Dignity Health®
A member of CommonSpirit

2025 Community Health Needs Assessment

Mercy Hospital Downtown

Mercy Hospital Southwest

Adopted April 2025

Contents

Report adopted by the Board of Directors in April 2025.

Executive Summary

Purpose Statement

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

CommonSpirit Health Commitment and Mission Statement

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

CHNA Collaborators

This CHNA was conducted in partnership with Dignity Health Memorial Hospital, Kern Medical, Adventist Health (Bakersfield, Delano and Tehachapi Valley), Valley Children's Healthcare and Kaiser Permanente. Mercy Hospitals engaged Biel Consulting, Inc. to conduct the CHNA.

Community Definition

Mercy has two hospital facilities in Bakersfield – Mercy Hospital Downtown and Mercy Hospital Southwest (Mercy Hospitals). These hospital facilities operate under one license. Mercy Hospital Downtown is located at 2215 Truxtun Avenue, Bakersfield, California, 93301. Mercy Hospital Southwest is located at 400 Old River Road, Bakersfield, California, 93311. For the purposes of this report, the hospitals define their primary service area as including the following 13 ZIP Codes in three cities within Kern County.

Mercy Hospitals Service Area

Place	ZIP Code
Arvin	93203
Bakersfield	93301, 93304, 93305, 93306, 93307, 93308, 93309, 93311, 93312, 93313, 93314
Taft	93268

The population of the service area is 625,147. Children and youth, ages 0-17, make up

29.8% of the population, 59.6% are adults, ages 18-64, and 10.6% of the population are seniors, ages 65 and older. The largest portion of the population in the service area are Hispanic or Latino residents (55.4%), 30.7% are White or Caucasian residents, 5.2% are Asian residents, and 5% are Black or African American residents. 2.7% of the population are non-Latino multiracial (two-or-more races) residents, 0.4% are American Indian or Alaskan Native residents, and 0.1% are Native Hawaiian or Pacific Islander residents. In the service area, 55.6% of the population, ages 5 and older, speak only English in the home. Among the area population, 38.4% speak Spanish, 2.9% speak an Asian or Pacific Islander language, and 2.3% speak an Indo-European language in the home.

Among the residents in the service area, 19.1% are at or below 100% of the federal poverty level (FPL) and 42.1% are at 200% of FPL or below. In Kern County, 15.9% of the population experienced food insecurity in 2022. Among children in Kern County, 22.1% lived in households that experienced food insecurity. Feeding America estimated that 92% of those experiencing food insecurity in Kern County, and 81% of county children experiencing food insecurity, were income-eligible for nutritional programs such as SNAP. Educational attainment is a key driver of health. In the hospitals' service area, 22.4% of adults, ages 25 and older, lack a high school diploma, which is higher than the state rate (15.6%). 19.8% of area adults have a bachelor's or higher degree.

Assessment Process and Methods

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

Mercy Hospitals conducted interviews with community stakeholders to obtain input on health needs, barriers to care and resources available to address the identified health needs. Twenty-one (21) interviews were completed during October 2024. Community stakeholders identified by the hospitals were contacted and asked to participate in the interviews. Interview participants included a broad range of stakeholders concerned with health and wellbeing in Kern County who spoke about issues and needs in the communities. Interviewees included individuals who are leaders and representatives of organizations serving medically underserved, low-income, and minority populations, or local health or other departments or agencies.

A survey was distributed to engage community residents and obtain input on health and social needs. The survey was available in an electronic format through a SurveyMonkey link, and in a paper copy format. The electronic and paper surveys were available in English and Spanish. The surveys were available from September 2 to November 18, 2024. During this time, 125 usable surveys were collected.

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

- Access to Care
- Birth Indicators (teen births, prenatal care, low birth weight, infant mortality)
- Chronic Diseases
- Crime and Safety
- Economic Insecurity
- Education
- Environmental Conditions (air and water quality, heat, pollution)
- Food Insecurity
- Housing and Homelessness
- Mental Health
- Overweight/Obesity
- Preventive Practices (screenings, vaccines, injury prevention)
- Sexually Transmitted Infections
- Substance Use

Process and Criteria to Identify and Prioritize Significant Health Needs
Interviews with community stakeholders were used to gather input and prioritize the significant health needs. The following criteria were used to prioritize the health needs:

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

The interviewees were also asked to prioritize the health needs according to the highest level of importance in the community. The total score for each significant health need (possible score of 4) was divided by the total number of responses for which data were provided, resulting in an overall score for each need. The community residents were also asked to indicate the level of importance of the health needs. Interviewees and community residents identified access to health care, chronic disease, crime and safety, housing and homelessness, and mental health as priority needs in the service area.

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

Report Adoption, Availability and Comments
This CHNA report was adopted by the Mercy Hospitals' Community Board in April 2025. This report is widely available to the public on the hospitals' website at https://www.dignityhealth.org/central-california/locations/mercy-bakersfield/about-us/community-benefit-report-health-needs-assessment and a paper copy is available for inspection, upon request, at Mercy Hospitals' Community Outreach Office. Written comments on this report can be submitted to Mercy Hospitals' Community Outreach at 2215 Truxtun Avenue, Bakersfield, California, 93301 or by email to donna.sharp@commonspirit.org or felicia.boyd@commonspirit.org.

Community Definition

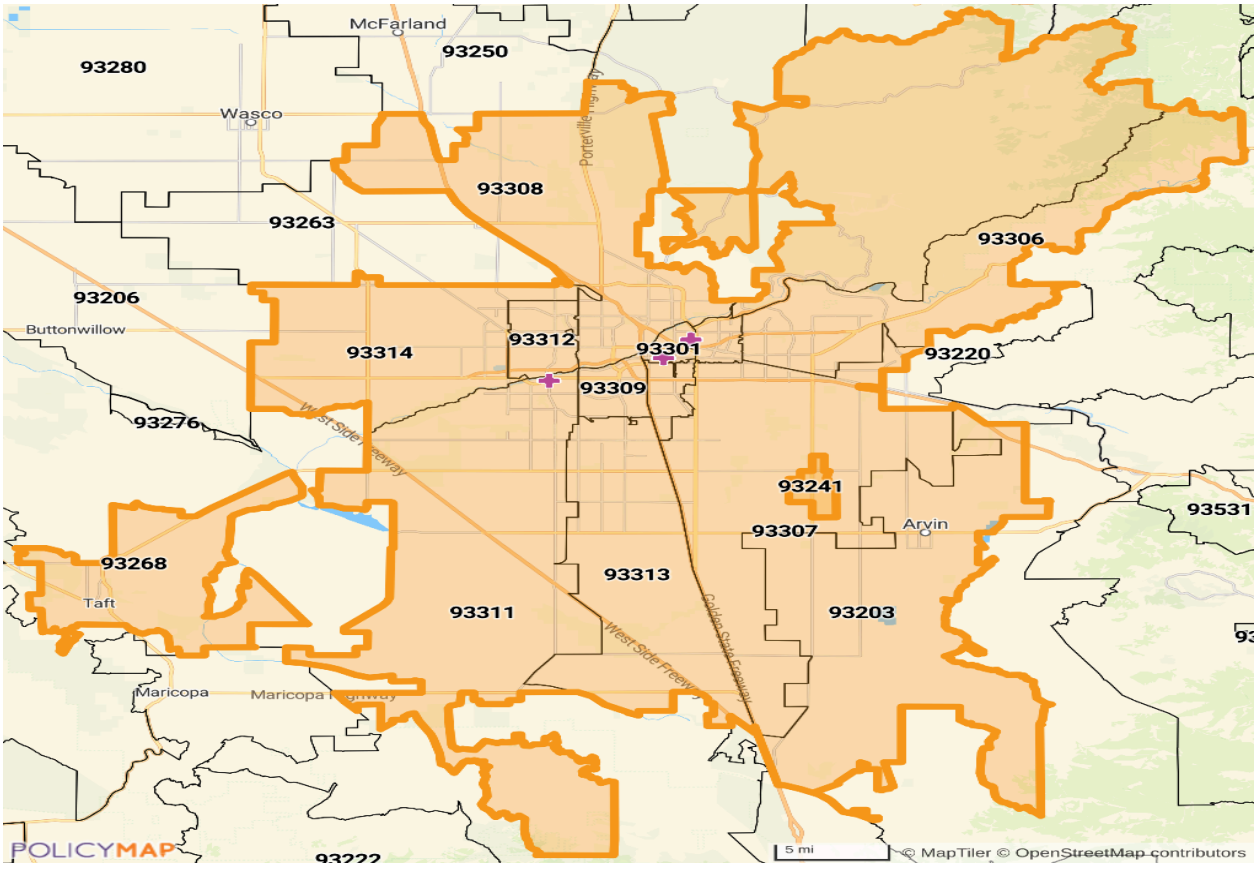
Service Area

Mercy has two hospital facilities in Bakersfield – Mercy Hospital Downtown and Mercy Hospital Southwest (Mercy Hospitals). These hospital facilities operate under one license. Mercy Hospital Downtown is located at 2215 Truxtun Avenue, Bakersfield, California, 93301. Mercy Hospital Southwest is located at 400 Old River Road, Bakersfield, California, 93311. The hospitals track ZIP Codes of origin for all patient admissions and include all who received care without regard to insurance coverage or eligibility for financial assistance. For the purposes of this report, the hospitals define their primary service area as including the following 13 ZIP Codes in three cities within Kern County.

Mercy Hospitals Service Area

Place	ZIP Code
Arvin	93203
Bakersfield	93301, 93304, 93305, 93306, 93307, 93308, 93309, 93311, 93312, 93313, 93314
Taft	93268

Service Area Map



In addition to Dignity Health Mercy Hospital Downtown and Mercy Hospital Southwest, the service area contains the following six hospitals: Dignity Health Memorial Hospital, Adventist Health Bakersfield, Good Samaritan Hospital, Kern Medical, Bakersfield Behavioral Healthcare Hospital, and Encompass Health Rehabilitation Hospital of Bakersfield.

The population of the service area is 625,147. Children and youth, ages 0-17, make up 29.8% of the population, 59.6% are adults, ages 18-64, and 10.6% of the population are seniors, ages 65 and older. The largest portion of the population in the service area are Hispanic or Latino residents (55.4%), 30.7% are White or Caucasian residents, 5.2% are Asian residents, and 5% are Black or African American residents. 2.7% of the population are non-Latino multiracial (two-or-more races) residents, 0.4% are American Indian or Alaskan Native residents, and 0.1% are Native Hawaiian or Pacific Islander residents. In the service area, 55.6% of the population, ages 5 and older, speak only English in the home. Among the area population, 38.4% speak Spanish, 2.9% speak an Asian or Pacific Islander language, and 2.3% speak an Indo-European language in the home.

Among the residents in the service area, 19.1% are at or below 100% of the federal poverty level (FPL) and 42.1% are at 200% of FPL or below. In the service area, 25.7% of children live in poverty, 13.9% of senior adults live in poverty, and 44.6% of families with a female head of household with minor children live in poverty. The unemployment rate in the service area among the civilian labor force, averaged over 5 years, is 8%. The median household income in the service area is $71,566.

In Kern County, 15.9% of the population experienced food insecurity in 2022. Among children in Kern County, 22.1% lived in households that experienced food insecurity. Feeding America estimated that 92% of those experiencing food insecurity in Kern County, and 81% of county children experiencing food insecurity, were income-eligible for nutritional programs such as SNAP. In Kern County, 55.4% of low-income residents (those making less than 200% of the FPL) were not able to afford enough to eat, while 33.4% of low-income residents utilized food stamps. 53.8% of county children, 6 years and younger, accessed WIC benefits. 12.6% of county residents were TANF/CalWORKs recipients.

In the service area, 92% of the civilian, non-institutionalized population have health insurance, and 96.3% of children, ages 18 and younger, have health insurance coverage. Among county residents, 40.6% have Medi-Cal coverage.

Educational attainment is a key driver of health. In the hospitals' service area, 22.4% of

adults, ages 25 and older, lack a high school diploma, which is higher than the state rate (15.6%).

Health Services Administration and Medically Underserved Areas

The U.S. Health Services Administration (HRSA) designates medically underserved areas/populations (MUA) as areas or populations having too few primary care providers, high infant mortality, high poverty, or a high elderly population. Much of the service area, including the Bakersfield East/Lakeview/La Loma area, and rural areas surrounding and between Taft and Arvin, as well as north of Bakersfield, are designated as Medically Underserved Areas (MUAs) for primary care.

There are three categories of Health Professions Shortage Area (HPSA) designations based on the health discipline that is experiencing a shortage: 1) primary medical, 2) dental, and 3) mental health. The primary factor used to determine a HPSA designation is the number of health professionals relative to the population with consideration of high need. For primary care, the Arvin, Taft, and Bakersfield East 'Medical Study Service Areas' (MSSAs) are designated as HPSAs, as is the Bakersfield Northeast/Oildale MSSA for low-income residents, and the Bakersfield Southwest MSSA for the Medicaid eligible population. For dental health, the Bakersfield Northeast/Oildale, Bakersfield East/LakeView/La Loma, and Bakersfield Southwest MSSAs are designated as HPSAs for Medicaid eligible residents, the Buttonwillow MSSA for low-income residents, and the Taft MSSA for low-income and migrant farmworker residents. For mental health, the Arvin and Frazier Park/Taft/Buttonwillow MSSAs are designated as High-Needs Geographic HPSA, and the Bakersfield MSSA for low-income residents.

Assessment Process and Methods

Secondary Data Collection

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

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

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

Primary Data Collection

Mercy Hospitals conducted interviews with community stakeholders and surveys with community residents to obtain input on health needs, barriers to care and resources available to address the identified health needs.

Interviews

Twenty-one (21) telephone interviews were conducted during October 2024. Interview participants included a broad range of stakeholders concerned with health and wellbeing in Kern County who spoke to issues and needs in the communities served by the hospitals. Interviewees included individuals who are leaders and representatives of organizations serving medically underserved, low-income, and minority populations, or local health or other departments or agencies.

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

context of the assessment was explained, the stakeholders were assured their responses would remain confidential, and consent to proceed was given. Attachment 2 lists the stakeholder interview respondents, their titles and organizations. The interviews were structured to obtain greater depth and richness of information on significant health needs. First, interview participants were asked to describe, from their professional perspective, some of the major health issues impacting the community as well as the social determinants of health contributing to poor health in the community. Interview participants were also asked to rate the impact and importance of each health need on a brief survey prior to participating in the telephone interviews. Attachment 3 provides stakeholder responses to the interview questions.

Surveys

Mercy Hospitals distributed a survey to engage community residents and obtain input on health and social needs. The survey was available in an electronic format through a SurveyMonkey link, and in a paper copy format. The electronic and paper surveys were available in English and Spanish. The surveys were available from September 2 to November 18, 2024. During this time, 125 usable surveys were collected.

The surveys were distributed to community residents, at hospital and community organization service sites, and through social media. The survey was also distributed to community partners who made them available to their clients. A written introduction explained the purpose of the survey and assured participants the survey was voluntary, and they would remain anonymous. For community members who were illiterate, an agency staff member read the survey introduction and questions to the client in his/her preferred language and marked his/her responses on the survey.

Survey questions focused on the following topics:

- Biggest health issues in the community.
- Where residents and their families receive routine health care services.
- Problems faced accessing health care, mental health care, dental care or supportive services.
- Greatest needs facing children and families.
- Greatest health issues that negatively impact children.
- Changes that would improve the health and wellbeing of children.
- Challenges facing pregnant women and new moms.
- Greatest health issues that negatively impact pregnant women and new moms.
- Changes that would improve the health and wellbeing of pregnant women and new moms.
- Impact of climate hazards on health.

The community survey responses are detailed in Attachment 4.

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

- Access to Care
- Birth Indicators (teen births, prenatal care, low birth weight, infant mortality)
- Chronic Diseases
- Crime and Safety
- Economic Insecurity
- Education
- Environmental Conditions (air and water quality, heat, pollution)
- Food Insecurity
- Housing and Homelessness
- Mental Health
- Overweight/Obesity
- Preventive Practices (screenings, vaccines, injury prevention)
- Sexually Transmitted Infections
- Substance Use

Public Comment

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

Project Oversight

The CHNA process was overseen by:
Donna Sharp
Regional Director
Department of Special Needs and Community Outreach
Dignity Health
Mercy & Memorial Hospitals

Felicia Boyd
Community Benefit Reporting Coordinator
Department of Special Needs and Community Outreach
Dignity Health
Mercy & Memorial Hospitals

CHNA Collaborators

This CHNA was conducted in partnership with Dignity Health Memorial Hospital, Kern Medical, Adventist Health (Bakersfield, Delano and Tehachapi Valley), Valley Children's Healthcare and Kaiser Permanente. Mercy Hospitals engaged Biel Consulting, Inc. to conduct the CHNA.

Consultant

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

Community Demographics

Population

The population of the service area is 625,147. From 2017 to 2022, the population increased by 5.1%, which is a higher rate of population growth than in the county (3.2%) and state (1%).

Total Population and Change in Population

	Mercy Service Area	Kern County	California
Total population	625,147	906,883	39,356,104
Change in population, 2017-2022	5.1%	3.2%	1.0%

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

The hospital service area population by gender was 50% female and 50% male.

Population, by Gender

	Mercy Service Area	Kern County	California
Male	50.0%	51.2%	50.1%
Female	50.0%	48.8%	49.9%

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

In Kern County, 91.4% of the adult population identify as straight or heterosexual, and about 98.6% as cisgender, or not transgender. 2.6% identify as gay, lesbian or homosexual, and 4.8% identify as bisexual.

Sexual Orientation and Gender Identity, Adults

	Kern County	California
Straight or heterosexual	91.4%	90.2%
Gay, lesbian or homosexual	2.6%	3.4%
Bisexual	4.8%	4.4%
Not sexual/celibate/none/other	1.2%	1.9%
Cisgender/not transgender ±	*98.6%	98.9%
Transgender/gender non-conforming ±	*1.4%	1.1%

*Source: California Health Interview Survey, 2018-2022 or ±2019-2023, pooled. http://ask.chis.ucla.edu/. *Statistically unstable due to sample size.*

In Kern County, about 1.1% of the teen population identify as transgender or gender non-conforming, while 22.5% said that other people at school would describe them as gender non-conforming (males who would be described as feminine, females who would be described as masculine, or either gender described as equally feminine and masculine).

Gender Identity and Gender Expression, Teens

	Kern County	California
Identify as cisgender/not transgender ±	*98.9%	97.5%
Identify as transgender/gender non-conforming ±	*1.1%	2.5%
Express as cisgender/not transgender	77.5%	78.7%
Express as transgender/gender non-conforming	22.5%	21.3%

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

Children and youth, ages 0-17, make up 29.8% of the population of the service area, 59.6% are adults, ages 18-64, and 10.6% of the population are senior adults, ages 65 and older.

Population, by Age

	Mercy Service Area		Kern County		California	
	Number	Percent	Number	Percent	Number	Percent
Age 0-4	48,348	7.7%	66,329	7.3%	2,258,308	5.7%
Age 5-17	138,283	22.1%	194,684	21.5%	6,516,262	16.6%
Age 18-24	65,123	10.4%	92,536	10.2%	3,738,836	9.5%
Age 25-44	174,997	28.0%	256,573	28.3%	11,235,259	28.5%
Age 45-64	132,408	21.2%	194,058	21.4%	9,742,139	24.8%
Age 65-74	39,881	6.4%	62,939	6.9%	3,427,460	8.7%
Age 75-84	18,655	3.0%	28,927	3.2%	1,686,649	4.3%
85+	7,452	1.2%	10,837	1.2%	751,191	1.9%

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

When the service area is examined by ZIP Code, Arvin has the highest percentage of children and youth (36%), followed by Bakersfield 93307 (33.8%). Bakersfield 93308 has the lowest percentage of children and youth in the service area (24.5%). Bakersfield 93301 has the highest percentage of senior adults in the service area (15.7%). Arvin has the lowest senior population (5.7%).

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

	ZIP Code	Total Population	Youth Ages 0 – 17	Senior Adults Ages 65+
Arvin	93203	20,781	36.0%	5.7%
Bakersfield	93301	13,672	31.9%	15.7%
Bakersfield	93304	50,158	29.7%	10.3%
Bakersfield	93305	36,783	33.1%	9.0%
Bakersfield	93306	74,769	29.9%	12.7%
Bakersfield	93307	89,651	33.8%	6.9%
Bakersfield	93308	55,150	24.5%	13.7%
Bakersfield	93309	62,828	26.2%	13.3%
Bakersfield	93311	50,535	29.5%	10.9%
Bakersfield	93312	59,616	30.7%	9.7%

	ZIP Code	Total Population	Youth Ages 0 – 17	Senior Adults Ages 65+
Bakersfield	93313	59,924	30.5%	8.7%
Bakersfield	93314	34,156	26.1%	12.5%
Taft	93268	17,124	27.3%	11.3%
Mercy Service Area		**625,147**	**29.9%**	**10.6%**
Kern County		**906,883**	**28.8%**	**11.3%**
California		**39,356,104**	**22.3%**	**14.9%**

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

Senior adults living alone may be isolated and lack adequate support systems. Of the 65,988 senior adults who live in the service area, the percentage who live alone ranged from 8% in Arvin, to 38.8% in Bakersfield 93301.

Senior Adults Living Alone

	ZIP Code	Total Senior Adults	Percent Living Alone
Arvin	93203	1,181	8.0%
Bakersfield	93301	2,147	38.8%
Bakersfield	93304	5,154	30.7%
Bakersfield	93305	3,301	29.5%
Bakersfield	93306	9,477	21.8%
Bakersfield	93307	6,145	15.3%
Bakersfield	93308	7,530	29.0%
Bakersfield	93309	8,356	25.6%
Bakersfield	93311	5,485	18.6%
Bakersfield	93312	5,779	15.8%
Bakersfield	93313	5,223	10.6%
Bakersfield	93314	4,282	21.8%
Taft	93268	1,928	32.4%
Mercy Service Area		**65,988**	**22.5%**
Kern County		**102,703**	**23.0%**
California		**5,865,300**	**22.0%**

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

Race and Ethnicity

The largest portion of the population in the service area are Hispanic or Latino residents (55.4%), 30.7% are White or Caucasian residents, 5.2% are Asian residents, and 5% are Black or African American residents. 2.7% of the population are non-Latino multiracial (two-or-more races) residents, 0.4% are American Indian or Alaskan Native residents, and 0.1% are Native Hawaiian or Pacific Islander residents. Those who identify with a race and ethnicity not listed represent 0.4% of the population.

Race and Ethnicity

	Mercy Service Area	Kern County	California
Hispanic or Latino	55.4%	55.3%	39.7%
White, non-Latino	30.7%	31.5%	35.2%
Asian, non-Latino	5.2%	4.8%	14.9%

	Mercy Service Area	Kern County	California
Black or African American, non-Latino	5.0%	4.9%	5.3%
Multiracial, non-Latino	2.7%	2.7%	3.8%
Some other race, non-Latino	0.4%	0.4%	0.4%
American Indian or Alaska Native, non-Latino	0.4%	0.4%	0.3%
Native Hawaiian or Pacific Islander, non-Latino	0.1%	0.1%	0.3%

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

When race and ethnicity are examined by ZIP Code, Arvin has the highest percentage of Hispanic or Latino residents in the service area (94.3%), followed by Bakersfield 93307 (80.5%). Bakersfield 93314 (61.4%) and Bakersfield 93308 (61%) have the highest percentage of White residents in the service area. Bakersfield 93311 has the highest percentage of Asian residents (16%), followed by Bakersfield 93313 (12.9%). Bakersfield 93304 and 93309 have the highest percentage of Black or African American residents (8.8%). Arvin has the lowest percentage of non-Hispanic White residents in the service area (3.7%).

Race and Ethnicity, by ZIP Code

	ZIP Code	Hispanic or Latino	White	Asian	Black
Arvin	93203	94.3%	3.7%	0.9%	0.6%
Bakersfield	93301	46.1%	37.4%	1.5%	8.2%
Bakersfield	93304	70.5%	16.2%	2.1%	8.8%
Bakersfield	93305	73.6%	17.4%	0.9%	4.9%
Bakersfield	93306	66.9%	23.9%	2.4%	3.6%
Bakersfield	93307	80.5%	9.1%	2.7%	6.1%
Bakersfield	93308	28.5%	61.0%	2.4%	2.2%
Bakersfield	93309	50.2%	32.6%	4.4%	8.8%
Bakersfield	93311	37.1%	34.9%	16.0%	5.9%
Bakersfield	93312	33.2%	51.8%	6.6%	3.1%
Bakersfield	93313	57.2%	21.7%	12.9%	5.8%
Bakersfield	93314	25.2%	61.4%	7.0%	1.7%
Taft	93268	42.8%	52.4%	0.7%	0.7%
Mercy Service Area		**55.4%**	**30.7%**	**5.2%**	**5.0%**
Kern County		**55.3%**	**31.5%**	**4.8%**	**4.9%**
California		**39.7%**	**35.2%**	**14.9%**	**5.3%**

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

Language

In the service area, 55.6% of the population, 5 years and older, speak only English in the home. Among the area population, 38.4% speak Spanish, 2.9% speak an Asian or Pacific Islander language, and 2.3% speak an Indo-European language other than Spanish or English in the home, while 0.8% speak some other language.

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

	Mercy Service Area	Kern County	California
Population, 5 years and older	**576,799**	**840,554**	**37,097,796**
English only	55.6%	55.2%	56.1%
Speaks Spanish	38.4%	39.4%	28.2%
Speaks Asian or Pacific Islander language	2.9%	2.9%	9.9%
Speaks non-Spanish Indo-European language	2.3%	1.8%	4.6%
Speaks other language	0.8%	0.7%	1.1%

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

The highest percentage of Spanish speakers within the service area can be found in Arvin (83%). Bakersfield 93311 (9.2%) has the highest percentage of Asian or Pacific-Islander language speakers. Bakersfield 93313 (8.6%) and 93311 (6.2%) have the highest percentages of non-Spanish Indo-European languages spoken at home in the service area.

Language Spoken at Home, by ZIP Code

	ZIP Code	English	Spanish	Asian or Pacific Islander	Non-Spanish Indo European
Arvin	93203	16.1%	83.0%	0.6%	0.1%
Bakersfield	93301	68.2%	28.8%	0.9%	2.0%
Bakersfield	93304	48.0%	49.9%	1.5%	0.4%
Bakersfield	93305	46.5%	51.8%	0.8%	0.6%
Bakersfield	93306	50.3%	45.7%	1.8%	1.1%
Bakersfield	93307	27.7%	69.4%	0.7%	1.6%
Bakersfield	93308	82.0%	14.3%	1.1%	1.5%
Bakersfield	93309	63.8%	31.3%	3.1%	1.6%
Bakersfield	93311	62.6%	18.7%	9.2%	6.2%
Bakersfield	93312	77.9%	14.9%	4.1%	1.9%
Bakersfield	93313	45.6%	39.4%	5.8%	8.6%
Bakersfield	93314	83.1%	11.5%	4.0%	1.0%
Taft	93268	66.6%	32.3%	0.3%	0.7%
Mercy Service Area		**55.6%**	**38.4%**	**2.9%**	**2.3%**
Kern County		**55.2%**	**39.4%**	**2.9%**	**1.8%**
California		**56.1%**	**28.2%**	**9.9%**	**4.6%**

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

Linguistic Isolation

Linguistic isolation is defined as the population, ages five and older, who speaks English “less than very well.” In the service area, 15.2% of the service area population is linguistically isolated.

Linguistic Isolation, Ages 5 Years and Older

	Percent
Mercy Service Area	15.2%
Kern County	17.6%

California	17.1%

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

The California Department of Education publishes rates of "English Learners," defined as the percentage of students whose primary language is not English and who lack sufficient English-language skills necessary for academic success. In Kern County school districts, the percentage of students who were classified as English Learners was 17.9%. Among area school districts, English Learners ranged from none in Linns Valley-Poso Flat Union School District and 5.1% of students in Rosedale Union Elementary School District to 62.2% of students in Arvin Union School District.

English Learner (EL) Students, by School District

	Number	Percent
Arvin Union School District	1,814	62.2%
Bakersfield City School District	7,864	27.3%
Beardsley Elementary School District	249	12.8%
Di Giorgio Elementary School District	72	32.3%
Fairfax Elementary School District	903	33.6%
Fruitvale Elementary School District	216	7.0%
General Shafter Elementary School District	48	26.1%
Greenfield Union School District	2,135	23.7%
Kern High School District	4,382	10.2%
Lakeside Union School District	262	16.4%
Lamont Elementary School District	1,355	51.9%
Linns Valley-Poso Flat Union School District	None (19 students total)	0.0%
Norris Elementary School District	189	4.7%
Panama-Buena Vista School District	2,818	14.5%
Rio Bravo-Greeley Union Elementary School District	83	8.0%
Rosedale Union Elementary School District	315	5.1%
Standard Elementary School District	245	8.1%
Taft City School District	1,096	46.0%
Taft Union High School District	207	18.2%
Vineland Elementary School District	386	58.8%
Kern County	**35,463**	**17.9%**
California	**1,074,833**	**18.4%**

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

Veteran Status

In the service area, 4.5% of the civilian population, 18 years and older, are veterans.

