Executive Report

2015 Community Health Needs Assessment

Merced County, California

Prepared for:
Mercy Medical Center Merced

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Professional Research Consultants, Inc.

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Introduction

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Project Overview

Project Goals

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

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

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

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

Methodology

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

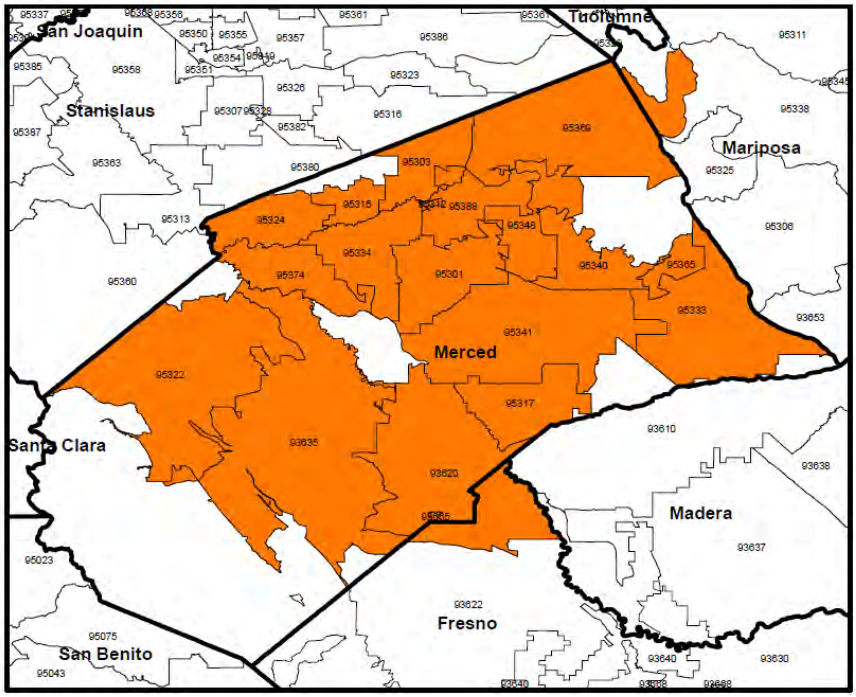
PRC Community Health Survey

Survey Instrument

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

Community Defined for This Assessment

The study area for the survey is defined as each of the residential ZIP Codes comprising Merced County, California. This community definition, determined based on the residence of recent patients of Mercy Medical Center Merced, is illustrated in the following map.

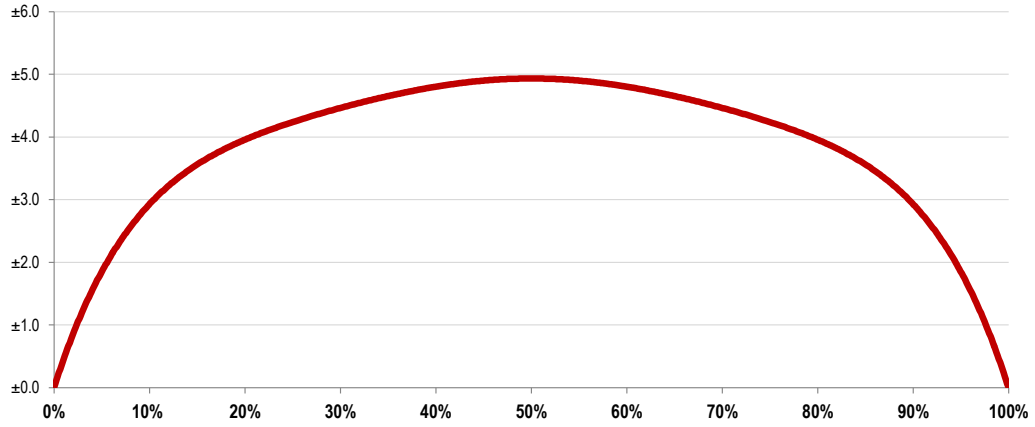


Sample Approach & Design

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

The sample design used for this effort consisted of a random sample of 400 individuals age 18 and older in Merced County. Once the interviews were completed, these were weighted in proportion to the actual population distribution so as to appropriately represent Merced County as a whole. All administration of the surveys, data collection and data analysis was conducted by Professional Research Consultants, Inc. (PRC).

Expected Error Ranges for a Sample of 400 Respondents at the 95 Percent Level of Confidence



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

Examples: If 10% of the sample of 400 respondents answered a certain question with a "yes," it can be asserted that between 7.1% and 12.9% (10% 2.9%) of the total population would offer this response.
If 50% of respondents said "yes," one could be certain with a 95 percent level of confidence that between 45.1% and 54.9% (50% 4.9%) of the total population would respond "yes" if asked this question.

Sample Characteristics

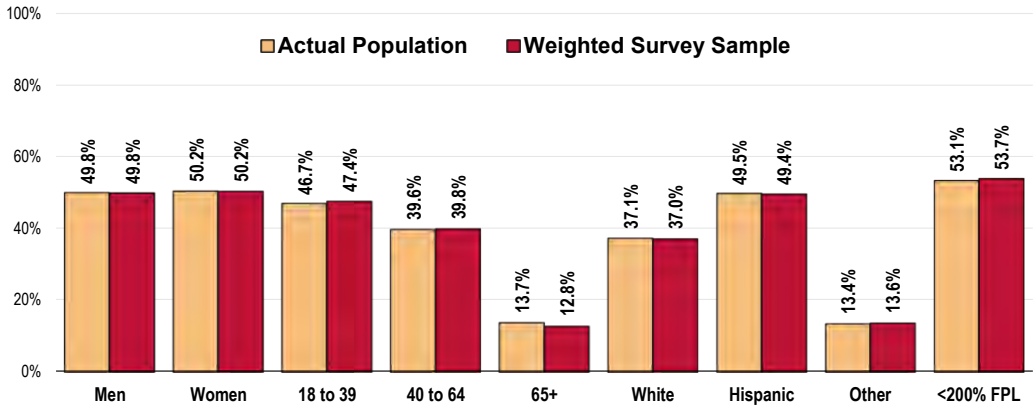
To accurately represent the population studied, PRC strives to minimize bias through application of a proven telephone methodology and random-selection techniques. And, while this random sampling of the population produces a highly representative sample, it is a common and preferred practice to “weight”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

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

The following chart outlines the characteristics of the Merced County sample for key demographic variables, compared to actual population characteristics revealed in census data. [Note that the sample consisted solely of area residents age 18 and older; data on

Population & Survey Sample Characteristics

(Merced County, 2015)



Sources: Census 2010, Summary File 3 (SF 3). US Census Bureau.
2015 PRC Community Health Survey, Professional Research Consultants, Inc.

Further note that the poverty descriptions and segmentation used in this report are based on
10 administrative poverty thresholds determined by the US Department of Health & Human Services. These guidelines define poverty status by household income level and number of persons in the household *(e.g., the 2014 guidelines place the poverty threshold for a family of four at $23,850 annual household income or lower)*. In sample segmentation: "**low income**" refers to community members living in a household with defined poverty status or living just above the poverty level, earning up to twice the poverty threshold; "**mid/high income**" refers to those households living on incomes which are twice or more the federal poverty level.

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

Online Key Informant Survey

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

Key informants were contacted by email, introducing the purpose of the survey and providing a link to take the survey online; reminder emails were sent as needed to increase participation. In all, 73 community stakeholders took part in the Online Key Informant Survey, as outlined below:

Online Key Informant Survey Participation		
Key Informant Type	**Number Invited**	**Number Participating**
Community/Business Leader	12	2
Physician	119	23
Other Health Provider	5	2
Public Health Representative	98	39
Social Services Provider	15	7

Final participation included representatives of the following organizations:

- California Children's Services & Reyes Medical Therapy
- CCS
- County of Merced
- Dentistry
- Dignity Health, Mercy Merced Medical Center
- Dr. Karen Carlquist-Hernandez
- Dr. Sima A. Asadi
- Dr. Thomas M. Weed
- Golden Valley Health Center
- Merced County Department of Public Health
- Merced Faculty Associates
- Merced Family Medicine Residency Program
- Merced Public Health
- Mercy Medical Center
- Public Health

- Rural Healthcare
- Valley Children's Hospital
- VEP Healthcare

Through this process, input was gathered from several individuals whose organizations work with **low-income**, **minority populations** *(including addicts, African-Americans, all minorities, American Indians, Asians, Caucasian, children, Chinese, the disabled, Eastern Indians, the elderly, farm workers, Filipinos, foreigners, Hindi, Hispanics, HIV-positive, Hmong, homeless, Indians, Laotians, L/G/B/T, low-income, medically underserved, mentally ill, Mien, non-White population, non-English speaking, Portuguese, Punjabi, rural Whites, Sikh, Southeast Indians, Southeast Asians, teen parents, Thai, undocumented, uneducated, unemployed, uninsured/underinsured, Vietnamese)*, or other **medically underserved populations** *(including African-Americans, all minorities, those with Alzheimer's, Caucasians, children, deaf/hard of hearing, the disabled, victims of domestic violence, Eastern Indians, the elderly, farm workers, first-time mothers, Hispanics, HIV-positive, Hmong, the homeless, L/G/B/T, low-income, Medicaid, Medi-Cal/Medicare, Medicare/Medicaid, mentally ill, non-English speaking, prenatal care, rural healthcare, Sikh, Southeast Asians, students, substance abusers, undocumented, uninsured/underinsured, veterans, young adults)*.

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

NOTE: These findings represent qualitative rather than quantitative data. The Online Key Informant Survey was designed to gather input from participants regarding their opinions and perceptions of the health of the residents in the area. Thus, these findings are based on perceptions, not facts.

Public Health, Vital Statistics & Other Data

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

- Center for Applied Research and Environmental Systems (CARES)
- Centers for Disease Control & Prevention, Office of Infectious Disease, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
- Centers for Disease Control & Prevention, Office of Public Health Science Services, Center for Surveillance, Epidemiology and Laboratory Services, Division of Health Informatics and Surveillance (DHIS)

- Centers for Disease Control & Prevention, Office of Public Health Science Services, National Center for Health Statistics
- Community Commons
- ESRI ArcGIS Map Gallery
- National Cancer Institute, State Cancer Profiles
- OpenStreetMap (OSM)
- US Census Bureau, American Community Survey
- US Census Bureau, County Business Patterns
- US Census Bureau, Decennial Census
- US Department of Agriculture, Economic Research Service
- US Department of Health & Human Services
- US Department of Health & Human Services, Health Resources and Services Administration (HRSA)
- US Department of Justice, Federal Bureau of Investigation
- US Department of Labor, Bureau of Labor Statistics

Benchmark Data

Trending

A similar survey was administered in Merced County in 2012 by PRC on behalf of Mercy Medical Center Merced. Trending data, as revealed by comparison to prior survey results, are provided throughout this report whenever available. Historical data for secondary data indicators are also included for the purposes of trending.

California Risk Factor Data

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

Nationwide Risk Factor Data

Nationwide risk factor data, which are also provided in comparison charts, are taken from the *2013 PRC National Health Survey*; the methodological approach for the national study is identical to that employed in this assessment, and these data may be generalized to the US population with a high degree of confidence. National-level vital statistics are also provided for comparison of secondary data indicators.

Healthy People 2020

Healthy People provides science-based, 10-year national objectives for improving the health of all Americans. The Healthy People initiative is grounded in the principle that setting

national objectives and monitoring progress can motivate action. For three decades, Healthy People has established benchmarks and monitored progress over time in order to:

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

Healthy People 2020 is the product of an extensive stakeholder feedback process that is unparalleled in government and health. It integrates input from public health and prevention experts, a wide range of federal, state and local government officials, a consortium of more than 2,000 organizations, and perhaps most importantly, the public. More than 8,000 comments were considered in drafting a comprehensive set of Healthy People 2020 objectives.

Determining Significance

Differences noted in this report represent those determined to be significant. For survey-derived indicators (which are subject to sampling error), statistical significance is determined based on confidence intervals (at the 95 percent confidence level) using question-specific samples and response rates. For secondary data indicators (which do not carry sampling error, but might be subject to reporting error), "significance," for the purpose of this report, is determined by a 5% variation from the comparative measure.

Information Gaps

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

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

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

IRS Form 990, Schedule H Compliance

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

IRS Form 990, Schedule H	See Report Page(s)
Part V Section B Line 1a *A definition of the community served by the hospital facility*	8
Part V Section B Line 1b *Demographics of the community*	33
Part V Section B Line 1c *Existing health care facilities and resources within the community that are available to respond to the health needs of the community*	238
Part V Section B Line 1d *How data was obtained*	8
Part V Section B Line 1f *Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups*	Addressed Throughout
Part V Section B Line 1g *The process for identifying and prioritizing community health needs and services to meet the community health needs*	Pending
Part V Section B Line 1h *The process for consulting with persons representing the community's interests*	11
Part V Section B Line 1i *Information gaps that limit the hospital facility's ability to assess the community's health needs*	14

Summary of Findings

Significant Health Needs of the Community

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

Areas of Opportunity Identified Through This Assessment	

Access to Healthcare Services	• Insurance Instability
	• Barriers to Access
	  ○ Appointment Availability
	  ○ Finding a Physician
	• Primary Care Physician Ratio
	• Ratings of Local Healthcare

Cancer	• Cancer Deaths
	  ○ Including Lung and Colorectal Cancer Deaths
	• Cancer Incidence
	  ○ Including Lung and Cervical Cancers
	• Female Breast Cancer Screening
	• Colorectal Cancer Screening

Dementia, Including Alzheimer's Disease	• Alzheimer's Disease Deaths
Diabetes	• Diabetes Deaths • Prevalence of Borderline/Pre-Diabetes • *Diabetes ranked #2 as a "major problem" in the Online Key Informant Survey.*
Heart Disease & Stroke	• Heart Disease Deaths • Stroke Deaths • Heart Disease Prevalence • High Blood Pressure Prevalence • *Heart Disease & Stroke ranked #5 as a "major problem" in the Online Key Informant Survey.*
Immunization & Infectious Diseases	• Hepatitis B Vaccination
Infant Health & Family Planning	• Prenatal Care • Teen Births
Injury & Violence	• Unintentional Injury Deaths ○ Including Motor Vehicle Crash Deaths • Firearm-Related Deaths • Homicide Deaths • Violent Crime Rate

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Areas of Opportunity (continued)	
Mental Health	• Symptoms of Chronic Depression • Suicide Deaths • Seeking Help for Mental Health • *Mental Health ranked #1 as a "major problem" in the Online Key Informant Survey.*
Nutrition, Physical Activity & Weight	• Fruit/Vegetable Consumption • Low Food Access • Overweight & Obesity [Adults] • Healthy Weight [Children] • Moderate Physical Activity • Access to Recreation/Fitness Facilities • *Nutrition, Weight, & Physical Activity ranked #3 as a "major problem" in the Online Key Informant Survey.*
Potentially Disabling Conditions	• Sciatica/Back Pain Prevalence • Blindness/Vision Trouble
Respiratory Diseases	• Chronic Lower Respiratory Disease (CLRD) Deaths • Chronic Obstructive Pulmonary Disease (COPD) Prevalence • Flu Vaccination [High-Risk 18-64]
Substance Abuse	• Cirrhosis/Liver Disease Deaths • Drug-Induced Deaths • Seeking Help for Alcohol/Drug Issues • *Substance Abuse ranked #4 as a "major problem" in the Online Key Informant Survey.*

Summary Tables: Comparisons With Benchmark Data

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

Reading the Summary Tables

TREND SUMMARY
(Current vs. Baseline Data)

Survey Data Indicators: Trends for survey-derived indicators represent significant changes since 2012.

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

In the following charts, Merced County results are shown in the larger, blue column.

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

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

Overall Health	Merced County	Merced County vs. Benchmarks			
		vs. CA	vs. US	vs. HP2020	TREND
% "Fair/Poor" Physical Health	21.7	18.9	15.3		23.6
% Activity Limitations	20.5	18.6	21.5		17.7
		better	similar	worse	

Access to Health Services	Merced County	Merced County vs. Benchmarks			
		vs. CA	vs. US	vs. HP2020	TREND
% [Age 18-64] Lack Health Insurance	9.2	20.3	15.1	0.0	25.2
% [Insured] Went Without Coverage in Past Year	12.5		8.1		10.7
% Difficulty Accessing Healthcare in Past Year (Composite)	43.8		39.9		46.6
% Inconvenient Hrs Prevented Dr Visit in Past Year	17.2		15.4		16.9
% Cost Prevented Getting Prescription in Past Year	13.0		15.8		21.5
% Cost Prevented Physician Visit in Past Year	14.4		18.2		21.1
% Difficulty Getting Appointment in Past Year	25.1		17.0		18.4
% Difficulty Finding Physician in Past Year	20.3		11.0		15.6
% Transportation Hindered Dr Visit in Past Year	7.4		9.4		12.2
% Skipped Prescription Doses to Save Costs	14.7		15.3		15.3
% Difficulty Getting Child's Healthcare in Past Year	7.9		6.0		5.4

Access to Health Services (continued)	Merced County	Merced County vs. Benchmarks			
		vs. CA	vs. US	vs. HP2020	TREND
Primary Care Doctors per 100,000	**45.4**	77.3	74.5		
% [Age 18+] Have a Specific Source of Ongoing Care	**74.5**		76.3	95.0	75.1
% [Age 18-64] Have a Specific Source of Ongoing Care	**72.6**		75.6	89.4	
% [Age 65+] Have a Specific Source of Ongoing Care	**84.3**		80.0	100.0	
% Have Had Routine Checkup in Past Year	**67.7**	62.7	65.0		63.1
% Child Has Had Checkup in Past Year	**93.0**		84.1		84.4
% Two or More ER Visits in Past Year	**10.8**		8.9		8.3
% Rate Local Healthcare "Fair/Poor"	**25.9**		16.5		29.7
		better	similar	worse	

Arthritis, Osteoporosis & Chronic Back Conditions	Merced County	Merced County vs. Benchmarks			
		vs. CA	vs. US	vs. HP2020	TREND
% [50+] Arthritis/Rheumatism	**38.7**		37.3		39.3
% [50+] Osteoporosis	**8.8**		13.5	5.3	12.2
% Sciatica/Chronic Back Pain	**26.8**		18.4		22.9
		better	similar	worse	

Cancer	Merced County	Merced County vs. Benchmarks			
		vs. CA	vs. US	vs. HP2020	TREND
Cancer (Age-Adjusted Death Rate)	**163.3**	149.9	166.2	161.4	165.4
Lung Cancer (Age-Adjusted Death Rate)	**39.5**	33.3	44.7	45.5	
Prostate Cancer (Age-Adjusted Death Rate)	**18.7**	19.8	19.8	21.8	
Female Breast Cancer (Age-Adjusted Death Rate)	**20.9**	20.6	21.3	20.7	
Colorectal Cancer (Age-Adjusted Death Rate)	**16.6**	13.6	14.9	14.5	
Prostate Cancer Incidence per 100,000	**126.3**	136.4	142.3		
Female Breast Cancer Incidence per 100,000	**108.2**	122.4	122.7		
Lung Cancer Incidence per 100,000	**61.4**	49.5	64.9		
Colorectal Cancer Incidence per 100,000	**39.4**	41.5	43.3		
Cervical Cancer Incidence per 100,000	**9.5**	7.8	7.8		
% Skin Cancer	**5.1**	5.1	6.7		3.8
% Cancer (Other Than Skin)	**3.6**	6.0	6.1		3.7
% [Women 50-74] Mammogram in Past 2 Years	**73.8**	81.8	83.6	81.1	77.2
% [Women 21-65] Pap Smear in Past 3 Years	**88.0**	78.3	83.9	93.0	85.1
% [Age 50+] Sigmoid/Colonoscopy Ever	**77.5**	65.9	75.2		66.1

Cancer (continued)	Merced County	Merced County vs. Benchmarks			
		vs. CA	vs. US	vs. HP2020	TREND
% [Age 50+] Blood Stool Test in Past 2 Years	29.2	27.9	36.9		34.1
% [Age 50-75] Colorectal Cancer Screening	74.9		75.1	70.5	70.4
		better	similar	worse	

Chronic Kidney Disease	Merced County	Merced County vs. Benchmarks			
		vs. CA	vs. US	vs. HP2020	TREND
Kidney Disease (Age-Adjusted Death Rate)	7.1	7.1	13.2		7.8
% Kidney Disease	3.5	2.8	3.0		
		better	similar	worse	

