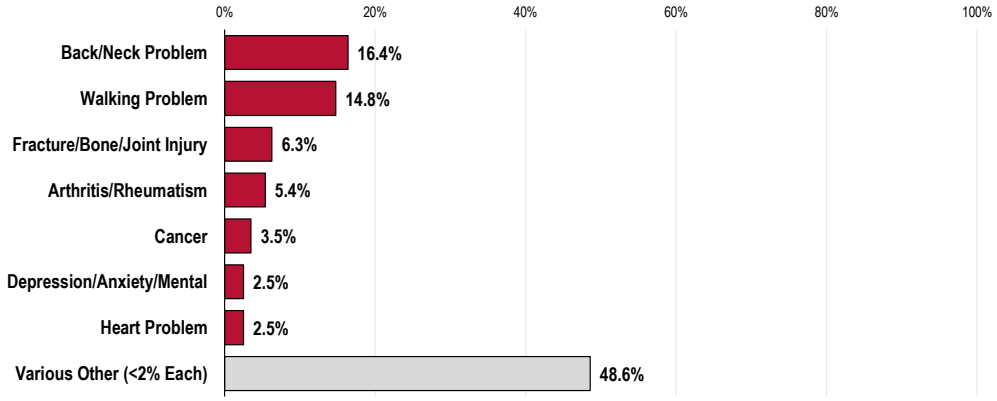
Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 109]

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

Among persons reporting activity limitations, these are most often attributed to musculo-skeletal issues, such as back/neck problems, difficulty walking, fractures or bone/joint injuries, or arthritis/rheumatism.

Other limitations noted with some frequency include those related to cancer, mental health (depression, anxiety), or heart conditions.

Type of Problem That Limits Activities
(Among Those Reporting Activity Limitations; Merced County, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 110]
Notes: • Asked of those respondents reporting activity limitations.

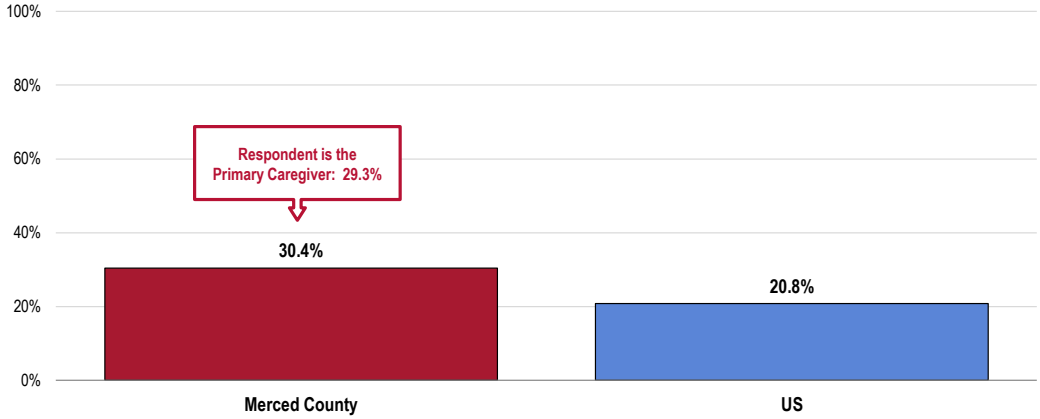
Caregiving

Three in 10 Merced County adults (30.4%) currently provide care or assistance to a friend or family member who has a health problem, long-term illness, or disability.

- Above the national finding.

Of these adults, 29.3% are the ***primary*** caregiver for the individual receiving care.

Act as Caregiver to a Friend or Relative with a Health Problem, Long-Term Illness, or Disability



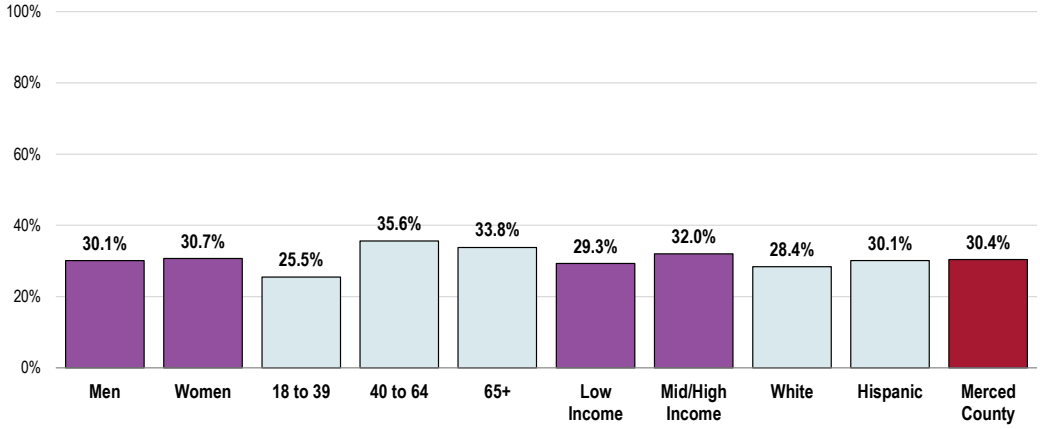
Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 111, 113]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

- The prevalence of caregivers in the community does not significantly differ by the following demographic characteristics.

Act as Caregiver to a Friend or Relative with a Health Problem, Long-Term Illness, or Disability

(Merced County, 2018)



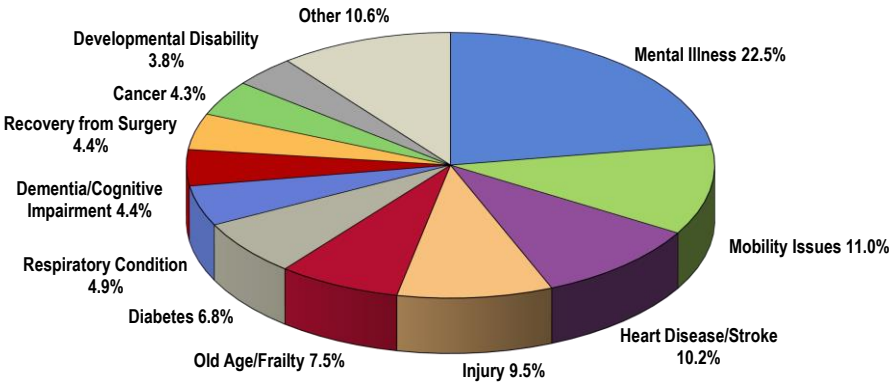
Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 111]

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

For those who provide care or assistance, the top health issues affecting those receiving their care include **mental illness** (22.5%), **mobility issues** (11.0%), **heart disease/stroke** (10.2%), **injury** (9.5%), and **old age/frailty** (7.5%).

Primary Health Issue of Person Receiving Care or Assistance

(Among Caregivers Providing Regular Care to a Friend/Family Member; Merced County, 2018)



Sources: ● 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 112]
Notes: ● Asked of those respondents reporting providing regular care or assistance to a friend or family member with a health problem, long-term illness, or disability.

Mental Health

About Mental Health & Mental Disorders

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

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

The existing model for understanding mental health and mental disorders emphasizes the interaction of social, environmental, and genetic factors throughout the lifespan. In behavioral health, researchers identify: **risk factors**, which predispose individuals to mental illness; and **protective factors**, which protect them from developing mental disorders. Researchers now know that the prevention of mental, emotional, and behavioral (MEB) disorders is inherently interdisciplinary and draws on a variety of different strategies. Over the past 20 years, research on the prevention of mental disorders has progressed. The major areas of progress include evidence that:

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

- Healthy People 2020 (www.healthypeople.gov)

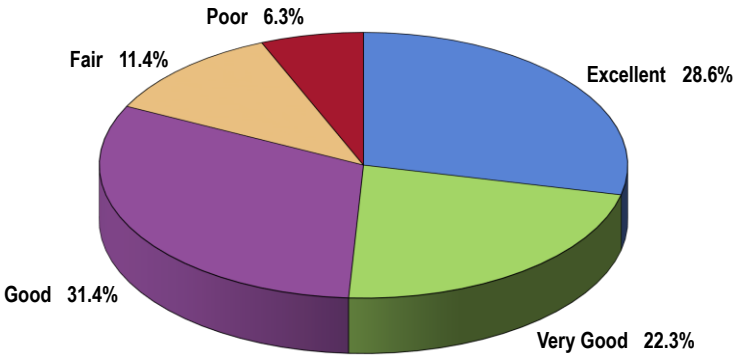
Evaluation of Mental Health Status

"Now thinking about your mental health, which includes stress, depression and problems with emotions, would you say that, in general, your mental health is: excellent, very good, good, fair or poor?"

Just over half (50.9%) of Merced County adults rate their overall mental health as "excellent" or "very good."

- Another 31.4% gave "good" ratings of their own mental health status.

Self-Reported Mental Health Status
(Merced County, 2018)

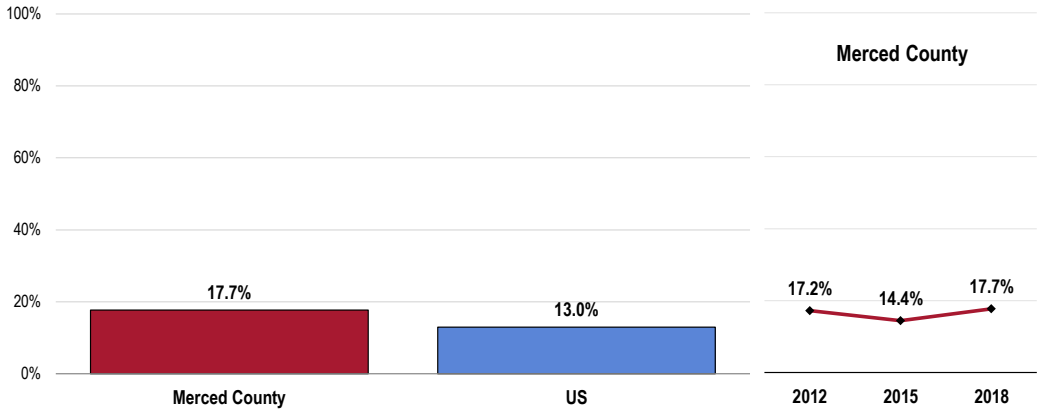


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 99]
Notes: • Asked of all respondents.

A total of 17.7% of Merced County adults, however, believe that their overall mental health is "fair" or "poor."

- Statistically similar to the "fair/poor" response reported nationally.
- TREND: No significant change over time.

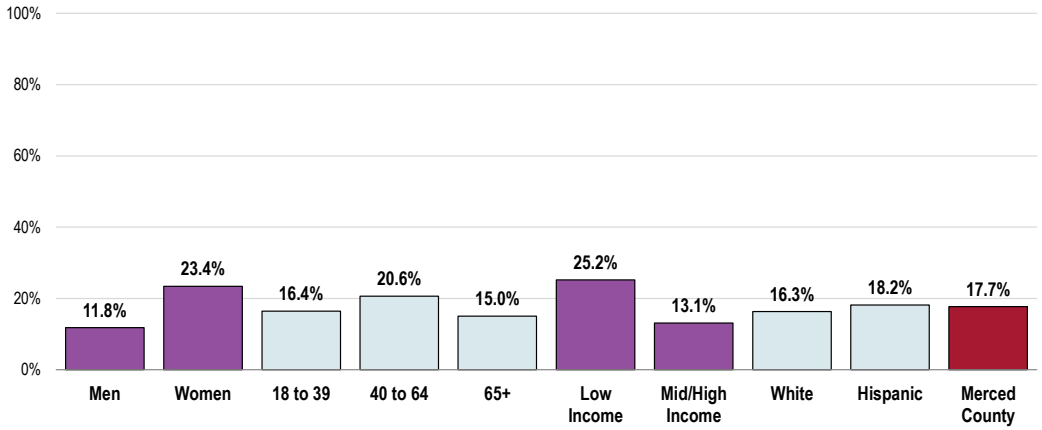
Experience "Fair" or "Poor" Mental Health



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 99]
• 2017 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

- Women and low-income adults are much more likely to report experiencing "fair/poor" mental health than their demographic counterparts.

Experience "Fair" or "Poor" Mental Health
(Merced County, 2018)



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 99]

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

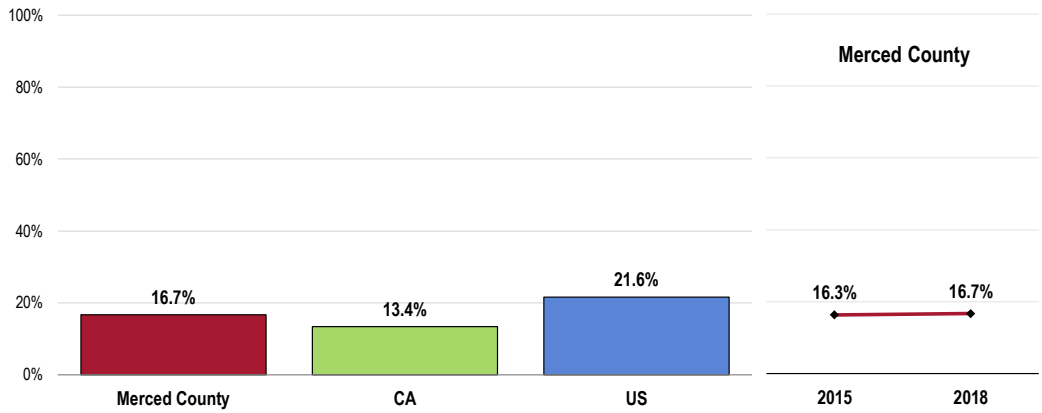
Depression

Diagnosed Depression

A total of 16.7% of Merced County adults have been diagnosed by a physician as having a depressive disorder (such as depression, major depression, dysthymia, or minor depression).

- Statistically similar to the state and national findings.
- TREND: Statistically unchanged since first measured in 2015.

Have Been Diagnosed With a Depressive Disorder



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 102]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 California data.
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

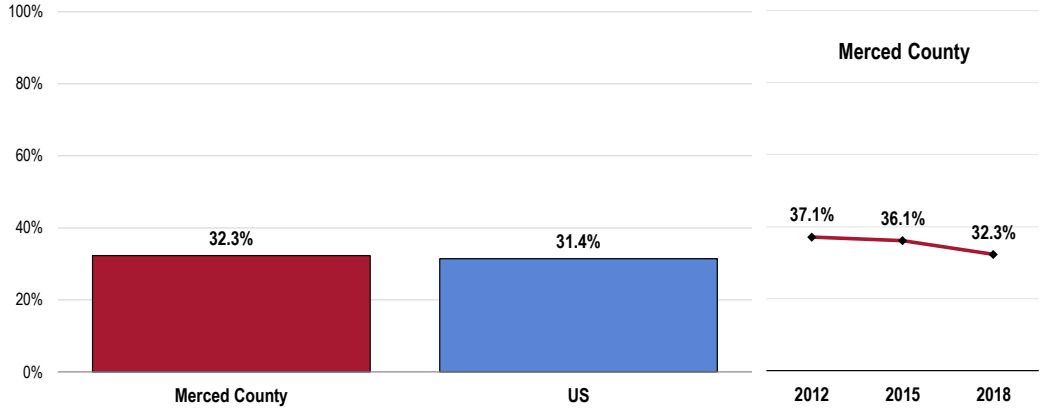
Notes:
- Asked of all respondents.
- Depressive disorders include depression, major depression, dysthymia, or minor depression.

Symptoms of Chronic Depression

A total of 32.3% of Merced County adults have had two or more years in their lives when they felt depressed or sad on most days, although they may have felt okay sometimes (symptoms of chronic depression).

- Comparable to national findings.
- TREND: Statistically similar to findings from prior years.

Have Experienced Symptoms of Chronic Depression



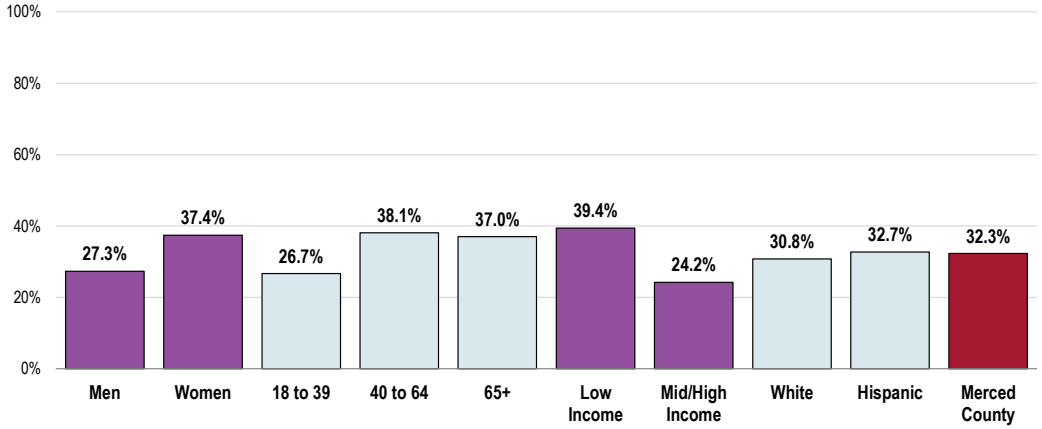
Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 100]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
- Chronic depression includes periods of two or more years during which the respondent felt depressed or sad on most days, even if (s)he felt okay sometimes.

- Adults with lower incomes are more likely to have experienced symptoms of chronic depression.

Have Experienced Symptoms of Chronic Depression

(Merced County, 2018)



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 100]

Notes:
- Asked of all respondents.
- Chronic depression includes periods of two or more years during which the respondent felt depressed or sad on most days, even if (s)he felt okay sometimes.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Stress

Just under one-half of Merced County adults consider their typical day to be "not very stressful" (33.1%) or "not at all stressful" (16.7%).

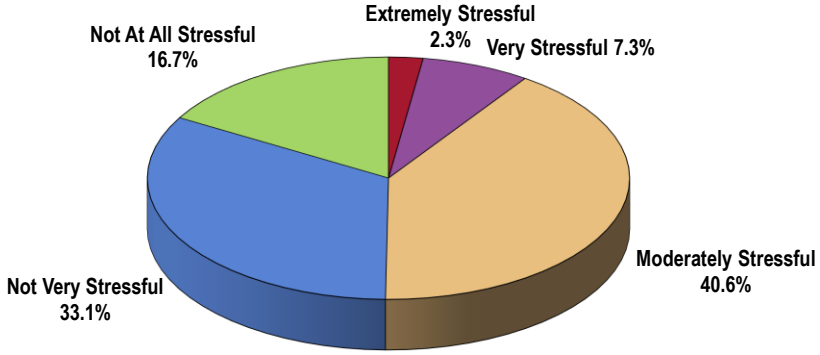
RELATED ISSUE:

See also *Substance Abuse* in the **Modifiable Health Risks** section of this report.

- Another 40.6% of survey respondents characterize their typical day as "moderately stressful."

Perceived Level of Stress On a Typical Day

(Merced County, 2018)



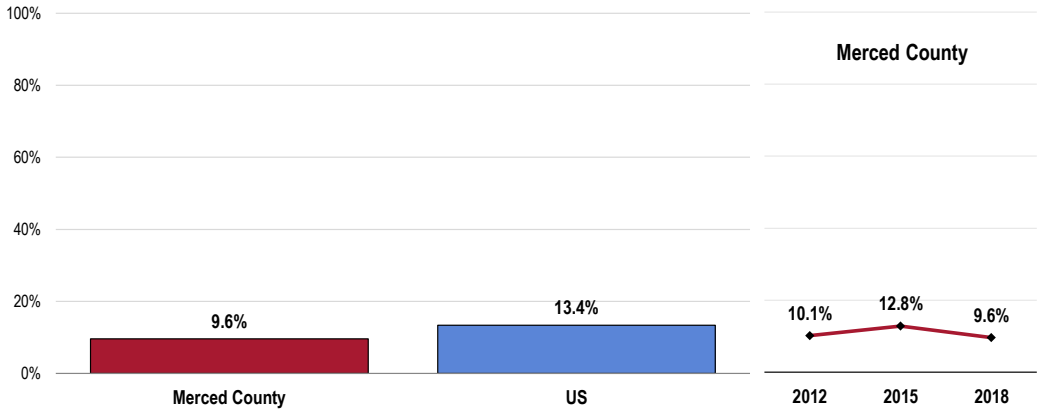
Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 101]

Notes:
- Asked of all respondents.

In contrast, 9.6% of Merced County adults experience "very" or "extremely" stressful days on a regular basis.

- Statistically similar to national findings.
- TREND: Statistically similar to findings from previous years.

Perceive Most Days As "Extremely" or "Very" Stressful

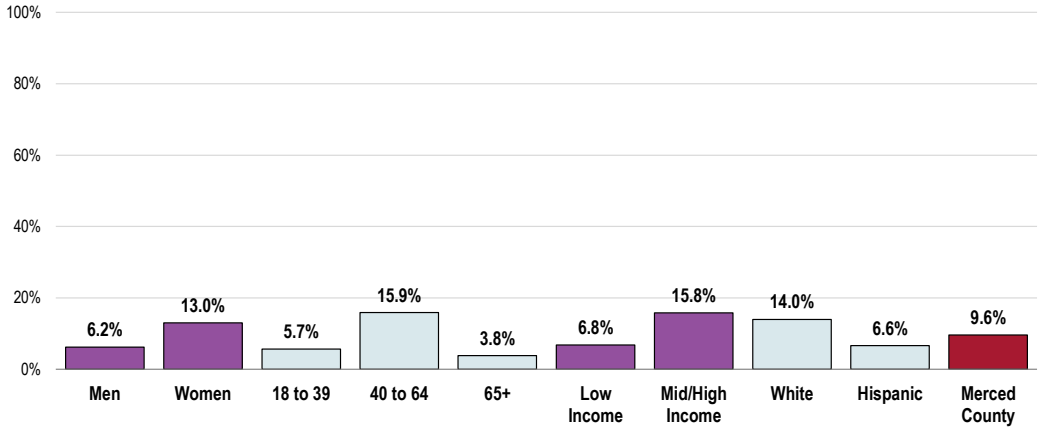


Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 101]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

- Note that high stress levels are more prevalent among women and adults age 40-64.

Perceive Most Days as "Extremely" or "Very" Stressful
(Merced County, 2018)



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 101]

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

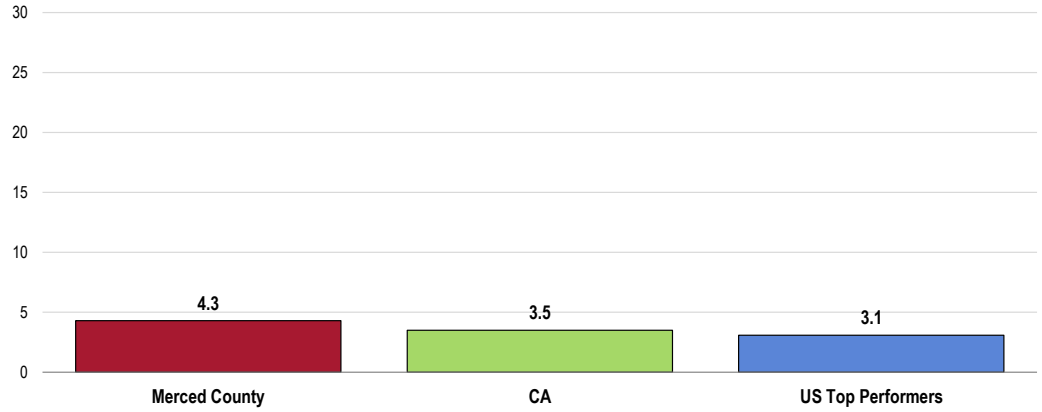
Days of Poor Mental Health

In 2016, Merced County adults averaged 4.3 days of poor mental health in the past month.

- Higher than the state or US top performers.

Average Number of Mentally Unhealthy Days in Past Month

(Age-Adjusted per 100,000 Population, 2016)



Sources:
- County Health Rankings & Roadmaps, University of Wisconsin Population Health Institute and Robert Wood Johnson Foundation. Data extracted January 2019 from http://www.countyhealthrankings.org/.

Notes:
- Averages are per 100,000 population, age-adjusted to the 2000 US Standard Population.
- For this indicator, US Top Performers is the value for which only 10% of counties in the country are doing better (i.e., the 10th percentile).

Suicide

Between 2014 and 2016, there was an annual average age-adjusted suicide rate of 12.1 deaths per 100,000 population in Merced County.

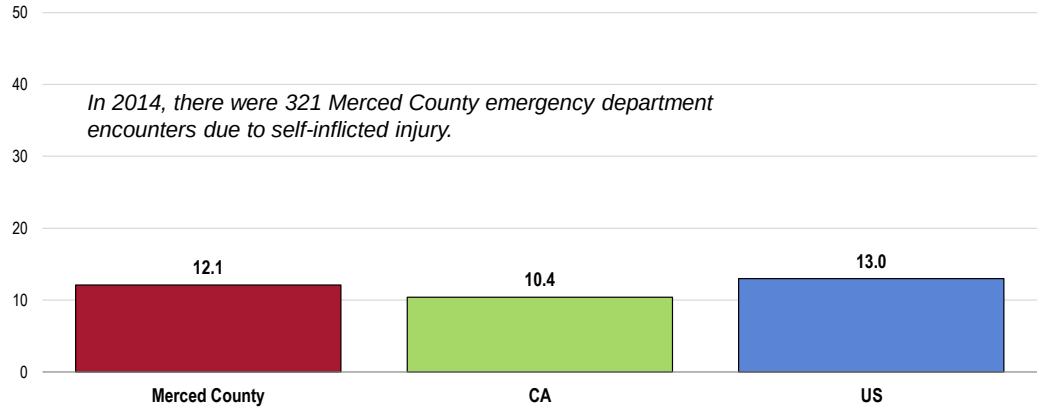
- Comparable to the California and US rates.
- Fails to satisfy the Healthy People 2020 target of 10.2 or lower.

In Merced County in 2014, there were 321 emergency department encounters due to self-inflicted injury.

Suicide: Age-Adjusted Mortality

(2014-2016 Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 10.2 or Lower



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2018.
- California Health & Human Services Agency, Office of Statewide Health Planning and Development (OSHPD) Patient and Discharge Data and Emergency Department Data, 2010-2014. Retrieved January 2019 from https://data.chhs.ca.gov/.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective MHMD-1]

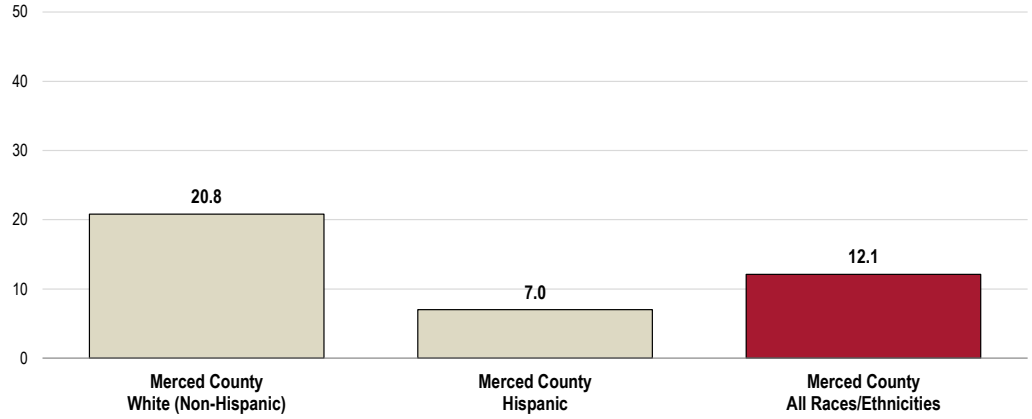
Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

- The suicide rate in Merced County is dramatically higher among Non-Hispanic Whites than among Hispanics.

Suicide: Age-Adjusted Mortality by Race

(2014-2016 Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 10.2 or Lower



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2018.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective MHMD-1]

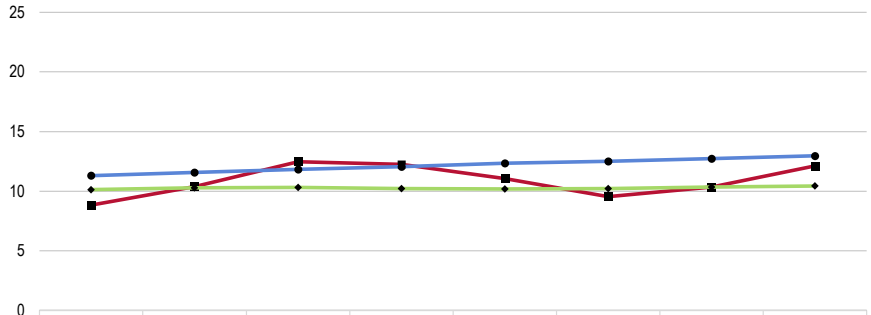
Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

- TREND: There is no clear trend in the Merced County suicide rate over time.

Suicide: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 10.2 or Lower



	2007-2009	2008-2010	2009-2011	2010-2012	2011-2013	2012-2014	2013-2015	2014-2016
Merced County	8.8	10.4	12.5	12.2	11.1	9.5	10.3	12.1
CA	10.1	10.3	10.3	10.2	10.2	10.2	10.3	10.4
US	11.3	11.6	11.8	12.1	12.3	12.5	12.7	13.0

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2018.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective MHMD-1]

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

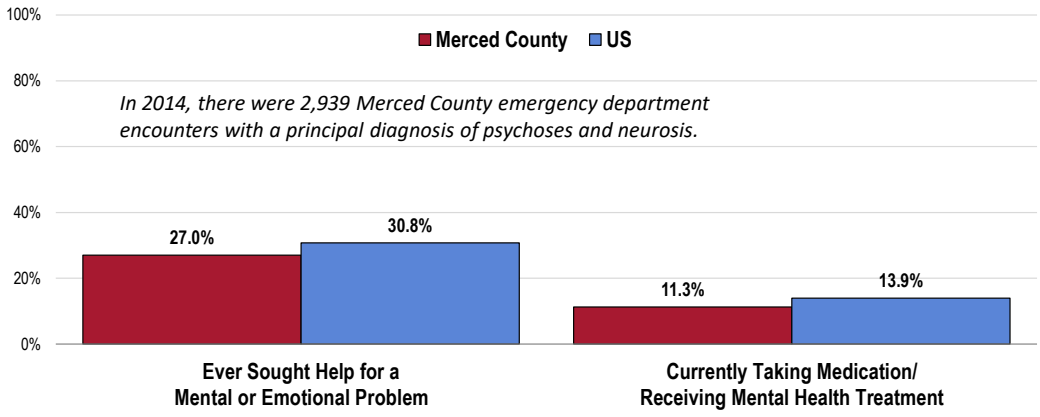
Mental Health Treatment

A total of 27.0% of Merced County adults acknowledge having ever sought professional help for a mental or emotional problem, while 11.3% are currently taking medication or receiving treatment from a doctor or other health professional for some type of mental health condition or emotional problem.

- Each indicator is similar to national findings.

In Merced County in 2014, there were 2,939 emergency department encounters with a principal diagnosis of psychoses and neurosis.

Mental Health Treatment



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 103-104]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- California Health & Human Services Agency, Office of Statewide Health Planning and Development (OSHPD) Patient and Discharge Data and Emergency Department Data, 2010-2014. Retrieved January 2019 from https://data.chhs.ca.gov/.

Notes:
- Reflects the total sample of respondents.

Difficulty Accessing Mental Health Services

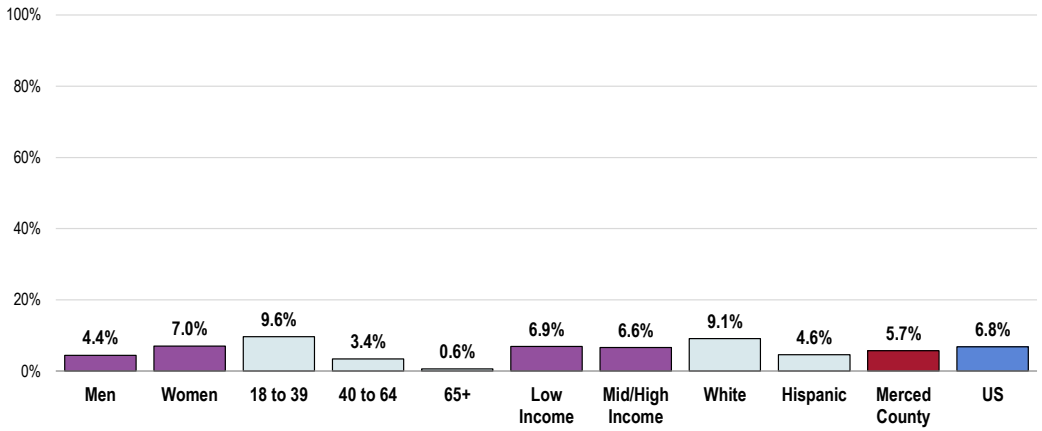
A total of 5.7% of Merced County adults report a time in the past year when they needed mental health services, but were not able to get them.

- Similar to the national finding.
- Access difficulty is notably more prevalent among younger adults.

Among persons citing difficulties accessing mental health services in the past year, these are predominantly attributed to **availability** (not shown).

Unable to Get Mental Health Services When Needed in the Past Year

(Merced County, 2018)



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 105]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

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

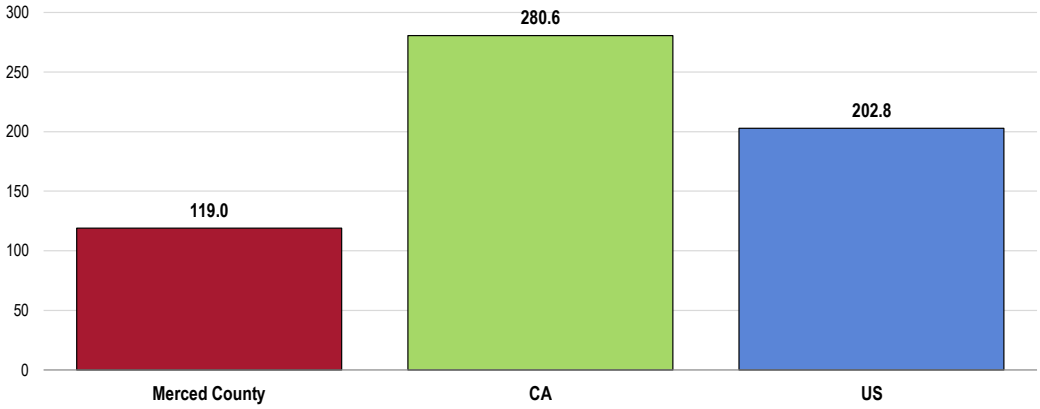
Availability of Mental Health Providers

In 2017, there were 119.0 mental health professionals per 100,000 population in Merced County.

- Far less favorable than the rates seen across the state or US.

Access to Mental Health Professionals

(Number of Mental Health Professionals per 100,000 Population, 2017)



Sources:
- County Health Rankings & Roadmaps, University of Wisconsin Population Health Institute and Robert Wood Johnson Foundation. Retrieved January 2019 from http://www.countyhealthrankings.org/.
- Retrieved August 2018 from Community Commons at http://www.chna.org.

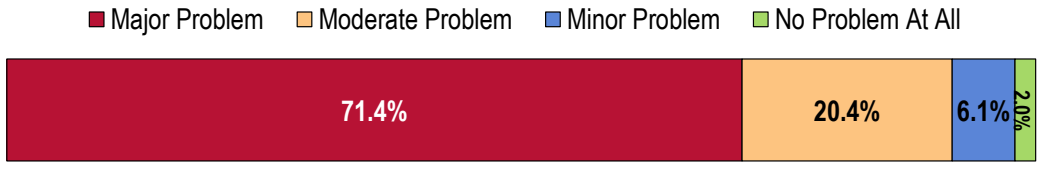
Notes:
- This indicator reports the rate of the population to the number of mental health providers- including psychiatrists, psychologists, licensed clinical social workers, counselors, marriage and family therapists, mental health providers that treat alcohol and other drug abuse, and advanced practice nurses specializing in mental health care. In 2015, marriage and family therapists and mental health providers that treat alcohol and other drug abuse were added to this measure.

Key Informant Input: Mental Health

Seven in 10 key informants taking part in an online survey characterized *Mental Health* as a "major problem" in the community.

Perceptions of Mental Health as a Problem in the Community

(Key Informants, 2018)



Sources:
- PRC Online Key Informant Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Top Concerns

Among those rating this issue as a "major problem," reasons related to the following:

Access to Care/Services

Lack of support groups, lack of home visiting services, lack of specialty care, lack of children's services, stigma, lack of proper insurance. - Social Services Provider

There is not enough access or help for those that cannot help themselves and therefore end up homeless. - Public Health Representative

We have no treatment center. I see people desperate for help and nowhere to go. I feel like the homeless population are suffering from mental illness on top of substance abuse. - Public Health Representative

Problems with access to services for mild to moderate support, which is very true for families with young children displaying very challenging behaviors. - Community Leader

Denial/Stigma

Some of the biggest challenges for someone with mental health issues is that they do not seek mental help. There are many reasons why someone will not seek mental health issues. One reason is that it can be due to being homeless. Many of the times, a third party intervenes such as the sheriffs/police department and place on a 5150 hold. They get treatment while at the facility, but once released, a lot do not follow-through and continue with mental care. Parents with children or teens with mental health issues may or may not seek mental health. For example, they may ignore it or see it as a sign of rebellion, etc. Many of the times, it may have to do with the culture; some cultures try to hide mental health and see it as a sign of weakness, or they may not have health insurance and get these services. Language barrier may be also be an issue, because finding someone who speaks the language can be difficult. - Public Health Representative

I am seeing many individuals on the street who could possibly need help with mental health issues that are not accessing services that may be available to them, I'm not sure the answer to this issue.... However, I think more outreach is needed to help people with medication or other resources to help them get their lives together. - Public Health Representative

Identification of resources, getting individuals who need such help to accept the help, trying to seek help while wanting to avoid the stigma associated with mental health issues, comorbidities with homelessness and military veterans. - Public Health Representative

Not recognizing mental health is a real issue and being afraid of being labeled, which prevents people from seeking the proper help and care. - Public Health Representative

Homelessness

The homeless rate has increased so much in Merced County. I believe this is due to not enough mental health support. I go out weekly to visit multiple sites, and a lot of these homeless people you can see suffer from mental health, whether it's a disability or stress/anxiety, etc. - Public Health Representative

Having people on the streets and walking around being a danger to themselves and others. We need to find a way to get these people help and get them off the street and get medications for them. - Public Health Representative

Homeless and transient population having ready access to behavioral health care and counseling. - Public Health Representative

Homelessness. - Public Health Representative

Prevalence/Incidence

There are a lot of mental health issues in Merced County. There are a lot of homeless people who may or may not have mental health issues. There are a lot of poor people who may or may not have mental health issues. There are a lot of people in this community who deal with mental health issues by themselves. - Public Health Representative

Anxiety and depression are at the top of the list. Difficulty coping in a positive way. - Social Services Provider

Mental health is not improving. - Public Health Representative

Lack of Providers

> *There are not a lot of providers in this area to help individuals with mental health issues. There is a lack of psychologists who can consult with patients. - Public Health Representative*
>
> *Not enough doctors. Long wait to be seen for the first appointment. - Public Health Representative*

Comorbidities

> *Co-morbidity with substance abuse and not enough non-punitive focus on treatment or prevention. Not enough providers, especially for kids, as well as mild to moderate. - Public Health Representative*

Cultural Norms

> *I think that life in general has too many pressures. There is less community connection and balance between work and home life. The stigma associated with mental health issues is also a factor. Access to quality mental health care. - Public Health Representative*

Funding

> *Not enough funding goes into mental health. We need to hold our stakeholders and our government to address this issue more. Too many people have no access to help with their mental health issues. - Public Health Representative*

Death, Disease, & Chronic Conditions

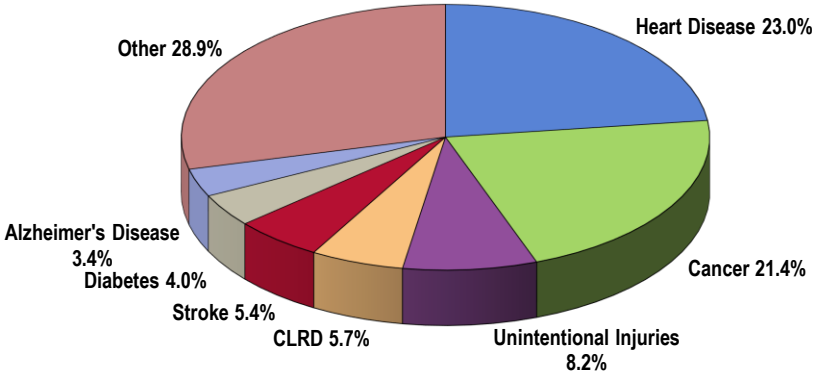
Professional Research Consultants, Inc.

Leading Causes of Death

Distribution of Deaths by Cause

Together, cardiovascular disease (heart disease and stroke) and cancers accounted for nearly one-half of all deaths in Merced County in 2016.

Leading Causes of Death
(Merced County, 2016)



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2018.

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

Age-Adjusted Death Rates for Selected Causes

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

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

The following chart outlines 2014-2016 annual average age-adjusted death rates per 100,000 population for selected causes of death in Merced County.

Each of these is discussed in greater detail in subsequent sections of this report.

Age-Adjusted Death Rates for Selected Causes

(2014-2016 Deaths per 100,000 Population)

For infant mortality data, see *Birth Outcomes & Risks* in the **Births** section of this report.

	Merced County	California	US	HP2020
Diseases of the Heart	176.5	143.6	167.0	156.9*
Malignant Neoplasms (Cancers)	158.2	142.2	158.5	161.4
Unintentional Injuries	52.1	30.6	43.7	36.4
Cerebrovascular Disease (Stroke)	43.0	35.7	37.1	34.8
Chronic Lower Respiratory Disease (CLRD)	42.0	32.6	40.9	n/a
Diabetes	30.3	21.0	21.1	20.5*
Alzheimer's Disease	25.6	34.2	28.4	n/a
Motor Vehicle Deaths	19.7	9.0	11.0	12.4
Pneumonia/Influenza	17.8	14.5	14.6	n/a
Cirrhosis/Liver Disease	14.9	12.3	10.6	8.2
Unintentional Drug-Related Deaths	12.3	9.5	14.3	11.3
Intentional Self-Harm (Suicide)	12.1	10.4	13.0	10.2
Kidney Disease	10.5	8.3	13.2	n/a
Firearm-Related	10.1	7.7	11.0	9.3
Homicide/Legal Intervention	8.8	5.0	5.7	5.5
HIV/AIDS	1.7	2.1	2.5	3.3

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2018.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov.

Note:
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population and coded using ICD-10 codes.
- *The Healthy People 2020 Heart Disease target is adjusted to account for all diseases of the heart; the Diabetes target is adjusted to reflect only diabetes mellitus-coded deaths.

Cardiovascular Disease

About Heart Disease & Stroke

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

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

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

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

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

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

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

- Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Heart Disease & Stroke Deaths

Heart Disease Deaths

The greatest share of cardiovascular deaths is attributed to heart disease.

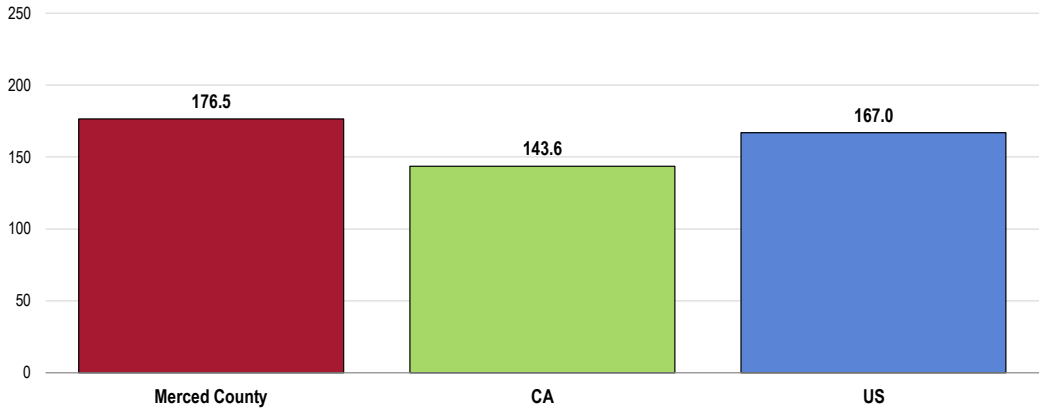
Between 2014 and 2016, there was an annual average age-adjusted heart disease mortality rate of 176.5 deaths per 100,000 population in Merced County.

- Higher than the statewide rate.
- Similar to the nation.
- Similar to the Healthy People 2020 target of 156.9 or lower (as adjusted to account for all diseases of the heart).

Heart Disease: Age-Adjusted Mortality

(2014-2016 Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 156.9 or Lower (Adjusted)



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2018.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HDS-2]

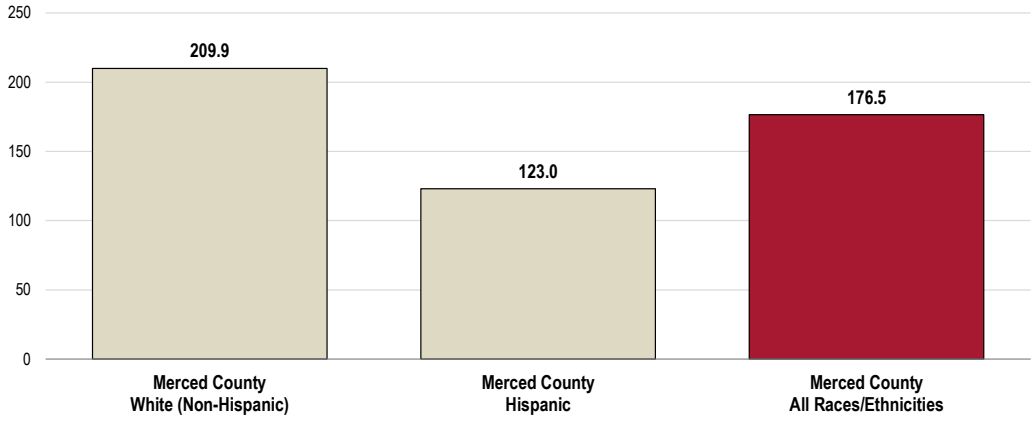
Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
- The Healthy People 2020 Heart Disease target is adjusted to account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

- By race, the heart disease mortality rate is notably higher among Whites when compared with Hispanics in Merced County.

Heart Disease: Age-Adjusted Mortality by Race

(2014-2016 Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 156.9 or Lower (Adjusted)



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2018.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HDS-2]

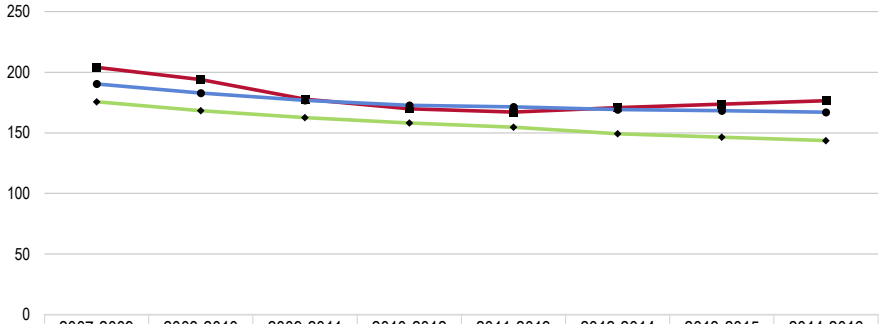
Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
- The Healthy People 2020 Heart Disease target is adjusted to account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

- TREND: Although heart disease mortality in Merced County declined in the first half of the past decade, the county rate has trended upward in recent years (counter to state and national trends).

Heart Disease: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 156.9 or Lower (Adjusted)



	2007-2009	2008-2010	2009-2011	2010-2012	2011-2013	2012-2014	2013-2015	2014-2016
Merced County	204.0	194.0	177.8	169.8	167.1	170.9	173.7	176.5
CA	175.6	168.3	162.6	158.1	154.7	149.1	146.5	143.6
US	190.3	182.9	176.7	172.6	171.3	169.1	168.4	167.0

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2018.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HDS-2]

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

Stroke Deaths

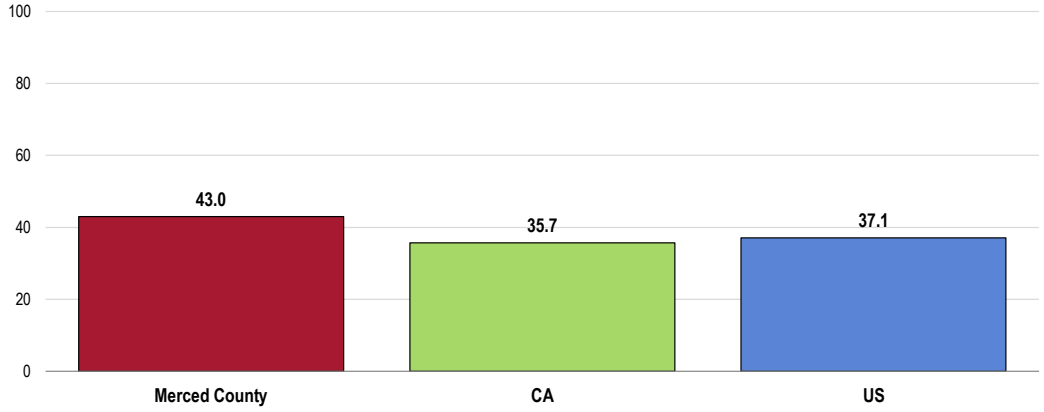
Between 2014 and 2016, there was an annual average age-adjusted stroke mortality rate of 43.0 deaths per 100,000 population in Merced County.

- Less favorable than the California rate.
- Similar to the nation.
- Fails to satisfy the Healthy People 2020 target of 34.8 or lower.

Stroke: Age-Adjusted Mortality

(2014-2016 Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 34.8 or Lower



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2018.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HDS-3]

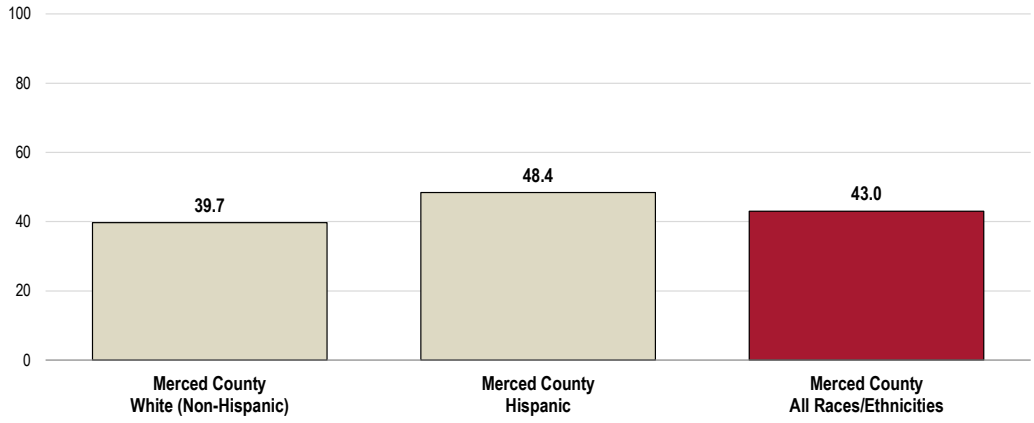
Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

- Stroke mortality in Merced County is higher among Hispanics than Whites.