Veteran Status

	Mercy Service Area	Kern County	California
Civilian Veterans	4.5%	5.3%	4.7%

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

Citizenship

In the service area, 19.3% of the population is foreign-born, which is below the county (19.7%) and state (26.5%) rates. Of the foreign-born in the service area, 57.6% are not citizens. It is important to note that not being a U.S. citizen does not indicate an illegal resident status within the U.S.

Foreign-Born Residents and Citizenship

	Mercy Service Area	Kern County	California
Foreign born	19.3%	19.7%	26.5%
Of the foreign born, not a U.S. citizen	57.6%	60.6%	46.0%

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

Social Determinants of Health

Social and Economic Factors Ranking

The County Health Rankings ranks counties according to health factors data. Social and economic indicators are examined as a contributor to the health of a county's residents. California has 58 counties, which are ranked from 1 to 58 according to social and economic factors. A ranking of 1 is the county with the best factors and a ranking of 58 is the county with the poorest factors. This ranking examines: high school graduation rates, unemployment, children in poverty, social support, and others. Kern County is ranked 56 among California's counties, placing it near the bottom of the county rankings.

Social and Economic Factors Ranking

	County Ranking (out of 58)
Kern County	56

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

California Healthy Places Index

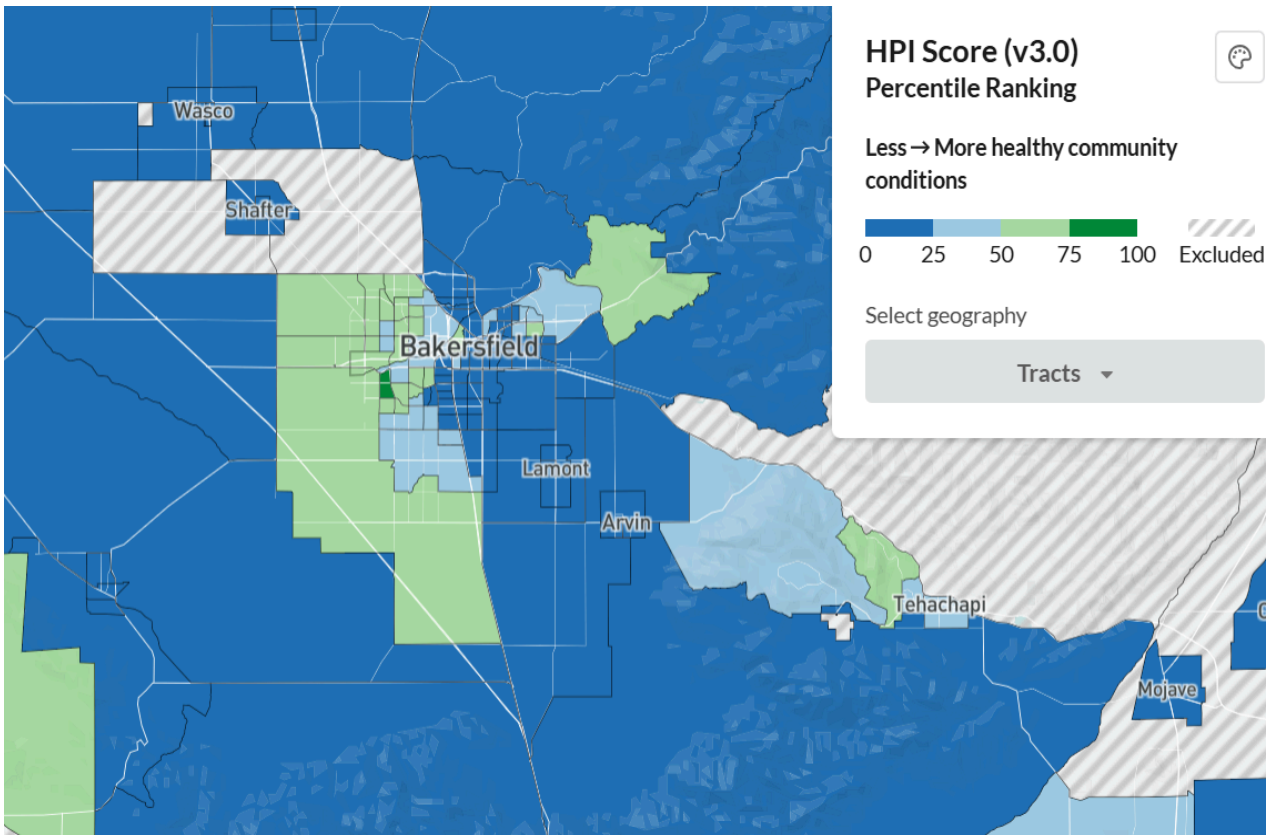
The California Healthy Places Index (HPI) is a measure of socioeconomic need that is correlated with poor health outcomes. It combines 25 community characteristics into a single indexed HPI score available at the census tract level or aggregated for larger areas. In addition to the overall score, the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

The HPI map displays the service area and surrounding areas. The data are presented in colored quartiles (dark blue, light blue, light green and dark green). The dark blue shading indicates the census tracts with the least healthy conditions and the dark green shading shows census tracts with the healthiest conditions. (The gray hatched sections represent missing data.) The service area ZIP Codes have an overall HPI score that is better than only 16.1% of California ZIP Codes. The service area has the lowest scores for clean environment (2%) based on air and water quality (particulate matter, diesel particulate matter, and ozone levels, and drinking water contaminants), and transportation (9.4%) based on active commuting (the percent of population that walk or bike to work) and automobile access. There is one census tract in the service area that has healthier conditions than 78.8% of other census tracts (dark green, on the southwest side of Bakersfield 93311).

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

	Percent
Economic	19.2%
Education	22.3%
Social	22.2%
Transportation	9.4%
Neighborhood	23.6%
Housing	41.4%
Clean Environment	2.0%
Health Care Access	28.8%
HPI Score	**16.1%**

Source: Public Health Alliance of Southern California, the California Healthy Places Index (HPI) Map, accessed November 20, 2024.
https://healthyplacesindex.org



Unemployment

The unemployment rate in the service area among the civilian labor force, averaged over 5 years, was 8%. The highest rate of unemployment was found in Taft (12%), followed by Bakersfield 93305 (11.2%). The lowest unemployment rate was in Bakersfield 93311 (4%).

Employment Status for the Population, Ages 16 and Older

	ZIP Codes	Civilian Labor Force	Unemployed	Unemployment Rate
Arvin	93203	8,722	928	10.6%
Bakersfield	93301	4,999	462	9.2%
Bakersfield	93304	21,857	2,301	10.5%
Bakersfield	93305	14,982	1,673	11.2%
Bakersfield	93306	31,566	2,024	6.4%
Bakersfield	93307	37,739	3,756	10.0%
Bakersfield	93308	23,808	2,220	9.3%
Bakersfield	93309	30,208	2,382	7.9%
Bakersfield	93311	24,255	964	4.0%
Bakersfield	93312	29,189	1,708	5.9%
Bakersfield	93313	28,631	2,129	7.4%
Bakersfield	93314	17,189	940	5.5%
Taft	93268	7,080	851	12.0%
Mercy Service Area		**280,225**	**22,338**	**8.0%**
Kern County		**391,833**	**32,872**	**8.4%**
California		**20,011,853**	**1,282,055**	**6.4%**

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

Poverty

The Census Bureau annually updates official poverty population statistics. For 2022, the Federal Poverty Level (FPL) was set at an annual income of $14,880 for one person and $29,678 for a family of four. Among the residents in the service area, 19.1% are at or below 100% of the federal poverty level (FPL) and 42.1% are at 200% of FPL or below. The highest poverty rate in the service area is found in Bakersfield 93301, where 39.7% of the population lives in poverty, followed by Bakersfield 93305 (33.7%). The highest rate of low-income residents is found in Bakersfield 93305, where 64.5% qualify as low-income, followed by Arvin (63.7%). Bakersfield 93314 has the lowest rate of poverty (7.3%) and low-income residents (15.7%).

Poverty Level, <100% FPL and <200% FPL

	ZIP Code	<100% FPL	<200% FPL
Arvin	93203	27.9%	63.7%
Bakersfield	93301	39.7%	58.0%
Bakersfield	93304	26.0%	53.5%
Bakersfield	93305	33.7%	64.5%
Bakersfield	93306	19.0%	44.8%
Bakersfield	93307	26.7%	60.8%
Bakersfield	93308	21.7%	45.7%
Bakersfield	93309	17.1%	42.5%
Bakersfield	93311	7.5%	19.6%
Bakersfield	93312	9.1%	18.5%
Bakersfield	93313	9.5%	27.2%
Bakersfield	93314	7.3%	15.7%
Taft	93268	27.6%	53.2%

	ZIP Code	<100% FPL	<200% FPL
Mercy Service Area		**19.1%**	**42.1%**
Kern County		**19.3%**	**43.0%**
California		**12.1%**	**28.0%**

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

Bakersfield 93301 has the highest rate of poverty among children (58%) and female heads-of-household (HoH), living with their own children, under the age of 18 (79.1%), and the second-highest rate of poverty among senior adults (25.6%). Bakersfield 93304 has the highest rate of poverty among senior adults in the service area. Arvin has the second-highest rate of poverty among female HoH with minor children (61%). Bakersfield 93305 (40.4%), Arvin (40.3%), Taft (40.1%), Bakersfield 93304 (37.7%) and Bakersfield 93307 (34.9%) have high rates of poverty among children.

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

	ZIP Code	Children	Senior Adults	Female HoH with Children*
Arvin	93203	40.3%	13.6%	61.0%
Bakersfield	93301	58.0%	25.6%	79.1%
Bakersfield	93304	37.7%	26.1%	50.2%
Bakersfield	93305	40.4%	22.3%	50.8%
Bakersfield	93306	23.9%	11.8%	40.3%
Bakersfield	93307	34.9%	23.1%	49.0%
Bakersfield	93308	26.6%	13.1%	49.6%
Bakersfield	93309	23.2%	10.1%	30.4%
Bakersfield	93311	10.9%	5.4%	38.8%
Bakersfield	93312	12.4%	7.8%	37.8%
Bakersfield	93313	11.0%	11.6%	25.8%
Bakersfield	93314	10.8%	9.9%	26.5%
Taft	93268	40.1%	12.1%	54.7%
Mercy Service Area		**25.7%**	**13.9%**	**44.6%**
Kern County		**26.2%**	**14.5%**	**45.2%**
California		**15.6%**	**11.0%**	**29.2%**

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

In the service area, 30.6% of Black or African American residents live in poverty, 23.2% of American Indian or Alaska Native residents live in poverty, 22.1% of residents who identify as a race or ethnicity other than those listed live in poverty, and 21.2% of Hispanic or Latino residents live in poverty.

Poverty Levels, by Race and Ethnicity

	Mercy Service Area	Kern County	California
Black or African American	30.6%	30.1%	19.0%
American Indian or AK Native	23.2%	21.7%	16.1%
Some other race	22.1%	21.2%	16.1%
Hispanic or Latino	21.2%	21.8%	15.1%

	Mercy Service Area	Kern County	California
Multiracial	18.1%	19.8%	12.2%
Native HI or Pacific Islander	16.0%	16.9%	13.9%
White, non-Hispanic	14.3%	14.1%	8.9%
Asian	12.5%	12.4%	9.8%

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

Free and Reduced-Price Meals

The National School Lunch Program is a federally assisted meal program that provides free, nutritionally balanced lunches to children whose families meet eligibility income requirements. Area school district eligibility ranged from 33.6% of students in the Norris Elementary School District, to 100% in the Di Giorgio Elementary School District.

Free and Reduced-Price Meals Eligibility

	Percent Eligible Students
Arvin Union School District	94.0%
Bakersfield City School District	91.7%
Beardsley Elementary School District	96.8%
Di Giorgio Elementary School District	100.0%
Fairfax Elementary School District	96.9%
Fruitvale Elementary School District	68.7%
General Shafter Elementary School District	91.3%
Greenfield Union School District	96.2%
Kern High School District	77.8%
Lakeside Union School District	66.4%
Lamont Elementary School District	81.3%
Linns Valley-Poso Flat Union School District	68.4%
Norris Elementary School District	33.6%
Panama-Buena Vista School District	76.5%
Rio Bravo-Greeley Union Elementary School Dist.	50.4%
Rosedale Union Elementary School District	42.3%
Standard Elementary School District	91.4%
Taft City School District	90.4%
Taft Union High School District	81.8%
Vineland Elementary School District	99.8%
Kern County	**76.8%**
California	**61.7%**

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

Community Input – Economic Insecurity

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

- We see parents who are unemployed and can't afford health care.
- Usually, the child who ends up in the foster system has the deck stacked against them. Among our younger population experiencing homelessness, an overwhelming majority of them came out of the foster system.

- It's a farming community so a lot of the work is seasonal, which adds a level of uncertainty. These jobs expose workers to more risk because of the heat and working long hours. And the pay may be in cash and under the table half the time. As a result, workers are not developing relationships within the government system for things like collecting Social Security or accessing disability.
- Our unemployment rate here hovers a bit higher than the state average, but we have been adding jobs at a pretty good rate. The state is slowing down our warehousing and logistical operations here. And that impacts maybe 10,000 jobs.
- As we fight over water, the future of agriculture is always a question mark.
- Many of our families are barely making ends meet. They can't afford food for their families, so having to pay a health care co-pay becomes a barrier for them.
- Deductibles are very high. People are mindful of those out of pocket costs each time they access care. And that can influence their choice to seek services.
- An incarceration record, transportation limitations, mental health issues, no childcare, and housing instability are all barriers to accessing care.
- For seniors, inflation is rising more than their fixed incomes.
- With the cost of living here in California and our minimum wage being what it is, income eligibility is very rarely used for categories of eligibility in Head Start because a part time employee making minimum wage in California is going to make more than the federal poverty guideline indicators. At Head Start we can adjust the gross income of a family based on their housing expenses. If we gather the documentation to support their annual housing costs and it exceeds 30% of their gross annual income, we can remove the income of what their housing expenses are, over 30% of their total cost. That has allowed us to qualify more families for income eligibility.
- Our economic drivers here have traditionally been agriculture and oil. Oil has been declining because California is no longer issuing permits, which not only impacts jobs, but it also impacts how much revenue the county is bringing in.
- A lot of higher paying jobs are not available locally. This is a challenge for people with lower educational attainment who don't have a lot of options for income generation.
- We work with job assistance programs. One issue is the lack of childcare and the cost of childcare. It is really challenging for some families who don't have the support of family members who can help with childcare. Sometimes parents have not been able to go back to work because the cost of childcare for two or more children is more than they make working.
- Farmworker communities are extremely impoverished and underserved communities. Farmworkers face challenges every day, like the loss of overtime pay rules. In the past, they could work six days a week and earn overtime, but that's no longer the case, making it even harder for families to make ends meet. Both

spouses often work in agriculture, and without overtime pay, it's a daily struggle to survive.

- Many Native households lack access to reliable transportation and cannot afford to live in communities with better housing, safe parks, quality schools, or healthier food options. Families often have only one car, which is primarily used by a provider working 14–16 hours a day, leaving other family members reliant on buses or walking. This makes it more likely that they will access nearby convenience stores rather than traveling further for healthier options, perpetuating poor diets and health outcomes.

Wi-Fi Access

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

94.4% of county residents have available Broadband coverage (a minimum of 25/3 Mbps) in their area, and 94% have access to 1G of download speed.

Terrestrial Broadband Internet Coverage

	Percent Broadband Coverage (Download Speed)		
	25+ Mbps	100+ Mbps	1 Gig
Kern County	94.4%	94.2%	94.0%
California	96.1%	96.1%	51.1%

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

94.4% of the county population could access broadband for their households, and 87% in the San Joaquin Valley choose to do so. Cost was reported to be the main factor affecting unconnected and underconnected household decisions not to adopt broadband service, while concerns over privacy/security/identity theft, sufficiency of smartphone access, and digital literacy are additional factors. "Underconnected" refers to households that can only connect at home through a smartphone. Almost half of unconnected and underconnected state residents reported connecting to broadband at other locations (retail stores, friends' or relatives' homes, libraries or schools, work).

Household Access to Broadband Internet

	Connected	Underconnected (Smartphone access only)	Unconnected
San Joaquin Valley (8 counties, incl. Merced, Madera, San Joaquin, Stanislaus, Fresno, Kings, Tulare, and Kern)	87%	1.8%	11.1%

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

Transportation

Service area workers spent on average 23.7 minutes a day commuting to work. 79.6% of workers drove alone to work and 25.3% of solo drivers have a long commute (greater than 30 minutes one way). Few workers commute by public transportation (0.8%) or walk to work (0.8%). It should be noted that these data span from 2018 to 2022, from pre- to post-Pandemic, and may not be reflective of current commuting practices.

Transportation for Workers, Ages 16 and Older

	Mercy Service Area	Kern County	California
Mean travel time to work (in minutes)	*23.7	23.9	29.2
Drove alone to work	79.6%	79.1%	68.4%
Solo drivers with a long commute**	25.3%	26.0%	42.6%
Carpooled to work	11.2%	11.9%	9.5%
Commuted by public transportation	0.8%	0.6%	3.6%
Walked to work	0.8%	0.9%	2.4%
Other means	1.3%	1.3%	2.4%
Worked from home	6.3%	6.3%	13.6%

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

Households

Many factors impact and constrain household formation, including housing costs, income, employment, marriage and children, and other considerations. There is a need for vacant units – both for sale and for rent – in a well-functioning housing market to enable prospective buyers or renters to find a unit matching their needs and to give prospective sellers the confidence to list their homes in the belief they will find replacement housing. The mortgage corporation, Freddie Mac estimates that the vacancy rate should be 13% to allow for these needs to be met.
http://www.freddiemac.com/research/insight/20181205_major_challenge_to_u.s._housing_supply.page

In the service area, there are 190,851 households and 202,279 housing units. Over the last five years, the population increased by 5.1%, and the number of households increased by 5%. Owner-occupied households increased by 8.5% while renter-households increased by 0.7% from 2017 levels. Housing units grew by 3.8%, and vacant units decreased by 13.7%, to just 5.6% of overall housing stock.

Households and Housing Units and Percent Change

	2017		2022		Percent Change
	Number	Percent	Number	Percent	
Housing units	194,953		202,279		3.8%

	2017		2022		Percent Change
	Number	Percent	Number	Percent	
Vacant	13,246	6.8%	11,428	5.6%	-13.7%
Households	181,707		190,851		5.0%
Owner occ.	101,697	56.0%	110,311	57.8%	8.5%
Renter occ.	80,010	44.0%	80,540	42.2%	0.7%

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

The weighted average of the median household income in the service area is $71,566 and ranged from $35,379 in Bakersfield 93305 to $124,885 in Bakersfield 93314.

Median Household Income

	ZIP Code	Households	Median Household Income
Arvin	93203	4,842	$47,991
Bakersfield	93301	5,434	$37,294
Bakersfield	93304	15,205	$50,334
Bakersfield	93305	11,081	$35,379
Bakersfield	93306	22,116	$66,060
Bakersfield	93307	23,152	$50,157
Bakersfield	93308	19,913	$54,189
Bakersfield	93309	22,145	$59,828
Bakersfield	93311	16,105	$113,616
Bakersfield	93312	18,163	$111,084
Bakersfield	93313	16,200	$96,149
Bakersfield	93314	10,803	$124,885
Taft	93268	5,692	$50,204
Mercy Service Area*		**190,851**	**$71,566**
Kern County		**277,499**	**$63,883**
California		**13,315,822**	**$91,905**

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

According to the US Department of Housing and Urban Development, those who spend more than 30% of their income on housing are said to be “cost burdened.” 39.7% of owner and renter occupied households in the service area spend 30% or more of their income on housing. The ZIP Codes with the highest percentage of households spending 30% or more of their income on housing are Bakersfield 93305 (52.4%) and Bakersfield 93301 (51.6%). Among renters-only, the rates are higher, with 56% of service area renter households being cost burdened, as opposed to 28.3% for owner households. Bakersfield 93305 has the highest rate of cost-burdened renter households (64%), followed by Arvin (61.4%) and Bakersfield 93301 (61.2%).

Households that Spend 30% or More of Income on Housing

	ZIP Code	All Households	Owner Households	Renter Households
Arvin	93203	46.3%	32.4%	61.4%
Bakersfield	93301	51.6%	37.0%	61.2%
Bakersfield	93304	46.1%	29.0%	59.4%

	ZIP Code	All Households	Owner Households	Renter Households
Bakersfield	93305	52.4%	31.3%	64.0%
Bakersfield	93306	39.3%	28.2%	59.2%
Bakersfield	93307	46.7%	36.8%	56.6%
Bakersfield	93308	43.6%	28.5%	57.4%
Bakersfield	93309	41.7%	28.6%	53.8%
Bakersfield	93311	30.5%	25.3%	44.1%
Bakersfield	93312	25.9%	21.2%	44.2%
Bakersfield	93313	33.2%	29.9%	47.0%
Bakersfield	93314	29.4%	26.8%	46.8%
Taft	93268	40.3%	23.4%	55.9%
Mercy Service Area		**39.7%**	**28.3%**	**56.0%**
Kern County		**38.8%**	**28.2%**	**55.5%**
California		**41.0%**	**30.8%**	**54.4%**

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

Household Overcrowding

Residential crowding has been linked to an increased risk of infection from communicable diseases, a higher prevalence of respiratory ailments, and greater vulnerability to homelessness among the poor. Residential crowding reflects demographic and socioeconomic conditions. Older-adult immigrant and recent immigrant communities, families with low income, and renter-occupied households are more likely to experience household crowding. A form of residential overcrowding known as “doubling up” – co-residence with family members or friends for economic reasons – is the most commonly reported prior living situation for families and individuals before the onset of homelessness. *Source: Office of Health Equity, Healthy Communities Data and Indicators Project, Housing Overcrowding Narrative, 12/6/2017.*
https://healthdata.gov/State/Percent-of-Household-Overcrowding-1-0-persons-per-/tqic-be24/about_data

Housing is defined as overcrowded when there is more than one person per room (PPR) - not per bedroom - of the dwelling; it is considered severely overcrowded when there are more than 1.5 persons per room of the dwelling. Additional measures for analyzing overcrowding that have been investigated include analyzing housing by greater than two persons per bedroom (PPB), or by square feet of dwelling space per person. However, the measure of PPR is the most-available measurement, and is the one used by the U.S. Census Department.

In the service area, 7.1% of households live in overcrowded conditions, and an additional 3.1% live in severely overcrowded conditions, for a total of 10.2% of all households being overcrowded. Arvin is the community with the highest combined rate of overcrowding in the service area (24.1% of all households), followed by Bakersfield 93307 (23.4%) and Bakersfield 93305 (18.2%). Arvin has the highest rate of severe overcrowding (7.3%) followed by Bakersfield 93305 (7%).

Overcrowded and Severely Overcrowded Housing, by ZIP Code

	ZIP Codes	Percent of Households with >1 to 1.5 PPR	Percent of Households with >1.5 PPR	Combined Rate of Overcrowding
Arvin	93203	16.8%	7.3%	24.1%
Bakersfield	93301	2.2%	5.4%	7.6%
Bakersfield	93304	8.8%	5.7%	14.5%
Bakersfield	93305	11.2%	7.0%	18.2%
Bakersfield	93306	8.4%	2.1%	10.5%
Bakersfield	93307	17.4%	6.0%	23.4%
Bakersfield	93308	4.7%	1.9%	6.6%
Bakersfield	93309	5.1%	2.8%	7.9%
Bakersfield	93311	1.2%	1.7%	2.9%
Bakersfield	93312	2.8%	0.4%	3.2%
Bakersfield	93313	5.5%	1.5%	7.0%
Bakersfield	93314	2.4%	0.9%	3.3%
Taft	93268	5.6%	1.5%	7.1%
Mercy Service Area		**7.1%**	**3.1%**	**10.2%**
Kern County		**6.7%**	**2.9%**	**9.6%**
California		**5.1%**	**3.1%**	**8.2%**

Source: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2018-2022, DP04. https://data.census.gov/

Households by Type

In the service area, 29.8% of households are family households (married or cohabiting couples) with children under 18 years old, 7.6% of households are households with a female as head of household with children, with no spouse or partner present, and 7.8% of area households are senior adults who live alone.

Households, by Type

	Total Households	Family* Households with Children Under Age18	Female Head of Household with own Children Under Age 18	Senior Adults, 65 and Older, Living Alone
	Number	Percent	Percent	Percent
Mercy Service Area	190,851	29.8%	7.6%	7.8%
Kern County	277,499	28.7%	7.3%	8.5%

California	13,315,822	23.3%	4.5%	9.7%

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

Homelessness

A point-in-time count of homeless people is conducted annually in Kern County to determine how many individuals and families are homeless on a given day and in the past was scheduled to occur on a single night during the last 10 days of January each year. Beginning in 2023, however, while the sheltered count takes place on a single night, the unsheltered count takes place over three nights in January, in an attempt to get a more-accurate unsheltered count. Kern County's count is sponsored by the Bakersfield Kern Regional Homeless Collaborative (BKRHC).

In the four years from 2020 to 2024 there was a 68.9% increase in total homelessness, with a 65.6% increase in unsheltered persons in Kern County. Between January 2023 and January 2024, the increase in the total homeless count was 37%, and the increase in unsheltered persons was 64%. The warmer weather, and an increase in volunteers and pre-planning, are believed to have influenced the differences in sheltered vs. unsheltered counts from 2023 to 2024.

Homelessness, Kern County

	2020		2023		2024	
	Number	Percent	Number	Percent	Number	Percent
Sheltered individuals	576	36.5%	931	47.8%	1,006	37.7%
Unsheltered individuals	1,004	63.5%	1,017	52.2%	1,663	62.3%
Count of homeless individuals	**1,580**	**100%**	**1,948**	**100%**	**2,669**	**100%**

Source: Bakersfield-Kern Regional Homeless Collaborative, 2023 & 2024 PIT Count Reports. https://bkrhc.org/pit-count-reports/

Among sheltered and unsheltered persons who were homeless in Kern County in 2023, 6.3% were children, under age 18, two of whom were unaccompanied minors, one of whom was unaccompanied by an adult. 6.2% of homeless persons were 'transition-age youth' (18 to 24 years old), nine of whom were parents of a total of 16 children, and one of whom was living unsheltered with their child. 25.9% of people experiencing homelessness in the county were chronically homeless. 5% of unhoused adults in the county were veterans, 29% were identified as having a severe mental illness, 20.9% were identified as having a chronic substance use disorder, 3.2% as being survivors of domestic violence, 0.4% were transgender, gender non-conforming or questioning, and 1.2% had HIV or AIDS.

Homeless Subpopulations, Bakersfield and Kern County CoC

	Count	Percent
Children, under age 18	123	6.3%
Unaccompanied minors	2	0.1%

Unsheltered unaccompanied minors	1	0.1%
Youth, ages 18 to 24	120	6.2%
Parenting youth, ages18 to 24	9	0.5%
Children of parenting youth	16	0.8%
Unsheltered children of parenting youth	1	0.1%
Chronically homeless persons	505	25.9%
Female	628	32.2%
Veterans	92	5.0%
Transgender, nonbinary or questioning	8	0.4%
Adults with severe mental illness	530	29.0%
Adults with chronic substance use disorder	382	20.9%
Survivors of domestic violence	58	3.2%
With HIV/AIDS	22	1.2%

Source: U.S. Department of Housing and Urban Development (HUD), 2023 Continuum of Care (CoC) Homeless Populations and Subpopulations report. https://www.hudexchange.info/programs/coc/coc-homeless-populations-and-subpopulations-reports/

The largest number of unsheltered homeless individuals in the county and service area are in Bakersfield (1,202 or 72.3% of the county total), as are the emergency shelters and transitional housing.