Dementias, Including Alzheimer's Disease	Merced County	Merced County vs. Benchmarks			
		vs. CA	vs. US	vs. HP2020	TREND
Alzheimer's Disease (Age-Adjusted Death Rate)	27.0	30.2	24.0		17.1
		better	similar	worse	

Diabetes	Merced County	Merced County vs. Benchmarks			
		vs. CA	vs. US	vs. HP2020	TREND
Diabetes Mellitus (Age-Adjusted Death Rate)	29.0	20.7	21.3	20.5	32.7
% Diabetes/High Blood Sugar	11.3	10.2	11.7		12.0
% Borderline/Pre-Diabetes	12.3		5.1		
% [Non-Diabetes] Blood Sugar Tested in Past 3 Years	47.2		49.2		
		better	similar	worse	

Family Planning	Merced County	Merced County vs. Benchmarks			
		vs. CA	vs. US	vs. HP2020	TREND
Births to Teenagers (Percent)	10.7	7.0	7.8		13.4
		better	similar	worse	

Hearing & Other Sensory or Communication Disorders	Merced County	Merced County vs. Benchmarks			
		vs. CA	vs. US	vs. HP2020	TREND
% Deafness/Trouble Hearing	13.2		10.3		10.6
		better	similar	worse	

Heart Disease & Stroke	Merced County	Merced County vs. Benchmarks			
		vs. CA	vs. US	vs. HP2020	TREND
Diseases of the Heart (Age-Adjusted Death Rate)	167.1	154.7	171.3	156.9	218.0
Stroke (Age-Adjusted Death Rate)	41.7	35.6	37.0	34.8	68.7
% Heart Disease (Heart Attack, Angina, Coronary Disease)	10.0		6.1		6.8

Heart Disease & Stroke (continued)	Merced County	Merced County vs. Benchmarks			
		vs. CA	vs. US	vs. HP2020	TREND
% Stroke	3.4	2.2	3.9		4.2
% Blood Pressure Checked in Past 2 Years	90.4		91.0	92.6	91.0
% Told Have High Blood Pressure (Ever)	36.9	28.7	34.1	26.9	33.1
% [HBP] Taking Action to Control High Blood Pressure	93.5		89.2		89.8
% Cholesterol Checked in Past 5 Years	85.3	75.2	86.6	82.1	83.5
% Told Have High Cholesterol (Ever)	29.0	37.7	29.9	13.5	29.1
% [HBC] Taking Action to Control High Blood Cholesterol	85.0		81.4		87.8
% 1+ Cardiovascular Risk Factor	85.3		82.3		84.7
		better	similar	worse	

HIV	Merced County	Merced County vs. Benchmarks			
		vs. CA	vs. US	vs. HP2020	TREND
HIV/AIDS (Age-Adjusted Death Rate)	1.7	2.6	3.6	3.3	
HIV Prevalence per 100,000	82.1	363.0	340.4		
% [Age 18-44] HIV Test in the Past Year	16.4		19.3		16.1
		better	similar	worse	

Immunization & Infectious Diseases	Merced County	Merced County vs. Benchmarks			
		vs. CA	vs. US	vs. HP2020	TREND
% [Age 65+] Flu Vaccine in Past Year	58.2	62.5	57.5	70.0	69.0
% [High-Risk 18-64] Flu Vaccine in Past Year	34.6		45.9	70.0	49.6
% [Age 65+] Pneumonia Vaccine Ever	70.3	64.5	68.4	90.0	64.1
% [High-Risk 18-64] Pneumonia Vaccine Ever	44.6		41.9	60.0	35.9
% Have Completed Hepatitis B Vaccination Series	36.0		44.7		36.3
		better	similar	worse	

Injury & Violence Prevention	Merced County	Merced County vs. Benchmarks			
		vs. CA	vs. US	vs. HP2020	TREND
Unintentional Injury (Age-Adjusted Death Rate)	46.7	28.5	39.2	36.4	50.0
Motor Vehicle Crashes (Age-Adjusted Death Rate)	16.7	7.9	10.7	12.4	24.8
% "Always" Wear Seat Belt	92.7		84.8	92.0	91.1
% Child [Age 0-17] "Always" Uses Seat Belt/Car Seat	95.0		92.2		96.7
% Child [Age 5-17] "Always" Wears Bicycle Helmet	42.9		48.7		50.3
Firearm-Related Deaths (Age-Adjusted Death Rate)	10.7	7.8	10.4	9.3	11.6
% Firearm in Home	28.0		34.7		30.0
% [Homes With Children] Firearm in Home	22.9		37.4		22.6

Injury & Violence Prevention (continued)	Merced County	Merced County vs. Benchmarks			
		vs. CA	vs. US	vs. HP2020	TREND
% [Homes With Firearms] Weapon(s) Unlocked & Loaded	9.6		16.8		7.0
Homicide (Age-Adjusted Death Rate)	7.7	5.0	5.3	5.5	8.4
Violent Crime per 100,000	603.7	425.0	395.5		
% Victim of Violent Crime in Past 5 Years	1.7		2.8		3.1
% Victim of Domestic Violence (Ever)	14.4		15.0		13.7
		better	similar	worse	

Maternal, Infant & Child Health	Merced County	Merced County vs. Benchmarks			
		vs. CA	vs. US	vs. HP2020	TREND
No Prenatal Care in First Trimester (Percent)	39.0	19.4		22.1	41.4
Low Birthweight Births (Percent)	6.7	6.8	8.0	7.8	6.5
Infant Death Rate	4.5	4.6	6.0	6.0	5.7
		better	similar	worse	

Mental Health & Mental Disorders	Merced County	Merced County vs. Benchmarks			
		vs. CA	vs. US	vs. HP2020	TREND
% "Fair/Poor" Mental Health	14.4		11.9		17.2
% Diagnosed Depression	16.3		20.4		

Mental Health & Mental Disorders (continued)	Merced County	Merced County vs. Benchmarks			
		vs. CA	vs. US	vs. HP2020	TREND
% Symptoms of Chronic Depression (2+ Years)	36.1		30.4		37.1
Suicide (Age-Adjusted Death Rate)	11.1	10.2	12.5	10.2	8.7
% Have Ever Sought Help for Mental Health	18.2		23.7		20.7
% [Those With Diagnosed Depression] Seeking Help	66.3		76.6		
% Typical Day Is "Extremely/Very" Stressful	12.8		11.9		10.1
		better	similar	worse	

Nutrition, Physical Activity & Weight	Merced County	Merced County vs. Benchmarks			
		vs. CA	vs. US	vs. HP2020	TREND
% Eat 5+ Servings of Fruit or Vegetables per Day	38.7		39.5		49.3
% "Very/Somewhat" Difficult to Buy Fresh Produce	21.4		24.4		
Population With Low Food Access (Percent)	8.7	3.4	6.3		
% Medical Advice on Nutrition in Past Year	44.2		39.2		37.8
% Healthy Weight (BMI 18.5-24.9)	22.1	37.9	34.4	33.9	28.1
% Overweight (BMI 25+)	75.6	60.1	63.1		70.7
% Obese (BMI 30+)	39.8	24.1	29.0	30.5	35.9
% Medical Advice on Weight in Past Year	27.0		23.7		24.6

Nutrition, Physical Activity & Weight (continued)	Merced County	Merced County vs. Benchmarks			
		vs. CA	vs. US	vs. HP2020	TREND
% [Overweights] Counseled About Weight in Past Year	30.2		31.8		32.4
% [Obese Adults] Counseled About Weight in Past Year	41.2		48.3		42.7
% [Overweights] Trying to Lose Weight Both Diet/Exercise	36.5		39.5		40.7
% Child [Age 5-17] Healthy Weight	42.7		56.7		
% Children [Age 5-17] Overweight (85th Percentile)	34.4		31.5		38.6
% Children [Age 5-17] Obese (95th Percentile)	15.8		14.8	14.5	21.9
% No Leisure-Time Physical Activity	22.4	21.4	20.7	32.6	29.9
% Meeting Physical Activity Guidelines	50.7		50.3		48.2
% Moderate Physical Activity	23.8		30.6		29.2
% Vigorous Physical Activity	40.2		38.0		37.1
Recreation/Fitness Facilities per 100,000	6.3	8.9	9.7		
% Medical Advice on Physical Activity in Past Year	48.9		44.0		42.2
% Child [Age 2-17] Physically Active 1+ Hours per Day	52.5		48.6		
		better	similar	worse	

Oral Health	Merced County	Merced County vs. Benchmarks			
		vs. CA	vs. US	vs. HP2020	TREND
% [Age 18+] Dental Visit in Past Year	64.0	67.0	65.9	49.0	54.1
% Child [Age 2-17] Dental Visit in Past Year	83.1		81.5	49.0	80.1
% Have Dental Insurance	68.6		65.6		54.4
		better	similar	worse	

Respiratory Diseases	Merced County	Merced County vs. Benchmarks			
		vs. CA	vs. US	vs. HP2020	TREND
CLRD (Age-Adjusted Death Rate)	46.0	35.5	42.0		48.3
Pneumonia/Influenza (Age-Adjusted Death Rate)	14.8	16.1	15.3		17.9
% COPD (Lung Disease)	10.6	4.6	8.6		10.2
% [Adult] Currently Has Asthma	12.0	8.8	9.4		12.5
% [Child 0-17] Currently Has Asthma	7.7		7.1		11.0
		better	similar	worse	

Sexually Transmitted Diseases	Merced County	Merced County vs. Benchmarks			
		vs. CA	vs. US	vs. HP2020	TREND
Gonorrhea Incidence per 100,000	34.6	89.1	107.5		
Chlamydia Incidence per 100,000	393.6	444.9	456.7		
% [Unmarried 18-64] 3+ Sexual Partners in Past Year	3.5		11.7		7.5
% [Unmarried 18-64] Using Condoms	43.0		33.6		36.6
		better	similar	worse	

Substance Abuse	Merced County	Merced County vs. Benchmarks			
		vs. CA	vs. US	vs. HP2020	TREND
Cirrhosis/Liver Disease (Age-Adjusted Death Rate)	16.6	11.7	9.9	8.2	11.1
% Current Drinker	47.7	55.5	56.5		47.9
% Excessive Drinkers	16.9		23.2	25.4	19.9
% Drinking & Driving in Past Month	1.6		5.0		3.8
Drug-Induced Deaths (Age-Adjusted Death Rate)	15.0	11.4	14.1	11.3	8.8
% Illicit Drug Use in Past Month	1.6		4.0	7.1	2.7
% Ever Sought Help for Alcohol or Drug Problem	1.4		4.9		3.5
		better	similar	worse	

Tobacco Use	Merced County	Merced County vs. Benchmarks			
		vs. CA	vs. US	vs. HP2020	TREND
% Current Smoker	11.4	12.5	14.9	12.0	13.1
% Someone Smokes at Home	14.0		12.7		11.9
% [Non-Smokers] Someone Smokes in the Home	6.9		6.3		7.9
% [Household With Children] Someone Smokes in the Home	13.3		9.7		10.3
% Smoke Cigars	3.7		4.1	0.2	3.6
% Use Smokeless Tobacco	2.5	1.6	4.0	0.3	2.5

Vision	Merced County	Merced County vs. Benchmarks			
		vs. CA	vs. US	vs. HP2020	TREND
% Blindness/Trouble Seeing	10.2	5.6	8.5		11.8
% Eye Exam in Past 2 Years	53.6		56.8		49.5
		better	similar	worse	

Community Description

Professional Research Consultants, Inc.

Population Characteristics

Total Population

Merced County, the focus of this Community Health Needs Assessment, encompasses

Total Population
(Estimated Population, 2009-2013)

	Total Population	Total Land Area (Square Miles)	Population Density (Per Square Mile)
Merced County	***258,707***	**1,934.46**	**133.74**
California	37,659,180	155,738.02	241.81
United States	311,536,591	3,530,997.6	88.23

Sources: US Census Bureau American Community Survey 5-year estimates (2009-2013). Retrieved May 2015 from Community Commons at http://www.chna.org.

Population Change 2000-2010

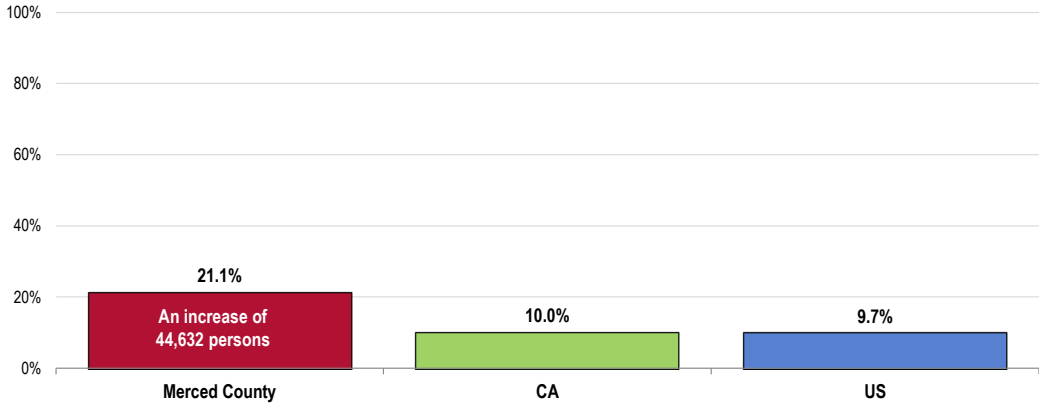
A significant positive or negative shift in total population over time impacts healthcare providers and the utilization of community resources.

Between the 2000 and 2010 US Censuses, the population of Merced County increased by 44,632 persons, or 21.1%.

- A greater proportional increase than seen across the state.
- A greater proportional increase than seen nationwide.

Change in Total Population

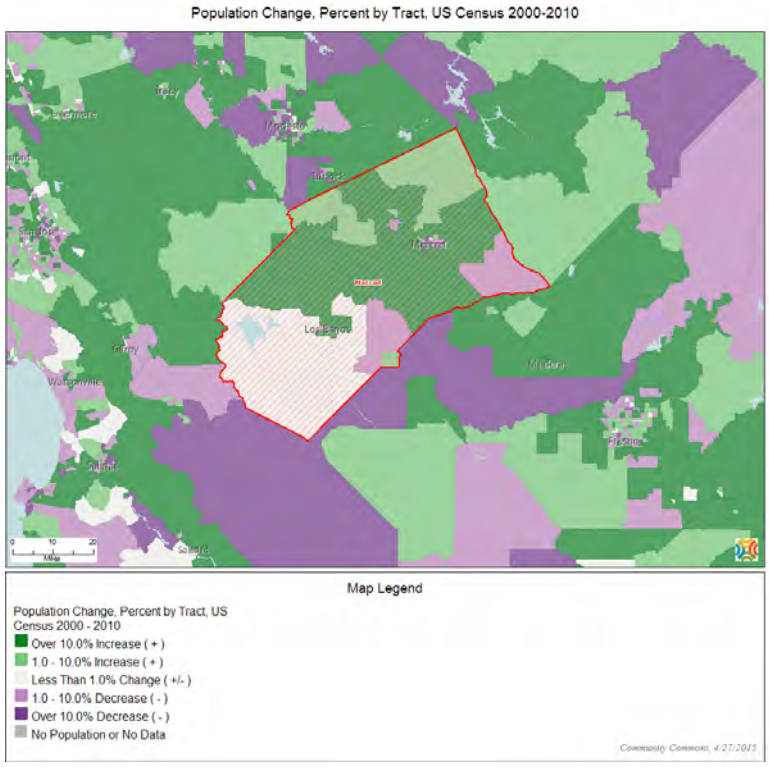
(Percentage Change Between 2000 and 2010)



Sources: Retrieved May 2015 from Community Commons at http://www.chna.org.
US Census Bureau Decennial Census (2000-2010).

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

Note that, while the population in some areas increased, there were areas in which the population did not change or even decreased.

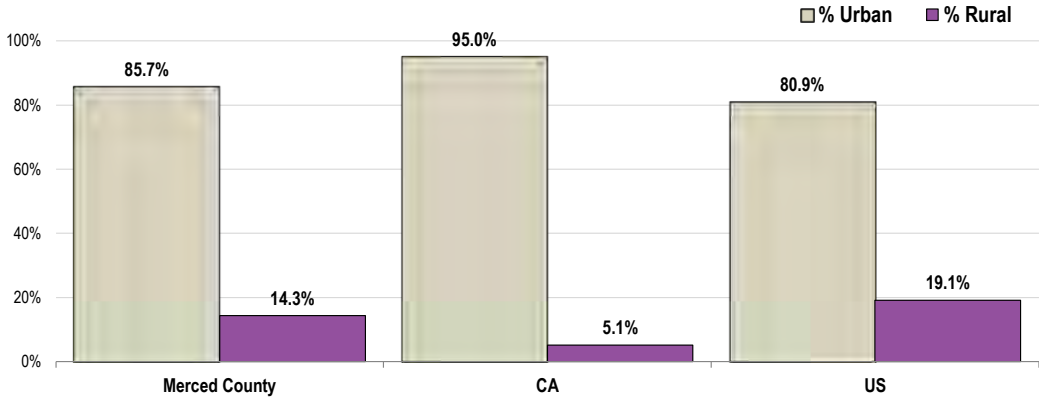


Urban/Rural Population

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

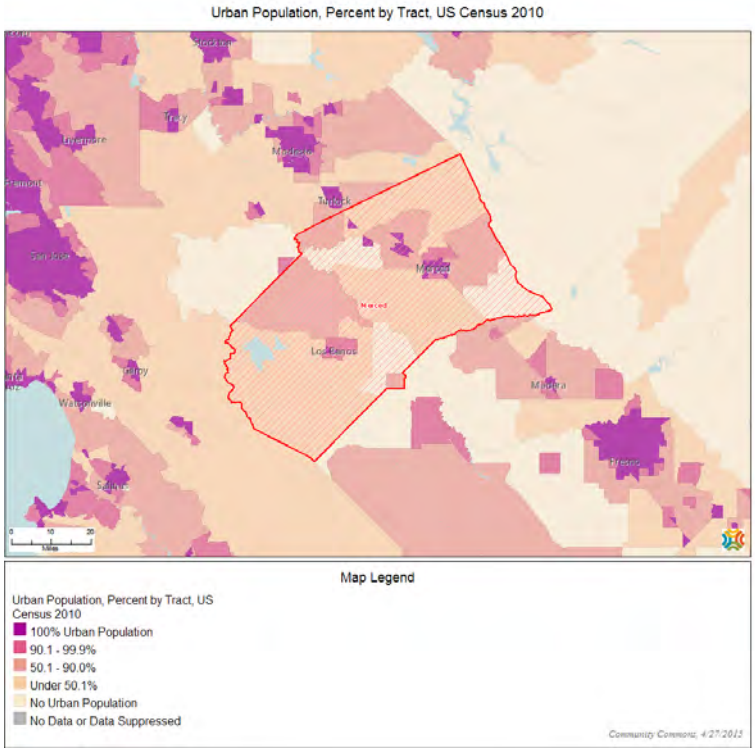
Merced County is predominantly urban, with 85.7% of the population living in areas designated as urban.

Urban and Rural Population
(2010)



Sources: US Census Bureau Decennial Census (2010).
Retrieved May 2015 from Community Commons at http://www.chna.org.
Notes: This indicator reports the percentage of population living in urban and rural areas. Urban areas are identified using population density, count, and size thresholds. Urban areas also include territory with a high degree of impervious surface (development). Rural areas are all areas that are not urban.

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



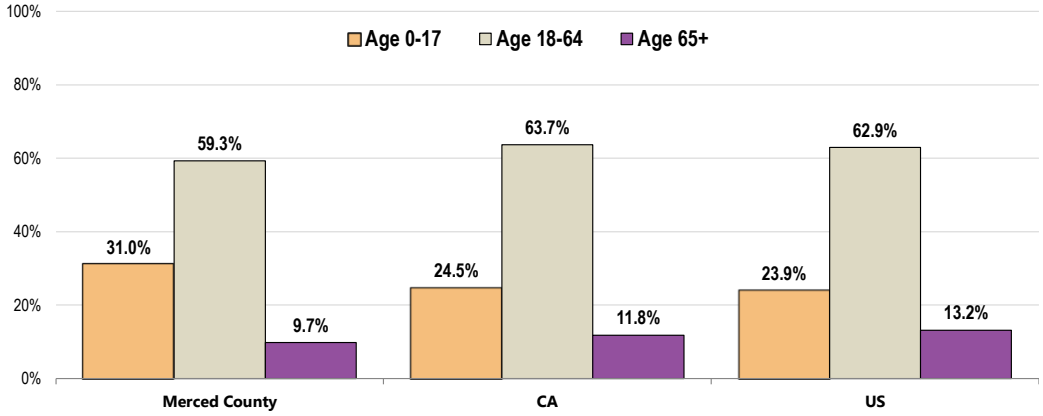
Age

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

In Merced County, 31.0% of the population are infants, children or adolescents (age 0-17); another 59.3% are age 18 to 64, while 9.7% are age 65 and older.