Stroke: Age-Adjusted Mortality by Race

(2014-2016 Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 34.8 or Lower



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2018.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HDS-3]

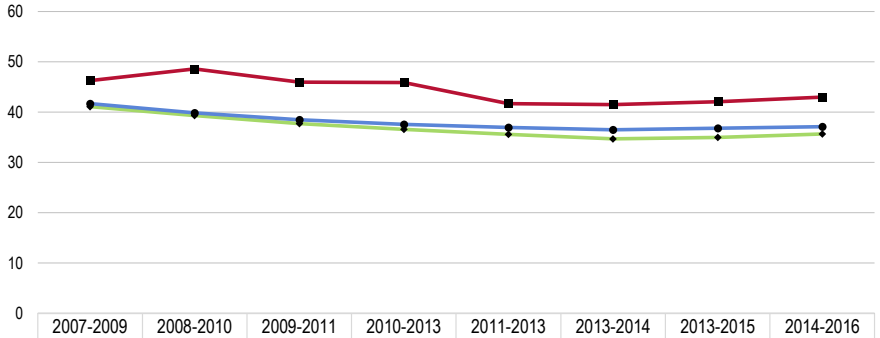
Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

- TREND: The stroke rate has declined for much of the past decade, despite slight increases in recent years.

Stroke: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 34.8 or Lower



	2007-2009	2008-2010	2009-2011	2010-2013	2011-2013	2013-2014	2013-2015	2014-2016
Merced County	46.3	48.6	46.0	45.9	41.7	41.5	42.1	43.0
CA	41.1	39.3	37.7	36.6	35.6	34.7	35.0	35.7
US	41.7	39.9	38.5	37.6	37.0	36.5	36.8	37.1

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2018.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HDS-3]

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

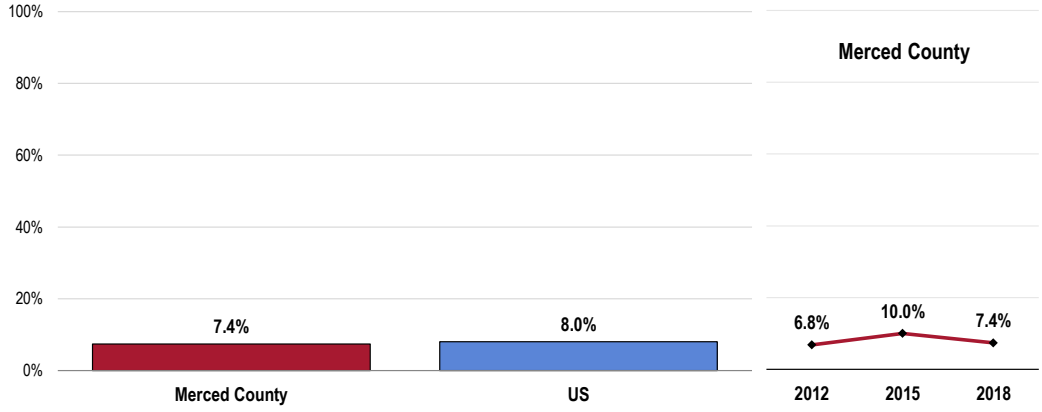
Prevalence of Heart Disease & Stroke

Prevalence of Heart Disease

A total of 7.4% of surveyed adults report that they suffer from or have been diagnosed with heart disease, such as coronary heart disease, angina, or heart attack.

- Similar to the national prevalence.
- TREND: Statistically unchanged over time.

Prevalence of Heart Disease



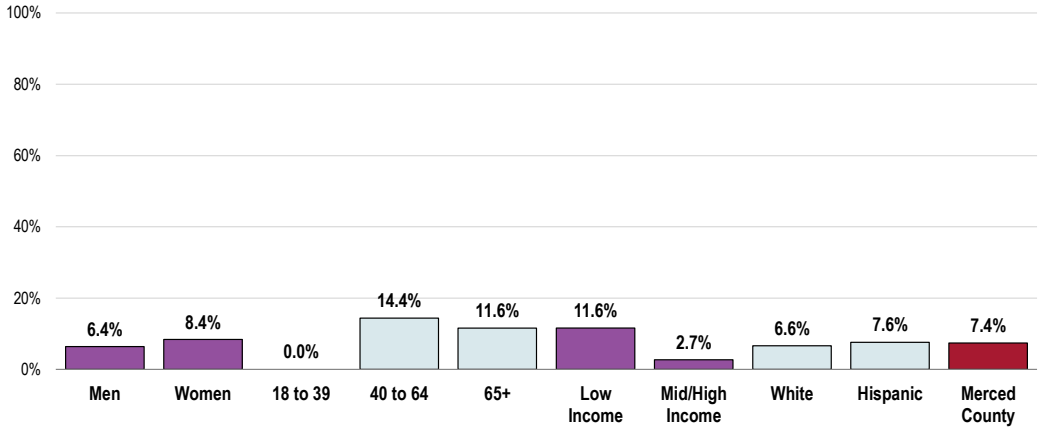
Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 128]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
- Includes diagnoses of heart attack, angina, or coronary heart disease.

- Low-income adults are more likely to have been diagnosed with chronic heart disease than those at higher incomes, as are adults age 40 and older.

Prevalence of Heart Disease

(Merced County, 2018)



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 128]

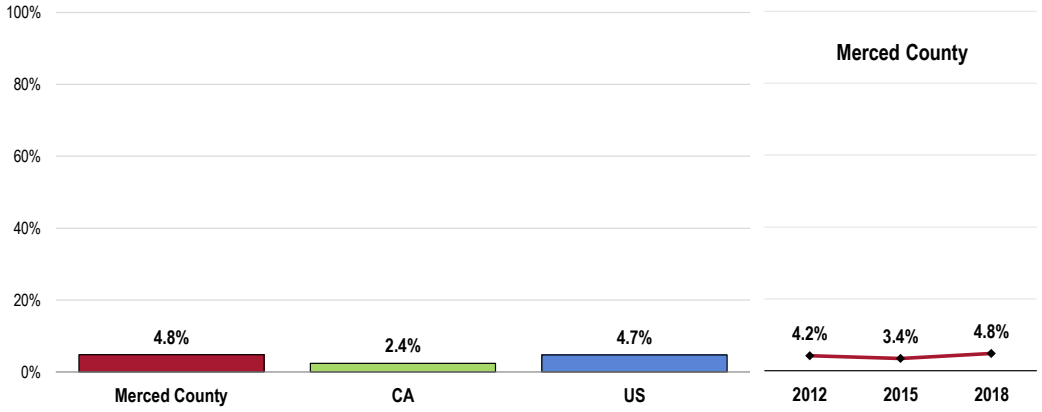
Notes:
- Asked of all respondents.
- Includes diagnoses of heart attack, angina, or coronary heart disease.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household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

Prevalence of Stroke

A total of 4.8% of surveyed adults report that they suffer from or have been diagnosed with cerebrovascular disease (a stroke).

- Similar to statewide and national findings.
- TREND: No significant difference in stroke prevalence over time.

Prevalence of Stroke



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 33]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 California data.
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Cardiovascular Risk Factors

About Cardiovascular Risk

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

- Healthy People 2020 (www.healthypeople.gov)

High Blood Pressure

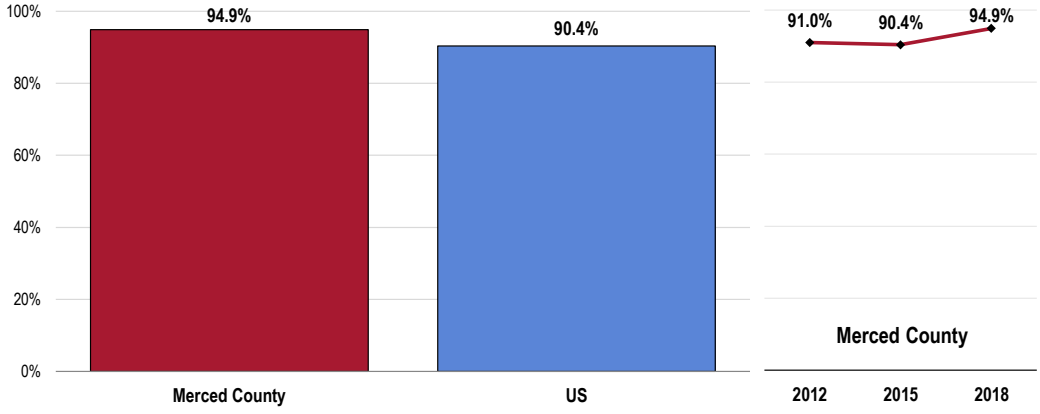
High Blood Pressure Testing

A total of 94.9% of Merced County adults have had their blood pressure tested within the past two years.

- More favorable than national findings.
- Similar to the Healthy People 2020 target (92.6% or higher).
- TREND: An increase over 2015 findings (similar to 2012).

Have Had Blood Pressure Checked in the Past Two Years

Healthy People 2020 Target = 92.6% or Higher



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 42]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HDS-4]

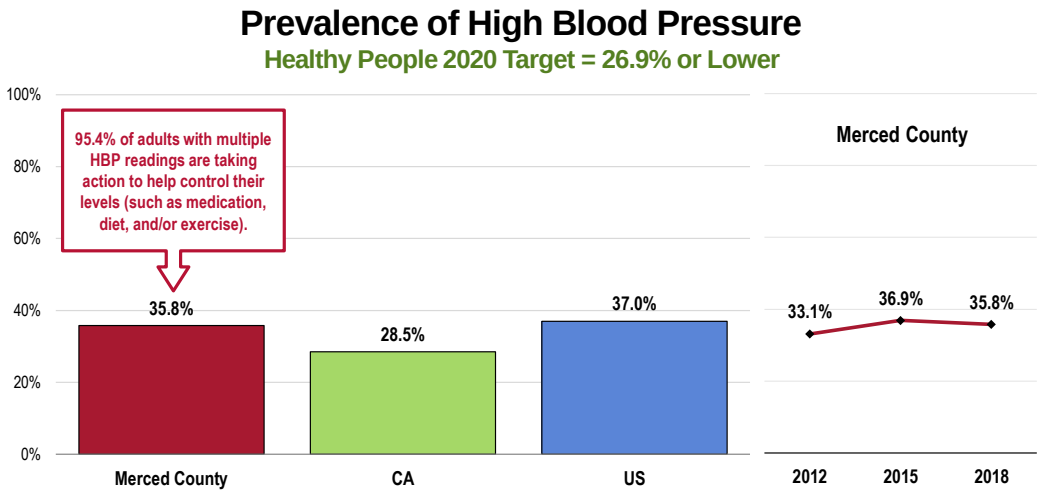
Notes:
- Asked of all respondents.

Prevalence of High Blood Pressure

A total of 35.8% of Merced County adults have been told at some point that their blood pressure was high.

- Less favorable than the California prevalence.
- Similar to the national prevalence.
- Fails to satisfy the Healthy People 2020 target (26.9% or lower).
- TREND: Changes over time are not statistically significant.

Among adults with multiple high blood pressure readings, 95.4% are taking action to lower their blood pressure (such as medication, change in diet, and/or exercise).



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 41, 129]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 California data.
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HDS-5.1]

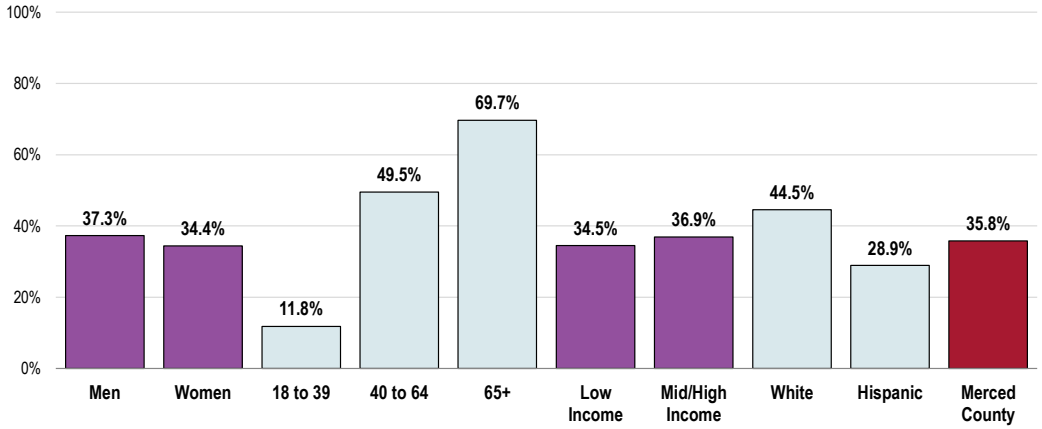
Notes:
- Asked of all respondents.

- Note the strong correlation between high blood pressure and age.

Prevalence of High Blood Pressure

(Merced County, 2018)

Healthy People 2020 Target = 26.9% or Lower



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 129]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HDS-5.1]

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

High Blood Cholesterol

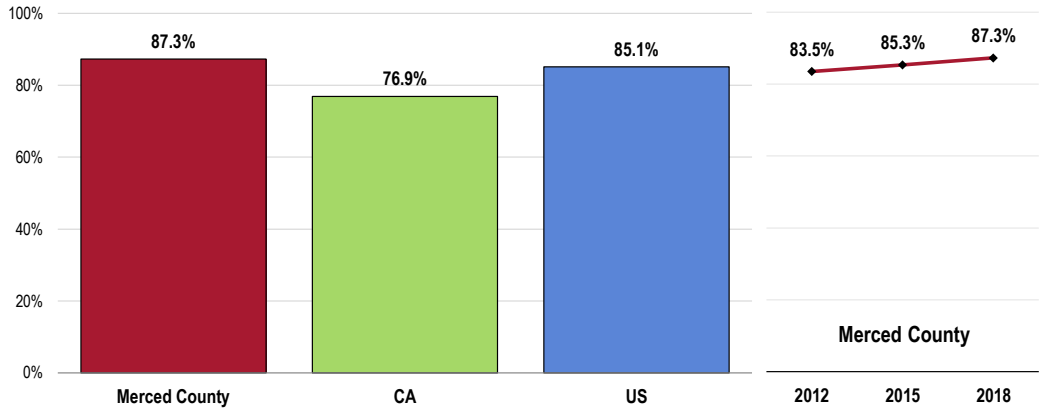
Blood Cholesterol Testing

A total of 87.3% of Merced County adults have had their blood cholesterol checked within the past five years.

- More favorable than California findings.
- Comparable to the national findings.
- Satisfies the Healthy People 2020 target (82.1% or higher).
- TREND: The increase over time is not statistically significant.

Have Had Blood Cholesterol Levels Checked in the Past Five Years

Healthy People 2020 Target = 82.1% or Higher



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 45]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 California data.
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HDS-6]

Notes:
- Asked of all respondents.

Prevalence of High Blood Cholesterol

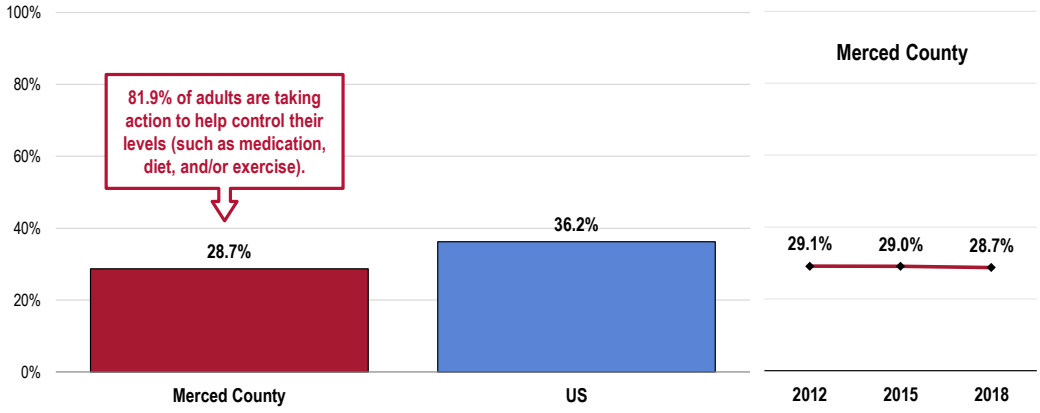
A total of 28.7% of adults have been told by a health professional that their cholesterol level was high.

- Lower than the national prevalence.
- Over twice the Healthy People 2020 target (13.5% or lower).
- TREND: Statistically unchanged since 2012.

Among adults with high blood cholesterol readings, 81.9% are taking action to lower their numbers (such as medication, change in diet, and/or exercise).

Prevalence of High Blood Cholesterol

Healthy People 2020 Target = 13.5% or Lower



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 44, 130]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HDS-7]

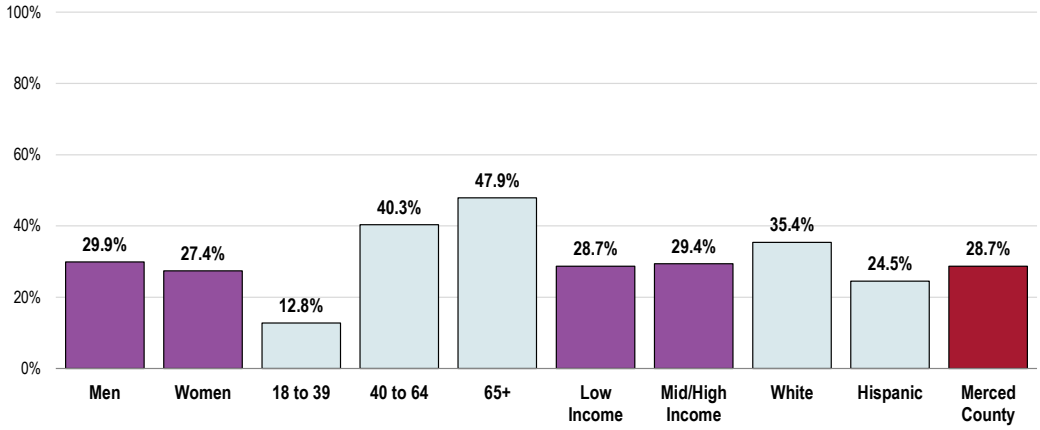
Notes:
- Asked of all respondents.

- Adults age 40+ are more likely to report high blood cholesterol.

Prevalence of High Blood Cholesterol

(Merced County, 2018)

Healthy People 2020 Target = 13.5% or Lower



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 130]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HDS-7]

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

About Cardiovascular Risk

Individual level risk factors which put people at increased risk for cardiovascular diseases include:

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

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

Three health-related behaviors contribute markedly to cardiovascular disease:

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

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

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

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

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

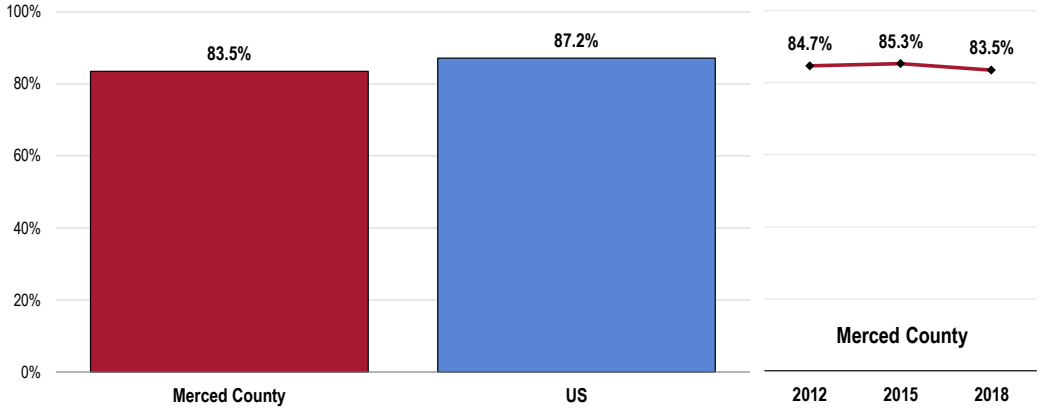
Total Cardiovascular Risk

RELATED ISSUE:
See also *Nutrition*, *Physical Activity*, *Weight Status*, and *Tobacco Use* in the **Modifiable Health Risks** section of this report.

A total of 83.5% of Merced County adults report one or more cardiovascular risk factors, such as being overweight, smoking cigarettes, being physically inactive, or having high blood pressure or cholesterol.

- Comparable to national findings.
- TREND: Statistically similar to previous years.

Present One or More Cardiovascular Risks or Behaviors



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 131]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

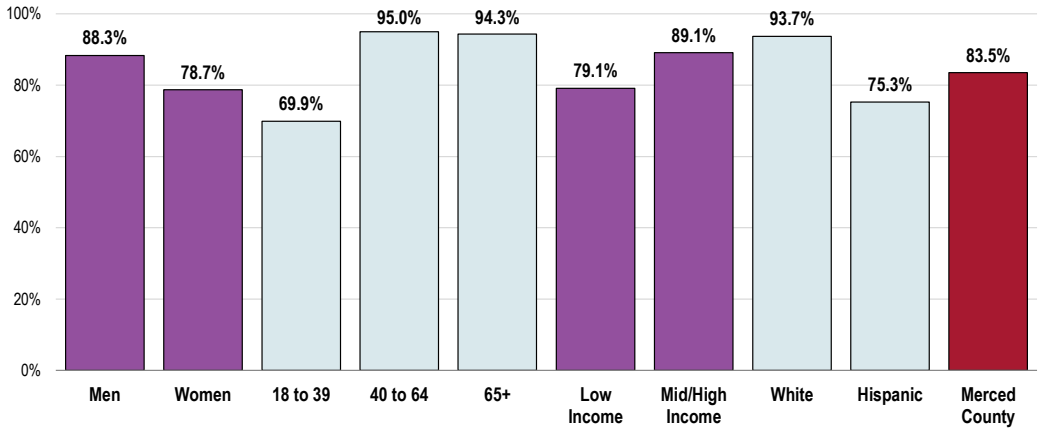
Notes:
- Asked of all respondents.
- Cardiovascular risk is defined as exhibiting one or more of the following: 1) no leisure-time physical activity; 2) regular/occasional cigarette smoking; 3) hypertension; 4) high blood cholesterol; and/or 5) being overweight/obese.

Adults more likely to exhibit cardiovascular risk factors include:

- Men.
- Adults age 40 and older.
- White residents.

Present One or More Cardiovascular Risks or Behaviors

(Merced County, 2018)



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 131]

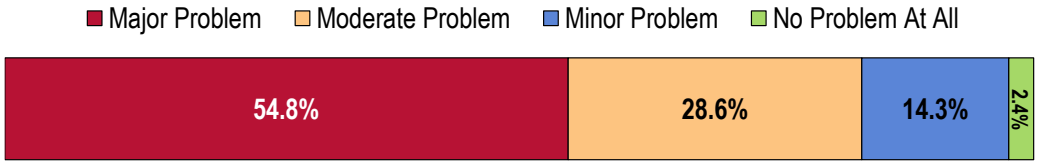
Notes:
- Asked of all respondents.
- Cardiovascular risk is defined as exhibiting one or more of the following: 1) no leisure-time physical activity; 2) regular/occasional cigarette smoking; 3) hypertension; 4) high blood cholesterol; and/or 5) being overweight/obese.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Key Informant Input: Heart Disease & Stroke

More than half of key informants taking part in an online survey characterized *Heart Disease & Stroke* as a "major problem" in the community.

Perceptions of Heart Disease and Stroke as a Problem in the Community

(Key Informants, 2018)



Sources: • PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a "major problem," reasons related to the following:

Prevalence/Incidence

This county has a really high rate of people who have heart disease and strokes. It is hard to control if you don't know you have it. - Public Health Representative

I understand from reading on statistics this is the major killer for our county. - Public Health Representative

Because lots of African-Americans have it, potentially even me, and are not getting care. - Public Health Representative

These are both leading causes of death in Merced County and should be addressed. - Public Health Representative

Lifestyle

Lack of access to healthy food, limited access to safe walking trails. - Social Services Provider

Too many fast food restaurants in Merced and sedentary lifestyle. - Public Health Representative

Lifestyles and eating habits. Increased stress and social determinants of health, cultural issues. - Social Services Provider

Access to Care/Services

There are no stroke/STEMI specialty care centers in Merced County. - Public Health Representative

Awareness/Education

I believe these are major problems in our community because we have a lack of education on how and what you should be eating to live a healthy lifestyle. Our community also has a lack of providers that can treat heart disease and stroke effectively. The cardiac units in our local hospitals are overflowing and most patients are transported out of county to be treated due to the lack of treatment available in Merced County. - Public Health Representative

Stress

Due to all the stress and bad eating habits. - Public Health Representative

Cancer

About Cancer

Continued advances in cancer research, detection, and treatment have resulted in a decline in both incidence and death rates for all cancers. Among people who develop cancer, more than half will be alive in five years. Yet, cancer remains a leading cause of death in the United States, second only to heart disease.

Many cancers are preventable by reducing risk factors such as: use of tobacco products; physical inactivity and poor nutrition; obesity; and ultraviolet light exposure. Other cancers can be prevented by getting vaccinated against human papillomavirus and hepatitis B virus. In the past decade, overweight and obesity have emerged as new risk factors for developing certain cancers, including colorectal, breast, uterine corpus (endometrial), and kidney cancers. The impact of the current weight trends on cancer incidence will not be fully known for several decades. Continued focus on preventing weight gain will lead to lower rates of cancer and many chronic diseases.

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

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

- Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Cancer Deaths

All Cancer Deaths

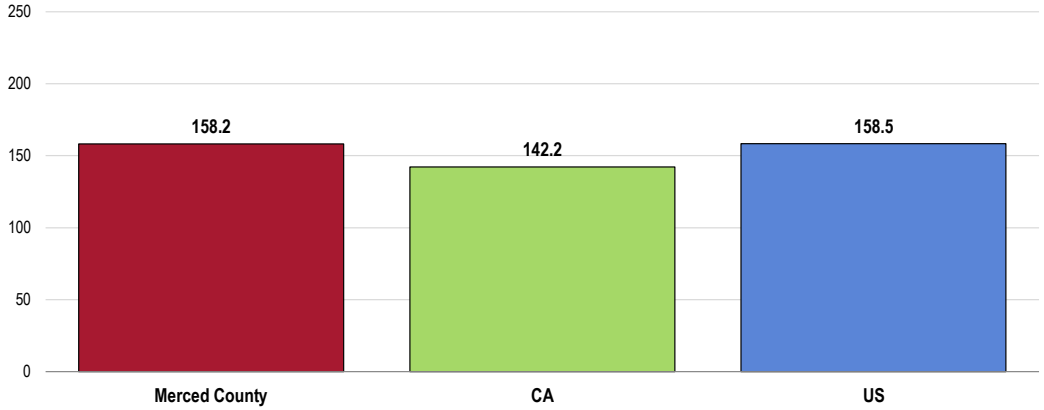
Between 2014 and 2016, there was an annual average age-adjusted cancer mortality rate of 158.2 deaths per 100,000 population in Merced County.

- Similar to the statewide and national rates.
- Similar to the Healthy People 2020 target of 161.4 or lower.

Cancer: Age-Adjusted Mortality

(2014-2016 Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 161.4 or Lower



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2018.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective C-1]

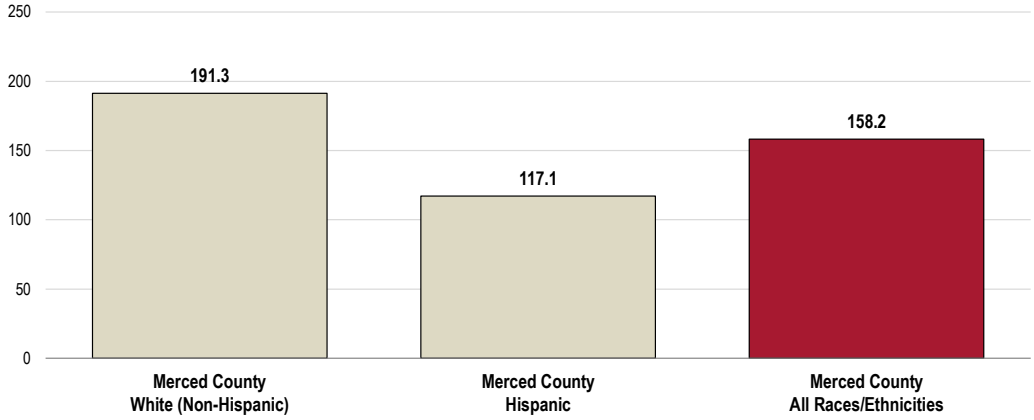
Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

- The cancer mortality rate is notably higher among Whites than Hispanics.

Cancer: Age-Adjusted Mortality by Race

(2014-2016 Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 161.4 or Lower



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2018.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective C-1]

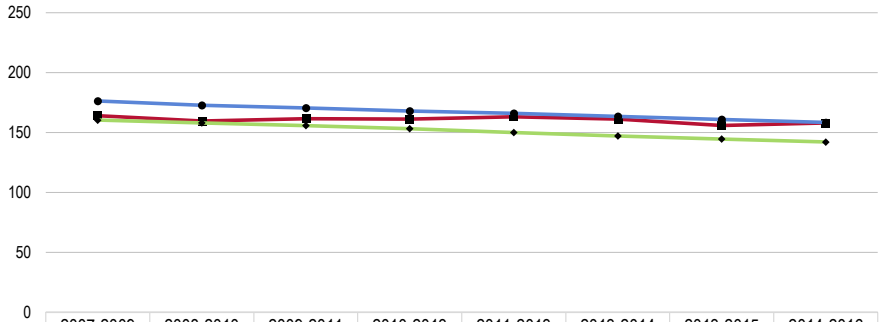
Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

- TREND: Cancer mortality has not changed significantly over the past decade in Merced County.

Cancer: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 161.4 or Lower



	2007-2009	2008-2010	2009-2011	2010-2013	2011-2013	2013-2014	2013-2015	2014-2016
Merced County	164.1	159.5	161.7	161.2	163.3	161.2	155.9	158.2
CA	160.5	158.2	155.9	153.2	149.9	147.3	144.6	142.2
US	176.4	173.0	170.5	168.2	166.2	163.6	161.0	158.5

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2018.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective C-1]

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

Cancer Deaths by Site

Lung cancer is by far the leading cause of cancer deaths in Merced County.

Other leading sites include prostate cancer among men, breast cancer among women, and colorectal cancer (both sexes).

As evident in the following chart (referencing 2014-2016 annual average age-adjusted death rates):

- The Merced County **lung cancer** death rate is higher than the state rate, though lower than the national rate.
- The Merced County **prostate cancer** death rate is higher than both the state and national rates.
- The Merced County death rates for **female breast cancer** and **colorectal cancer** are each similar to both their respective California and US rates.
- Note that each of the Merced County cancer death rates detailed in the following chart satisfies or is similar to the related Healthy People 2020 target.

Age-Adjusted Cancer Death Rates by Site

(2014-2016 Annual Average Deaths per 100,000 Population)

	Merced County	CA	US	HP2020
ALL CANCERS	158.2	142.2	158.5	161.4
Lung Cancer	34.9	29.4	40.3	45.5
Prostate Cancer	24.1	19.8	19.0	21.8
Female Breast Cancer	20.4	19.3	20.3	20.7
Colorectal Cancer	14.0	12.9	14.1	14.5

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2018.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov

Cancer Incidence

Incidence rates reflect the number of newly diagnosed cases in a given population in a given year, regardless of outcome. These rates are also age-adjusted.

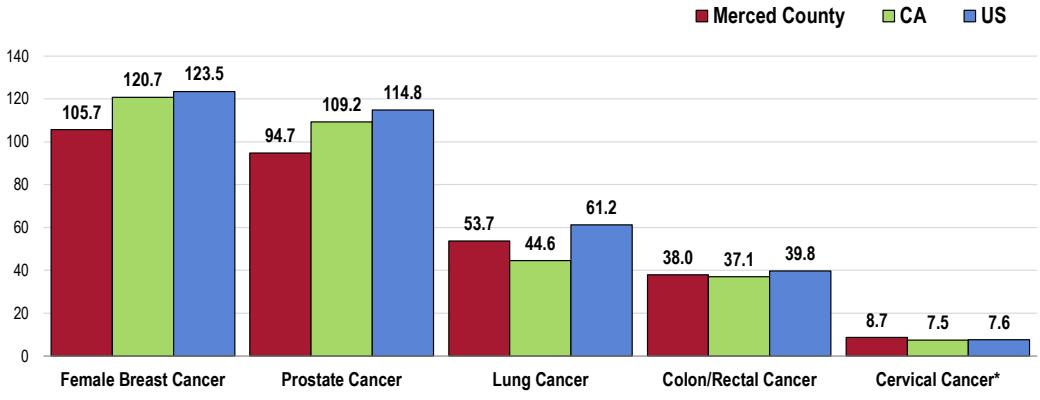
Incidence rate" or "case rate" is the number of new cases of a disease occurring during a given period of time.

It is usually expressed as cases per 100,000 population per year.

- The 2010-2014 Merced County annual average age-adjusted **lung cancer** incidence rate is worse than the state rate (other incidence rates are similar to or better than their respective state rates).
- Each Merced County cancer incidence rate is similar to or better than national rates for the same years.

Cancer Incidence Rates by Site

(Annual Average Age-Adjusted Incidence per 100,000 Population, 2010-2014)

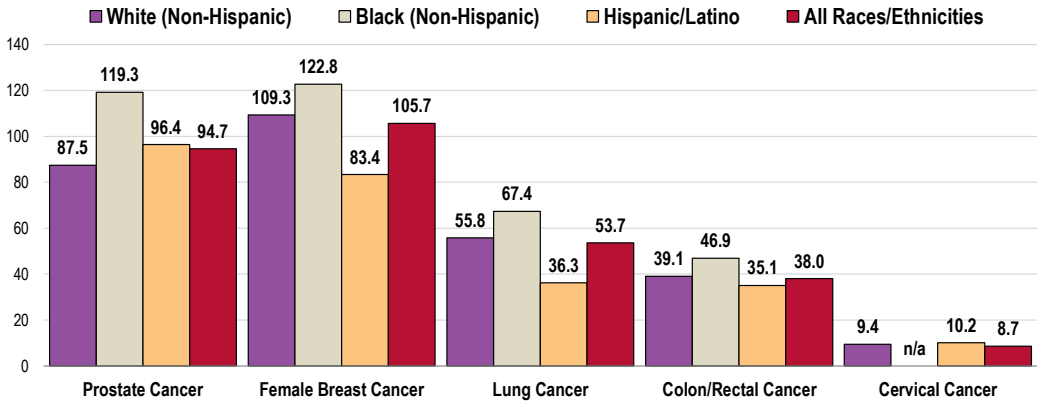


Sources:
- State Cancer Profiles.
- Retrieved August 2018 from Community Commons at http://www.chna.org.

Notes:
- This indicator reports the age adjusted incidence rate (cases per 100,000 population per year) of cancers, adjusted to 2000 US standard population age groups (under age 1, 1-4, 5-9, ..., 80-84, 85 and older). This indicator is relevant because cancer is a leading cause of death and it is important to identify cancers separately to better target interventions.
- *The cervical cancer incidence rate is for 2009-2013.

- By available race data, Blacks experience a notably higher incidence for each cancer incidence rate than Whites or Hispanics in Merced County.

Cancer Incidence Rates by Site and Race/Ethnicity
(Annual Average Age-Adjusted Incidence per 100,000 Population, Merced County 2010-2014)



Sources:
- State Cancer Profiles.
- Retrieved August 2018 from Community Commons at http://www.chna.org.

Notes:
- This indicator reports the age adjusted incidence rate (cases per 100,000 population per year) of cancers, adjusted to 2000 US standard population age groups (under age 1, 1-4, 5-9, ..., 80-84, 85 and older). This indicator is relevant because cancer is a leading cause of death and it is important to identify cancers separately to better target interventions.

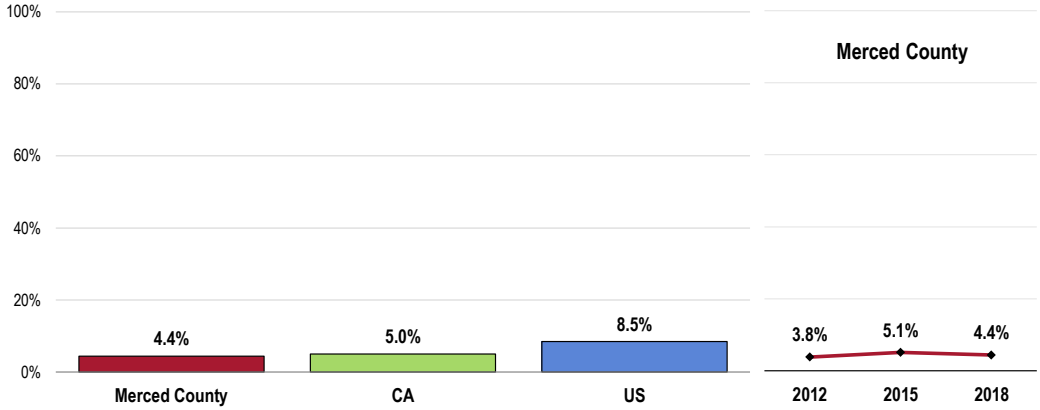
Prevalence of Cancer

Skin Cancer

A total of 4.4% of surveyed Merced County adults report having been diagnosed with skin cancer.

- Similar to what is found statewide.
- More favorable than the national average.
- TREND: The prevalence of skin cancer has remained statistically unchanged over time.

Prevalence of Skin Cancer



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 28]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 California data.
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

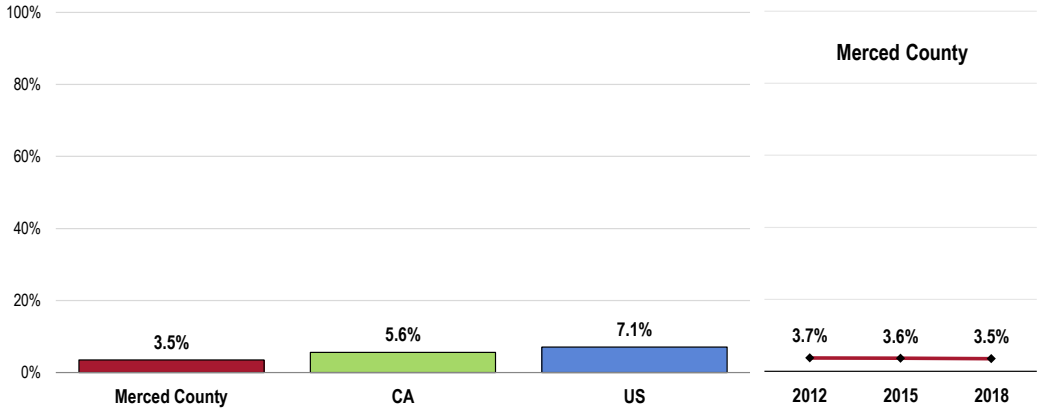
Notes:
- Asked of all respondents.

Other Cancer

A total of 3.5% of survey respondents have been diagnosed with some type of (non-skin) cancer.

- Similar to the statewide percentage.
- Below national findings
- TREND: The prevalence of cancer has remained similar over time.

Prevalence of Cancer (Other Than Skin Cancer)



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 27]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 California data.
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Cancer Risk

RELATED ISSUE:
See also *Nutrition*, *Physical Activity*, *Weight Status,* and *Tobacco Use* in the **Modifiable Health Risks** section of this report.

About Cancer Risk

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

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

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

Cancer Screenings

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

Screening levels in the community were measured in the PRC Community Health Survey relative to three cancer sites: female breast cancer (mammography); cervical cancer (Pap smear testing); and colorectal cancer (sigmoidoscopy and fecal occult blood testing).

Female Breast Cancer Screening

About Screening for Breast Cancer

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

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

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

- US Preventive Services Task Force, Agency for Healthcare Research and Quality, US Department of Health & Human Services

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

Mammography

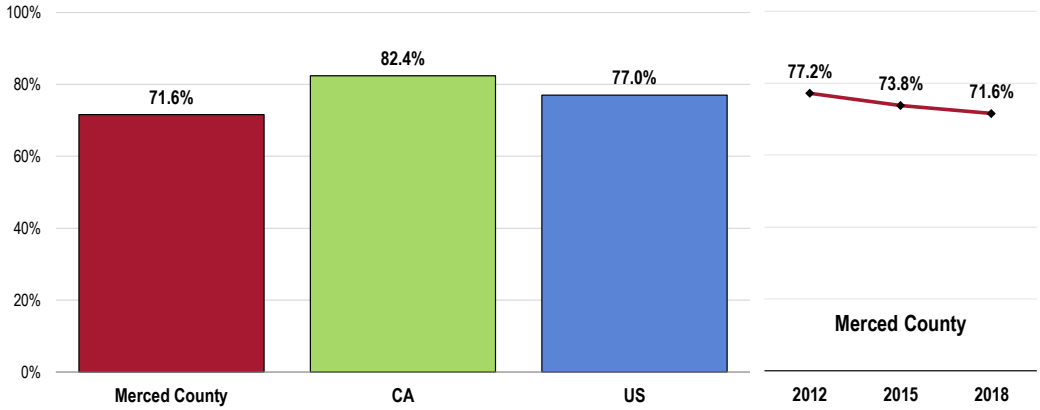
Among women age 50-74, 71.6% have had a mammogram within the past 2 years.

- Less favorable than statewide findings.
- Comparable to national findings.
- Fails to satisfy the Healthy People 2020 target (81.1% or higher).
- TREND: Data suggest a decline in women in this age group receiving mammograms; however, the differences observed are not statistically significant.

Have Had a Mammogram in the Past Two Years

(Among Women Age 50-74)

Healthy People 2020 Target = 81.1% or Higher



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 133]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 California data.
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective C-17]

Notes:
- Reflects female respondents 50-74.

Cervical Cancer Screenings

About Screening for Cervical Cancer

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

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

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

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

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

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

- US Preventive Services Task Force, Agency for Healthcare Research and Quality, US Department of Health & Human Services

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

Pap Smear Testing

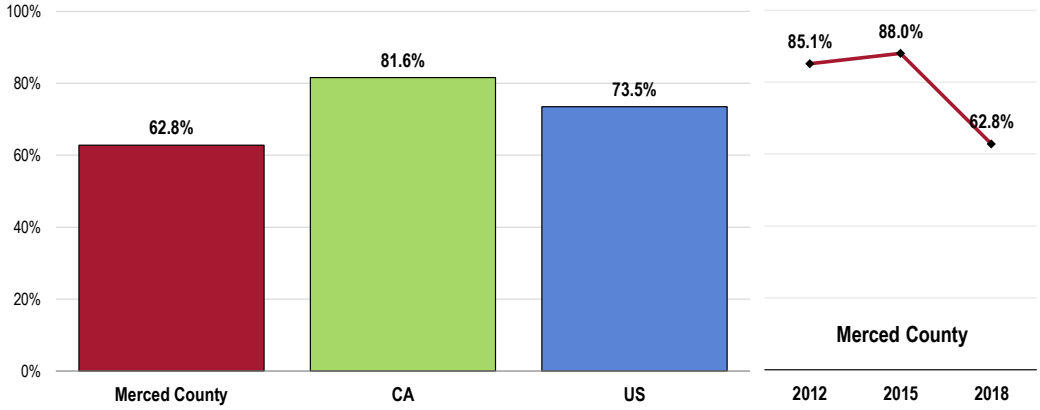
Among Merced County women age 21 to 65, 62.8% have had a Pap smear within the past 3 years.

- Less favorable than California or US findings.
- Far from satisfying the Healthy People 2020 target (93% or higher).
- TREND: Represents a notable decrease in screening over time.

Have Had a Pap Smear in the Past Three Years

(Among Women Age 21-65)

Healthy People 2020 Target = 93.0% or Higher



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 134]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 California data.
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective C-15]

Notes:
- Reflects female respondents age 21 to 65.

Colorectal Cancer Screenings

About Screening for Colorectal Cancer

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

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

- US Preventive Services Task Force, Agency for Healthcare Research and Quality, US Department of Health & Human Services

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

Colorectal Cancer Screening

Among adults age 50-75, three-quarters (74.5%) have had an appropriate colorectal cancer screening.

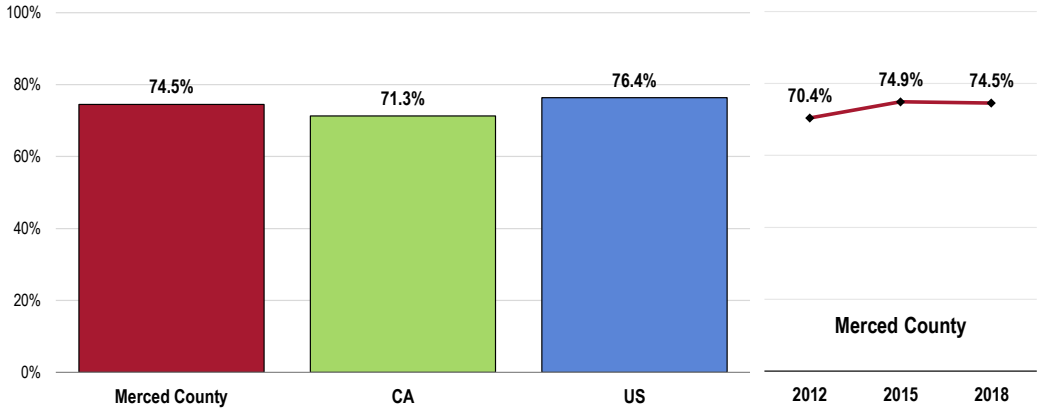
"Appropriate colorectal cancer screening" includes a fecal occult blood test within the past year and/or a lower endoscopy (sigmoidoscopy or colonoscopy) within the past 10 years.

- Similar to state and national findings.
- Similar to the Healthy People 2020 target (70.5% or higher).
- TREND: The increase over time is not statistically significant.

Have Had a Colorectal Cancer Screening

(Among Adults Age 50-75)

Healthy People 2020 Target = 70.5% or Higher



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 137]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 California data.
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective C-16]

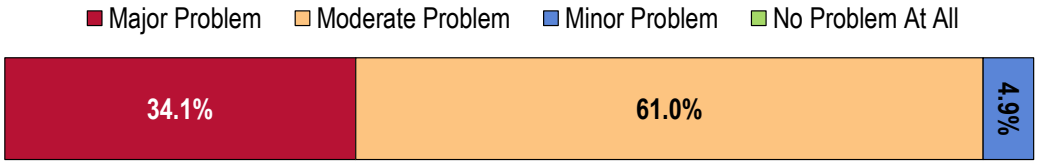
Notes:
- Asked of all respondents age 50 through 75.
- In this case, the term "colorectal screening" refers to adults age 50-75 receiving a FOBT (fecal occult blood test) in the past year and/or a lower endoscopy (sigmoidoscopy/colonoscopy) in the past 10 years.

Key Informant Input: Cancer

Six in 10 key informants taking part in an online survey characterized *Cancer* as a "moderate problem" in the community.

Perceptions of Cancer as a Problem in the Community

(Key Informants, 2018)



Sources:
- PRC Online Key Informant Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Top Concerns

Among those rating this issue as a "major problem," reasons related to the following:

Prevalence/Incidence

> *There is a lot of cancer in our community. It affects all ages, so people do not have good health care to find and pay for doctors and treatments. The issue of available local doctors is an issue. - Public Health Representative*
>
> *There seems to be a large amount of breast cancer, colon cancer and lung cancer. - Public Health Representative*

Merced has UC Cancer Center and Radiation Center and gives the impression that cancer care has a higher priority within the community. - Public Health Representative

I am hearing from the community more and more about their family and friends that have or have had some form of cancer. It certainly seems to be rising at an increasing rate, in my opinion. - Public Health Representative

Cancer is a major problem in every community and one of the leading causes of death in Merced County. - Public Health Representative

I have known multiple people (both related and not related) that are majorly impacted by various types of cancer, and more than one person with more than one "go round" with one type of cancer or another. Life risk of cancer increases with pollution, unknown exposures, and at-risk behaviors. - Public Health Representative

I believe that cancer is a major problem in every community, along with Merced County. - Community Leader

Quality of Care

There is no cure for it, and the majority of the good specialists are out of town, for which most people do not have the transportation. - Public Health Representative

There is cancer care here, but everyone I know goes out of the area for care because they are not happy with care here. - Public Health Representative

I believe that we don't have the greatest cancer doctors or specialists that can assist cancer patients right away. Mostly everyone is transferred to another county. - Public Health Representative

Respiratory Disease

About Asthma & COPD

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

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

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

The burden of respiratory diseases affects individuals and their families, schools, workplaces, neighborhoods, cities, and states. Because of the cost to the healthcare system, the burden of respiratory diseases also falls on society; it is paid for with higher health insurance rates, lost productivity, and tax dollars. Annual healthcare expenditures for asthma alone are estimated at $20.7 billion.

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

Risk factors for asthma currently being investigated include:

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

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

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

- Healthy People 2020 (www.healthypeople.gov)

[NOTE: COPD was changed to chronic lower respiratory disease (CLRD) with the introduction of ICD-10 codes. CLRD is used in vital statistics reporting, but COPD is still widely used and commonly found in surveillance reports.]

Age-Adjusted Respiratory Disease Deaths

Chronic Lower Respiratory Disease Deaths (CLRD)

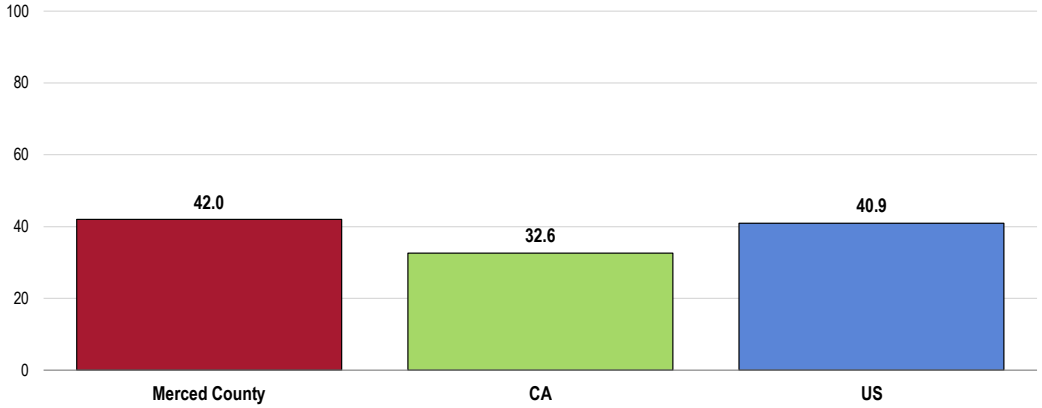
Note: COPD was changed to chronic lower respiratory disease (CLRD) in 1999 with the introduction of ICD-10 codes. CLRD is used in vital statistics reporting, but COPD is still widely used and commonly found in surveillance reports.