Unsheltered Homeless Individuals, by City

	Total Individuals
Arvin	26
Bakersfield	1,202
Taft	39
Service Area Total	**1,267**
Kern County Total	**1,663**

Source: Bakersfield-Kern Regional Homeless Collaborative, 2024 PIT Count Reports. https://bkrhc.org/pit-count-reports/

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

Homeless Population, by Race and Ethnicity, Kern County

	Percent of General Population	Percent of Homeless Population
White	31.5%	51.5%
Hispanic or Latino	55.3%	25.6%
Black or African American or African	4.9%	15.8%
American Indian or Alaska Native or Indigenous	0.4%	2.4%
Multiracial	2.7%	2.8%
Asian or Asian American	4.8%	0.9%
Native Hawaiian or Pacific Islander	0.1%	0.9%
Some other race	0.4%	N/A
Middle Eastern or North African	N/A	0.1%

Source: Bakersfield-Kern Regional Homeless Collaborative, 2024 PIT Count Report. https://bkrhc.org/pit-count-reports/

Community Input – Housing and Homelessness

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

- Our unhoused population is extremely high for the size of our community. Over the last few years, it's grown. We also see people move from one side of Kern County to the other, so the population isn't decreasing, it is just moving.
- The housing first approach to homelessness doesn't appear to be working. Aside from the people suffering from mental and emotional issues, there's a housing shortage. And that's an easy thing to fix, but they're making it extremely hard to build.
- We had a fire up in the mountains. It was the biggest fire in our county's history, and about 155 primary residences were destroyed, mostly trailers. When talking about replacing them, the sunk cost to get everything up to code with utilities, road access, environmental clearance, for each of these units is going to be $350,000. And that's before you put the prefabricated home on it. And these are people with no net worth. Their homes were uninsured. And even if you were able to hand them a house that was totally paid for, the wildfire insurance would still make it unaffordable for them.
- We have two big military bases in our county, and the Department of Defense is always pushing to build more housing around it, because then they could grow the mission, which would be great for the communities. We investigated it and the sunk cost was $180,000 for a three bedroom, two bath home and that's before they lay down wood. That is just to clear the utilities, pay for all the licensing and applications, the environmental review, the SQL review and all of that, it was $180,000, plus another $100,000 to build the house. At minimum it will cost $300,000 for an entry level home out in the desert where no one wants to live.
- There is a high cost of living, extremely high transportation costs, and rental availability is very low. Lack of employment is an issue in relation to housing and homelessness. Abuse or domestic violence is also a cause of housing and homelessness issues. Mental health and substance abuse is a cause of housing and homelessness issues, and poverty in general.
- We have so many services here for the homeless, but I'm not sure we've really impacted or made a difference in terms of outcomes that we want to see. There are so many pass-through grants, federal grants, state grants, even private foundation grants to address homelessness. But I just don't know that anyone is necessarily making an impact
- Seniors are a new population experiencing homelessness. They've never been homeless before and now they are trying to live on the streets. There are a lot of seniors who don't know where to go or access help.

- We have more people coming into homelessness than exiting homelessness, even with improved shelters and affordable housing.
- They are our invisible neighbors. People often don't humanize the homeless. They look at them as an obstacle. They're in the way. They're a public nuisance. We must be mindful of new laws. The Governor has passed anti-encampment laws. And here we have Prop. 36 that could potentially criminalize homelessness.
- Like all communities, we had more people entering homelessness than were able to exit. And the compassion is over. The pendulum is swinging back toward criminalization, which is unfortunate. A lot of resources are going into enforcement, dealing with the unsightliness issues as opposed to trying to figure out what are some real solutions to addressing our affordable housing crisis. People want immediate solutions, and affordable housing isn't a quick fix.
- If you're in a several decades long affordable housing hole, it's not going to be fixed within a year and a half of Project Home Key. But the public saw millions and billions of dollars being poured in and the conclusion was our taxpayer dollars failed, or they were misused because we poured in all this money, and I still saw a homeless person today.
- We've done a good job at building spaces for the unsheltered. But there is a population of the unhoused that don't want to be housed. And those reasons can be complex. But I think maybe at the root of that are mental health issues and substance abuse issues.
- Many Native individuals live in poverty, with poor housing conditions or homelessness being prevalent. Inadequate housing is a top issue and a key social determinant of health that impacts other areas of well-being. Many live far below the poverty line, and housing is often in very poor condition. For those who are homeless or unstably housed, access to basic resources remains difficult, further contributing to health disparities. With rising costs and limited supply, people are often forced to settle for whatever housing is available, which is often in unsafe or poor neighborhoods. This, combined with the economic challenges of low-paying jobs, creates a cycle of poverty and poor health.
- We need to invest in housing. It's not just a roof—it's stability, safety, and a foundation for better lives.

Public Program Participation

In Kern County, 55.4% of low-income residents (those making less than 200% of the FPL) were not able to afford enough to eat, while 33.4% of low-income residents utilized food stamps. 53.8% of county children, 6 years and younger, accessed WIC benefits. 12.6% of county residents were TANF/CalWORKs recipients. 10.1% of county residents said they had avoided government benefits within the prior 12 months due to concerns over green card disqualification for themselves or a family member, higher than the

state rate (7.9%).

Public Program Participation, 200% FPL and Lower

	Kern County	California
Avoided government benefits (asked of all immigrants, regardless of income), past 12 months, due to concerns over green card disqualification for self or a family member	10.1%	7.9%
Not able to afford enough food	55.4%	42.5%
Food stamp recipients, current	33.4%	33.5%
WIC usage among children, 6 years and under	53.8%	53.8%
TANF/CalWORKs recipients	12.6%	11.4%

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

In the service area, 6.6% of households received SSI benefits, 5.2% received cash public assistance income, and 18.6% of households received food stamp benefits.

Household Supportive Benefits

	Mercy Service Area	Kern County	California
Total households	**190,851**	**277,499**	**13,315,822**
Supplemental Security Income (SSI)	6.6%	6.6%	5.9%
Public assistance	5.2%	5.3%	3.7%
Food stamps/SNAP	18.6%	17.9%	10.3%

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

CalFresh Eligibility and Participation

CalFresh is California's food stamp program. According to the California Department of Social Services, 79.5% of eligible households in Kern County received food stamps (CalFresh) in 2021. A monthly average of 94,187 households in the county received food stamps in 2023. The number of households receiving food stamps in September 2024 (103,484) was an 8.9% increase over the 2023 monthly average.

CalFresh Eligibility and Participation

	Participating Households	Participation Rate* Among Eligible Households	September 2024	Percent Increase from September 2023
Kern County	94,187	79.5%	103,484	8.9%
California	3,049,919	77.0%	3,184,067	3.9%

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

Access to Food

The US Department of Agriculture (USDA) defines food insecurity as limited or uncertain availability of nutritionally adequate foods or uncertain ability to acquire foods in socially acceptable ways. In Kern County, 15.9% of the population experienced food

insecurity. Among children in Kern County, 22.1% lived in households that experienced food insecurity. Feeding America estimated that 81% of those experiencing food insecurity in Kern County, and 76% of county children experiencing food insecurity, were income-eligible for nutritional programs such as SNAP.

Food Insecurity

	Kern County		California	
	Number	Rate	Number	Rate
Total population experienced food insecurity during the year	144,060	15.9%	4,915,450	12.6%
Children, under 18, experienced food insecurity during the year	57,700	22.1%	1,437,250	16.9%

Source: Feeding America, 2022. https://map.feedingamerica.org/county/2022/overall/california/county/kern

Community Input – Food Insecurity

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

- We don't have enough food pantries to meet all the needs in the community. Also, the food in our grocery stores is unbelievably expensive now.
- We are surrounded by some of the best farmland in the country, and those who work in this farmland must go to a bodega or a mini mart to purchase processed foods.
- Considering that Kern County is the breadbasket of the world, we have the food here. I think one of the bigger problems is people don't know how to cook.
- It's a pressing issue here in our county. There are a lot of services. I think sometimes they can be disjointed. Also, some people and some organizations provide services to populations that aren't as critical as others. When it comes to food insecurity, my biggest takeaway would be making sure that we are, in fact, servicing those with the most critical need.
- Even though there are some resources in the community, it is not efficiently communicated how to access them. We have an organization here that has a food bank. And the number of times that we notice people coming to the food bank for food, expecting food and then being turned away because they didn't know, or it wasn't communicated to them that the food bank doesn't directly provide food is upsetting. They provide food to other agencies who in turn provide food through their own facility. Now you can imagine if a person with low education, not enough resources, has made the time to go to the food bank and they turn him away, that is a missed opportunity or a gap in our services.
- It's an endemic situation that we haven't solved, even though we are the highest agricultural county in the area.
- There are some food deserts that exist in Kern County where they don't have access to a grocery store. As a result, people rely on corner markets or gas stations for prepackaged, processed foods.

- We have over 100 distribution facilities in the county through our food bank that we can refer our families to. And in those unique situations or emergency scenarios, our staff can go to the food bank directly and they will prepare food boxes for a unique situation for our Head Start families. Food insecurity is a challenge and a growing problem in our communities, but we have resources that allow us to rectify that very quickly.
- Food banks and other offerings have improved, but we still aren't meeting the needs. And I think part of that is a lack of transportation in remote areas. Also, language barriers can be an issue.
- One of my favorite things is that with EBT, you're able to get whatever foods you want. There are no restrictions on what you can buy. But that means if they want to get Doritos and chips, they can.
- There are multiple food distribution sites throughout Kern County where they offer food baskets and food distributions. However, there is a transportation barrier. There are some families who don't have reliable transportation to get to the food distribution sites. But a lot of families would benefit from these food baskets. Some of these families have multiple children and they're not able to transport them to and from the food distribution site.
- For CalFresh, the application now allows you to bypass entering a Social Security number at the beginning, which wasn't possible before. That change makes it easier for people without Social Security numbers to get needed resources.

Educational Attainment

Educational attainment is a key driver of health. In the hospital service area, 22.4% of adults, ages 25 and older, lack a high school diploma, which is lower than the county (23.4%) but higher than the state (15.6%) rate. 19.8% of area adults have a bachelor's degree or higher degree.

Education Levels, Population 25 Years and Older

	Mercy Service Area	Kern County	California
Population, 25 years and older	**373,393**	**553,334**	**26,842,698**
Less than 9th grade	11.8%	12.8%	8.7%
9th to 12th grade, no diploma	10.7%	10.6%	6.9%
High school graduate	26.6%	27.4%	20.4%
Some college, no degree	23.4%	23.0%	20.1%
Associate's degree	7.8%	7.8%	8.0%
Bachelor's degree	13.0%	12.1%	22.1%
Graduate/professional degree	6.8%	6.2%	13.8%

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

High School Graduation Rates

High school graduation rates are the percentage of high school students who graduate four years after starting 9th grade. The Healthy People 2030 objective for high school

graduation is 90.7%. Of the two area high school districts, Kern High School District did not meet this objective for the 2022-2023 school year (85.5%).

High School Graduation Rates, 2022-2023

	Percent
Kern High School District	85.5%
Taft Union High School District	92.4%
Kern County	**85.4%**
California	**89.1%**

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

Differences are seen in rates of high school graduation according to race and ethnicity among Kern County students. American Indian or Alaska Native students (72.2%) and African American students (73.9%) had the lowest four-year graduation rates, followed by White students (84.7%) and Hispanic or Latino students (84.8%). Filipino students and Asian students had the highest graduation rates.

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

	Kern County	California
Filipino	95.8%	94.6%
Asian	91.8%	94.5%
Pacific Islander	90.9%	84.3%
Multiracial	86.7%	88.5%
Hispanic or Latino	84.8%	83.9%
White	84.7%	89.7%
African American	73.9%	77.9%
American Indian or Alaska Native	72.2%	79.1%

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

Community Input – Education

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

- Some companies are very focused on trying to support educational attainment, it's an uphill battle. We have residents who are monolingual, Spanish, indigenous languages or tribal languages. We have some communities like Arvin and Lamont where few adults have college degrees or any level of college.
- We've got the largest high school district in the state. We have a lot of schools that specialize in things like robotics and flight simulation. But now birth rates have declined, and a lot of students disappeared after Covid, it almost seems like in some cases, there's a big mismatch between what's available and what's needed because it has shifted so much.
- There is a barrier to obtaining patient education when people cannot access a primary care provider.

- Youth who are experiencing homelessness or are in transition tend to disappear. They don't stay in school.
- Businesses are noticing kids coming out of school with no career skills. People are just not developing their social skills anymore in junior high and high school.
- Our educational system needs stronger referral systems out of the school system to others in specialty care, whether it be health care, nonprofit providers, or others, when they identify a student with issues. I think that the schools should have a substance use program, as part of the district programming.
- One of the big barriers is low education in the community. Even if we have all the services, we still must get those people to accept coming to us and continue to come to us but also understand the benefits of coming to us and wanting to make that change and being able to make that change.
- Education is not a priority for a lot of our families. And it's not necessarily because they don't see the value in education, but they need to survive. And if the options are trying to get their kid to school rather than get to their own work on time, they're going to choose work.
- One of the things that we're finding is more social delays for Covid babies who are now entering into our program as two-, three-, and four-year-olds. They are socially delayed because of a lack of interaction with others. That's created a lot of behavioral challenges in our program because they have no social interaction. We also have seen a significant increase in our infant toddler program with speech delays.
- We've had families who work in the fields and when it is raining too much or it's too hot outside, they aren't working full-time, which leads to less income in their household. As a result, maybe they must move. The kids are experiencing all the stress in the home and they're bringing it with them to school. They're not able to concentrate. Whenever we start seeing kids not going to school because of the stressors that are going on in the home, we start seeing kids going down the wrong path, getting involved with gangs and criminal activities.

Safe Parks or Playgrounds

83.2% of Kern County parents of children, ages one to 11, indicated the park or playground closest to where they live is safe during the daytime.

Safe Park or Playground, Children, Ages 1 to 11

	Kern County	California
Park or playground nearest to home is safe during the daytime	83.2%	87.2%

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

Crime and Violence

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

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

	Property Crimes				Violent Crimes				Arson			
	Number		Rate*		Number		Rate*		Number		Rate*	
	2019	2023	2019	2023	2019	2023	2019	2023	2019	2023	2019	2023
Kern County	29,604	24,740	3,294.4	2,730.2	5,567	7,574	619.5	835.8	843	382	93.8	42.2
California	915,197	888,840	2,316.7	2,275.5	173,205	199,838	438.5	511.6	8,266	6,736	20.9	17.2

*Source: California Department of Justice, Open Justice Portal, 2024. https://openjustice.doj.ca.gov/exploration/crime-statistics/crimes-clearances *All rates calculated based on January population estimates by the State of CA Dept. of Finance, for the referenced year.*

Calls for domestic violence are categorized as with or without a weapon. In 2018, strangulation and suffocation were added as a domestic violence reporting category. Weapons include firearms, knives, other weapons, and personal weapons (hands, feet). Within “Weapon Involved,” a personal weapon was the category most frequently reported. In Kern County, 75.9% of domestic violence calls involved a weapon, and 1.4% involved strangulation or suffocation.

Domestic Violence Calls, Rates per 1,000 Persons

	Total	No Weapon	Weapon Involved	% Weapon Involved	Strangulation or Suffocation
Kern County	4,749	1,145	3,604	75.9%	1.4%
California	160,357	58,733	101,625	63.4%	5.2%

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

When adults and teens in Kern County were asked about neighborhood cohesion, 82.4% of adult residents agreed their neighborhood felt safe most or all of the time, neighbors were willing to help (76.8%), and people in their neighborhood could be trusted (73.5%). 85.7% of teens felt safe most or all the time, 81.5% felt that people in the neighborhood were willing to help, and 70.2% felt that people in the neighborhood could be trusted.

Neighborhood Cohesion, Adults Who Agree or Strongly Agree

	Kern County	California
Feels safe all or most of time	82.4%	86.7%
People in neighborhood are willing to help	76.8%	81.2%
People in neighborhood can be trusted	73.5%	79.7%

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

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

	Kern County	California
Feels safe all or most of the time	85.7%	86.9%
People in neighborhood are willing to help	81.5%	86.1%
People in neighborhood can be trusted	70.2%	80.4%

Source: California Health Interview Survey, 2020-2023, pooled. https://healthpolicy.ucla.edu/our-work/askchis/

In Kern County, the rate of children under age 18, who experienced abuse or neglect was 10.7 per 1,000 children. Rates of reported and substantiated abuse and neglect fell from 2019 to 2020. However, this may have been due to the effects of the Pandemic on reporting and substantiation, rather than a change in underlying conditions. Therefore, 2019 rates may be more accurate.

Substantiated Child Abuse Rates, per 1,000 Children, 2019 and 2020

	Kern County		California	
	2019	2020	2019	2020
Reported cases of child abuse and neglect	59.4	53.2	52.6	43.5
Substantiated cases of child abuse and neglect	10.9	10.7	7.7	6.8

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

Community Input – Crime and Safety

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

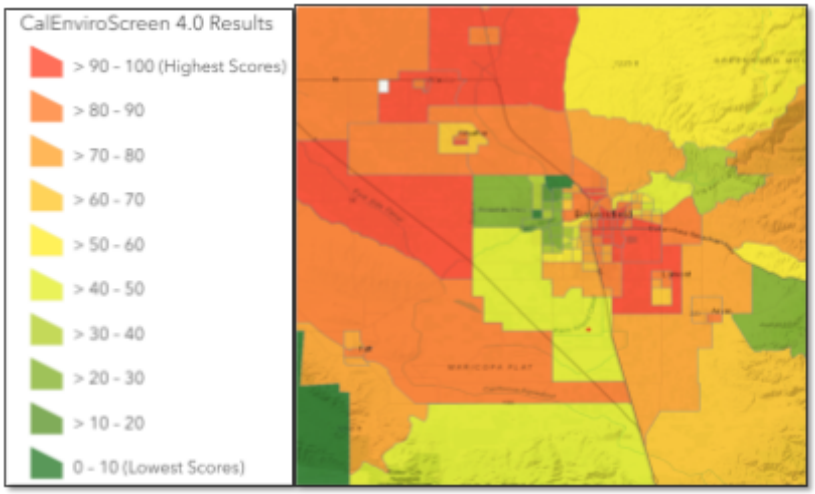
- One of the main crimes is child neglect or child abuse.
- We need to commit to clean, safe places for children to play.
- Exercise is impacted by safety issues. Is the park well lit? Do you have sidewalks to push a stroller?
- I think we need more education and awareness to prevent child drowning. Enhancing our public parks with improved lighting and more personnel like park rangers would significantly reduce crime and improve safety for the community.
- Many small local businesses are really suffering from vandalism.
- In terms of domestic violence as a crime, there is not enough education or awareness around the topic to create a system of support for law enforcement response or a legal action. When you are in an abusive home, you may not feel free to leave because of financial constraints, so you stay. There could be threats or manipulation or actual violence, but because of financial constraints, that causes them to stay even though it's unhealthy or unsafe.
- We see a lot of our families living in high crime areas because the cost of living is cheaper. We see families being forced to stay in those areas, which could potentially cause their children to be exposed to criminal activity. We see families that also refuse to go into certain areas and therefore they would rather stay in a homeless shelter than move into those areas.
- Generational cycles of violence and crime are an ongoing issue.

- There should be more educational awareness with law enforcement on domestic violence and how impactful it is to the individual and the community in relation to health.
- For some of our clients their only housing is their car, and that is not safe.
- We see seniors targeted for scams based on their age or the fact that they have a cognitive decline.
- We have homeless encampments lined up outside our clinic and that is a huge safety concern because mothers don't want to come in person. It is important to have resources and buildings where moms and babies feel safe.

Environmental Health

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

Many of the census tracts in the service area belong to the top 10th (red), 20th (dark orange), 30th (orange), or 40th (light orange) percentiles of highest-burdened California tracts. Most of Taft, as well as southeast Arvin, belong to the 20th percentile of highest burden, and much of Bakersfield 93301, 93304, 93305, and 93307 belong to the top 10th percentile (red) of burden. Some of the tracts within Bakersfield 93312 and 93314, and a portion of 93306 belong to the bottom 40th (lightest green), 30th (light green), 20th (green), and 10th (darkest green) percentiles of lowest-burdened tracts.

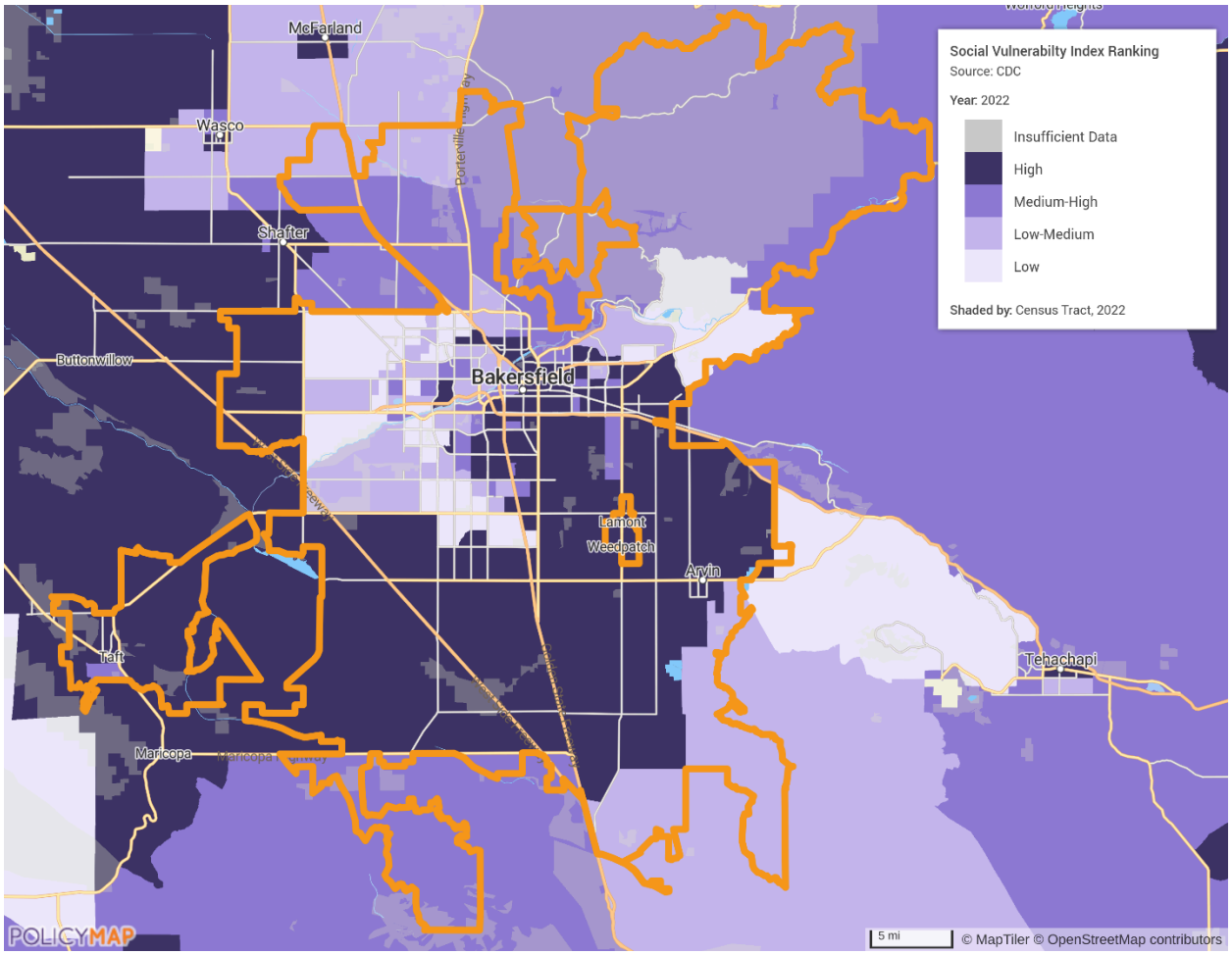


Source: California Office of Environmental Health Hazard Assessment, CalEnviroScreen 4.0. Results Map, October 2021. *https://oehha.ca.gov/calenviroscreen/report/calenviroscreen-40*

Social Vulnerability

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

Kern County is considered 'High' vulnerability based on SVI criteria, and many census tracts in the service area, particularly on the south and southeastern sections of Bakersfield, are rated either 'High' (darkest purple) or 'Moderate' (purple). Some tracts in Bakersfield 93306, 93311, 93312 and 93314 are rated as 'Low' SVI (lavender), and 'Very Low' SVI (palest lavender).



Source: 2024 PolicyMap, utilizing CDC's 2022 Social Vulnerability Index, 2018-2022 ACS data. https://www.policymap.com/

Community Input – Environmental Conditions

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

- In Kern County we are participating in a state pilot because our water quality is not up to standard.
- Water is always an issue in Kern County. There are sections in Kern County where having healthy drinking water and wells is a problem. The problem is mostly because they're living in unincorporated areas.
- Heat is an issue because it is extremely expensive to run your swamp cooler or your AC. In Kern County, a number one reason for people to fall behind on their rent or utility bills is because of the skyrocketing AC bills with the heat.
- The air quality is probably the biggest challenge that we've seen, especially in our Lamont Arvin area, where all that air quality kind of gets stuck over the Tehachapis. We have seen an increase in children with asthma over the last several years.
- Air quality has declined because of the fires we had in the state and the pollution from the Central Valley specifically.
- The air quality has improved over time, but we still have poor air quality, which contributes to a host of health care conditions like asthma and other respiratory issues. It even can contribute to the development of atherosclerosis processes because of all the pollution and the toxins that we breathe in. But I think the air quality district has made some strides.
- Sometimes the air quality is so bad that school children must stay inside.

Health Care Access

Health Insurance Coverage

Health insurance coverage is considered a key component to ensure access to health care. The Healthy People 2030 objective for health insurance is 92.4% coverage. 92% of the civilian, non-institutionalized population in the service area has health insurance. Bakersfield 93314 has the highest health insurance rate (96.8%) and Bakersfield 93304 (88%) has the lowest health insurance coverage rate. 96.3% of children, ages 18 and younger, have health insurance coverage in the service area. Bakersfield 93314 has 98.5% health insurance coverage among children. Arvin has the lowest percentage of children with health insurance in the service area (92.9%). Among adults, ages 19-64, 88.3% in the service area have health insurance. Bakersfield 93314 has the highest insurance rate among adults (95.4%), and Bakersfield 93307 has the lowest health insurance rate among adults, ages 19-64 (81.7%).

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

	ZIP Code	Total Population	Children Ages 0-18	Adults Ages 19-64
Arvin	93203	89.8%	92.9%	86.9%
Bakersfield	93301	93.4%	97.6%	89.1%
Bakersfield	93304	88.0%	94.8%	82.7%
Bakersfield	93305	92.3%	97.0%	88.7%
Bakersfield	93306	92.0%	98.0%	87.0%
Bakersfield	93307	88.1%	96.7%	81.7%
Bakersfield	93308	93.6%	96.0%	91.2%
Bakersfield	93309	92.3%	96.0%	89.0%
Bakersfield	93311	95.4%	96.4%	94.0%
Bakersfield	93312	95.8%	97.4%	94.2%
Bakersfield	93313	90.7%	93.8%	87.8%
Bakersfield	93314	96.8%	98.5%	95.4%
Taft	93268	89.2%	97.2%	83.0%
Mercy Service Area		**92.0%**	**96.3%**	**88.3%**
Kern County		**92.2%**	**96.4%**	**88.6%**
California		**92.9%**	**96.6%**	**90.0%**

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

The lowest rate of health insurance in the service area among the total population is for those residents who identify as a race or ethnicity Other than those listed (87.4%), followed by American Indian or Alaska Native (AIAN) residents (88.5%), and Hispanic residents (89.3%). AIAN residents have the lowest rate of health insurance coverage among children (88.5%). Care should be taken when interpreting rates for small populations.

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

	Total Population	Children, Under 19	Adults, Ages 19-64	Adults, Ages 65+
Native Hawaiian or Pacific Islander	97.5%	100.0%	95.7%	100.0%
Non-Hispanic White	95.8%	97.8%	93.7%	99.7%
Black or African American	94.2%	96.9%	91.9%	98.2%
Asian	93.9%	95.8%	91.8%	99.3%
Multiracial	91.9%	96.6%	88.3%	97.5%
Hispanic	89.3%	95.9%	84.3%	97.4%
American Indian or Alaskan Native	88.5%	88.5%	86.6%	100.0%
Other race	87.4%	94.5%	82.2%	97.4%

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

In Kern County, 40.6% of county residents have Medi-Cal coverage and 34.3% of county residents have employment-based insurance. This is a higher rate of Medi-Cal coverage and a lower rate of employment-based coverage than found in the state.

Insurance Coverage, by Type

	Kern County	California
Medi-Cal	40.6%	22.9%
Medicare only	0.8%	1.3%
Medi-Cal/Medicare	3.3%	3.8%
Medicare and others	9.1%	12.0%
Other public	0.4%	1.0%
Employment based	35.3%	49.3%
Private purchase	2.3%	4.5%
No insurance	8.3%	5.3%

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

Regular Source of Care

Access to a medical home and a primary care provider improves continuity of care and decreases unnecessary emergency room visits. In Kern County, 19.2% of the population does not have a regular source of health care, which is higher than the state rate (17.6%).

Does Not Have Usual Source of Care, All Ages

	Kern County	California
No usual source of medical care	19.2%	17.6%

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

When access to care through a usual source of care was examined by race and ethnicity, Latino residents were the least likely to have a usual source of care (78.7%).