- The percentage of older adults (65+) is lower than that found statewide and lower than the US figure.

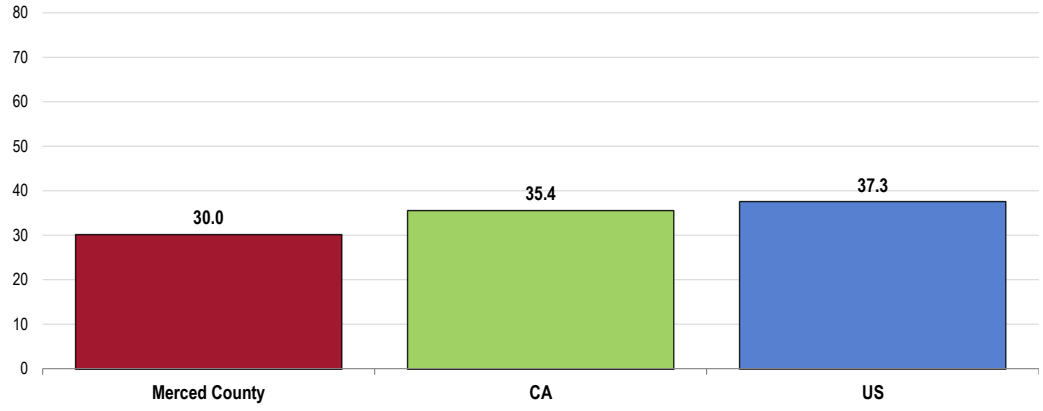
Total Population by Age Groups, Percent
(2009-2013)



Sources: US Census Bureau American Community Survey 5-year estimates (2009-2013).
Retrieved May 2015 from Community Commons at http://www.chna.org.

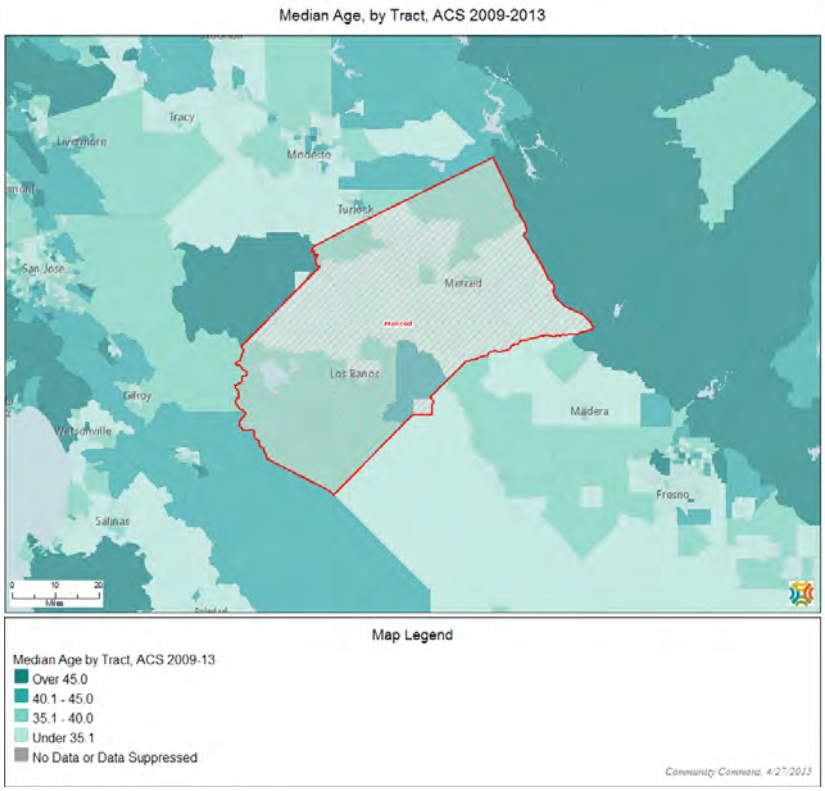
Median Age

Median Age
(2009-2013)



Sources: US Census Bureau American Community Survey 5-year estimates (2009-2013).
Retrieved May 2015 from Community Commons at http://www.chna.org.

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



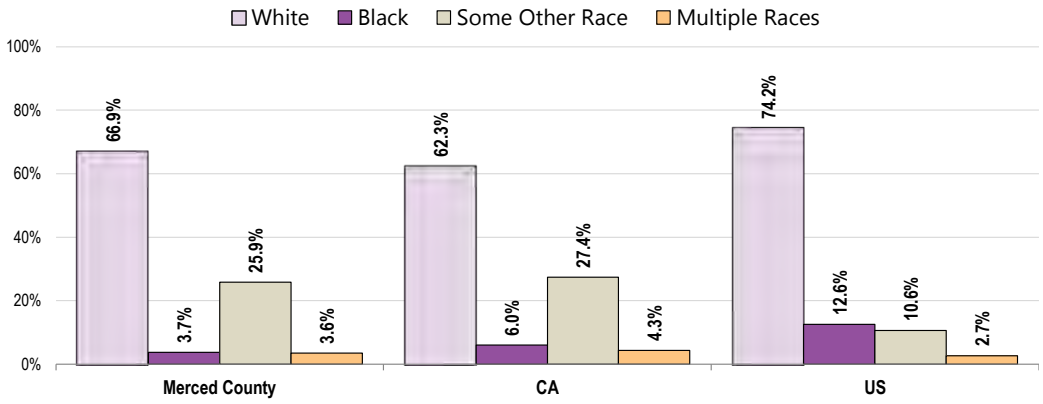
Race & Ethnicity

Race

In looking at race independent of ethnicity (Hispanic or Latino origin), 66.9% of residents of Merced County are White and 3.7% are Black.

- The state racial distribution is less White, more Black, and more “Other” race.
- Nationally, the US population is more White, more Black, and less “Other” race.

Total Population by Race Alone, Percent
(2009-2013)

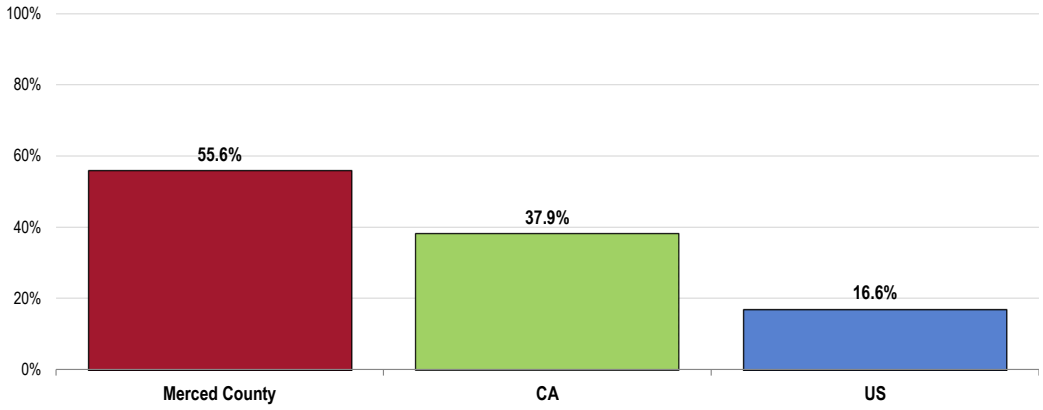


Sources: US Census Bureau American Community Survey 5-year estimates (2009-2013).
Retrieved May 2015 from Community Commons at http://www.chna.org.

Ethnicity

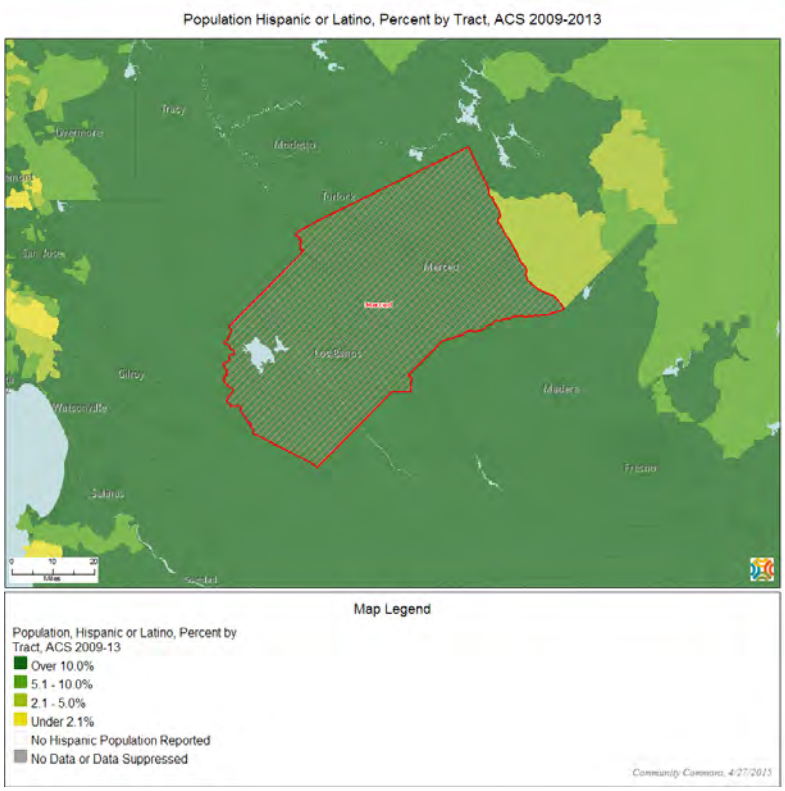
A total of 55.6% of Merced County residents are Hispanic or Latino.

Percent Population Hispanic or Latino
(2009-2013)



Sources: US Census Bureau American Community Survey 5-year estimates (2009-2013).
Retrieved May 2015 from Community Commons at http://www.chna.org.
Notes: Origin can be viewed as the heritage, nationality group, lineage, or country of birth of the person or the person's parents or ancestors before their arrival in the United States. People who identify their origin as Hispanic, Latino, or Spanish may be of any race.

- The map below illustrates the concentration of Hispanic/Latino residents in the area.

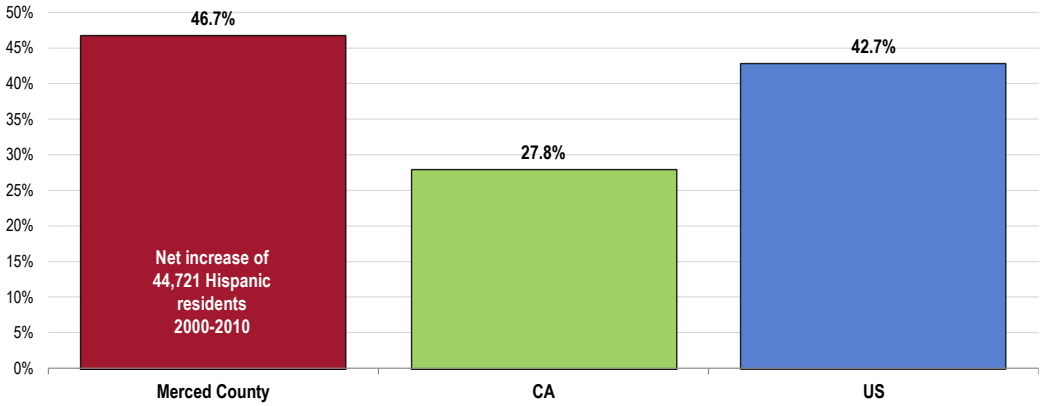


Between 2000 and 2010, the Hispanic population in Merced County increased by 44,721 or 46.7%.

- Much higher (in terms of percentage growth) than found statewide.
- Higher (in terms of percentage growth) found nationally.

Hispanic Population Change

(Percentage Change in Hispanic Population Between 2000 and 2010)



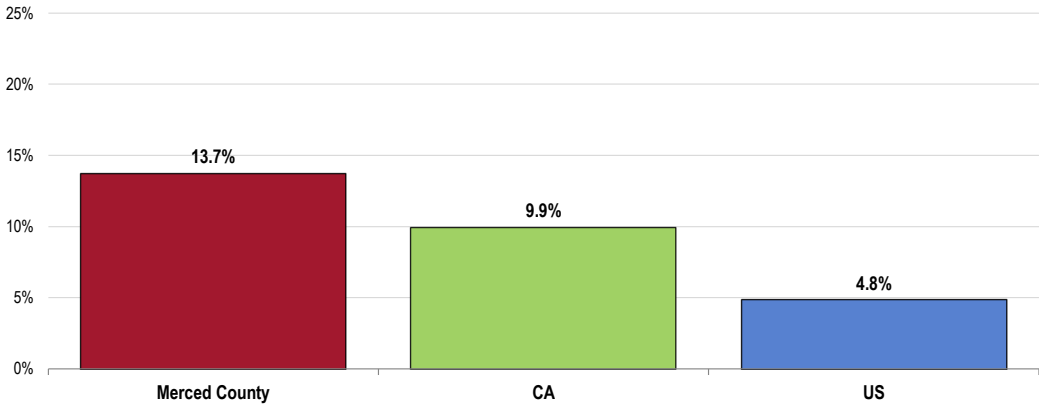
Sources: US Census Bureau Decennial Census (2000-2010).
Retrieved May 2015 from Community Commons at http://www.chna.org.

Linguistic Isolation

A total of 13.7% of the Merced County population age 5 and older live in a home in which no persons age 14 or older is proficient in English (speaking only English, or speaking English "very well").

Linguistically Isolated Population

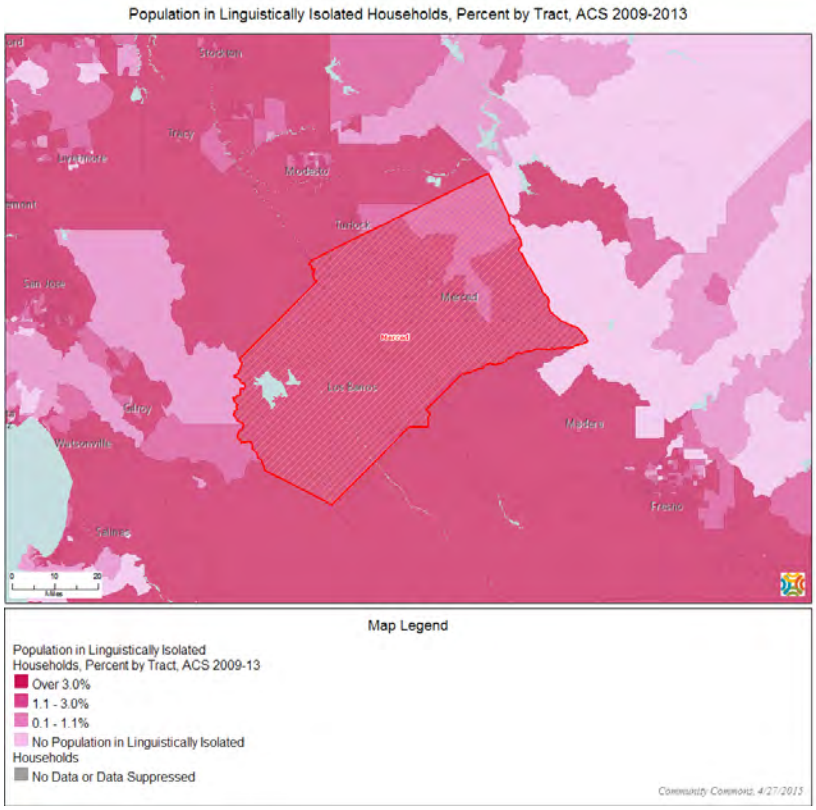
(2009-2013)



Sources: US Census Bureau American Community Survey 5-year estimates (2009-2013).
Retrieved May 2015 from Community Commons at http://www.chna.org.

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

- Note the following map illustrating linguistic isolation in Merced County.



Social Determinants of Health

About Social Determinants

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

- Healthy People 2020 (www.healthypeople.gov)

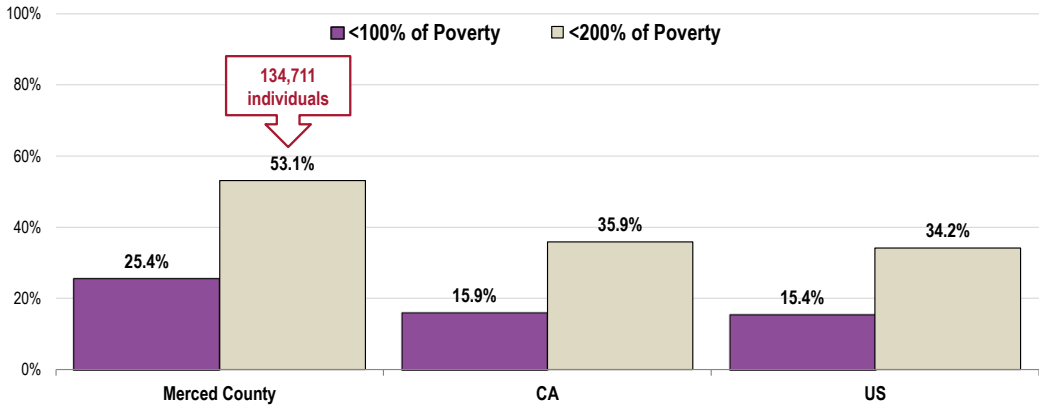
Poverty

The latest census estimate shows 25.4% of the Merced County population living below the federal poverty level.

In all, 53.1% of Merced County residents (an estimated 134,711 individuals) live below 200% of the federal poverty level.

Population in Poverty

(Populations Living Below 100% and Below 200% of the Poverty Level; 2009-2013)

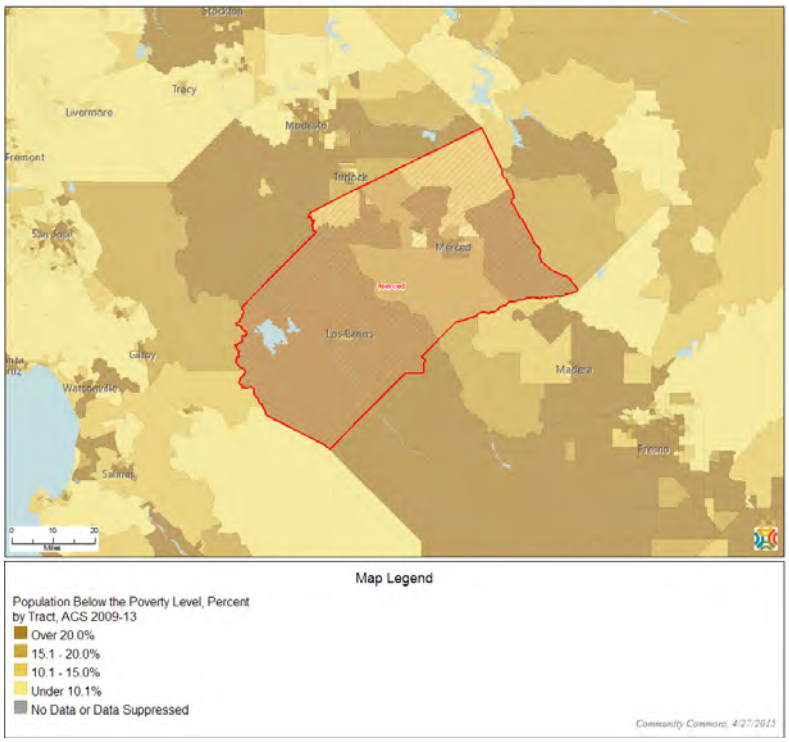


Sources: US Census Bureau American Community Survey 5-year estimates (2009-2013).
Retrieved May 2015 from Community Commons at http://www.chna.org.