Between 2014 and 2016, there was an annual average age-adjusted CLRD mortality rate of 42.0 deaths per 100,000 population in Merced County.

- Higher than found statewide.
- Similar to the nation.

CLRD: Age-Adjusted Mortality

(2014-2016 Annual Average Deaths per 100,000 Population)



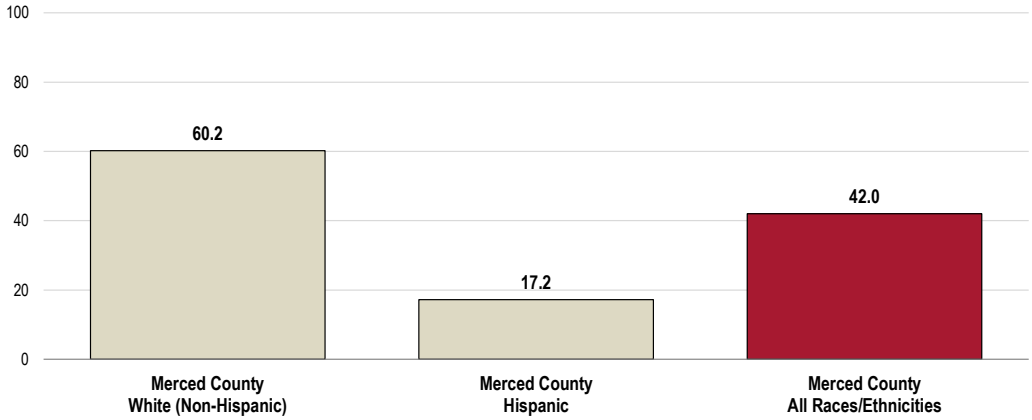
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2018.

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

- CLRD mortality appears notably higher among Whites than Hispanics in Merced County.

CLRD: Age-Adjusted Mortality by Race

(2014-2016 Annual Average Deaths per 100,000 Population)



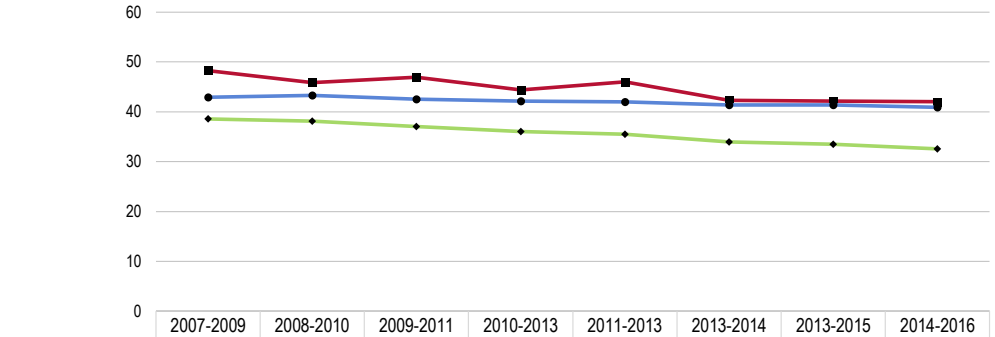
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and. Informatics. Data extracted August 2018.

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

- TREND: CLRD mortality in Merced County has decreased over time, mirroring the trends reported both statewide and nationwide.

CLRD: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)



	2007-2009	2008-2010	2009-2011	2010-2013	2011-2013	2013-2014	2013-2015	2014-2016
Merced County	48.3	45.9	47.0	44.4	46.0	42.3	42.1	42.0
CA	38.6	38.1	37.1	36.1	35.5	33.9	33.5	32.6
US	42.9	43.3	42.6	42.2	42.0	41.4	41.4	40.9

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2018.

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

Pneumonia/Influenza Deaths

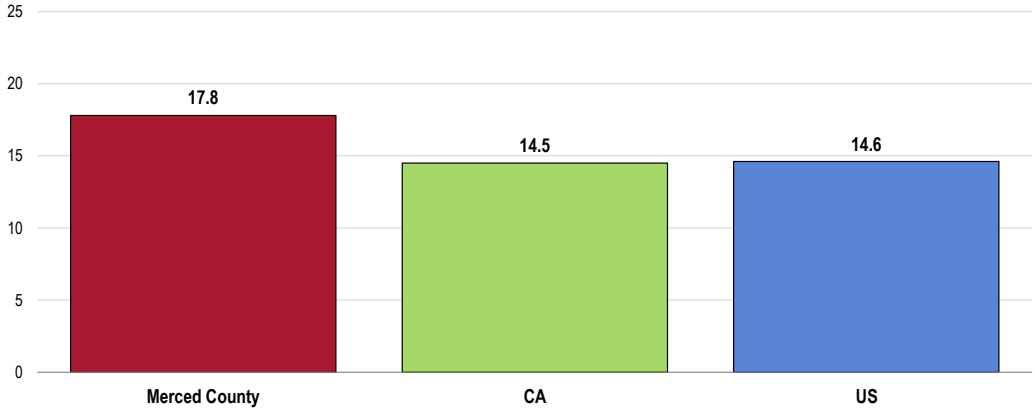
Between 2014 and 2016, Merced County reported an annual average age-adjusted pneumonia influenza mortality rate of 17.8 deaths per 100,000 population.

- Higher than found statewide and nationally.

For prevalence of vaccinations for pneumonia and influenza, see also *Immunization & Infectious Diseases* in the **Infectious Disease** section of this report.

Pneumonia/Influenza: Age-Adjusted Mortality

(2014-2016 Annual Average Deaths per 100,000 Population)



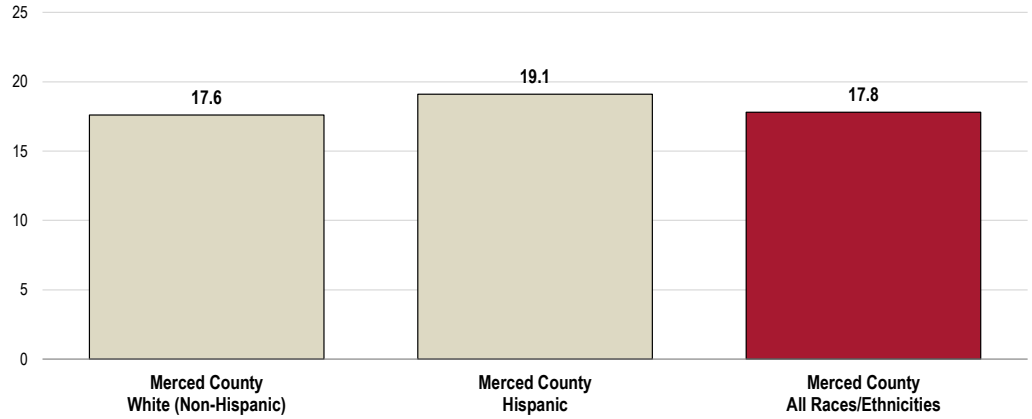
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2018.

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

- The pneumonia/influenza mortality rate in Merced County appears higher among Hispanics than Whites.

Pneumonia/Influenza: Age-Adjusted Mortality by Race

(2014-2016 Annual Average Deaths per 100,000 Population)



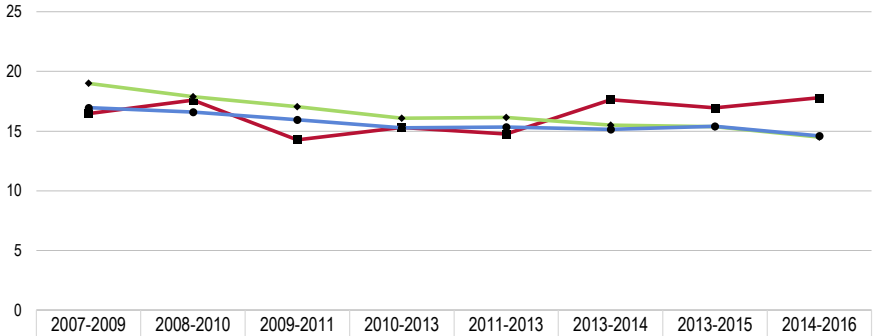
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2018.

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

- TREND: Pneumonia/influenza mortality in Merced County shows no clear trend over time. Statewide and nationally, pneumonia/influenza death rates have decreased.

Pneumonia/Influenza: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)



	2007-2009	2008-2010	2009-2011	2010-2013	2011-2013	2013-2014	2013-2015	2014-2016
Merced County	16.5	17.6	14.3	15.3	14.8	17.6	17.0	17.8
CA	19.0	17.9	17.0	16.1	16.1	15.5	15.4	14.5
US	17.0	16.6	16.0	15.3	15.3	15.1	15.4	14.6

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2018.

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

Prevalence of Respiratory Disease

Asthma

Adults

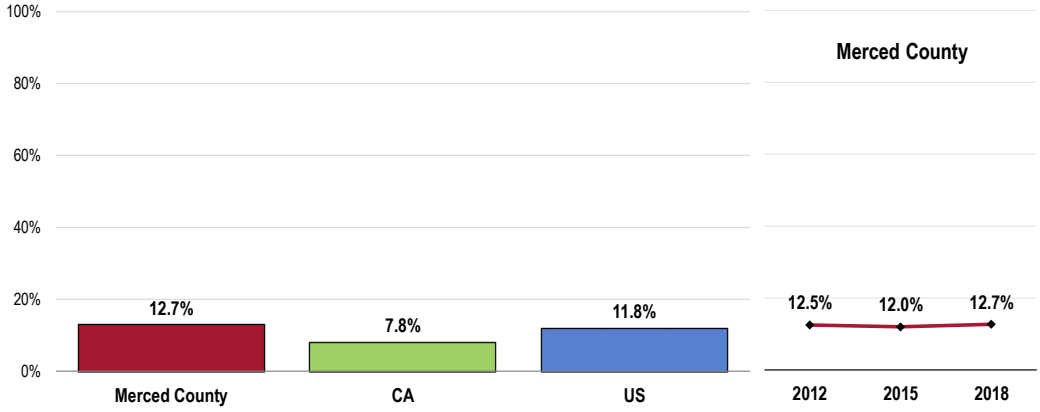
Survey respondents were asked to indicate whether they suffer from or have been diagnosed with various respiratory conditions, including asthma and COPD.

A total of 12.7% of Merced County adults currently suffer from asthma.

- Higher than the statewide prevalence.
- Comparable to the national prevalence.
- TREND: The prevalence of adults with asthma has not changed significantly since 2012.

Among the relatively small sample of adults who report having asthma, more than two-thirds report zero days in the past year when they were unable to work or carry out their usual activities because of their asthma (not shown).

Adult Asthma: Current Prevalence



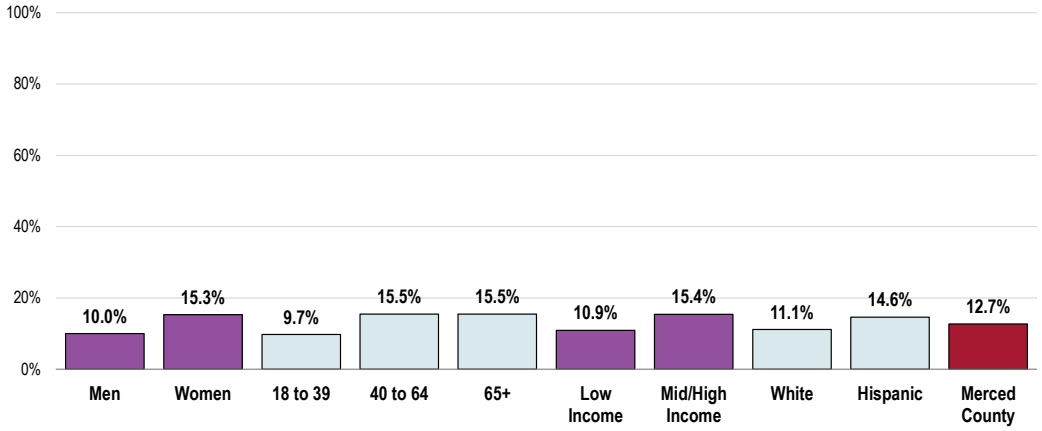
Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 138]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 California data.
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
- Includes those who have ever been diagnosed with asthma, and who report that they still have asthma.

- No significant differences by demographic characteristics.

Currently Have Asthma

(Merced County, 2018)



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 138]

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

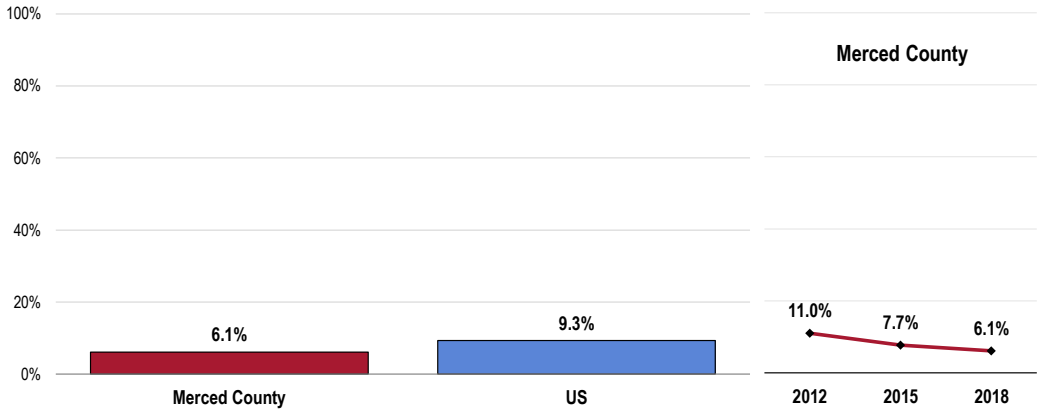
Children

Among Merced County children under age 18, 6.1% currently have asthma.

- Statistically similar to national findings.
- TREND: Statistically unchanged over time.

Childhood Asthma: Current Prevalence

(Among Parents of Children Age 0-17)



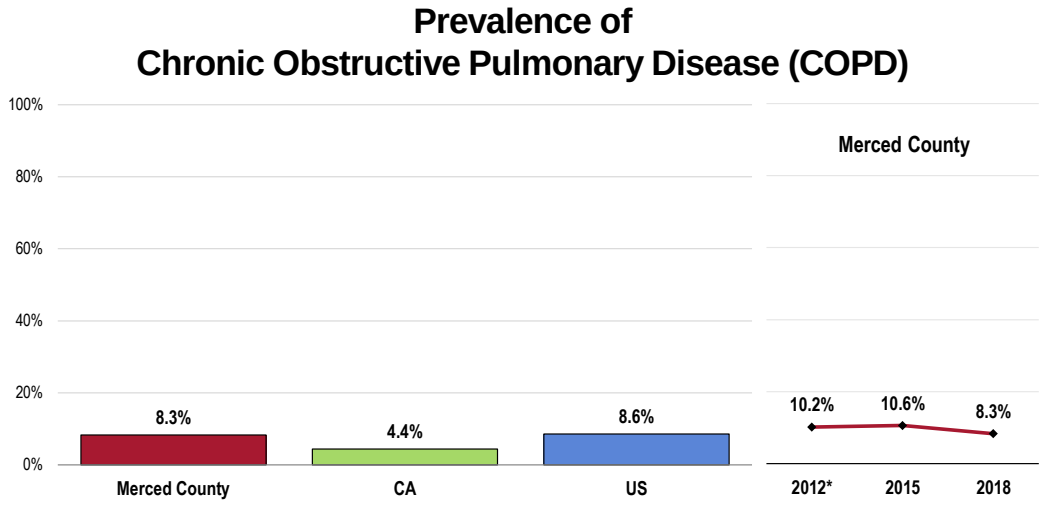
Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 139]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents with children 0 to 17 in the household.
- Includes children who have ever been diagnosed with asthma, and whom are reported to still have asthma.

Chronic Obstructive Pulmonary Disease (COPD)

A total of 8.3% of Merced County adults suffer from chronic obstructive pulmonary disease (COPD, including emphysema and bronchitis).

- Higher than the state prevalence.
- Similar to the US.
- TREND: In comparing to prior data, the change in prevalence is not statistically significant.
- *NOTE: In prior data, this question was asked slightly differently; respondents in 2012 were asked if they had ever been diagnosed with "chronic lung disease, including bronchitis or emphysema," rather than "COPD or chronic obstructive pulmonary disease, including bronchitis or emphysema," as asked in 2015 and 2018.*



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 24]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 California data.
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

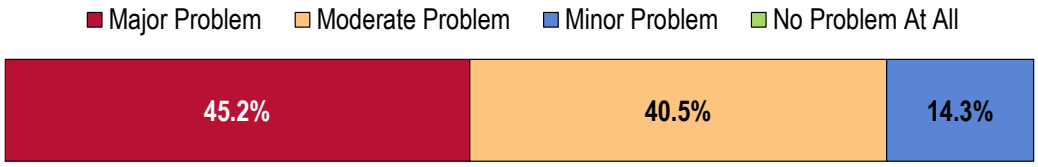
Notes:
- Asked of all respondents.
- Includes those having ever suffered from or been diagnosed with COPD or chronic obstructive pulmonary disease, including bronchitis or emphysema.
- In 2012 data, the term "chronic lung disease" was used, which also included bronchitis or emphysema.

Key Informant Input: Respiratory Disease

The greatest share of key informants taking part in an online survey characterized *Respiratory Disease* as a "major problem" in the community.

Perceptions of Respiratory Diseases as a Problem in the Community

(Key Informants, 2018)



Sources: • PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a "major problem," reasons related to the following:

Air Quality

Respiratory issues (allergies, asthma, etc.) are a major issue due to the air quality in our valley from fires, smog, agriculture etc. This is hard to treat because community members have to live and cannot just stay cooped up in their homes in an air-conditioned ventilated area. - Public Health Representative

Poor air quality, smoking cigarettes and marijuana. - Social Services Provider

Bad valley air. Everyone has allergies or asthma, it seems. - Public Health Representative

Poor air quality, smoking, and second-hand smoke. - Social Services Provider

Poor air quality. - Public Health Representative

Air quality. - Public Health Representative

Injury & Violence

About Injury & Violence

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

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

Beyond their immediate health consequences, injuries and violence have a significant impact on the well-being of Americans by contributing to:

- Premature death
- Disability
- Poor mental health
- High medical costs
- Lost productivity

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

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

Interventions addressing these social and physical factors have the potential to prevent unintentional injuries and violence. Efforts to prevent unintentional injury may focus on:

- Modifications of the environment
- Improvements in product safety
- Legislation and enforcement
- Education and behavior change
- Technology and engineering

Efforts to prevent violence may focus on:

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

- Healthy People 2020 (www.healthypeople.gov)

Unintentional Injury

Age-Adjusted Unintentional Injury Deaths

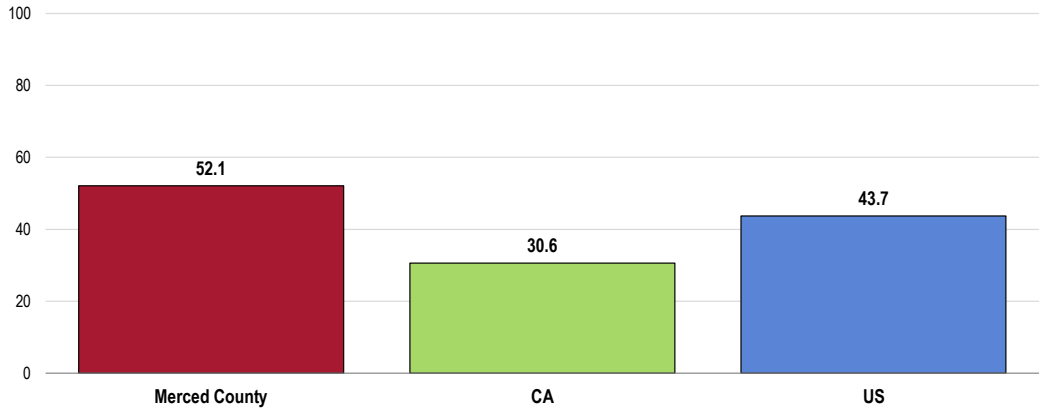
Between 2014 and 2016, there was an annual average age-adjusted unintentional injury mortality rate of 52.1 deaths per 100,000 population in Merced County.

- Far less favorable than the California and US rates.
- Far from satisfying the Healthy People 2020 target (36.4 or lower).

Unintentional Injuries: Age-Adjusted Mortality

(2014-2016 Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 36.4 or Lower



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2018.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IVP-11]

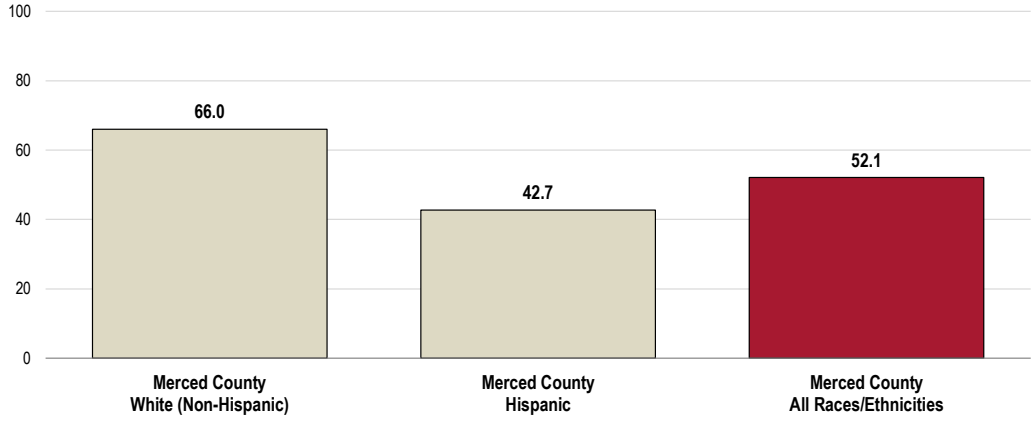
Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

- The mortality rate is notably higher among Whites when compared with Hispanics in Merced County.

Unintentional Injuries: Age-Adjusted Mortality by Race

(2014-2016 Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 36.4 or Lower



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2018.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IVP-11]

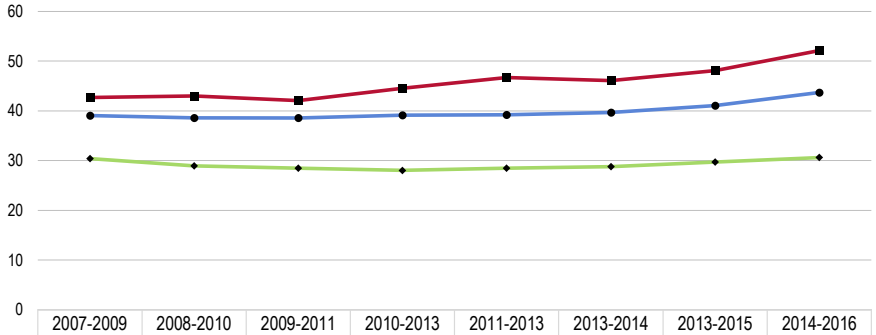
Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

- TREND: There is an overall upward trend in the unintentional injury mortality rate in Merced County, echoing the slowly increasing trends reported across California.

Unintentional Injuries: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 36.4 or Lower



	2007-2009	2008-2010	2009-2011	2010-2013	2011-2013	2013-2014	2013-2015	2014-2016
Merced County	42.7	43.0	42.1	44.5	46.7	46.1	48.1	52.1
CA	30.4	28.9	28.5	28.0	28.5	28.8	29.7	30.6
US	39.0	38.6	38.6	39.1	39.2	39.7	41.0	43.7

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2018.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IVP-11]

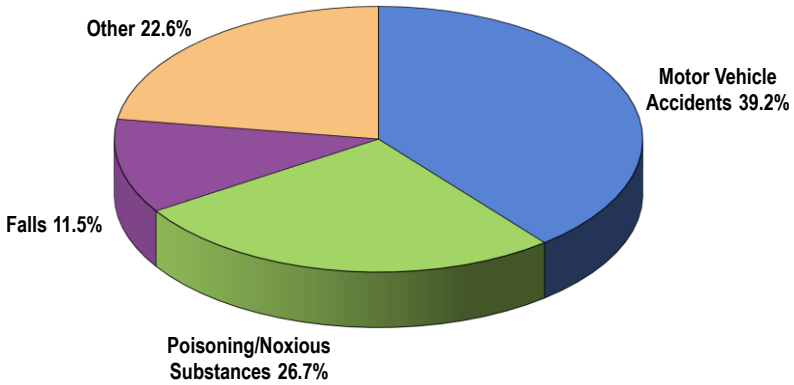
Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Leading Causes of Accidental Death

Motor vehicle accidents, poisoning (including accidental drug overdose), and falls accounted for most accidental deaths in Merced County between 2014 and 2016.

Leading Causes of Accidental Death

(Merced County, 2014-2016)



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2018.

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).

Selected Injury Deaths

The following chart outlines mortality rates for unintentional drug-related deaths, motor vehicle crashes, and falls (among adults age 65 and older).

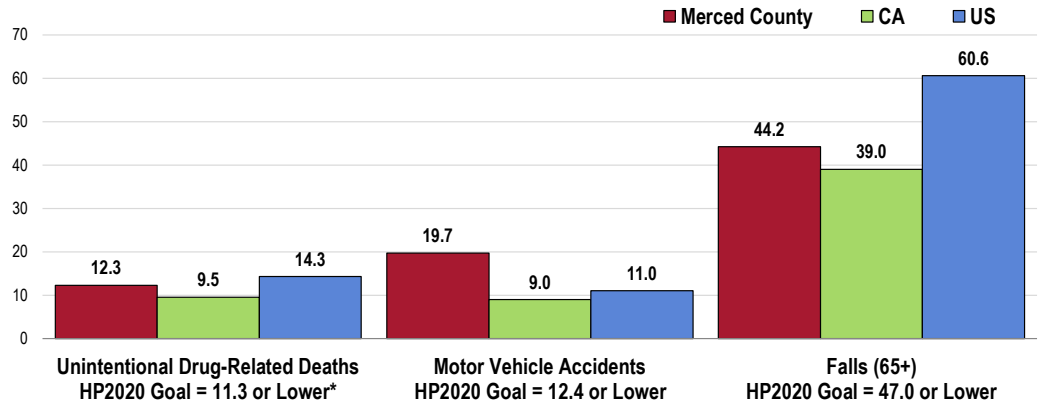
These Merced County annual average age-adjusted mortality rates are worse than California rates:

- Unintentional drug-related deaths.
- Motor vehicle accidents.

The Merced County mortality rate for <u>motor vehicle accidents</u> is worse than the national rate.

Select Injury Death Rates

(By Cause of Death; 2014-2016 Annual Average Deaths per 100,000 Population)



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2018.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IVP-13.1, IVP-23.2, SA-12]

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
- *Healthy People 2020 goal reflects all drug-induced deaths, both intentional and unintentional.

Age-Adjusted Firearm-Related Deaths

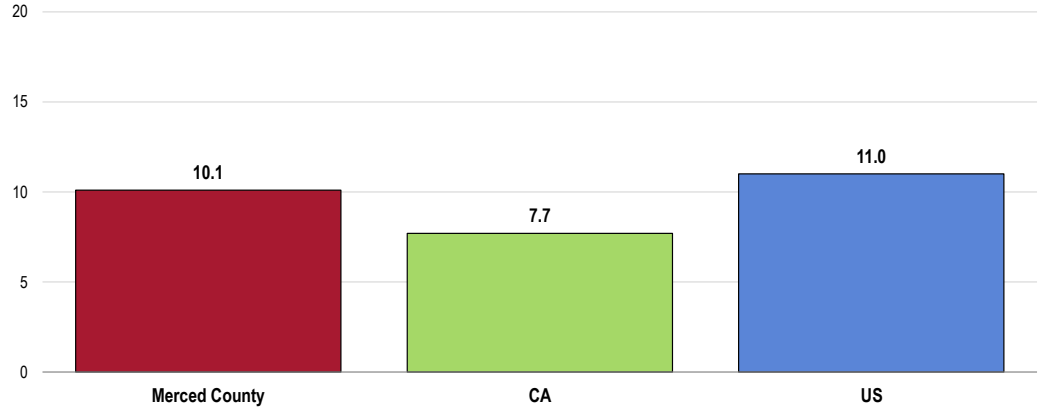
Between 2014 and 2016, firearms in Merced County contributed to an annual average age-adjusted rate of 10.1 deaths per 100,000 population.

- Higher than found statewide.
- Similar to that found nationally.
- Similar to the Healthy People 2020 objective (9.3 or lower).

Firearms-Related Deaths: Age-Adjusted Mortality

(2014-2016 Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 9.3 or Lower



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2018.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IVP-30]

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

Intentional Injury (Violence)

Age-Adjusted Homicide Deaths

Between 2014 and 2016, there was an annual average age-adjusted homicide rate of 8.8 deaths per 100,000 population in Merced County.

- Less favorable than the rates found across California and the US.
- Fails to satisfy the Healthy People 2020 target of 5.5 or lower.

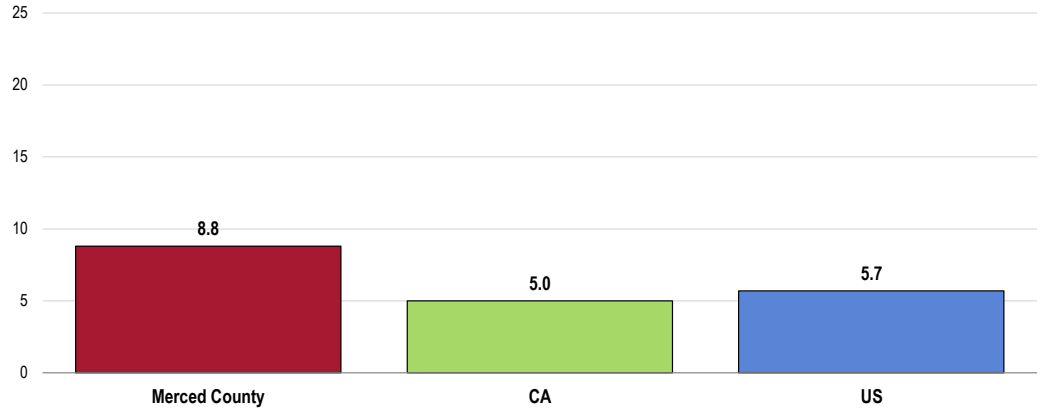
RELATED ISSUE:

See also *Mental Health*: *Suicide* in the **General Health Status** section of this report.

Homicide: Age-Adjusted Mortality

(2014-2016 Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 5.5 or Lower



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2018.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IVP-29]

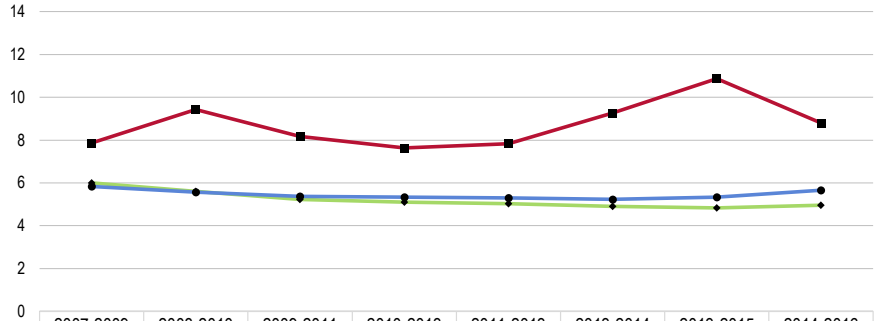
Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

- TREND: Over the past decade, the homicide rate in Merced County has shown no clear trend, but has been consistently above state and national rates.

Homicide: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 5.5 or Lower



	2007-2009	2008-2010	2009-2011	2010-2013	2011-2013	2013-2014	2013-2015	2014-2016
Merced County	7.9	9.4	8.2	7.6	7.8	9.3	10.9	8.8
CA	6.0	5.6	5.2	5.1	5.0	4.9	4.8	5.0
US	5.8	5.6	5.4	5.3	5.3	5.2	5.3	5.7

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2018.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IVP-29]

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

Violent Crime

Violent Crime Rates

Violent crime is composed of four offenses (FBI Index offenses): murder and non-negligent manslaughter; forcible rape; robbery; and aggravated assault.

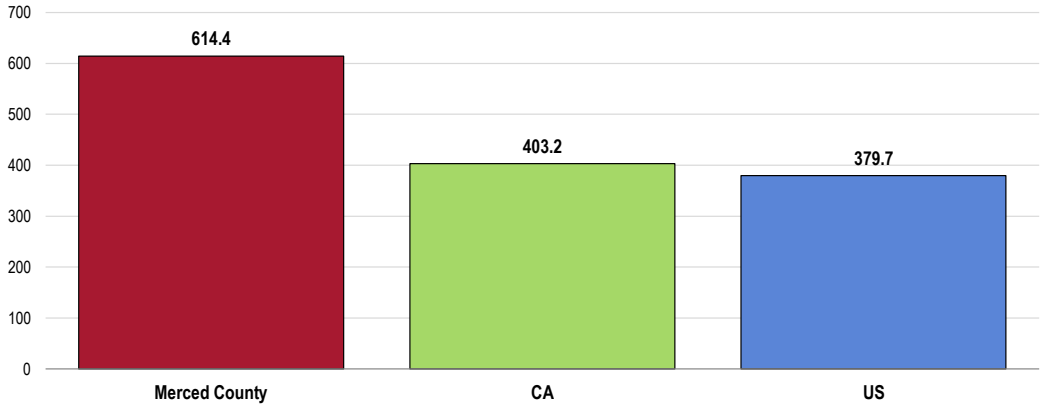
Note that the quality of crime data can vary widely from location to location, depending on the consistency and completeness of reporting among various jurisdictions.

Between 2012 and 2014, there were a reported 614.4 violent crimes per 100,000 population in Merced County.

- Notably above state and national rates for the same period.

Violent Crime

(Rate per 100,000 Population, 2012-2014)



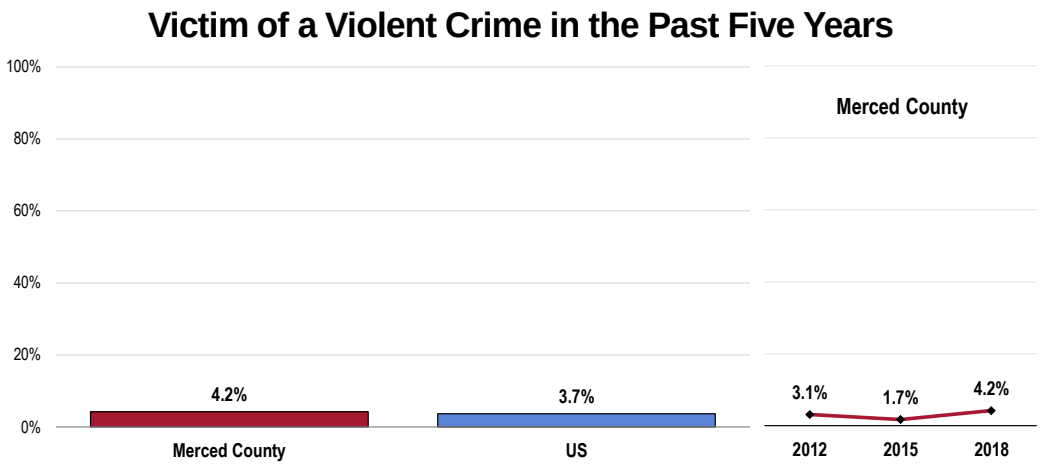
Sources:
- Federal Bureau of Investigation, FBI Uniform Crime Reports.
- Retrieved August 2018 from Community Commons at http://www.chna.org.

Notes:
- This indicator reports the rate of violent crime offenses reported by the sheriff's office or county police department per 100,000 residents. Violent crime includes homicide, rape, robbery, and aggravated assault. This indicator is relevant because it assesses community safety.
- Participation by law enforcement agencies in the UCR program is voluntary. Sub-state data do not necessarily represent an exhaustive list of crimes due to gaps in reporting. Also, some institutions of higher education have their own police departments, which handle offenses occurring within campus grounds; these offenses are not included in the violent crime statistics, but can be obtained from the Uniform Crime Reports Universities and Colleges data tables.

Community Violence

A total of 4.2% of surveyed Merced County adults acknowledge being the victim of a violent crime in the area in the past five years.

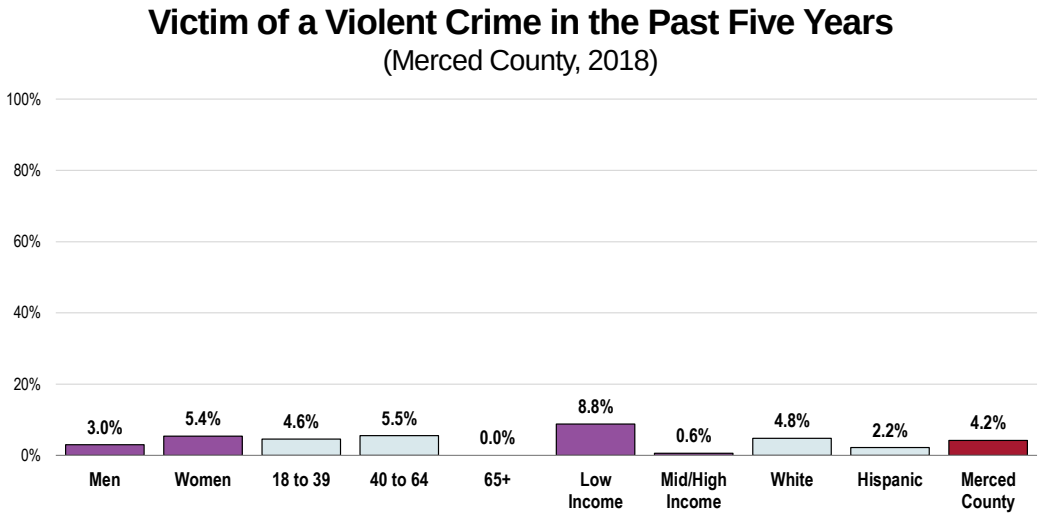
- Statistically similar to national findings.
- TREND: Differences over time are not statistically significant.



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 46]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

- Reports of violence are higher among lower-income residents, as well as those under age 65.



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 46]

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

Family Violence

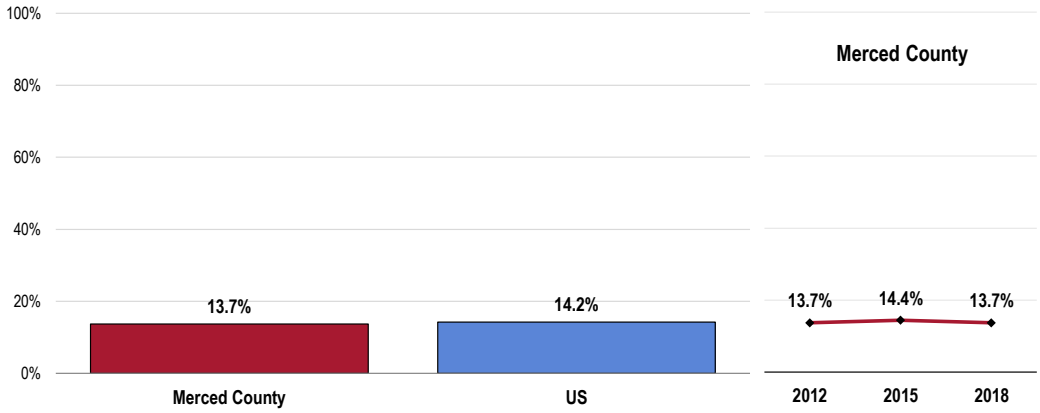
Respondents were read:

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

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

- Comparable to national findings.
- TREND: No significant difference when compared to prior surveys.

Have Ever Been Hit, Slapped, Pushed, Kicked, or Hurt in Any Way by an Intimate Partner

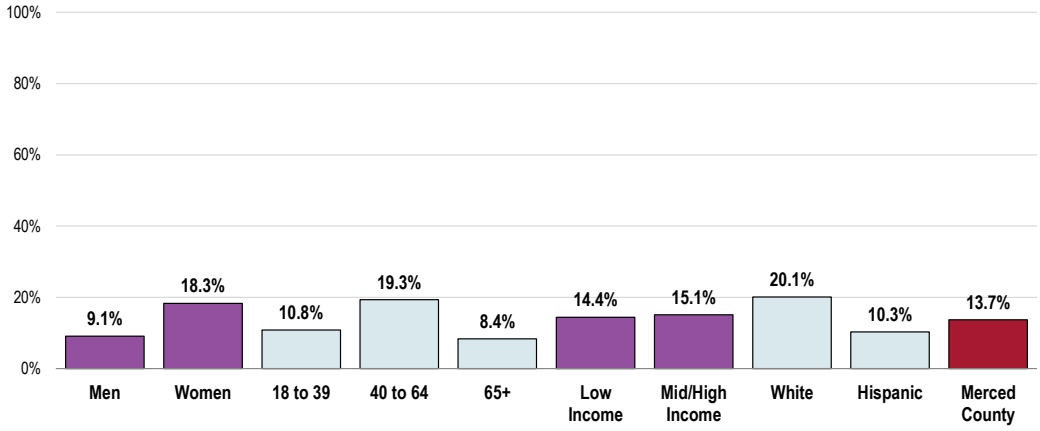


Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 47]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

- Reports of domestic violence are also notably higher among women and adults between the ages of 40 and 64.

Have Ever Been Hit, Slapped, Pushed, Kicked, or Hurt in Any Way by an Intimate Partner
(Merced County, 2018)



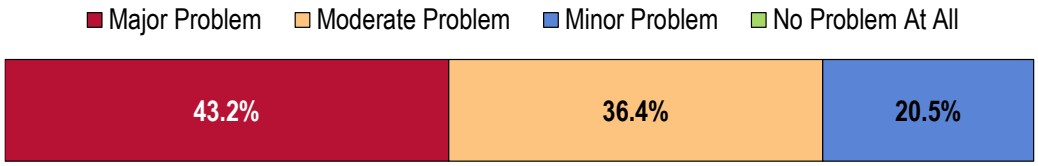
Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 47]

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

Key Informant Input: Injury & Violence

The largest share of key informants taking part in an online survey characterized *Injury & Violence* as a "major problem" in the community.

Perceptions of Injury and Violence as a Problem in the Community
(Key Informants, 2018)



Sources: • PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a "major problem," reasons related to the following:

Cultural Norms

We have such high incarceration rates and disparities in crime and resources for communities of color. - Public Health Representative

Family stressors, lack of jobs, lack of income, lack of housing, gang culture, poverty and adverse childhood issues. - Social Services Provider

High levels of stress, inter-generational patterns, poverty. - Social Services Provider

Prevalence/Incidence

I hear about DV (domestic violence), child violence, adolescent violence. The children/adolescents being violent toward other children in the school setting. Not only in the workplace, I hear about violence, but also in the community, you hear gang violence. - Public Health Representative

Injury and violence occur in the communities of Merced County. Most all law enforcement agencies are understaffed to proactively patrol or address gang activity, which leads to injury and violence in the community. - Public Health Representative

Lots of violence: neighborhood gangs, as well as domestic. - Public Health Representative

Diabetes

About Diabetes

Diabetes mellitus occurs when the body cannot produce or respond appropriately to insulin. Insulin is a hormone that the body needs to absorb and use glucose (sugar) as fuel for the body's cells. Without a properly functioning insulin signaling system, blood glucose levels become elevated and other metabolic abnormalities occur, leading to the development of serious, disabling complications. Many forms of diabetes exist; the three common types are Type 1, Type 2, and gestational diabetes. Effective therapy can prevent or delay diabetic complications.

Diabetes mellitus:

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

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

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

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

- Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Diabetes Deaths

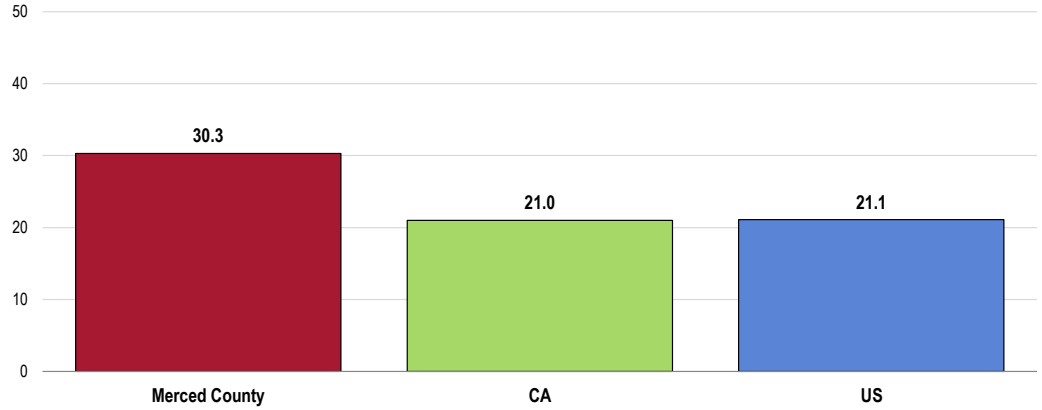
Between 2014 and 2016, there was an annual average age-adjusted diabetes mortality rate of 30.3 deaths per 100,000 population in Merced County.

- Less favorable than that found statewide or nationally.
- Fails to satisfy the Healthy People 2020 target (20.5 or lower, adjusted to account for diabetes mellitus-coded deaths).

Diabetes: Age-Adjusted Mortality

(2014-2016 Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 20.5 or Lower (Adjusted)



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2018.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective D-3]

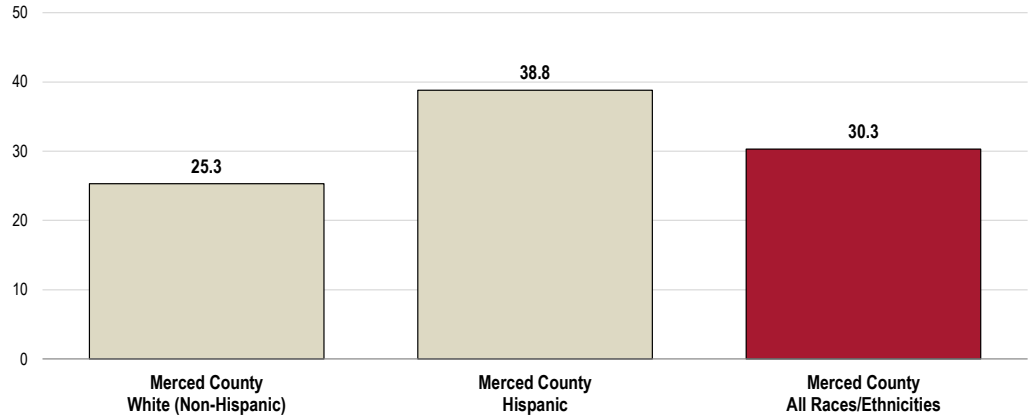
Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
- The Healthy People 2020 target for Diabetes is adjusted to account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

- The diabetes mortality rate in Merced County is notably higher among Hispanics when compared against Whites.

Diabetes: Age-Adjusted Mortality by Race

(2014-2016 Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 20.5 or Lower (Adjusted)



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2018.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective D-3]

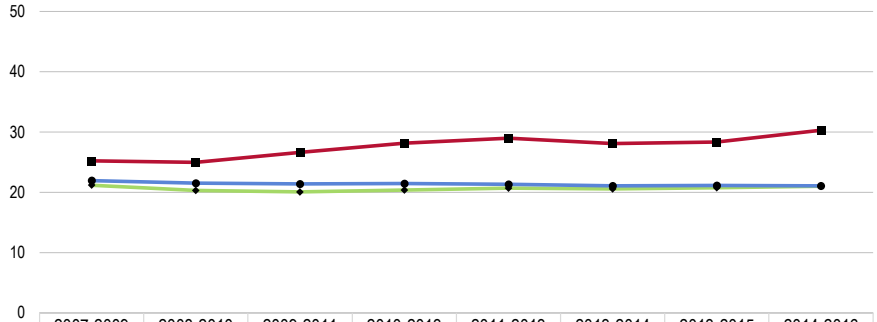
Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
- The Healthy People 2020 target for Diabetes is adjusted to account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

- TREND: Diabetes mortality has increased over the past decade in Merced County. Statewide and nationally, the rates appear to be stable.

Diabetes: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 20.5 or Lower (Adjusted)



	2007-2009	2008-2010	2009-2011	2010-2013	2011-2013	2013-2014	2013-2015	2014-2016
Merced County	25.2	25.0	26.6	28.2	29.0	28.1	28.3	30.3
CA	21.2	20.3	20.1	20.4	20.7	20.6	20.7	21.0
US	21.9	21.5	21.4	21.5	21.3	21.1	21.1	21.1

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2018.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective D-3]

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

Prevalence of Diabetes

A total of 15.9% of Merced County adults report having been diagnosed with diabetes.

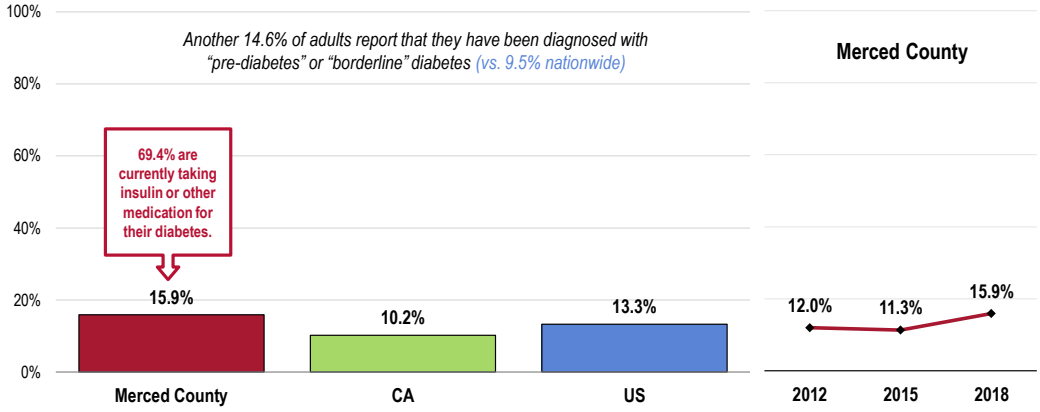
- Worse than the statewide proportion.
- Statistically similar to the national proportion.
- TREND: Statistically unchanged over time.

Of those with diabetes, 69.4% are currently taking insulin or other medication for their diabetes.

In addition to the prevalence of diagnosed diabetes referenced above, another 14.6% of Merced County adults report that they have "pre-diabetes" or "borderline diabetes."

- Worse than the US prevalence.