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

	Kern County	California
Multiracial, non-Latino	88.7%	85.2%
White, non-Latino	88.4%	88.4%
American Indian or Alaska Native	**	87.6%
Black or African American, non-Latino	*86.5%	85.7%
Native Hawaiian or Pacific Islander	**	83.6%
Asian, non-Latino	84.2%	83.1%
Latino	78.7%	79.8%
All	**82.9%**	**84.0%**

*Source: California Health Interview Survey, 2019-2023. https://healthpolicy.ucla.edu/our-work/askchis/ *Statistically unstable due to sample size. **No data due to small sample size.*

In Kern County, 50.7% of residents accessed care at a doctor's office, HMO or Kaiser, and 25.9% accessed care at a clinic or community hospital. 19.2% had no usual source of care.

Sources of Care

	Kern County	California
Dr. office/HMO/Kaiser Permanente	50.7%	61.3%
Community clinic/government clinic/community hospital	25.9%	18.4%
ER/Urgent care	2.6%	1.1%
Other place/no one place	1.7%	1.7%
No usual source of care	19.2%	17.6%

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

An examination of Emergency Room (ER) use can lead to improvements in providing community-based primary care. 17.7% of county residents visited an ER in the past year. Poverty-level residents visited the ER at a higher rate than the general population (18.4%), as did low-income residents (21.4%). Adults, ages 18 to 64, were the most likely to say they had visited the ER (19.3%).

Use of Emergency Room

	Kern County	California
Visited ER in last 12 months	17.7%	16.8%
0-17 years old	14.6%	15.4%
18-64 years old	19.3%	15.9%
65 and older	16.9%	21.9%
<100% of poverty level	18.4%	21.8%
<200% of poverty level	21.4%	19.6%

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

Difficulty Accessing Care

7.8% of Kern County adults had difficulty finding a primary care doctor who would see

them or take them as a new patient in the past year. 22.1% of adults reported difficulty accessing specialty care. 6.8% of adults had been told by a primary care physician's office that their insurance would not be accepted. 15.3% of adults were told by a specialist's office their insurance was not accepted.

Difficulty Accessing Care in the Past Year, Adults

	Kern County	California
Reported difficulty finding primary care	7.8%	10.3%
Reported difficulty finding specialist care	22.1%	19.8%
Primary care doctor not accepting their insurance	6.8%	6.0%
Specialist not accepting their insurance	15.3%	11.0%

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

Delayed or Forgone Care

10.5% of Kern County residents delayed or did not get medical care when needed. Of these residents, 46.2% ultimately went without needed medical care, meaning that 4.9% of the overall population had to forgo needed medical care. This meets the Healthy People 2030 objective of no more than 5.9% of the population who forgo care. 9.2% of county residents had to delay or forgo a prescription in the past 12 months.

Delayed Care in Past 12 Months, All Ages

	Kern County	California
Delayed or did not get medical care	10.5%	16.1%
Had to forgo needed medical care	4.9%	8.4%
Delayed or did not get prescription meds	9.2%	9.0%

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

Of the Kern County residents who delayed or did not get care, 19.3% attributed it to cost, lack of insurance, or issues with insurance, 43.1% delayed or forewent care because of systems and provider issues and barriers, 29.8% of the population delayed or forewent care due to personal or other reasons, and 7.8% due to COVID-19-related issues.

Reason for Delayed Care, All Ages

	Kern County	California
Cost, lack of insurance or other insurance issue	19.3%	28.5%
Health care system/provider issues and barriers	43.1%	31.6%
Personal and other reasons	29.8%	28.5%
COVID-19	7.8%	11.5%

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

Telehealth

Telehealth connects patients to vital health care services through video conferencing, remote monitoring, electronic consults, and wireless communications. Among county

adults, 39.4% had received care from a health care provider through telehealth in the prior year, rather than an office visit.

Telehealth, Past Year, Adults

	Kern County	California
Received care from a health care provider through video or telephone	39.4%	45.4%

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

When asked to rate their most-recent video call experience with a provider compared to an in-person visit, 43.1% felt it was about the same, 19.4% of county residents felt the visit was somewhat worse or much worse, and 24.9% felt that it was somewhat better or much better.

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

	Kern County	California
Much worse	*2.6%	4.1%
Somewhat worse	16.8%	17.7%
About the same	43.1%	44.4%
Somewhat better	12.6%	9.8%
Much better	7.9%	9.0%
Have not had one	17.0%	14.9%

*Source: California Health Interview Survey, 2021-2022, pooled. https://healthpolicy.ucla.edu/our-work/askchis/. *Statistically unstable due to small sample size.*

Primary Care Physicians

The ratio of the population to primary care physicians in Kern County is 2,090:1. This indicates fewer primary care providers in Kern County when compared to the state ratio of 1,233 persons per primary care physician.

Primary Care Physicians, Number and Ratio

	Kern County	California
Number of primary care physicians	439	31,820
Ratio of population to primary care physicians	2,090:1	1,233:1

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

HPSA and MUA Designations

The U.S. Health Services Administration (HRSA) designates medically underserved areas/populations (MUA) as areas or populations having too few primary care providers, high infant mortality, high poverty, or a high elderly population. Much of the service area, including the Bakersfield East/Lakeview/La Loma area, and rural areas surrounding and between Taft and Arvin, as well as north of Bakersfield, are designated as Medically Underserved Areas (MUAs) for primary care.

There are three categories of Health Professions Shortage Area (HPSA) designations

based on the health discipline that is experiencing a shortage: 1) primary medical, 2) dental, and 3) mental health. The primary factor used to determine a HPSA designation is the number of health professionals relative to the population with consideration of high need. For primary care, the Arvin, Taft, and Bakersfield East 'Medical Study Service Areas' (MSSAs) are designated as HPSAs, as is the Bakersfield Northeast/Oildale MSSA for low-income residents, and the Bakersfield Southwest MSSA for the Medicaid eligible population. For dental health, the Bakersfield Northeast/Oildale, Bakersfield East/LakeView/La Loma, and Bakersfield Southwest MSSAs are designated as HPSAs for Medicaid eligible residents, the Buttonwillow MSSA for low-income residents, and the Taft MSSA for low-income and migrant farmworker residents. For mental health, the Arvin and Frazier Park/Taft/Buttonwillow MSSAs are designated as High-Needs Geographic HPSA, and the Bakersfield MSSA for low-income residents. *Source: U.S. Department of Health and Human Services, HPSA-find and MUA-find tools. Accessed October 30, 2024. https://data.hrsa.gov/tools/shortage-area.*

Access to Primary Care Community Health Centers

Community Health Centers provide primary care (including medical, dental and mental health services) for uninsured and medically underserved populations. Using ZCTA (ZIP Code Tabulation Area) data for the service area and information from the Uniform Data System (UDS)[1], 42.1% of the population in the service area is low-income (200% of Federal Poverty Level) and 19.1% of the population are living in poverty. There are Section 330-funded grantees (Federally Qualified Health Centers – FQHCs and FQHC Look-Alikes) located in the service area. Even with Section 330 funded Community Health Centers serving the area, there are low-income residents who are not served by one of these clinic providers. The FQHCs have a total of 138,878 patients in the service area, which equates to 53.3% penetration among low-income patients and 22.2% penetration among the total population. From 2021-2023, the Community Health Center providers had a 13.1% increase in patients served. Despite this, there remain 121,543 low-income residents, 46.7% of the population at or below 200% FPL that are not served by an FQHC.

Low-Income Patients Served and Not Served by FQHCs

Low-Income Population	Patients served by Section 330 Grantees In Service Area	Penetration among Low-Income Patients	Penetration of Total Population	Low-Income Not Served	
				Number	Percent
260,421	138,878	53.3%	22.2%	121,543	46.7%

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

[1] The UDS is an annual reporting requirement for grantees of HRSA primary care programs:
- Community Health Center, Section 330 (e)
- Migrant Health Center, Section 330 (g)
- Health Care for the Homeless, Section 330 (h)
- Public Housing Primary Care, Section 330 (i)

Dental Care

Oral health is essential to a person's overall health and well-being. In Kern County, 4.1% of children and 29.4% of adults lack dental insurance.

Dental Insurance

	Kern County	California
Children without dental insurance	4.1%	7.4%
Adults without dental insurance	29.4%	28.7%

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

In Kern County, 9.1% of children, ages 3 to 11, have never been to a dentist, and 83.7% have been in the past 12 months. In the past year, 9% of area children needed dental care and did not receive it because the parent could not afford it, which is higher than the state rate (6.4%).

Dental Care Utilization, Children, Ages 3-11

	Kern County	California
Never been to the dentist	9.1%	14.9%
Visited dentist < 6 months ago	72.4%	69.5%
Visited dentist > 6 months to 1 year ago	11.3%	9.7%
Visited dentist > 1 to 2 years ago	4.6%	4.2%
Visited dentist > 2 to 5 years ago	*2.6%	1.4%
Visited dentist more than 5 years ago	*0.0%	0.3%
Parent could not afford needed dental care for child	9.0%	6.4%

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

Among county teens, 77.4% were reported to have seen a dentist in the prior 12 months. This rate is lower than the state rate (89.1%).

Dental Care Utilization, Teens, Ages 12-17

	Kern County	California
Visited dentist < 6 months ago	66.5%	74.0%
Visited dentist > 6 months to 1 year ago	10.9%	15.1%
Visited dentist > 1 to 2 years ago	11.1%	6.1%
Visited dentist > 2 to 5 years ago	*6.0%	2.7%
Visited dentist more than 5 years ago	*5.5%	1.4%
Never been to the dentist		0.7%

*Source: California Health Interview Survey, 2019-2022, pooled. *Statistically unstable due to sample size.*
https://healthpolicy.ucla.edu/our-work/askchis/

64.2% of county adults described the condition of their teeth as 'good', 'very good', or 'excellent'. 2.7% had no natural teeth remaining. 4.2% of county residents had never been to a dentist, and 13.1% had not been within the past 5 years.

Dental Care Utilization and Condition of Teeth, Adults

	Kern County	California
Condition of teeth: good to excellent †	64.2%	71.7%
Condition of teeth: fair to poor †	33.1%	26.2%
Condition of teeth: has no natural teeth †	2.7%	2.1%
Never been to a dentist	4.2%	2.1%
Visited dentist < 6 months to two years	68.1%	80.4%
Visited dentist more than 5 years ago	13.1%	7.1%

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

The ratio of residents to dentists in Kern County is 1,901:1, which is fewer dentists per capita compared to the state rate (1,076:1).

Dentists, Number and Ratio

	Kern County	California
Number of dentists	482	36,261
Ratio of population to dentists	1,901:1	1,076:1

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

Community Input – Access to Health Care

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

- One area of great need is ENT doctors. Also, if you need lab work, or a sleep study, that leads to an additional appointment. As a result, issues can linger.
- In addition to the cost and the availability of trained personnel, there's a trust factor as well, trusting the medical opinion provided and trusting that you should go in to see a specialist.
- A lot of our community members are no longer accessing preventive health care, so we are seeing a much sicker population. And we are seeing people utilize the health care system in a different way. People are using 911 and our hospitals instead of the primary care physician. And that leads to things being missed.
- Agriculture is an economic driver in our community. And their schedules are very different than the standard Monday through Friday, 8am to 5pm. Our health care wasn’t created to accommodate that type of schedule. And they can’t necessarily take time off.
- There is a shortage of primary care providers who are willing and able to take care of patients whose care is being financed by Medi-Cal.
- We need more skilled professionals. We need nurses, we need licensed therapists and specialists across the board. Our assemblywoman, who's a physician, got a state bill passed into law that would allow funding for a UC level medical school here in Kern County, which is great, but that's years from now.

- There are some disparities for certain cultural groups. We're starting to see more of the southeastern Asian population, Taiwanese, Cambodian. We know that Tagalog and Filipino are large groups in our community. There may be some disparities for those individuals going forward as their populations grow in our community, and we haven't really addressed their needs in the past. Also, at our southwest facility, we are seeing more patients who speak Punjabi.
- Language is always a barrier. The Punjabi have a big presence in Bakersfield. The Hispanic or Latino culture, the undocumented, sometimes they're just in the shadows. But I think the promotora model is incredible. Neighbors talking to neighbors and getting people to advocate for themselves and others is a model that works.
- Insurance reimbursement rates are extremely low and therefore disincentivize a lot of medical practitioners from engaging with those who have Medi-Cal.
- We need better transportation resources.
- We've heard feedback from families that it's months out to make an appointment. And that there is a lack of consistency because their provider is so busy, as a result, they must see someone different who may not know their child. The other issue in is specialty care. When a specialist is needed, we don't have them in town. And travel for a lot of our families in Kern County is a difficult situation.
- We see a lot of our community is no longer accessing preventive health care. And they are a much sicker population.
- There are fewer doctors and appointments available. And for specialty care for children, we must go outside of Kern County to access that care. That’s a burden on our families.
- We see a lot of challenges around dental care access for some of our seniors and disabled adults. There's not a lot of dental coverage through Medicare or Medi-Cal. And, as you get into the rural areas, it’s a longer commute to access specialty care.
- Transportation tends to be a challenge. We can get appointments scheduled, but getting the transportation to those doctor appointments is very tricky. California City, Rosemond, Mojave, even our Maricopa Taft families are challenged with access because they're typically being told to come into Bakersfield.
- We need more providers in this community. When patients are being discharged from the hospital, especially when they have conditions that may be prone to a readmission, it is nearly impossible for them to get a follow-up appointment with their primary care provider. So, we have patients who are bouncing back to the hospital within 30 days of their initial admission because they were not able to see a provider.

Birth Characteristics

Births

From 2018 to 2022, there were an average of 9,004 births annually in the hospital service area.

Delivery Paid by Public Insurance or Self-Pay

In the service area, the rate of births paid by public insurance or self-pay was 665.7 per 1,000 live births.

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

	Mercy Service Area		Kern County	California
	Number	Rate	Rate	Rate
Delivery paid by public insurance or self-pay	5,995	665.7	533.6	370.0

Source: Calculated by Gary Bess Associates using CA Dept. of Public Health Master Birth Files and U.S. Census Bureau American Community Survey, 5-Year Average 2018-2022, Table B01001. County (where available) and state data are from Centers for Disease Control and Prevention, National Center for Health Statistics on CDC WONDER Online Database, released Dec. 2023.

Teen Birth Rate

Teen births in the service area occurred at an average annual rate of 6.4% of total births. This rate was higher than the county (5.7%) and state (3.3%).

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

	Mercy Service Area		Kern County	California
	Number	Rate	Rate	Rate
Births to teen mothers	573	63.7	57.2	33.0

Source: Calculated by Gary Bess Associates using CA Dept. of Public Health Master Birth Files and U.S. Census Bureau American Community Survey, 5-Year Average 2018-2022, Table B01001. County (where available) and state data are from Centers for Disease Control and Prevention, National Center for Health Statistics on CDC WONDER Online Database, released Dec. 2023.

Prenatal Care

Among pregnant women in the service area, 17.6% (175.9 per 1,000 live births) entered prenatal care after the first trimester. This equates to 82.4% of pregnant women starting prenatal care during the first trimester.

Late Prenatal Care (After 1st Trimester), Rate per 1,000 Live Births

	Mercy Service Area		Kern County	California
	Number	Rate	Rate	Rate
Late prenatal care	1,584	175.9	179.3	140.8

Source: Calculated by Gary Bess Associates using CA Dept. of Public Health Master Birth Files and U.S. Census Bureau American Community Survey, 5-Year Average 2018-2022, Table B01001. County (where available) and state data are from Centers for Disease Control and Prevention, National Center for Health Statistics on CDC WONDER Online Database, released Dec. 2023.

Premature Birth

The rate of premature births (occurring before the start of the 38th week of gestation) in the service area was 96.2 per 1,000 live births.

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

	Mercy Service Area		Kern County	California
	Number	Rate	Rate	Rate
Premature birth	867	96.2	97.7	89.4

Source: Calculated by Gary Bess Associates using CA Dept. of Public Health Master Birth Files and U.S. Census Bureau American Community Survey, 5-Year Average 2018-2022, Table B01001. County (where available) and state data are from Centers for Disease Control and Prevention, National Center for Health Statistics on CDC WONDER Online Database, released Dec. 2023.

Low Birth Weight

Babies born at a low birth weight (<2,500g) are at higher risk for disease, disability, and possible death. The service area rate of low-birth weight babies was 75.5 per 1,000 live births.

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

	Mercy Service Area		Kern County	California
	Number	Rate	Rate	Rate
Low birth weight	679	75.5	74.7	71.4

Source: Calculated by Gary Bess Associates using CA Dept. of Public Health Master Birth Files and U.S. Census Bureau American Community Survey, 5-Year Average 2018-2022, Table B01001. County (where available) and state data are from Centers for Disease Control and Prevention, National Center for Health Statistics on CDC WONDER Online Database, released Dec. 2023.

Mother Smoked Regularly During Pregnancy

Mothers in the service area smoked no less than one cigarette per day for at least a three-month period during their pregnancy (17.3 per 1,000 live births).

Mothers Who Smoked Regularly During Pregnancy, Rate per 1,000 Live Births

	Mercy Service Area		Kern County	California
	Number	Rate	Rate	Rate
Mothers who smoked	156	17.3	10.9	9.9

Source: Calculated by Gary Bess Associates using CA Dept. of Public Health Master Birth Files and U.S. Census Bureau American Community Survey, 5-Year Average 2018-2022, Table B01001. County (where available) and state data are from Centers for Disease Control and Prevention, National Center for Health Statistics on CDC WONDER Online Database, released Dec. 2023.

Infant Mortality

In this report the infant mortality rate is defined as deaths of infants under 1 year of age. The infant mortality rate in the service area, from 2018 through 2022, was 5.8 deaths per 1,000 live births. This does not meet the Healthy People 2030 objective of 5.0 deaths per 1,000 live births.

Infant Mortality Rate, Five-Year Average

	Mercy Service Area		Kern County	California
	Number	Rate	Rate	Rate
Infant mortality	52	5.8	5.5	4.1

Source: Calculated by Gary Bess Associates using CA Dept. of Public Health Master Birth Files and U.S. Census Bureau American Community Survey, 5-Year Average 2018-2022, Table B01001. County (where available) and state data are from Centers for Disease Control and Prevention, National Center for Health Statistics on CDC WONDER Online Database, released Dec. 2023.

There are differences in infant mortality rates when examined by the race and ethnicity

of the mother. County rates for all groups, with the exception of non-Hispanic White and Hispanic mothers, were suppressed for reliability and privacy concerns, due to low populations. The higher infant mortality rate in Kern County was for Hispanic or Latina mothers (5.73 deaths per 1,000 live births). The infant mortality rate for White mothers was 4.62 deaths per 1,000 live births.

Infant Mortality, per 1,000 Live Births, 6-Year Average, by Mother's Race and Ethnicity

	Kern County	California
Black or African American, non-Hispanic	**	8.31
American Indian or Alaska Native, non-Hispanic	**	7.57
Native Hawaiian or Other Pacific Islander, non-Hispanic	**	7.37
Hispanic or Latina	5.73	4.19
More than one race, non-Hispanic	**	3.83
White, non-Hispanic	4.62	3.26
Asian, non-Hispanic	**	2.73
Total	**5.60**	**4.11**

*Source: U.S. Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics, Linked Birth/Infant Death Records, 2017-2022, on CDC WONDER. https://wonder.cdc.gov/lbd-current.html **Suppressed due to reliability and privacy issues related to small sample size.*

Maternal Mortality and Morbidity

The pregnancy-related mortality ratio is defined as deaths while pregnant or within one year of the end of pregnancy, from causes related to or aggravated by the pregnancy or its management. Pregnancy-related mortality does not include deaths from suicide, homicide, drug overdose or most other injury. From 2017 to 2021, there were 17 pregnancy-related deaths in Kern County, for a rate of 26.6 maternal deaths per 100,000 live births.

Pregnancy-Related Mortality Rate, per 100,000 Live Births, 5-Year Average, 2017-2021

	Kern County		California	
	Number	Rate	Number	Rate
Maternal mortality	17	26.6	361	16.3

Source: California Department of Public Health, Maternal, Child, and Adolescent Health Division, Pregnancy-Related Mortality Dashboard, 2017-2021. https://www.cdph.ca.gov/Programs/CFH/DMCAH/surveillance/Pages/Pregnancy-Related-Mortality.aspx

There are differences in pregnancy-related mortality and morbidity rates when examined by race and ethnicity. In Kern County, the highest frequency of severe maternal morbidity is among Black mothers (145.1 per 10,000 live births), followed by White mothers (99.5 per 10,000 live births), and then Asian or Pacific Islander mothers (94.2 per 10,000 live births). The lowest rate is among Latina mothers (83.6 per 10,000 live births). Severe maternal morbidity includes unexpected and potentially life-threatening complications from labor and delivery that result in significant health consequences. The Healthy People 2030 objective for severe maternal morbidity is a maximum of 64.4 per 10,000 births.

Severe Maternal Morbidity, per 10,000 Live Births, 3-Yr Avg, by Race and Ethnicity

	Kern County		California	
	Number	Rate	Number	Rate
Black	30	145.1	1,121	174.5
White	88	99.5	3,027	90.3
Asian or Pacific Islander	12	94.2	2,063	124.3
American Indian or Alaska Native	**	**	35	107.4
Latina/x	193	83.6	5,967	105.3
Total	**330**	**90.5**	**13,081**	**108.0**

*Source: California Dept. of Public Health, Maternal, Child & Adolescent Health Division, Severe Maternal Morbidity Dashboard, 2020-2022. https://www.cdph.ca.gov/Programs/CFH/DMCAH/surveillance/Pages/Severe-Maternal-Morbidity.aspx **Suppressed due privacy and/or statistical instability concerns.*

Breastfeeding

Breastfeeding has been proven to have considerable benefits to babies and mothers. The American Academy of Pediatrics recommends that babies are fed only breast milk for the first six months of life. Hospital breastfeeding data are collected on the Newborn Screening Test. At Mercy Hospital Southwest, 91.1% of mothers initiated some breastfeeding in the hospital after giving birth, and 68.7% breastfed exclusively. These rates are higher than the county.

In-Hospital Breastfeeding, Mercy Hospital Southwest

	Any Breastfeeding		Exclusive Breastfeeding	
	Number	Percent	Number	Percent
Mercy Hospital Southwest	1,940	91.1%	1,464	68.7%
Kern County	9,220	89.2%	6,469	62.6%
California	346,452	93.9%	253,783	68.8%

Source: California Department of Public Health, Breastfeeding Hospital of Occurrence, 2022.
https://www.cdph.ca.gov/Programs/CFH/DMCAH/surveillance/Pages/Breastfeeding-Initiation.aspx

There were race and ethnicity differences noted in breastfeeding rates of mothers who delivered at Mercy Hospital Southwest. 95.7% of Black mothers, and 95.2% of those who identified as a race or ethnicity 'Other' than those listed initiated breastfeeding. 78.4% of White mothers and 75.4% of Black mothers breastfed exclusively. Rates of any breastfeeding (84.8%) and exclusive breastfeeding (48.3%) were lowest among Asian mothers.

In-Hospital Breastfeeding, Mercy Hospital Southwest, by Race and Ethnicity of Mother

	Any Breastfeeding		Exclusive Breastfeeding	
	Number	Percent	Number	Percent
Black	66	95.7%	52	75.4%
Other race	20	95.2%	15	71.4%
White	579	91.9%	494	78.4%
Multiracial	45	91.8%	32	65.3%
Hispanic	1,077	91.0%	778	65.7%
Asian	100	84.8%	57	48.3%

Source: California Department of Public Health, Breastfeeding Hospital of Occurrence, 2022.
https://www.cdph.ca.gov/Programs/CFH/DMCAH/surveillance/Pages/Breastfeeding-Initiation.aspx

Community Input – Birth Indicators

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

- There is no postpartum care system right now. There is your basic six-week checkup, and if there are immediate issues, there might be additional checkups. There is minimal support from doctors on postpartum anxiety and depression. There is no support for middle to low-income disadvantaged communities for assistance at home, such as childcare, nannies, doulas, sleep coaches, or breastfeeding coaches. And there should be some type of behavioral health support network for all levels of postpartum mothers and a true medical assessment during the postpartum period.
- Education is needed about the basic health care process and what prenatal versus active delivery versus postnatal care looks like. We need enhanced parenting and prenatal classes. And there should be financial literacy education as well.
- Our numbers have improved in teen pregnancy.
- We've tried to move the needle in prenatal care as well as trying to prevent preterm labor, through education and home visitation programs for the last 25 years.
- Kern County is very conservative and uses abstinence-only education. Essentially what this means is anybody who is sexually active, doesn’t have access to education and protection.
- Plenty of women describe that by the time they try to get an OB/GYN, they're too far along in their pregnancy, so nobody wants to see them.
- Pediatrics is a service line that's been difficult for us to bring to town.
- Bringing providers to our community, both primary care and specialists, is important. For instance, our obstetric population is a high-risk condition now. We have some very complex and very high-risk moms coming in. A lot of it is because they didn't have access to care during their pregnancy or they had other conditions going on that were not well managed. And then there's a lot of social factors that impact these women: mental health, drug abuse, even the age of the mom.
- We see some very young kids who are delivering babies. On a weekly basis we have babies who are not being discharged home with their parents. They're put on holds because there's evidence of domestic abuse, drug abuse, other illegal activities, or the mom is unhoused. It's a very complex issue.
- A lot of pregnant moms are not going to their primary care appointments. Part of the reason is transportation issues and safety issues, and part of it is limited providers.
- We hear that WIC participants can't see their primary care providers, or it takes months to be able to see a primary care provider because of insurance and transportation issues.
- There are very important educational components that should be provided to these families in their prenatal stage. Education decreases infant mortality rates and supports parents with positive child upbringing.

- Many immigrant workers fear that if their information is entered into a computer system at a health clinic, it could negatively impact their immigration status.
- It's easy to say that non-citizens can enroll in Medi-Cal, but the process is incredibly complex. Many farmworkers have only a first- or second-grade education and can't read or write in Spanish, let alone navigate an online enrollment system. They don't have computers or Wi-Fi in their homes.

Leading Causes of Death

Life Expectancy at Birth

Life expectancy in Kern County is 74.9 years. 496 persons per 100,000 persons die before the age of 75, which is considered a premature death. The total of the years of potential life lost (the difference between the age of persons who died and the age of 75, totaled) for the county is 10,111 years.

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

	Kern County	California
Life expectancy at birth in years	74.9	79.9
Premature age-adjusted mortality (number of deaths among residents under 75, per 100,000 persons)*	496	319
Premature death/Years of Potential Life Lost (YPLL) before age 75, per 100,000 population, age-adjusted	10,111	6,373

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

Differences in life expectancy, premature mortality, and years of potential life lost can be seen between residents of different races and ethnicities in Kern County. Non-Hispanic Asian residents have the highest life expectancy (82.2 years), lowest premature mortality (255 deaths in persons younger than 75 years, per 100,000 population), and years of potential life lost (5,167 years per 100,000 population). Black or African American residents have the lowest life expectancy and the highest rate of premature death and YPLL in the county, with the possible exception of Native Hawaiian or Pacific Islander residents, for whom life expectancy and YPLL calculations were not available.

Life Expectancy in Years, Premature Mortality Rate, per 100,000 Persons, Premature Death, and Years of Potential Life Lost, Kern County, by Race and Ethnicity

	Life Expectancy	Premature Mortality	YPLL
Asian, non-Hispanic	82.2	255	5,167
Hispanic	77.3	416	8,677
American Indian or Alaska Native, non-Hispanic	76.5	557	10,791
White, non-Hispanic	73.3	572	11,567
Black or African American, non-Hispanic	68.2	833	18,316
Native Hawaiian or Pacific Islander, non-Hispanic	**	895	**

*Source: National Center for Health Statistics' National Statistics System (NVSS); CDC Wonder mortality data; data accessed and calculations performed by County Health Rankings, 2024; data from 2019-2021. http://www.countyhealthrankings.org **Data not available due to small sample size.*

Mortality Rates

Age-adjusted death rates are an important factor to examine when comparing mortality data. A crude death rate is a ratio of the number of deaths to the entire population. Age-adjusted death rates eliminate the bias of age in the makeup of the populations. The age-adjusted death rate in the service area from 2018 to 2022 was 923.8 deaths per 100,000 persons. The mortality rate in the service area is 923.8 deaths per 100,000 persons.

Deaths and Mortality Rate, per 100,000 Persons, 5-Year Average

	Mercy Service Area	Kern County	California
Average annual deaths	4,916	7,326	300,973
Mortality rate per 100,000 persons	923.8	946.6	672.4

Source: Gary Bess Associates, calculated from CA Dept of Public Health Master Death Files 2018-2022. County and state data are estimated using U.S. CDC National Center for Health Statistics, Underlying Cause of Death 2018-2022 on CDC WONDER Online Database released May 2024, and 2015-2020 historic age-adjusted rates. -- Values of 2 or less are withheld per HIPAA guidelines.

The top two leading causes of death in the service area were heart disease and cancer. In addition, COVID-19, unintentional injuries (accidents), and Alzheimer's disease are in the top five causes of death.