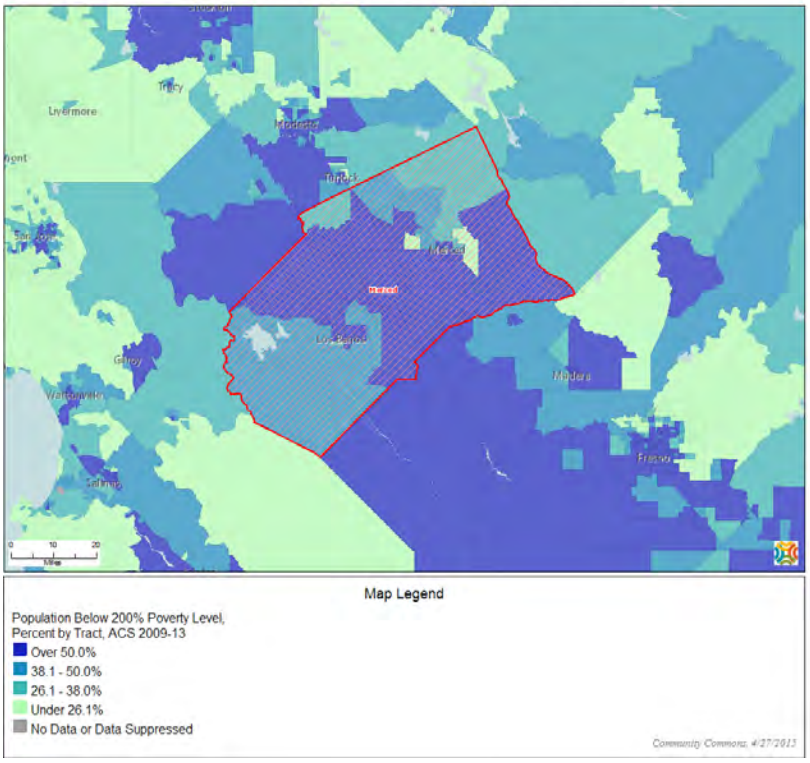
Notes: Poverty is considered a key driver of health status. This indicator is relevant because poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status.

- The maps that follow show concentrations of poverty by census tract in Merced County.

Population Below the Poverty Level, Percent by Tract, ACS 2009-2013

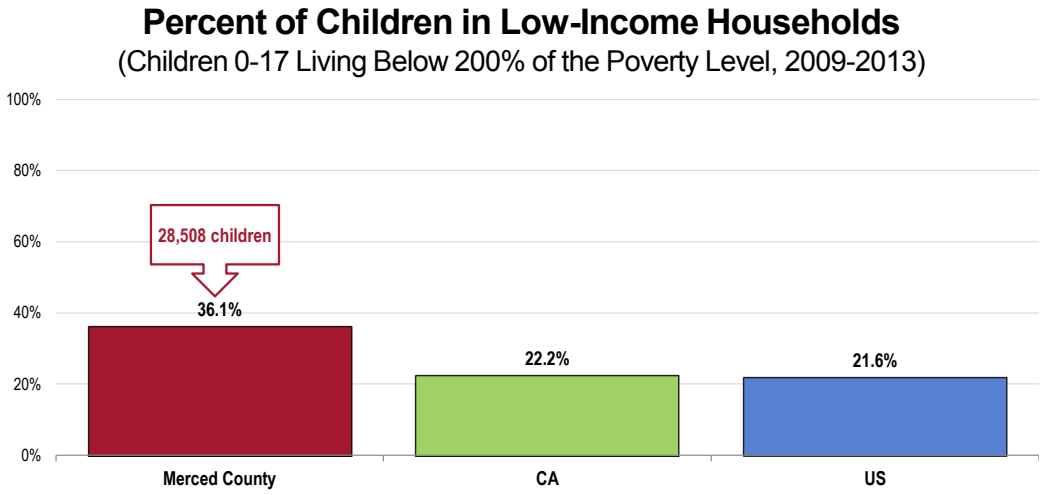


Population Below 200% of Poverty, Percent by Tract, ACS 2009-2013



Children in Low-Income Households

Additionally, 36.1% of Merced County children age 0-17 (representing an estimated 28,508 children) live below the 200% poverty threshold.

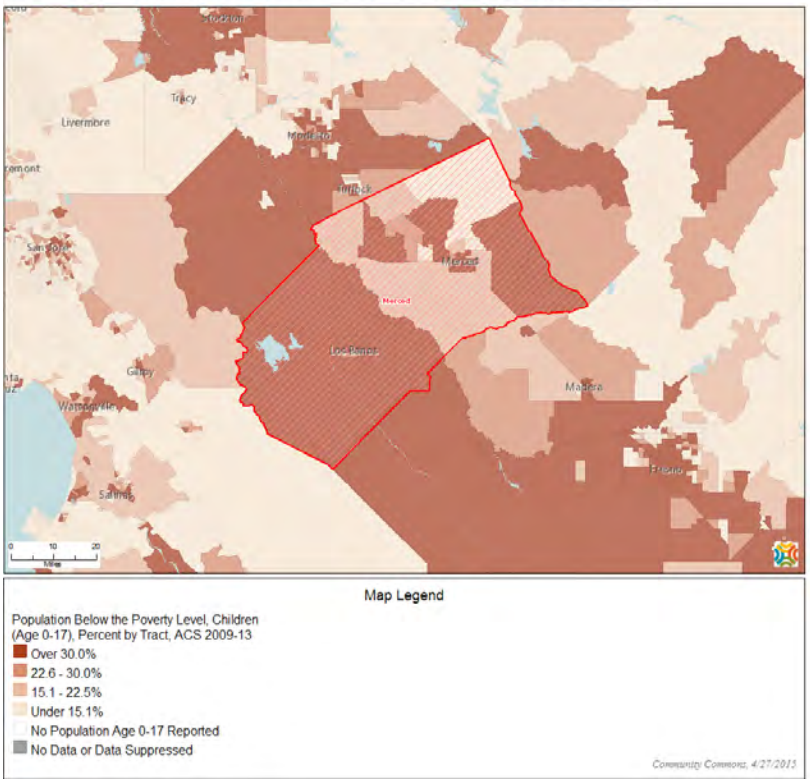


Sources: US Census Bureau American Community Survey 5-year estimates (2009-2013).
Retrieved May 2015 from Community Commons at http://www.chna.org.

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

- The following map illustrates the geographic distribution of children living below 200% of the poverty level in the area.

Children (0-17) Living Below 100% of Poverty, Percent by Tract, ACS 2009-2013



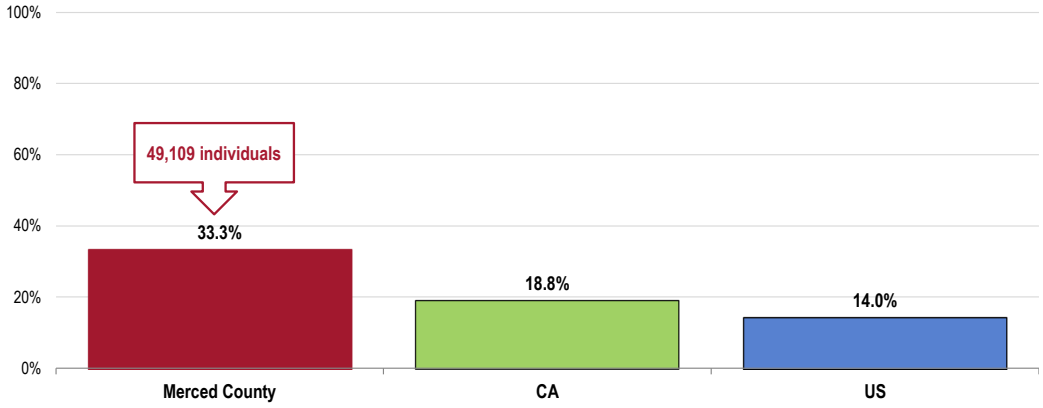
Education

Among the Merced County population age 25 and older, an estimated 33.3% (over 49,000 people) do not have a high school education.

- Much higher than found statewide.
- Much higher than found nationally.

Population With No High School Diploma

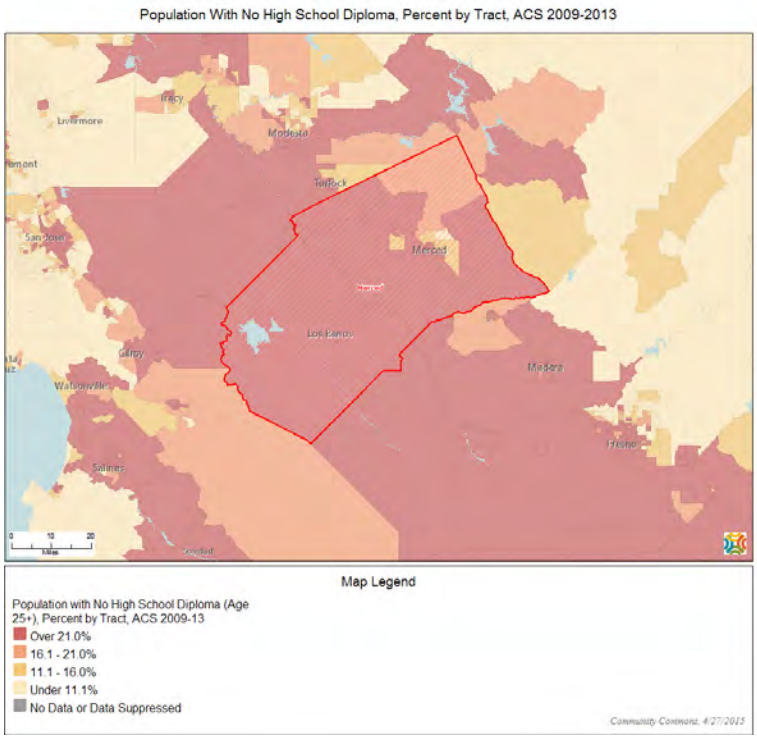
(Population Age 25+ Without a High School Diploma or Equivalent, 2009-2013)



Sources: US Census Bureau American Community Survey 5-year estimates (2009-2013).
Retrieved May 2015 from Community Commons at http://www.chna.org.

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

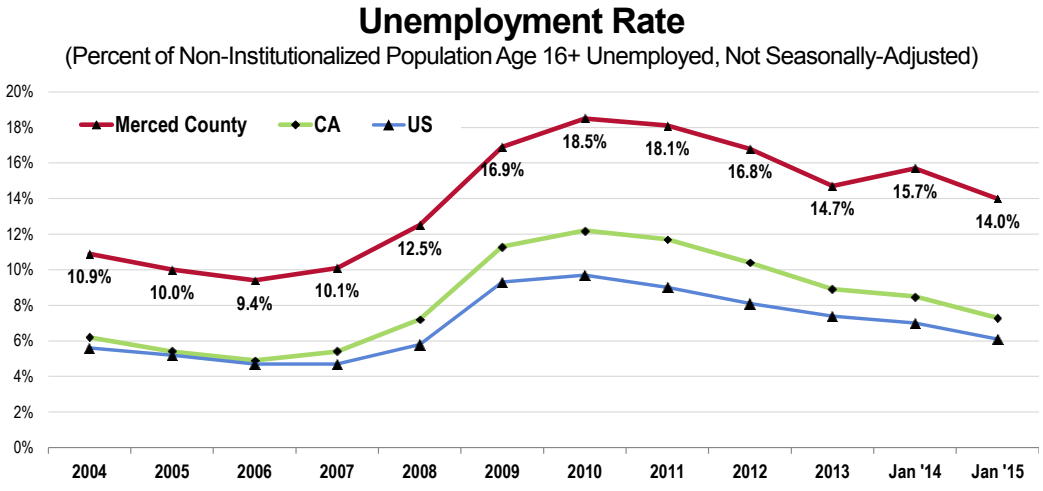
- The concentration of those without a high school education is represented geographically in the map below.



Employment

According to data derived from the US Department of Labor, the unemployment rate in Merced County in January 2015 was 14.0%.

- Nearly twice the statewide unemployment rate.
- More than twice the national unemployment rate.



Sources: US Department of Labor, Bureau of Labor Statistics.
Retrieved May 2015 from Community Commons at http://www.chna.org.

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

General Health Status

Professional Research Consultants, Inc.

Overall Health Status

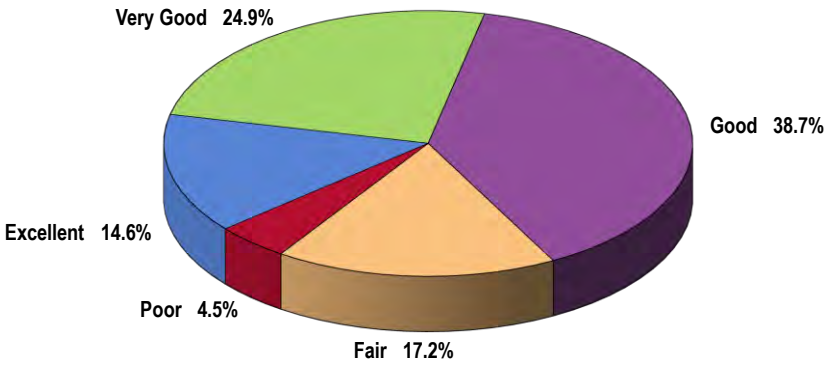
Self-Reported Health Status

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

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

A total of 39.5% of Merced County adults rate their overall health as "excellent" or

Self-Reported Health Status
(Merced County, 2015)



Sources: 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 5]
Notes: Asked of all respondents.

NOTE:

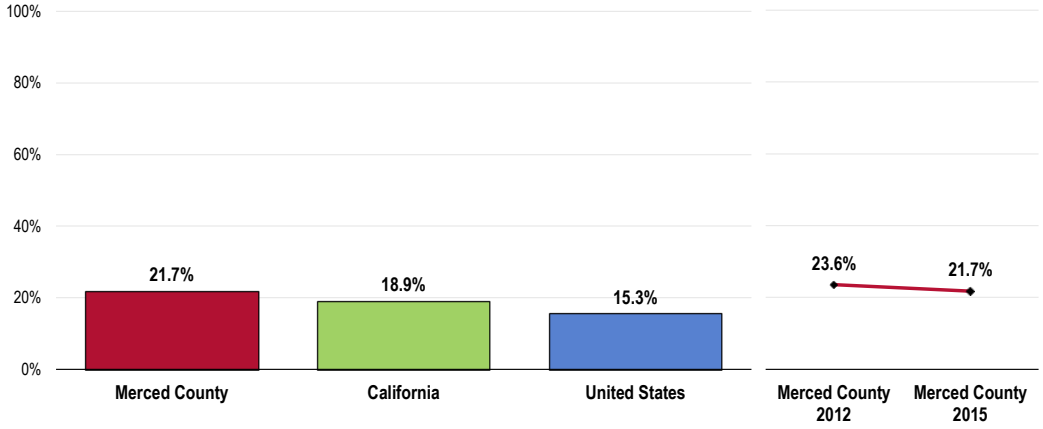
Differences noted in the text represent significant differences determined through statistical testing.

Trends are measured against baseline data – i.e., the earliest year that data are available or that is presented in this report.

However, 21.7% of Merced County adults believe that their overall health is "fair" or "poor."

- Comparable to statewide findings.
- Worse than the national percentage.
- TREND: No statistically significant change has occurred when comparing "fair/poor" overall health reports to previous survey results.

Experience "Fair" or "Poor" Overall Health



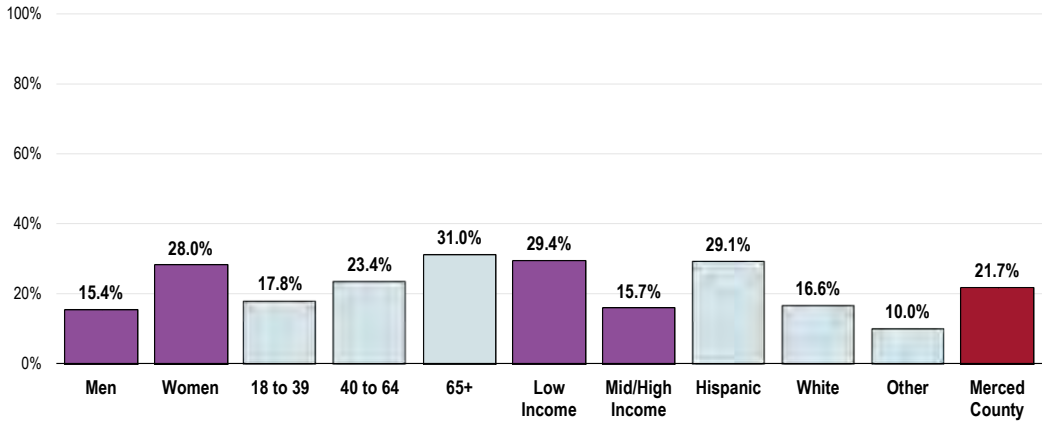
Sources: PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 5]
Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2013 California data.
2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: Asked of all respondents.

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

- Women.
- Residents age 40+ (note the positive correlation with age).

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

Experience "Fair" or "Poor" Overall Health
(Merced County, 2015)



Sources: 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 5]
Notes: Asked of all respondents.
Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Activity Limitations

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

About Disability & Health

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

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

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

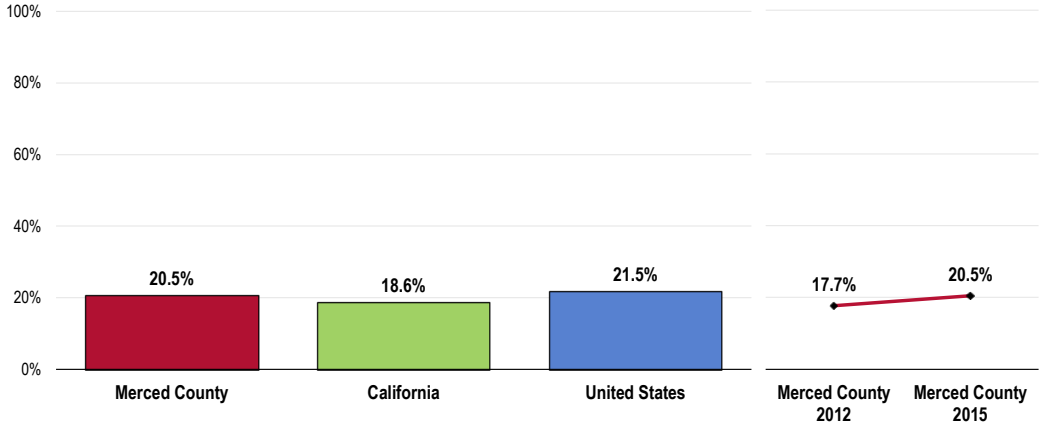
- **Improve the conditions of daily life** by: encouraging communities to be accessible so all can live in, move through, and interact with their environment; encouraging community living; and removing barriers in the environment using both physical universal design concepts and operational policy shifts.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

- Healthy People 2020 (www.healthypeople.gov)

A total of 20.5% of Merced County adults are limited in some way in some activities due to a physical, mental or emotional problem.

- Similar to the prevalence statewide.
- Similar to the national prevalence.
- TREND: Statistically unchanged since 2012.

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



Sources: PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 105]
Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2013 California data.
2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: Asked of all respondents.

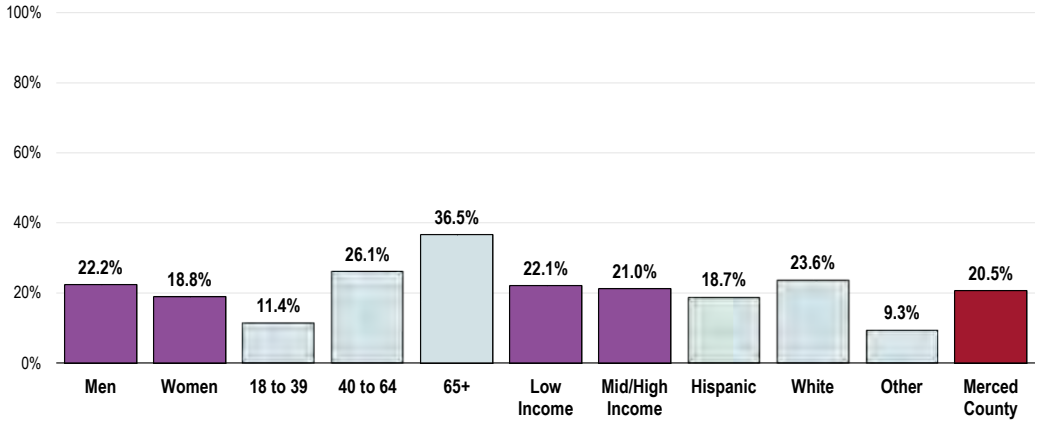
41 Professional Research Consultants, Inc.

Activity limitations are more often noted among these adults?