Prevalence of Diabetes

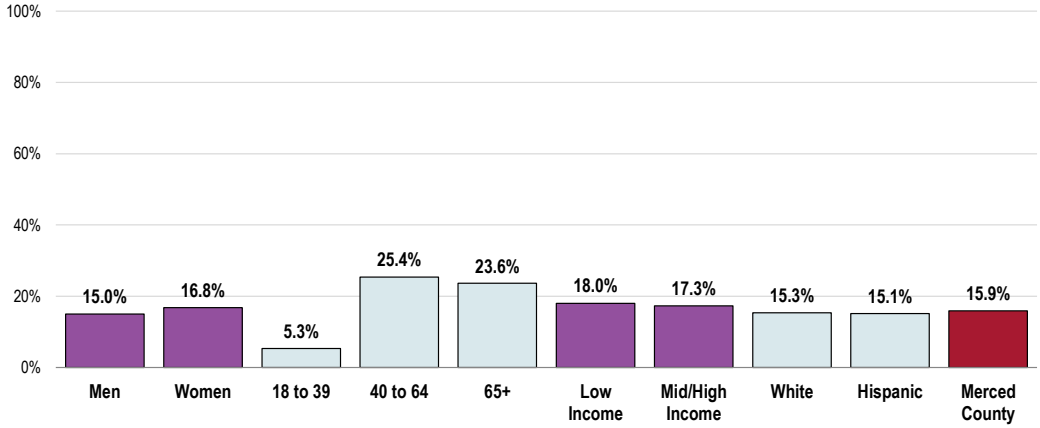


Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 140, 304]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 California data.
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

- A higher prevalence of diagnosed diabetes (excluding pre-diabetes or borderline diabetes) is reported among adults age 40+.

Prevalence of Diabetes
(Merced County, 2018)



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 140]

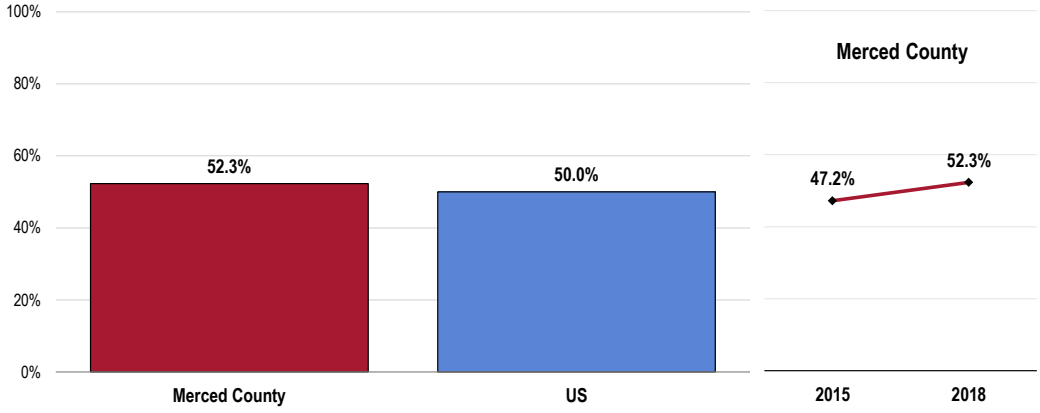
Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household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

Diabetes Testing

Of area adults who have <u>not</u> been diagnosed with diabetes, 52.3% report having had their blood sugar level tested within the past three years.

- Similar to the national proportion.
- TREND: Statistically unchanged since first measured in 2015.

Have Had Blood Sugar Tested in the Past Three Years
(Among Nondiabetics)

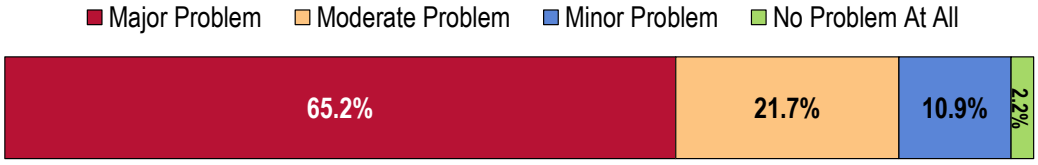


Sources: ● 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 37]
● 2017 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of respondents who have not been diagnosed with diabetes.

Key Informant Input: Diabetes

Nearly two-thirds of key informants taking part in an online survey characterized *Diabetes* as a "major problem" in the community.

Perceptions of Diabetes as a Problem in the Community
(Key Informants, 2018)



Sources: ● PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

Top Concerns

Among those rating this issue as a “major problem,” reasons related to the following:

Access to Healthy Food

The abundance of unhealthy fast food choices that families can grab for breakfast, lunch or dinner, which may be faster and easier than cooking at home, especially if you are always on the go for kids' activities. - Public Health Representative

Healthy eating, lack of healthy restaurants, not a culture of healthy eating, no vegan restaurants, expensive food. More prevention and early intervention is needed. More awareness and education. - Social Services Provider

All the fast food restaurants for the people who need something quick and are lower in prices. - Public Health Representative

Ease of access to healthy foods. Lack of education about the control of diabetes through healthy eating and lack of access to safe places to walk or exercise. - Public Health Representative

Not enough big grocery stores in areas with higher poverty rates. Diabetic medication and test strip pricing. - Public Health Representative

Affordable, healthy food. - Social Services Provider

Access to Care/Services

The lack of doctors for this illness and facilities with certified nutritionist is so sad because of the number of children and adults who have diabetes in our county is very high. For them to have to go out of county for service is not easy for a lot of families. We have kids being medivacked by air to hospitals out of county. - Public Health Representative

Access to care, cultural competency (for developing diet plans, lifestyle considerations, etc.), employment (without stable funding, you can't have access to healthy foods or medical care), food deserts, safe recreational facilities, and many more. There is a scaffolding effect of issues, which create challenges for people with diabetes in Merced County. - Public Health Representative

There is a lack of specialty care in Merced County, especially endocrinologists. - Public Health Representative

Access to good health care. Nutritionist to help with diet and exercise programs. - Public Health Representative

Awareness/Education

Lack of education. There are a lot of specifics that can classify an individual as high-risk for diabetes that most community members who are at-risk do not know. The lack of free programs to be able to access machines to control diabetes. - Public Health Representative

People don't know they have diabetes or pre-diabetes. Basic prevention services, education and treatment for pre-diabetes is needed, desperately. People without any health care or ability to get health care are in dire straits. - Public Health Representative

Education of people who have diabetes, as well as doctors and caregivers who monitor and help customer manage diabetes. Having diabetes is a scary thing and knowing what to eat/not eat and what medicines to take is very hard for the average person. Diabetes can cause havoc to a person who does not know they have it or don't control it. It is painless, so many people do not know they have it. - Public Health Representative

The way they eat because they do not have resources on how to eat better and different ways to exercise. - Public Health Representative

Disease Management

High number of people with diabetes being managed by primary care and not by an endocrinologist. - Public Health Representative

There needs to be better nutritional support and better educational offerings for the diabetic client. - Public Health Representative

> *Many of the referrals we see for diabetes is poorly-controlled glucose levels and high A1c numbers. Most of these clients are adolescents and children, so the problem is that parents do not monitor the glucose levels or follow-through with checking on these kids' glucose levels and administering the insulin. Some caretakers or patients seem oblivious of all the complications associated with diabetes, and education is sometimes what is needed. Another issue may be the language barrier. We have many Spanish-speaking clients, and some of the parents do not fully understand the process of carb-counting ratio to insulin administration. Or a lot of the parents leave it up to the child/adolescent to do the process on their own. For the adolescents and young children who have type 1 or type 2 diabetes, it is difficult for them to eat "healthier" food choices. Parents are not with them 24/7 and not knowing what they eat when they are not home is one of the excuses that parents always have. - Public Health Representative*

Affordable Care/Services

> *Affordability, access to specialists for children with diabetes, transportation and proper training for families. - Public Health Representative*

Cultural Norms

> *American diet / perceived portions are significantly out of proportion with the "food pyramid" and exacerbate overeating tendencies and consumption of carbohydrates / sugars that lead to a near epidemic of adult-onset diabetes as a cumulative result of poor life choices / bad habits formed from a young age. - Public Health Representative*

Alzheimer's Disease

About Dementia

Dementia is the loss of cognitive functioning—thinking, remembering, and reasoning—to such an extent that it interferes with a person's daily life. Dementia is not a disease itself, but rather a set of symptoms. Memory loss is a common symptom of dementia, although memory loss by itself does not mean a person has dementia. Alzheimer's disease is the most common cause of dementia, accounting for the majority of all diagnosed cases.

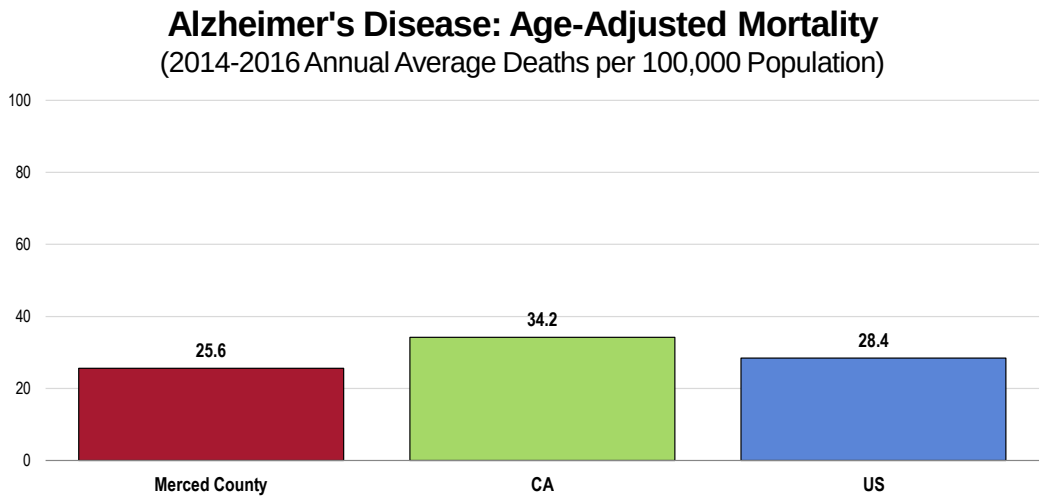
Alzheimer's disease is the 6th leading cause of death among adults age 18 years and older. Estimates vary, but experts suggest that up to 5.1 million Americans age 65 years and older have Alzheimer's disease. These numbers are predicted to more than double by 2050 unless more effective ways to treat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

- Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Alzheimer's Disease Deaths

Between 2014 and 2016, there was an annual average age-adjusted Alzheimer's disease mortality rate of 25.6 deaths per 100,000 population in Merced County.

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



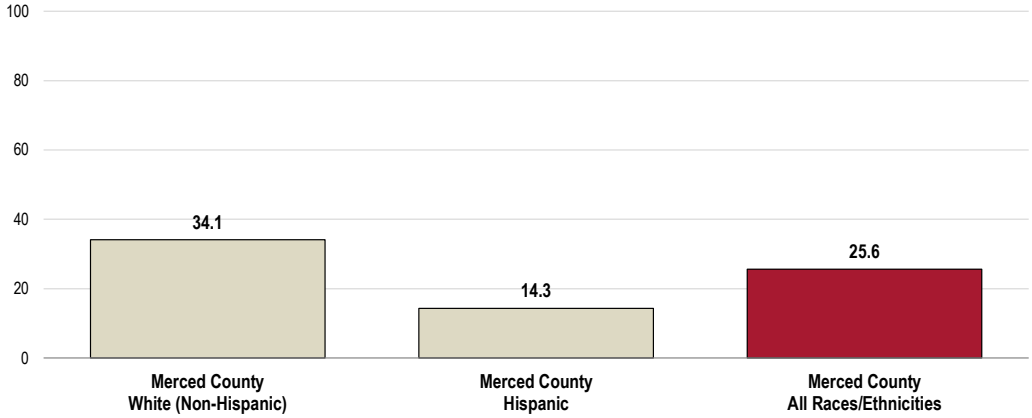
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2018.

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

- The Alzheimer's disease mortality rate appears higher among Whites than Hispanics.

Alzheimer's Disease: Age-Adjusted Mortality by Race

(2014-2016 Annual Average Deaths per 100,000 Population)



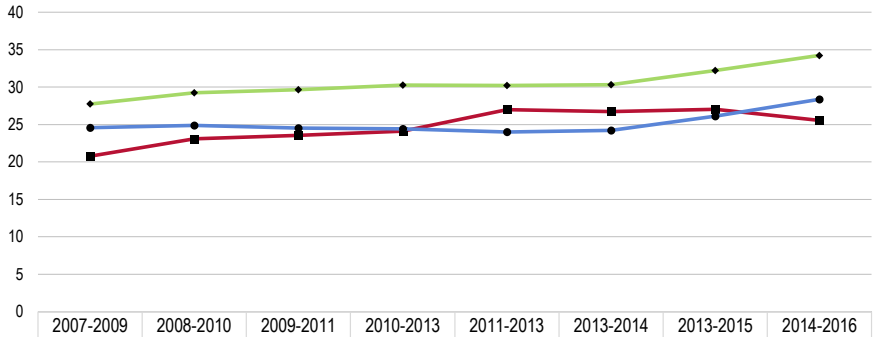
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2018.

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

- TREND: Despite some fluctuations, the Alzheimer's disease mortality rate in Merced County has overall increased over the past decade, as have state and national rates.

Alzheimer's Disease: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)



	2007-2009	2008-2010	2009-2011	2010-2013	2011-2013	2013-2014	2013-2015	2014-2016
Merced County	20.8	23.1	23.5	24.1	27.0	26.7	27.0	25.6
CA	27.7	29.2	29.6	30.3	30.2	30.3	32.2	34.2
US	24.6	24.9	24.5	24.4	24.0	24.2	26.1	28.4

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2018.

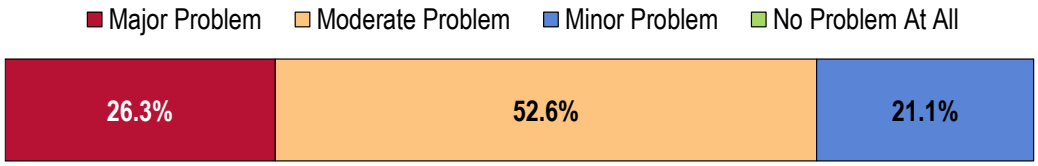
Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Key Informant Input: Dementias, Including Alzheimer's Disease

More than half of key informants taking part in an online survey are most likely to consider *Dementias, Including Alzheimer's Disease* as a "moderate problem" in the community.

Perceptions of Dementia/Alzheimer's Disease as a Problem in the Community

(Key Informants, 2018)



Sources: • PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a "major problem," reasons related to the following:

Aging Population

> *With baby boomers getting older, there are many more patients with dementia and Alzheimer's. Also, affordability and availability is a concern for people to pay to have relatives cared for who have these diseases. - Public Health Representative*

> *There is a large portion of our community who are aging. It seems the focus is on the younger generation. - Public Health Representative*

Access to Care/Services

> *There's not that many services or treatment facilities for this disease. - Public Health Representative*

Kidney Disease

About Kidney Disease

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

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

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

- Healthy People 2020 (www.healthypeople.gov)

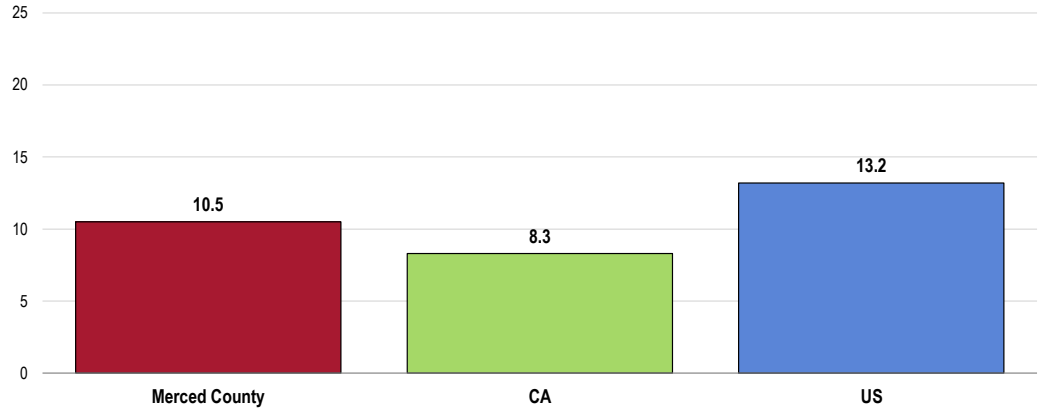
Age-Adjusted Kidney Disease Deaths

Between 2014 and 2016, there was an annual average age-adjusted kidney disease mortality rate of 10.5 deaths per 100,000 population in Merced County.

- Worse than the rate found statewide.
- Better than the national rate.

Kidney Disease: Age-Adjusted Mortality

(2014-2016 Annual Average Deaths per 100,000 Population)



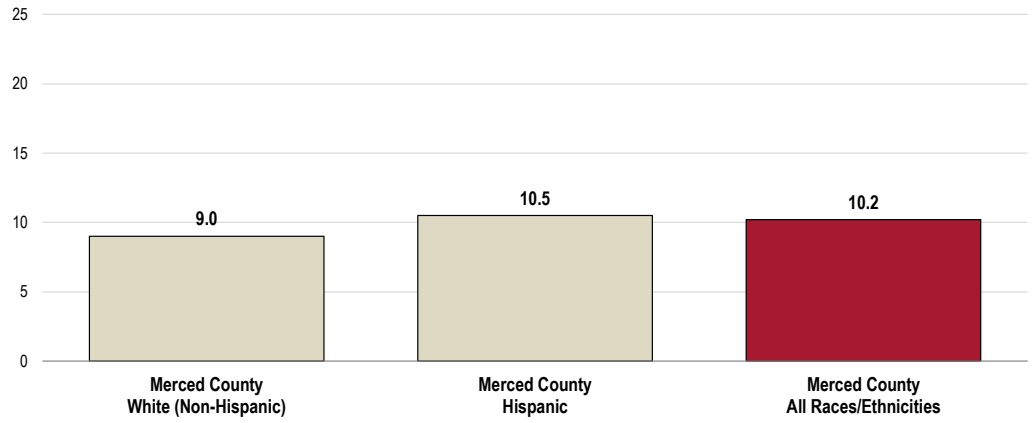
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2018.

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

- The kidney disease mortality rate in Merced County appears slightly higher among Hispanics than Whites.

Kidney Disease: Age-Adjusted Mortality by Race

(2014-2016 Annual Average Deaths per 100,000 Population)



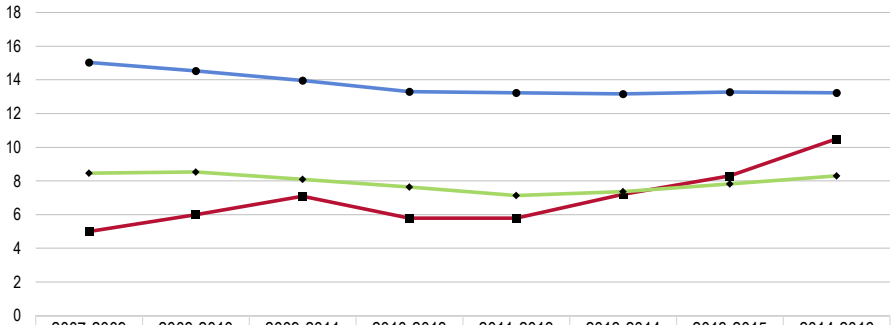
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2018.

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

- TREND: The death rate has increased considerably over the past decade in Merced County. Statewide, the rate has remained stable, while the national rate has decreased.

Kidney Disease: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)



	2007-2009	2008-2010	2009-2011	2010-2013	2011-2013	2013-2014	2013-2015	2014-2016
Merced County	5.0	6.0	7.1	5.8	5.8	7.2	8.3	10.5
CA	8.5	8.5	8.1	7.6	7.1	7.4	7.8	8.3
US	15.0	14.5	14.0	13.3	13.2	13.2	13.3	13.2

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2018.

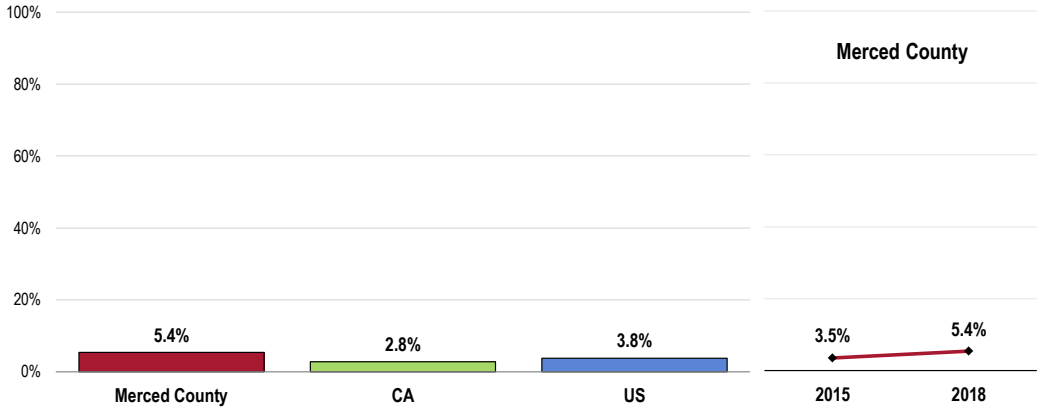
Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Prevalence of Kidney Disease

A total of 5.4% of Merced County adults report having been diagnosed with kidney disease.

- Above the state proportion.
- Statistically similar to the national proportion.
- TREND: Statistically unchanged since first measured in 2015.

Prevalence of Kidney Disease

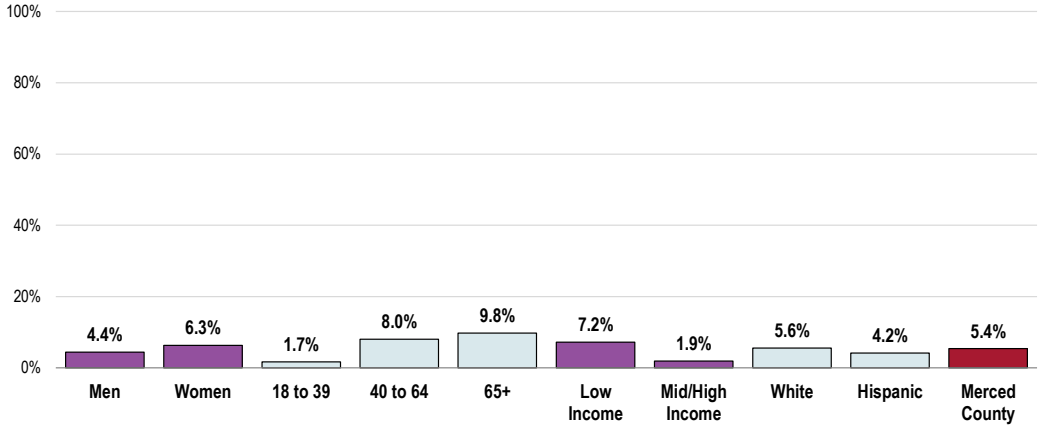


Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 30]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 California data.
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

- A higher prevalence of kidney disease is reported among Merced County adults age 40 and older.

Prevalence of Kidney Disease
(Merced County, 2018)

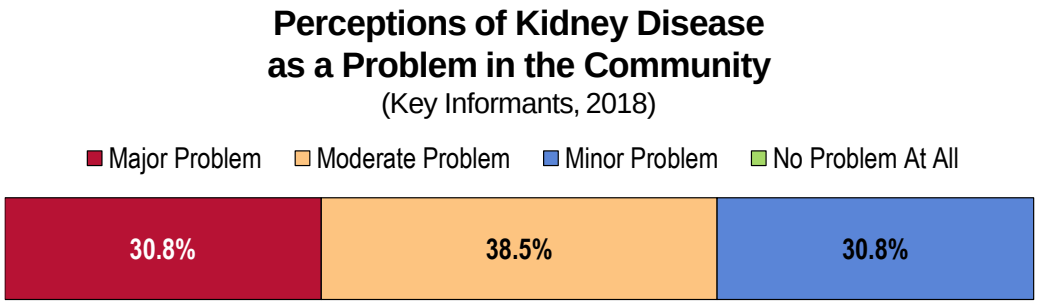


Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 30]

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

Key Informant Input: Kidney Disease

Key informants taking part in an online survey most often characterized *Kidney Disease* as a "moderate problem" in the community.



Sources: • PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a "major problem," reasons related to the following:

Access to Care/Services

> *Not enough kidney doctors in Merced. We need more doctors who are specialists. Most patients travel to San Francisco or Los Angeles for care. Haven't seen a great dialysis doctor in Merced County in over 13 years. - Public Health Representative*
>
> *Again, the specialty care in Merced is not there. Having to wait to see doctors for months is not okay. - Public Health Representative*
>
> *Merced currently has four dialysis centers. - Public Health Representative*

Awareness/Education

> *Merced County's population needs more education on how people develop chronic kidney disease and how it affects the body. I believe this is a major problem because the kidneys have an adverse effect on a lot of other major organs. - Public Health Representative*

Comorbidities

> *Diabetes is very prevalent in this community [for persons with kidney disease]. - Public Health Representative*

Prevalence/Incidence

> *There is a large amount of our community members that have renal failure. - Public Health Representative*

Potentially Disabling Conditions

Arthritis, Osteoporosis, & Chronic Back Conditions

About Arthritis, Osteoporosis, & Chronic Back Conditions

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

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

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

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

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

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

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

- Healthy People 2020 (www.healthypeople.gov)

More than four in 10 Merced County adults age 50 and older (42.6%) report suffering from arthritis or rheumatism.

- Comparable to that found nationwide.

RELATED ISSUE:

See also *Overall Health Status: Activity Limitations* in the **General Health Status** section of this report.

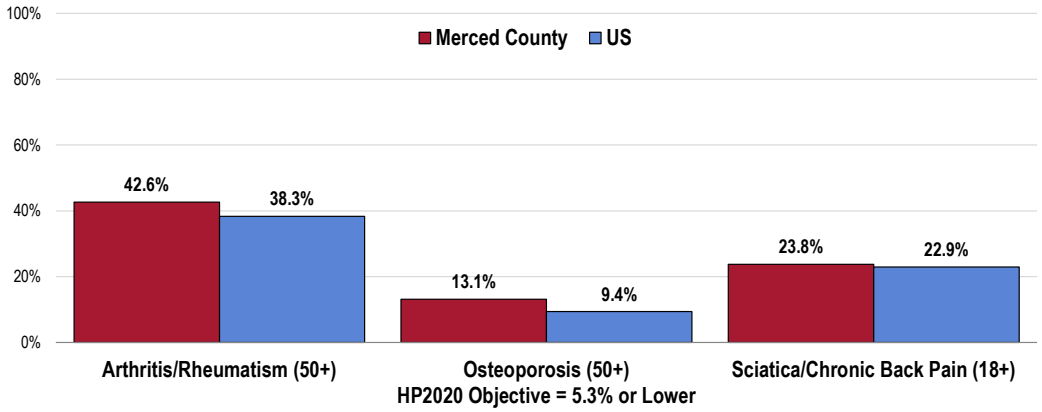
A total of 13.1% Merced County adults age 50 and older have osteoporosis.

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

A total of 23.8% of Merced County adults (18 and older) suffer from chronic back pain or sciatica.

- Comparable to that found nationwide.

Prevalence of Potentially Disabling Conditions



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 26, 141-142]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective AOCBC-10]

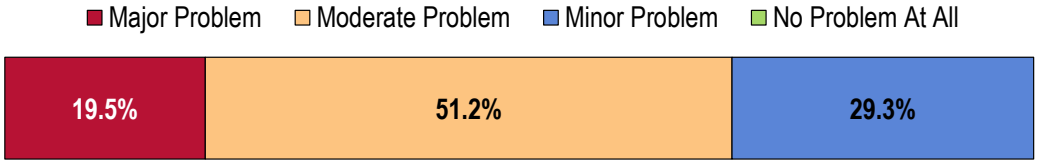
Notes:
- The sciatica indicator reflects the total sample of respondents; the arthritis and osteoporosis columns reflect adults age 50+.

Key Informant Input: Arthritis, Osteoporosis & Chronic Back Conditions

A plurality of key informants taking part in an online survey characterized *Arthritis, Osteoporosis & Chronic Back Conditions* as a "moderate problem" in the community.

Perceptions of Arthritis/Osteoporosis/Back Conditions as a Problem in the Community

(Key Informants, 2018)



Sources:
- PRC Online Key Informant Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Top Concerns

Among those rating this issue as a "major problem," reasons related to the following:

Access to Care/Services

> *I have arthritis and I had to leave the area to get care. - Public Health Representative*
>
> *Access to care and treatment in a reasonable time frame, pain management. - Public Health Representative*

Aging Population

> *There is a large population of elderly in the community and their needs seem to be secondary to other community needs. - Public Health Representative*

Quality of Care

> *The quality of care in these areas are not what they should be. I still hear of people going to the Bay Area for surgeries to be done because of the quality of service not meeting the expectation of the patient. - Public Health Representative*

Vision & Hearing Impairment

About Vision

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

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

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

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

- Healthy People 2020 (www.healthypeople.gov)

About Hearing & Other Sensory or Communication Disorders

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

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

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

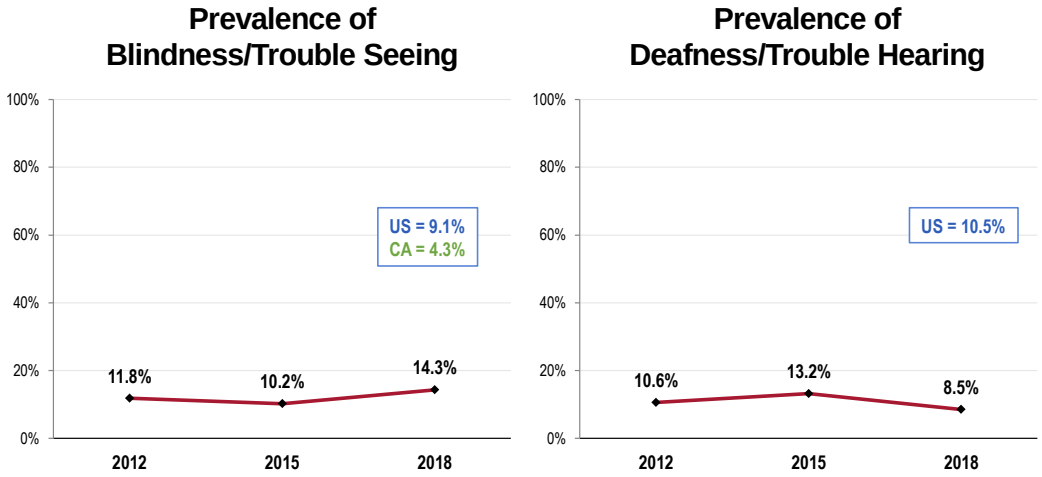
- Healthy People 2020 (www.healthypeople.gov)

RELATED ISSUE:

See also *Vision Care* in the **Access to Health Services** section of this report.

A total of 14.3% of Merced County adults are blind or have trouble seeing even when wearing corrective lenses, and 8.5% are deaf or have trouble hearing.

- The prevalence of Merced County adults with **blindness/trouble seeing** is higher than the state and national prevalence (the prevalence of **deafness/trouble hearing** is similar to the nation).
- TREND: Both indicators are statistically comparable to 2012 findings, though the prevalence of **deafness/trouble hearing** is lower than 2015.

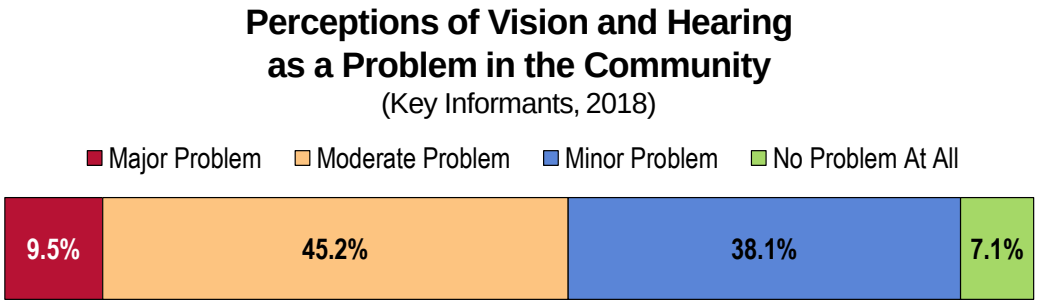


Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 301-302]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 California data.

Notes:
- Reflects the total sample of respondents.

Key Informant Input: Vision & Hearing

Key informants taking part in an online survey most often characterized *Vision & Hearing* as a "moderate problem" in the community.



Sources:
- PRC Online Key Informant Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Top Concerns

Among those rating this issue as a "major problem," the following reason was given:

Access to Care/Services

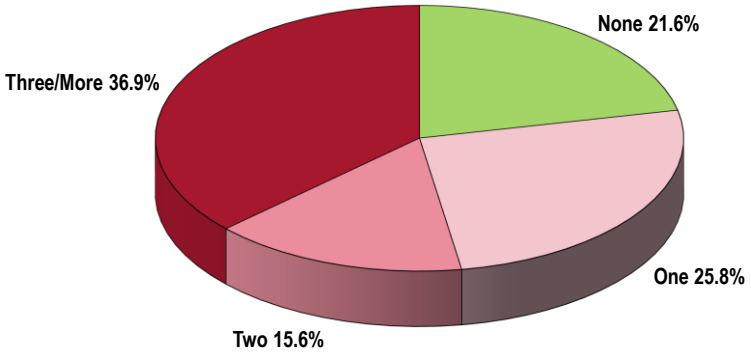
> *Most of children have to go to Fresno or Modesto and some to the bay area to get these services. Our one doctor who used to take our children with Medical and CCS only can see them one to two days out of the month. So they wait months to see them and then are referred out-of-county to get hearing aids and other tests or surgeries - Public Health Representative*

Multiple Chronic Conditions

Among Merced County survey respondents, most report currently having at least one chronic health condition, including 25.8% with one condition, 15.6% with two conditions, and 36.9% with three or more chronic conditions.

For the purposes of this assessment, chronic conditions include lung disease, arthritis, sciatica, cancer, osteoporosis, kidney disease, heart attack, angina, stroke, asthma, hypertension, high blood cholesterol, diabetes, obesity, and/or diagnosed depression. Multiple chronic conditions are concurrent conditions.

Number of Current Chronic Conditions
(Merced County, 2018)

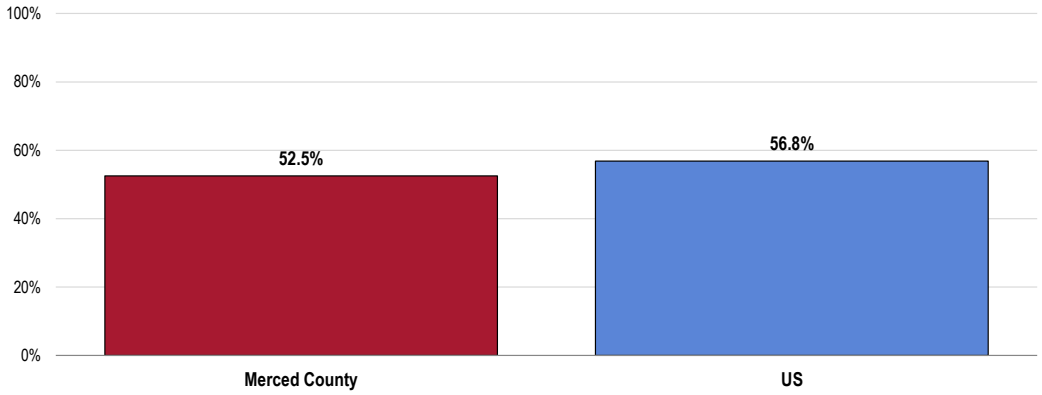


Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 143]

Notes:
- Asked of all respondents.
- In this case, chronic conditions include lung disease, arthritis, sciatica, cancer, osteoporosis, kidney disease, heart attack, angina, stroke, asthma, hypertension, high blood cholesterol, diabetes, obesity, and/or diagnosed depression.

- The prevalence of multiple chronic conditions among Merced County residents (52.5%) is similar to the US prevalence.

Currently Suffer From Multiple Chronic Conditions



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 143]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

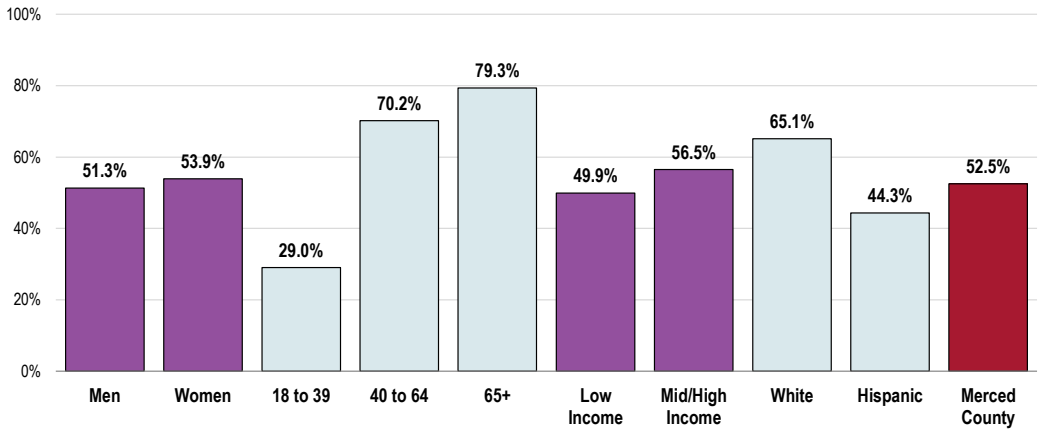
Notes:
- Asked of all respondents.
- In this case, chronic conditions include lung disease, arthritis, sciatica, cancer, osteoporosis, kidney disease, heart attack, angina, stroke, asthma, hypertension, high blood cholesterol, diabetes, obesity, and/or diagnosed depression.

The following population segments are more likely to report suffering from multiple chronic conditions:

- Adults age 40 and older (particularly those age 65 and older).
- White respondents.

Currently Suffer From Multiple Chronic Conditions

(Merced County, 2018)



Sources: ● 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 143]
Notes: ● Asked of all respondents.
● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
● In this case, chronic conditions include lung disease, arthritis, sciatica, cancer, osteoporosis, kidney disease, heart attack, angina, stroke, asthma, hypertension, high blood cholesterol, diabetes, obesity, and/or diagnosed depression.

Infectious Disease

Professional Research Consultants, Inc.

Influenza & Pneumonia Vaccination

About Influenza & Pneumonia

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

- Healthy People 2020 (www.healthypeople.gov)

Flu Vaccination

Among Merced County seniors, 62.5% received a flu shot within the past year.

- Statistically comparable to the California finding.
- Lower than the national finding.
- Comparable to the Healthy People 2020 target (70% or higher).
- TREND: Changes over time are not statistically significant.

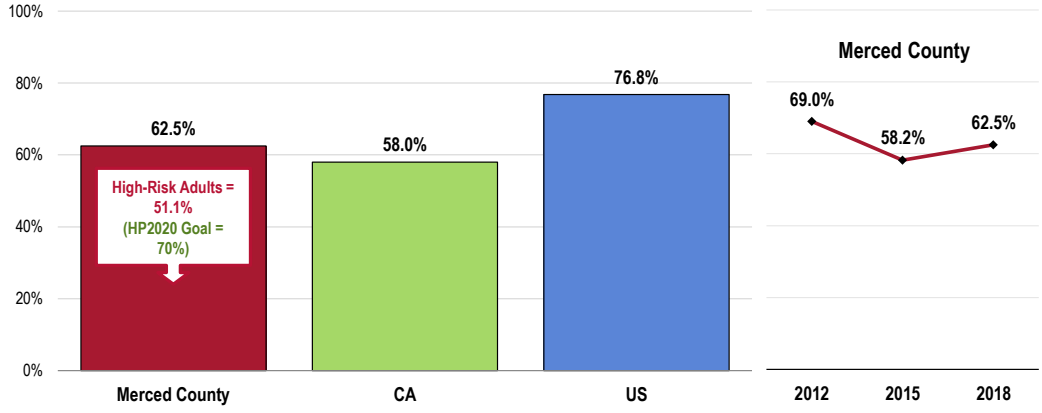
"High-risk" includes adults who report having been diagnosed with heart disease, diabetes, or respiratory disease.

A total of 51.1% of high-risk adults age 18 to 64 received a flu shot within the past year.

Older Adults: Have Had a Flu Vaccination in the Past Year

(Among Adults Age 65+)

Healthy People 2020 Target = 70.0% or Higher



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 144-145]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 California data.
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IID-12.12]

Notes:
- Reflects respondents 65 and older.
- "High-Risk" includes adults age 18 to 64 who have been diagnosed with heart disease, diabetes, or respiratory disease.

Pneumonia Vaccination

Among Merced County adults age 65 and older, 72.2% have received a pneumonia vaccination at some point in their lives.

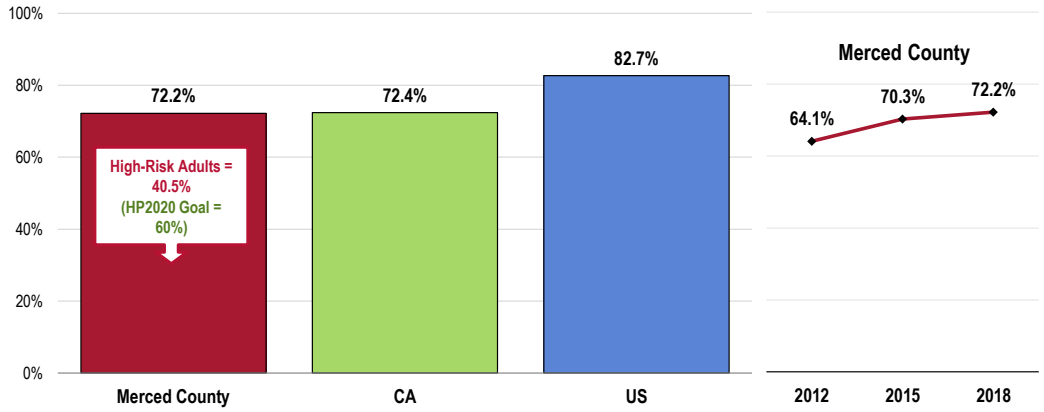
- Almost identical to the California finding.
- Below the national finding.
- Fails to satisfy the Healthy People 2020 target of 90% or higher.
- TREND: Statistically unchanged since 2012.

A total of 40.5% of high-risk adults age 18 to 64 have ever received a pneumonia vaccination.

Older Adults: Have Ever Had a Pneumonia Vaccine

(Among Adults Age 65+)

Healthy People 2020 Target = 90.0% or Higher



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 146-147]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 California data.
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objectives IID-13.1, IID-13.2]

Notes:
- Reflects respondents 65 and older.
- "High-Risk" includes adults age 18 to 64 who have been diagnosed with heart disease, diabetes or respiratory disease.

HIV

About Human Immunodeficiency Virus (HIV)

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

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

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

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

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

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

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

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

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

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

- Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted HIV/AIDS Deaths

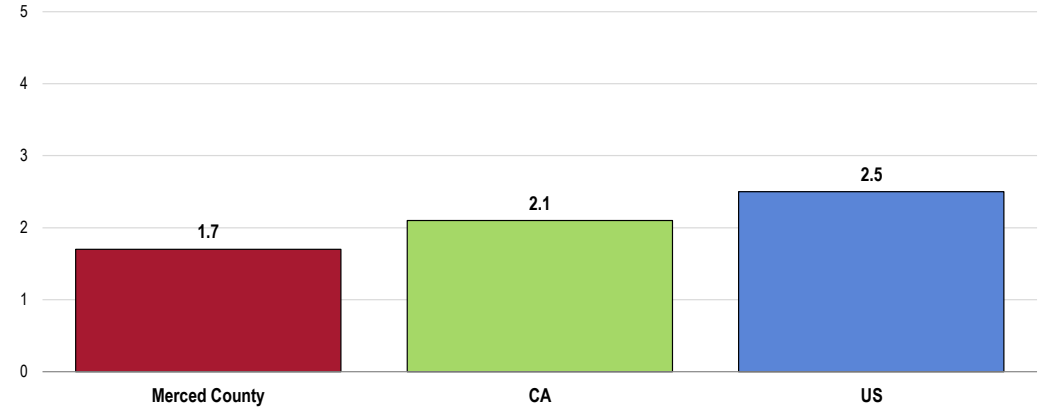
Between 2007 and 2016, there was an annual average age-adjusted HIV/AIDS mortality rate of 1.7 deaths per 100,000 population in Merced County.

- Lower than found statewide and nationally.
- Satisfies the Healthy People 2020 target (3.3 or lower).

HIV/AIDS: Age-Adjusted Mortality

(2007-2016 Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 3.3 or Lower



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2018.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HIV-12]

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

HIV Prevalence

In 2013, there was a prevalence of 89.8 HIV cases per 100,000 population in Merced County.

- Notably more favorable than the California and US prevalence.

HIV Prevalence

(Prevalence Rate of HIV per 100,000 Population, 2013)

Sources:
- Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention.
- Retrieved August 2018 from Community Commons at http://www.chna.org.

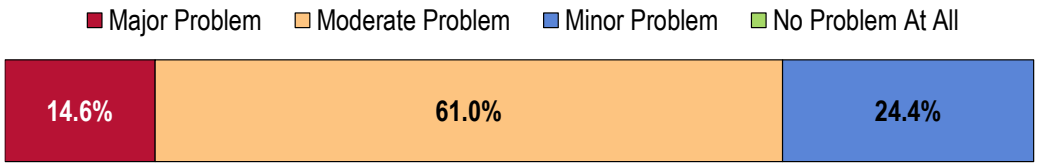
Notes:
- This indicator is relevant because HIV is a life-threatening communicable disease that disproportionately affects minority populations and may also indicate the prevalence of unsafe sex practices.

Key Informant Input: HIV/AIDS

Six in 10 key informants taking part in an online survey most often characterized *HIV/AIDS* as a "moderate problem" in the community.

Perceptions of HIV/AIDS as a Problem in the Community

(Key Informants, 2018)



Sources:
- PRC Online Key Informant Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Top Concerns

Among those rating this issue as a "major problem," the following reason was given:

Funding

> *There is not enough funding for programs to provide services. - Public Health Representative*

Sexually Transmitted Diseases

About Sexually Transmitted Diseases

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

Because many cases of STDs go undiagnosed—and some common viral infections, such as human papillomavirus (HPV) and genital herpes, are not reported to CDC at all—the reported cases of chlamydia, gonorrhea, and syphilis represent only a fraction of the true burden of STDs in the US. Untreated STDs can lead to serious long-term health consequences, especially for adolescent girls and young women. Several factors contribute to the spread of STDs.

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

- **Asymptomatic nature of STDs**. The majority of STDs either do not produce any symptoms or signs, or they produce symptoms so mild that they are unnoticed; consequently, many infected persons do not know that they need medical care.
- **Gender disparities**. Women suffer more frequent and more serious STD complications than men do. Among the most serious STD complications are pelvic inflammatory disease, ectopic pregnancy (pregnancy outside of the uterus), infertility, and chronic pelvic pain.
- **Age disparities**. Compared to older adults, sexually active adolescents ages 15 to 19 and young adults ages 20 to 24 are at higher risk for getting STDs.
- **Lag time between infection and complications**. Often, a long interval, sometimes years, occurs between acquiring an STD and recognizing a clinically significant health problem.

Social, Economic, and Behavioral Factors. The spread of STDs is directly affected by social, economic, and behavioral factors. Such factors may cause serious obstacles to STD prevention due to their influence on social and sexual networks, access to and provision of care, willingness to seek care, and social norms regarding sex and sexuality. Among certain vulnerable populations, historical experience with segregation and discrimination exacerbates these factors. Social, economic, and behavioral factors that affect the spread of STDs include: racial and ethnic disparities; poverty and marginalization; access to healthcare; substance abuse; sexuality and secrecy (stigma and discomfort discussing sex); and sexual networks (persons “linked” by sequential or concurrent sexual partners).

- Healthy People 2020 (www.healthypeople.gov)

Chlamydia & Gonorrhea

In 2014, the chlamydia incidence rate in Merced County was 394.7 cases per 100,000 population.

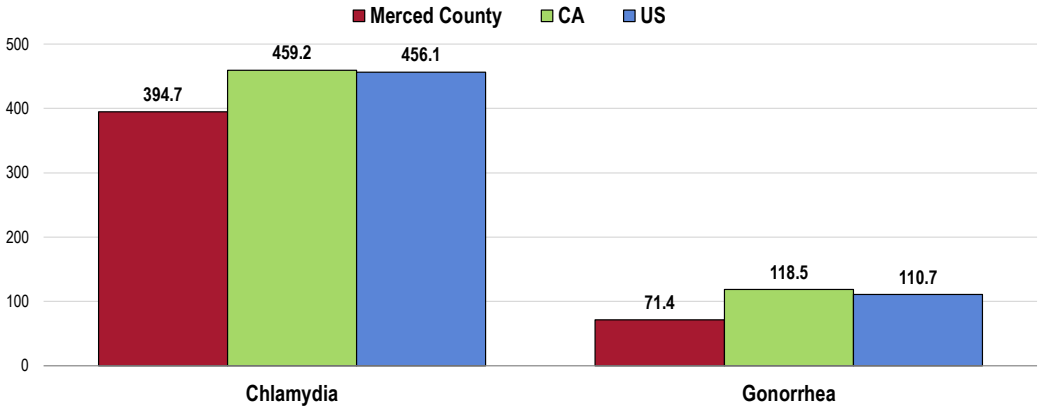
- Notably lower than the California and US incidence rates.

The Merced County gonorrhea incidence rate in 2014 was 71.4 cases per 100,000 population.

- Notably lower than the state and national incidence rates.

Chlamydia & Gonorrhea Incidence

(Incidence Rate per 100,000 Population, 2014)



Sources:
- Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention.
- Retrieved August 2018 from Community Commons at http://www.chna.org.

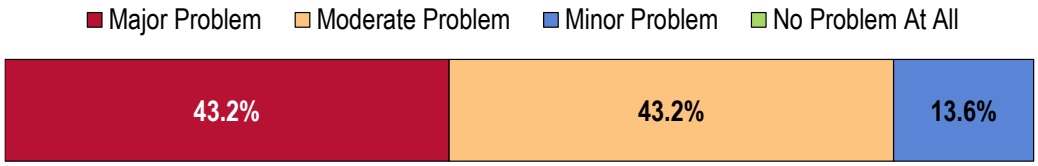
Notes:
- This indicator is relevant because it is a measure of poor health status and indicates the prevalence of unsafe sex practices.

Key Informant Input: Sexually Transmitted Diseases

Key informants taking part in an online survey characterized *Sexually Transmitted Diseases* as a "major problem" equally as often as a "moderate problem" in the community.