Leading Causes of Death, Age-Adjusted Rate, per 100,000 Persons, 2018-2022* Averaged

	Mercy Service Area		Kern County	California	Healthy People 2030 Objective
	Avg Annual Deaths	Rate	Rate	Rate	Rate
Heart disease	1,011	195.7	205.6	142.1	No Objective
Ischemic heart disease	609	145.2	125.4	82.9	71.1
Cancer	795	148.1	148.0	131.8	122.7
COVID-19*	546	100.7	101.3	68.5	No Objective
Unintentional injuries	449	74.9	76.2	43.1	43.2
Alzheimer's disease	276	58.8	56.1	38.3	No Objective
Chronic Lower Respiratory Disease	288	56.9	58.7	27.9	Not Comparable
Diabetes	258	49.5	48.4	23.8	Not Comparable
Stroke	205	39.8	41.9	39.1	33.4
Liver disease	118	20.4	20.6	13.9	10.9
Essential hypertension and hypertensive renal disease	90	17.8	18.6	13.4	No Objective
Pneumonia and influenza	81	15.2	15.5	12.7	No Objective
Homicide	76	12.4	13.0	5.5	5.5
Suicide	73	12.0	13.2	10.4	12.8
Kidney disease	64	12.5	13.1	9.7	No Objective
Parkinson's disease	56	12.0	11.4	9.0	No Objective
Septicemia	53	9.8	8.8	3.9	No Objective
HIV	15	2.5	2.1	1.3	No Objective

Source: Gary Bess Associates, calculated from CA Dept of Public Health Master Death Files 2018-2022. County and state data are estimated using U.S. CDC National Center for Health Statistics, Underlying Cause of Death 2018-2022 on CDC WONDER Online Database released May 2024, and 2015-2020 historic age-adjusted rates. -- Values of 2 or less are withheld per HIPAA guidelines.
**Except for COVID-19, which is a 3-year average.*

Heart Disease and Stroke

The age-adjusted mortality rate for ischemic heart disease in the service area was 145.2 deaths per 100,000 persons, which does not meet the Healthy People 2030 objective of 71.1 heart disease deaths. The age-adjusted rate of death from stroke was 39.8 deaths per 100,000 persons, which does not meet the Healthy People 2030 objective of 33.4 stroke deaths per 100,000 persons.

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

	Mercy Service Area		Kern County	California
	Number	Rate	Rate	Rate
Ischemic heart disease death rate	609	145.2	125.4	82.9
Stroke death rate	205	39.8	41.9	39.1

Source: Gary Bess Associates, calculated from CA Dept of Public Health Master Death Files 2018-2022. County and state data are estimated using U.S. CDC National Center for Health Statistics, Underlying Cause of Death 2018-2022 on CDC WONDER Online Database released May 2024, and 2015-2020 historic age-adjusted rates. -- Values of 2 or less are withheld per HIPAA guidelines.

Cancer

In the service area, the age-adjusted cancer mortality rate was 148.1 deaths per 100,000 persons. This was higher than the county rate of 148.0 and the state rate of 131.8 deaths per 100,000 persons. The cancer death rate in the service area does not meet the Healthy People 2030 objective of 122.7 deaths per 100,000 persons.

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

	Mercy Service Area		Kern County	California
	Number	Rate	Rate	Rate
Cancer death rate	795	148.1	148.0	131.8

Source: Gary Bess Associates, calculated from CA Dept of Public Health Master Death Files 2018-2022. County and state data are estimated using U.S. CDC National Center for Health Statistics, Underlying Cause of Death 2018-2022 on CDC WONDER Online Database released May 2024, and 2015-2020 historic age-adjusted rates. -- Values of 2 or less are withheld per HIPAA guidelines.

Mortality rates for cancer are available at the county level from the California Cancer Registry. All-site cancer mortality in Kern County is 146.6 deaths per 100,000 persons. The top five rates of cancer in Kern County are for lung and bronchus, prostate, breast, colon and rectum, and pancreas.

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

	Kern County	California
Cancer all sites	**146.6**	**134.1**
Lung and bronchus	29.0	24.3
Prostate (males)	21.2	20.1
Breast (female)	21.1	18.9
Colon and rectum	13.0	12.0
Pancreas	10.2	10.4
Liver and intrahepatic bile duct	8.5	7.6
Ovary (females)	6.6	6.4
Leukemia	5.8	5.5

	Kern County	California
Brain and other nervous system	5.0	4.4
Non-Hodgkin lymphoma	4.8	4.9
Uterine (female)	4.7	5.3
Urinary bladder	4.3	3.7
Kidney and renal pelvis	3.4	3.2
Esophagus	3.4	2.9
Stomach	3.0	3.8
Cervix uteri (female)	2.8	2.2

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

COVID-19

In the service area, the COVID-19 death rate from 2020 through 2022 was 100.7 per 100,000 persons.

COVID-19 Mortality Rate, Age-Adjusted, per 100,000 Persons, 3-Year Average

	Mercy Service Area		Kern County	California
	Number	Rate	Rate	Rate
COVID-19 death rate	546	100.7	101.3	68.5

Source: Gary Bess Associates, calculated from CA Dept of Public Health Master Death Files 2018-2022. County and state data are estimated using U.S. CDC National Center for Health Statistics, Underlying Cause of Death 2018-2022 on CDC WONDER Online Database released May 2024, and 2015-2020 historic age-adjusted rates. -- Values of 2 or less are withheld per HIPAA guidelines.

Unintentional Injury

Major categories of unintentional injuries include motor vehicle collisions, poisonings, and falls. The death rate from unintentional injuries in the service area was 74.9 deaths per 100,000 persons. The death rate from unintentional injuries did not meet the Healthy People 2030 objective of 43.2 deaths per 100,000 persons.

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

	Mercy Service Area		Kern County	California
	Number	Rate	Rate	Rate
Unintentional injury death rate	449	74.9	76.2	43.1

Source: Gary Bess Associates, calculated from CA Dept of Public Health Master Death Files 2018-2022. County and state data are estimated using U.S. CDC National Center for Health Statistics, Underlying Cause of Death 2018-2022 on CDC WONDER Online Database released May 2024, and 2015-2020 historic age-adjusted rates. -- Values of 2 or less are withheld per HIPAA guidelines.

Alzheimer's Disease

According to the World Health Organization, Alzheimer's disease is the most common form of dementia and may contribute to 60% to 70% of cases.[2] In the service area, the Alzheimer's disease death rate was 58.8 per 100,000 persons, which is higher than county and state rates.

[2] *Source: World Health Organization, Dementia Fact Sheet, September 21, 2020. https://www.who.int/news-room*

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

	Mercy Service Area		Kern County	California
	Number	Rate	Rate	Rate
Alzheimer's disease death rate	276	58.8	56.1	38.3

Source: Gary Bess Associates, calculated from CA Dept of Public Health Master Death Files 2018-2022. County and state data are estimated using U.S. CDC National Center for Health Statistics, Underlying Cause of Death 2018-2022 on CDC WONDER Online Database released May 2024, and 2015-2020 historic age-adjusted rates. -- Values of 2 or less are withheld per HIPAA guidelines.

Chronic Lower Respiratory Disease

Chronic lower respiratory disease refers to diseases that cause airflow blockage and breathing-related problems. This includes chronic obstructive pulmonary disease (COPD), chronic bronchitis and emphysema. In the service area, the chronic lower respiratory disease death rate was 56.9 deaths per 100,000 persons.

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

	Mercy Service Area		Kern County	California
	Number	Rate	Rate	Rate
Chronic lower respiratory disease death rate	288	56.9	58.7	27.9

Source: Gary Bess Associates, calculated from CA Dept of Public Health Master Death Files 2018-2022. County and state data are estimated using U.S. CDC National Center for Health Statistics, Underlying Cause of Death 2018-2022 on CDC WONDER Online Database released May 2024, and 2015-2020 historic age-adjusted rates. -- Values of 2 or less are withheld per HIPAA guidelines.

Diabetes

In the service area, the diabetes death rate was 49.5 per 100,000 persons, which was higher than county (48.4 deaths per 100,0000) and state (23.8 per 100,000) rates.

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

	Mercy Service Area		Kern County	California
	Number	Rate	Rate	Rate
Diabetes death rate	258	49.5	48.4	23.8

Source: Gary Bess Associates, calculated from CA Dept of Public Health Master Death Files 2018-2022. County and state data are estimated using U.S. CDC National Center for Health Statistics, Underlying Cause of Death 2018-2022 on CDC WONDER Online Database released May 2024, and 2015-2020 historic age-adjusted rates. -- Values of 2 or less are withheld per HIPAA guidelines.

Liver Disease

In the service area, the liver disease death rate was 20.4 deaths per 100,000 persons, which is higher than the Healthy People 2030 objective of 10.9 liver disease deaths per 100,000 persons.

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

	Mercy Service Area		Kern County	California
	Number	Rate	Rate	Rate
Liver disease death rate	118	20.4	20.6	13.9

Source: Gary Bess Associates, calculated from CA Dept of Public Health Master Death Files 2018-2022. County and state data are estimated using U.S. CDC National Center for Health Statistics, Underlying Cause of Death 2018-2022 on CDC WONDER Online Database released May 2024, and 2015-2020 historic age-adjusted rates. -- Values of 2 or less are withheld per HIPAA guidelines.

Essential Hypertension and Hypertensive Renal Disease

In the service area, the essential hypertension and hypertensive renal disease death rate was 17.8 deaths per 100,000 persons.

Essential Hypertension and Hypertensive Renal Disease Mortality Rate, Age-Adjusted, per 100,000 Persons

	Mercy Service Area		Kern County	California
	Number	Rate	Rate	Rate
Essential hypertension and hypertensive renal disease death rate	90	17.8	18.6	13.4

Source: Gary Bess Associates, calculated from CA Dept of Public Health Master Death Files 2018-2022. County and state data are estimated using U.S. CDC National Center for Health Statistics, Underlying Cause of Death 2018-2022 on CDC WONDER Online Database released May 2024, and 2015-2020 historic age-adjusted rates. -- Values of 2 or less are withheld per HIPAA guidelines.

Pneumonia and Influenza

In the service area, the pneumonia and influenza death rate was 15.2 deaths per 100,000 persons.

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

	Mercy Service Area		Kern County	California
	Number	Rate	Rate	Rate
Pneumonia and influenza death rate	81	15.2	15.5	12.7

Source: Gary Bess Associates, calculated from CA Dept of Public Health Master Death Files 2018-2022. County and state data are estimated using U.S. CDC National Center for Health Statistics, Underlying Cause of Death 2018-2022 on CDC WONDER Online Database released May 2024, and 2015-2020 historic age-adjusted rates. -- Values of 2 or less are withheld per HIPAA guidelines.

Homicide

In the service area, the age-adjusted death rate from homicides was 12.4 per 100,000 persons. This rate was more than twice the Healthy People 2030 objective for homicide (5.5 deaths per 100,000 persons).

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

	Mercy Service Area		Kern County	California
	Number	Rate	Rate	Rate
Homicide	76	12.4	13.0	5.5

Source: Gary Bess Associates, calculated from CA Dept of Public Health Master Death Files 2018-2022. County and state data are estimated using U.S. CDC National Center for Health Statistics, Underlying Cause of Death 2018-2022 on CDC WONDER Online Database released May 2024, and 2015-2020 historic age-adjusted rates. -- Values of 2 or less are withheld per HIPAA guidelines.

Suicide

In the service area, the age-adjusted death rate due to suicide was 12 per 100,000 persons, which does meet the Healthy People 2030 objective for suicide, of no more than 12.8 per 100,000 persons.

Suicide Rates, Age-Adjusted, per 100,000 Persons

	Mercy Service Area		Kern County	California
	Number	Rate	Rate	Rate
Suicide death rate	73	12.0	13.2	10.4

Source: Gary Bess Associates, calculated from CA Dept of Public Health Master Death Files 2018-2022. County and state data are estimated using U.S. CDC National Center for Health Statistics, Underlying Cause of Death 2018-2022 on CDC WONDER Online Database released May 2024, and 2015-2020 historic age-adjusted rates. -- Values of 2 or less are withheld per HIPAA guidelines.

Kidney Disease

In the service area, the kidney disease death rate was 12.5 deaths per 100,000 persons.

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

	Mercy Service Area		Kern County	California
	Number	Rate	Rate	Rate
Kidney disease death rate	64	12.5	13.1	9.7

Source: Gary Bess Associates, calculated from CA Dept of Public Health Master Death Files 2018-2022. County and state data are estimated using U.S. CDC National Center for Health Statistics, Underlying Cause of Death 2018-2022 on CDC WONDER Online Database released May 2024, and 2015-2020 historic age-adjusted rates. -- Values of 2 or less are withheld per HIPAA guidelines.

Parkinson's Disease

In the service area, the Parkinson's disease death rate was 12 deaths per 100,000 persons, which is higher than county and state rates.

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

	Mercy Service Area		Kern County	California
	Number	Rate	Rate	Rate
Parkinson's disease death rate	56	12.0	11.4	9.0

Source: Gary Bess Associates, calculated from CA Dept of Public Health Master Death Files 2018-2022. County and state data are estimated using U.S. CDC National Center for Health Statistics, Underlying Cause of Death 2018-2022 on CDC WONDER Online Database released May 2024, and 2015-2020 historic age-adjusted rates. -- Values of 2 or less are withheld per HIPAA guidelines.

Septicemia

In the service area, the age-adjusted death rate from septicemia was 9.8 per 100,000 persons. This rate was higher than the county and state rates.

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

	Mercy Service Area		Kern County	California
	Number	Rate	Rate	Rate
Septicemia	53	9.8	8.8	3.9

Source: Gary Bess Associates, calculated from CA Dept of Public Health Master Death Files 2018-2022. County and state data are estimated using U.S. CDC National Center for Health Statistics, Underlying Cause of Death 2018-2022 on CDC WONDER Online Database released May 2024, and 2015-2020 historic age-adjusted rates. -- Values of 2 or less are withheld per HIPAA guidelines.

HIV

In the service area, the death rate from HIV was 2.5 deaths per 100,000 persons, which is higher than the county and state HIV death rates.

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

	Mercy Service Area		Kern County	California
	Number	Rate	Rate	Rate
HIV death rate	15	2.5	2.1	1.3

Source: Gary Bess Associates, calculated from CA Dept of Public Health Master Death Files 2018-2022. County and state data are estimated using U.S. CDC National Center for Health Statistics, Underlying Cause of Death 2018-2022 on CDC WONDER Online Database released May 2024, and 2015-2020 historic age-adjusted rates. -- Values of 2 or less are withheld per HIPAA guidelines.

Drug Overdose Deaths

Rates of death by drug overdose, whether unintentional, suicide, homicide, or undetermined intent, have generally been rising. Drug overdose deaths in the county are consistently higher than statewide rates.

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

	2009	2011	2013	2015	2017	2018	2019	2020	2021*	2022*
Kern County	16.8	18.6	21.6	25.2	26.2	26.2	29.9	40.4	53.6	53.6
California	10.7	10.7	11.1	11.3	11.7	12.8	15.0	21.8	27.8	28.1

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

In 2023, the age-adjusted death rate from opioid overdoses in Kern County was 36.8 deaths per 100,000 persons, which was higher than the Healthy People 2030 objective of 13.1 opioid overdose deaths per 100,000 persons.

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

	Annual Rate							
	2016	2017	2018	2019	2020	2021	2022	2023
Kern County	6.0	8.5	10.5	12.8	24.3	31.0	34.2	36.8
California	4.9	5.2	5.8	7.9	13.5	18.0	18.7	20.4

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

When examined by demographics, opioid overdose deaths in Kern County were more likely to occur in men (55.7 deaths per 100,000 men) than women (16.9 deaths per 100,000 women). The county rate of opioid overdose deaths was highest among Black or African American residents (86.3 deaths per 100,000 Black residents) and White residents (54.2 per 100,000 White residents) and lowest among Hispanic residents (24.4 per 100,000 Hispanic or Latino residents) and Native American or Alaska Native residents of the county (18.2 per 100,000 American or Alaska Native residents).

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

	Rate
Male	55.7
Female	16.9
Ages 15 to 19	12.0

	Rate
Ages 20 to 24	26.3
Ages 25 to 29	40.8
Ages 30 to 34	71.3
Ages 35 to 39	75.8
Ages 40 to 44	54.8
Ages 45 to 49	43.9
Ages 50 to 54	66.2
Ages 55 to 59	69.8
Ages 60 to 64	55.1
Ages 65 to 69	36.8
Ages 70 to 74	19.6
Ages 75 to 79	13.8
Ages 80 to 84	14.7
Ages 85+	8.0
Black or African American	86.3
White	54.2
Asian or Pacific Islander	32.9
Hispanic or Latino	24.4
Native American or Alaska Native	18.2
Kern County	**36.8**

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

Acute and Chronic Disease

Hospitalizations by Diagnoses

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

Hospitalizations, by Principal Diagnoses, Top Ten Causes

	Mercy Hospitals Bakersfield
Complications of pregnancy, childbirth and postpartum period	20.0%
Certain conditions originating in perinatal period	18.3%
Infectious and parasitic diseases	11.4%
Digestive system	10.6%
Circulatory system	7.3%
Endocrine, nutritional, metabolic diseases and immunity disorders	7.0%
Injury and poisoning	5.7%
Respiratory system	5.4%
Genitourinary system	4.4%
Musculoskeletal system and connective tissue diseases	2.5%

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

Emergency Room Visits by Diagnoses

At Mercy Hospitals, the top five primary diagnoses seen in the Emergency Room were injuries and poisonings, digestive system, respiratory system, and genitourinary system diagnoses, and complications of pregnancy and childbirth.

Emergency Room Visits, by Principal Diagnoses, Top Ten Causes

	Mercy Hospitals Bakersfield
Injury and poisoning	16.5%
Digestive system	9.5%
Respiratory system	8.3%
Genitourinary system	7.9%

Complications of pregnancy, childbirth and postpartum period	7.5%
Circulatory system	6.9%
Musculoskeletal system and connective tissue	6.3%
Infectious and parasitic diseases	5.2%
Nervous system and sense organs	4.4%
Skin and subcutaneous tissue diseases	3.6%

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

Diabetes

When asked if they had ever been diagnosed with diabetes by a health professional, 12.6% of service area adults answered 'yes'. Bakersfield 93314 had the lowest rate of adults with diagnosed diabetes (9.5%), and Bakersfield 93305 had the highest rate of adults with diabetes (16.1%).

Diabetes, Adults

	ZIP Code	Percent
Arvin	93203	15.3%
Bakersfield	93301	14.6%
Bakersfield	93304	14.9%
Bakersfield	93305	16.1%
Bakersfield	93306	13.2%
Bakersfield	93307	15.1%
Bakersfield	93308	11.9%
Bakersfield	93309	12.2%
Bakersfield	93311	9.8%
Bakersfield	93312	9.8%
Bakersfield	93313	11.3%
Bakersfield	93314	9.5%
Taft	93268	12.7%
Mercy Service Area*		**12.6%**
Kern County		**12.8%**
California		**11.5%**

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

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

four PQI measures (the exception being short-term complications), and the composite PQI, hospitalization rates were lower in Kern County than in the state.

Diabetes Hospitalization Rates* for Prevention Quality Indicators

	Kern County	California
Diabetes short term complications	77.5	70.1
Diabetes long term complications	93.7	108.7
Lower-extremity amputation among patients with diabetes	29.5	34.4
Uncontrolled diabetes	19.5	31.9
Diabetes composite	**204.2**	**226.6**

Source: California Office of Statewide Health Planning & Development, 2022.
*https://data.chhs.ca.gov/dataset/rates-of-preventable-hospitalizations-for-selected-medical-conditions-by-county *Risk-adjusted (age/sex-adjusted) annual rates per 100,000 persons.*

Heart Disease and Stroke

6.1% of adults in the service area reported being told by a health professional they have heart disease. The lowest rates of heart disease were in Bakersfield 93311 (4.7%) and Bakersfield 93313 (4.8%), and the highest rate was in Bakersfield 93301 (7.5%).
3.6% of service area adults reported being told by a health professional they had a stroke. Rates of stroke in area communities ranged from 2.6% in Bakersfield 93311 to 4.8% in Bakersfield 93301.

Heart Disease and Stroke Prevalence, Adults

	ZIP Code	Heart Disease	Stroke
Arvin	93203	6.3%	3.9%
Bakersfield	93301	7.5%	4.8%
Bakersfield	93304	6.7%	4.3%
Bakersfield	93305	7.2%	4.7%
Bakersfield	93306	6.5%	3.7%
Bakersfield	93307	6.4%	4.1%
Bakersfield	93308	7.0%	4.0%
Bakersfield	93309	6.4%	3.7%
Bakersfield	93311	4.7%	2.6%
Bakersfield	93312	5.3%	2.8%
Bakersfield	93313	4.8%	2.8%
Bakersfield	93314	5.1%	2.7%
Taft	93268	7.0%	4.1%
Mercy Service Area*		**6.1%**	**3.6%**
Kern County		**6.3%**	**3.7%**
California		**3.0%**	**2.9%**

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

As noted, Prevention Quality Indicators (PQIs) identify hospital admissions that may be avoided through access to high-quality outpatient care. The rate of admissions related

to heart failure in Kern County (309.7 annual hospitalizations per 100,000 persons, risk-adjusted) is lower than the state rate of 380.7 hospitalizations per 100,000 persons.

Heart Failure Hospitalization Rate* for Prevention Quality Indicators

	Kern County	California
Hospitalization rate due to heart failure	309.7	380.7

Source: California Office of Statewide Health Planning & Development, 2022.
*https://data.chhs.ca.gov/dataset/rates-of-preventable-hospitalizations-for-selected-medical-conditions-by-county *Risk-adjusted (age/sex-adjusted) annual rates per 100,000 persons.*

When viewed by race and ethnicity, non-Latino White residents in Kern County have the highest rate of diagnosed heart disease (10.7%). The only other group with sufficient data to allow for statistical validity, Latino residents have the second-highest rate of diagnosed heart disease in the county (3.2%).

Heart Disease by Race and Ethnicity, Adult

	Kern County	California
American Indian or Alaska Native, non-Latino	**	12.7%
White, non-Latino	10.7%	10.1%
Native Hawaiian or Pacific Islander, non-Latino	**	8.8%
Latino	3.2%	4.2%
Asian, non-Latino	*3.0%	5.3%
Black or African American, non-Latino	*2.6%	7.2%
Multiracial, non-Latino	*1.1%	5.7%
Total	**5.9%**	**6.9%**

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

High Blood Pressure and High Cholesterol

Co-morbidity factors for diabetes and heart disease are high blood pressure (hypertension) and high blood cholesterol. The percentage of adults who reported being diagnosed with high blood pressure was 29.9% in the service area, and for high cholesterol it was 33.4%. The highest rates of high blood pressure (35.1%) and high cholesterol (35%) were reported in Bakersfield 93301, and the lowest rates were reported in Bakersfield 93313 (26.2% of adults had hypertension and 31.4% had high cholesterol).

High Blood Pressure and High Cholesterol, Adults

	ZIP Code	Hypertension	High Cholesterol
Arvin	93203	29.2%	33.2%
Bakersfield	93301	35.1%	35.0%
Bakersfield	93304	32.2%	34.0%
Bakersfield	93305	32.6%	34.0%
Bakersfield	93306	30.4%	34.1%
Bakersfield	93307	30.7%	33.2%
Bakersfield	93308	32.4%	34.8%
Bakersfield	93309	31.0%	33.5%

	ZIP Code	Hypertension	High Cholesterol
Bakersfield	93311	26.7%	32.4%
Bakersfield	93312	27.4%	32.8%
Bakersfield	93313	26.2%	31.4%
Bakersfield	93314	27.1%	32.7%
Taft	93268	31.1%	33.8%
Mercy Service Area*		**29.9%**	**33.4%**
Kern County		**30.1%**	**33.4%**
California		**27.9%**	**33.8%**

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

In addition to heart failure, the remaining Prevention Quality Indicator (PQIs) related to heart disease is hypertension. The rate of admissions related to hypertension in Kern County (32 hospitalizations per 100,000 persons, risk-adjusted) is lower than the state rate (51.3 hospitalizations per 100,000 persons).

Hypertension Hospitalization Rate* for Prevention Quality Indicators

	Kern County	California
Hospitalization rate due to hypertension	32.0	51.3

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

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

Black or African American residents in Kern County have the highest rate of diagnosed high blood pressure (42.7%), followed by White residents (38.3%). Non-Latino multiracial residents of the county have the lowest diagnosed rate of high blood pressure (21.3%).

High Blood Pressure by Race and Ethnicity, Adult

	Kern County	California
American Indian or Alaska Native, non-Latino	**	52.0%
Black or African American, non-Latino	42.7%	46.3%
Native Hawaiian or Pacific Islander, non-Latino	**	44.8%
White, non-Latino	38.3%	37.9%
Latino	27.1%	29.6%
Asian, non-Latino	26.1%	30.0%
Multiracial, non-Latino	*21.3%	30.5%
Total	**32.0%**	**34.0%**

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

Cancer

Kern County has a slightly higher rate of diagnosed cancers (403.3 per 100,000 persons) than the state (398.3 per 100,000 persons). In Kern County, the highest rates of diagnosed cancers are for female breast, prostate, lung and bronchus, and colon and rectal cancers.

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

	Kern County	California
All sites	**403.3**	**398.3**
Breast (female)	106.2	124.1
Prostate (males)	103.4	99.0
Lung and bronchus	40.6	36.8
Colon and rectum	34.3	33.5
Corpus uteri (females)	25.9	27.7
Kidney and renal pelvis	19.3	15.0
Melanoma of the skin	18.6	22.8
Non-Hodgkin lymphoma	16.4	17.7
Urinary bladder	16.1	15.4
Thyroid	15.3	12.4
Leukemia	13.9	12.3
Pancreas	11.7	12.4
Ovary (females)	11.2	10.6
Liver and intrahepatic bile duct	10.7	9.6
Cervix uteri (females)	9.3	7.3
Stomach	6.1	7.4
Brain and other nervous system	6.1	5.8
Esophagus	4.1	3.5

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

The incidence of cancer diagnoses among non-Hispanic American Indian or Alaska Native (AIAN) residents, non-Hispanic White residents, and non-Hispanic Black residents of Kern County is higher than for Hispanic residents and Asian or Pacific Islander residents.

Among the groups for whom rates are available, Black or African American residents of the county have the highest incidence of diagnoses for prostate cancer, and lung and bronchial cancers. Hispanic residents have the lowest rate of diagnosed female breast cancer, and Asian or Pacific Islander residents have the lowest rate of diagnosed prostate cancer.

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

	All Cancers	Female Breast	Prostate	Lung and Bronchus
Asian or Pacific Islander	287.9	102.2	56.0	27.1
Hispanic	330.2	88.5	80.7	21.6
Black or African American	420.2	108.2	165.5	65.0
White	445.7	113.1	105.6	49.9
American Indian or Alaska Native	445.8	**	**	60.2
Total	**403.3**	**106.2**	**103.4**	**40.6**

*Source: California Cancer Registry, Cal*Explorer-CA Cancer Data tool, 2017-2021. https://explorer.ccrcal.org/application.html*
***Suppressed due to statistical instability related to small numbers.*

Asthma

The reported rate of adult asthma in the service area was 10.8%. Bakersfield 93301 and Bakersfield 93305 had the highest rates of asthma (11.9%). Bakersfield 93311 had the lowest rate of adult asthma in the service area (9.4%).

Asthma Prevalence, Current, Adults

	ZIP Code	Percent
Arvin	93203	11.3%
Bakersfield	93301	11.9%
Bakersfield	93304	11.4%
Bakersfield	93305	11.9%
Bakersfield	93306	10.7%
Bakersfield	93307	11.3%
Bakersfield	93308	11.4%
Bakersfield	93309	10.8%
Bakersfield	93311	9.4%
Bakersfield	93312	10.1%
Bakersfield	93313	9.8%
Bakersfield	93314	10.1%
Taft	93268	11.4%
Mercy Service Area*		**10.8%**
Kern County		**10.4%**
California		**8.7%**

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

In Kern County, 21.2% of the adult population and 9% of children had been diagnosed with asthma. 36.1% of the adult population with diagnosed asthma had an asthma episode or attack in the past year, and 48.3% with current asthma take medication daily to control their symptoms. Among children with asthma, 43.3% had an asthma episode or attack in the past year, and 38.8% of children with current asthma take daily medication to control it.

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

	Kern County	California
Ever diagnosed with asthma, adults	21.2%	16.4%
Has had an asthma episode/attack in past 12 months, adults	36.1%	29.0%
Takes daily medication to control asthma, adults	48.3%	45.4%
Ever diagnosed with asthma, ages 1-17	9%	12.0%
Has had an asthma episode/attack in past 12 months, ages 1-17	43.3%	30.4%
Takes daily medication to control asthma, ages 1-17	38.8%	40.0%

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

Non-Latino Black or African American residents in the county have the highest rate of diagnosed asthma (34.1%). Asian residents have the lowest rate in the county (10.3%).