- Adults age 40 and older (positive correlation with age).
- Non-Hispanic Whites and Hispanics.
- Other differences within demographic groups, as illustrated in the following chart, are

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

(Merced County, 2015)

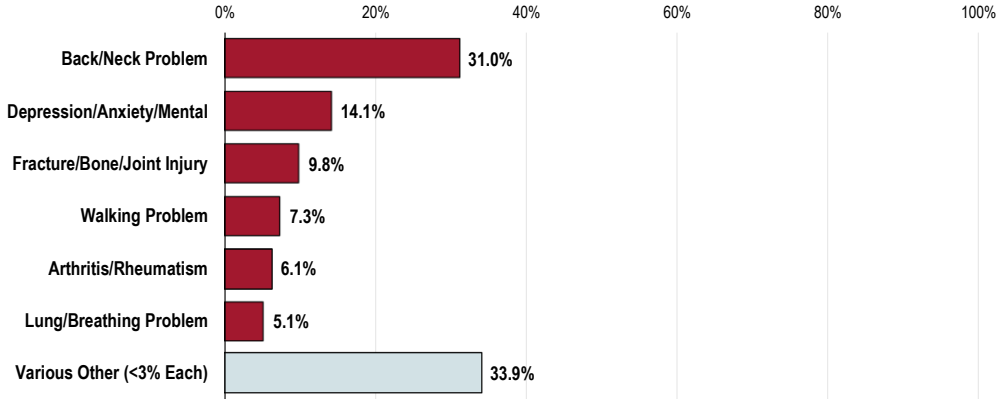


Sources: 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 105]
Notes: Asked of all respondents.
Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

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

Type of Problem That Limits Activities

(Among Those Reporting Activity Limitations; Merced County, 2015)



Sources: 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 106]
Notes: Asked of those respondents reporting activity limitations.

Mental Health

RELATED ISSUE:

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

About Mental Health & Mental Disorders

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

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

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

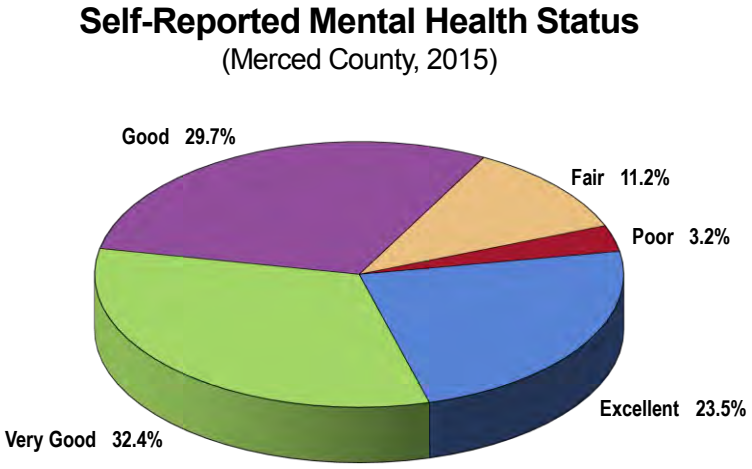
- MEB disorders are common and begin early in life.
- The greatest opportunity for prevention is among young people.
- There are multiyear effects of multiple preventive interventions on reducing substance abuse, conduct disorder, antisocial behavior, aggression, and child maltreatment.
- The incidence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

- Healthy People 2020 (www.healthypeople.gov)

Self-Reported Mental Health Status

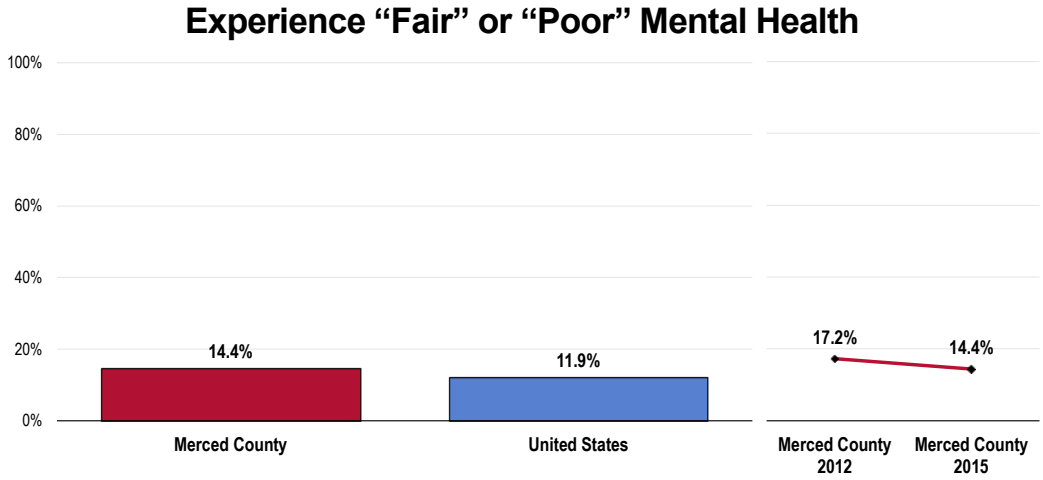
"Now thinking about your mental health, which includes stress, depression and problems with emotions, would you say that, in general, your mental health is: excellent, very good, good, fair or poor?"

A total of 55.9% of Merced County adults rate their overall mental health as "excellent"



Sources: 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 100]
Notes: Asked of all respondents.

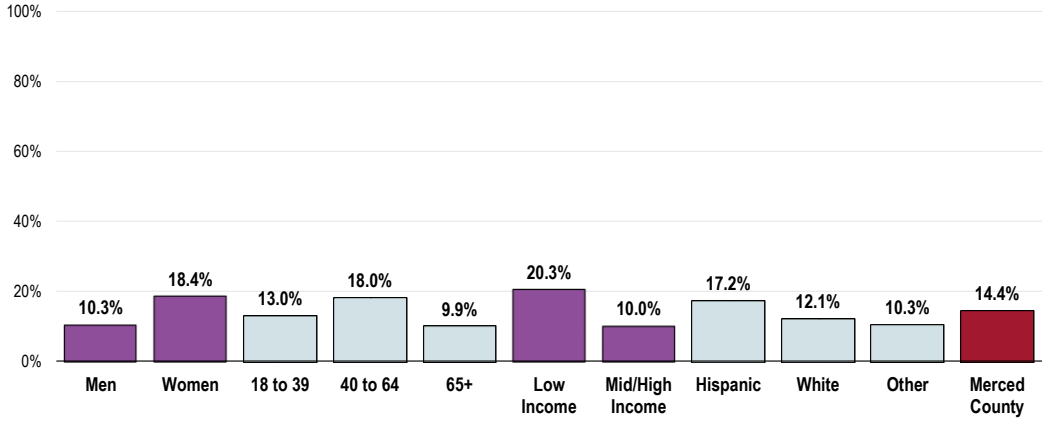
A total of 14.4% of Merced County adults, however, believe that their overall mental



Sources: PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 100]
2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: Asked of all respondents.

Experience "Fair" or "Poor" Mental Health

(Merced County, 2015)



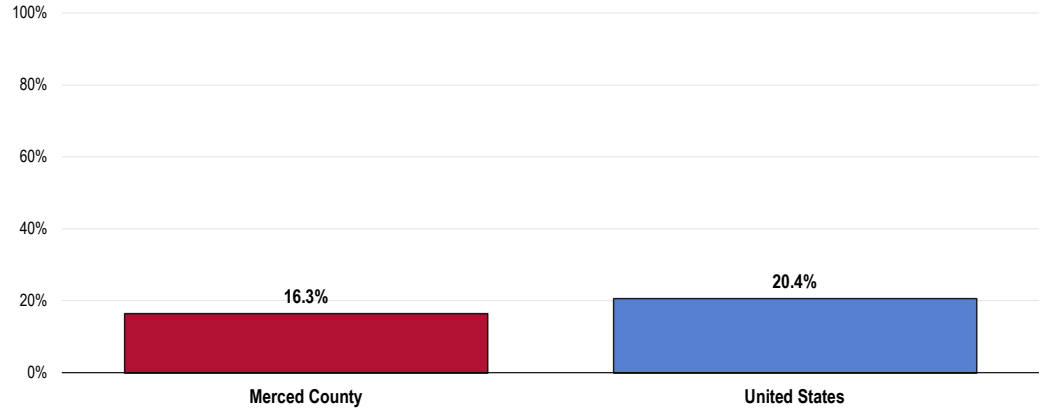
Sources: 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 100]
Notes: Asked of all respondents.
Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Depression

Diagnosed Depression

A total of 16.3% of Merced County adults have been diagnosed by a physician as

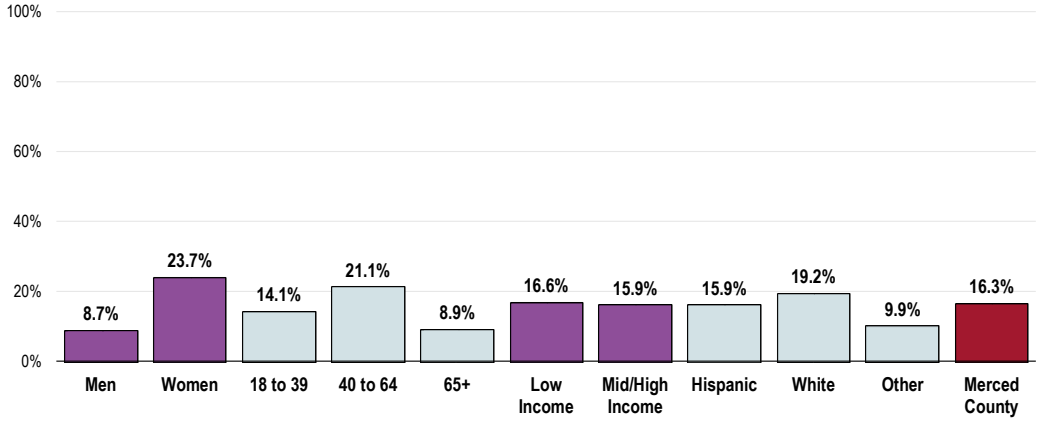
Have Been Diagnosed With a Depressive Disorder



Sources: 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 103]
2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: Asked of all respondents.
Depressive disorders include depression, major depression, dysthymia, or minor depression.

Have Been Diagnosed With a Depressive Disorder

(Merced County, 2015)



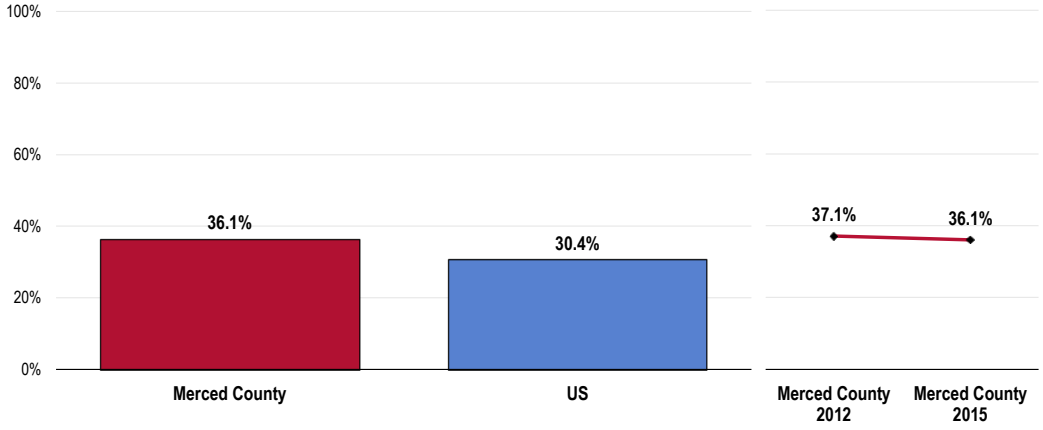
Sources: 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 103]
Notes: Asked of all respondents.
Depressive disorders include depression, major depression, dysthymia, or minor depression.
Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Symptoms of Chronic Depression

A total of 36.1% of Merced County adults have had two or more years in their lives when they felt depressed or sad on most days, although they may have felt okay sometimes (symptoms of chronic depression).

- Less favorable than national findings.
- TREND: Similar to that reported in Merced County in 2012.

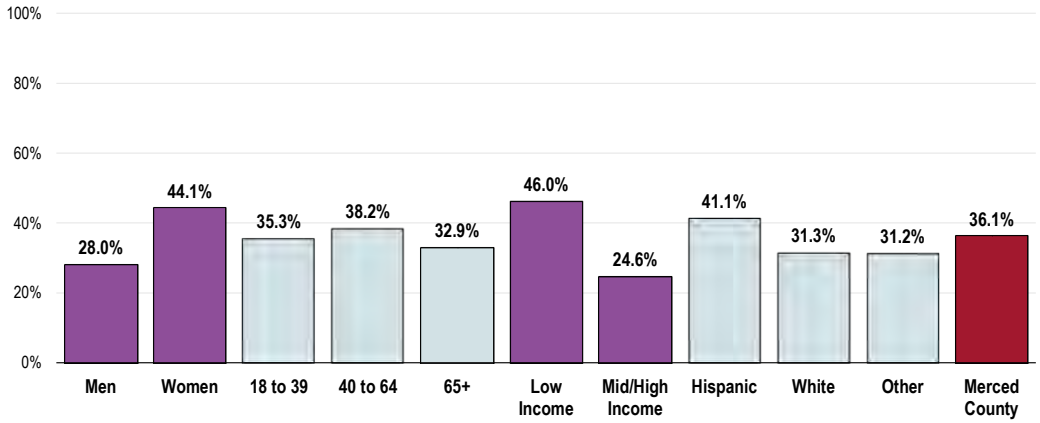
Have Experienced Symptoms of Chronic Depression



Sources: PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 101]
2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: Asked of all respondents.
Chronic depression includes periods of two or more years during which the respondent felt depressed or sad on most days, even if (s)he felt okay sometimes.

Note that the prevalence of chronic depression is notably higher among:

Have Experienced Symptoms of Chronic Depression
(Merced County, 2015)



Sources: 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 101]
Notes: Asked of all respondents.
Chronic depression includes periods of two or more years during which the respondent felt depressed or sad on most days, even if (s)he felt okay sometimes.
Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

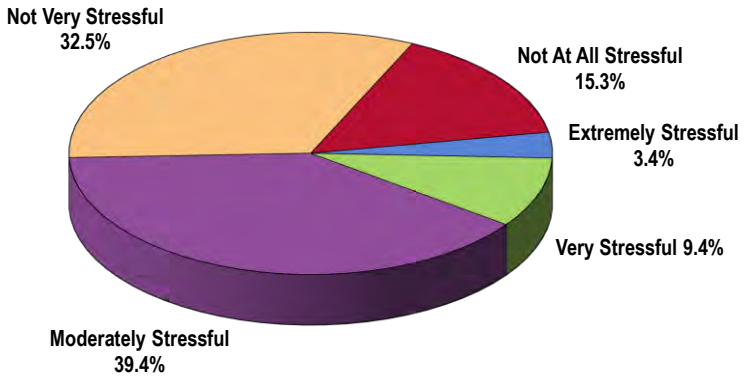
Stress

A total of 47.8% Merced County adults consider their typical day to be "not very stressful" (32.5%) or "not at all stressful" (15.3%).

RELATED ISSUE:

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

Perceived Level of Stress On a Typical Day
(Merced County, 2015)

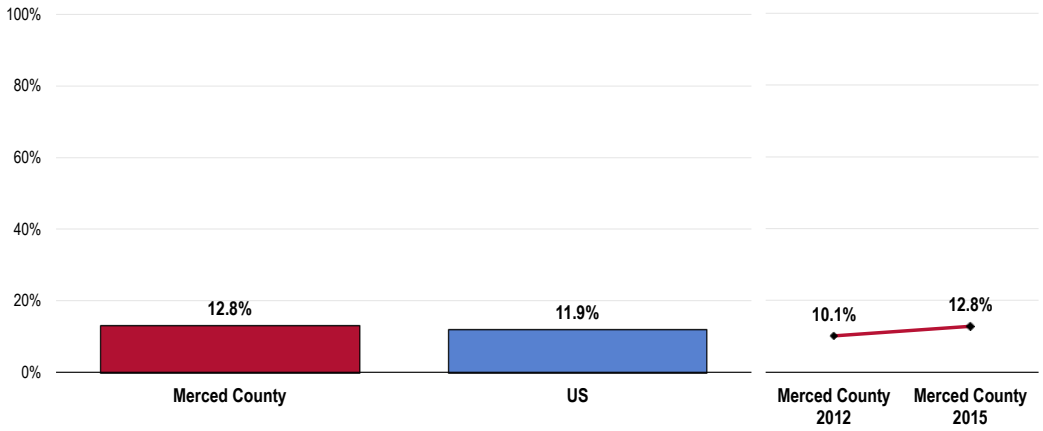


Sources: 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 102]
Notes: Asked of all respondents.

In contrast, 12.8% of Merced County adults experience "very" or "extremely" stressful

PRC Community Health Needs Assessment
Merced County, California

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

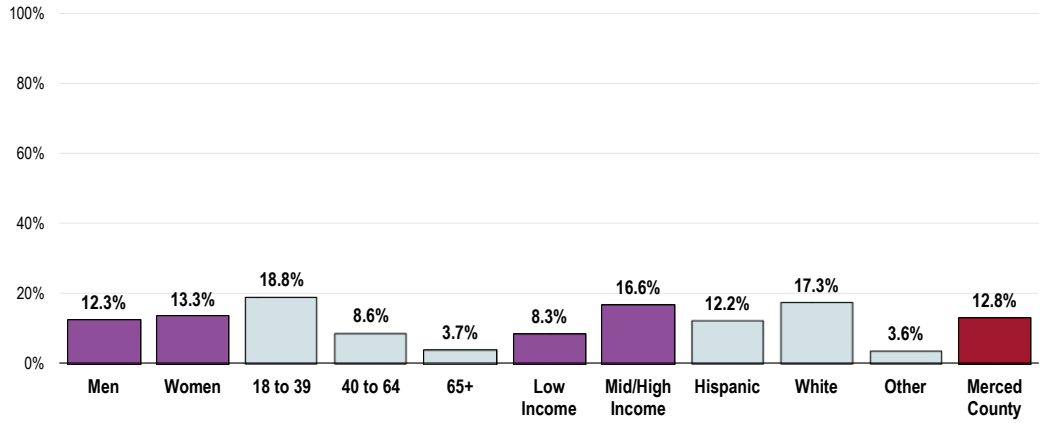


Sources: PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 102]
2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: Asked of all respondents.

Note that high stress levels are more prevalent among:

- Adults under 65 (note the negative correlation with age).

Perceive Most Days as "Extremely" or "Very" Stressful
(Merced County, 2015)



Sources: 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 102]
Notes: Asked of all respondents.
Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Suicide

Between 2011 and 2013, there was an annual average age-adjusted suicide rate of 11.1 deaths per 100,000 population in Merced County.

- Higher than the statewide rate.
- Lower than the national rate.
- Fails to satisfy the Healthy People 2020 target of 10.2 or lower.

Suicide: Age-Adjusted Mortality

(2011-2013 Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 10.2 or Lower

Sources: CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted May 2015.
US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective MHMD-1]

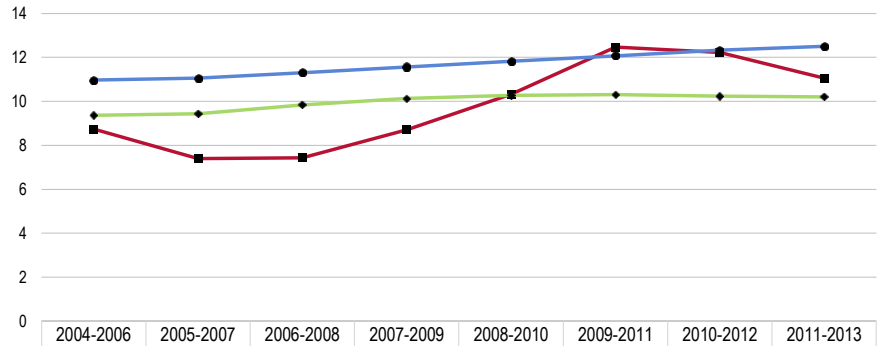
Notes: Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

- TREND: Over the past decade, the area suicide rate has overall trended upward,

Suicide: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 10.2 or Lower



	2004-2006	2005-2007	2006-2008	2007-2009	2008-2010	2009-2011	2010-2012	2011-2013
Merced County	8.7	7.4	7.4	8.7	10.3	12.5	12.2	11.1
CA	9.4	9.4	9.8	10.1	10.3	10.3	10.2	10.2
US	11.0	11.1	11.3	11.6	11.8	12.1	12.3	12.5

Sources: CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted May 2015.
US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective MHMD-1]

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

Mental Health Treatment

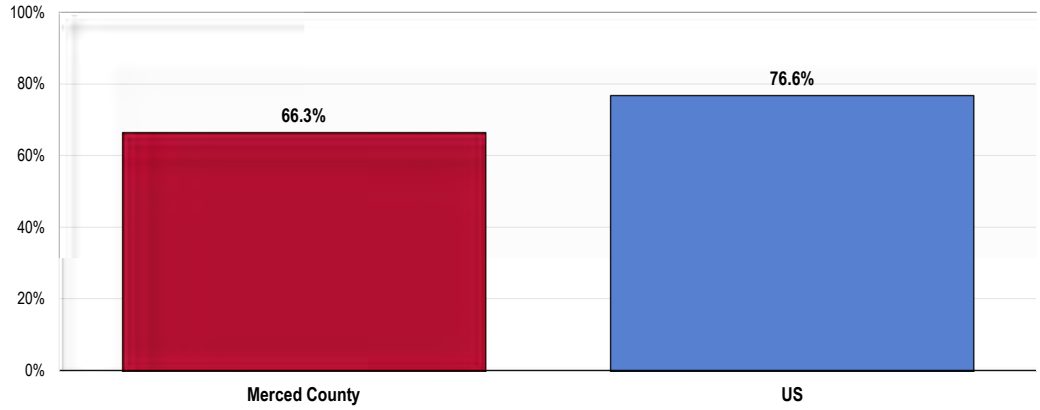
Among adults with a diagnosed depressive disorder, 66.3% acknowledge that they have sought professional help for a mental or emotional problem.