Perceptions of Sexually Transmitted Diseases as a Problem in the Community

(Key Informants, 2018)



Sources:
- PRC Online Key Informant Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Top Concerns

Among those rating this issue as a "major problem," reasons related to the following:

Early Diagnosis/Prevention

> *STDs are an issue in every community. We need to focus on preventative efforts here in the community and making condom use and testing for STDs to be less taboo. - Public Health Representative*
>
> *There needs to be more facilities and outreach to people to get tested. - Public Health Representative*
>
> *People don't want to know that they have STDs. - Public Health Representative*

Prevalence/Incidence

> *Increase in number of chlamydia cases among young people (15-24 years of age), and syphilis increase (nation, state and locally). Also, now we are seeing an increase in congenital syphilis, too. Need more education in school (middle and high), more aggressive education at all levels. In addition to that, homeless/transient population are spreading both syphilis and HIV throughout the State at an alarming rate. We've heard about Hepatitis A and how the homeless population was spreading this outbreak in Southern CA... One of these days we will see the same but with STD's - Public Health Representative*

> *Rates are increasing. - Public Health Representative*

Alcohol/Drug Use

> *Due to the drug use, people are not in their right minds for having safe sex Also, people being promiscuous and not caring and realizing the risk. - Public Health Representative*

Awareness/Education

> *We have far too young people who are not educated enough about the importance of safe sex. We have men who have sex with men who are more at high risk of having STDs. We have social medias where it serves as a platform for our young adolescents to easily access for hookups. The list goes on. - Public Health Representative*

Unprotected Sex

> *Way too many teens and adults are having unprotected sex these days. There needs to be more free checkups, or a resource made easier for the public to get checked. More classes in regards to diseases, more speakers, more self help. - Public Health Representative*

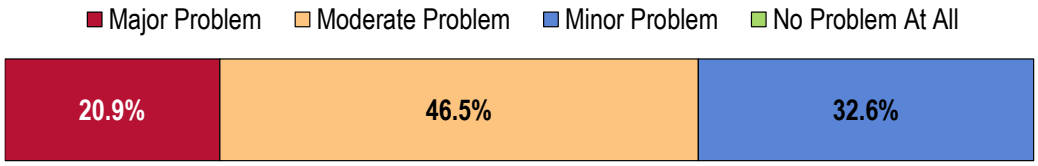
Immunization & Infectious Diseases

Key Informant Input: Immunization & Infectious Diseases

Key informants taking part in an online survey most often characterized *Immunization & Infectious Diseases* as a "moderate problem" in the community.

Perceptions of Immunization and Infectious Diseases as a Problem in the Community

(Key Informants, 2018)



Sources: • PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a "major problem," reasons related to the following:

Childhood Vaccinations

> *We have some families who still believe in not vaccinating their children. Their children are the most at-risk for fatality and spreading it to the community (infants, immunocompromised patients). - Public Health Representative*
>
> *I believe that immunizations are a major problem in our community because many of the children/adolescents that I work with, either do not have many immunizations or very little (not immunized or under immunized). Many of the parents may have not been taking their children because of neglect because they believe immunizations do more bad than good to the children. Some excuses used is that they believe that autism is linked to vaccines. I believe that infectious diseases are on the rise in our community. Several months ago, there was an outbreak in one of the city schools for tuberculosis. In a recent meeting (STD task force) they mentioned that STD's are on the rise in our community. I believe that this may be because people are not going to the doctor on a regular basis and/or getting the annual checkups. - Public Health Representative*

Affordable Care/Services

> *It can be too expensive for testing and medications. Most people are not consistent on completing immunizations for children. - Public Health Representative*

Births

Professional Research Consultants, Inc.

Prenatal Care

About Infant & Child Health

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

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

- Healthy People 2020 (www.healthypeople.gov)

Early and continuous prenatal care is the best assurance of infant health.

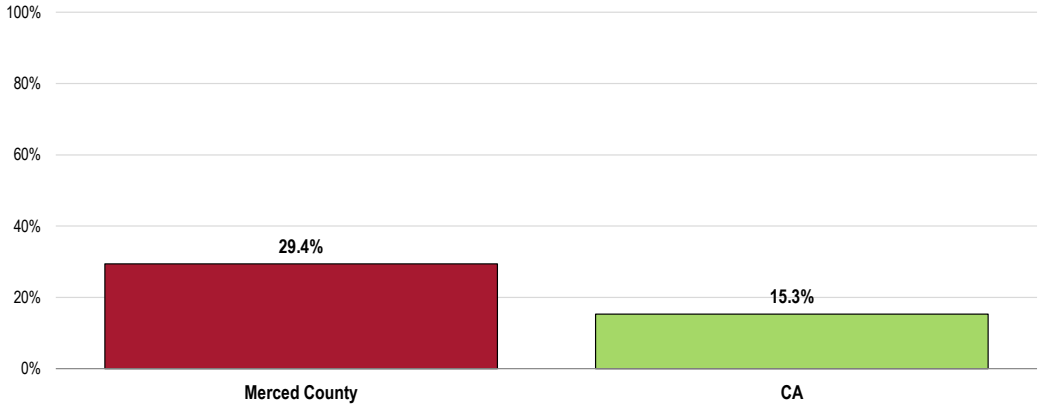
Between 2014 and 2016, 29.4% of all Merced County births did not receive prenatal care in the first trimester of pregnancy.

- Far less favorable than the California proportion.
- Fails to satisfy the Healthy People 2020 target (22.1% or lower).

Lack of Prenatal Care in the First Trimester

(Percent of Live Births, 2014-2016)

Healthy People 2020 Target = 22.1% or Lower



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, National Center for Health Statistics, Division of Vital Statistics. Data extracted August 2018.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective MICH-10.1]

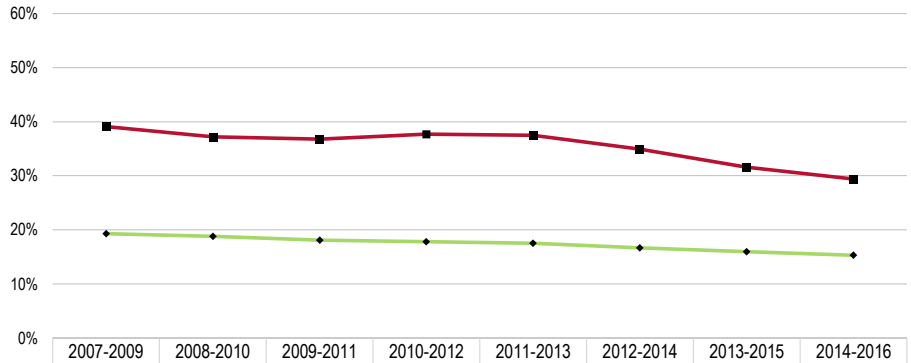
Note:
- This indicator reports the percentage of women who do not obtain prenatal care during their first trimester of pregnancy. This indicator is relevant because engaging in prenatal care decreases the likelihood of maternal and infant health risks. This indicator can also highlight a lack of access to preventive care, a lack of health, knowledge insufficient provider outreach, and/or social barriers preventing utilization of services.

- TREND: Prenatal care in Merced County has improved over the past decade, though the prevalence of those lacking prenatal care remains far above the state prevalence.

Trends in Lack of Prenatal Care in the First Trimester

(Percent of Live Births)

Healthy People 2020 Target = 22.1% or Lower



	2007-2009	2008-2010	2009-2011	2010-2012	2011-2013	2012-2014	2013-2015	2014-2016
Merced County	39.1%	37.2%	36.8%	37.7%	37.5%	34.9%	31.6%	29.4%
CA	19.3%	18.8%	18.1%	17.8%	17.5%	16.7%	16.0%	15.3%

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, National Center for Health Statistics, Division of Vital Statistics. Data extracted August 2018.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective MICH-8.1]

Note:
- This indicator reports the percentage of women who do not obtain prenatal care during their first trimester of pregnancy. This indicator is relevant because engaging in prenatal care decreases the likelihood of maternal and infant health risks. This indicator can also highlight a lack of access to preventive care, a lack of health, knowledge insufficient provider outreach, and/or social barriers preventing utilization of services.

Birth Outcomes & Risks

Low-Weight Births

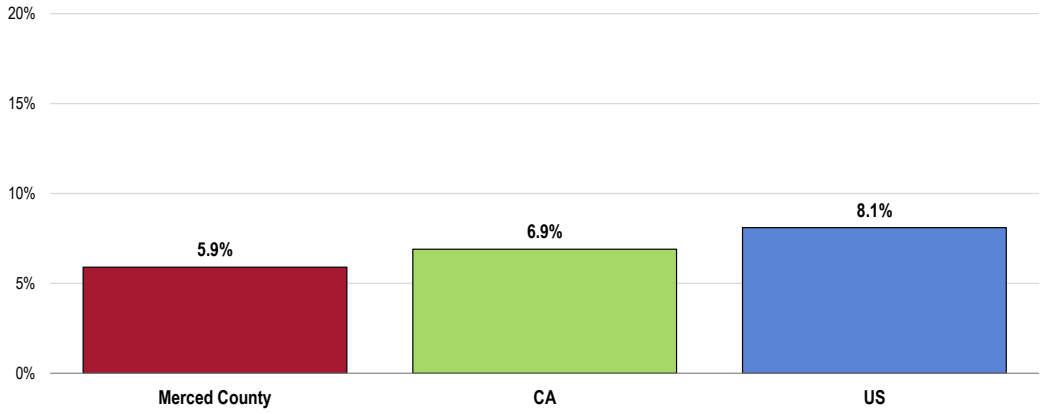
Low birthweight babies, those who weigh less than 2,500 grams (5 pounds, 8 ounces) at birth, are much more prone to illness and neonatal death than are babies of normal birthweight.

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

A total of 5.9% of 2014-2016 Merced County births were low-weight.

- Better than the California and national proportions.
- Satisfies the Healthy People 2020 target (7.8% or lower).

Low-Weight Births
(Percent of Live Births, 2014-2016)
Healthy People 2020 Target = 7.8% or Lower



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, National Center for Health Statistics, Division of Vital Statistics. Data extracted August 2018.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective MICH-8.1]

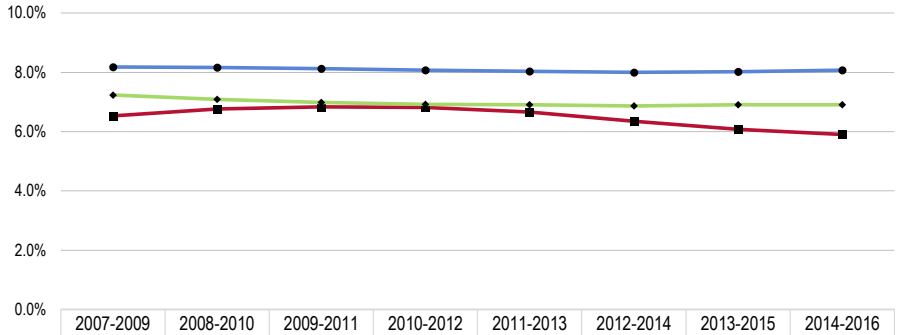
Note:
- This indicator reports the percentage of total births that are low birth weight (Under 2500g). This indicator is relevant because low birth weight infants are at high risk for health problems. This indicator can also highlight the existence of health disparities.

- TREND: Low-weight births in Merced County have overall trended downward over the past decade. Statewide and nationally, the trends have remained stable.

Low-Weight Births

(Percent of Live Births)

Healthy People 2020 Target = 7.8% or Lower



	2007-2009	2008-2010	2009-2011	2010-2012	2011-2013	2012-2014	2013-2015	2014-2016
Merced County	6.5%	6.8%	6.8%	6.8%	6.7%	6.3%	6.1%	5.9%
CA	7.2%	7.1%	7.0%	6.9%	6.9%	6.9%	6.9%	6.9%
US	8.2%	8.2%	8.1%	8.1%	8.0%	8.0%	8.0%	8.1%

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, National Center for Health Statistics, Division of Vital Statistics. Data extracted August 2018.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective MICH-8.1]

Note:
- This indicator reports the percentage of total births that are low birth weight (Under 2500g). This indicator is relevant because low birth weight infants are at high risk for health problems. This indicator can also highlight the existence of health disparities.

Infant Mortality

Between 2014 and 2016, there was an annual average of 3.9 infant deaths per 1,000 live births.

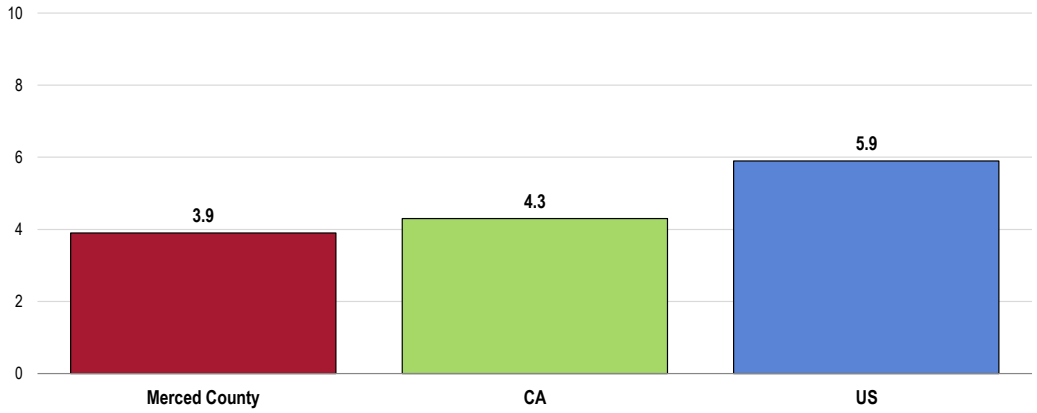
- Comparable to the California rate.
- Below the national rate.
- Satisfies the Healthy People 2020 target of 6.0 per 1,000 live births or lower.

Infant mortality rates reflect deaths of children less than one year old per 1,000 live births.

Infant Mortality Rate

(Annual Average Infant Deaths per 1,000 Live Births, 2014-2016)

Healthy People 2020 Target = 6.0 or Lower



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, National Center for Health Statistics, Division of Vital Statistics. Data extracted August 2018.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective MICH-1.3]

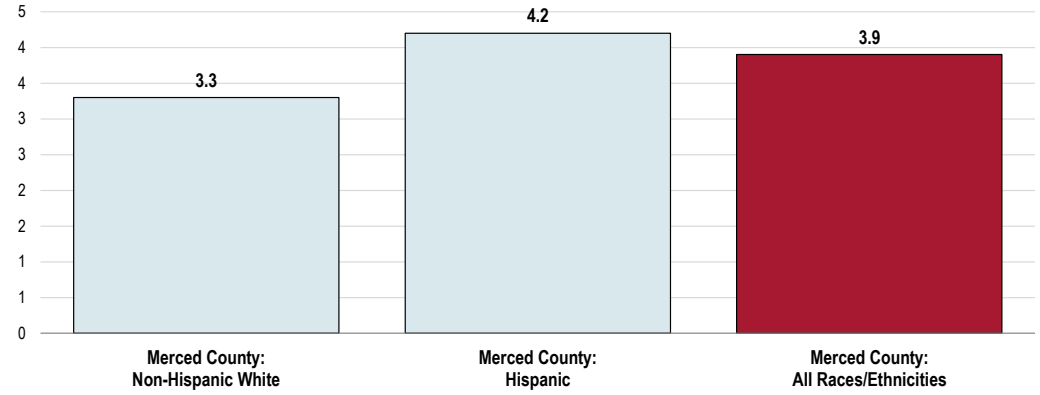
Notes:
- Infant deaths include deaths of children under 1 year old.
- This indicator is relevant because high rates of infant mortality indicate the existence of broader issues pertaining to access to care and maternal and child health.

- The infant mortality rate is notably higher among births to Hispanic mothers than White mothers.

Infant Mortality Rate by Race/Ethnicity

(Annual Average Infant Deaths per 1,000 Live Births, 2014-2016)

Healthy People 2020 Target = 6.0 or Lower



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, National Center for Health Statistics, Division of Vital Statistics. Data extracted August 2018.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective MICH-1.3]

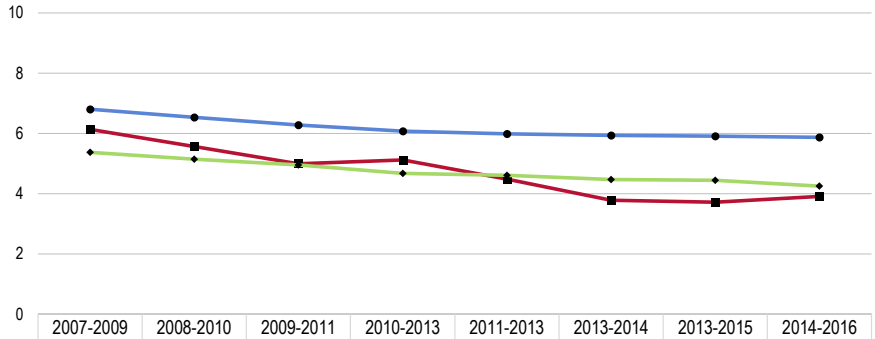
Notes:
- Infant deaths include deaths of children under 1 year old.
- This indicator is relevant because high rates of infant mortality indicate the existence of broader issues pertaining to access to care and maternal and child health.

- TREND: In recent years in Merced County, the infant mortality rate has trended downward at a slightly greater rate than the state or nation.

Infant Mortality Rate

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

Healthy People 2020 Target = 6.0 or Lower



	2007-2009	2008-2010	2009-2011	2010-2013	2011-2013	2013-2014	2013-2015	2014-2016
Merced County	6.1	5.6	5.0	5.1	4.5	3.8	3.7	3.9
CA	5.4	5.1	4.9	4.7	4.6	4.5	4.4	4.3
US	6.8	6.5	6.3	6.1	6.0	5.9	5.9	5.9

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, National Center for Health Statistics, Division of Vital Statistics. Data extracted August 2018.
- Centers for Disease Control and Prevention, National Center for Health Statistics.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective MICH-1.3]

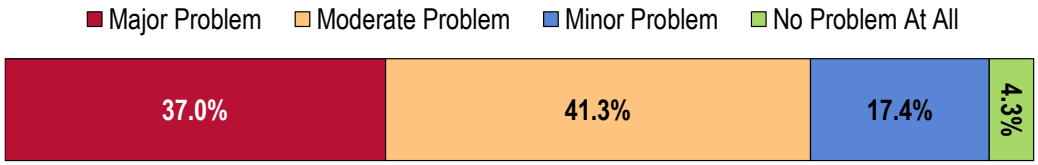
Notes:
- Rates are three-year averages of deaths of children under 1 year old per 1,000 live births.

Key Informant Input: Infant & Child Health

Key informants taking part in an online survey most often characterized *Infant & Child Health* as a "moderate problem" in the community.

Perceptions of Infant and Child Health as a Problem in the Community

(Key Informants, 2018)



Sources: • PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a "major problem," reasons related to the following:

Lack of Providers

We do not have enough pediatric doctors to see our children, and for the ones we do have, families have to wait months to see. - Public Health Representative

We need more family nurse home visitors to support our community. We know that their services make a substantial difference in supporting families with very young children. - Community Leader

Not enough providers caring for children. - Public Health Representative

Access to Care/Services

It is hard to get a child to see their primary doctor. If a child is sick and you call their doctor that same day, they are usually told to go see urgent care doctor. The urgent care doctors from my experience just prescribe antibiotics without running any types of test. Urgent care in Turlock ask questions runs test before treating the illness. There is a huge difference in the health care given in Stanislaus County versus Merced County. - Public Health Representative

School Environment

Children don't have access to recreational play and healthy foods at school, so they are at risk. - Public Health Representative

Stress

Families are living with high levels of stress. This stress can negatively impact a child's developing brain. Children are subject to experiencing adverse childhood experiences, which contributes to life-long health issues. - Social Services Provider

Family Planning

Births to Teen Mothers

About Teen Births

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

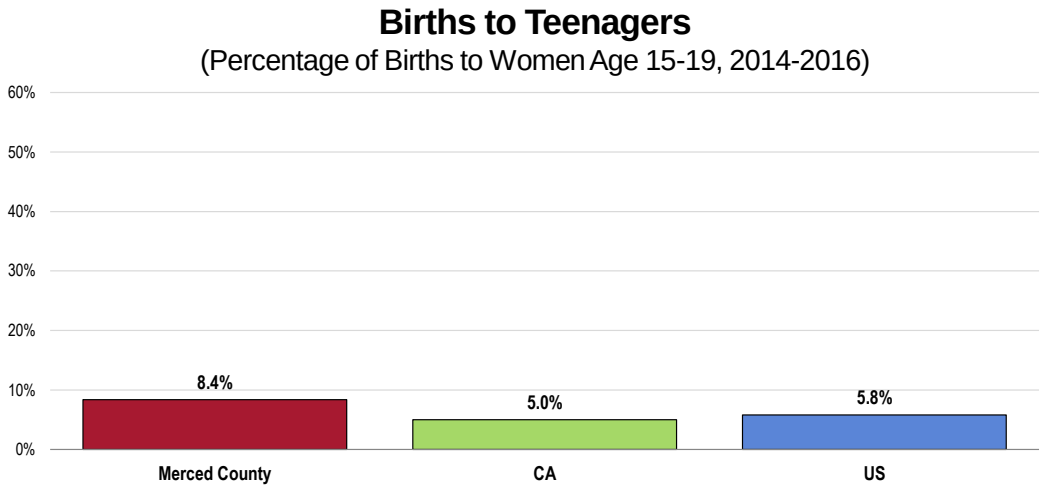
- Are less likely to graduate from high school or attain a GED by the time they reach age 30.
- Earn an average of approximately $3,500 less per year, when compared with those who delay childbearing.
- Receive nearly twice as much Federal aid for nearly twice as long.

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

- Healthy People 2020 (www.healthypeople.gov)

Between 2014 and 2016, 8.4% of Merced County births were to women age 15 to 19.

- Higher than the California and US rates for this age group.



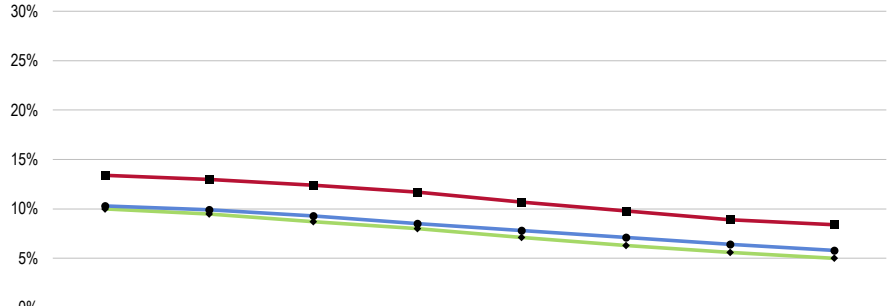
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, National Center for Health Statistics, Division of Vital Statistics. Data extracted August 2018.
- Centers for Disease Control and Prevention, National Center for Health Statistics.

Notes:
- This indicator reports the percentage of total births to women under the age of 15–19. This indicator is relevant because in many cases, teen parents have unique social, economic, and health support services. Additionally, high rates of teen pregnancy may indicate the prevalence of unsafe sex practices.

- TREND: This percentage has decreased in Merced County over the past decade, similar to that seen across both the state and nation.

Births to Teenagers

(Percentage of Births to Women Age 15-19)



	2007-2009	2008-2010	2009-2011	2010-2012	2011-2013	2012-2014	2013-2015	2014-2016
Merced County	13.4%	13.0%	12.4%	11.7%	10.7%	9.8%	8.9%	8.4%
CA	10.0%	9.5%	8.7%	8.0%	7.1%	6.3%	5.6%	5.0%
US	10.3%	9.9%	9.3%	8.5%	7.8%	7.1%	6.4%	5.8%

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, National Center for Health Statistics, Division of Vital Statistics. Data extracted August 2018.
- Centers for Disease Control and Prevention, National Center for Health Statistics.

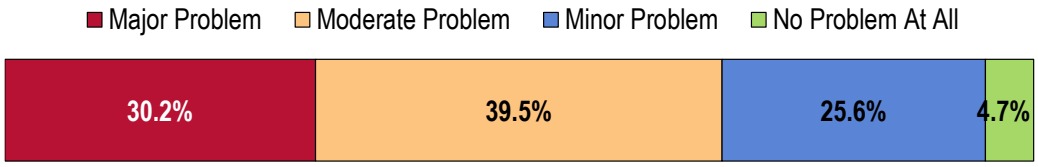
Notes:
- This indicator reports the percentage of total births to women under the age of 15–19. This indicator is relevant because in many cases, teen parents have unique social, economic, and health support services. Additionally, high rates of teen pregnancy may indicate the prevalence of unsafe sex practices

Key Informant Input: Family Planning

Key informants taking part in an online survey largely characterized *Family Planning* as a "moderate problem" in the community.

Perceptions of Family Planning as a Problem in the Community

(Key Informants, 2018)



Sources:
- PRC Online Key Informant Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Top Concerns

Among those rating this issue as a "major problem," reasons related to the following:

Access to Care/Services

> *I'm a part of an online community for mothers in this area, and they aren't able to get into an OBGYN for months, or some aren't taking new patients. I think we need more good doctors in this area. - Public Health Representative*
>
> *Lack of planning for youth and resources for youth. - Public Health Representative*

Cultural Norms

> *Religious and personal beliefs, mixed with boredom and naivety of youth. - Public Health Representative*

> *Disease spreading, and young generations are not aware of having protected sex due to a lack of resources. - Public Health Representative*

Unplanned Pregnancy

> *There should be more family planning regarding that issue [teen pregnancy]. - Public Health Representative*
>
> *Unplanned pregnancies, many teen moms. - Public Health Representative*

Awareness/Education

> *Lack of sex education, low education levels of residents, perceived lack of other opportunities. - Social Services Provider*

Modifiable Health Risks

Professional Research Consultants, Inc.

Nutrition

About Healthful Diet & Healthy Weight

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

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

Americans with a healthful diet:

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

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

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

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

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

Social factors thought to influence diet include:

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

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

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

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

- Healthy People 2020 (www.healthypeople.gov)

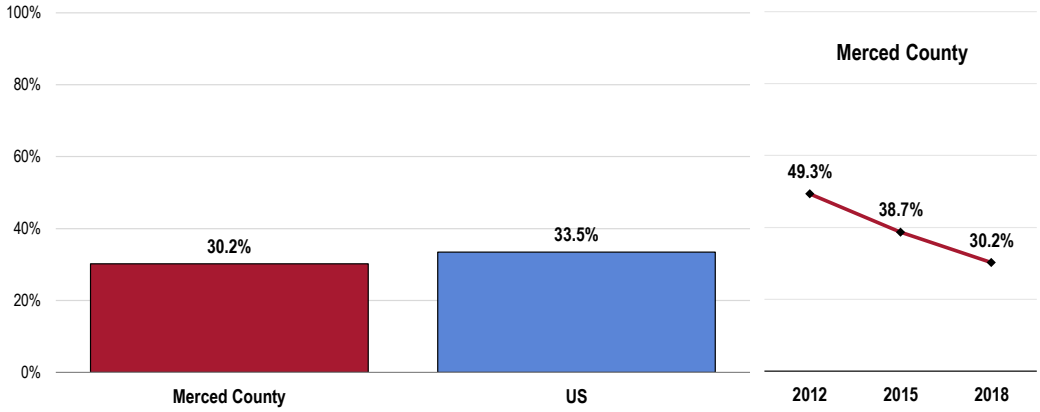
Daily Recommendation of Fruits/Vegetables

Three in 10 of Merced County adults (30.2%) report eating five or more servings of fruits and/or vegetables per day.

To measure fruit and vegetable consumption, survey respondents were asked multiple questions, specifically about the foods and drinks they consumed on the day prior to the interview.

- Comparable to national findings.
- TREND: Fruit/vegetable consumption has steadily and significantly decreased since 2012.

Consume Five or More Servings of Fruits/Vegetables Per Day

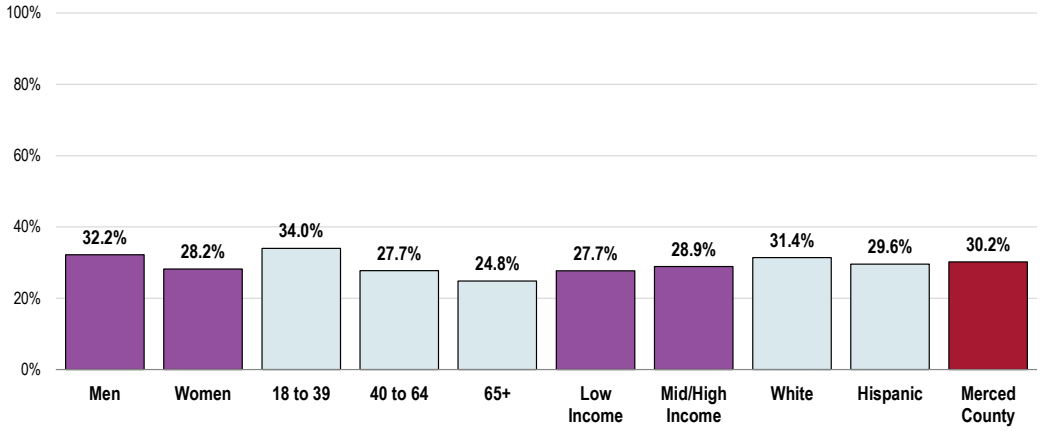


Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 148]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

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

- There are no significant differences by the following demographics.

Consume Five or More Servings of Fruits/Vegetables Per Day
(Merced County, 2018)



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 148]

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

Access to Fresh Produce

Difficulty Accessing Fresh Produce

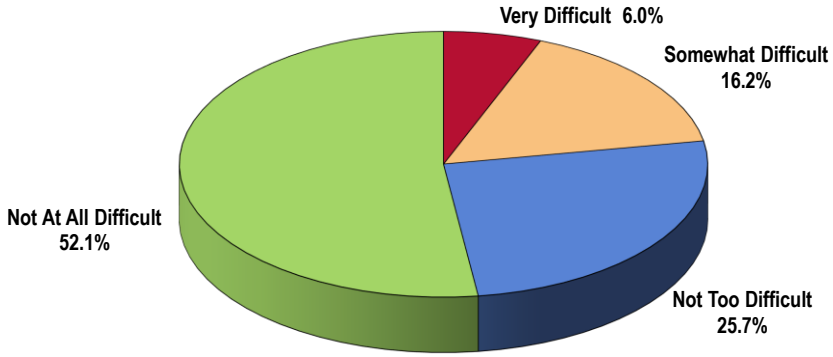
While most report little or no difficulty, 22.2% of Merced County adults find it "very" or "somewhat" difficult to access affordable fresh fruits and vegetables.

Respondents were asked:

"How difficult is it for you to buy fresh produce like fruits and vegetables at a price you can afford? Would you say: very difficult, somewhat difficult, not too difficult, or not at all difficult?"

Level of Difficulty Finding Fresh Produce at an Affordable Price

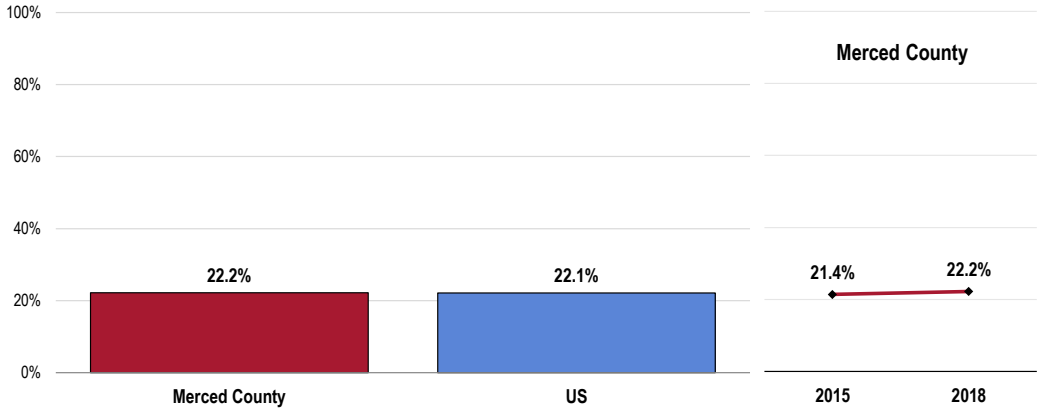
(Merced County, 2018)



Sources: ● 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 86]
Notes: ● Asked of all respondents.

- Almost identical to national findings.
- TREND: Has not changed significantly since first measured in 2015.

Find It "Very" or "Somewhat" Difficult to Buy Affordable Fresh Produce

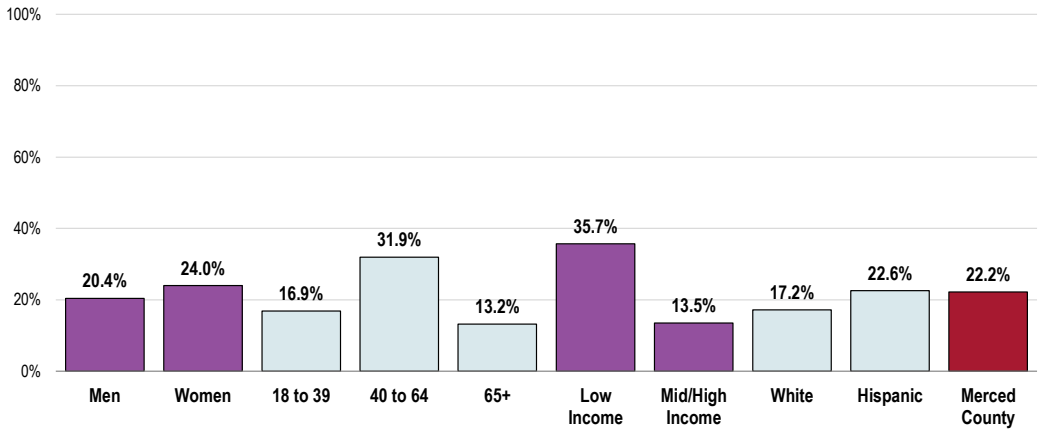


Sources: ● 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 86]
● 2017 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

Those more likely to report difficulty getting fresh fruits and vegetables include:

- Adults age 40-64.
- Lower-income residents.

Find It "Very" or "Somewhat" Difficult to Buy Affordable Fresh Produce
(Merced County, 2018)



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 86]

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

Low Food Access (Food Deserts)

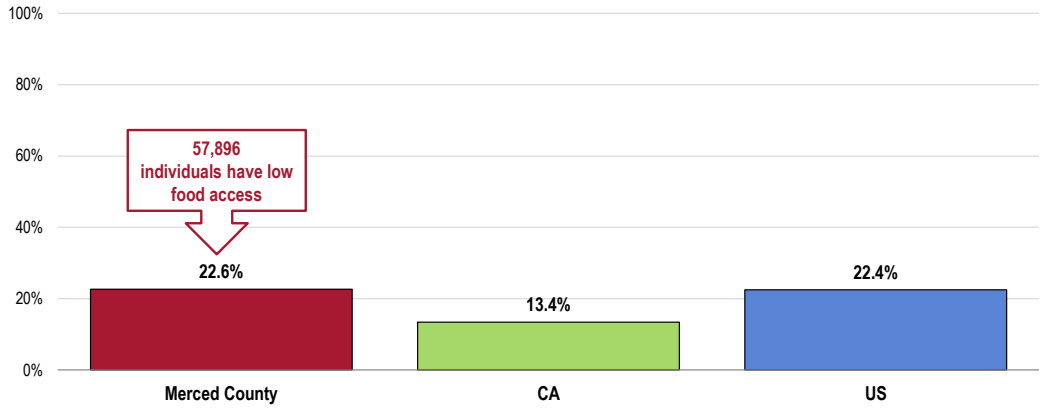
A food desert is defined as a low-income area where a significant number or share of residents is far from a supermarket, where "far" is more than 1 mile in urban areas and more than 10 miles in rural areas.

US Department of Agriculture data show that 22.6% of the Merced County population (representing almost 58,000 residents) have low food access or live in a "food desert," meaning that they do not live near a supermarket or large grocery store.

- Less favorable than statewide findings.
- Almost identical to national findings.

Population With Low Food Access

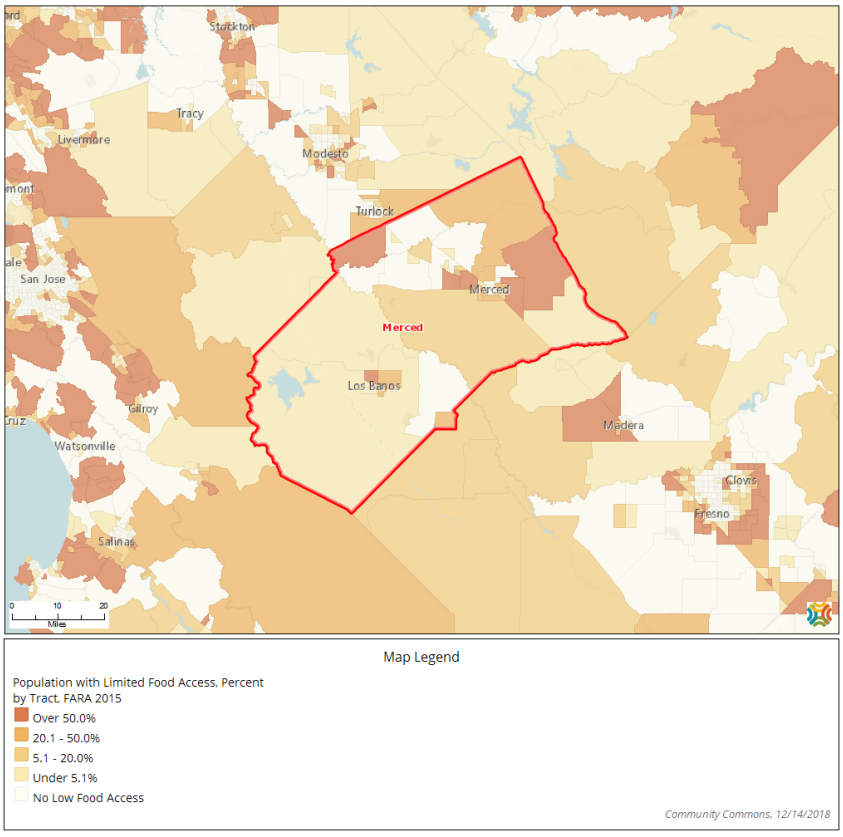
(Percent of Population That Is Far From a Supermarket or Large Grocery Store, 2015)



Sources:
- US Department of Agriculture, Economic Research Service, USDA - Food Access Research Atlas (FARA).
- Retrieved August 2018 from Community Commons at http://www.chna.org.

Notes:
- This indicator reports the percentage of the population living in census tracts designated as food deserts. A food desert is defined as low-income areas where a significant number or share of residents is far from a supermarket, where "far" is more than 1 mile in urban areas and more than 10 miles in rural areas. This indicator is relevant because it highlights populations and geographies facing food insecurity.

- The following map provides an illustration of food deserts by census tract. Note the large share of residents with limited food access to the east and west of the city of Merced, as well as northern Los Banos and a northern portion of the county.



Physical Activity

About Physical Activity

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

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

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

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

Among children ages 4 to 12, the following factors have a positive association with physical activity: gender (boys); belief in ability to be active (self-efficacy); and parental support.

Among adolescents ages 13 to 18, the following factors have a positive association with physical activity: parental education; gender (boys); personal goals; physical education/school sports; belief in ability to be active (self-efficacy); and support of friends and family.

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

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

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

- Healthy People 2020 (www.healthypeople.gov)

Leisure-Time Physical Activity

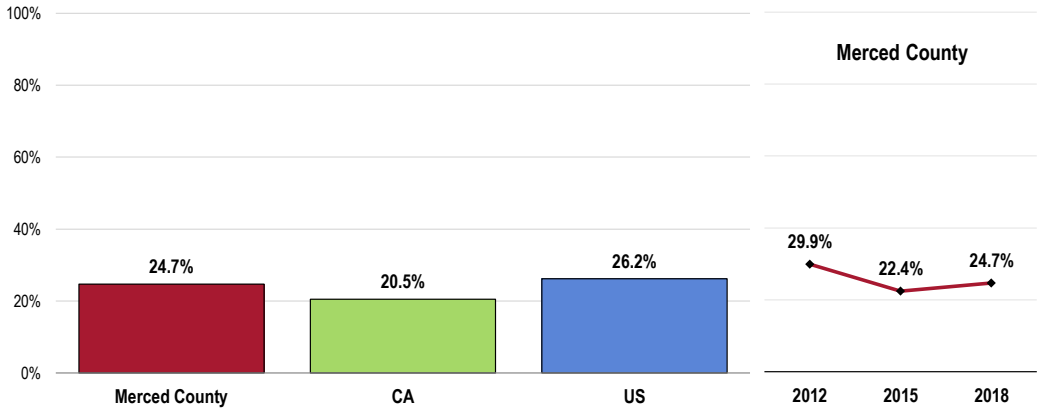
Leisure-time physical activity includes any physical activities or exercises (such as running, calisthenics, golf, gardening, walking, etc.) which take place outside of one's line of work.

A total of 24.7% of Merced County adults report no leisure-time physical activity in the past month.

- Similar to California and US findings.
- Satisfies the Healthy People 2020 target (32.6% or lower).
- TREND: Statistically unchanged since 2012.

No Leisure-Time Physical Activity in the Past Month

Healthy People 2020 Target = 32.6% or Lower



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 89]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 California data.
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective PA-1]

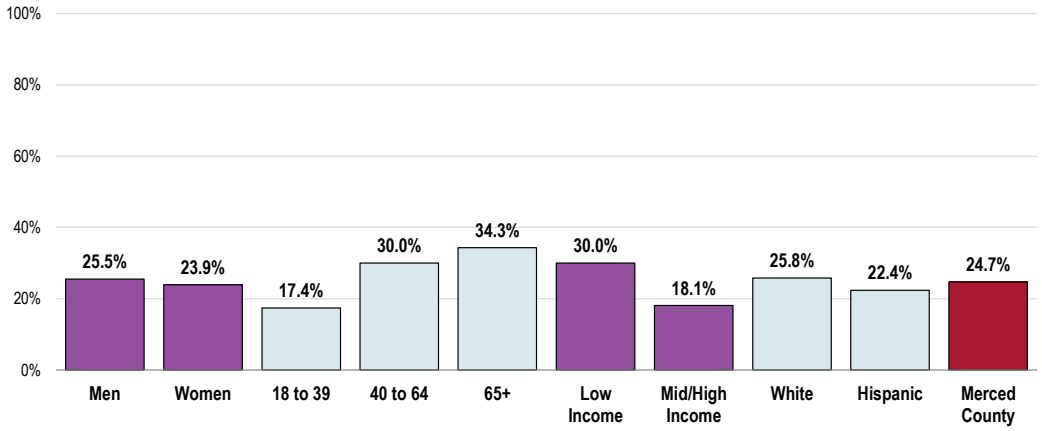
Notes:
- Asked of all respondents.

- Lack of leisure-time physical activity in the area is higher among adults age 40+ (especially those age 65+).

No Leisure-Time Physical Activity in the Past Month

(Merced County, 2018)

Healthy People 2020 Target = 32.6% or Lower



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 89]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective PA-1]

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

Activity Levels

Adults

Recommended Levels of Physical Activity

Adults should do 2 hours and 30 minutes a week of moderate-intensity (such as walking), or 1 hour and 15 minutes (75 minutes) a week of vigorous-intensity **aerobic** physical activity (such as jogging), or an equivalent combination of moderate- and vigorous-intensity aerobic physical activity. The guidelines also recommend that adults do **muscle-strengthening** activities, such as push-ups, sit-ups, or activities using resistance bands or weights. These activities should involve all major muscle groups and be done on two or more days per week.

The report finds that nationwide nearly 50 percent of adults are getting the recommended amounts of aerobic activity and about 30 percent are engaging in the recommended muscle-strengthening activity.

- 2013 Physical Activity Guidelines for Americans, US Department of Health and Human Services. www.cdc.gov/physicalactivity
- Learn more about CDC's efforts to promote walking by visiting http://www.cdc.gov/vitalsigns/walking.

Aerobic & Strengthening Physical Activity

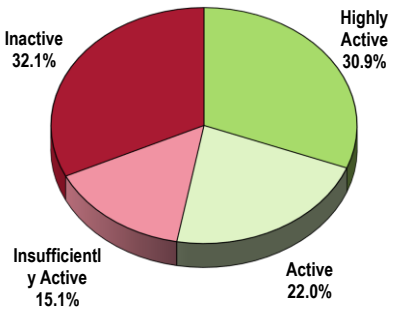
Survey respondents were asked about the types of physical activities they engaged in during the past month, as well as the frequency and duration of these activities.

- "Inactive" includes those reporting no aerobic physical activity in the past month.
- "Insufficiently active" includes those with the equivalent of 1-150 minutes of aerobic physical activity per week.
- "Active" includes those with 150-300 minutes of weekly aerobic physical activity.
- "Highly active" includes those with >300 minutes of weekly aerobic physical activity.

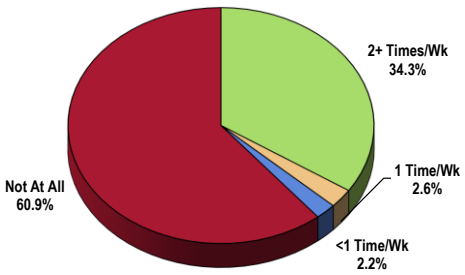
Based on reported physical activity intensity, frequency, and duration over the past month, 47.2% of Merced County adults are found to be "insufficiently active" or "inactive."

Six in 10 Merced County adults (60.9%) do not participate in any types of physical activities or exercises to strengthen their muscles.

Participation in Physical Activities
(Merced County, 2018)



Aerobic Activity



Strengthening Activity

Sources: ● 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 96, 150]
Notes: ● Reflects the total sample of respondents.
● In this case, "inactive" aerobic activity represents those adults participating in no aerobic activity in the past week; "insufficiently active" reflects those respondents with 1–149 minutes of aerobic activity in the past week; "active" adults are those with 150–300 minutes of aerobic activity per week; and "highly active" adults participate in 301+ minutes of aerobic activity weekly.

Recommended Levels of Physical Activity

A total of 21.5% of Merced County adults regularly participate in adequate levels of both aerobic and strengthening activities (meeting physical activity recommendations).

"Meeting physical activity recommendations" includes adequate levels of both aerobic and strengthening activities:

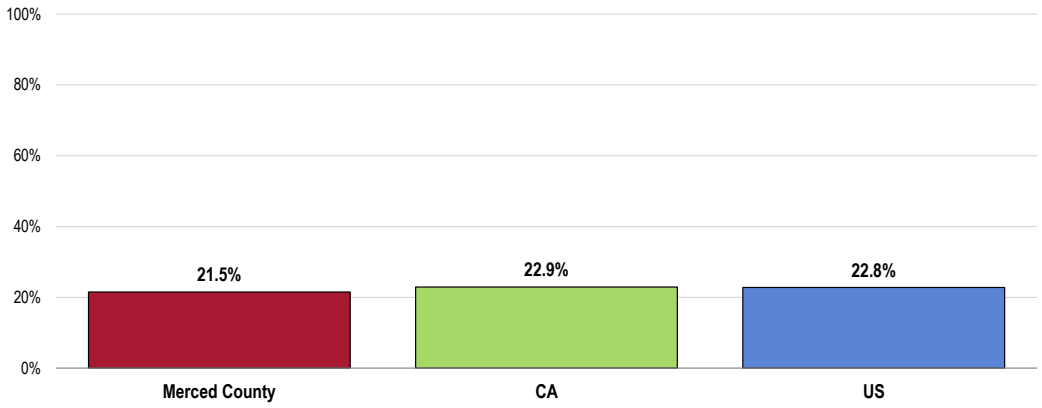
Aerobic activity is one of the following: at least 150 minutes per week of light to moderate activity, 75 minutes per week of vigorous activity, or an equivalent combination of both.

Strengthening activity is at least 2 sessions per week of exercise designed to strengthen muscles.

- Similar to state and national findings.
- Similar to the Healthy People 2020 target (20.1% or higher).

Meets Physical Activity Recommendations

Healthy People 2020 Target = 20.1% or Higher



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 152]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 California data.
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective PA-2.4]

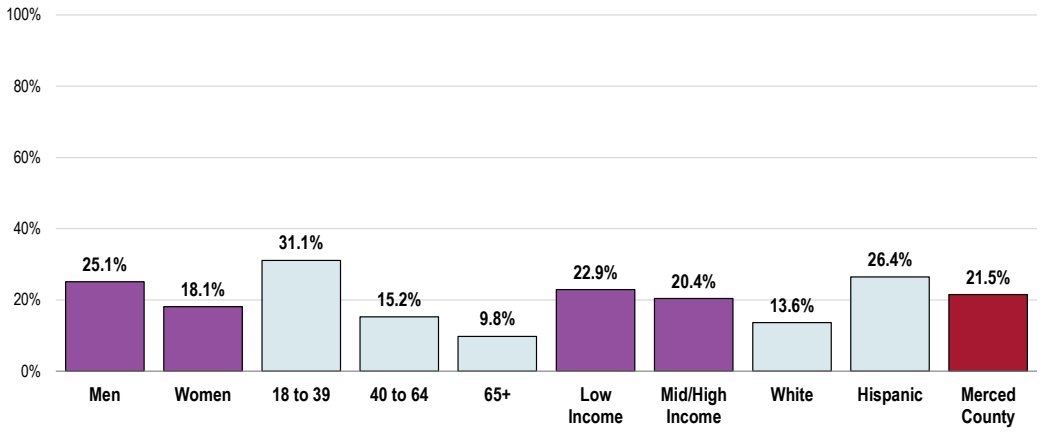
Notes:
- Asked of all respondents.
- Meeting both guidelines is defined as the number of persons age 18+ who report light or moderate aerobic activity for at least 150 minutes per week or who report vigorous physical activity 75 minutes per week or an equivalent combination of moderate and vigorous-intensity activity *and* report doing physical activities specifically designed to strengthen muscles at least twice per week.

- Adults age 40 and older are less likely to meet physical activity requirements.

Meets Physical Activity Recommendations

(Merced County, 2018)

Healthy People 2020 Target = 20.1% or Higher



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 152]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective PA-2.4]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
- Meeting both guidelines is defined as the number of persons age 18+ who report light or moderate aerobic activity for at least 150 minutes per week or who report vigorous physical activity 75 minutes per week or an equivalent combination of moderate and vigorous-intensity activity *and* report doing physical activities specifically designed to strengthen muscles at least twice per week.

Children

Recommended Levels of Physical Activity

Children and adolescents should do 60 minutes (1 hour) or more of physical activity each day.

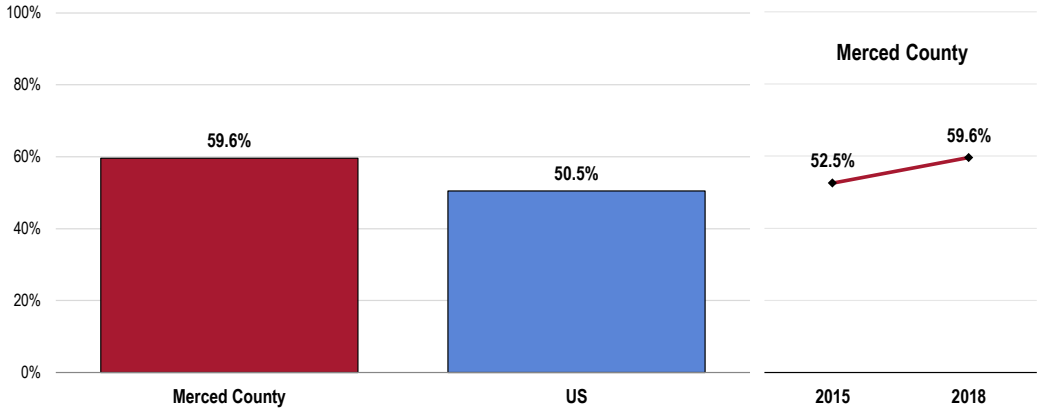
- 2013 Physical Activity Guidelines for Americans, US Department of Health and Human Services. www.cdc.gov/physicalactivity

Among Merced County children age 2 to 17, 59.6% are reported to have had 60 minutes of physical activity on <u>each</u> of the seven days preceding the interview (1+ hours per day).