Asthma, by Race and Ethnicity, All Ages

	Kern County	California
American Indian or Alaska Native	**	23.0%
Black or African American	34.1%	20.8%
White	17.8%	16.6%
Latino	12.9%	14.2%
Multiracial	12.4%	22.2%
Native Hawaiian or Pacific Islander	**	14.6%
Asian	*10.3%	11.8%
Total	**15.9%**	**15.4%**

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

Two Prevention Quality Indicators (PQIs) related to asthma include Chronic Obstructive Pulmonary Disease (COPD) or asthma in older adults, and asthma in younger adults. In Kern County the rate for COPD and asthma hospitalizations among adults, ages 40 and older, was 148.6 hospitalizations per 100,000 persons. The rate of hospitalizations in Kern County for asthma among young adults, ages 18 to 39, was 8.8 hospitalizations per 100,000 persons.

Asthma Hospitalization Rates* for Prevention Quality Indicators

	Kern County	California
COPD or asthma in older adults, ages 40+	148.6	176.5
Asthma in younger adults, ages 18 to 39	8.8	18.0

Source: California Office of Statewide Health Planning & Development, 2022.
*https://data.chhs.ca.gov/dataset/rates-of-preventable-hospitalizations-for-selected-medical-conditions-by-county *Risk-adjusted (age/sex-adjusted) annual rates per 100,000 persons.*

Tuberculosis

The tuberculosis (TB) rate in Kern County in 2023 was 2.5 cases per 100,000 persons.

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

	2019		2020		2021		2022		2023	
	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate
Kern County	26	2.9	33	3.6	42	4.6	29	3.2	23	2.5
California	2,110	5.3	1,703	4.3	1,749	4.5	1,842	4.7	2,113	5.4

Source: California Department of Public Health, Tuberculosis Control Branch, California Tuberculosis Provisional Data Tables, 2023, accessed November 23, 2024. https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/TB-Disease-Data.aspx

Disability

The U.S. Census Bureau collects data on six different categories of disability or ‘difficulties’: difficulty with hearing, vision, cognitive tasks, ambulatory tasks, self-care tasks and independent living. In the service area, 10.9% of the non-institutionalized civilian population identified as having a disability. In Kern County, 11.4% had a disability.

Disability, Five-Year Average

	Mercy Service Area	Kern County	California
Population with a disability	10.9%	11.4%	11.0%

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

COVID-19 Incidence, Mortality, and Vaccination Rates

In Kern County, there were 238,415 confirmed cases of COVID-19 as of December 19, 2023, when the state of California ended its Pandemic tracking. This was a lower rate of infection (257.1 cases per 1,000 persons) than the statewide rate of 288 cases per 1,000 persons. 2,584 county residents were confirmed to have died due to COVID-19 complications, for a rate of 2.79 deaths per 1,000 persons, as compared to the statewide rate of 2.63 deaths per 1,000 persons.

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

	Kern County		California	
	Number	Rate	Number	Rate
Cases	238,415	257.1	11,557,751	288.0
Deaths	2,584	2.79	105,346	2.63

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

The percentage of Kern County residents, of all ages, who have completed the primary series of a COVID-19 vaccine was 55.1%, as compared to 72.9% for the state. The CDC's vaccination recommendations, as of September 29, 2024, included an updated 2023-2024 vaccine dose for everyone ages five and older. 3.9% of county residents were up to date with their COVID vaccinations as of that date, as compared to 11.4% statewide. County rates of primary and up-to-date vaccinations were lower than the statewide vaccination rates among all age groups.

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

	Primary Series		Up to Date*	
	Kern County	California	Kern County	California
Population, under 5	1.3%	7.9%	0.2%	4.1%
Population, ages 5-11	20.0%	37.1%	0.8%	6.3%
Population, ages 12-17	46.7%	66.9%	1.2%	5.6%
Population, ages 18-49	58.0%	78.6%	2.1%	7.6%
Population, ages 50-64	78.7%	83.0%	6.2%	13.6%
Population, ages 65+	87.5%	91.1%	15.6%	27.2%
Total Population	**55.1%**	**72.9%**	**3.9%**	**11.4%**

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

In Kern County, among the vaccine-eligible population, 94.8% of Native Hawaiian or Pacific Islander residents completed the primary COVID-19 vaccination series. 59.5% of Asian residents, 58.4% of White residents, 44.1% of Latino residents, 36.5% of Black residents, 35.6% of multiracial residents, and 35.4% of American Indian or Alaska Native (AIAN) residents have completed the primary COVID-19 vaccination series. Uptake of the 2023-2024 COVID-19 vaccine booster recommended by the CDC followed largely the same pattern, with the highest vaccination rate among Native Hawaiian or Pacific Islander residents.

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

	Primary Series	Up to Date
Native Hawaiian or Pacific Islander	94.8%	9.5%
Asian	59.5%	4.5%
White	58.4%	5.5%
Latino	44.1%	1.7%
Black	36.5%	3.6%
Multiracial	35.6%	1.0%
American Indian or Alaska Native	35.4%	3.2%

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

Community Input – Chronic Disease

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

- Diabetes is significant in our community. We promote Farmers Markets because on average, you can get fresh foods that are locally grown at a much cheaper rate than what you're going to get at your local grocery store.
- With diabetes, you must have your first appointment in Madera to make sure you go through all the entities that are involved in establishing health care. And then, once a year, you must return to Madera. You can get your regular care in our community, but that annual appointment is difficult.
- We've seen some good results with the new drugs that are out there. But it can be difficult because a significant amount of it isn't available through insurance and the amount the drug companies are charging is cost prohibitive.
- Historically, Kern County has an older population than other parts of the state because it's less expensive to retire here. We have built out some pretty good infrastructure for addressing chronic diseases. The capability is very strong, but the capacity isn't enough for our population as it's grown.
- In Kern County, we have a high mortality rate for diabetes. And people are not getting preventive care, so they may not know their risk factors, or they aren't getting diagnosed early.
- We have a high population of patients with diabetes and the subsequent health

issues that come with that. And when they are on Medi-Cal, I think there are challenges with access to primary care and specialty care.

- We need to start looking at chronic diseases and the association with prior trauma. I think there needs to be more mental health support around those who are facing a chronic disease due to the stress or hardship that's added to their life.
- Much of our adult population is overweight or obese. Being obese is a risk factor for the development of chronic diseases like diabetes and heart disease.
- There's not a lot of chronic disease education in the community because there's no reimbursement for it. Years ago, we used to be able to bill Medicare and other insurances to train patients on their asthma management, COPD, diabetes, high blood pressure, even some of the weight management programs.
- People struggle with paying for their medications.
- Chronic illnesses like diabetes and hypertension disproportionately impact the Hispanic community. Diabetes is out of control in many farmworker communities, and transportation barriers make it difficult for people to access care.
- One of the main things that contribute to farmworkers' health issues, like chronic diseases, is a lack of affordable housing. Many families live with 12 people in a two-bedroom apartment. Also, many farmworkers speak indigenous languages like Mixteco.
- The high prevalence of diabetes is compounded by poor access to healthy food. Many native communities are in food deserts, where supermarkets and fresh produce markets are nonexistent, and convenience stores with chips, sodas, and processed foods are the primary option. Without healthy food options nearby, residents often rely on these stores, which contributes to long-term health issues.

Health Behaviors

Health Behaviors Ranking

The County Health Rankings examine healthy behaviors and rank counties according to health behavior data. California has 58 counties, which are ranked from 1 (healthiest) to 58 (least healthy) based on indicators that include: adult smoking, obesity, physical inactivity, excessive drinking, sexually transmitted infections, and others. A ranking of 51 for Kern County puts it near the bottom of California counties for healthy behaviors.

Health Behaviors Ranking

	County Ranking (out of 58)
Kern County	51

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

Overweight and Obesity

35.7% of adults in the service area are obese. Rates of obesity in service area cities ranged from 29.1% in Bakersfield 93311 to 42% in Bakersfield 93305.

Obesity, Adults, Ages 18 and Older

	ZIP Code	Percent
Arvin	93203	40.6%
Bakersfield	93301	39.5%
Bakersfield	93304	39.7%
Bakersfield	93305	42.0%
Bakersfield	93306	36.5%
Bakersfield	93307	39.9%
Bakersfield	93308	35.7%
Bakersfield	93309	35.2%
Bakersfield	93311	29.1%
Bakersfield	93312	31.0%
Bakersfield	93313	32.3%
Bakersfield	93314	30.7%
Taft	93268	37.5%
Mercy Service Area*		**35.7%**
Kern County		**35.6%**
California		**28.1%**

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

In Kern County, 31.3% of adults, 29.1% of teens, and 21.5% of children are overweight.

Overweight

	Kern County	California
Adults, ages 20 and older	31.3%	33.9%
Teens, ages 12-17†	29.1%	16.9%

Children, ages under 12	21.5%	15.4%

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

The Healthy People 2030 objectives for obesity are for no more than 36% of adults, ages 20 and older, and 15.5% of children and teens, ages 2 to 19 to be obese. County adults (45.1%) and teens (22.8%) do not meet these objectives.

Obesity

	Kern County	California
Adults, ages 20 and older	45.1%	29.2%
Teens, ages 12-17†	22.8%	18.1%

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

From 2012 to 2014, averaged, to 2021 to 2023, averaged, the rate of obesity among adults in Kern County increased by 5.3 percentage points.

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

	2012-2014	2015-2017	2018-2020	2021-2023	Change 2012-2023
Kern County	39.9%	41.2%	43.3%	45.2%	5.3%
California	25.8%	27.9%	28.3%	29.2%	3.4%

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

In Kern County, 86.7% of Black or African American adults, 80.6% of Latino adults, 70.8% of multiracial adults, 69% of White adults, and 61% of Asian adults are overweight or obese.

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

	Kern County	California
Black or African American, non-Latino	86.7%	72.3%
Latino	80.6%	73.3%
American Indian or Alaska Native, non-Latino	**	72.8%
Native Hawaiian or Pacific Islander, non-Latino	**	70.5%
Multiracial, non-Latino	70.8%	59.5%
White, non-Latino	69.0%	59.1%
Asian, non-Latino	61.0%	40.7%
Total population	**75.7%**	**62.6%**

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

Soda or Sugar-Sweetened Beverage (SSB) Consumption

Among county children and adolescents, ages 2-17, 25.8% drank one or more glasses or cans of non-diet soda the day before and 60% drank one or more glasses or cans of a sugar-sweetened beverage (SSB), other than soda, the day before.

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

	Kern County	California
Drank ≥1 SSB other than soda yesterday, ages 2-17	60.0%	48.5%
Drank ≥1 sugar-sweetened soda yesterday, ages 2-17†	25.8%	22.2%

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

Adequate Fruit and Vegetable Consumption

In Kern County, 32.6% of children, and 23.7% of teens, eat five or more servings of fruits and vegetables daily (excluding juice and fried potatoes). The rates are higher for boys than for girls, and higher among children, ages 2 to 4, and teens, ages 15 to 17, than youth, ages 5 to 14. 66.6% of county children and teens ate two or more servings of fruit the prior day. This rate is higher for girls (71.4%) than for boys (61.7%).

Five or More Servings Fruits or Vegetables Daily, Teens, Ages 12 to 17, Children 2 to 11 At Least Two Servings of Fruit Daily, Children and Teens

	5 or More Servings of Fruits/Vegetables, Children	5 or More Servings of Fruits/Vegetables, Teens	2 or More Servings of Fruit
Male	35.3%	46.2%	61.7%
Female	*33.3%	*19.1%	71.4%
Child, ages 2 to 4	*54.6%	N/A	*93.8%
Child, ages 5 to 11	*24.7%	N/A	59.8%
Teen, ages 12 to 14	N/A	*15.2%	66.0%
Teen, ages 15 to 17	N/A	53.9%	60.4%
Kern County	**32.6%**	***23.7%**	**66.6%**
California	**34.2%**	**27.8%**	**68.0%**

*Source: California Health Interview Survey, 2018-2020, pooled. https://healthpolicy.ucla.edu/our-work/askchis/ N/A = Not asked. *Statistically unstable due to sample size.*

Physical Activity

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

When asked whether they had participated in any physical activities or exercise outside of work in the past month, 29.4% of service area adults had not engaged in any leisure-time physical activity. Residents of Arvin were the most likely to have been sedentary (40.2%), followed by Bakersfield 93305 residents (39.9%).

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

	ZIP Code	Percent
Arvin	93203	40.2%
Bakersfield	93301	34.2%
Bakersfield	93304	35.5%
Bakersfield	93305	39.9%
Bakersfield	93306	30.8%
Bakersfield	93307	37.5%
Bakersfield	93308	27.8%
Bakersfield	93309	27.6%
Bakersfield	93311	20.2%
Bakersfield	93312	20.3%
Bakersfield	93313	25.8%
Bakersfield	93314	19.9%
Taft	93268	32.3%
Mercy Service Area*		**29.4%**
Kern County		**30.5%**
California		**21.9%**

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

Sedentary activities include time spent sitting and watching TV, playing computer games, talking with friends, or doing other sitting activities. Among Kern County children and teenagers, 29.8% spent five or more hours in sedentary activities on weekend days, which is lower than the state rate (34.5%).

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

	Kern County	California
2 to <3 hours	24.2%	20.4%
3 to <5 hours	22.1%	29.2%
5 or more hours	29.8%	34.5%

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

Proximity to exercise opportunities can increase physical activity in a community. 85% of Kern County residents live in close proximity to exercise opportunities, as compared to 94% for the state.

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

	Percent
Kern County	85%
California	94%

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

Community Input – Overweight and Obesity

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

- Kids don’t go outside to play anymore.
- Even though we are the highest agriculture producing county in the nation, we still don’t eat very well. We are at a point where we need major changes, where a doctor can prescribe healthier fruits and vegetables and people get them discounted because they are prescribed by a doctor.
- We are working with corner markets to reduce their prepackaged, processed foods and offer healthier choices.
- Sometimes less healthy food is more affordable.
- We need more access to healthy food - food deserts are a real problem in Kern County. The cost of healthy food is too high for low income and underserved communities. Families learn to cook from those generations before them and based off of access to the type of foods available. So that means when new healthy foods are introduced, it's hard for them to identify recipes to cook with these new ingredients.
- Bakersfield is not very walkable, so there's issues with being outdoors and exercising and walking. I think our physical education classes have been diminished over the years and we are not providing support for students to understand the importance of physical activity.
- Those that are in poverty might be living in crime ridden areas and therefore do not feel safe going outside to be active. We need to provide more opportunities and encouragement for teens and preteens to engage in sports.
- I don't think that we as a community do a great job of sharing our outdoor resources or promoting healthy living. It is challenging because of our heat, especially this year.
- With the food bank, we're not always giving them the best options. Sometimes our products are sodas and candy. Are we perpetuating what they already know, are we changing them?
- It not only links back to food scarcity, but the economic impact that it can have on a family and purchasing fresh vegetables versus the less expensive food that is full of sodium and preservatives.
- Health care providers oftentimes do a prescription for a medication. Should a health care provider prescribe somebody to participate in 30 minutes of walking every single day? And should a health care provider prescribe somebody to eat fruits and vegetables to prevent some of these chronic diseases? And with that prescription, maybe we could have some partnering grocery stores that would provide food at a discounted rate because it was prescribed by their health care provider.
- For children, it goes back to snacks and what has been normalized in the media and in grocery stores – those high carb foods with no nutritional value. We know it’s been hard to get kids active again because they're so addicted to screen time, whether that's TV, an iPad or a cell phone.
- Families that rely on food stamps tend to purchase the most affordable meals, and

sometimes they may not be the healthiest meals options. So that's when it becomes an issue. We do have local Farmers Markets that promote healthier food options. However, not all areas have Farmers Markets.

Sexually Transmitted Infections

In 2023, the rate of chlamydia in Kern County was 666.2 cases per 100,000 persons, the third-highest county rate in the state. The county rate of gonorrhea was 161.3 cases per 100,000 persons. The rate of primary and secondary syphilis for Kern County was 13.6 cases per 100,000 persons. The rate of early latent syphilis in the county was 12 cases per 100,000 persons. Late or unknown-duration syphilis in the county was 299.9 cases per 100,000 persons, the highest of any California county. Congenital syphilis is also rising, in the county and statewide, with 456.2 cases per 100,000 live births in the county in 2023, the third-highest county rate in the state.

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

	Kern County				California	
	Cases		Rate		Rate	
	2021	2023	2021	2023	2021	2023
Chlamydia	5,984	6,018	658.7	666.2	486.6	489.7
Gonorrhea	2,241	1,457	246.7	161.3	231.4	189.7
Primary and secondary syphilis	27	21	31.2	13.6	22.4	16.3
Early latent syphilis	262	108	28.8	12.0	21.4	19.1
Late/unknown duration syphilis	761	2,709	83.8	299.9	34.6	46.5
Congenital syphilis by year of birth	37	55	288.9	456.2	121.5	128.9

Source: California Department of Public Health, STD Control Branch, 2023 STI Surveillance Report Tables.
https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/STD-Data.aspx

Teen Sexual History

In Kern County, 7.1% of teens, ages 14 to 17, whose parents gave permission for the question to be asked, reported they have had sex at least once.

Sexual Activity Teens, Ages 14-17

	Kern County	California
Ever had sex	7.1%	10.0%

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

HIV

From 2020 to 2022, the rate of new HIV cases in Kern County was 20 cases per 100,000 persons, an increase from the 2017-2019 rate of 18 new cases per 100,000 persons. In Kern County, 60.9% of diagnosed persons in 2019 were receiving care, and in 2022 the rate was 66.3%. Those who were virally suppressed increased from 48.7% to 52.8%. The Ending the HIV Epidemic in the U.S. (EHE) goals are to increase linkage

to care and viral suppression to 95% by 2025. Rates of death in the county among persons diagnosed with HIV rose from 2017-2019 to 2020-2022.

HIV, Cases and Rates, per 100,000 Persons

	Kern County		California	
	2017-2019	2020-2022	2017-2019	2020-2022
Number of newly diagnosed cases	163	184	4,755	4,529
Rate of new diagnoses	18.0	20.0	12.0	11.3
Number of people living with HIV, 2019 & 2022	1,855	2,345	137,886	142,772
Rate of HIV, 2019 and 2022	203.9	252.2	346.8	355.6
Percent in care, 2019 and 2022	60.9%	66.3%	75.0%	73.7%
Percent virally suppressed, 2019 and 2022	48.7%	52.8%	65.3%	64.7%
Deaths per 100,000 HIV+ persons	3.9	4.7	4.6	5.4

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

Community Input – Sexually Transmitted Infections (STI)

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

- STIs can lead to infertility or be transmitted to our babies, which is a serious issue. Our HIV rates are extremely high. In 2022 we had more newly diagnosed cases of HIV than ever before in the history of HIV in Kern County. STIs are everywhere, in all communities and among all socioeconomic levels. We also have a greater number of unhoused populations, which is driving up the numbers of STIs.
- Many hospitals are now doing routine opt out testing for STIs. We test for Hep C, syphilis and HIV. Many people don't show symptoms and otherwise wouldn't get tested. This will help to slow future spread.
- It's been a struggle for the county to try to make sure that women can, one, identify that they do have the illness, and two, get treatment so it's not transmitted to their newborns.
- We're a conservative county. Our community doesn't necessarily want to talk about sex. We want to live in denial and think that STIs aren't in our neighborhood. Social media and anonymous hookup apps have changed the dynamics of what sex looks like. And now it's very difficult to trace where the STI came from.
- Several of our local hospitals do routine opt out testing.
- We are seeing an increase of STIs in senior housing facilities. There is more need for education.

Mental Health

Mental Health Indicators

In Kern County, 21.8% of adults reported being told by a doctor, nurse, or other health professional they had depressive disorder. From 2021 through 2023, 19.7% of county adults had likely suffered from serious psychological distress in the prior year, and 13.7% said they had taken a prescription medication for two weeks or more for an emotional or personal problem during the past year. Rates of life impairment (in the spheres of family, social, and work life, as well as household chores) were higher in the county than in the state. The rate of teens who had experienced serious psychological distress in the past year (29.6%) was lower than in the state (30.1%).

Depression, Adults

	Kern County	California
Told by health care professional they had depressive disorder, ever	21.8%	*20.6%

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

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

Mental Health Indicators

	Kern County	California
Adults who had serious psychological distress during past year	19.7%	15.7%
Adults taken prescription medicine at least 2 weeks for emotional/mental health issue in past year	13.7%	12.2%
Adults: family life impairment during the past year	26.5%	24.0%
Adults: social life impairment during the past year	26.0%	24.3%
Adults: household chore impairment during the past year	28.1%	23.8%
Adults: work impairment during the past year	26.1%	25.1%
Teens who had serious psychological distress during past year	29.6%	30.1%

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

Frequent Mental Distress

Frequent Mental Distress is defined as 14 or more bad mental health days in the last month. In the service area, the rate of mental distress among adults was 19.3%, which was higher than the county rate (18.8%). Service area cities had rates ranging from 15.2% in Bakersfield 93311 to 23.1% of adults in Bakersfield 93305 with frequent mental distress.

Frequent Mental Distress, Adults

	ZIP Code	Percent
Arvin	93203	22.6%
Bakersfield	93301	21.8%
Bakersfield	93304	21.2%

	ZIP Code	Percent
Bakersfield	93305	23.1%
Bakersfield	93306	19.1%
Bakersfield	93307	21.7%
Bakersfield	93308	20.3%
Bakersfield	93309	18.8%
Bakersfield	93311	15.2%
Bakersfield	93312	16.5%
Bakersfield	93313	17.4%
Bakersfield	93314	16.4%
Taft	93268	21.8%
Mercy Service Area*		**19.3%**
Kern County		**18.8%**
California		**14.3%**

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

Mental Health Care Access

Among Kern County teens, 25% needed help for emotional or mental health problems in the prior year, and 16% received psychological or emotional counseling. 23.4% of adults in Kern County needed help for emotional-mental and/or alcohol-drug related issues in the prior year. Among adults who sought help, 53.1% received treatment. The Healthy People 2030 objective is for 68.8% of adults with a serious mental disorder to receive treatment (a maximum of 31.2% who do not receive treatment).

Tried to Access Mental Health Care in the Past Year

	Kern County	California
Teen who needed help for emotional or mental health problems in the past year	25.0%	33.5%
Teen who received psychological or emotional counseling in the past year	16.0%	19.5%
Adults who needed help for emotional-mental and/or alcohol-drug issues in past year	23.4%	25.0%
Adults, sought/needed help and received treatment	53.1%	56.4%
Adults, sought/needed help but did not receive	46.9%	43.6%

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

Among county adults who had seen a professional in the past 12 months for problems with mental health, emotions or nerves, 27.8% visited a primary care physician only, and 32.2% visited a mental health professional only. 39.9% of those who had seen a professional had seen both a primary care physician and a mental health professional.

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

	Kern County	California
Primary care physician only	27.8%	22.1%
Mental health professional only	32.2%	38.8%

Both	39.9%	39.1%

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

Among county adults and teens, 8.3% sought help from an online tool (mobile apps or texting services) for mental health, emotions, or use of alcohol and/or drugs in the past 12 months. 6.4% of adults and teens in the county connected online with a mental health professional, and 5.4% connected with people with similar issues or status. Female residents (11.3%) were more likely than males (5%) to seek help from an online tool, connect online with mental health professionals (8.4% vs. 4.2% for males), or connect online with peers (7.5% vs. 3%). In general, online mental health utilization declined with age.

Online Mental Health Utilization, Adults and Teens

	Kern County	California
Sought help from an online tool	8.3%	7.7%
Connected with a mental health professional online in last 12 months	6.4%	8.2%
Connected online with people with similar mental health or alcohol/drug status	5.4%	6.0%

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

Mental Health Providers

Mental health providers include psychiatrists, clinical psychologists, clinical social workers, psychiatric nurse specialists, and marriage and family therapists who meet certain qualifications and certifications. In Kern County, the ratio of residents to mental health providers is 414:1, compared to the state rate of 222 persons per mental health provider.

Mental Health Providers, Number and Ratio

	Kern County	California
Number of mental health providers	2,214	175,563
Ratio of population to mental health providers	414:1	222:1

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

Suicidal Ideation

In Kern County, 19.5% of adults indicated they had seriously thought about committing suicide.

Ever Seriously Thought About Committing Suicide, Adults

	Kern County	California
Ever seriously thought about committing suicide	19.5%	19.2%

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

Suicidal ideation (ever) in Kern County is higher for women (19.4%) than men (13.9%)

and is higher among residents who identify as bisexual (56.3%), homosexual (47.6%), and those who identify as not sexual (38.7%), and lowest among those who identify as heterosexual (12.6%). The rate of suicidal ideation in the county is highest in younger adults, ages 18 to 39. The highest rates are among multiracial residents (20.5%) and lowest among Black or African American residents (9.6%).

Suicidal Ideation, Adults, Kern County, by Demographics

	Kern County
Male	13.9%
Female	19.4%
Bisexual	56.3%
Gay, lesbian, or homosexual	47.6%
Not sexual/celibate/none/other	38.7%
Heterosexual	12.6%
18 to 24 years old	25.0%
25 to 39 years old	19.9%
40 to 64 years old	15.6%
65 to 79 years old	6.5%
80 or older	*3.8%
Multiracial or Other Race, non-Latino	*20.5%
White, non-Latino	18.4%
Latino	16.3%
Asian, non-Latino	14.5%
Black or African American, non-Latino	*9.6%
Total	**16.8%**

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

Among teens in the service area responding to the California Healthy Kids Survey (in those area school districts choosing to participate), 8% to 44% had seriously considered attempting suicide in the past 12 months. Di Giorgio Elementary School District had the highest levels of suicide ideation for 7th graders (44%). 25% of Taft Union High School 9th graders and 14% of 11th graders said they had considered attempting suicide in the past year. Kern High School District did not participate in the survey.

Seriously Considered Suicide, 7th Grade Students

School District	7th Grade	School District	7th Grade
Arvin Union School District	12%	Lakeside Union School District	18%
Bakersfield City School District*	20%	Lamont Elementary School District	15%
Beardsley Elementary School District*	25%	Norris Elementary School District	15%
Di Giorgio Elementary School District	44%	Rio Bravo-Greeley Union Elem. Dist.	8%
Fairfax Elementary School District	23%	Rosedale Union Elementary District	18%
Fruitvale Elementary School District	15%	Taft City School District	21%
Greenfield Union School District	17%	Vineland Elementary School District	17%

*Source: California Department of Education, California Healthy Kids Survey, 2022-2023 and *2021-2022.*
https://data1.cde.ca.gov/dataquest/

Seriously Considered Suicide, High School Students

	7th Grade	9th Grade	11th Grade
Taft Union High School District	-	25%	14%

Source: California Department of Education, California Healthy Kids Survey, 2022-2023 https://data1.cde.ca.gov/dataquest/

Community Input – Mental Health

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

- We don't have enough mental health beds available, and people don't know where to go or recognize it as an issue that needs help. Also, transportation is a barrier if you live on the street.
- Resources are lacking in the community.
- Awareness is needed for parents. I think sometimes parents don't know what signs to look for.
- Postpartum care needs to expand to include mental health issues and diagnoses.
- There needs to be more support in homeless shelters and with homeless service providers to provide mental health care support. There should be more mental health support within our legal system for those who are victims of violence or crime.
- We still have a shortage of licensed mental health care providers and psychiatry, both inpatient and outpatient. We don't have enough inpatient beds. We don't have enough outpatient services. For mental health, substance use, and dual disorder, there just aren't enough providers.
- Childhood trauma is a big one. We have teams that go out into the communities to serve these clients who are having true mental breakdowns.
- Identification is first, the willingness, or the acknowledgement that maybe services are needed. Our programs are well versed in the services available throughout the county, but when participants aren't ready or there's a stigma behind mental health, it can be a challenge. But once they've reached for help, being able to obtain an appointment to receive the services is difficult. Our rural communities are the ones that find it much more difficult to find the services or find a provider that can serve them in the timeframe that accommodates their work schedule.
- We don't have enough providers to support the crisis moments or to support prevention efforts.
- Not only is there a lack of providers, but there is also a lack of access. That Monday through Friday, 8 am to 5 pm doesn't work when parents work and pick their kids up from school. Also, there is a cultural stigma, it's just not the norm to take their child to a mental health provider in some cultures.
- Language can be a barrier, like Punjabi or Tagalog providers. There's very few when they want to be able to communicate with a provider that not only speaks their language but also understands their cultural background and doesn't judge them.
- Four years ago, suicide was identified as the top health issue in Native communities,

particularly affecting individuals with severe mental illness. Tragically, some members of the Native community were lost to suicide. Since prioritizing this issue and expanding services, there have been no suicides in our Native communities since 2023. This has been a significant win.