"Diagnosed depressive disorder" includes respondents reporting a past diagnosis of a depressive disorder by a physician (such as depression, major depression, dysthymia, or minor depression).

PRC Community Health Needs Assessment
Merced County, California

Adults With Diagnosed Depression Who Have Ever Sought Professional Help for a Mental or Emotional Problem

(Among Adults With Diagnosed Depressive Disorder)

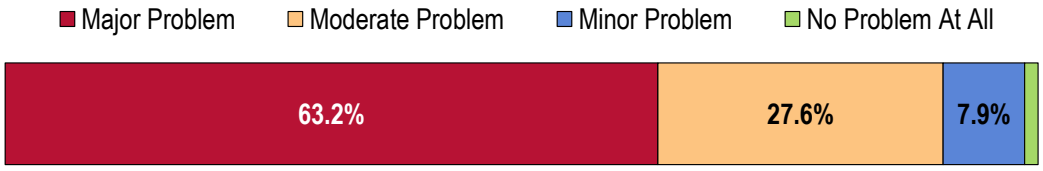


Sources: 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 123]
2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: Reflects those respondents with a depressive disorder diagnosed by a physician (such as depression, major depression, dysthymia, or minor depression).

PRC Community Health Needs Assessment
Merced County, California

Perceptions of Mental Health as a Problem in the Community

(Key Informants, 2015)



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

Challenges

Among those rating this issue as a "major problem," the following represent what key informants see as the main challenges for persons with mental illness:

Access to Mental Health Services

The biggest challenge for people with mental health issues is them getting the services they need to be cared for properly. I would say a majority of the mental health population are homeless in Merced County and they need medical help and attention. – Public Health Representative

No real multi-disciplinary approach. Often fragmented care. – Physician

Not enough help by mental health, Marie Greens, no referral options available, not enough counselors. – Physician

Access to services and not enough mental health professionals to provide treatment. Not enough inpatient facilities, especially for the youth. – Health Provider

Not enough mental health providers. No adequate funding for mental health. – Physician

Access to sufficient primary mental health services. – Physician

There are very few licensed psychiatrists and few mental health workers. Services seem to be available only if in a crisis situation. – Social Services Provider

Inpatient care. – Physician

Lack of available resources that are easily accessible. – Public Health Representative

I think the biggest challenge is the lack of resources that the community can offer like housing and transportation. Lack of options for substance abuse disorder treatment. – Physician

Too many psychiatric patients, too little resources. – Physician

Access to a psychiatrist. – Physician

Obtaining continued services. Crisis services are available but little is there for continued counseling, drop in counseling and a huge lack in relationship counseling. Sometimes people just want to talk, which can many times de-escalate feelings of depression. – Public Health Representative

Access to mental health. – Public Health Representative

There is a lack of providers for those with insurance and for those without insurance or are on Medi-Cal, it is an extremely long wait time. There are no facilities to work with people of varying cultures and backgrounds. Huge stigma around mental health. – Public Health Representative

Mental Health has only recently been included in the Medi-Cal insurance benefit. Often traumas trigger mental health issues or those with severe mental health issues do not have access to medication and therapy. – Physician

Not enough clinicians. – Public Health Representative

Lack of local care givers. Non-responsive county services. – Health Provider

There are not enough facilities to help and house people who are homeless and struggling with mental illness. – Public Health Representative

Patients and primary care doctors do not have access to adequate psychiatry referrals. – Physician

Care, services and housing. – Social Services Provider

Getting help. They don't even realize they need help. If they are not asking for help, then what. – Public Health Representative

Hard to access healthcare. – Social Services Provider

Affordable care and access to services, more information on services that are available and where to access them. – Public Health Representative

Lack of appropriate assistance that is truly integrated into the community at large. Too many of the individuals who have mental health issues are dual diagnosis patients that live out the chicken or the egg problem on a daily basis. – Public Health Representative

Burden of suffering. Many individuals with these problems. Limited access to these services: primary care, counseling, drug and alcohol rehab, psychopharmacology for moderate and

severe mental illness, case management for high risk individuals. – Physician

Major influx of mental health patients in the Emergency Room. – Physician

Access to care. Lack of adequate and dependable transportation limits people's ability to travel to care. Little to no community-based mental healthcare centers. Programs are available in Merced, Livingston is limited, and Los Banos. – Public Health Representative

Challenges are mostly the same, lack of primary care providers leaves most patients to access mental healthcare through the Emergency Room, which is inefficient and costly. We no longer have a child and adolescent psychiatrist. – Physician

Homeless Population

We lack the number of providers and capacity to deal with this ever growing challenge. We have many homeless people who need support. We also are seeing more and more women with mental health issues that need support before, during and after pregnancy. – Public Health Representative

We have a large number of homeless people that clearly have mental health problems. – Community/Business Leader

There are a lot of homeless people with mental health issues. They have nowhere to go during the day. Some pose a threat to the safety of others. There is a lack of care and sympathy in the community for people who have issues. – Social Services Provider

Adults with mental health issues end up in the streets rather than receiving help. – Public Health Representative

Stigma

Stigma, disability, discrimination, lack of providers, lack of access to care, adherence to medication and monitoring. Support from families. – Public Health Representative

Stigma. – Social Services Provider

Employment Opportunities

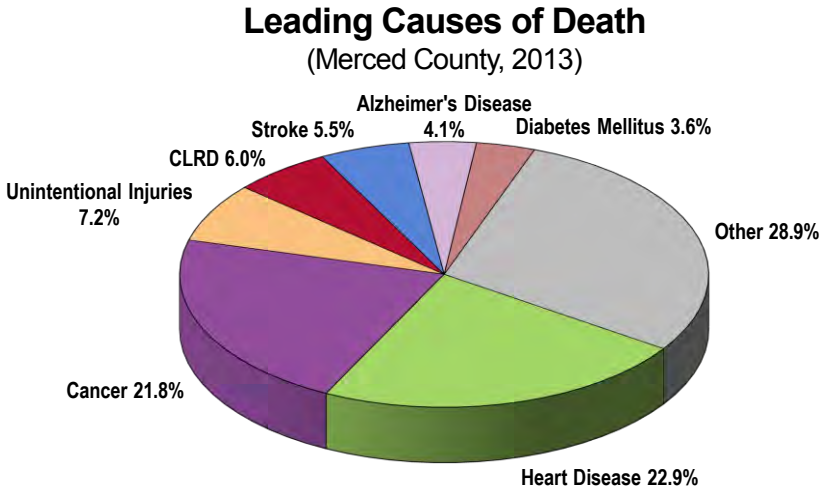
Big challenges for people with disabilities would be jobs that would accept to do minor work and transportation that would assist them. – Public Health Representative

Death, Disease & Chronic Conditions

Professional Research Consultants, Inc.

Leading Causes of Death

Distribution of Deaths by Cause



Sources: CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted May 2015.
Notes: Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
CLRD is chronic lower respiratory disease.

Age-Adjusted Death Rates for Selected Causes

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

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

The following chart outlines 2011-2013 annual average age-adjusted death rates per 100,000 population for selected causes of death in Merced County.

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

Note that age-adjusted mortality rates in Merced County are worse than national rates for unintentional injuries (including motor vehicle accidents), chronic lower respiratory disease, stroke, diabetes mellitus, cirrhosis/liver disease, drug induced deaths, Alzheimer's disease, and homicide.

Of the causes outlined in the following chart for which Healthy People 2020 objectives have

Age-Adjusted Death Rates for Selected Causes

(2011-2013 Deaths per 100,000 Population)

	Merced County	California	US	HP2020
Diseases of the Heart	167.1	154.7	171.3	156.9*
Malignant Neoplasms (Cancers)	163.3	149.9	166.2	161.4
Unintentional Injuries	46.7	28.5	39.2	36.4
Chronic Lower Respiratory Disease (CLRD)	46.0	35.5	42.0	n/a
Cerebrovascular Disease (Stroke)	41.7	35.6	37.0	34.8
Diabetes Mellitus	29.0	20.7	21.3	20.5*
Alzheimer's Disease	27.0	30.2	24.0	n/a
Motor Vehicle Deaths	16.7	7.9	10.7	12.4
Cirrhosis/Liver Disease	16.6	11.7	9.9	8.2
Drug-Induced	15.0	11.4	14.1	11.3
Pneumonia/Influenza	14.8	16.1	15.3	n/a
Intentional Self-Harm (Suicide)	11.1	10.2	12.5	10.2
Firearm-Related	10.7	7.8	10.4	9.3
Homicide/Legal Intervention	7.7	5.0	5.3	5.5
Kidney Diseases	7.1	7.1	13.2	n/a
HIV/AIDS (2004-2013)	1.7	2.6	3.6	3.3

Sources: CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted May 2015.
US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov.

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

Cardiovascular Disease

About Heart Disease & Stroke

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

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

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

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

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

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

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

- Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Heart Disease & Stroke Deaths

Heart Disease Deaths

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

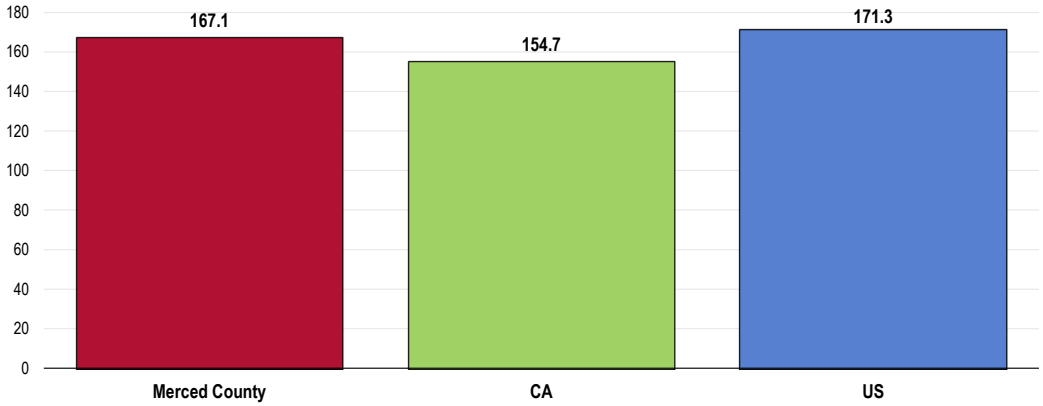
Between 2011 and 2013 there was an annual average age-adjusted heart disease mortality rate of 167.1 deaths per 100,000 population in Merced County.

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

Heart Disease: Age-Adjusted Mortality

(2011-2013 Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 156.9 or Lower (Adjusted)



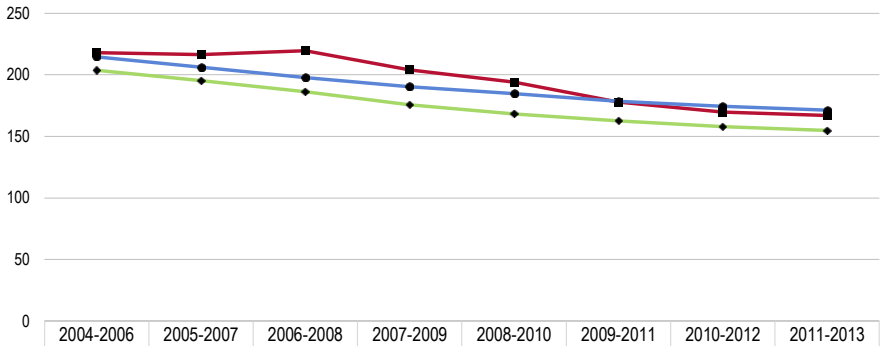
Sources: CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted May 2015.
US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HDS-2]

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

Heart Disease: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 156.9 or Lower (Adjusted)



	2004-2006	2005-2007	2006-2008	2007-2009	2008-2010	2009-2011	2010-2012	2011-2013
Merced County	218.0	216.5	219.5	204.0	194.0	177.8	169.8	167.1
CA	203.6	195.2	186.3	175.6	168.3	162.6	158.1	154.7
US	214.6	206.1	197.9	190.3	184.7	178.5	174.4	171.3

Sources: CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted May 2015.
US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HDS-2]

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

Stroke Deaths

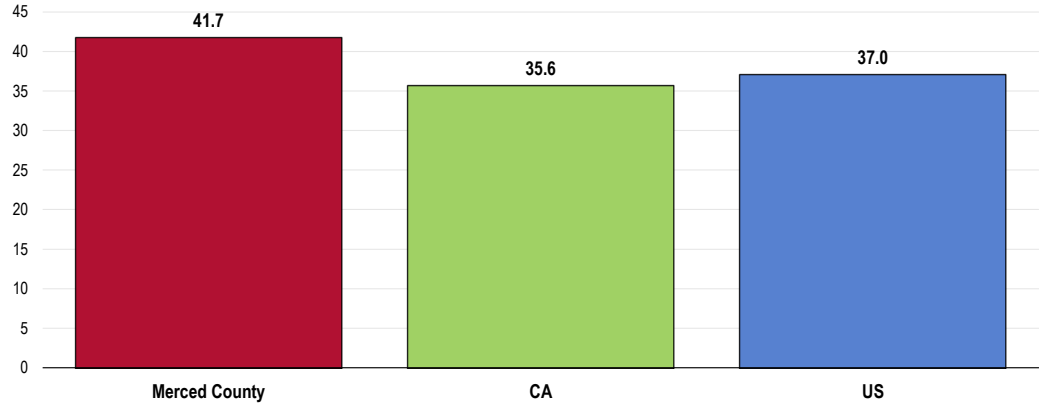
Between 2011 and 2013, there was an annual average age-adjusted stroke mortality rate of 41.7 deaths per 100,000 population in Merced County.

- Less favorable than the California rate.

Stroke: Age-Adjusted Mortality

(2011-2013 Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 34.8 or Lower



Sources: CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted May 2015.
US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HDS-3]

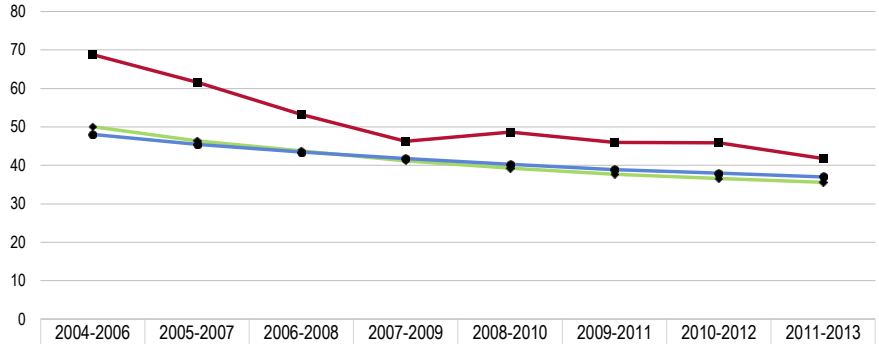
Notes: Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

- TREND: The stroke rate has declined in recent years, lessening the gap between Merced County and the state and national rates.

Stroke: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 34.8 or Lower



	2004-2006	2005-2007	2006-2008	2007-2009	2008-2010	2009-2011	2010-2012	2011-2013
Merced County	68.7	61.6	53.3	46.3	48.6	46.0	45.9	41.7
CA	50.0	46.4	43.8	41.1	39.3	37.7	36.6	35.6
US	48.0	45.4	43.5	41.7	40.3	38.9	38.0	37.0

Sources: CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted May 2015.
US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HDS-3]

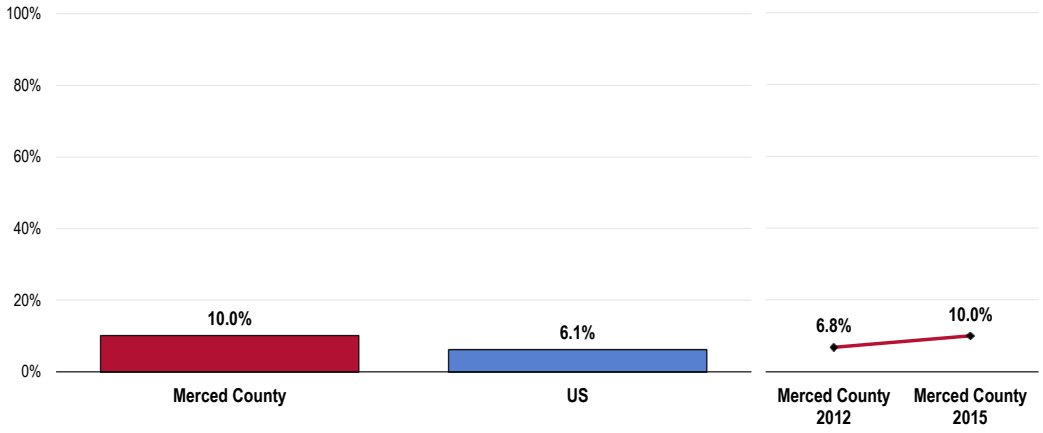
Notes: Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Prevalence of Heart Disease & Stroke

Prevalence of Heart Disease

A total of 10.0% of surveyed adults report that they suffer from or have been diagnosed

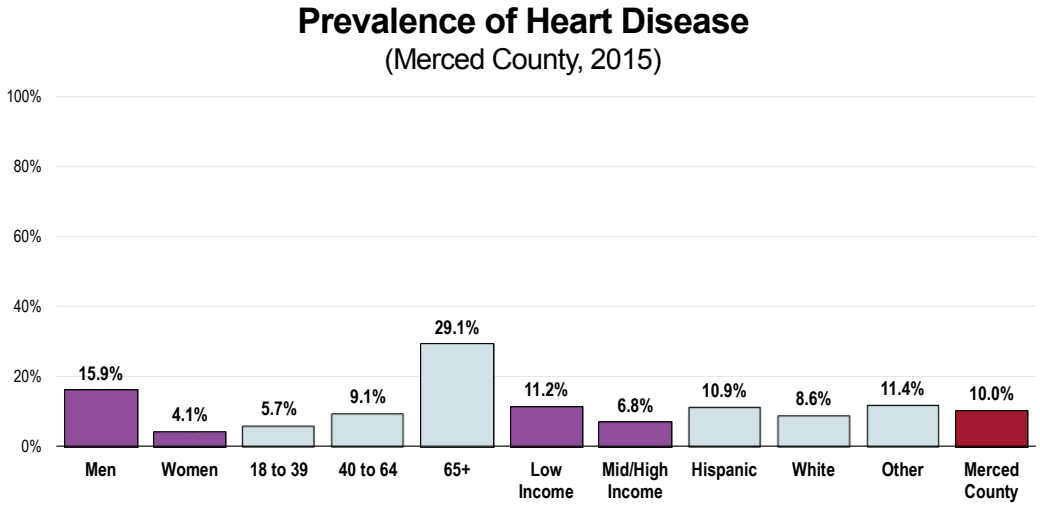
Prevalence of Heart Disease



Sources: PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 124]
2013 PRC National Health Survey, Professional Research Consultants, Inc.