- Statistically similar to that found nationally.
- TREND: Statistically unchanged since first measured in 2015.

Child Is Physically Active for One or More Hours per Day

(Among Children Age 2-17)



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 124]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents with children age 2-17 at home.
- Includes children reported to have one or more hours of physical activity on each of the seven days preceding the survey.

Access to Physical Activity

In 2016, there were 7.4 recreation/fitness facilities for every 100,000 population in Merced County.

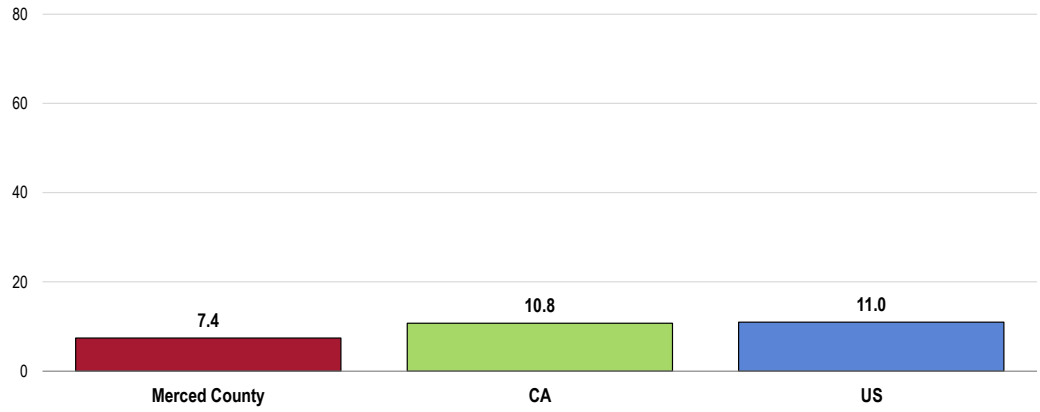
- Below what is found statewide and nationally.

Here, recreation/fitness facilities include establishments engaged in operating facilities which offer "exercise and other active physical fitness conditioning or recreational sports activities."

Examples include athletic clubs, gymnasiums, dance centers, tennis clubs, and swimming pools.

Population With Recreation & Fitness Facility Access

(Number of Recreation & Fitness Facilities per 100,000 Population, 2016)



Sources:
- US Census Bureau, County Business Patterns. Additional data analysis by CARES.
- Retrieved August 2018 from Community Commons at http://www.chna.org.

Notes:
- Recreation and fitness facilities are defined by North American Industry Classification System (NAICS) Code 713940 , which include *Establishments engaged in operating facilities which offer "exercise and other active physical fitness conditioning or recreational sports activities". Examples include athletic clubs, gymnasiums, dance centers, tennis clubs, and swimming pools.* This indicator is relevant because access to recreation and fitness facilities encourages physical activity and other healthy behaviors.

Weight Status

About Overweight & Obesity

Because weight is influenced by energy (calories) consumed and expended, interventions to improve weight can support changes in diet or physical activity. They can help change individuals' knowledge and skills, reduce exposure to foods low in nutritional value and high in calories, or increase opportunities for physical activity. Interventions can help prevent unhealthy weight gain or facilitate weight loss among obese people. They can be delivered in multiple settings, including healthcare settings, worksites, or schools.

The social and physical factors affecting diet and physical activity (see Physical Activity topic area) may also have an impact on weight. Obesity is a problem throughout the population. However, among adults, the prevalence is highest for middle-aged people and for non-Hispanic black and Mexican American women. Among children and adolescents, the prevalence of obesity is highest among older and Mexican American children and non-Hispanic black girls. The association of income with obesity varies by age, gender, and race/ethnicity.

- Healthy People 2020 (www.healthypeople.gov)

Body Mass Index (BMI), which describes relative weight for height, is significantly correlated with total body fat content. The BMI should be used to assess overweight and obesity and to monitor changes in body weight. In addition, measurements of body weight alone can be used to determine efficacy of weight loss therapy. BMI is calculated as weight (kg)/height squared (m^2). To estimate BMI using pounds and inches, use: [weight (pounds)/height squared ($inches^2$)] x 703.

In this report, overweight is defined as a BMI of 25.0 to 29.9 kg/m^2 and obesity as a BMI ≥30 kg/m^2. The rationale behind these definitions is based on epidemiological data that show increases in mortality with BMIs above 25 kg/m^2. The increase in mortality, however, tends to be modest until a BMI of 30 kg/m^2 is reached. For persons with a BMI ≥30 kg/m^2, mortality rates from all causes, and especially from cardiovascular disease, are generally increased by 50 to 100 percent above that of persons with BMIs in the range of 20 to 25 kg/m^2.

- Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults: The Evidence Report. National Institutes of Health. National Heart, Lung, and Blood Institute in Cooperation With The National Institute of Diabetes and Digestive and Kidney Diseases. September 1998.

Adult Weight Status

Classification of Overweight and Obesity by BMI	BMI (kg/m^2)
Underweight	<18.5
Normal	18.5 – 24.9
Overweight	25.0 – 29.9
Obese	≥30.0

Source: Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults: The Evidence Report. National Institutes of Health. National Heart, Lung, and Blood Institute in Cooperation With The National Institute of Diabetes and Digestive and Kidney Diseases. September 1998.

Overweight Status

A total of seven in 10 Merced County adults (73.9%) are overweight.

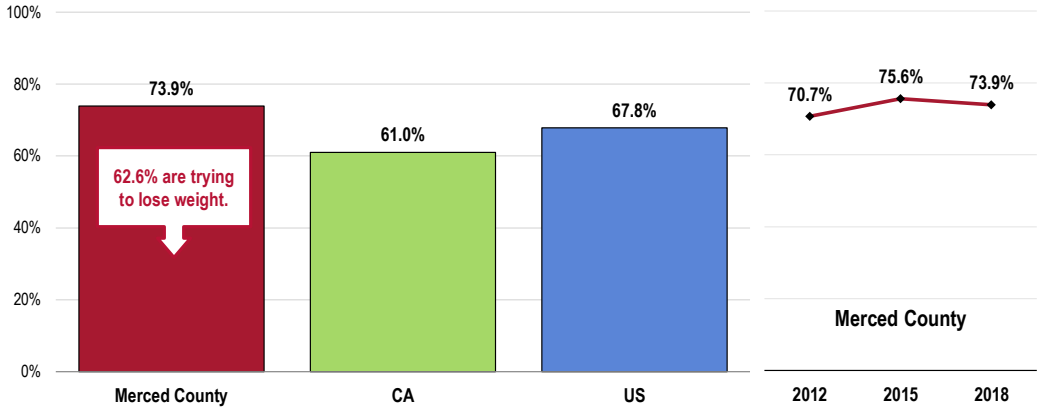
Here, "overweight" includes those respondents with a BMI value ≥25.

- Higher than the California or US overweight prevalence.
- TREND: Statistically unchanged over time.

Note that 62.6% of overweight adults are currently trying to lose weight.

Prevalence of Total Overweight (Overweight or Obese)

(Percent of Adults With a Body Mass Index of 25.0 or Higher)



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 154-155]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 California data.
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Based on reported heights and weights, asked of all respondents.
- The definition of overweight is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 25.0, regardless of gender. The definition for obesity is a BMI greater than or equal to 30.0.

Further, 37.3% of Merced County adults are obese.

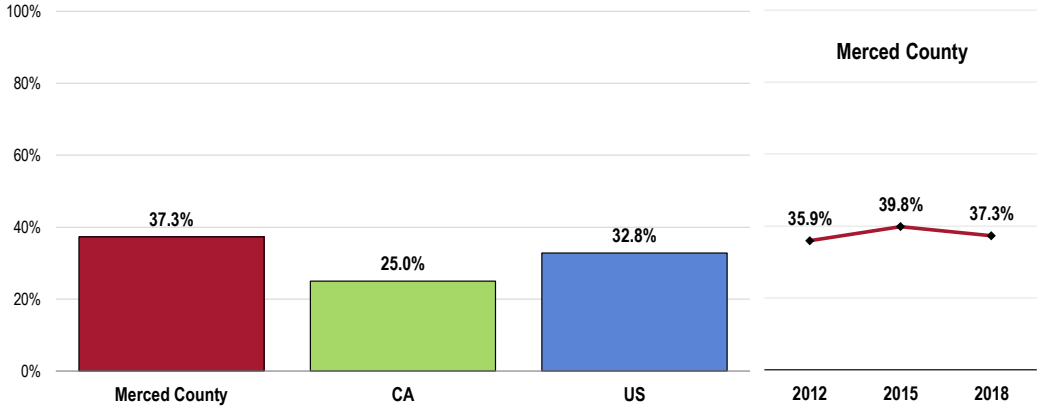
"Obese" (also included in overweight prevalence discussed previously) includes respondents with a BMI value ≥30.

- Less favorable than California findings.
- Similar to US findings.
- Fails to satisfy the Healthy People 2020 target (30.5% or lower).
- TREND: No significant change over time.

Prevalence of Obesity

(Percent of Adults With a Body Mass Index of 30.0 or Higher)

Healthy People 2020 Target = 30.5% or Lower



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 154]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 California data.
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective NWS-9]

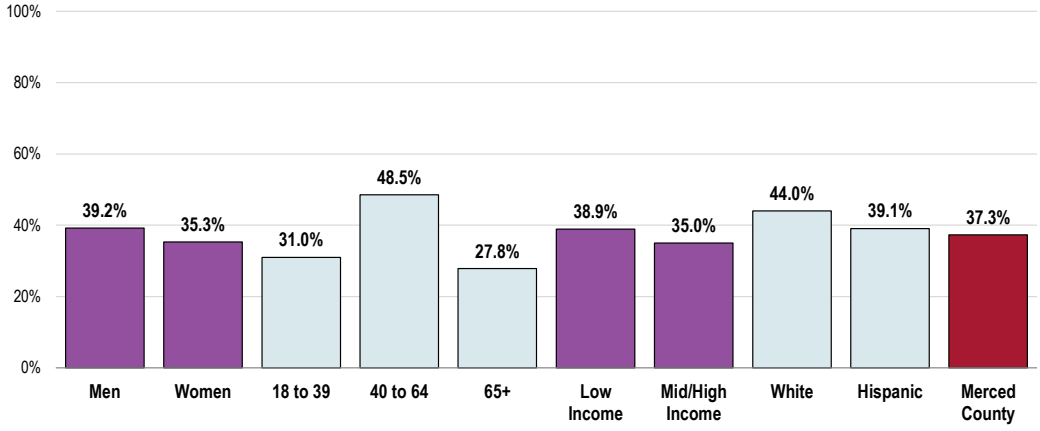
Notes:
- Based on reported heights and weights, asked of all respondents.
- The definition of obesity is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 30.0, regardless of gender.

- Obesity is notably more prevalent among those between the ages of 40 and 64.

Prevalence of Obesity

(Percent of Adults With a BMI of 30.0 or Higher; Merced County, 2018)

Healthy People 2020 Target = 30.5% or Lower



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 154]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective NWS-9]

Notes:
- Based on reported heights and weights, asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
- The definition of obesity is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 30.0, regardless of gender.

Health Advice

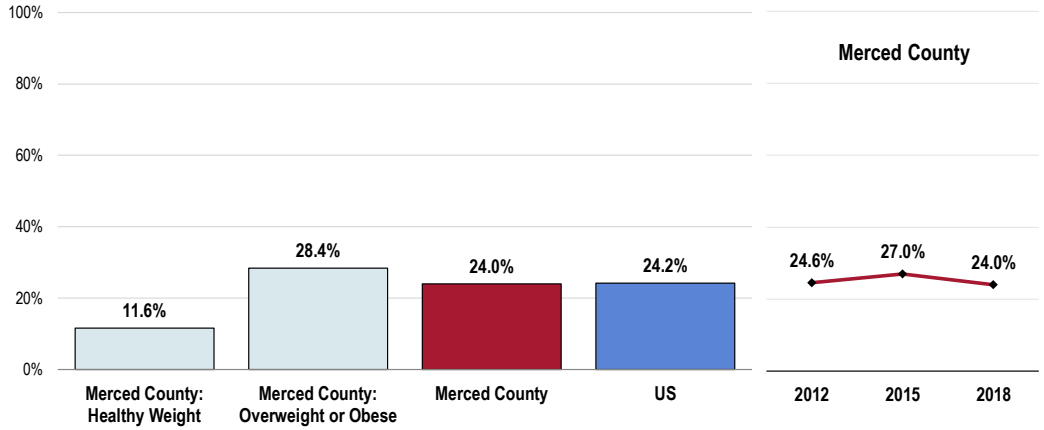
A total of 24.0% of adults have been given advice about their weight by a doctor, nurse, or other health professional in the past year.

- Almost identical to national findings.
- TREND: Statistically unchanged over time.

Note that 28.4% of overweight/obese adults have been given advice about their weight by a health professional in the past year (while over seven in ten have not).

Have Received Advice About Weight in the Past Year From a Physician, Nurse, or Other Health Professional

(By Weight Classification)



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 98, 156-157]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Relationship of Overweight With Other Health Issues

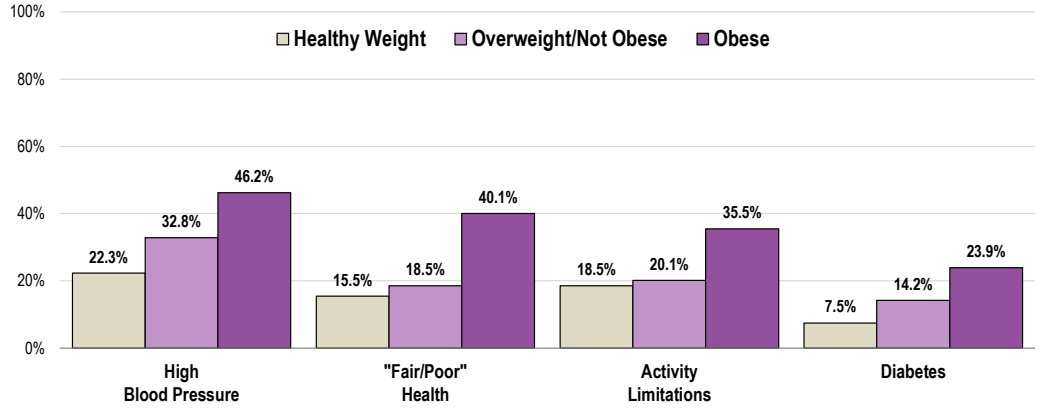
The correlation between overweight and various health issues cannot be disputed.

Overweight and obese adults are more likely to report a number of adverse health conditions. Among these are:

- High blood pressure.
- "Fair" or "poor" physical health.
- Activity limitations.
- Diabetes.

Relationship of Overweight With Other Health Issues

(By Weight Classification; Merced County, 2018)



Sources: ● 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 5, 109, 129, 140, 154]
Notes: ● Based on reported heights and weights, asked of all respondents.

Children's Weight Status

About Weight Status in Children & Teens

In children and teens, body mass index (BMI) is used to assess weight status – underweight, healthy weight, overweight, or obese. After BMI is calculated for children and teens, the BMI number is plotted on the CDC BMI-for-age growth charts (for either girls or boys) to obtain a percentile ranking. Percentiles are the most commonly used indicator to assess the size and growth patterns of individual children in the United States. The percentile indicates the relative position of the child's BMI number among children of the same sex and age.

BMI-for-age weight status categories and the corresponding percentiles are shown below:

- Underweight — <5th percentile
- Healthy Weight — ≥5th and <85th percentile
- Overweight — ≥85th and <95th percentile
- Obese — ≥95th percentile

- Centers for Disease Control and Prevention

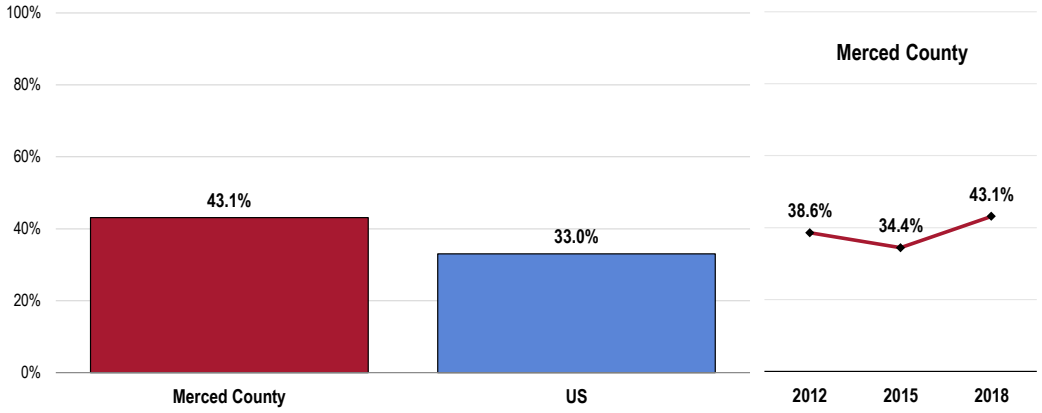
Overweight Prevalence

Based on the heights/weights reported by surveyed parents, 43.1% of Merced County children age 5 to 17 are overweight or obese (≥85th percentile).

- Statistically comparable to the prevalence found nationally.
- TREND: An increase from 2015 findings (similar to 2012).

Child Total Overweight Prevalence

(Children Age 5-17 Who Are Overweight/Obese; BMI in the 85th Percentile or Higher)



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 158]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents with children age 5-17 at home.
- Overweight among children is determined by children's Body Mass Index status at or above the 85th percentile of US growth charts by gender and age.

Obesity Prevalence

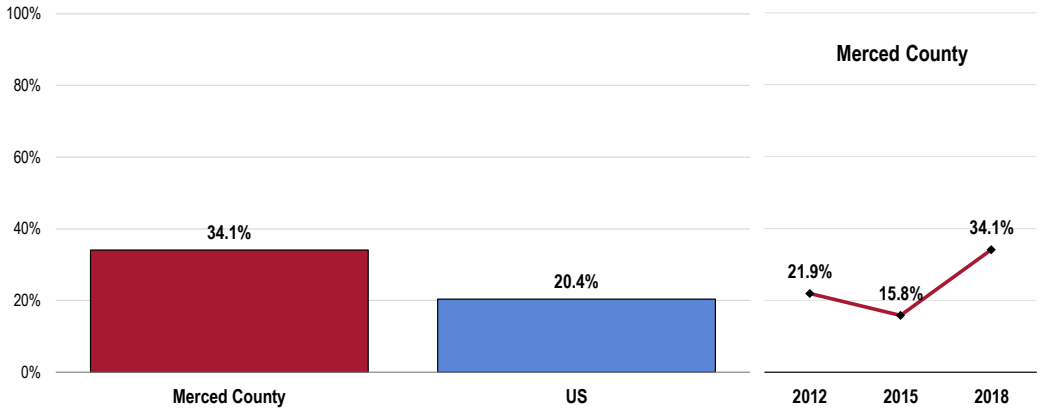
Further, 34.1% of area children age 5 to 17 are obese (≥95th percentile).

- Statistically similar to the national percentage.
- Far from satisfying the Healthy People 2020 target (14.5% or lower for children age 2-19).
- TREND: An increase in child obesity since 2015 (though statistically similar to 2012).

Child Obesity Prevalence

(Children Age 5-17 Who Are Obese; BMI in the 95th Percentile or Higher)

Healthy People 2020 Target = 14.5% or Lower



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 158]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective NWS-10.4]

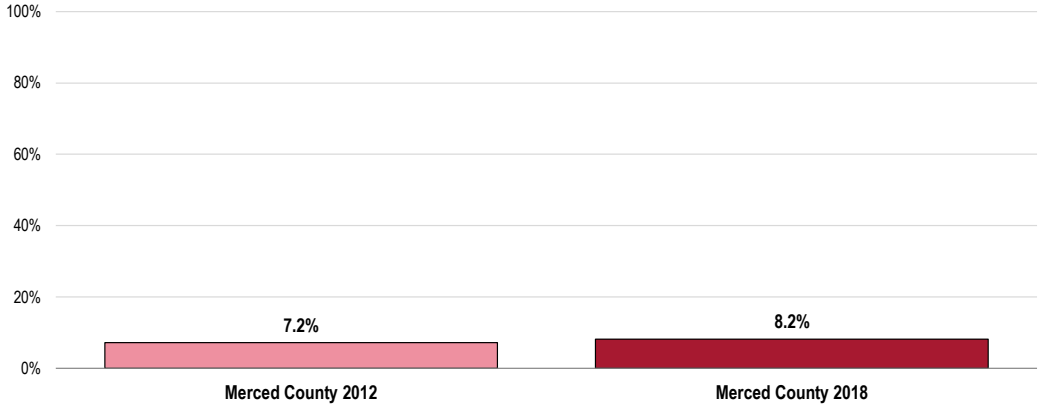
Notes:
- Asked of all respondents with children age 5-17 at home.
- Obesity among children is determined by children's Body Mass Index status equal to or above the 95th percentile of US growth charts by gender and age.

Weight Advice

Among parents of children age 5 to 17, a total of 8.2% have been told by a school or health professional that their child is overweight.

- TREND: No significant change since 2012.

Parent Has Been Told in the Past Year by a School/Health Professional That Their Child is Overweight
(Merced County Children Age 5-17)



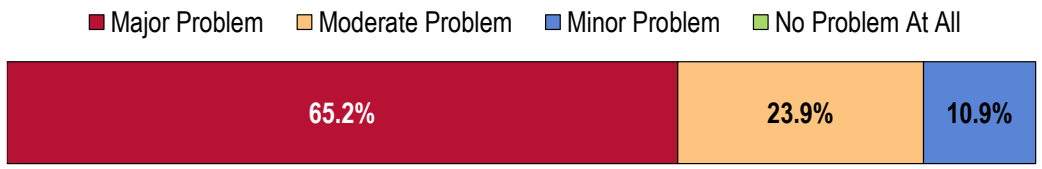
Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items xx, xx]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Reflects all respondents for whom the randomly selected child is age 5-17.
- This question was not asked in the 2015 assessment.

Key Informant Input: Nutrition, Physical Activity, & Weight

Just under two-thirds of key informants taking part in an online survey most often characterized *Nutrition, Physical Activity, & Weight* as a "major problem" in the community.

Perceptions of Nutrition, Physical Activity, and Weight as a Problem in the Community
(Key Informants, 2018)



Sources:
- PRC Online Key Informant Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Top Concerns

Among those rating this issue as a "major problem," reasons related to the following:

Obesity

Obesity is a leading factor in cancer, heart disease and diabetes. Not having easy access to healthy foods and places to exercise for many who can't afford it is a challenge for eating right, exercising and maintaining a healthy weight. - Public Health Representative

We have a high obesity rate in Merced County, but that is coupled with high amounts of unhealthy food availability (e.g. fast food/convenience stores). We need more emphasis on healthy foods and availability of those foods such as farmers markets, produce on the go, etc. Also, we need to have health foods available to everyone. More locations with healthy foods should accept WIC/EBT/other benefits. - Public Health Representative

While reviewing CHDP/physical exams for the children in foster care, I see many children with a high BMI. Many children nowadays prefer to be in their room watching television/playing on table/phone. Less time is spent outside doing physical activity. In some part, parents are responsible for this. They need to get outside with the kids or get them into extra-curricular activities. City soccer, basketball, baseball, football, etc. Some issues or factors may be not being able to take them to these activities (because of work) or this can be expensive. I also see that medical providers don't refer to nutritionist/dietician or VCH. I have seen plan under the assessment empty. When providers give a diagnosis of obesity, they just put counseled. Providers may also forget to do any labs to see if they are at risk of diabetes, cholesterol etc. - Public Health Representative

I don't think people know they are overweight and that their children are overweight. Kids who are overweight look normal now. The health care providers need to screen and educate on BMI at every visit. - Public Health Representative

Have a lot of overweight children and adults in this community. Being overweight leads to other problems such as diabetes, heart disease, strokes and cancer. - Public Health Representative

High volume of people with obesity. - Public Health Representative

Affordable Healthy Food

In order to eat healthier, it is more expensive. Fast food is more convenient in price and time. Going to the gym is expensive, but there's alternatives for that, which people choose not to do. - Public Health Representative

One of our biggest challenges in our community is nutrition. It is true that it is more expensive to eat healthy than to eat fast food. Lack of nutrition information during early childhood and for new parents should be a must. - Public Health Representative

Grocery stores with good food and decent pricing needs to be in walking distance to areas that are of poverty. A lot of people don't drive and walk to local mini marts to get groceries, they cannot get property nutrient-rich produce at these facilities. There are not any county-sponsored activities available where kids can sign up without paying a fee, low-income families cannot afford to sign their children up for sports let alone pay for uniform, equipment, transportation etc., so it leaves people in poverty without the physical activity, and without property nutrition. - Public Health Representative

Lack of affordable food, lack of safe walking spaces. - Social Services Provider

Insufficient Physical Activity

Not enough activities in the community for community members to participate and be a part of. There aren't even enough parks for community members to go to. There is also not enough nutrition education out in the community events. - Public Health Representative

Not enough activities for kids or parents who have to bring their kids with them. Not enough affordable places to get physical activity or healthy food. - Public Health Representative

Too many electronics allow kids to develop the majority of their social interactive activities in a digital, rather than the actual physical world. - Public Health Representative

Access to Care/Services

We need to have certified nutritionist in our area to help those type 1 and 2 diabetics with controlling and educating them on what to eat. - Public Health Representative

Nutrition, no access to dietitians. No information on how to change diets for healthier ones. Physical activity, getting better with parks and places for recreation. - Public Health Representative

Substance Abuse

About Substance Abuse

Substance abuse has a major impact on individuals, families, and communities. The effects of substance abuse are cumulative, significantly contributing to costly social, physical, mental, and public health problems. These problems include:

- Teenage pregnancy
- Human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS)
- Other sexually transmitted diseases (STDs)
- Domestic violence
- Child abuse
- Motor vehicle crashes
- Physical fights
- Crime
- Homicide
- Suicide

Substance abuse refers to a set of related conditions associated with the consumption of mind- and behavior-altering substances that have negative behavioral and health outcomes. Social attitudes and political and legal responses to the consumption of alcohol and illicit drugs make substance abuse one of the most complex public health issues. In addition to the considerable health implications, substance abuse has been a flash-point in the criminal justice system and a major focal point in discussions about social values: people argue over whether substance abuse is a disease with genetic and biological foundations or a matter of personal choice.

Advances in research have led to the development of evidence-based strategies to effectively address substance abuse. Improvements in brain-imaging technologies and the development of medications that assist in treatment have gradually shifted the research community's perspective on substance abuse. There is now a deeper understanding of substance abuse as a disorder that develops in adolescence and, for some individuals, will develop into a chronic illness that will require lifelong monitoring and care.

Improved evaluation of community-level prevention has enhanced researchers' understanding of environmental and social factors that contribute to the initiation and abuse of alcohol and illicit drugs, leading to a more sophisticated understanding of how to implement evidence-based strategies in specific social and cultural settings.

A stronger emphasis on evaluation has expanded evidence-based practices for drug and alcohol treatment. Improvements have focused on the development of better clinical interventions through research and increasing the skills and qualifications of treatment providers.

- Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Cirrhosis/Liver Disease Deaths

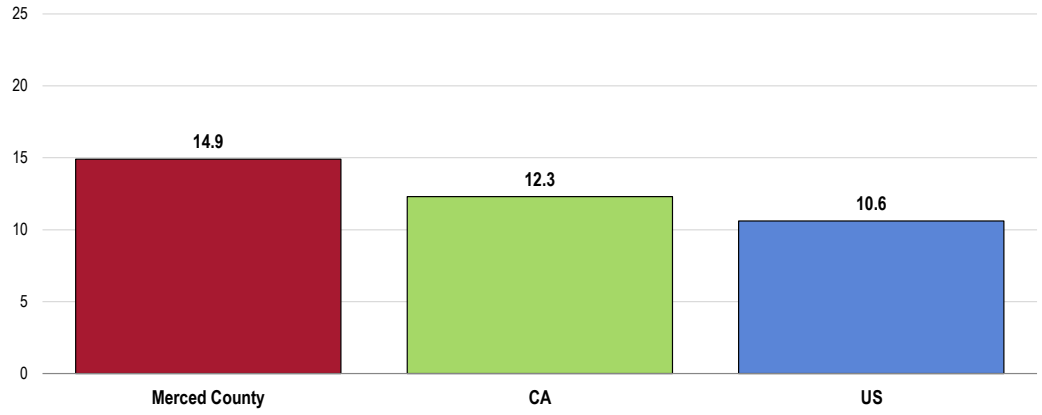
Between 2014 and 2016, Merced County reported an annual average age-adjusted cirrhosis/liver disease mortality rate of 14.9 deaths per 100,000 population.

- Higher than the state and national rates.
- Fails to satisfy the Healthy People 2020 target (8.2 or lower).

Cirrhosis/Liver Disease: Age-Adjusted Mortality

(2014-2016 Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 8.2 or Lower



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2018.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective SA-11]

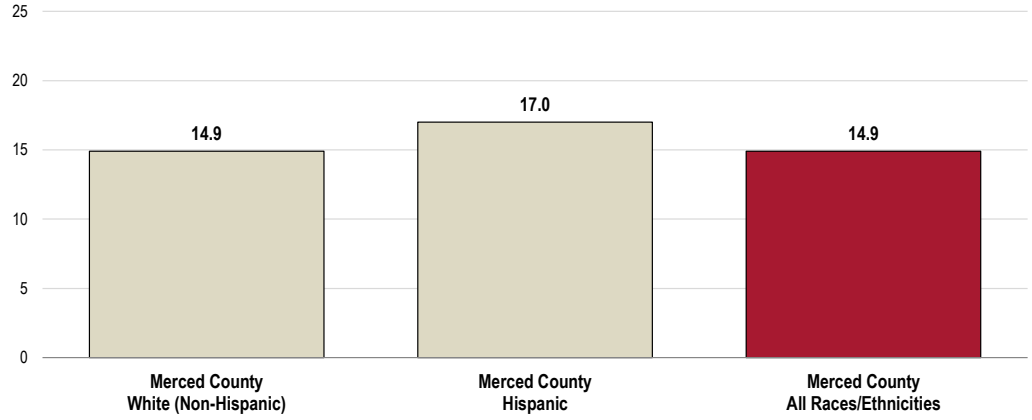
Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

- The cirrhosis mortality rate appears to be higher among Hispanics when compared with Whites in Merced County.

Cirrhosis/Liver Disease: Age-Adjusted Mortality by Race

(2014-2016 Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 8.2 or Lower



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2018.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective SA-11]

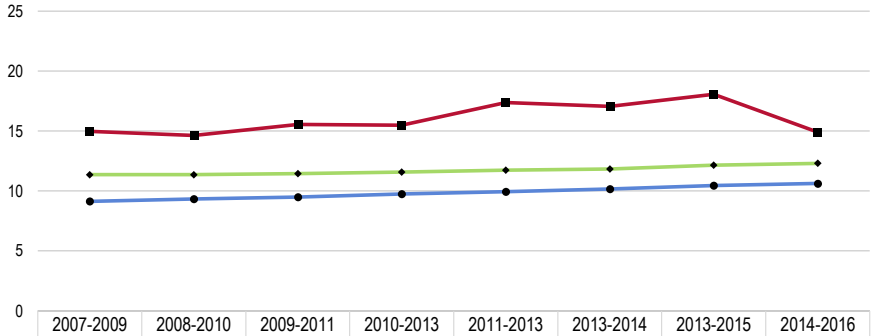
Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

- TREND: Following years of increases in Merced County, the mortality rate dropped in the most recent reporting period. Still, the county mortality rate has been consistently above that seen statewide and nationally.

Cirrhosis/Liver Disease: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 8.2 or Lower



	2007-2009	2008-2010	2009-2011	2010-2013	2011-2013	2013-2014	2013-2015	2014-2016
Merced County	15.0	14.6	15.6	15.5	17.4	17.1	18.1	14.9
CA	11.4	11.4	11.5	11.6	11.7	11.8	12.2	12.3
US	9.1	9.3	9.5	9.8	9.9	10.2	10.5	10.6

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2018.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective SA-11]

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

Alcohol Use

Excessive Drinking

"**Excessive drinking**" includes heavy **and/or** binge drinkers:

- **Heavy drinkers** include men reporting 2+ alcoholic drinks per day or women reporting 1+ alcoholic drink per day in the month preceding the interview.
- **Binge drinkers** include men reporting 5+ alcoholic drinks or women reporting 4+ alcoholic drinks on any single occasion during the past month.

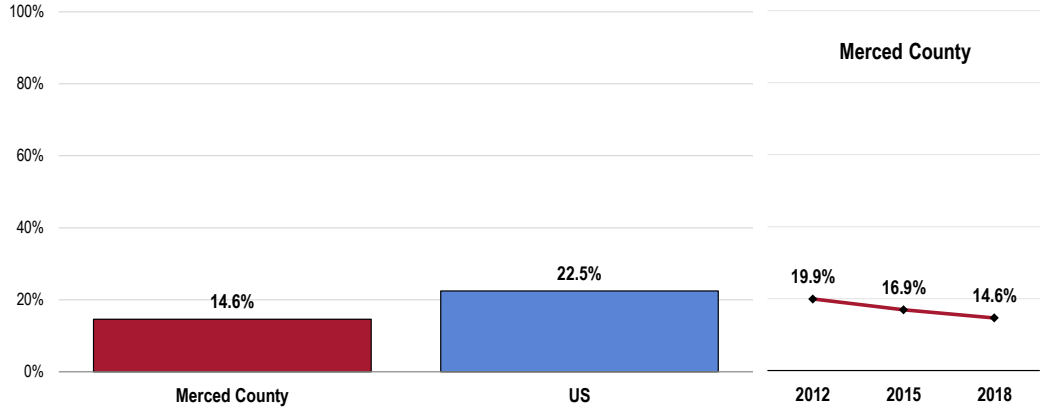
RELATED ISSUE:
See also *Mental Health: Stress* in the **General Health Status** section of this report.

A total of 14.6% of survey respondents are excessive drinkers (heavy and/or binge drinkers).

- More favorable than the national proportion.
- Satisfies the Healthy People 2020 target (25.4% or lower).
- TREND: Statistically unchanged since 2012.

Excessive Drinkers

Healthy People 2020 Target = 25.4% or Lower



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 168]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective SA-15]

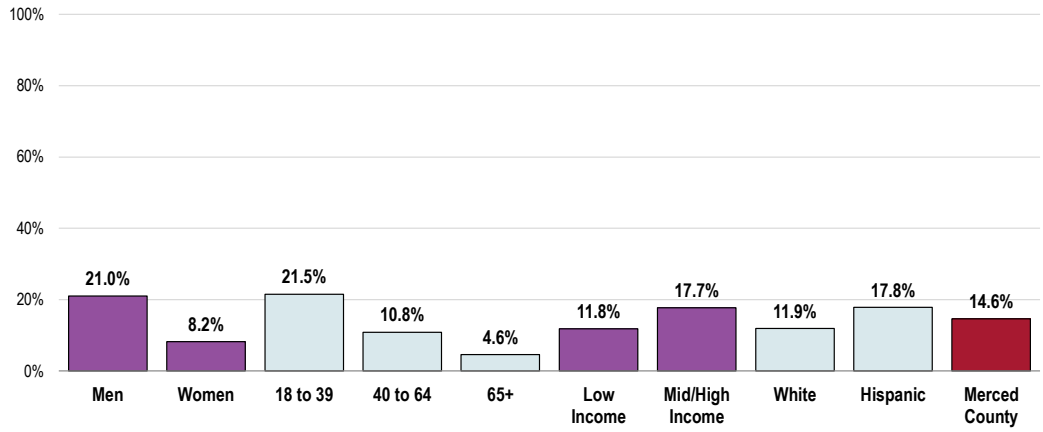
Notes:
- Asked of all respondents.
- Excessive drinking reflects the number of persons aged 18 years and over who drank more than two drinks per day on average (for men) or more than one drink per day on average (for women) OR who drank 5 or more drinks during a single occasion (for men) or 4 or more drinks during a single occasion (for women) during the past 30 days.

- Excessive drinking is more prevalent among men and younger adults.

Excessive Drinkers

(Merced County, 2018)

Healthy People 2020 Target = 25.4% or Lower



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 168]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective SA-15]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
- Excessive drinking reflects the number of persons aged 18 years and over who drank more than two drinks per day on average (for men) or more than one drink per day on average (for women) OR who drank 5 or more drinks during a single occasion (for men) or 4 or more drinks during a single occasion (for women) during the past 30 days.

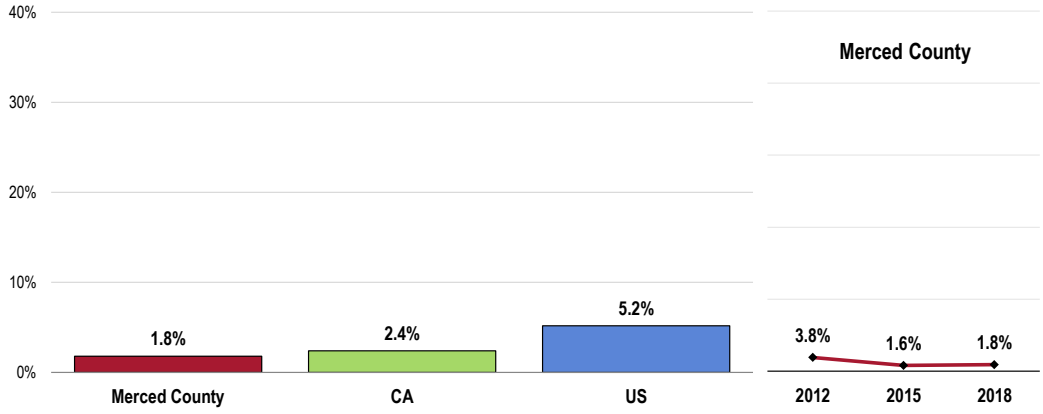
Drinking & Driving

A total of 1.8% of Merced County adults acknowledge having driven a vehicle in the past month after they had perhaps too much to drink.

Note: As a self-reported measure – and because this indicator reflects potentially illegal behavior – it is reasonable to expect that it might be underreported, and that the actual incidence of drinking and driving in the community is likely higher.

- Similar to the state finding.
- Lower than the nation.
- TREND: The drinking and driving prevalence has not changed significantly since 2012.

Have Driven in the Past Month After Perhaps Having Too Much to Drink



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 58]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 California data.
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Age-Adjusted Unintentional Drug-Related Deaths

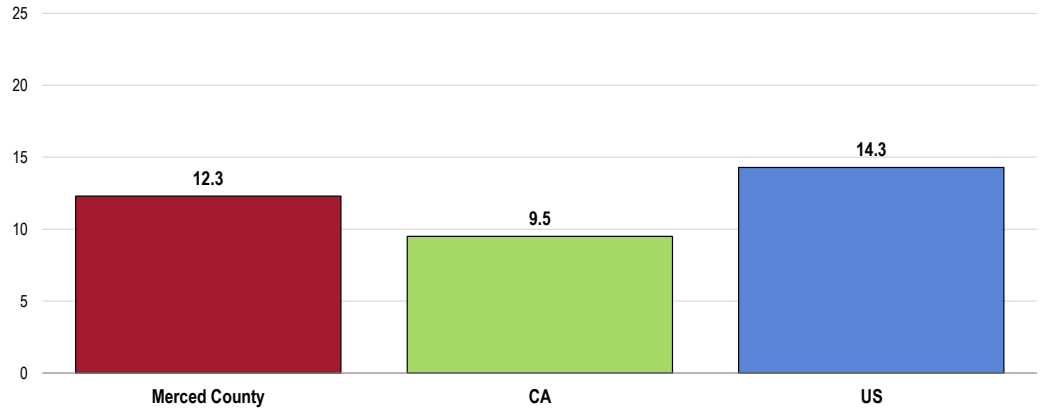
Between 2014 and 2016, there was an annual average age-adjusted unintentional drug-related mortality rate of 12.3 deaths per 100,000 population in Merced County.

- Higher than the statewide rate.
- Lower than the national rate.
- Similar to the Healthy People 2020 target (11.3 or lower).

Unintentional Drug-Related Deaths: Age-Adjusted Mortality

(2014-2016 Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 11.3 or Lower



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2018.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective SA-12]

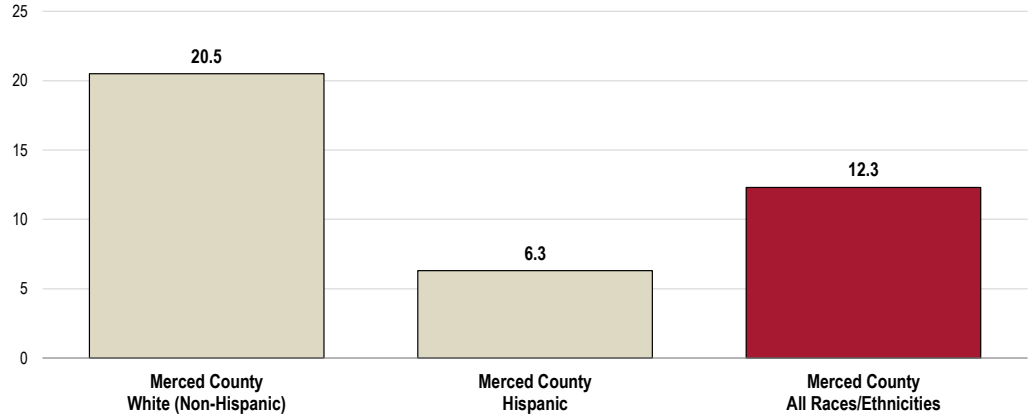
Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

- The drug-related mortality rate in Merced County is far higher among Whites when compared with Hispanics.

Age-Adjusted Mortality by Race

(2014-2016 Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 11.3 or Lower



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2018.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective SA-12]

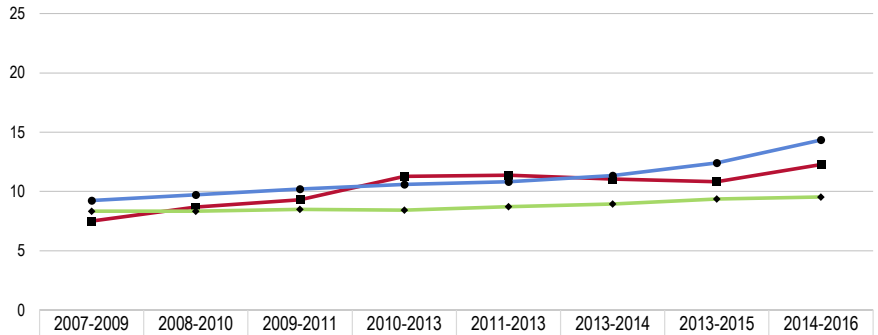
Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

- TREND: The mortality rate has increased in the region over the past decade. Statewide and nationwide, rates have also increased.

Unintentional Drug-Related Deaths: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 11.3 or Lower



	2007-2009	2008-2010	2009-2011	2010-2013	2011-2013	2013-2014	2013-2015	2014-2016
Merced County	7.5	8.7	9.3	11.3	11.4	11.0	10.8	12.3
CA	8.3	8.3	8.5	8.4	8.7	8.9	9.4	9.5
US	9.2	9.7	10.2	10.6	10.8	11.3	12.4	14.3

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2018.
- UD Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective SA-12].

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

Illicit Drug Use

For the purposes of this survey, "illicit drug use" includes use of illegal substances or of prescription drugs taken without a physician's order.

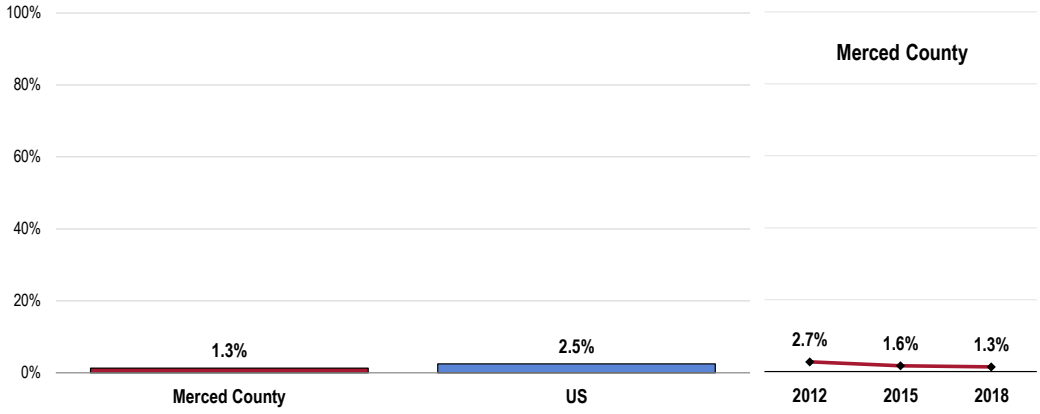
Note: As a self-reported measure – and because this indicator reflects potentially illegal behavior – it is reasonable to expect that it might be underreported, and that actual illicit drug use in the community is likely higher.

A total of 1.3% of Merced County adults acknowledge using an illicit drug in the past month.

- Similar to the proportion found nationally.
- Easily satisfies the Healthy People 2020 target of 7.1% or lower.
- TREND: The decrease since 2012 is not statistically significant.

Illicit Drug Use in the Past Month

Healthy People 2020 Target = 7.1% or Lower

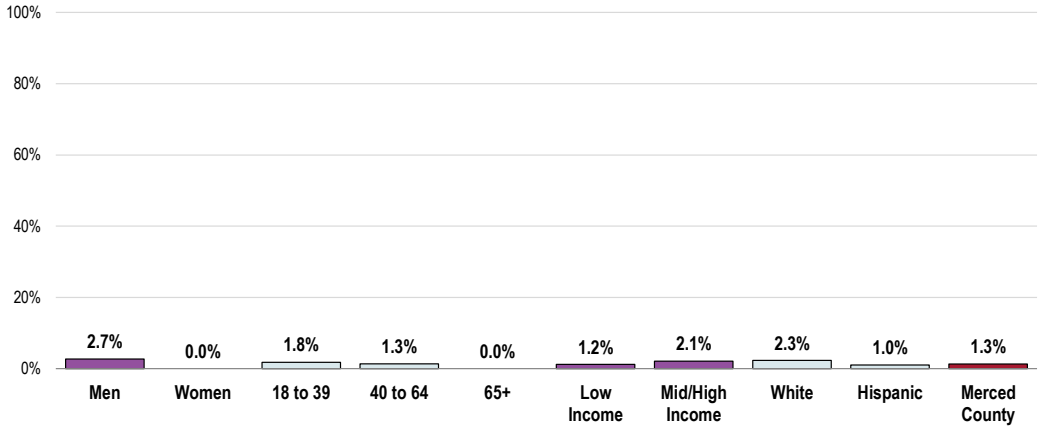


Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 59]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective SA-13.3]

Notes:
- Asked of all respondents.

- Illicit drug use in Merced County does not significantly differ by demographics.

Illicit Drug Use in the Past Month
(Merced County, 2018)
Healthy People 2020 Target = 7.1% or Lower



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 59]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective SA-13.3]

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

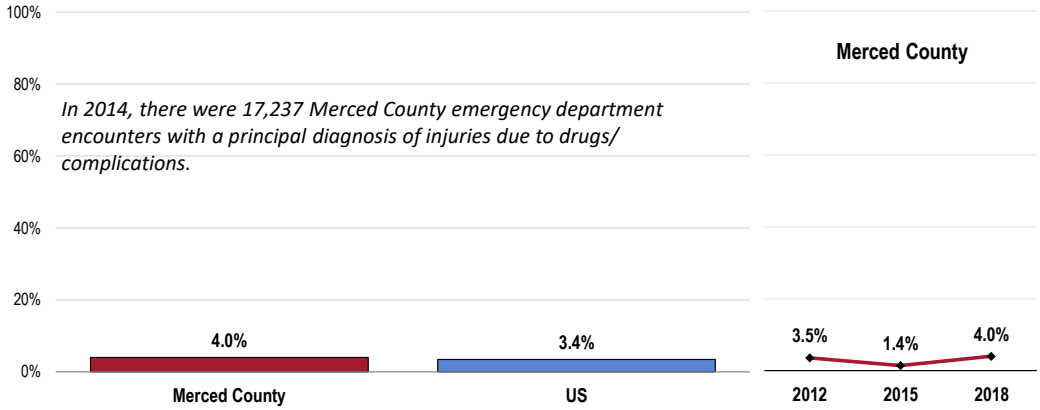
Alcohol & Drug Treatment

A total of 4.0% of Merced County adults report that they have sought professional help for an alcohol or drug problem at some point in their lives.

- Similar to national findings.
- TREND: Above 2015 findings (though similar to 2012).

In Merced County in 2014, there were 17,237 emergency department encounters with a principal diagnosis of injuries due to drugs/complications.

Have Ever Sought Professional Help for an Alcohol/Drug-Related Problem



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 60]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- California Health & Human Services Agency, Office of Statewide Health Planning and Development (OSHPD) Patient and Discharge Data and Emergency Department Data, 2010-2014. Retrieved January 2019 from https://data.chhs.ca.gov/.

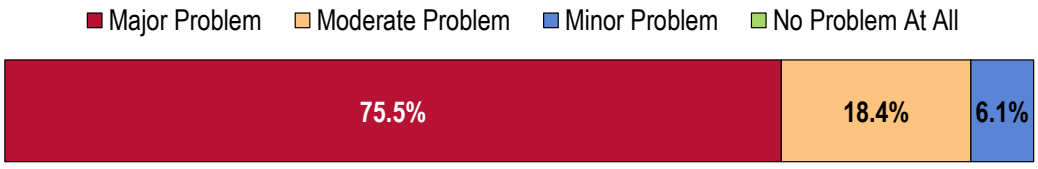
Notes:
- Asked of all respondents.

Key Informant Input: Substance Abuse

Three-quarters of key informants taking part in an online survey characterized *Substance Abuse* as a "major problem" in the community.