Substance Use

Cigarette Smoking

The Healthy People 2030 objective for cigarette smoking among adults is 6.1%. In Kern County, 10.6% of adults smoke cigarettes. 20.1% of county residents are former smokers. 69.8% of Kern County adult smokers were thinking of quitting in the next 6 months. 25.5% of Kern County adults, ages 18 to 65, had smoked an e-cigarette, and 10.1% had done so in the past month.

Smoking, Adults

	Kern County	California
Current smoker	10.6%	5.6%
Former smoker	20.1%	19.3%
Never smoked	69.3%	75.1%
Thinking about quitting in the next 6 months	69.8%	64.9%
Ever smoked an e-cigarette (all adults 18-65)	25.5%	21.0%
Smoked an e-cigarette in the past 30 days	10.1%	5.9%

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

Cigarette smoking in Kern County is more than twice as common in men (14.3%) as in women (6.9%). The rate is highest among adults, ages 25 to 79. Cigarette smoking appears to be less popular with younger adults (ages 18 to 24).

Cigarette Smoking, Adults, Kern County, by Demographics

	Kern County
Male	14.3%
Female	6.9%
18 to 24 years old	*5.7%
25 to 39 years old	14.2%
40 to 64 years old	9.6%
65 to 79 years old	13.3%
80 or older	*2.4%
Total	**10.6%**

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

No Kern County teen surveyed admitted to being a current smoker, and 0.9% had smoked an e-cigarette in the past 30 days.

Smoking, Teens

	Kern County	California
Current cigarette smoker	*0.0%	0.7%
Smoked an e-cigarette in the past 30 days	*0.9%	2.7%

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

Alcohol Use

Binge drinking is defined as consuming a certain amount of alcohol within a set period of time. For males this is five or more drinks per occasion and for females it is four or more drinks per occasion. Among service area adults, 18% reported having engaged in binge drinking in the previous 30 days. Rates of binge drinking ranged from 16.4% in Bakersfield 93301 and Bakersfield 93305, to 20.3% in Bakersfield 93314. The Healthy People 2030 objective is for no more than 25.4% of adults to engage in binge drinking in the prior month.

Binge Drinking, Past 30 Days, Adults

	ZIP Code	Percent
Arvin	93203	17.1%
Bakersfield	93301	16.4%
Bakersfield	93304	16.7%
Bakersfield	93305	16.4%
Bakersfield	93306	17.5%
Bakersfield	93307	17.0%
Bakersfield	93308	18.5%
Bakersfield	93309	17.7%
Bakersfield	93311	18.8%
Bakersfield	93312	19.9%
Bakersfield	93313	18.7%
Bakersfield	93314	20.3%
Taft	93268	18.9%
Mercy Service Area*		**18.0%**
Kern County		**18.1%**
California		**17.5%**

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

Among county residents, men were more likely to say they engaged in binge drinking (26.5%) than women (15.6%). Rates were higher among bisexual residents (32%) than among straight or heterosexual residents (17%). Rates were highest among younger adults, ages 25 to 39 (28.4%). Binge drinking is the lowest among residents living in poverty, and highest among those living in households earning 300% or more of the Federal Poverty Limit (FPL).

Binge Drinking, Adults, Previous Month, by Demographics, Kern County

	Percent
Male	26.5%
Female	15.6%
Straight or heterosexual	17.0%
Gay, lesbian or homosexual	*18.8%
Bisexual	32.0%
Not sexual/celibate/none/other	*0.0%

	Percent
18 to 24	22.6%
25 to 39	28.4%
40 to 64	20.6%
65 to 79	7.2%
80 or older	*5.4%
0-99% FPL	8.2%
100-199% FPL	24.5%
200-299% FPL	17.3%
300% or above FPL	28.4%
Kern County	**21.3%**
California	**18.3%**

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

13% of Kern County teens have tried alcohol, and 0.4% engaged in binge drinking in the past month.

Teen Binge Drinking and Alcohol Experience

	Kern County	California
Teen binge drinking, past month	*0.4%	4.3%
Teen ever had an alcoholic drink ±	13.0%	22.3%

*Source: California Health Interview Survey, 2019-2023, or ± 2019-2022, pooled. https://healthpolicy.ucla.edu/our-work/askchis/ *Statistically unstable due to sample size.*

Marijuana Use

Marijuana use became legal in the state of California (while remaining illegal at the Federal level) in 2017. 48.4% of Kern County adults interviewed said they had tried marijuana or hashish. Of those who had tried it, county adults were slightly more likely to have used marijuana in the previous month (33.6%, or 16.3% of the total population including those who've never tried it) than adults statewide (34.6%, or 17% of the total population). About a quarter of county adults who have tried marijuana said they last used it more than 15 years ago (25.4%).

Marijuana Use, Adults

	Kern County	California
Have tried marijuana or hashish	48.4%	49.2%
Used marijuana within the past month	33.6%	34.6%
Used marijuana within the past year but not within the past month	18.6%	16.6%
Used marijuana more than 15 years ago	25.4%	24.2%

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

8.2% of county teens said they had tried marijuana or hashish. Of those, only 9.7%, (fewer than 1% of all county teens), admitted to having used it within the past month.

Marijuana Use, Teens

	Kern County	California
Have tried marijuana or hashish	8.2%	11.0%
Used marijuana within the past month	*9.7%	50.7%

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

Opioid Use

The rate of mortality from opioid overdose is higher for Kern County (36.8 deaths per 100,000 persons) than the state (20.4 deaths per 100,000 persons), as is the rate of hospitalizations due to opioid overdose, excluding heroin (20.6 per 100,000 persons, versus 15 per 100,000 persons for the state). Emergency Department visits due to opioid overdose other than heroin overdose were also higher in Kern County (77.7 per 100,000 persons, versus 58.7 per 100,000 persons for the state). The rate of opioid prescriptions in Kern County was higher (457.9 prescriptions per 100,000 persons) than the state rate (296 prescriptions per 100,000 persons).

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

	Kern County	California
Hospitalization rate for opioid overdose (excludes heroin)	20.6	15.0
ER visits for opioid overdose (excludes heroin)	77.7	58.7
Opioid prescriptions, per 1,000 persons	457.9	296.0

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

Substance Use by Race and Ethnicity

In Kern County, 10.6% of adults reported being current smokers. Non-Latino White residents were more likely to be current smokers (14%) than were multiracial (10.9%), Black or African American residents (8.7%) or Latino (8.3%) residents. Asian residents were the least likely to be current smokers (6.5%).

13.4% of Kern County adults said they had used marijuana during the prior month. Rates of marijuana use were highest among non-Latino multiracial residents (22.8%), followed by White residents (14.3%), Black or African American residents (13.2%) and Latino residents (12%). Current marijuana use was lowest among Asian residents (10.1%).

21.3% of adults in Kern County engaged in binge drinking during the prior month. The rates were highest among Black or African American residents (31.3%), followed by Latino residents (21.9%) and White residents (20%). The rate was again lowest among

Asian residents (11.3%).

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

	Current Smoker	Current Marijuana Use	Binge Drinking, Prior Month †
White, non-Latino	14.0%	14.3%	20.0%
Latino	8.3%	12.0%	21.9%
Black or African American, non-Latino	*8.7%	*13.2%	*31.3%
Multiracial, non-Latino	*10.9%	22.8%	*15.0%
Asian, non-Latino	*6.5%	*10.1%	*11.3%
Kern County, all races	**10.6%**	**13.4%**	**21.3%**

Source: California Health Interview Survey, 2019-2023 or †2021-2023, pooled. https://healthpolicy.ucla.edu/our-work/askchis/
**Statistically unstable due to sample size.*

Community Input – Substance Use

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

- There is a need for substance use support for families. When there is a family member who has a substance use issue, there's no support for those family members dealing with that family member.
- There is limited transitional housing available for those who have gone through a substance use detox or a rehab program. We need a more enhanced support system before they go into permanent housing where they can easily be retriggered and go back into their addiction again.
- There is not enough support for teens facing substance use issues in schools and in the community.
- In Kern County we have heavy methamphetamine use plus heavy fentanyl use. We've always had very high rates of methamphetamine use here, and we would see it really within specific populations, mostly from areas of poverty in our community. But with fentanyl, we're seeing people from all over our community, regardless of their status who are coming to our ERs overdosed or addicted. It's a pervasive abuse throughout our entire community as compared to just methamphetamine use.
- Now there's a new drug that is emerging from the east coast, which is called Tranc. All of that is very affordable. It's much easier to get drugs than it is to get services. When you look at harmless reduction programs,
- We don’t have many facilities open for detox. We lack services available to help people get themselves back on track.
- We need to do a far better job of helping to explain to the community what best practices in recovery from substance use look like and that forcing someone into a treatment approach doesn’t work.
- Sometimes we have patients in the hospital who need some kind of assistance for their addiction disorder. And it's hard to find them a place of the inpatient side and the outpatient side that will accept patients, especially if they're undocumented or if

they don't have insurance. In those cases, it’s difficult to connect them with care in the community.

- Substance use disorders, including drug addiction and alcoholism, are a major issue. These problems are often tied to generational trauma that has gone unaddressed or undiagnosed. Native communities experience generational struggles stemming from hardships faced two or three generations ago. This trauma leads to stress, which in turn drives substance abuse and addiction.
- In the past few years, there has been a significant push for a paradigm shift in how addiction issues are approached within the American Indian and Alaska Native population. This shift reflects a growing understanding that Native health needs differ from those of other communities, requiring targeted, culturally informed strategies to make meaningful improvements.
- People see someone on the street talking to themselves and assume, “It’s their fault,” but they don’t realize it’s the result of years of struggle and not getting help. It’s tough because even when we try to help, it takes more than just addressing the addiction itself.

Preventive Practices

Flu Vaccines

The Healthy People 2030 objective is for 70% of the population to receive a flu shot. 33.1% of Kern County adults received a flu shot.

Flu Vaccines

	Kern County	California	
Received flu vaccine, ages 6 mo. to 17 years	N/A		60.1%
Received flu vaccine, ages 18 to 64 years	33.1%	40.5%	34.5%
Received flu vaccine, ages 65 and older			64.7%

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

Immunization of Children

The rate of compliance with childhood immunizations upon entry into kindergarten was 88.5% for Kern County. In area school districts, rates ranged from 92.1% in Standard Elementary School District to 98.8% in Lamont Elementary School District.

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

School District	Immunization Rate
Arvin Union School District	97.6%
Bakersfield City School District	93.7%
Beardsley Elementary School District	93.9%
Di Giorgio Elementary School District	96.7%
Fairfax Elementary School District	98.4%
Fruitvale Elementary School District	97.2%
General Shafter Elementary School District	N/A
Greenfield Union School District	96.1%
Lakeside Union School District	94.9%
Lamont Elementary School District	98.8%
Linns Valley-Poso Flat Union School District	N/A
Norris Elementary School District	98.2%
Panama-Buena Vista School District	96.2%
Rio Bravo-Greeley Union Elementary School Dist.	98.4%
Rosedale Union Elementary School District	97.8%
Standard Elementary School District	92.1%
Taft City School District	96.6%
Vineland Elementary School District	98.4%
Kern County*	**88.5%**
California*	**93.6%**

*Source: California Department of Public Health, Immunization Branch, 2021-2022. *For those schools where data were not suppressed due privacy concerns over small numbers. N/A = Suppressed due to fewer than 20 enrollees. https://data.chhs.ca.gov/dataset/school-immunizations-in-kindergarten-by-academic-year*

Mammograms, Pap Smears, and Colorectal Screenings

The Healthy People 2030 objective for mammograms is for 80.3% of women, between the ages of 50 and 74, to have a mammogram in the past two years. In the service area, 73.3% of women had obtained mammograms in the prior two years, which did not meet this objective.

The Healthy People 2030 objective for Pap smears is for 79.2% of women, ages 21 to 65, to have a Pap smear in the past three years. 79.9% of women, ages 21 to 65, having had a cervical cancer screening in the prior 3 years, which did meet this objective.

For colorectal cancer screenings, the Healthy People 2030 objective for adults, ages 50 to 75 years old, is for 68.3% to obtain a screening (defined as a blood stool test in the past year, sigmoidoscopy in the past five years plus blood test in the past three years, or colonoscopy in the past ten years). 54.6% of service area residents, ages 50-75, met the colorectal cancer screening guidelines. The service area does not meet the Healthy People objective.

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

	ZIP Code	Mammograms	Pap Smears†	Colorectal Cancer Screenings
Arvin	93203	67.6%	75.0%	42.0%
Bakersfield	93301	71.0%	77.0%	52.4%
Bakersfield	93304	70.8%	77.7%	50.2%
Bakersfield	93305	68.7%	75.2%	45.4%
Bakersfield	93306	73.6%	79.9%	56.1%
Bakersfield	93307	69.9%	76.6%	46.2%
Bakersfield	93308	72.0%	80.2%	57.9%
Bakersfield	93309	74.8%	79.8%	59.4%
Bakersfield	93311	78.4%	83.4%	60.4%
Bakersfield	93312	77.6%	85.0%	61.2%
Bakersfield	93313	74.4%	80.7%	54.6%
Bakersfield	93314	77.3%	84.9%	61.1%
Taft	93268	69.9%	77.2%	52.0%
Mercy Service Area*		**73.3%**	**79.9%**	**54.6%**
Kern County		**73.4%**	**79.6%**	**52.7%**
California		**76.5%**	**79.3%**	**61.5%**

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

Community Input – Preventive Practices

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

- We've got a local disease called Valley Fever that is starting to be diagnosed in other places. I think they are now testing for it elsewhere. We're out in front of that and we're partnering with these other areas. It's a good example of how a local issue, with responsible research and a very deliberate process of sharing information, has raised awareness of an issue and is making an impact.
- Since the pandemic, we've seen an uptick of patients who do not want vaccines. The parents who are most concerned are those who are homeschooling, and we just continue to educate them. Otherwise, kids need them to go to school.
- We recognize that when a child is experiencing developmental delays, the earlier that they're identified the better results the child will have.
- We recently formed a coalition with the County of Kern Health Systems, which is the Medi Cal managed care program, as well as anthem Blue Cross and many multiple community partners addressing our low rates for immunizations in Kern County.
- Understanding the impact of diet and nutrition on certain disease processes like heart failure, hypertension, and diabetes, takes a lot of time with not only the patient, but also their caregiver and family.
- A lot of our pregnant moms are not seeing their providers. It is hard to pinpoint exactly why: transportation issues, safety issues, provider shortages. It's a huge concern for the community. If pregnant moms are not seeing their primary care providers that means they are also not bringing in children and infants to see their providers.
- For those who don't have language access, they completely disengage. They'll stop taking their children to get services because they don't understand what is being asked of them to do. We start seeing families that are not connecting well with their school providers, like the teachers and their kids who are falling behind in school because of that lack of communication. I think that's where we start seeing the disconnect, if the family doesn't understand the importance of the immunizations or they don't understand the importance of taking their children to get checkups on a regular basis, then they just don't follow through. It's not just having the access, but also the education component.
- The farmworkers we work with are often undocumented—they don't have Social Security numbers or IDs. I think there's a hesitancy among some providers to how they can serve that population. They need to accept that these individuals might not have traditional identification, but they still need help. Unless providers are operating under a grant or some program that explicitly allows them to serve undocumented workers, it's difficult to get them to engage.

Prioritized Description of Significant Health Needs

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

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

The stakeholder interviewees were sent a link to an electronic survey (SurveyMonkey) in advance of the interview. The stakeholders were asked to rank each identified need. The percentage of responses were noted as those that identified the need as having severe or very severe impact on the community, had worsened over time, and had a shortage or absence of resources available in the community. Not all respondents answered every question; therefore, the response percentages were calculated based on respondents only and not on the entire sample size.

Economic insecurity, housing and homelessness, and mental health had the highest scores for severe and very severe impact on the community. Economic insecurity, and housing and homelessness were the top two needs that had worsened over time. Economic insecurity and mental health had the highest scores for insufficient resources available to address the need.

Significant Health Needs	Severe and Very Severe Impact on the Community	Worsened Over Time	Insufficient or Absent Resources
Access health care	71.4%	35.7%	85.7%
Birth indicators	53.8%	15.4%	61.5%
Chronic disease	71.4%	50.0%	57.1%
Crime and safety	71.4%	64.3%	85.7%
Economic insecurity	92.8%	71.4%	92.8%
Education	50.0%	0%	42.8%
Environmental conditions	42.9%	21.4%	35.7%
Food insecurity	78.5%	64.3%	85.7%
Housing and homelessness	92.8%	71.4%	78.5%
Mental health	85.7%	57.1%	92.8%
Overweight and obesity	78.5%	28.6%	64.3%
Preventive practices	28.5%	0%	21.4%
Sexually transmitted infections	21.4%	7.1%	21.4%
Substance use	78.6%	35.7%	64.3%

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

Significant Health Needs	Priority Ranking (Total Possible Score of 4)
Chronic disease	3.86
Access health care	3.71
Housing and homelessness	3.71
Crime and safety	3.69
Economic insecurity	3.64
Food insecurity	3.64
Mental health	3.64
Overweight and obesity	3.57
Substance use	3.57
Education	3.36
Birth indicators	3.31
Sexually transmitted infections	3.17
Environmental conditions	3.15
Preventive practices	3.14

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

Community residents were also asked to prioritize the significant needs through a survey by indicating the level of importance the hospitals should place on addressing these community needs. The percentage of persons who identified a need as very important or important was divided by the total number of responses for which a response was provided, resulting in an overall percentage score for each significant need. The survey respondents listed the top four important community needs as chronic diseases, mental health, overweight and obesity, and substance use.

Significant Health Needs	Very Important and Important
Chronic diseases (ex. Alzheimer's disease, cancer, diabetes, heart disease, liver disease, lung disease, stroke)	85.6%
Mental health concerns (ex. depression, anxiety disorder, suicide)	85.6%
Overweight and obesity (healthy eating and physical activity)	80.8%
Substance use (tobacco, alcohol, drugs)	78.4%

Significant Health Needs	Very Important and Important
Access to health care (ex. primary health care, dental care, specialty care)	77.6%
Crime and safety	77.6%
Environmental conditions (ex. air quality, clean water, heat, pollution)	77.6%
Economic insecurity (income and employment)	76.8%
Food insecurity (scarcity/lack of regular access to enough nutritious food to support a healthy and active life)	75.2%
Housing and homelessness	75.2%
Preventive practices (ex. vaccines, screenings, injury prevention)	75.2%
Birth indicators (ex. teen births, prenatal care, low birth weight, infant mortality)	74.4%
Sexually transmitted infections (chlamydia, HIV, genital herpes, gonorrhea, etc.)	70.4%

Resources to Address Significant Health Needs

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

Significant Health Needs	Community Resources
Access to care	Alzheimer's Association Bakersfield, Alzheimer's Disease Association of Kern County, American Indian Health Project, Bakersfield AIDS Project, Bakersfield American Indian Health Project, Bakersfield Pregnancy Center, Bakersfield-Kern Regional Homeless Collaborative, Building Healthy Communities Kern County, California Veterans Assistance Foundation, Clinica Sierra Vista, Community Action Partnership of Kern CAPK, Continuum of Care Consortium, CSF Medical Nonprofit Foundation, Dolores Huerta Foundation, East Town Family Dentistry, Kern County Department of Public Health, Kern County Department of Public Health, Kern County Medically Vulnerable Care Coordination Project, Kern County Network for Children, Kern County Network for Children, Kern County Nursing Family Partnership, Kern Health Equity Partnership, Kern Health Systems, Kinder Pediatrics, Omni Family Health, Outreach Enrollment Retention and Utilization Committee, Planned Parenthood, Public Health Clinic, Purdy Pediatric Dentistry, Salvation Army, Wounded Heroes Fund
Birth indicators	Adolescent Family Life Program, Baby Café, Bakersfield Pregnancy Center, Black Infant Health, Black Infant Mortality Task Force of First Kern 5, Cal Learn Department of Human Services, Cal-SAFE, CalWORKs, Comprehensive Perinatal Services, Early Head Start, Easterseals Southern California, Head Start, Henrietta Weill Memorial Child Guidance Clinic, Kern County Breastfeeding Coalition, Kern County Department of Public Health, Kern County Network of Children, Lactation Station Inc., Maternal Child Adolescent Health Kern County Public Health, Motherhood Project, No Sister Left Behind, Noel Alexandria Foundation, Nurse Family Partnership, Perinatal Outreach Program, Planned Parenthood, Pregnancy Canter Center, Prenatal Facility at Bakersfield Recovery Services, Shafter Youth Center, WarmLine La Cresta Foundation
Chronic diseases	American Cancer Society, American Heart Association, American Lung Association in California, Asthma Coalition of Kern County, Baby Café Bakersfield, Bags of Love Foundation, Bakersfield American Indian Health Project, Bike Bakersfield, Boys and Girls Club, Central California Asthma Collaborative, Clinica Sierra Vista, Community Action Partnership of Kern (CAPK), Edible Schoolyard Project, Kern County Cancer Foundation, League of Dreams, Links for Life Breast Cancer Support, Morning Star Fresh Food Ministry, Omni Family Health, Planned Parenthood, San Joaquin Valley Air Pollution Control District
Crime and safety	Child Abuse Prevention Council, Child Death Review Team, Defy Ventures, Dream Center, empowerment Dress Perkins Foundation, Greater Bakersfield Legal Assistance,

Significant Health Needs	Community Resources
	Kern Coalition Against Human Trafficking, Kern County Family Justice Center, Kern County Public Health Water Waters Program, Love is Respect, National Domestic Violence Hotline, Open Door Network, Police Activities League, Safe Kids Kern County Coalition, Sheriffs Activities League, The Trevor Lifeline (LGBTQ), Youth Connection, Inc.
Economic insecurity	America's Job Center of California, Arvin Farm Labor Center, Bakersfield American Indian Health Project, CalFresh, California Farmworkers Foundation, Community Action Partnership of Kern CAPK, Catholic Charities, Charmed and Chosen Inc., Court Appointed Special Advocates of Kern County, Dress for Success Bakersfield, East Kern Resource Center, Family Justice Center, Kern Community Foundation, Mexican American Opportunity Foundation, MLK Community Initiative, Mountain Communities Family Resource Center, Nurse-Family Partnership, Oasis Family Resource Center, Office of Migrant Services, Proteus Incorporated, Saint Vincent de Paul, Salvation Army, Sharing and Caring of Tehachapi, The Hope Center Inc., United Way, WIC, Wounded Heroes Fund
Education	America's Job Center, Auto Technology, Bakersfield Adult School, Boys and Girls Club of Bakersfield, California Department of Rehabilitation, Community Action Partnership of Kern CAPK, East Kern Family Resource Center, Farmworkers Institute of Education and Leadership Development (FIELD), First 5, Get Focused, Stay Focused National Resource Center, Goodwill Industries, Head Start, Jim Burke Education Foundation, Kern Adult Literacy Council, Kern County Commission on Aging, Kern County Library, Kern County Regional Occupational Center, Kern Economic Development Foundation, Mexican American Opportunity Foundation, Migrant Education Farm Worker National Hotline, Oasis Family Resource Center, Owens Valley Career Development Center, PathPoint, ShePower Leadership Academy, Valley Caregiver Resource Center Kern County, West Kern Adult Education Network
Environmental conditions	American Lung Association in California, Asthma Coalition of Kern County, Bike Bakersfield, Central California Asthma Collaborative, Keep California Beautiful, Kern Fire Safe Council, Kern River Conservancy, Marigold Farms Inc., North of the River Recreation Foundation, Plumas Corporation, Project Clean Air, Quail Springs Permaculture, Tejon Ranch Conservancy, Valley Fever Americas Foundation, Wildlands Conservancy
Food Insecurity	Bakersfield Pet Food Pantry, Bread of Life, CalFresh, Community Action Partnership of Kern CAPK, Catholic Charities, Dream Center, First 5, First Presbyterian Church, Food Bank of Kern County, Gleaners Food Referral Program, Goodness and Mercy Ministries, Hope Center, Hope Now Inc., Lamont/Weedpatch Family Resource Center, Manna from Heaven, Open Door Network, Salvation Army, Shafter Healthy Start Collaborative Family Resource Center, Waste Hunger Not Food Kern County, WIC
Housing and homelessness	Alpha House, Bakersfield Kern County Regional Homeless Collaborative, Bakersfield Kern Regional Homeless Collaborative Coordinated Entry System, Bakersfield-Kern Regional Homeless Collaborative, Bethany Homeless Shelter, Bringing Families Home Program, CalWORKs Homeless Assistance, CalWORKs Housing Support Program, Community Action Partnership of Kern

Significant Health Needs	Community Resources
	CAPK, Casa Esperanza Transitional House for Women, Catholic Charities, Dream Center, Flood Ministries, Mercy House Brundage Lane Navigation Center, Open Door Homeless Shelter, People Assisting the Homeless – PATH, Proteus Incorporated, Regional Homeless Collaborative, Saint Vincent de Paul, Salvation Army, Sharing and Caring of Tehachapi, The Mission at Kern County, The Open Door, Women's Center High Desert Kern River Valley, Women's Center High Desert Mojave, Wounded Heroes Fund
Mental health	Action Family Counseling, Bakersfield American Indian Health Project, Be Finally Free, Inc., California Youth Crisis Line, CAPK Mental Health Advisory Committee, Cornerstore Center for Counseling and Discipleship, Counselor Training Clinic at California State University Bakersfield, Covenant Community Services, Department of Veteran Affairs, Henrietta Weill Memorial Child Guidance Clinic, Kern Around the Clock Foundation, Kern Behavioral Health and Recovery Services, Lamont Community Health Center, Legacy, Mary K. Shell Center, NAMI, National Suicide Prevention Lifeline, Open Door Network, Pine Meadow Counseling, Professional Group Inc., Psychiatric Wellness Center, Rio Counseling Center, RiverLakes Community Church, Save a Life Today (SALT), Storm Breakers, United Church of Christ, Valley Caregiver Resource Center, Your Life Your Voice
Overweight and obesity	Building Healthy Communities, City of Bakersfield Department of Recreation and Parks, CityServe Kern County, Community Action Partnership of Kern CAPK, Dolores Huerta Foundation, Edible Schoolyard Project, Garden Pathways, League of Dreams, Morning Star Fresh Food Ministry, First 5 Kern
Preventive practices	Bakersfield Pregnancy Center, Black Infant Health, Clinica Sierra Vista, Continuum of Care Consortium, Court Appointed Special Advocates of Kern County, Garden Pathways, Kern County Department of Public Health, Kern County Network for Children, Kern County Nursing Family Partnership, Kern Health Systems, No Sister Left Behind, Omni Family Health, Community Action Partnership of Kern, First 5 Kern
Sexually transmitted infections	Clinica Sierra Vista, Human Trafficking Coalition, Kern County Department of Public Health, Kern County Nursing Family Partnership, Kern Health Systems, Omni Family Health, Planned Parenthood
Substance use	Bakersfield American Indian Health Project, Bakersfield Recovery Services, Be Finally Free, Inc., Bethany Ministries Church, Brenda Jean's Sober Living Facility, Burning Bush Sober Living Homes, Drug Free Kern, Freedom House, Green Gardens, Jason's Retreat, Kern County AA, Kern County Behavioral Health Recovery Services, Kern County Narcotics Anonymous, Kern Health Systems, Legacy Village, Pinnacle Treatment Centers, Positive Visions, Redemptive Beginnings, Safe Have Recovery, Set Free Training Center, STEPS, Inc., Teen Challenge of Southern California, Tehillah Ministries, Turning Point Residential Center, Workit Health, Youth Leaders Stand Against Drug Use Annual Youth Summit

Impact of Actions Taken Since the Preceding CHNA

In 2022, Mercy Hospitals conducted the previous CHNA, and significant health needs were identified from issues supported by primary and secondary data sources. The hospitals' Implementation Strategy associated with the 2022 CHNA addressed access to health care, chronic diseases, food insecurity, mental health, overweight and obesity, preventive practices and substance use through a commitment of community benefit programs and resources. The following activities were undertaken to address these selected significant health needs since the completion of the 2022 CHNA.