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

Adults more likely to have been diagnosed with chronic heart disease include:



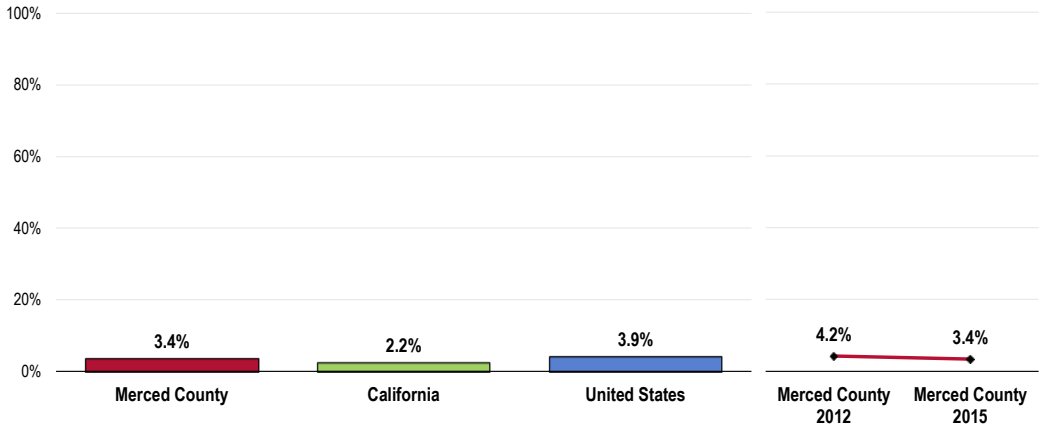
Sources: 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 124]
Notes: Asked of all respondents.
Includes diagnoses of heart attack, angina or coronary heart disease.
Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Prevalence of Stroke

A total of 3.4% of surveyed adults report that they suffer from or have been diagnosed with cerebrovascular disease (a stroke).

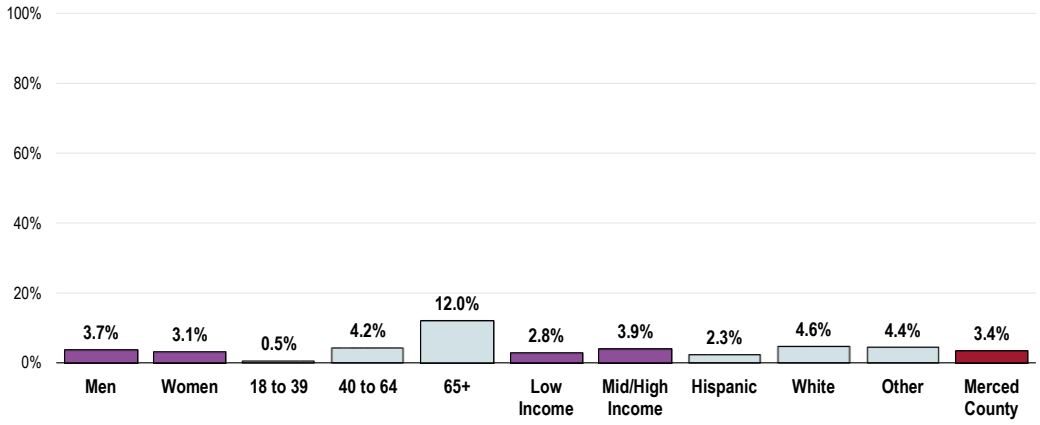
- Similar to statewide findings.
- Similar to national findings.
- TREND: Statistically unchanged since 2012.

Prevalence of Stroke



Sources: PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 36]
2013 PRC National Health Survey, Professional Research Consultants, Inc.
Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2013 California data.
Notes: Asked of all respondents.

Prevalence of Stroke
(Merced County, 2015)



Sources: 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 36]
Notes: Asked of all respondents.
Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Cardiovascular Risk Factors

About Cardiovascular Risk

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

- Healthy People 2020 (www.healthypeople.gov)

Hypertension (High Blood Pressure)

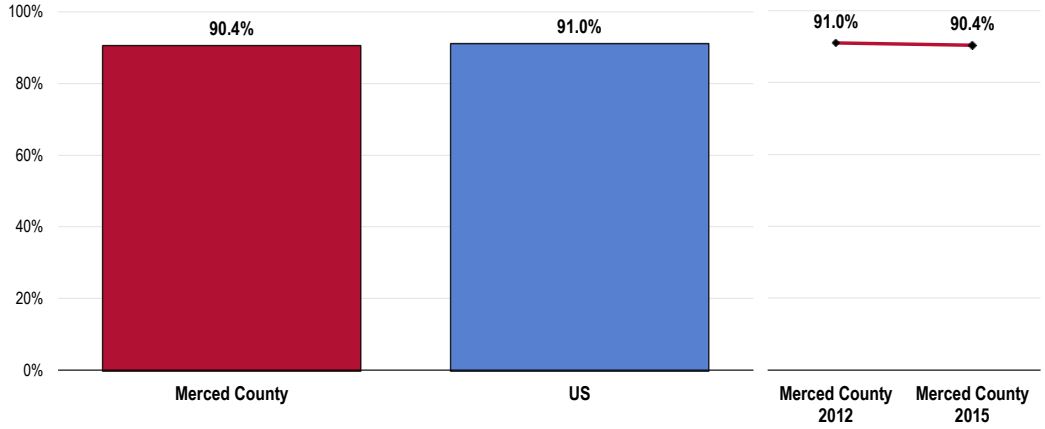
High Blood Pressure Testing

A total of 90.4% of Merced County adults have had their blood pressure tested within the past two years.

Similar to national findings

Have Had Blood Pressure Checked in the Past Two Years

Healthy People 2020 Target = 92.6% or Higher



Sources: PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 45]
2013 PRC National Health Survey, Professional Research Consultants, Inc.
US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HDS-4]

Notes: Asked of all respondents.

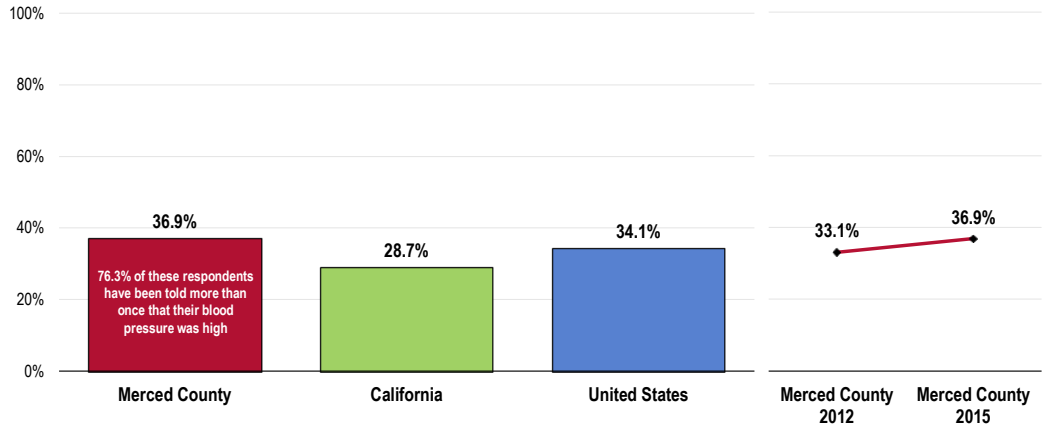
Prevalence of Hypertension

A total of 36.9% of adults have been told at some point that their blood pressure was high.

- Less favorable than the California prevalence.
- Similar to the national prevalence.
- Does not meet the Healthy People 2020 target (26.9% or lower).

Prevalence of High Blood Pressure

Healthy People 2020 Target = 26.9% or Lower

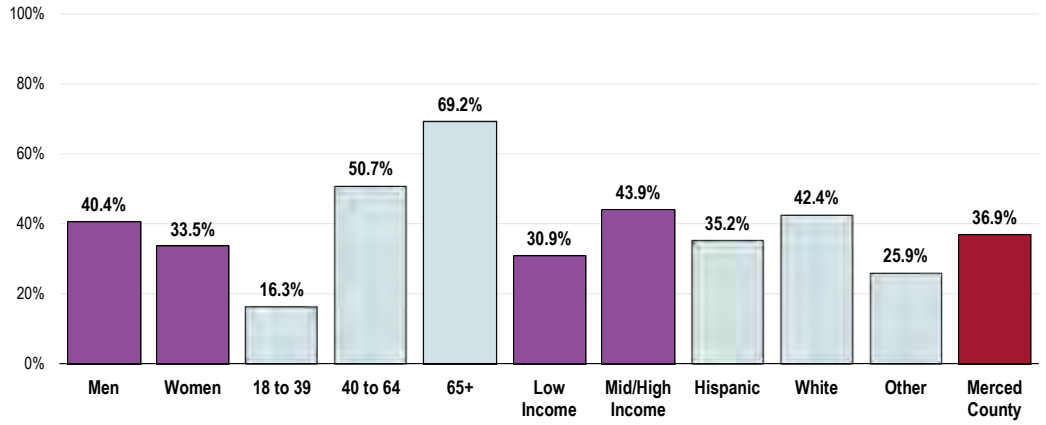


Sources: PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 43, 125]
Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2013 California data.
2013 PRC National Health Survey, Professional Research Consultants, Inc.
US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HDS-5.1]
Notes: Asked of all respondents.

Prevalence of High Blood Pressure

(Merced County, 2015)

Healthy People 2020 Target = 26.9% or Lower



Sources: 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 125]
US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HDS-5.1]
Notes: Asked of all respondents.
Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Hypertension Management

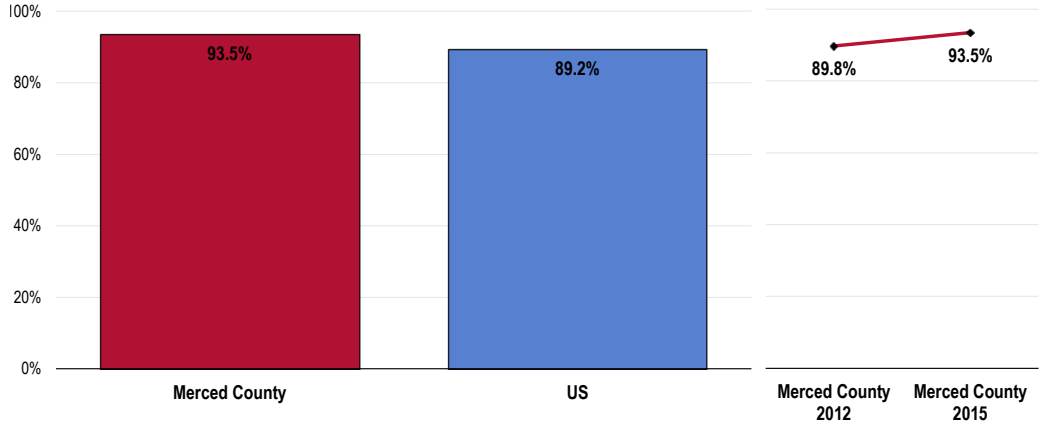
Among respondents who have been told that their blood pressure was high, 93.5% report that they are currently taking actions to control their condition.

Respondents reporting high blood pressure were further asked:

"Are you currently taking any action to help control your high blood pressure, such as taking medication, changing your diet, or exercising?"

PRC Community Health Needs Assessment
Merced County, California

Taking Action to Control Hypertension
(Among Adults With High Blood Pressure)



Sources: PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 44]
2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: Asked of all respondents who have been diagnosed with high blood pressure.
In this case, the term "action" refers to medication, change in diet, and/or exercise.

High Blood Cholesterol

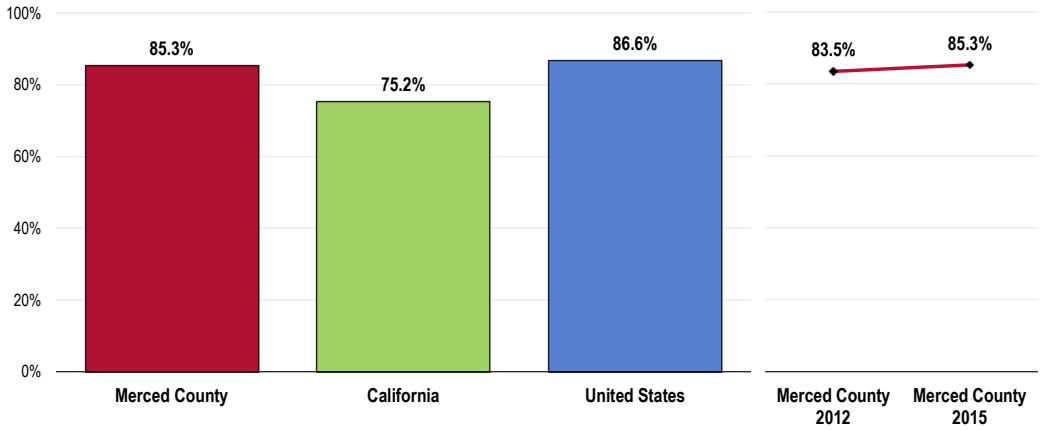
Blood Cholesterol Testing

A total of 85.3% of Merced County adults have had their blood cholesterol checked within the past five years.

- More favorable than California findings.
- Comparable to the national findings.
- Satisfies the Healthy People 2020 target (82.1% or higher).
- TREND: Statistically unchanged since 2012.

Have Had Blood Cholesterol Levels Checked in the Past Five Years

Healthy People 2020 Target = 82.1% or Higher

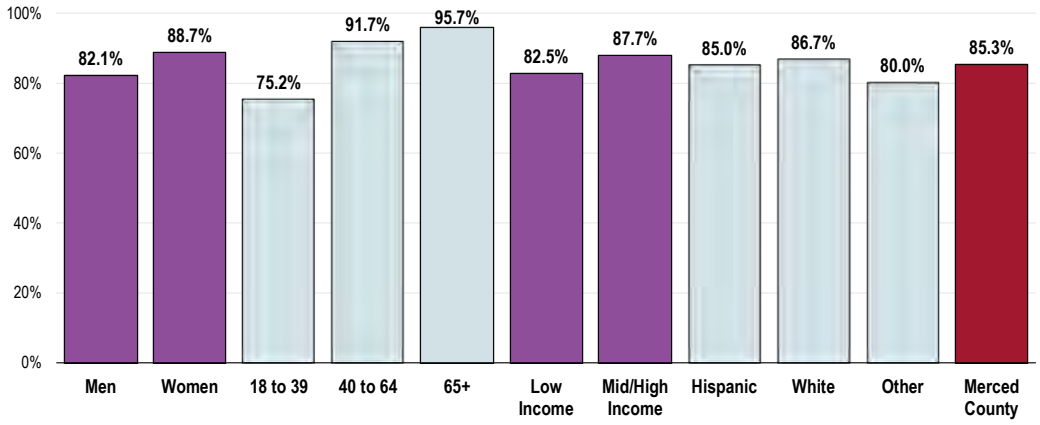


Sources: PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 48]
Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2013 California data.
2013 PRC National Health Survey, Professional Research Consultants, Inc.
US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HDS-6]
Notes: Asked of all respondents.

Have Had Blood Cholesterol Levels Checked in the Past Five Years

(Merced County, 2015)

Healthy People 2020 Target = 82.1% or Higher



Sources: 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 48]
US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HDS-6]
Notes: Asked of all respondents.
Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Self-Reported High Blood Cholesterol

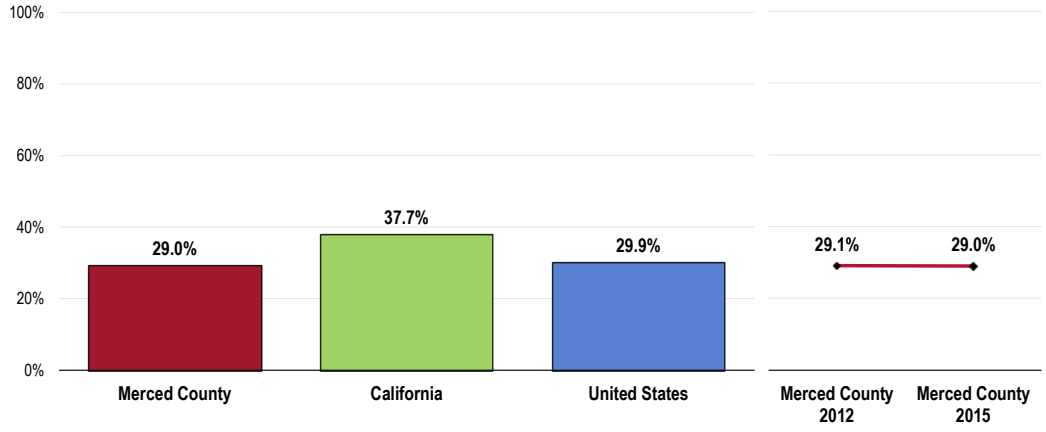
A total of 29.0% of adults have been told by a health professional that their cholesterol level was high.

- More favorable than the California findings.
- Similar to the national prevalence.

PRC Community Health Needs Assessment
Merced County, California

Prevalence of High Blood Cholesterol

Healthy People 2020 Target = 13.5% or Lower



Sources: PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 126]
Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2013 California data.
2013 PRC National Health Survey, Professional Research Consultants, Inc.
US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HDS-7]

Notes: Asked of all respondents.
*The CA data reflects those adults who have been tested for high cholesterol and who have been diagnosed with it.

78 Professional Research Consultants, Inc.

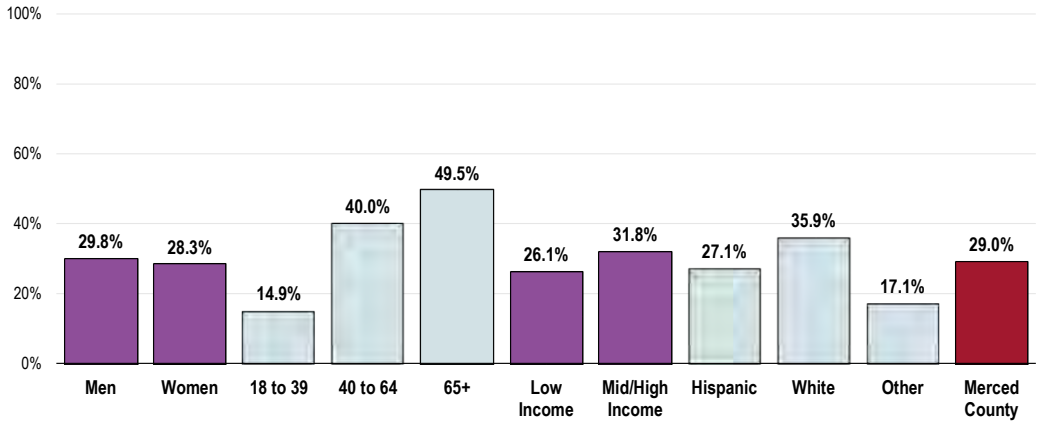
Further note the following:

- There is a positive correlation between age and high blood cholesterol.
- Whites report a higher prevalence than Hispanics and “Other” races.

Prevalence of High Blood Cholesterol

(Merced County, 2015)

Healthy People 2020 Target = 13.5% or Lower



Sources: 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 126]
US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HDS-7]

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

High Cholesterol Management

Respondents reporting high cholesterol were further asked:

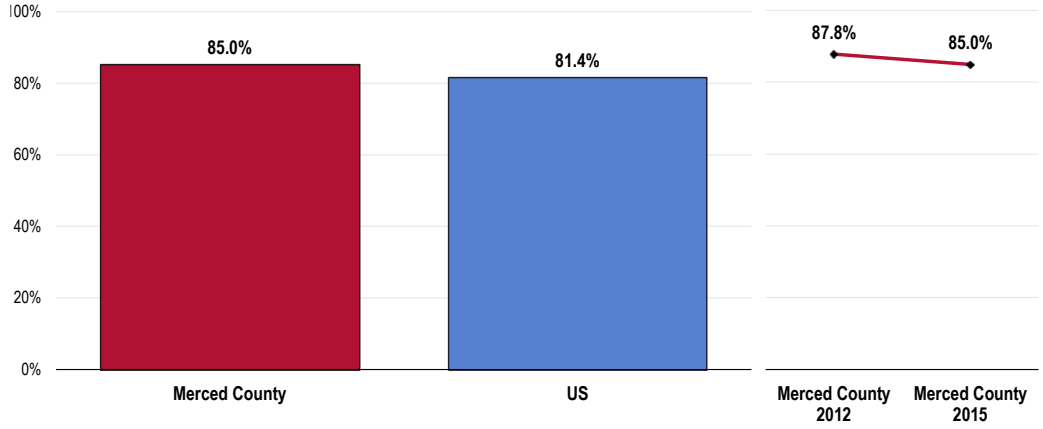
"Are you currently taking any action to help control your high cholesterol, such as taking medication, changing your diet, or exercising?"

Among adults who have been told that their blood cholesterol was high, 85.0% report that they are currently taking actions to control their cholesterol levels.

PRC Community Health Needs Assessment
Merced County, California

Taking Action to Control High Blood Cholesterol Levels

(Among Adults With High Cholesterol)



Sources: PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 47]
2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: Asked of all respondents who have been diagnosed with high blood cholesterol levels.
In this case, the term "action" refers to medication, change in diet, and/or exercise.