Perceptions of Substance Abuse as a Problem in the Community

(Key Informants, 2018)



Sources:
- PRC Online Key Informant Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Top Concerns

Among those rating this issue as a “major problem,” reasons related to the following:

Access to Care/Services

We do not have enough substance abuse treatment facilities in Merced County, nor do we advertise or promote facilities that have these capabilities. We need to try to reduce the taboo around substance abuse. - Public Health Representative

I believe that we don't have enough outreach to users, or they're not willing to seek help in getting substance abuse treatment. - Public Health Representative

Not enough providers for mild to moderate or pediatric severe. - Public Health Representative

Cost. Not all people with substance abuse problems can afford getting counseling and be in help programs at little or no cost. - Public Health Representative

The need to have more outreach programs for substance abuse treatment or connecting and partnering up with other programs that already facilitate it. - Public Health Representative

Denial/Stigma

Lack of desire or want to be treated. - Public Health Representative

Shame, don't know where to go, no money for treatment. - Public Health Representative

Homelessness

I see many homeless people on drugs suffering from mental issues as well. I feel like there is nothing we can do to help them. - Public Health Representative

Maslow's Hierarchy of Needs, those that are having homelessness issues are not going to be overly concerned with substance addiction treatment. - Public Health Representative

Impact on Quality of Life

Lack of coping skills, timely therapeutic interventions to address life stressors. People are trying to feel better, lack of self-esteem, lack of confidence. - Social Services Provider

Stress, poverty, ACES, inter-generational patterns. - Social Services Provider

Awareness/Education

The greatest barriers regarding substance abuse is the lack of education before community members start using. This leads them to think it's okay to start using and that they can control themselves and not become addicted. Once a person is addicted there is limited resources to get effective help. Opioids in particular are one of the major problems in our area and if you have pain from accidents and surgeries and talk to your doctor about being addicted the physicians often do not change what they are prescribing and do not offer any help to the patient. - Public Health Representative

Easily Accessible

It is very easy for our teens to access alcohol in Merced, even adults. Homeless people walk around the streets. There needs to be more enforcement in the community. - Public Health Representative

Prevalence/Incidence

I drive down the street and see people in broad daylight shooting needles up in their skin; this is a big issue. They are using drugs while kids are walking to school and are witnessing this. I see the same guy using drugs everyday a block away from the Merced county drug rehab center. - Public Health Representative

Most Problematic Substances

Key informants (who rated this as a "major problem") clearly identified **methamphetamine/ other amphetamines** as the most problematic substance abused in the community, followed by **alcohol**, **heroin/other opioids, prescription medications,** and **cocaine/crack**.

Problematic Substances as Identified by Key Informants				
	Most Problematic	Second-Most Problematic	Third-Most Problematic	**Total Mentions**
Methamphetamines or Other Amphetamines	50.0%	11.8%	17.6%	**14**
Alcohol	16.7%	11.8%	29.4%	**10**
Heroin or Other Opioids	11.1%	29.4%	5.9%	**8**
Prescription Medications	11.1%	17.6%	17.6%	**8**
Cocaine or Crack	5.6%	5.9%	29.4%	**7**
Marijuana	0.0%	11.8%	0.0%	**2**
Inhalants	5.6%	0.0%	0.0%	**1**
Over-The-Counter Medications	0.0%	5.9%	0.0%	**1**
Synthetic Drugs (e.g. Bath Salts, K2/Spice)	0.0%	5.9%	0.0%	**1**

Tobacco Use

About Tobacco Use

Tobacco use is the single most preventable cause of death and disease in the United States. Scientific knowledge about the health effects of tobacco use has increased greatly since the first Surgeon General's report on tobacco was released in 1964.

Tobacco use causes:

- Cancer
- Heart disease
- Lung diseases (including emphysema, bronchitis, and chronic airway obstruction)
- Premature birth, low birth weight, stillbirth, and infant death

There is no risk-free level of exposure to secondhand smoke. Secondhand smoke causes heart disease and lung cancer in adults and a number of health problems in infants and children, including: severe asthma attacks; respiratory infections; ear infections; and sudden infant death syndrome (SIDS).

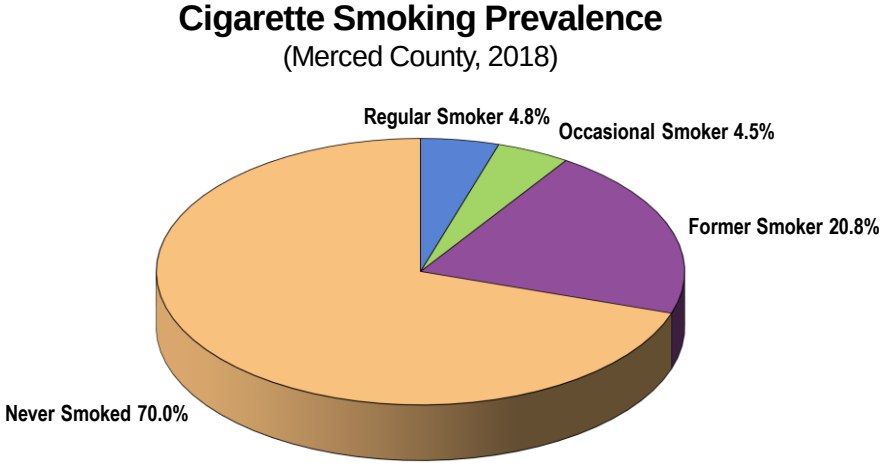
Smokeless tobacco causes a number of serious oral health problems, including cancer of the mouth and gums, periodontitis, and tooth loss. Cigar use causes cancer of the larynx, mouth, esophagus, and lung.

- Healthy People 2020 (www.healthypeople.gov)

Cigarette Smoking

Cigarette Smoking Prevalence

A total of 9.3% of Merced County adults currently smoke cigarettes, either regularly (4.8% every day) or occasionally (4.5% on some days).

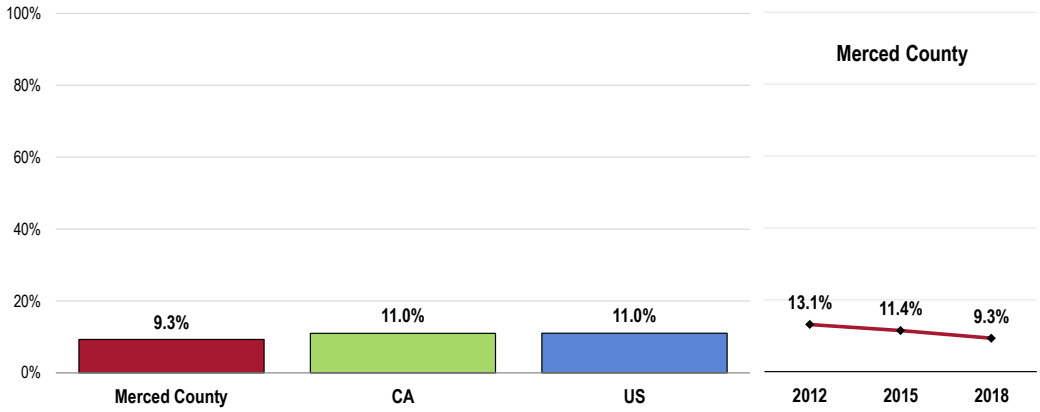


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 159]
Notes: • Asked of all respondents.

- Similar to statewide and national findings.
- Similar to the Healthy People 2020 target (12% or lower).
- TREND: The decrease since 2012 is not statistically significant.

Current Smokers

Healthy People 2020 Target = 12.0% or Lower



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 159]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 California data.
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective TU-1.1]

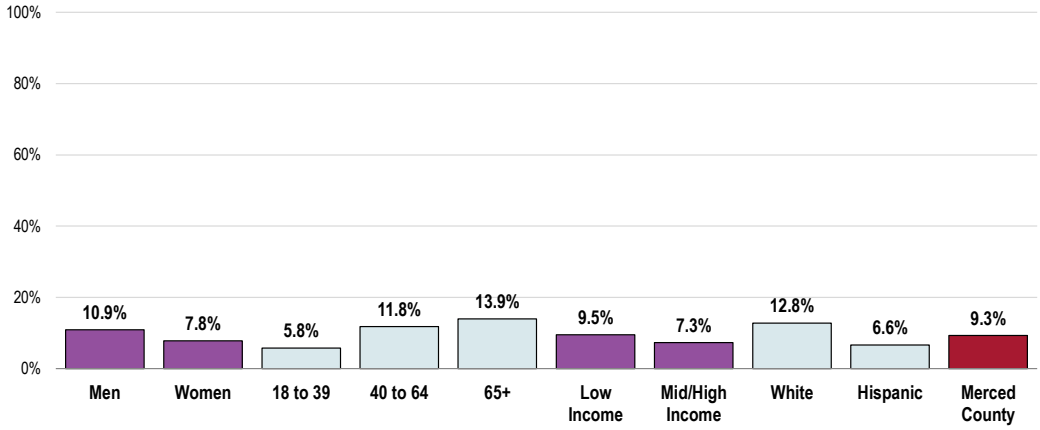
Notes:
- Asked of all respondents.
- Includes regular and occasional smokers (those who smoke cigarettes every day or on some days).

- No significant differences by the following demographics.

Current Smokers

(Merced County, 2018)

Healthy People 2020 Target = 12.0% or Lower



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 159]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective TU-1.1]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
- Includes regular and occasion smokers (every day and some days).

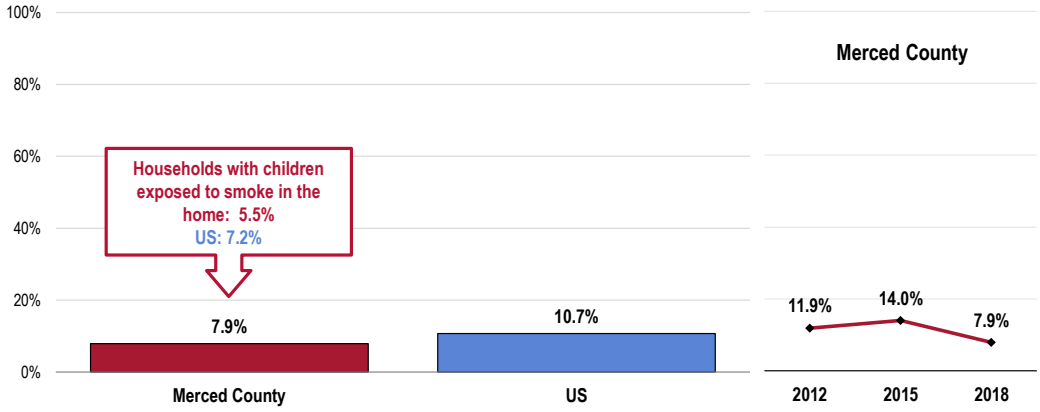
Environmental Tobacco Smoke

A total of 7.9% of Merced County adults (including smokers and nonsmokers) report that a member of their household has smoked cigarettes in the home an average of 4+ times per week over the past month.

- Comparable to national findings.
- TREND: Marks a statistically significant decrease since 2015 (similar to 2012).

Note that 5.5% of Merced County children are exposed to cigarette smoke at home, similar to what is found nationally.

Member of Household Smokes at Home



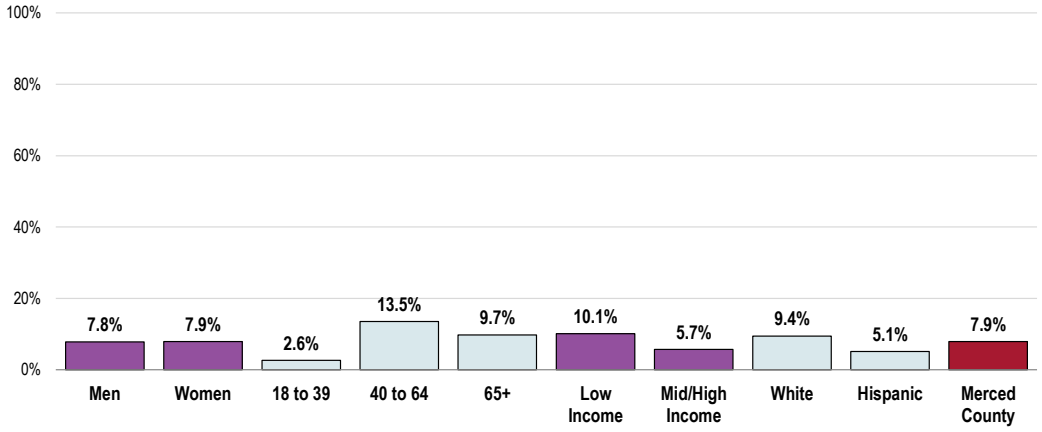
Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 52, 162]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
- "Smokes at home" refers to someone smoking cigarettes, cigars, or a pipe in the home an average of four or more times per week in the past month.

- Notably higher among residents age 40+.

Member of Household Smokes At Home

(Merced County, 2018)



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 52]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
- "Smokes at home" refers to someone smoking cigarettes, cigars, or a pipe in the home an average of four or more times per week in the past month.

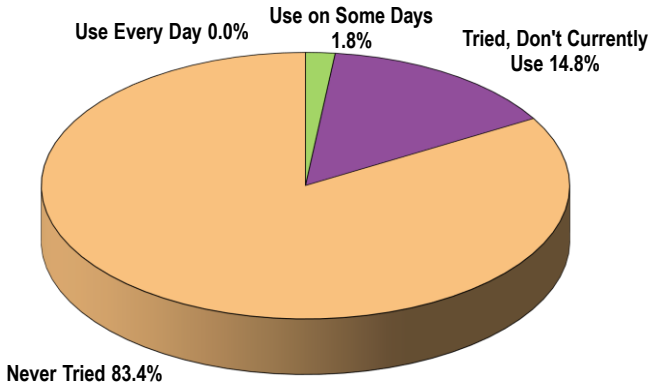
Other Tobacco Use

Use of Vaping Products

A total of 1.8% of Merced County adults currently use electronic cigarettes (e-cigarettes) or other electronic vaping products (1.8% reported use on some days, while no respondents reported using every day).

Use of Vaping Products

(Merced County, 2018)

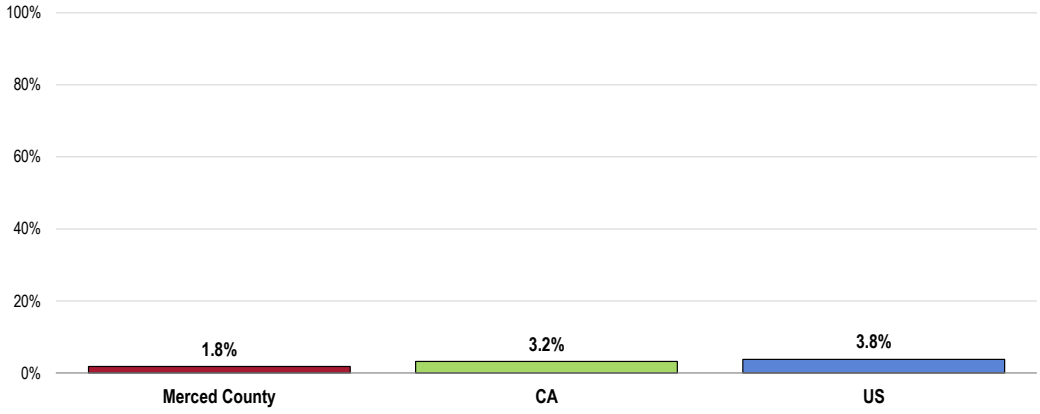


Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 163]

Notes:
- Asked of all respondents.

- Statistically similar to the California prevalence.
- Significantly lower than national findings.

Currently Use Vaping Products
(Every Day or on Some Days)

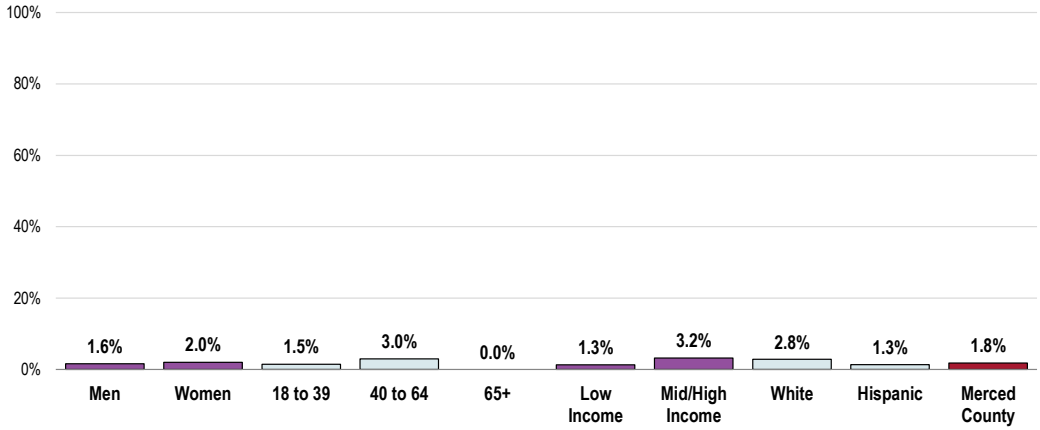


Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 163]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 California data.

Notes:
- Asked of all respondents.
- Includes regular and occasional users (those who smoke e-cigarettes every day or on some days).

- Note that no adults age 65+ report using electronic cigarettes or other vaping products.

Currently Use Vaping Products
(Merced County, 2018)



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 163]

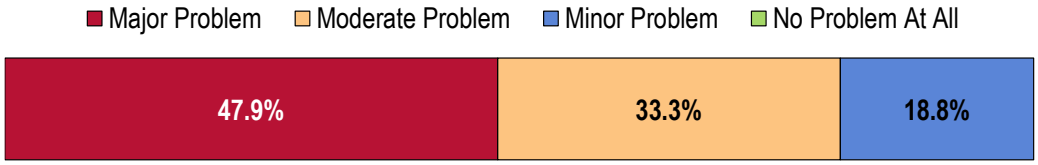
Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
- Includes regular and occasional users (those who smoke e-cigarettes every day or on some days).

Key Informant Input: Tobacco Use

The greatest share of key informants taking part in an online survey characterized *Tobacco Use* as a "major problem" in the community.

Perceptions of Tobacco Use as a Problem in the Community

(Key Informants, 2018)



Sources: • PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a "major problem," reasons related to the following:

Prevalence/Incidence

As a rural community, we need to focus on reducing tobacco use, especially chew and vape-based products. - Public Health Representative

Tobacco use is all around us and can cause many diseases. - Public Health Representative

Seems that lots of people smoke in their homes. - Public Health Representative

Sheer number of smokers, cigarette butts and smoke shops available. - Public Health Representative

Awareness/Education

There isn't a lot of outreach to prevent smoking. - Public Health Representative

Easily Accessible

Easy access. - Social Services Provider

Homelessness

There is a lot of homeless and unemployed people in Merced County that don't have anything else to do but drink and smoke. It is horrible seeing so many homeless people using tobacco. - Public Health Representative

Stress

Increased stress, poverty, lack of coping skills, lack of problem solving. - Social Services Provider

Teen/Young Adult Usage

This seems to start at young ages, and they become addicted to the nicotine. This addiction carries on into adulthood, and most times it's too hard for them to quit, which leads to many health problems. There is too much availability of the products. - Public Health Representative

Access to Health Services

Professional Research Consultants, Inc.

Health Insurance Coverage

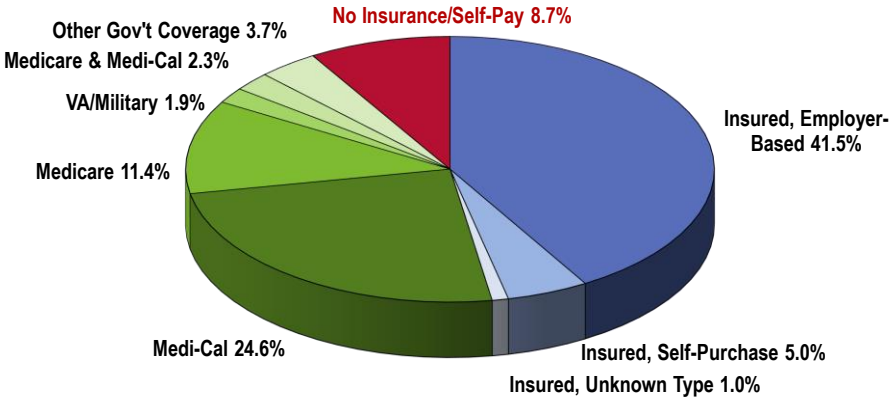
Type of Healthcare Coverage

A total of 47.5% of Merced County adults age 18 to 64 report having healthcare coverage through private insurance. Another 43.8% report coverage through a government-sponsored program (e.g., Medicaid, Medicare, military benefits).

Survey respondents were asked a series of questions to determine their healthcare insurance coverage, if any, from either private or government-sponsored sources.

Healthcare Insurance Coverage

(Among Adults Age 18-64; Merced County, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 169]
Notes: • Reflects respondents age 18 to 64.

Lack of Health Insurance Coverage

Among adults age 18 to 64, 8.7% report having no insurance coverage for healthcare expenses.

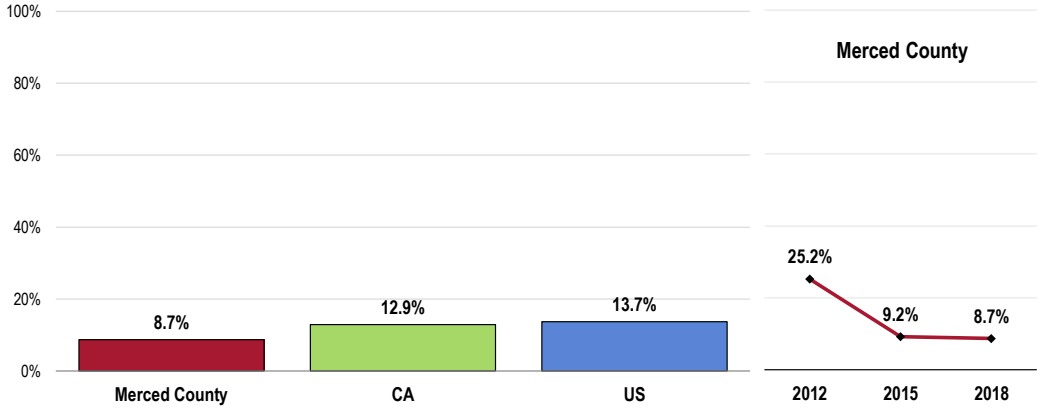
Here, lack of health insurance coverage reflects respondents age 18 to 64 (thus, excluding the Medicare population), who have no type of insurance coverage for healthcare services – neither private insurance nor government-sponsored plans (e.g., Medicaid).

- More favorable than the state or national findings.
- The Healthy People 2020 target is universal coverage (0% uninsured).
- TREND: Far more favorable than 2012 findings (though similar to 2015).

Lack of Healthcare Insurance Coverage

(Among Adults Age 18-64)

Healthy People 2020 Target = 0.0% (Universal Coverage)



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 169]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 California data.
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective AHS-1]

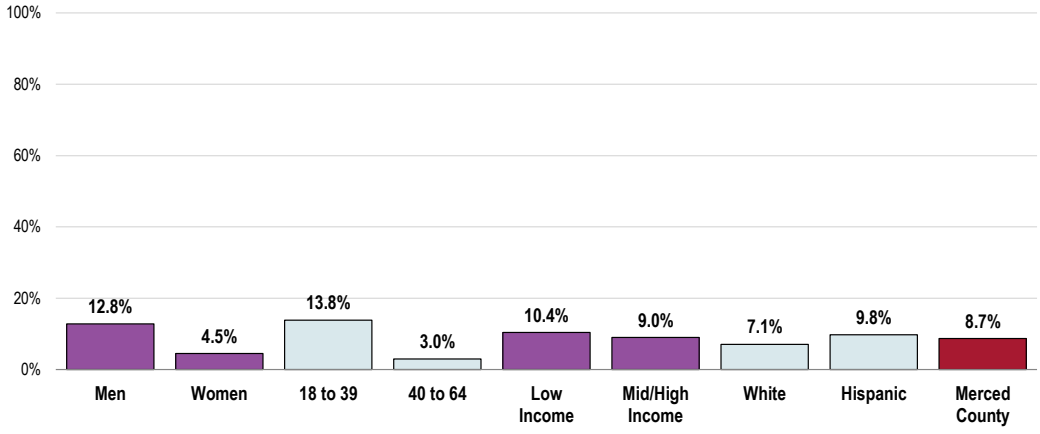
Notes:
- Asked of all respondents under the age of 65.

- Men and young adults are far more likely to be without healthcare insurance coverage.

Lack of Healthcare Insurance Coverage

(Among Adults Age 18-64; Merced County, 2018)

Healthy People 2020 Target = 0.0% (Universal Coverage)



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 169]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective AHS-1]

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

Difficulties Accessing Healthcare

About Access to Healthcare

Access to comprehensive, quality health care services is important for the achievement of health equity and for increasing the quality of a healthy life for everyone. It impacts: overall physical, social, and mental health status; prevention of disease and disability; detection and treatment of health conditions; quality of life; preventable death; and life expectancy.

Access to health services means the timely use of personal health services to achieve the best health outcomes. It requires three distinct steps: 1) Gaining entry into the health care system; 2) Accessing a health care location where needed services are provided; and 3) Finding a health care provider with whom the patient can communicate and trust.

- Healthy People 2020 (www.healthypeople.gov)

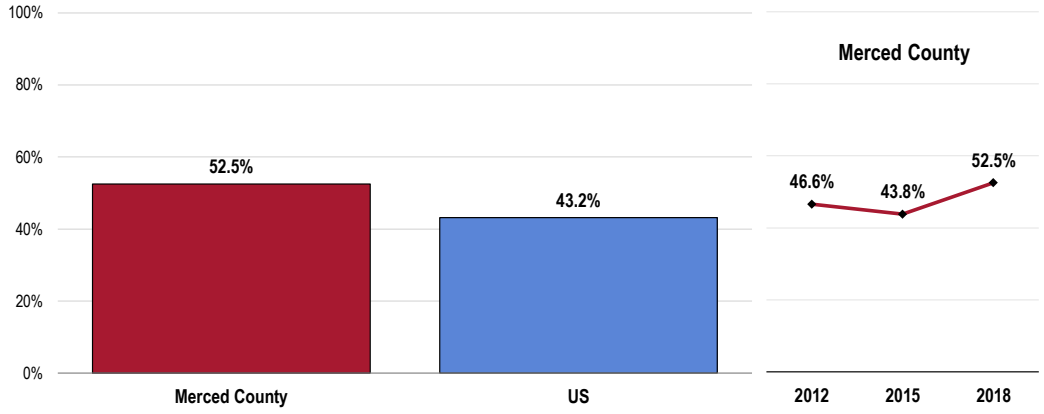
Difficulties Accessing Services

This indicator reflects the percentage of the total population experiencing problems accessing healthcare in the past year, regardless of whether they needed or sought care.

More than half (52.5%) of Merced County adults report some type of difficulty or delay in obtaining healthcare services in the past year.

- Less favorable than national findings.
- TREND: Higher than the percentage reported in 2015 (similar to 2012).

Experienced Difficulties or Delays of Some Kind in Receiving Needed Healthcare in the Past Year



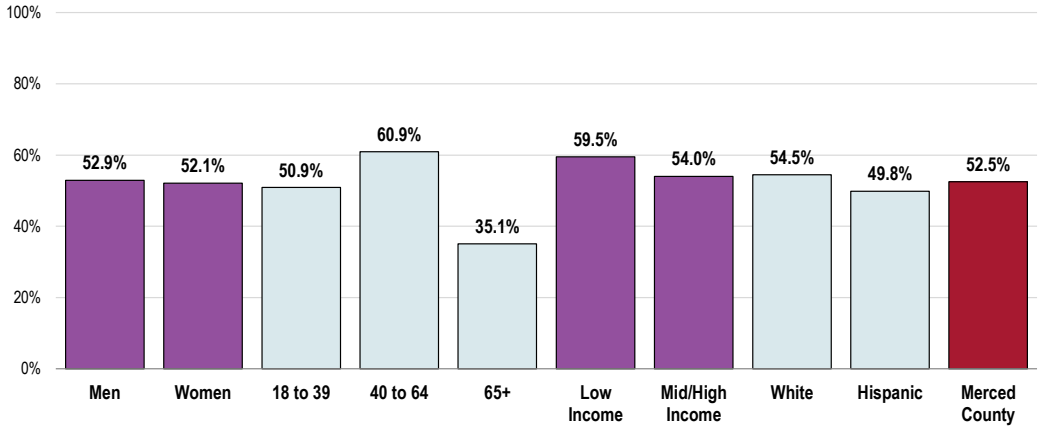
Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 171]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

- Adults age 40-64 more often report difficulties accessing healthcare services.

Experienced Difficulties or Delays of Some Kind in Receiving Needed Healthcare in the Past Year

(Merced County, 2018)



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 171]

Notes:
- Asked of all respondents.
- Represents the percentage of respondents experiencing one or more barriers to accessing healthcare in the past 12 months.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Barriers to Healthcare Access

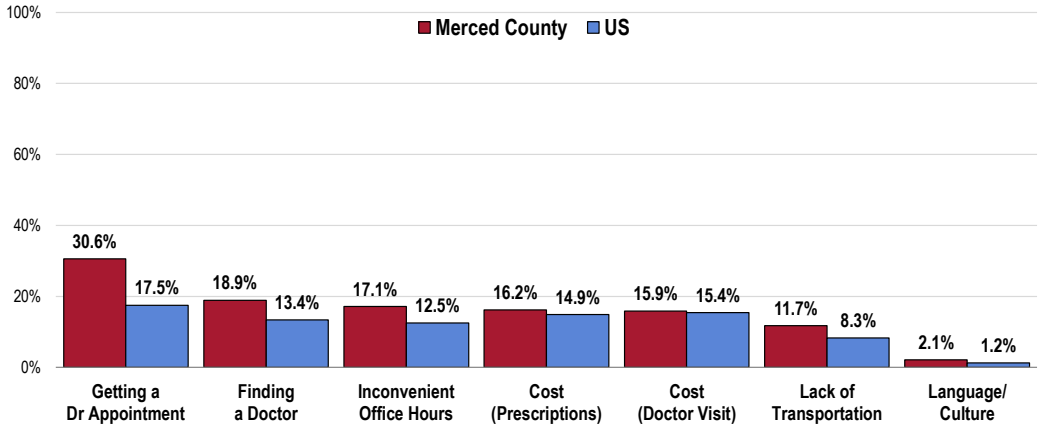
Of the tested barriers, getting a doctor's appointment impacted the greatest share of Merced County adults (30.6% reported this barrier occurring in the past year).

To better understand healthcare access barriers, survey participants were asked whether any of seven types of barriers to access prevented them from seeing a physician or obtaining a needed prescription in the past year.

Again, these percentages reflect the total population, regardless of whether medical care was needed or sought.

- The proportion of impacted Merced County adults is statistically worse than found nationwide for difficulty **getting a doctor's appointment** and difficulty **finding a doctor**.

Barriers to Access Have Prevented Medical Care in the Past Year



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 7-13]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

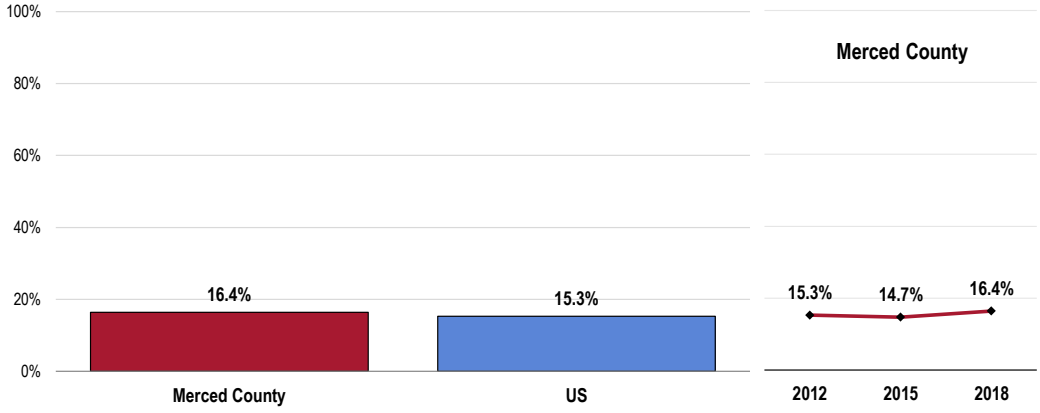
Notes:
- Asked of all respondents.

Prescriptions

Among all Merced County adults, 16.4% skipped or reduced medication doses in the past year in order to stretch a prescription and save money.

- Comparable to national findings.
- TREND: Statistically similar to prior years.

Skipped or Reduced Prescription Doses in Order to Stretch Prescriptions and Save Money

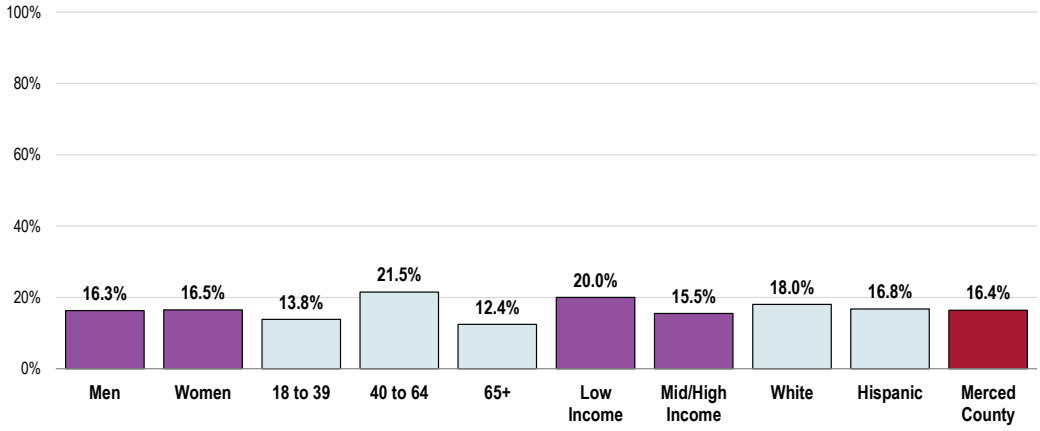


Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 14]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

- Skipping or reducing prescription doses does not appear to significantly differ by Merced County demographics.

Skipped or Reduced Prescription Doses in Order to Stretch Prescriptions and Save Money
(Merced County, 2018)



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 14]

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

Accessing Healthcare for Children

A total of 4.9% of parents say there was a time in the past year when they needed medical care for their child, but were unable to get it.

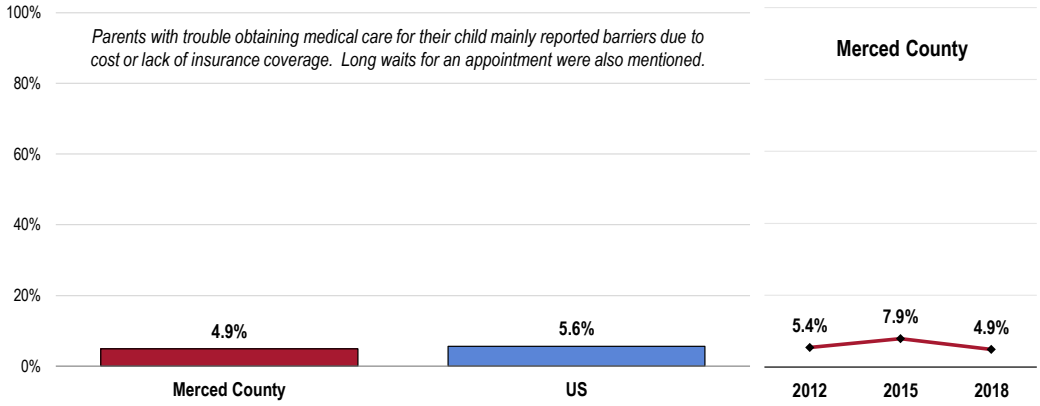
Surveyed parents were also asked if, within the past year, they experienced any trouble receiving medical care for a randomly-selected child in their household.

- Statistically similar to what is reported nationwide.
- TREND: Statistically unchanged over time.

Among the parents experiencing difficulties, **cost or a lack of insurance**, **long wait for appointments**, and **long wait time in waiting rooms** were cited as primary reasons.

Had Trouble Obtaining Medical Care for Child in the Past Year

(Among Parents of Children 0-17)



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 118-119]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

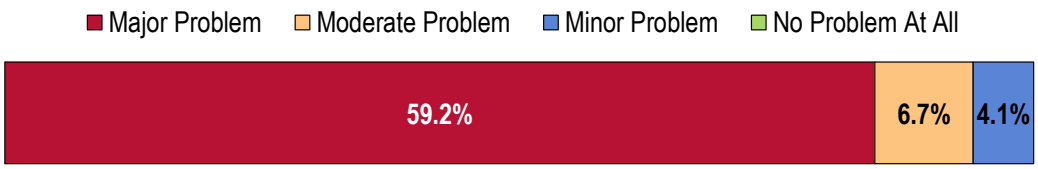
Notes:
- Asked of all respondents with children 0 to 17 in the household.

Key Informant Input: Access to Healthcare Services

More than half of key informants taking part in an online survey most often characterized *Access to Healthcare Services* as a "major problem" in the community.

Perceptions of Access to Healthcare Services as a Problem in the Community

(Key Informants, 2018)



Sources:
- PRC Online Key Informant Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Top Concerns

Among those rating this issue as a "major problem," reasons related to the following:

Lack of Providers

For the families I work with, I have found that specialty care doctors are not available, and people have to travel out of county to get quality care for their children with special needs. Transportation is also a factor of getting health care needs met when referred to Stanford or San Francisco. - Public Health Representative

The county experiences significant shortages in physicians (specifically primary care) and many of those providers are nearing retirement age without a significant number waiting in the queue to replace them. Access to health care services and being able to establish a strong provider relationship are ongoing issues. - Public Health Representative

Not enough providers, long wait times, no specialty services, providers that don't live here, no consistent providers, no focus on prevention. - Public Health Representative

There is a lack of medical professionals in this area. Also, there are a lack of medical professionals taking new patients or accepting various kinds of insurance. - Public Health Representative

Lack of providers in this community to provide all types of health care needs. - Public Health Representative

Shortage of providers in the community, linguistics, competency, oppression and fear, unaware of resources. Does not meet the criteria for the service. Provider burnout and lack of expertise. - Social Services Provider

There aren't enough doctors. Well visits are either cancelled by the doctor's office or they are sent to emergency rooms. - Public Health Representative

Finding a range of providers, family physicians, general practitioners and specialists that accept Medi-Cal/Medicare and provide quality services in the region. - Public Health Representative

Not enough primary care providers in Merced County. - Public Health Representative

A lot of doctors are leaving the area, leaving customers having to travel out of the area for care. - Public Health Representative

Lack of providers, particularly specialty providers. Pediatric specialty providers are extremely rare. - Social Services Provider

Lack of providers, lack of transportation, lack of insurance. - Social Services Provider

Not enough doctors, takes too long to get an appointment. - Public Health Representative

Not enough physicians and specialists. - Public Health Representative

Not enough providers. - Public Health Representative

Lack of providers. - Public Health Representative

Access to Care/Services

The biggest problem in our community is access to knowledgeable doctors that community members can see when they get sick and not two months from that date of needing to see the doctor. Merced County is lacking the number of physicians needed to treat the community members in a timely and effective way. Our hospital emergency rooms and urgent cares are overflowing because there are no same-day or next-day appointments available with physicians. - Public Health Representative

Residents in Merced County have little to limited care due to the wait list of providers having too many patients to care for. Lots of these residents have major health issues that aren't addressed in a timely manner due to not being able to get evaluated by their provider. - Public Health Representative

There are not enough places to be seen in a timely manner. If you go to urgent care in Merced County at 8am, they are either full for the day or have a 4-hour wait period. If you have a primary doctor in Merced and you or child are sick, you can't be seen for weeks-to-months, and they tell you to go to urgent care (which is either full or has a wait time). I personally go to Stanislaus County for health care, never more than a 5-minute wait at urgent care, and when I call or text my doctor directly responds and usually sets an appointment up for that day or following day to see me or my child. - Public Health Representative

Access to medical care, difficulty in getting appointments to see a provider either for well checks or illness. - Public Health Representative

Families finding health care close to them and having specialists who can serve their needs at the local level. - Community Leader

> *Transportation to appointments, especially when they are out of the county. - Public Health Representative*

Affordable Care/Insurance Issues

> *Type of health insurance accepted by providers. Transportation to locations of health care providers. - Public Health Representative*
>
> *Lack of health care facilities that accept Medicaid as payment. - Public Health Representative*

Communication

> *One of the biggest challenges relating the access of health care services in my community is the lack of communication between departments, which in the long run affect the community in knowing where certain services are available. Most community members who actually need the services do not have access to internet base information. Therefore, it would be of extreme benefit to have information with specifics of what each department or service do to be able to communicate with our community. - Public Health Representative*

Type of Care Most Difficult to Access

Key informants (who rated this as a "major problem") most often identified **mental health care, specialty care**, and **primary care** as the most difficult to access in the community.

Medical Care Difficult to Access as Identified by Key Informants

	Most Difficult	Second-Most Difficult	Third-Most Difficult	**Total Mentions**
Mental Health Care	43.5%	17.4%	4.3%	**15**
Specialty Care	17.4%	39.1%	8.7%	**15**
Primary Care	17.4%	21.7%	13.0%	**12**
Chronic Disease Care	8.7%	4.3%	26.1%	**9**
Dental Care	0.0%	8.7%	13.0%	**5**
Urgent Care	8.7%	0.0%	4.3%	**3**
Pediatrics	0.0%	0.0%	8.7%	**2**
Substance Abuse Treatment	0.0%	4.3%	4.3%	**2**
Care for the Uninsured	0.0%	0.0%	4.3%	**1**
Elder Care	0.0%	0.0%	4.3%	**1**
Prenatal Care	0.0%	0.0%	4.3%	**1**

Primary Care Services

About Primary Care

Improving health care services depends in part on ensuring that people have a usual and ongoing source of care. People with a usual source of care have better health outcomes and fewer disparities and costs. Having a primary care provider (PCP) as the usual source of care is especially important. PCPs can develop meaningful and sustained relationships with patients and provide integrated services while practicing in the context of family and community. Having a usual PCP is associated with:

- Greater patient trust in the provider
- Good patient-provider communication
- Increased likelihood that patients will receive appropriate care

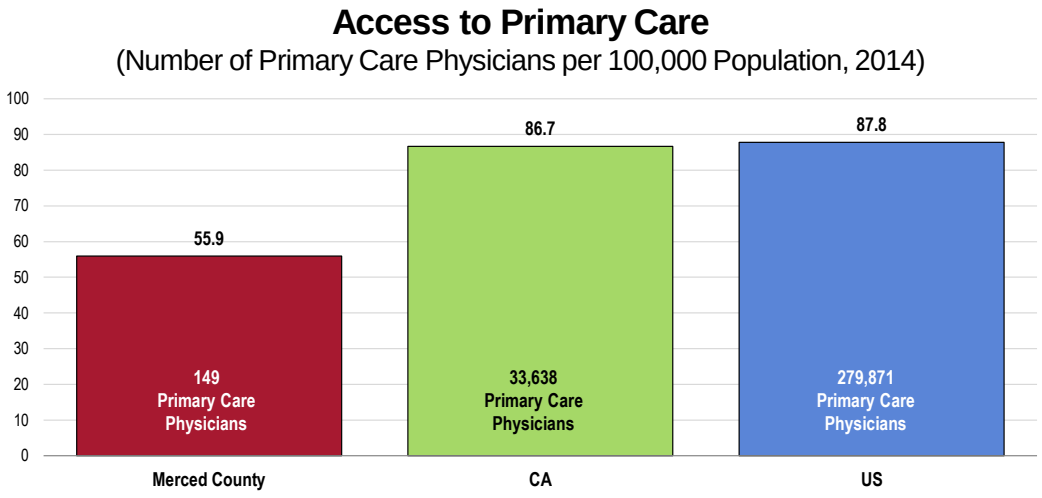
Improving health care services includes increasing access to and use of evidence-based preventive services. Clinical preventive services are services that: **prevent** illness by detecting early warning signs or symptoms before they develop into a disease (primary prevention); or **detect** a disease at an earlier, and often more treatable, stage (secondary prevention).

- Healthy People 2020 (www.healthypeople.gov)

Access to Primary Care

In Merced County in 2014, there were 149 primary care physicians, translating to a rate of 55.9 primary care physicians per 100,000 population.

- Well below what is found statewide and nationally.

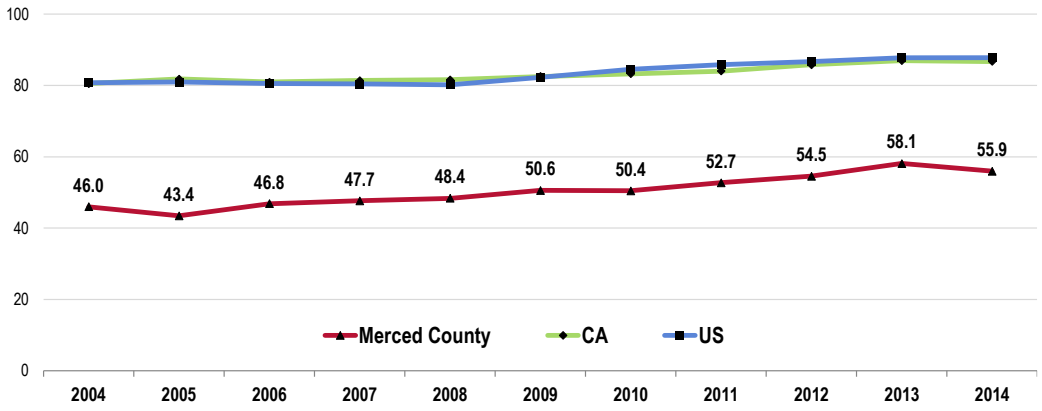


Sources:
- US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File.
- Retrieved August 2018 from Community Commons at http://www.chna.org.

Notes:
- This indicator is relevant because a shortage of health professionals contributes to access and health status issues.

- TREND: Access to primary care (in terms of the rate of primary care physicians to population) has increased over the past decade in Merced County, similar to state and national trends.

Trends in Access to Primary Care
(Number of Primary Care Physicians per 100,000 Population)



Sources:
- US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File.
- Retrieved August 2018 from Community Commons at http://www.chna.org.

Notes:
- This indicator is relevant because a shortage of health professionals contributes to access and health status issues.
- These figures represent all primary care physicians practicing patient care, including hospital residents. In counties with teaching hospitals, this figure may differ from the rate reported in the previous chart.

Specific Source of Ongoing Care

Three-quarters (75.5%) of Merced County adults were determined to have a specific source of ongoing medical care.

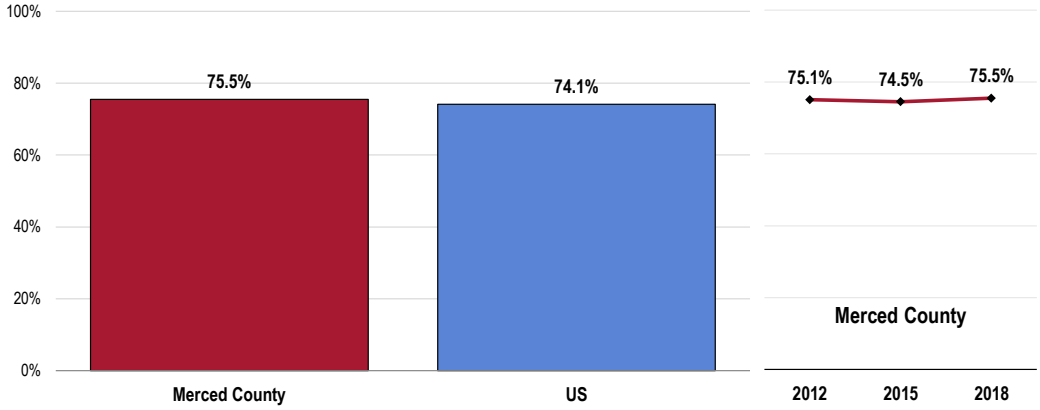
- Similar to national findings.
- Fails to satisfy the Healthy People 2020 objective (95% or higher).
- TREND: No significant change over time.

Having a specific source of ongoing care includes having a doctor's office, clinic, urgent care center, walk-in clinic, health center facility, hospital outpatient clinic, HMO or prepaid group, military/VA clinic, or some other kind of place to go if one is sick or needs advice about his or her health. This resource is crucial to the concept of "patient-centered medical homes" (PCMH).

A hospital emergency room is not considered a specific source of ongoing care in this instance.

Have a Specific Source of Ongoing Medical Care

Healthy People 2020 Target = 95.0% or Higher



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 170]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective AHS-5.1]

Notes:
- Asked of all respondents.

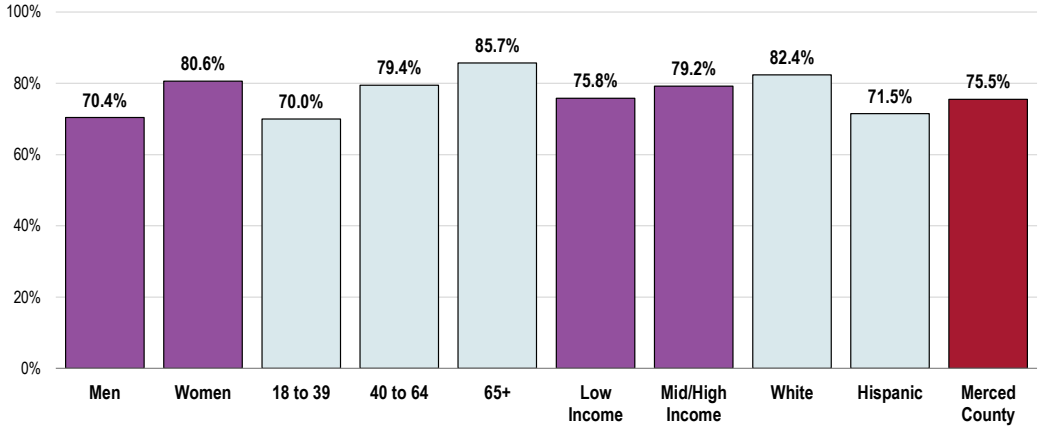
When viewed by demographic characteristics, the following population segments are <u>less likely</u> to have a specific source of care:

- Men.
- Adults under age 40.

Have a Specific Source of Ongoing Medical Care

(Merced County, 2018)

Healthy People 2020 Target = 95.0% or Higher



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 170]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective AHS-5.1]

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

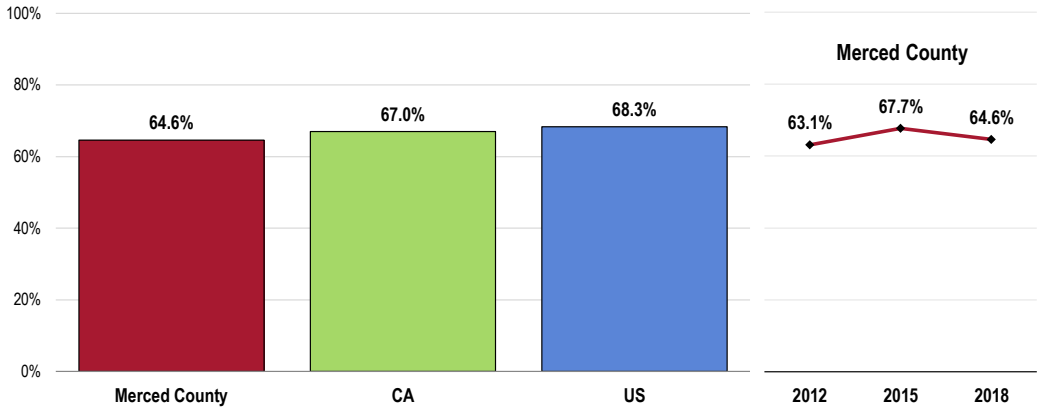
Utilization of Primary Care Services

Adults

Six in 10 adults (64.6%) visited a physician for a routine checkup in the past year.