Access to Health Care and Preventive Practices

Strategy or Program Name	Summary Description
Financial Assistance	The hospitals provided financial assistance to eligible patients who do not have the capacity to pay for medically necessary health care services, and who otherwise may not be able to receive these services.
Community Health Improvement Grants	Grant funds were awarded to nonprofit organizations to deliver services and strengthen service systems, which improved the health and well-being of vulnerable and underserved populations.
Connected Community Network (CCN)	Through the CCN, hospital care coordination and community partner agencies worked together to identify vulnerable patients and their health and health-related social needs. CCN electronically linked health care providers to organizations that provided direct services.
Community Health Initiative	Increased access to health insurance and health care for hard-to-reach individuals in Kern County. Provided training for application assistance and educated families on the importance of preventive care. Up to 97% of individuals who began the health insurance application process completed enrollment. 99% of individuals who enrolled in health insurance selected a health plan. 74% of enrolled individuals received utilization services
Community Wellness Program	Provided health education on nutrition, diabetes, cancer, cholesterol and hypertension prevention and treatment. Provided health screening at 14 community sites. 80% of health screening participants reported making a positive lifestyle change. 1,576 flu shots were provided. Provided 37 cancer education classes and 4 mammogram screenings, which resulted in 59 uninsured women, ages 40 and older, receiving a mammogram and 98 women being educated on breast health. 99% of health education participants surveyed reported having a better understanding of how to live a healthy lifestyle.
Homemaker Care Program	Provided in-home services, linkages to health care resources and social services that improved the quality of

Strategy or Program Name	Summary Description
	life for vulnerable clients. 100% of home care clients reported an improved quality of life. Home care clients reported an overall, average satisfaction rating of 96%. Three classes were conducted with 100% of caregiver training graduates completing the course with grades exceeding 70%. 100% of caregiver training graduates achieved increased knowledge, skill and confidence in serving seniors and disabled adults.
Outpatient Nurse Navigation Program	Provided comprehensive case management to patients identified as being at high risk for unnecessary hospital readmission. Services were initiated by referral from the Care Coordination team. 98% of the Outpatient Nurse Navigator program patients avoided readmission to the hospital within 7 days of their discharge date.
Prescription Purchasing	Purchased necessary medications in emergency situations for people who required medicines for their health but had no money to buy them.

Chronic Diseases (including Overweight and Obesity)

Strategy or Program Name	Summary Description
Asthma Management Program	Asthma educators provided education to individuals and monitored client usage of rescue and controller medications. 59% of Asthma Management Program participants had their asthma “controlled” when exiting the program.
Community Health Improvement Grants	Grant funds were awarded to nonprofit organizations to deliver services and strengthen service systems, which improved the health and well-being of vulnerable and underserved populations.
Community Wellness Program	Provided health education on nutrition, diabetes, cancer, cholesterol and hypertension prevention and treatment. Provided health screening at 14 community sites. 80% of health screening participants reported making a positive lifestyle change. 1,576 flu shots were provided. Provided 37 cancer education classes and 4 mammogram screenings, which resulted in 59 uninsured women, ages 40 and older, receiving a mammogram and 98 women being educated on breast health. 99% of health education participants surveyed reported having a better understanding of how to live a healthy lifestyle.
Chronic Disease/Diabetes Self-Management Program	Provided residents who have chronic diseases with the knowledge, tools and motivation needed to become proactive in their health through 6-week workshops. Delivered 20 seminars that are between six to eight weeks in length targeted at persons with diabetes and other chronic diseases during the fiscal year. 98% of

Strategy or Program Name	Summary Description
	participants who registered for Healthier Living completed the seminar by attending 4 out of 6 classes. 100% of participants with a chronic disease who completed Healthier Living seminars remained healthier after their seminars, as measured by those who avoided admissions to the hospital or emergency department for three months following their participation in the program.
Healthy Kids in Healthy Homes	Provided the Healthy Kids in Healthy Homes program to 2nd, 3rd, and 4th graders at three Bakersfield City School District school sites. The 8-session program provided information to children on the topics of nutrition, exercise, and lifestyle. 85% of children who attended Healthy Kids in Healthy Homes workshops participated in 6 out of 8 classes.

Food Insecurity

Strategy or Program Name	Summary Description
Community Health Improvement Grants	Grant funds were awarded to nonprofit organizations to deliver services and strengthen service systems, which improved the health and well-being of vulnerable and underserved populations.
Learning and Outreach Centers	In collaboration with other community service agencies, the centers provided referral services, food, clothing, and education to the most vulnerable and needy residents of the community. After school programs at the centers provided tutoring support to underserved youth. 86,946 individuals were assisted with basic living necessities at the Learning and Outreach Centers. 88% of students achieved a grade point average of 2.5 or higher
Connected Community Network	Addressed the social determinants of health and linked referred patients to appropriate and needed community-based services.

Mental Health

Strategy or Program Name	Summary Description
Art and Spirituality Center	Provided opportunities for artistic expression, meditation, relaxation, and creativity to promote health and well-being, aiding in physical, mental, and emotional recovery, including relieving anxiety and decreasing the perception of pain. 13,434 individuals were served through the Art and Spirituality Center programs. 99% of Art and Spirituality Center participants reported feeling a general sense of well-being and improved quality of life after completing their workshop(s).
Behavioral Health Navigator Program	Supported the Emergency Department as a primary access point for the treatment of substance use disorders

Strategy or Program Name	Summary Description
	and co-occurring mental health conditions. Utilized trained navigators to identify patients who would benefit from initiating medication for addiction treatment (MAT) or mental health services.
Community Health Improvement Grants	Grant funds were awarded to nonprofit organizations to deliver services and strengthen service systems, which improved the health and well-being of vulnerable and underserved populations.
Mental Health Support Groups	Provided free mental health support groups and education to individuals in the community. 100% of individuals who participated in mental health presentations reported having a better understanding of mental health. 95% of individuals who attended a mental health workshop reported a willingness to seek professional help. 97% of individuals who completed an evaluation reported feeling a sense of well-being after attending mental health support group sessions.

Substance Use

Strategy or Program Name	Summary Description
Anti-Vaping Program	Offered anti-vaping education programs at local schools. 99% of children who attended the Youth Tobacco Program participated in 3 out of 4 classes.
Behavioral Health Navigator Program	Supported the Emergency Department as a primary access point for the treatment of substance use disorders and co-occurring mental health conditions. Utilized trained navigators to identify patients who would benefit from initiating medication for addiction treatment (MAT) or mental health services.
Community Health Improvement Grants	Grant funds were awarded to nonprofit organizations to deliver services and strengthen service systems, which improved the health and well-being of vulnerable and underserved populations.

Attachment 1: Benchmark Comparisons

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

Indicators	Service Area Data	Healthy People 2030 Objectives
High school graduation rate	**85.5%** - 92.4%	90.7%
Child health insurance rate	96.3%	92.4%
Adult health insurance rate	**88.3%**	92.4%
Unable to obtain medical care	4.9%	5.9%
Ischemic heart disease deaths	**145.2**	71.1 per 100,000 persons
Cancer deaths	**148.1**	122.7 per 100,000 persons
Colon/rectum cancer deaths	**13.0**	8.9 per 100,000 persons
Lung cancer deaths	**29.0**	25.1 per 100,000 persons
Female breast cancer deaths	**21.1**	15.3 per 100,000 persons
Prostate cancer deaths	**21.2**	16.9 per 100,000 persons
Stroke deaths	**39.8**	33.4 per 100,000 persons
Unintentional injury deaths	**74.9**	43.2 per 100,000 persons
Suicides	12.0	12.8 per 100,000 persons
Liver disease (cirrhosis) deaths	**20.4**	10.9 per 100,000 persons
Homicides	**12.4**	5.5 per 100,000 persons
Overdose deaths involving opioids	**36.8**	13.1 per 100,000 persons
Infant death rate	**5.8**	5.0 per 1,000 live births
Adult obese, ages 20 and older	**45.1%**	36.0%, adults ages 20+
Teens, 12 to 17 years, obese	**22.8%**	15.5%, children & youth, 2 to 19
Adults with a serious mental disorder who receive treatment	**53.1%**	68.8%
Adults engaging in binge drinking	18.0%	25.4%
Cigarette smoking by adults	**10.6%**	6.1%
Pap smears, ages 21-65, screened in the past 3 years	79.9%	79.2%
Mammogram, ages 50-74, screened in the past 2 years	**73.3%**	80.3%
Colorectal cancer screenings, ages 50-75, screened per guidelines	**54.6%**	68.3%
Annual adult influenza vaccination	**33.1%**	70.0%

Attachment 2: Community Stakeholder Interviewees

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

Name	Title	Organization
Carlos Baldovinos	Executive Director	Mission at Kern County
Brynn Carrigan	Director	Kern County Public Health
Chad Casto	Public Health Program Manager	Kern County Public Health
Jon Colocho, MPA	Public Health Program Manager	County of Kern
Paula De La Riva-Barerra, MPA	Senior Manager Early Learning Initiatives	First 5 Kern
Natalie Erickson	Manager	Valley Children's Eagle Oaks Specialty Care Center
Aaron Falk	President and CEO	Kern County Foundation
Angel Galvez, MAOL	Chief Executive Officer	Bakersfield American Indian Health Project
Staci Gonzales	Manager of Primary Care Operations	Valley Children's San Dimas and Stockdale Pediatrics
Toni Harper, LCSW	Vice President of Philanthropy	Friends of Mercy Foundation
Michelle Hay	Vice President of Community Affairs	Jim Burke Ford
Anna Laven, EdD	Senior Advisor	National Healthcare and Housing Advisors
Jerry Meade, MA	Assistant Director Head Start and Child Development	Community Action Partnership of Kern
Darrell Muniz	Chief Operating Officer	California Farmworker Foundation
Jeremy Oliver	Director	Kern County Aging Adult Services
Marissa Ortiz-Cortez, MPH	WIC Program Administrator	Community Action Partnership of Kern
Michele Shain, BSN, MBA	Senior Director, Neuroscience and Cardiovascular Services	Memorial Hospital
Lauren Skidmore	Chief Executive Officer	Open Door Network
Cindy Uetz	Chief Deputy Director	Kern County Human Services
Joan Van Alstyne, RN	Director of Patient Experience	Mercy Hospitals of Bakersfield
Yadira Vargas, MPA	Child and Family Services Facilitator	Kern County Network for Children

Attachment 3: Community Stakeholder Interview Responses

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

- Homelessness, the cost of living, inflation, the cost of groceries, unemployment, health care.
- Most of what we see is related to poverty and people not being able to access preventive health care. There is a high demand for clothing, backpacks for kids, and some of those material things that have gotten expensive.
- Drug addiction, homelessness, and food insecurity.
- Food insecurity comes up a lot. There is an obesity issue in our county and diabetes. There is a lack of physicians in our community.
- I'm concerned about the number of children who are living in hotels or cars, or they have no address.
- Access to specialty care, and there is a huge need for mental health and behavioral services.
- Underlining trauma, which transforms into basic health care issues for children, and then more substantive mental health issues for adults.
- Mental health, substance abuse and homelessness.
- There's a homelessness issue, there's a mental health issue, there's low education, there's low income, but they all seem to come together and make things worse.
- Kern County is a very rural community and there is a scarcity of medical providers for people who live on the outskirts of the metropolitan area.
- Seniors struggle with transportation, access to technology, access to affordable medicine, and nutritious meals.
- We see diabetes and high blood pressure related issues because a lot of residents have not taken care of their health throughout most of their lives.
- Access to health care and transportation in our rural communities.
- We are seeing a shift in health care usage from EDs to urgent care clinics because urgent care clinics have popped up.
- We are seeing an increase in obesity among children. There are a lot of food deserts and food swamps in low-income communities. Excessive fast-food eating and snacks, and foods that are highly processed are being given as snacks to children.
- Often the kids we work with need services like a specialist for hearing impairment, visual impairment, or other additional support and they often have to travel out of Kern County to get services and evaluations.
- In East Kern they have a clinic, but they are understaffed so people must leave the area to get services.
- Chronic illnesses like high blood pressure, high glucose, vision issues, limb issues and circulation problems.

- Mental health, chronic illnesses, poor access to healthy food, and substance use disorders.

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

- Economics, and the ability to access care.
- More people are going to the emergency room for their health care needs instead of seeing a physician in a timely manner. And resources are a challenge.
- Often persons experiencing homelessness are disabled with some mental health disabilities. We see an interconnection among mental health, disability and homelessness.
- Employment is a big concern. Also, a lack of mental health resources to support addiction recovery.
- Access to care here in Kern County. A lot of our parents must travel out of Kern County to get the care they need at specialty care centers. This results in a lot of delayed care.
- Not being able to get patients into appointments because we don't have enough providers. Transportation can sometimes hinder a patient from getting to their appointments. We hear from patients that is why they aren't attending their scheduled appointments.
- Trauma, housing instability.
- Unstable housing, unstable personal economics, and probably substance abuse.
- Some people have mobility issues. And access to things is much more difficult.
- Not having regular health checkups.
- When we think about social determinants of health, the lack of affordable housing has a huge impact.
- There's a lack of providers, which is a challenge everywhere, being able to access healthcare is an area of concern.
- Adequate access to care for mental health. There aren't a lot of resources available.
- Environment, food swamps and poverty.
- Many people do not have reliable transportation to get to services.
- Systemic racism, lack of equitable health.

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

- People experiencing homelessness and those with mental health issues.
- A higher earner can go out of town. They can drive down to LA, but most people cannot afford to take the day off work to do that.

- Victims of domestic violence, sexual assault or victims of child abuse. Low income, single parent households, men or women, and families with two or more children from underserved communities.
- Rural communities: Frazier Park, McFarland, Buttonwillow, and Taft in particular, all the outlying areas that are part of Kern County.
- Seniors.
- Children, ages 0-5.
- Children, mothers.
- Farmworkers.
- Native Americans.

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

- Weatherwise, we go from a drastic 100 degrees to literally two days later it is 60 degrees. Or in the evenings it is much cooler. That can be significant on kids who are sick and already facing challenges daily.
- With the significant fires that we've had in our surrounding areas, and people losing their homes, losing their sanctuaries, losing their animals, their farms, that was significant to the agriculture community.
- We had the largest wildfire in Kern County history this summer. And there's probably going to be flooding on the back end as a result. There was bad flooding a couple of winters ago when we had a good snowpack and rainfall. More people die from cold than from heat.
- What we do have are homes that are probably not up to fire code. And if one home in some of these older areas goes up in flames, I would imagine the whole block is going to go up. Another issue is seismic compliance. I'd assume half of the homes in the underserved areas will not survive a decent sized earthquake. And I know the hospitals and the outlying areas have not been retrofitted to survive an 8.0 earthquake, which I believe state law requires them to do in the next few years.
- People's homes burnt down, a whole community. And we are largely agricultural, so drought and floods can impact crops, which impacts people being able to support their families.
- High temperatures are always an issue for our population because they cannot afford their energy bills and energy efficient technology to go in their homes. And insect infestation is a reoccurring issue.

- If someone has a home that's infested with bedbugs, there's not a lot of low-cost services available to rid those units of bedbugs. And for disreputable landlords, they just let people stay in those homes, and because their tenants are stuck in poverty, they can't get out.
- If it is too hot outside and they've been dismissed from work, they are losing wages. If they don't work, they don't get paid. It's an economic stability issue.
- We've seen people displaced and no longer have housing. We're seeing increases in seniors experiencing homelessness. Partially because of ongoing increases in cost of living, and they're getting priced out of their housing.
- We opened a day center to help the unhoused with the heat. There aren't many cooling centers, especially in Kern County.
- The flooding that we've experienced was bad. We had whole communities that were basically underwater. And what's hard is that those were rural communities, who have fewer resources. It's harder to get resources out to them. It means that oftentimes they're being displaced from their own community.
- The biggest one is the extreme heat. It's October and we're still at over 100 degrees. We only have a couple of cooling centers. And it doesn't cool down much at night either. Traditionally, cooling centers run during the high point, the heat during the day. And your assumption is that it cools down enough at night. But it's still 82 degrees at night.
- The wildfires have displaced some people in the smaller communities. The drought affects our farming communities and the people who are employed by those industries. There's been some outlying areas that have had water quality issues to the point where they've had no running water, which is a significant health concern.

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

- I have seen a significant rise in the cost of living. The cost of an apartment rental is unreal compared to what it was three or four years ago. The cost of food, the cost of fuel, and then most significantly, I think, is also for our working parents, the cost of daycare.
- My younger brother had a kid with his wife last year and they are very lower middle class, but they have PPO insurance, and to reserve a room ahead of time at the hospital for the birth, they had to put down almost ten grand.
- Access to care for pregnant women and new moms. A lot of the OB centers in East Kern have closed, and it's causing parents to have to travel further for services.
- We see a lot of patients not coming for their yearly or monthly checkups for their children, making sure they're hitting their developmental milestones. They're offered rides and there's a lot of opportunities for checkups. It isn't tied to the pandemic, but I do think it is generational. And now I would say urgent care has hindered that a

little bit. There are urgent cares everywhere, and parents are utilizing urgent cares as their primary care.
- Postpartum care and the high cost associated with pregnancy and/or having children in the home.
- Generational cycles of abuse and lack of access to childcare.
- Lack of OB services. It's because of practitioners aging out and retiring in Bakersfield. We have shortages of nearly every subspecialty, but OB is especially pressing.
- Parents can't find appointments for their well child visits. We are talking about a population who doesn't have the opportunity to take time off work and be paid for the day.
- Many unhoused women have not accessed prenatal care. Once they are here, case managers connect them to medical services, and that is a game changer for them. We see kids who have not had up to date medical care, whether it's checkups or immunizations.
- Access to prenatal care is difficult and timely access to immunizations.
- One of the greatest challenges is a decrease in breastfeeding. There's been a decrease in breastfeeding rates and a normalization of formula feeding. We know there's so many health benefits to breastfeeding and that impacts the health of children.
- Doula services are slowly being integrated into the community. But there is a process to get them involved.
- Lack of providers and families obtaining information in their preferred language. A lot of the medical materials are translated in English and Spanish, but we have other languages spoken here in our county. Translations are slow. For example, we have a group of Mixteco and indigenous communities here in Kern County, and some are not able to read the materials that are being provided to them. And when they're being spoken to at clinics regarding their children's health, they're not able to comprehend it because of the language barrier.

What are the greatest health issues negatively impacting children, pregnant women or new moms in the community?
- The internet and people getting bad information. Here's what you do when you're pregnant, or here's what you do when you've got a kid. Or here's how you handle an infant who's doing x, y, or z. People are doing more harm than good. Or, instead of taking your child to get vaccinated, if you use these essential oils or these all-natural holistic preventative measures, your kid will be safe.
- In the outlying areas if you need glasses or have hearing problems or need dental work, it simply isn't available.

- Sometimes the parents of these young teen moms don't have resources, and they may even be struggling themselves. These young teen moms don't know where to go for help.
- A lack of resources and mental health services.
- Depression, anxiety, behavioral health symptoms, obesity, and probably reoccurring illnesses, like immunity related issues.
- A lack of OB service. And a lack of pediatric primary care.
- Stable jobs, stable housing, and overall stability to deal with childhood trauma.
- In rural communities, we have great facilities but there may not be enough staff to run it or enough appointments at convenient times for the community.
- We've seen a high incidence of asthma, obesity, and for pregnant women, high blood pressure, as well as gestational diabetes not being resolved after the pregnancy.
- Unhoused women are not getting their children checkups.
- With the air quality being so bad, we have asthmatic children who may not have timely access to care. Also, we have a high level of teen pregnancy.
- For pregnant moms, we have our high-risk moms who are diabetic. And for children I would say obesity.

What are two things we could do to two changes we could make that would measurably improve the overall health and wellbeing of children, pregnant women or new moms in the community?

- Better access to housing, food, education, after-school care, daycare. And we need easier access to health care.
- We are an agriculture producing county, and yet we have food deserts across the county. The families who harvest the food don't have access to that food at home.
- We could work better together and provide larger forums or awareness. Maybe they need birth control and need someone they can reach out to, and they just don't know where to go or what's available. We could try to get the word out to these families and teen moms about services they can access and provide education, like birth control or STDs, and information on childcare.
- Recruit more providers in Kern County for local access, and more specialty care centers for our special needs population, like autism, and cerebral palsy.
- A system of postpartum care. And enhanced parenting classes and support.
- Successfully recruit OB providers. Those efforts are ongoing, certainly at the hospital levels and in private practices. I think that we are not even close to meeting the need. We are starting a graduate medical education program, and we'll be training OB/GYNS, and hopefully they'll stay in our community.
- Access to health care for our rural communities, whether that is increasing the number of providers available or offering transportation or providing remote access

through clinics or mobile vehicles.

- Childcare, because if you don’t have childcare, then you cannot get access into the doctor’s office. The other piece is provider capacity for enhanced care management. Transportation, appropriate nutrition, housing, and all those things are impacted by poverty.
- Access to care is a big one. We have a lot of moms who come in who have had no prenatal care, or maybe it hasn't been regular prenatal care. Nobody's monitoring them, they develop pre-eclampsia, and they show up at the hospital with high blood pressure, and high blood sugar, and they go into labor at 28 weeks or 30 weeks.

Attachment 4: Community Survey

A survey was distributed to engage Kern County community residents and obtain input on health and social needs. The survey was available in an electronic format through a SurveyMonkey link, and in a paper copy format. The electronic and paper surveys were available in English and Spanish. The surveys were available from September 2 to November 18, 2024. During this time, 125 usable surveys were collected.

The surveys were distributed to community residents, at hospital and community organization service sites, and through social media. The survey was also distributed to community partners who made them available to their clients. A written introduction explained the purpose of the survey and assured participants the survey was voluntary, and they would remain anonymous. For community members who were illiterate, an agency staff member read the survey introduction and questions to the client in his/her preferred language and marked his/her responses on the survey.

The survey asked for respondent demographic information. Survey questions focused on the following topics:

- Biggest health issues in the community.
- Where residents and their families receive routine health care services.
- Problems faced accessing health care, mental health care, dental care or supportive services.
- Greatest needs facing children and families.
- Greatest health issues that negatively impact children.
- Changes that would improve the health and wellbeing of children.
- Challenges facing pregnant women and new moms.
- Greatest health issues that negatively impact pregnant women and new moms.
- Changes that would improve health and wellbeing of pregnant women and new moms.
- Impact of climate hazards on health.

Demographics

1. Age

Under 21	3%
21-35	22%
36-50	41%
51-65	20%
66 and over	14%

2. Gender Identity

Female	85%
Male	15%
Transgender	0%
Other	0%

3. **Race and Ethnicity***

Hispanic or Latino	65%
White	28%
Black or African American	3%
Mixed Race or More than One Race	2%
Other	2%
Asian	2%
Native American or Alaska Native	0%
Native Hawaiian or Pacific Islander	0%

*Total exceeds 100%, option to select all that applied

4. Number of children, ages 0-18, who live in the household

Ranged from 0 to 5 children.

5. Health insurance coverage

Employer-based insurance (includes HMO)	47%
Medicaid/Medi-Cal	33%
Medicare	13%
No health care insurance	4%
Other	3%

6. How would you describe your health?

Excellent	19%
Good	61%
Fair	19%
Poor	1%

7. **What are the biggest health issues facing your community?**
   - Chronic Illnesses
     - Cancer
     - heart disease, high blood pressure and high cholesterol
     - Respiratory disease and asthma
     - Alzheimer's disease and dementia
     - COVID

    - Chronic back pain
    - Diabetes
    - Allergies
    - Valley Fever
- Mental Health and Substance Use
    - Depression
    - Anxiety
    - Lack of providers and resources
    - Stigma
    - Smoking
    - Alcohol use
    - Drug use
- Access to Care
    - No health insurance
    - Uncaring providers
    - High cost of co-pays
    - Transportation
    - Language barriers
    - Affordability
    - Lack of primary care providers and specialists
    - Excessive wait times for appointments
    - Poor access in rural areas
    - Lack of dental providers
- Environmental Pollution
    - Poor air quality
- Overweight and Obesity
    - Decreased physical activity
    - Increased cost of healthy food
    - Availability of junk food
- Homelessness
- Maternal and Infant Health
    - Black maternal health
    - Lack of providers
    - Post-partum care
- Other
    - Gun violence
    - Menopause
    - Hunger
    - Aging

8. **Thinking about the most recent time when you or a member of your household delayed or went without needed health care, mental health care, dental care or supportive services, what were the main reasons?***

Could not get an appointment quickly enough/too long of a wait for an appointment.	67%
Don't have enough time to schedule or go to an appointment for my care.	23%
Insurance did not cover the cost of the care or treatment.	23%
Did not know who to go to for help because I didn't know enough about my health condition.	14%
Did not know where to go or how to find a doctor.	14%
No health insurance and could not afford care.	11%
Did not have a way to get to the appointment.	9%
Did not delay health care - received all the care that was needed.	8%
Don't trust health care workers and/or worried about discrimination.	6%
Did not have use of Internet or computer/smartphone/tablet for a virtual or telehealth visit.	6%
Don't have a health care provider who understands and/or respects my cultural or religious beliefs.	6%
Health care workers don't speak my language.	4%

*Total exceeds 100%, option to select all that applied

9. **Where do you and your family members go most often to receive routine health care services (physical exams, check-ups, immunizations, treatment for chronic diseases?**
    - Adventist Health
    - Centennial Medical Group
    - Clinic
    - Clinica Sierra Vista
    - Kaiser Permanente
    - Kern Medical
    - OMNI Family Health
    - Primary care provider
    - Stockdale Pediatrics
    - Urgent Care

10. **What are the <u>greatest needs or challenges</u> facing children in the community?**
    - Drugs
    - Mental Health and Well-Being
        - Anxiety
        - Depression
        - Low self-esteem
        - Suicide

    - Not enough mental health resources
- Housing Instability
- Healthy Eating
    - Food insecurity
    - Lack of nutritious food
    - Obesity
    - Good nutrition
- Access to Care
    - High cost of health insurance
    - Not enough providers
    - Need for dental care
    - Excessive wait times for appointments
- Social Concerns
    - Social media
    - Bullying
    - Isolation
    - Poverty
    - Poor parenting
    - Unhealthy life styles
    - Gangs
    - Need safe places to play
    - Learning disabilities
    - Exposure to violence
    - Need for after school activities
    - Education
    - Support for transgender youth

11. **What are the <u>greatest health issues</u> that negatively impact children in your community?**
    - Allergies
    - Asthma, cancer, diabetes, respiratory issues
    - Autism and ADHD
    - Dental care
    - Mental health issues
    - Obesity
    - Neglect
    - Poor nutrition
    - Poor air quality

12. **What are two things we could do or two changes we could make that would greatly improve the health and wellbeing of <u>children</u> in the community?**
    - Affordable medications
    - Decrease wait times for health care visits
    - Early screenings
    - Enhance access to mental health services
    - Family support systems
    - Improve healthy food options at school
    - Improved nutrition education and access to healthy foods
    - Increase access to vaccinations
    - Increase opportunities for physical activity
    - Mobile clinics and school-based clinics
    - Offer more services, resources and education for youth and families
    - Provide parenting classes
    - Tutoring

13. **What are the <u>greatest needs or challenges</u> facing pregnant women and new moms in the community?**
    - Access to resources
    - Affordable child care
    - Affordable health care
    - Classes, education and resources
    - Lack of prenatal care
    - Lack of providers
    - Mental health care
    - Proper nutrition
    - Transportation

14. **What are the <u>greatest health issues</u> negatively impacting pregnant women and new moms in the community?**
    - Not breastfeeding
    - Depression and anxiety
    - Gestational diabetes
    - Lack of services
    - Limited options for maternity care
    - Maternal and infant mortality
    - Not obtaining regular prenatal care.
    - Obesity
    - Poor air quality
    - Post-partum care and recovery

- Proper nutrition
- Smoking

15. **What are the <u>two things we could do or two changes</u> we could make that would measurably improve the health and wellbeing of pregnant women and new moms in the community?**
    - Access to child care
    - Bereavement counseling for the loss of a child
    - Child care education
    - Community-based post-partum support
    - Increase access to culturally informed providers
    - Increase breastfeeding.
    - Mental health screening and resources
    - More prenatal care
    - Nutrition education
    - Parenting classes
    - Social support systems
    - Support groups
    - Support home deliveries.
    - Transportation services

16. In the past three years, have you been impacted by any of the following climate hazard events?*

Extreme heat (too hot to perform routine activities or be at rest)	59%
Wildfire and/or wildfire smoke (exposure to unsafe conditions or difficulty breathing due to air quality)	33%
Drought (not enough access to clean water)	19%
Extreme rain/flooding (too much water)	7%
None. I have not been impacted by a climate hazard event in the past three years.	22%

*Total exceeds 100%, option to select all that applied

If impacted by a climate hazard, how did it impact your life: asthma, cough, could not go outside, sneezing, fatigue.

17. Level of importance of these health issues (Very Important and Important)

Chronic diseases (ex. Alzheimer's disease, cancer, diabetes, heart disease, liver disease, lung disease, stroke)	85.6%
Mental health concerns (ex. depression, anxiety disorder, suicide)	85.6%
Overweight and obesity (healthy eating and physical activity)	80.8%
Substance use (tobacco, alcohol, drugs)	78.4%
Access to health care (ex. primary health care, dental care, specialty care)	77.6%

Crime and safety	77.6%
Environmental conditions (ex. air quality, clean water, heat, pollution)	77.6%
Economic insecurity (income and employment)	76.8%
Food insecurity (scarcity/lack of regular access to enough nutritious food to support a healthy and active life)	75.2%
Housing and homelessness	75.2%
Preventive practices (ex. vaccines, screenings, injury prevention)	75.2%
Birth indicators (ex. teen births, prenatal care, low birth weight, infant mortality)	74.4%
Sexually transmitted infections (chlamydia, HIV, genital herpes, gonorrhea, etc.)	70.4%