- Comparable to state and national findings.
- TREND: Differences over time are not statistically significant.

Have Visited a Physician for a Checkup in the Past Year

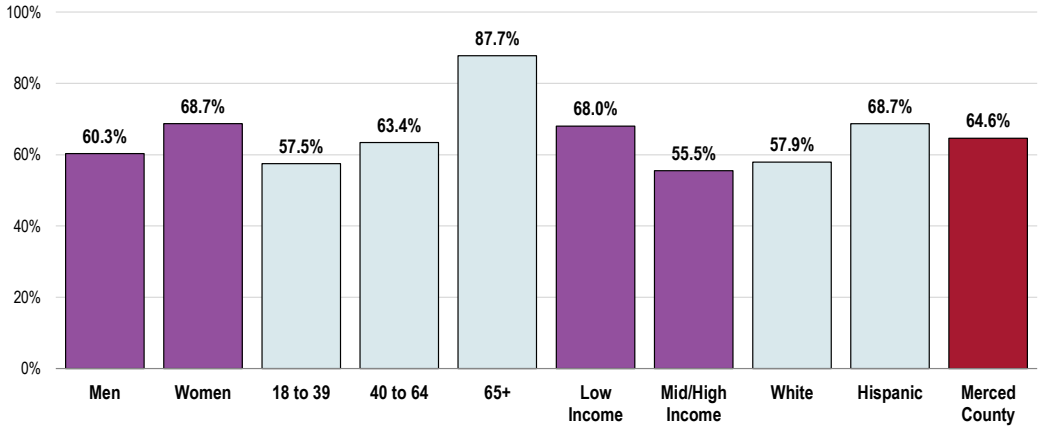


Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 18]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 California data.
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

- Adults under age 65 are much less likely to have received routine care in the past year.

Have Visited a Physician for a Checkup in the Past Year
(Merced County, 2018)



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 18]

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

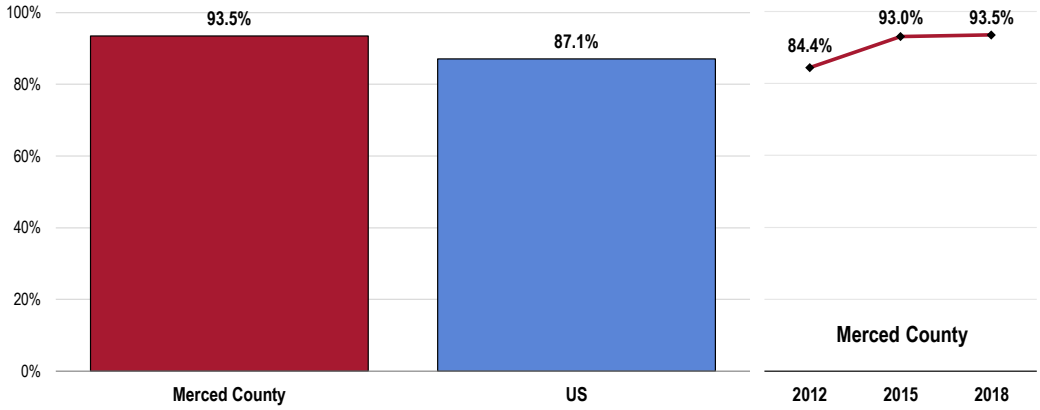
Children

Among surveyed parents, 93.5% report that their child has had a routine checkup in the past year.

- Statistically similar to national findings.
- TREND: Statistically similar to previous findings.

Child Has Visited a Physician for a Routine Checkup in the Past Year

(Among Parents of Children 0-17)



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 120]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

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

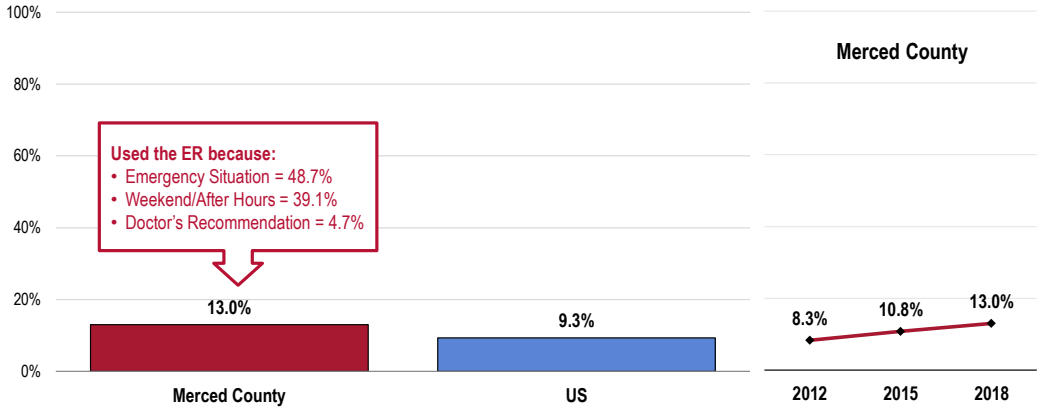
Emergency Room Utilization

A total of 13.0% of Merced County adults have gone to a hospital emergency room more than once in the past year about their own health.

- Comparable to national findings.
- TREND: The increase over time is not statistically significant.

Of those using a hospital ER, 48.7% say this was due to an **emergency or life-threatening situation**, while 39.1% indicated that the visit was during **after-hours or on the weekend**. A total of 4.7% cited a **doctor's recommendation**.

Have Used a Hospital Emergency Room More Than Once in the Past Year

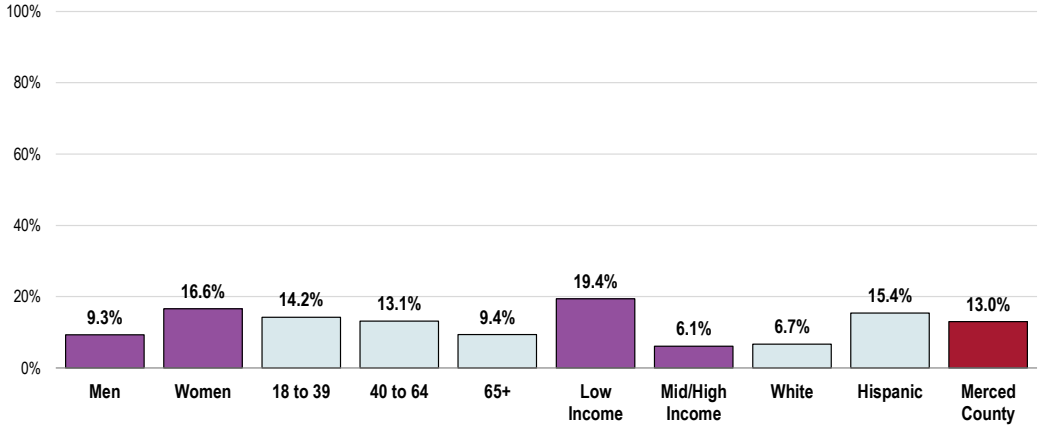


Sources: ● 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 22-23]
● 2017 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

- Low-income residents are more likely to have used an ER for their medical care more than once in the past year.

Have Used a Hospital Emergency Room More Than Once in the Past Year

(Merced County, 2018)



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 22]

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

Oral Health

About Oral Health

Oral health is essential to overall health. Good oral health improves a person's ability to speak, smile, smell, taste, touch, chew, swallow, and make facial expressions to show feelings and emotions. However, oral diseases, from cavities to oral cancer, cause pain and disability for many Americans. Good self-care, such as brushing with fluoride toothpaste, daily flossing, and professional treatment, is key to good oral health. Health behaviors that can lead to poor oral health include: **tobacco use; excessive alcohol use;** and **poor dietary choices**.

The significant improvement in the oral health of Americans over the past 50 years is a public health success story. Most of the gains are a result of effective prevention and treatment efforts. One major success is community water fluoridation, which now benefits about 7 out of 10 Americans who get water through public water systems. However, some Americans do not have access to preventive programs. People who have the least access to preventive services and dental treatment have greater rates of oral diseases. A person's ability to access oral healthcare is associated with factors such as education level, income, race, and ethnicity.

Barriers that can limit a person's use of preventive interventions and treatments include: limited access to and availability of dental services; lack of awareness of the need for care; cost; and fear of dental procedures.

There are also social determinants that affect oral health. In general, people with lower levels of education and income, and people from specific racial/ethnic groups, have higher rates of disease. People with disabilities and other health conditions, like diabetes, are more likely to have poor oral health.

Potential strategies to address these issues include:

- Implementing and evaluating activities that have an impact on health behavior.
- Promoting interventions to reduce tooth decay, such as dental sealants and fluoride use.
- Evaluating and improving methods of monitoring oral diseases and conditions.
- Increasing the capacity of State dental health programs to provide preventive oral health services.
- Increasing the number of community health centers with an oral health component.

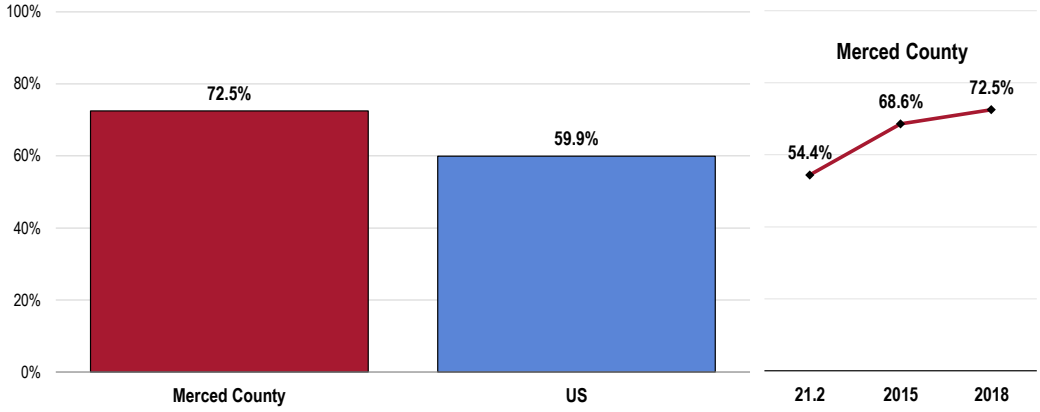
- Healthy People 2020 (www.healthypeople.gov)

Dental Insurance

Over seven in 10 Merced County adults (72.5%) have dental insurance that covers all or part of their dental care costs.

- Notably higher than the national finding.
- TREND: Represents a significant increase over 2012 findings (similar to 2015).

Have Insurance Coverage That Pays All or Part of Dental Care Costs



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 21]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

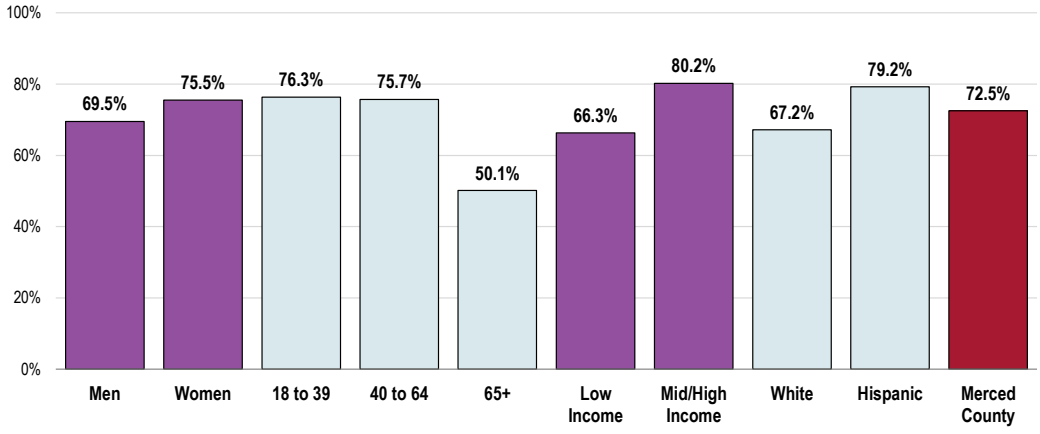
Notes:
- Asked of all respondents.

These adults are <u>less</u> likely to be covered by dental insurance:

- Older adults (age 65+).
- Low-income residents.

Have Insurance Coverage That Pays All or Part of Dental Care Costs

(Merced County, 2018)



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 21]

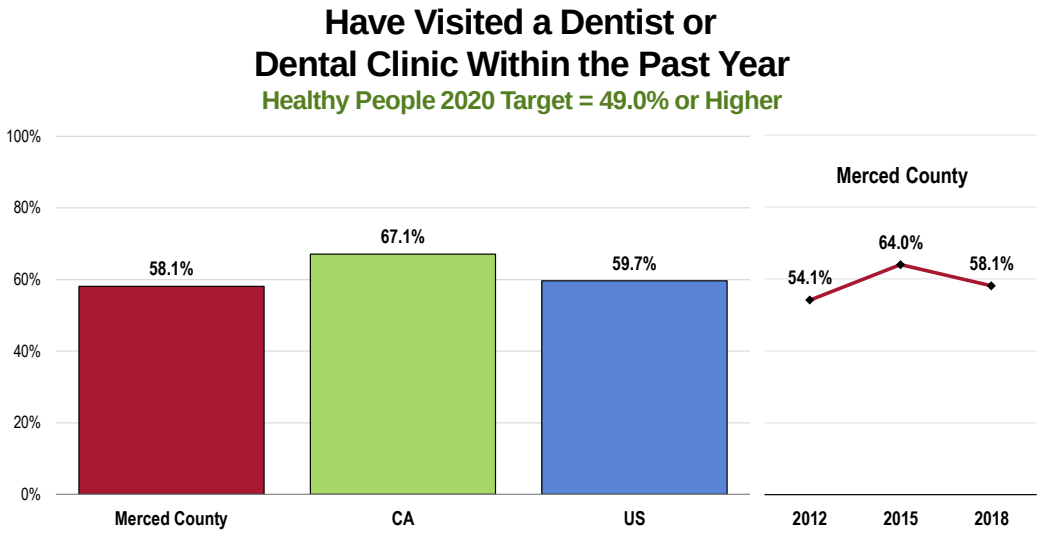
Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household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

Dental Care

Adults

A total of 58.1% of Merced County adults have visited a dentist or dental clinic (for any reason) in the past year.

- Lower than statewide findings.
- Similar to national findings.
- Satisfies the Healthy People 2020 target (49.0% or higher).
- TREND: No significant trend over time.



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 20]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 California data.
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective OH-7]

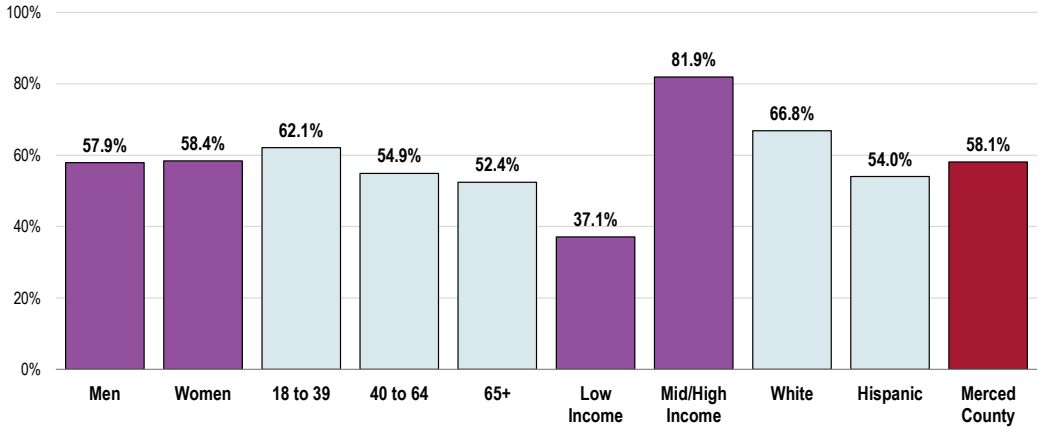
Notes:
- Asked of all respondents.

- Low-income adults report much lower utilization of oral health services (and fail to satisfy the Healthy People 2020 target).

Have Visited a Dentist or Dental Clinic Within the Past Year

(Merced County, 2018)

Healthy People 2020 Target = 49.0% or Higher



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 20]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective OH-7]

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

Children

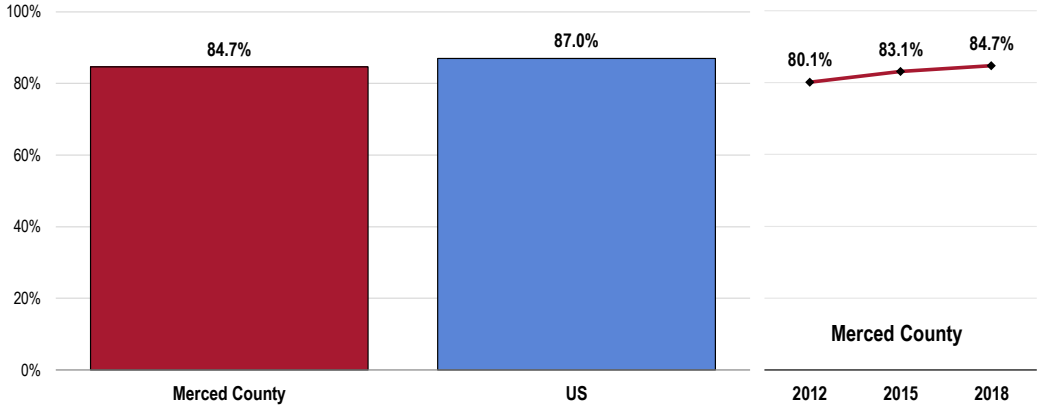
A total of 84.7% of parents report that their child (age 2 to 17) has been to a dentist or dental clinic within the past year.

- Comparable to national findings.
- Easily satisfies the Healthy People 2020 target (49% or higher).
- TREND: No statistically significant change over time.

Child Has Visited a Dentist or Dental Clinic Within the Past Year

(Among Parents of Children Age 2-17)

Healthy People 2020 Target = 49.0% or Higher

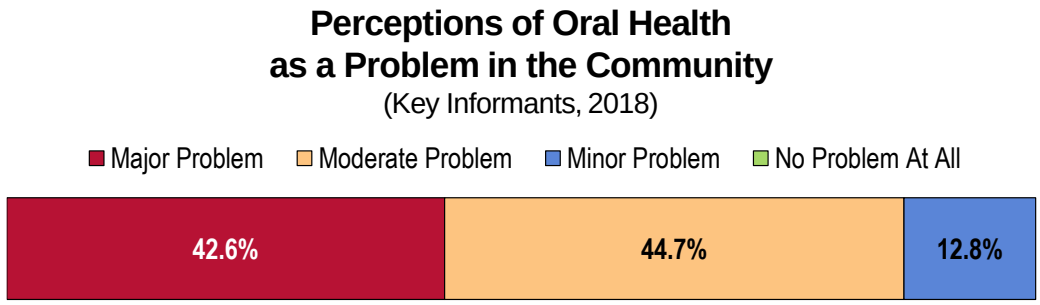


Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 123]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective OH-7]

Notes:
- Asked of all respondents with children age 2 through 17.

Key Informant Input: Oral Health

Key informants taking part in an online survey characterized *Oral Health* as a "moderate problem" slightly more often than a "major problem" in the community.



Sources: • PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a "major problem," reasons related to the following:

Cost/Insurance Issues

Dental care is very costly. Dentist providers that don't accept Denti-Cal. Dentists that don't see special needs children, so have to be referred out of Merced County. - Public Health Representative

Majority of dentists do not take Medi-Cal, not reimbursed enough by Medi-Cal. - Public Health Representative

Dental care is very expensive and is not covered by most insurance. - Public Health Representative

Dental coverage for children and adults. - Public Health Representative

Awareness/Education

There are a lot of young children who come from impoverished families with dental issues and are getting their teeth capped. I think more education on the importance of oral health care is important starting at a younger age. - Public Health Representative

Bad oral health, poor training, not brushing right, drugs. - Public Health Representative

Lack of Providers

There is a lack of dentists and oral health specialists in the area. Additionally, not many dentists accept Denti-Cal, which leads to long wait times to get into a dentist that does accept this and people using the ER in the meantime. We need to focus on preventative oral health care and that is also missing in the community. - Public Health Representative

We have no dentist who can help our special needs children, and once over the age of 10, it is almost impossible to find one to take care of them. - Public Health Representative

Vision Care

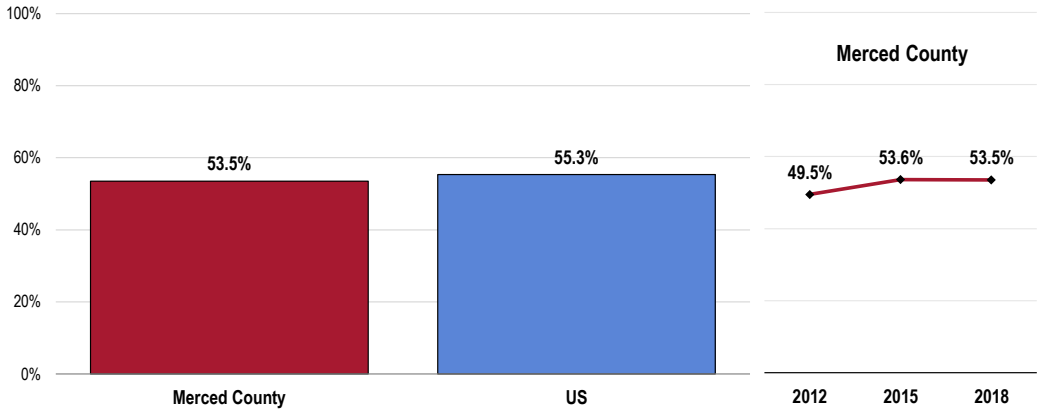
RELATED ISSUE:

See also *Potentially Disabling Conditions: Vision & Hearing Impairment* in the **Death, Disease, & Chronic Conditions** section of this report.

A total of 53.5% of Merced County residents had an eye exam in the past two years during which their pupils were dilated.

- Statistically comparable to national findings.
- TREND: Comparable to the 2012 survey findings.

Had an Eye Exam in the Past Two Years During Which the Pupils Were Dilated



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 19]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

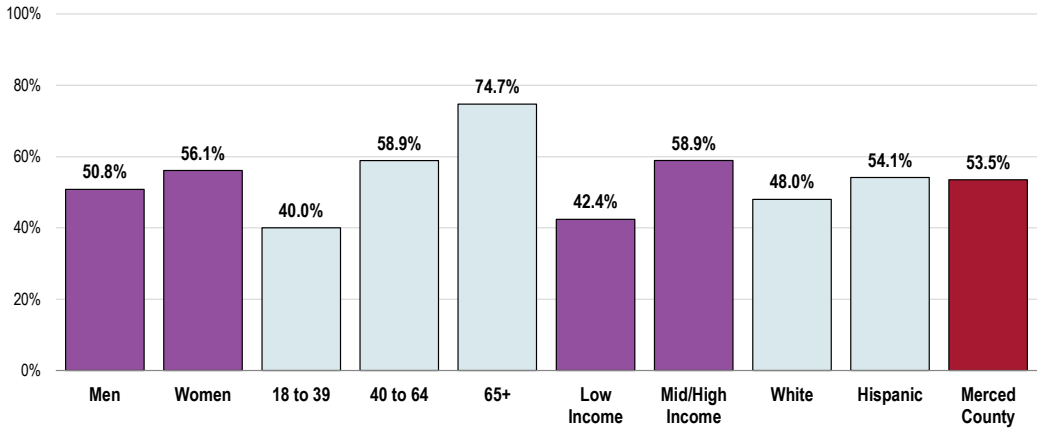
Notes:
- Asked of all respondents.

Recent vision care in Merced County is more often reported among:

- Older adults (note the strong correlation with age).
- Residents with higher incomes.

Had an Eye Exam in the Past Two Years During Which the Pupils Were Dilated

(Merced County, 2018)



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 19]

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

Local Resources

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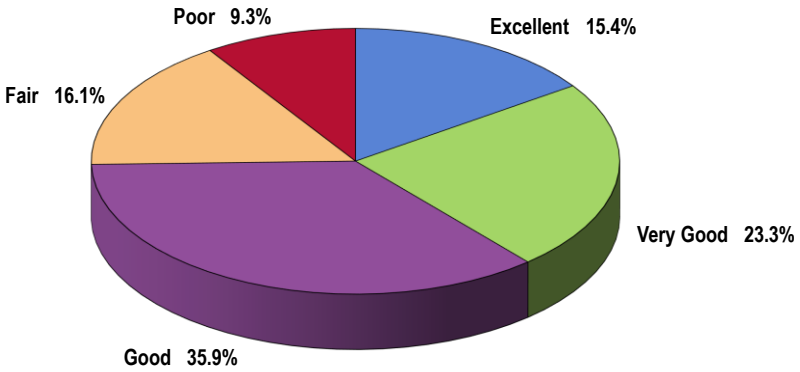
Perceptions of Local Healthcare Services

Just 38.7% of Merced County adults rate the overall healthcare services available in their community as "excellent" or "very good."

- Another 35.9% gave "good" ratings.

Rating of Overall Healthcare Services Available in the Community
(Merced County, 2018)



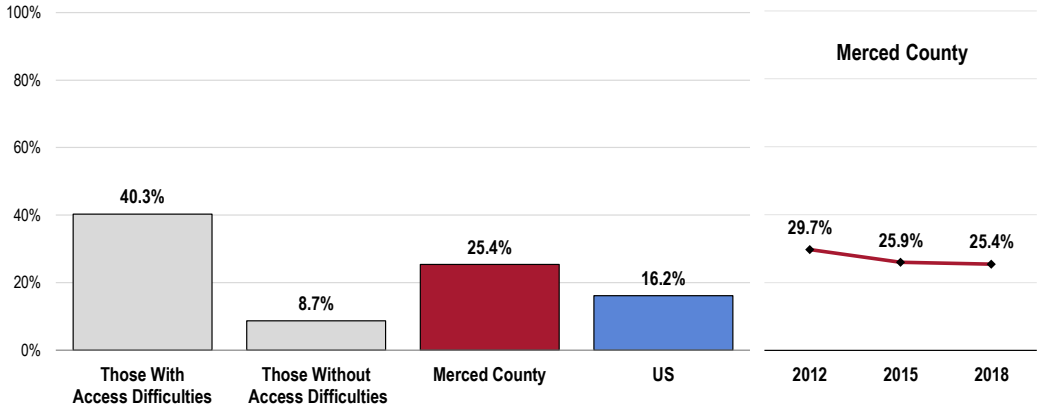
Sources: ● 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 6]
Notes: ● Asked of all respondents.

However, one-quarter (25.4%) of residents characterize local healthcare services as "fair" or "poor."

- Less favorable than reported nationally.
- TREND: Differences in ratings over time are not statistically significant.

Access is the strongest predictor of perceptions.

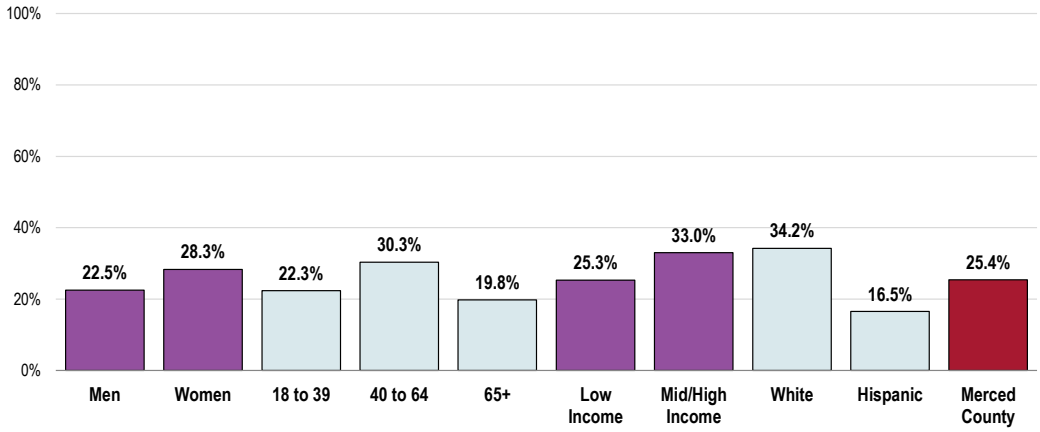
Perceive Local Healthcare Services as "Fair/Poor"



Sources: ● 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 6]
● 2017 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

- White residents are far more critical of local healthcare services than Hispanic residents.

Perceive Local Healthcare Services as "Fair/Poor"
(Merced County, 2018)



Sources: ● 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 6]
Notes: ● Asked of all respondents.
● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

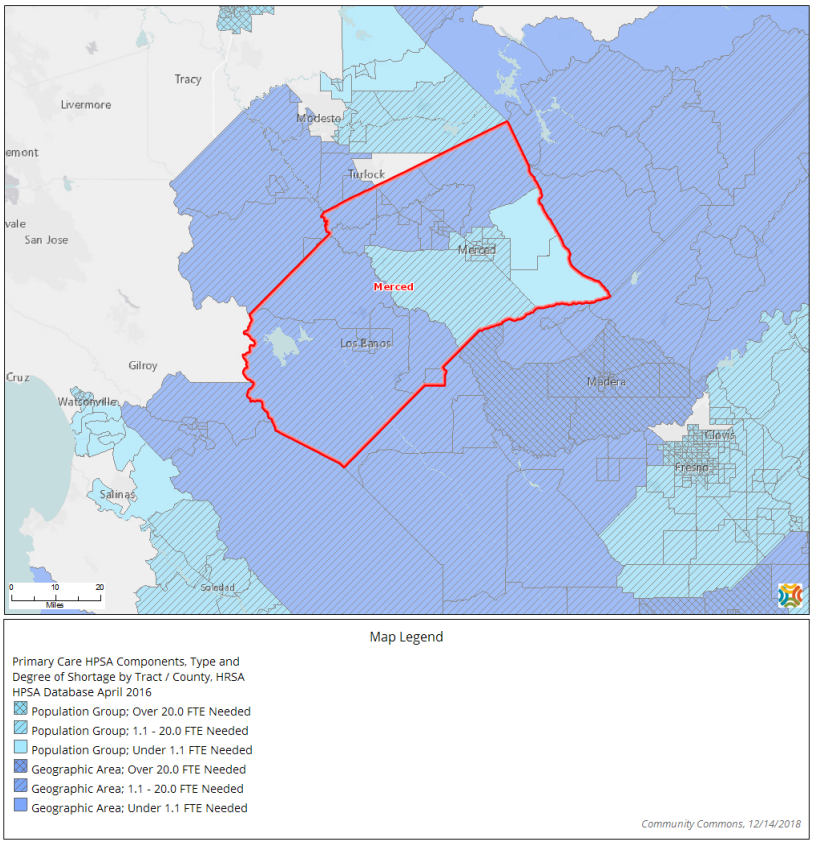
Healthcare Resources & Facilities

A "health professional shortage area" (HPSA) is defined as having a shortage of primary medical care, dental or mental health professionals.

Health Professional Shortage Areas (HPSAs)

Note in the following map that centralized portions of the county (around the city of Merced) are designated as geographic Health Professional Shortage Areas (HPSAs) for primary care; other portions are designated as HPSAs for certain segments of the population.

Note that 100% of Merced County is designated as a Mental Health HPSA (not shown).



Resources Available to Address the Significant Health Needs

The following represent potential measures and resources (such as programs, organizations, and facilities in the community) identified by key informants as available to address the significant health needs identified in this report. This list only reflects input from participants in the Online Key Informant Survey and should not be considered to be exhaustive nor an all-inclusive list of available resources.

Access to Healthcare Services

- *2-1-1*
- *Alliance on Health*
- *Apex Medical Group*
- *California Children Services*
- *Castle Clinic*
- *Castle Family Health Center*
- *Central California Alliance*
- *Denti-Cal*
- *Dignity Health*
- *Doctor's Offices*
- *Golden Valley Health Center*
- *Health Department*
- *Hospitals*
- *Human Services Agency*
- *Livingston Community Health*
- *Maternal, Child and Adolescent Health Services*
- *Mental Health Services*
- *Merced County Behavioral Health and Recovery Services*
- *Merced County EMS Agency*
- *Merced County Mental Health*
- *Merced County Public Health*
- *Merced Faculty Associates*
- *Merced Transit Buses*
- *Mercy Medical Center Merced*
- *Mercy Residency Program*
- *National Alliance on Mental Illness (NAMI)*
- *Oral Health Advisory Committee*
- *Oral Health Program*
- *Planned Parenthood*
- *Ryan White HIV/AIDS Program*
- *Valley Children's Satellite Clinic*

Arthritis, Osteoporosis, & Chronic Back Conditions

- *Doctor's Offices*

Cancer

- *American Cancer Society*
- *Central California Alliance*
- *Dial-a-Ride*
- *Doctor's Offices*
- *El Portal Imaging Center*
- *Merced Cancer Society*
- *Merced UC Davis Cancer Center*

Dementias, Including Alzheimer's Disease

- *Adult Protective Services*
- *Doctor's Offices*
- *Human Services Agency*
- *Older Adult System of Care Program*

Diabetes

- *Castle Family Health Center*
- *Central California Alliance*
- *Dignity Health*
- *Doctor's Offices*
- *Farmer's Markets*
- *Fitness Centers/Gyms*
- *Golden Valley Health Center*
- *Health Department*
- *Health Fairs*
- *Hospitals*
- *Labs*
- *Livingston Community Health*
- *Livingston Medical Group*
- *Los Banos Memorial Hospital*
- *Mental Health Services*
- *Merced County Public Health*

- *Mercy Medical Center Merced*
- *National Diabetes Prevention Program*
- *Parks and Recreation*
- *Rethink Your Drink*
- *School System*
- *Self-Management Diabetes Classes*
- *Valley Children's Satellite Clinic*

Family Planning

- *Churches*
- *Doctor's Offices*
- *First 5 Association*
- *Health Centers*
- *Healthy Families Program*
- *Hospitals*
- *Human Services Agency*
- *Merced County Public Health*
- *Planned Parenthood*
- *School System*
- *Welfare*
- *WIC*

Heart Disease & Stroke

- *American Heart Association*
- *Community Health Clinics*
- *Dignity Health*
- *Doctor's Offices*
- *Golden Valley Health Center*
- *Hospitals*
- *Livingston Community Health*
- *Los Banos Memorial Hospital*
- *Merced County EMS Agency*
- *Merced County Public Health*
- *Mercy Medical Center Merced*
- *Parks and Recreation*
- *Riggs Ambulance Service*

HIV/AIDS

- *Ryan White HIV/AIDS Program*

Immunization & Infectious Diseases

- *Doctor's Offices*
- *Health Department*
- *Human Services Agency*
- *Pharmacies*

Infant & Child Health

- *Boys and Girls Club*
- *Caring Kids*
- *Castle Health Center*
- *First 5 Association*
- *Golden Valley Health Center*
- *Junior Giants*
- *Livingston Community Health*
- *Merced County Human Services Agency*
- *Merced Faculty Associates*
- *School System*
- *Sierra Vista Child & Family Services*
- *Valley Children's Satellite Clinic*

Injury & Violence

- *Boys and Girls Club*
- *California Highway Patrol*
- *Dignity Health*
- *Junior Giants*
- *Merced County Behavioral Health and Recovery Services*
- *Merced County EMS Agency*
- *Merced County Police Department*
- *Merced County Public Health*
- *School System*

Kidney Disease

- *Central California Alliance*
- *Davita Merced at Home*
- *Doctor's Offices*
- *Satellite Dialysis*

Mental Health

- *AspiraNet*
- *Beacon*
- *Caring Kids*
- *Central California Alliance*
- *First 5 Association*
- *Food Bank of Merced County*
- *Golden Valley Health Center*
- *Homeless Shelters*
- *Los Banos Memorial Hospital*
- *Marie Green Center*
- *Mental Health Services*
- *Merced County Behavioral Health and Recovery Services*
- *Merced County EMS Agency*
- *Merced County Human Services Agency*
- *Merced County Public Health*
- *Mercy Medical Center Merced*
- *National Alliance on Mental Illness (NAMI)*
- *School System*
- *Sierra Vista Child & Family Services*
- *Suicide Prevention Hotline*
- *Turning Point*

Nutrition, Physical Activity, & Weight

5K/10K Walk or Run
Boys and Girls Club
CalFresh Benefits
Champions for Life Program
City Planners
Community Center
Doctor's Offices
Farmer's Markets
First 5 Association
Fitness Centers/Gyms
Merced County Public Health
Parks and Recreation
School System
Weight Watchers

Oral Health

Dental Health Services
Dentist's Offices
Doctor's Offices
Golden Valley Health Center

Respiratory Diseases

Alliance on Health
Dignity Health
Doctor's Offices
Los Banos Memorial Hospital
Merced County EMS Agency
Merced County Public Health
Mercy Medical Center Merced

Sexually Transmitted Diseases

Community Health Clinics
FPA Women's Health
General Medicine Clinic (GMC)
Golden Valley Health Center
Health Department
Memorial Hospital
Mercy Medical Center Merced
Patient First Urgent Care
Planned Parenthood

Substance Abuse

Aegis Treatment Centers
Churches
Doctor's Offices
GEO Reentry Services
Homeless Shelters
Love, Inc.
Mental Health Services
Merced County Alcohol and Drug Services
Merced County Behavioral Health and Recovery Services
Merced County Mental Health
Merced County Rescue Mission
Merced County Substance Abuse Disorder Services
New Direction
Public Health
Recovery Assistance Programs
School System
Substance Abuse Services
The David J. Riordan's Hobie House

Tobacco Use

American Lung Society
California Health Collaborative
Castle Family Health Center
Dignity Health
Golden Valley Health Center
Livingston Community Health
Merced County Public Health
Public Health
School System

Appendix

Professional Research Consultants, Inc.

Appendix I: Pediatric Health Needs

Parents' Perceptions of Top Children's Health Issues

Among surveyed adults with children living in the household, the interrelated issues of <u>obesity, nutrition, and exercise</u> received the largest share of responses (35.5%) as the perceived number-one health issue affecting children in the community.

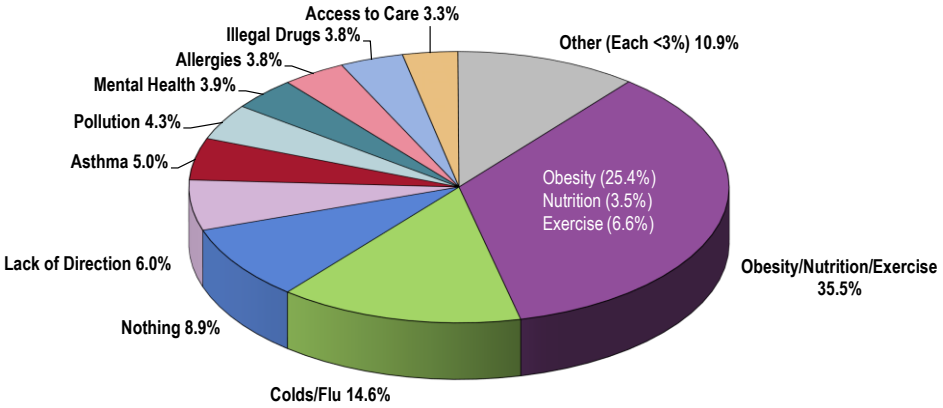
Respondents were asked the following:

"In general, what do you feel is the number-one health issue affecting children in your community today?"

This question was open-ended, meaning that respondents were free to mention whatever came to mind, and their verbatim responses were recorded. These responses were then grouped thematically for reporting here.

Perceived Number-One Health Issue Affecting Children in the Community

(Among Merced County Parents With a Child Age 0-17, 2018)

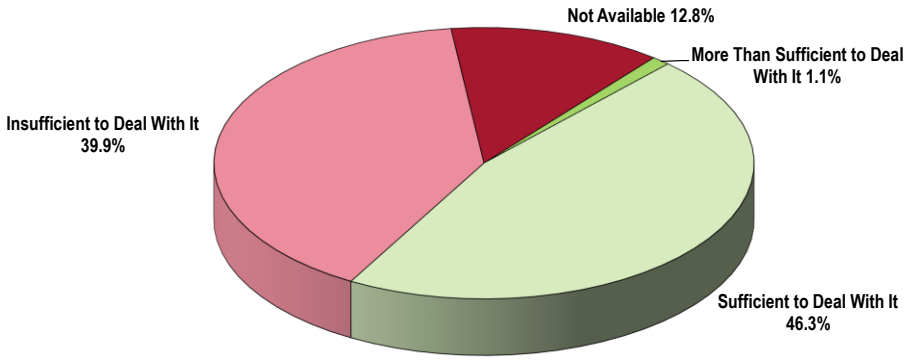


Sources: ● YRNOW PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 306]
Notes: ● Asked of all respondents with children age 0-17.

For the issue that respondents identified as their number-one concern, more than one-half feel that local resources to address this issue are either insufficient (39.9%) or not available (12.8%).

Perception of Existing Community Resources or Services for Number-One Health Issue Affecting Children

(Among Parents Who Identified a Top Health Concern; Merced County, 2018)



Sources: ● YRNOW PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 307]
Notes: ● Among respondents who identified a top health concern.

Pediatric Areas of Opportunity

The table below outlines those Areas of Opportunity identified through this assessment that are specific to or impact pediatric populations. (See also Significant Health Needs in the Introduction: Summary of Findings section of this report.)

Pediatric Areas of Opportunity Identified Through This Assessment	
Infant Health & Family Planning	• Timely Prenatal Care • Teen Births
Injury & Violence	• Violent Crime Rate
Nutrition, Physical Activity, & Weight	• Healthy Weight [Children Age 5-17] • Access to Recreation/Fitness Facilities

Summary of Pediatric Data Indicators

Further, the following tables outline data for those indicators included in this assessment that are specific to or impact the pediatric population in Merced County.

Social Determinants	Merced County	Merced Co. vs. Benchmarks			TREND
		vs. CA	vs. US	vs. HP2020	
Children Below 200% FPL (Percent)	66.4	45.2	43.3		
		better	similar	worse	

Access to Health Services	Merced County	Merced Co. vs. Benchmarks			TREND
		vs. CA	vs. US	vs. HP2020	
% Difficulty Getting Child's Healthcare in Past Year	4.9		5.6		5.4
% Child Has Had Checkup in Past Year	93.5		87.1		84.4
		better	similar	worse	

Infant Health & Family Planning	Merced County	Merced Co. vs. Benchmarks			TREND
		vs. CA	vs. US	vs. HP2020	
No Prenatal Care in First Trimester (Percent)	29.4	15.3		22.1	39.1
Low Birthweight Births (Percent)	5.9	6.9	8.1	7.8	6.5
Infant Death Rate	3.9	4.3	5.9	6.0	6.1
Births to Teenagers Under Age 20 (Percent)	8.4	5.0	5.8		13.4
		better	similar	worse	

Injury & Violence	Merced County	Merced Co. vs. Benchmarks			TREND
		vs. CA	vs. US	vs. HP2020	
Violent Crime Rate	614.4	403.2	379.7		
		better	similar	worse	

Nutrition, Physical Activity & Weight	Merced County	Merced Co. vs. Benchmarks			TREND
		vs. CA	vs. US	vs. HP2020	
Population With Low Food Access (Percent)	22.6	13.4	22.4		
% Child [Age 2-17] Physically Active 1+ Hours per Day	59.6		50.5		52.5
Recreation/Fitness Facilities per 100,000	7.4	10.8	11.0		
% Child [Age 5-17] Healthy Weight	37.6		58.4		42.7
% Children [Age 5-17] Overweight (85th Percentile)	43.1		33.0		38.6
% Children [Age 5-17] Obese (95th Percentile)	34.1		20.4	14.5	21.9

Nutrition, Physical Activity & Weight (continued)	Merced County	Merced Co. vs. Benchmarks			TREND
		vs. CA	vs. US	vs. HP2020	
% [Child Age 5-17] Parent Advised That Child Is Overweight in Past Yr	8.2				7.2
			better	similar	worse

Oral Health	Merced County	Merced Co. vs. Benchmarks			TREND
		vs. CA	vs. US	vs. HP2020	
% Child [Age 2-17] Dental Visit in Past Year	84.7		87.0	49.0	80.1
			better	similar	worse

Respiratory Diseases	Merced County	Merced Co. vs. Benchmarks			TREND
		vs. CA	vs. US	vs. HP2020	
% [Child 0-17] Currently Has Asthma	6.1		9.3		11.0
% Child [Age 0-17] Asthma (Ever Diagnosed)	16.4		11.1		18.0
			better	similar	worse

Tobacco Use	Merced County	Merced Co. vs. Benchmarks			TREND
		vs. CA	vs. US	vs. HP2020	
% [Household With Children] Someone Smokes in the Home	5.5		7.2		10.3
			better	similar	worse

Impact of Actions Taken Since FY 2016 CHNA

Significant health needs identified in the FY 2016 community health needs assessment were; access to health care, cancer, diabetes, heart disease & stroke, infant health, respiratory disease, nutrition, physical activity & weight, immunization & infectious diseases and mental health. Immunization & infectious diseases and mental health were not directly addressed by the hospital but supported by grants, awarded through the Dignity Health Community Grant Program.

Mercy Medical Center took a number of steps, and implemented and delivered multiple program activities to help address select significant health needs identified in the FY 2016 community health needs assessment and the implementation strategy.

Strategy or Activity	**Summary Description – Access to Health Care**	**Data Points**
Dignity Health Community Grant Program	Grant awards are given to non-profit organizations in Merced County who are improving the access of health care for the persons living in Merced County.	12 non-profit organizations received grants. Total CB expense was $392,000
Patient Financial Assistance Program	Financial assistance available to uninsured or underinsured patients.	
Strategy or Activity	**Summary Description - Cancer**	**Data Points**
Mercy UC Davis Cancer Center	Provides quality oncology care to the community. Partners with the American Cancer Society for various outreach programs and support services.	860 people benefited with the ACS outreach programs. Total CB expense $21,835
American Cancer Society	The Collaborative Action Plan is a partnership with ACS and the cancer center to provide these two programs: Look Good, Feel Better and the Wig Bank	19 women participated in the program. Total CB expense $1633
Cancer Support Group	Meets monthly at the cancer center, is facilitated through Mercy Spiritual Services and is open to any person affected by cancer, patient or family	449 people attended the support group. Total CB expense

	member, regardless of where they receive treatment.	$29,449
Massage Therapy	Occurs after the support group meets, providing 15 minute massage by a certified massage therapist to cancer patients to help decrease stress, anxiety, pain and fatigue.	
Strategy or Activity	**Summary Description – Chronic Disease and Diabetes**	**Data Points**
Chronic Disease Self - Management Program	A six week comprehensive, outcomes-based program developed by Stanford University which includes education and action planning for participants living with a chronic disease.	254 persons completed the program. Total CB expense $20,265
Diabetes Classes	Weekly diabetes education classes in English and Spanish. Classes provide the opportunity for participants to bond and offer each other support.	2,688 persons attended classes. Total CB expense $36,446
Diabetes Self-Management Program	A six week comprehensive, outcomes-based program developed by Stanford University which includes education and action planning for participants living with diabetes.	435 persons attended DSMP. Total CB expense $38,266
National Diabetes Prevention Program	Partnership with the Center for Disease Control offering participants to join a year-long lifestyle coach program.	
Strategy or Activity	**Summary Description –Stroke and Heart Disease**	**Data Points**
Certified Stroke Hospital	As a certified primary stroke center there is a dedicated stroke program focused on bringing high quality care to our community. The Stroke Center is certified by the Joint Commission and is staffed by qualified medical professionals trained in the care of the patient suffering from a stroke. The program focuses on high quality individualized care to meet the needs of our patients and improve the patient outcomes.	

Stroke Telemedicine	The telemedicine for the treatment of stroke helps to bring highly specialized care to our community. It brings immediate access to Board Certified Neurologists who offer lifesaving medical care when time and treatment is of the highest importance.	
Cardiac Rehab	Physical therapy for individuals with heart disease	
Stroke Support & Resource Class	Meets quarterly to offer individuals information on preventing another stroke, coping with disabilities after a stroke and help for caregivers.	313 person benefited from these resources. Total CB expense $6,911
Strategy or Activity	**Summary Description – Nutrition, Physical Activity & Weight**	**Data Points**
STEPS	A joint replacement education program; how to prepare for joint replacement, stay in hospital, recovery exercise, nutrition & home environment. Offers a walking club and is open to any individual who has had a joint replacement. Program is offered in English and Spanish.	FY 17 & 18 total persons attending 131. Total CB expense $19,477
Yoga and Zumba weekly classes	Exercise classes offered weekly for adults to increase balance, strengthen muscles, relieve stress, and to help maintain flexibility.	35,633 people attended the weekly exercise classes. Total CB expense $73,148
School Outreach Program	Community Health Educators visits to local schools providing speakers to address with students, weight management, good nutrition and importance of physical activity.	1,261 students benefited through these activities. Total CB expense $35,996
Family Health Festival & 5K Stroke Awareness Run	An annual event with over 40 vendors providing health information, screenings and physical activities.	9,548 persons attended the health fairs. Total CB expense $122,144
Walk with Ease	In Collaboration with the City of Merced Parks and Recreation and the Arthritis Foundation to	FY18, 14 persons completed program.

	provide a six week program that targets people with arthritis.	Total CB expense $1,793
Strategy or Activity	**Summary Description – Respiratory Diseases**	**Data Points**
Asthma Self-Management Program and the Asthma Coalition	In collaboration with the CA Department of Public Health to provide asthma education to persons with the condition to be better self-managers. This program also reaches out to local schools.	1,158 persons were benefited by this program. Total CB expense $11,727
Smoking Cessation Program	Classes to help persons who smoke to stop by providing education, support and resources.	FY17 & 18, 38 persons attended classes. Total CB expense $2,485
Strategy or Activity	**Summary Description - Infant Health & Family Planning**	**Data Points**
Childbirth Classes	To help pregnant women and their support person to prepare and educate them on what to expect with childbirth.	1,163 women attended this class. Total CB expense $131,147
Lactation Classes	Class covers the basics of breastfeeding: reasons to breastfeed, how to hold and latch your baby and how your support people can help.	438 women attended this class. Total CB expense $43,296
Breast Feeding Support Group	Child birth educator facilitates the support group which offers mothers who are breast feeding meet to help each other with the challenges they are having while breast feeding.	
Stork Tours	Pregnant women and their support person attend a class to prepare them for admission to the hospital and then go on a tour of the OB department.	950 women went to the class and tour. Total CB expense $32,575
Baby Café	In collaboration with WIC, this support group is for new mothers with a focus on breastfeeding and postpartum depression	