About Cardiovascular Risk

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

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

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

Three health-related behaviors contribute markedly to cardiovascular disease:

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

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

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

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

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

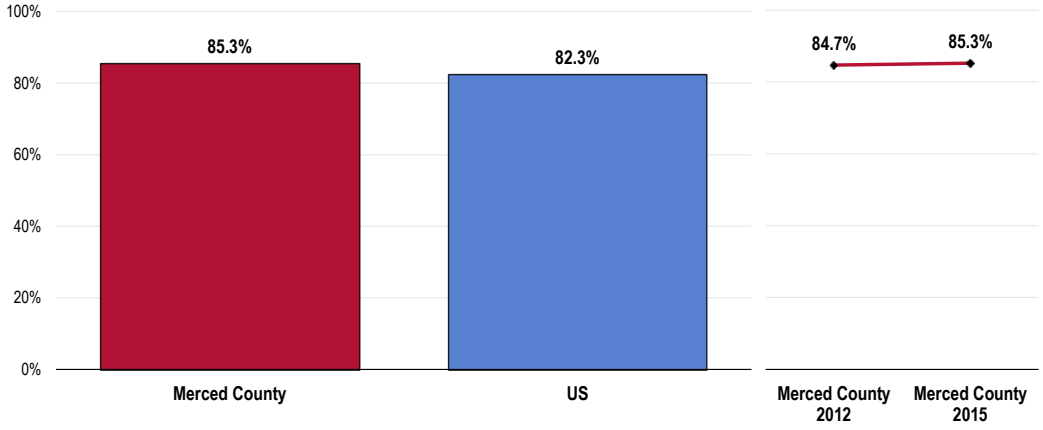
Total Cardiovascular Risk

A total of 85.3% of Merced County adults report one or more cardiovascular risk factors, such as being overweight, smoking cigarettes, being physically inactive, or having high blood pressure or cholesterol.

RELATED ISSUE: See also Nutrition & Overweight, Physical Activity & Fitness and Tobacco Use in the Modifiable Health Risk section of this report.

- Similar to national findings.
- TREND: Statistically similar to the 2012 findings.

Present One or More Cardiovascular Risks or Behaviors



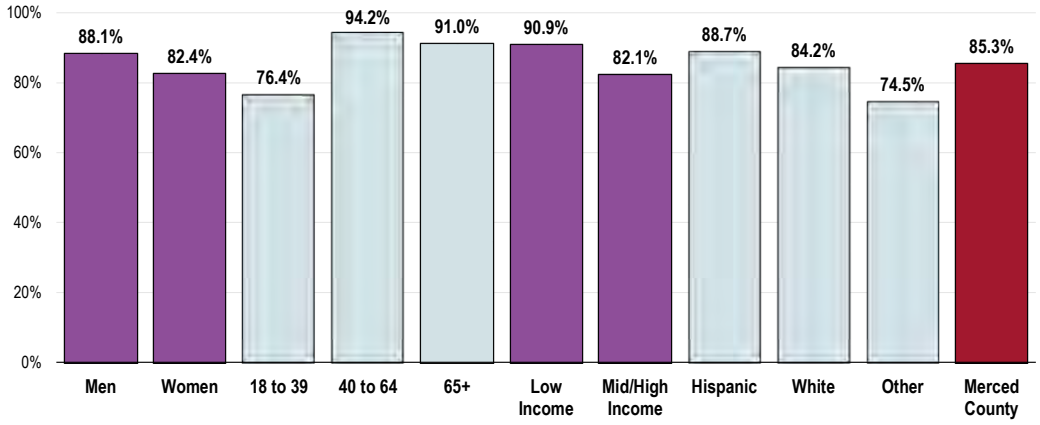
Sources: PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 127]
2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: Asked of all respondents.
Cardiovascular risk is defined as exhibiting one or more of the following: 1) no leisure-time physical activity; 2) regular/occasional cigarette smoking; 3) hypertension; 4) high blood cholesterol; and/or 5) being overweight/obese.

Adults more likely to exhibit cardiovascular risk factors include:

- Adults age 40 and older.

Present One or More Cardiovascular Risks or Behaviors

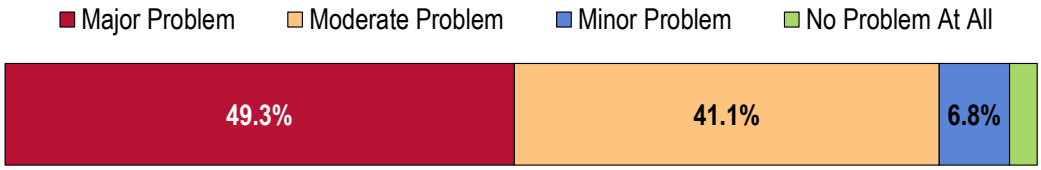
(Merced County, 2015)



Sources: 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 127]
Notes: Asked of all respondents.
Cardiovascular risk is defined as exhibiting one or more of the following: 1) no leisure-time physical activity; 2) regular/occasional cigarette smoking; 3) hypertension; 4) high blood cholesterol; and/or 5) being overweight/obese.
Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

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

(Key Informants, 2015)



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

Top Concerns

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

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Lack of Resources

We don't have a facility that will help Cardiologists perform stents or other heart related emergency operations. – Public Health Representative

A lack of adequate cardiovascular services. – Community/Business Leader

Family and friends have needed to go to other cities for stroke care and rehabilitation. Concerning Cardiac care, people in the community have stated they attempt to get care in the Emergency Department for the complaint of chest pains. – Public Health Representative

Healthy foods, access to medical care and time for exercise are not easily attainable. – Public Health Representative

Lack of available resources for acute treatment and chronic medical management. – Public Health Representative

Lack of available education and resources regarding lifestyle and eating habits. Affordable programs to increase physical activity. We need more education on the effects of smoking. – Public Health Representative

Lack of nutrition education and not enough physical activities. – Public Health Representative

Lack of knowledge for patients. – Social Services Provider

Evidence of sudden stroke symptoms and the necessity for prompt paramedic action requiring close connections between emergency assistance and heart and stroke centers in the region. – Physician

Behavioral Risk/Obesity

Poor eating habits, limited or no exercise, poor choices with drugs and alcohol, genetics. – Community/Business Leader

Diet, sedentary lifestyle, lack of needed availability of screening. Lack of patients at risk seeking screenings and risk reduction. Lack of family support. Lack of recognition of signs and symptoms. – Public Health Representative

As the population is living longer and is more obese, heart disease has grown to a larger problem. More people are living longer and at risk for strokes. – Social Services Provider

I believe it is a major concern in all communities, especially with the obesity epidemic coupled

with the prevalence of smoking. – Public Health Representative

Obesity-related heart disease. – Social Services Provider

I believe it is a major problem because of the high rate of attributing factors in our population; obesity, smoking, poor exercise habits, poor nutrition. – Health Provider

Obesity and smoking are a problem for many, especially low socio-economic groups. These lead to heart disease. – Physician

More clients due to obesity and nutrition have been diagnosed with heart disease and stroke. – Public Health Representative

High Prevalence

Heart attacks and strokes are killing too many people. – Public Health Representative

High frequency of ACS and stroke in the Emergency Department. – Physician

It is the leading cause of death. – Public Health Representative

These are major health issues generally speaking. – Physician

Vital statistics show it is an issue. – Social Services Provider

Too many heart and stroke incidents in our community. Lack of early education on maintenance and prevention. – Public Health Representative

Cancer

About Cancer

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

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

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

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

- Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Cancer Deaths

All Cancer Deaths

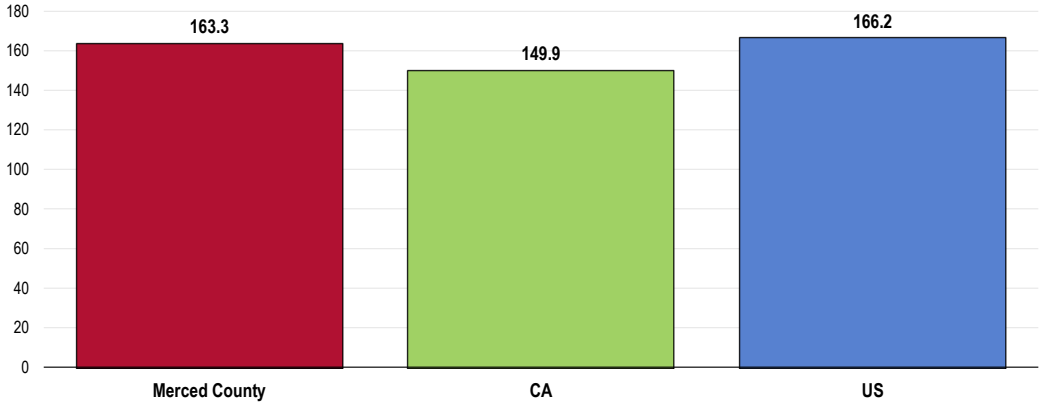
Between 2011 and 2013, there was an annual average age-adjusted cancer mortality rate of 163.3 deaths per 100,000 population in Merced County.

- Less favorable than the statewide rate.
- Similar to the national rate.
- Similar to the Healthy People 2020 target of 161.4 or lower.

Cancer: Age-Adjusted Mortality

(2011-2013 Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 161.4 or Lower



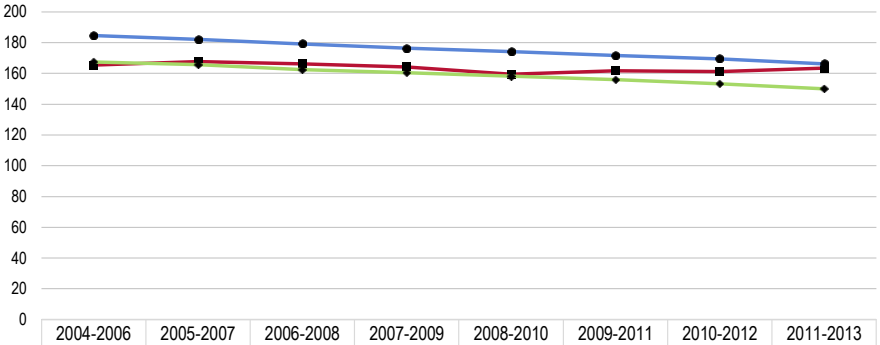
Sources: CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted May 2015.
US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective C-1]

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

Cancer: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 161.4 or Lower



	2004-2006	2005-2007	2006-2008	2007-2009	2008-2010	2009-2011	2010-2012	2011-2013
Merced County	165.4	167.7	166.3	164.1	159.5	161.7	161.2	163.3
CA	167.5	165.7	162.4	160.5	158.2	155.9	153.2	149.9
US	184.6	182.1	179.2	176.4	174.2	171.8	169.4	166.2

Sources: CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted May 2015.
US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective C-1]

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

Cancer Deaths by Site

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

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

As can be seen in the following chart (referencing 2011-2013 annual average age-adjusted death rates):

- The Merced County **lung cancer** death rate is higher than the state rate and more favorable than the national rate.
- The Merced County **female breast cancer** death rate is similar to both the California and US rates.
- The Merced County **prostate cancer** death rate is lower than both the state and national rates.
- The Merced County **colorectal cancer** death rate is higher than both the state and national rates.

Note that while the Merced County lung cancer and prostate cancer death rates detailed below satisfy their related Healthy People 2020 targets, and the county's female breast cancer

Age-Adjusted Cancer Death Rates by Site

(2011-2013 Annual Average Deaths per 100,000 Population)

	Merced County	California	US	HP2020
Lung Cancer	39.5	33.3	44.7	45.5
Female Breast Cancer	20.9	20.6	21.3	20.7
Prostate Cancer	18.7	19.8	19.8	21.8
Colorectal Cancer	16.6	13.6	14.9	14.5

Sources: CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted May 2015.
US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov

Cancer Incidence

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

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

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

Between 2007and 2011, Merced County had an annual average age-adjusted incidence rate of prostate cancer of 126.3 cases per 100,000 population.

- Better than the statewide incidence rate.
- Better than the national incidence rate.

There was an annual average age-adjusted incidence rate of 108.2 female breast cancer cases per 100,000 in Merced County.

- More favorable than the statewide incidence rate.
- More favorable than the national incidence rate.

There was an annual average age-adjusted incidence rate of 61.4 lung cancer cases per 100,000 in Merced County.

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

There was an annual average age-adjusted incidence rate of colorectal cancer of 39.4 cases per 100,000 in Merced County.

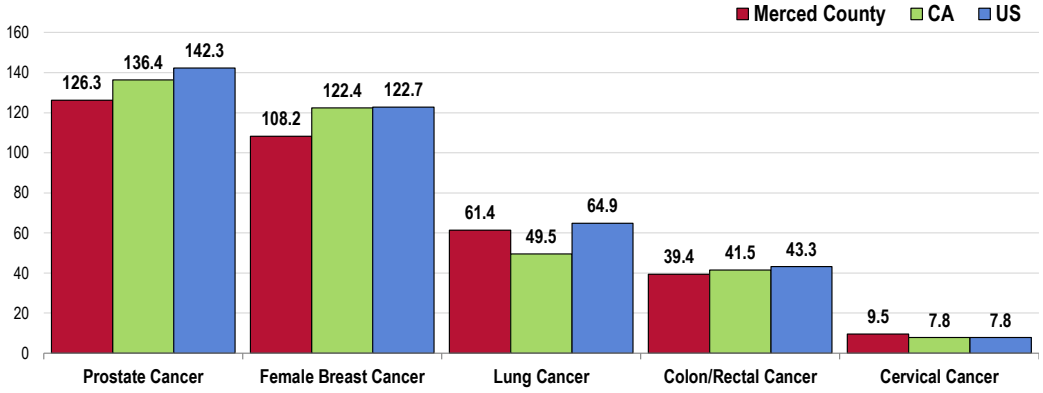
- More favorable than the statewide incidence rate.
- More favorable than the national incidence rate.

There was an annual average age-adjusted incidence rate of cervical cancer of 9.5 cases per 100,000 in Merced County.

- Worse than the statewide incidence rate.
- Worse than the national incidence rate.

Cancer Incidence Rates by Site

(Annual Average Age-Adjusted Incidence per 100,000 Population, 2007-2011)



Sources: State Cancer Profiles: 2007-11.
Retrieved May 2015 from Community Commons at http://www.chna.org.

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

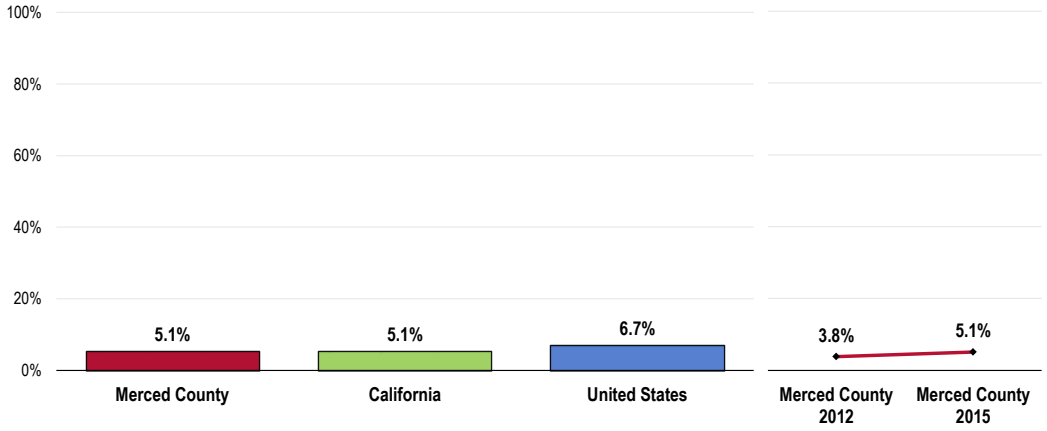
Prevalence of Cancer

Skin Cancer

A total of 5.1% of surveyed Merced County adults report having been diagnosed with skin cancer.

PRC Community Health Needs Assessment
Merced County, California

Prevalence of Skin Cancer



Sources: PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 31]
Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2013 California data.
2013 PRC National Health Survey, Professional Research Consultants, Inc.

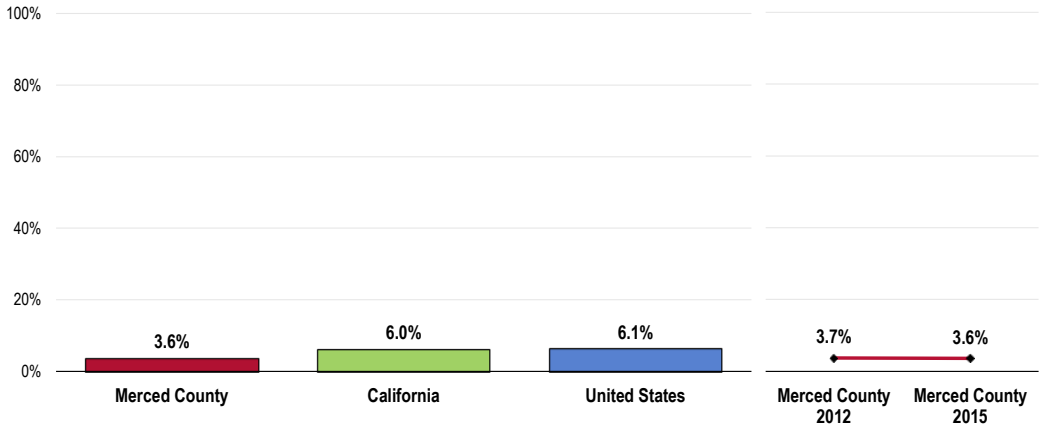
Notes: Asked of all respondents.

Other Cancer

A total of 3.6% of respondents have been diagnosed with some type of (non-skin) cancer.

PRC Community Health Needs Assessment
Merced County, California

Prevalence of Cancer (Other Than Skin Cancer)



Sources: PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 30]
Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2013 California data.
2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: Asked of all respondents.

Cancer Risk

RELATED ISSUE: See also *Nutrition & Overweight*, *Physical Activity & Fitness* and *Tobacco Use* in the **Modifiable Health Risk** section of this report.

About Cancer Risk

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

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

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

Cancer Screenings

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

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

Female Breast Cancer Screening

About Screening for Breast Cancer

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

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

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

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

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

Mammography

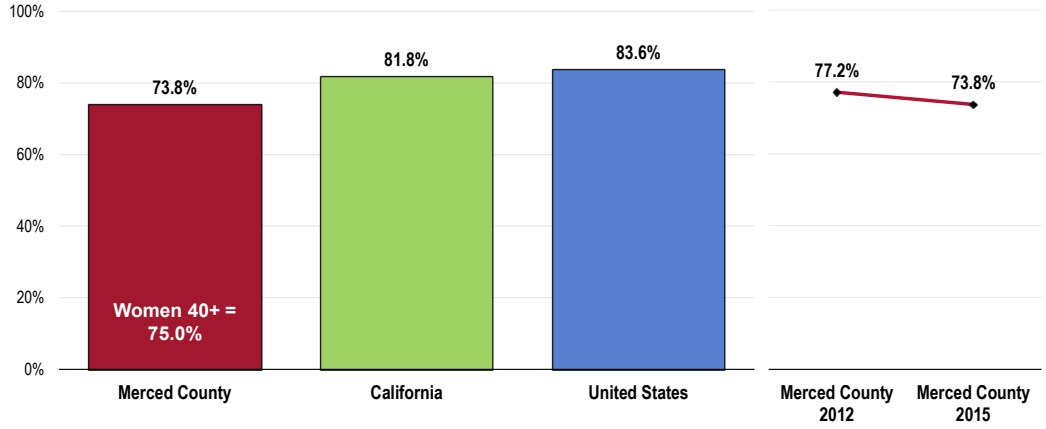
Among women age 50-74, 73.8% have had a mammogram within the past two years.

- Lower than statewide findings (which represent all women 50+).
- Lower than national findings.
- Comparable to the Healthy People 2020 target (81.1% or higher).
- Among women 40+, 75.0% have had a mammogram in the past two years.
- TREND: Statistically unchanged since 2012.

Have Had a Mammogram in the Past Two Years

(Among Women Age 50-74)

Healthy People 2020 Target = 81.1% or Higher



Sources: PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 128-129]
Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2012 California data.
2013 PRC National Health Survey, Professional Research Consultants, Inc.
US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective C-17]

Notes: Reflects female respondents 50-74.
*Note that state data reflects all women 50 and older (vs. women 50-74 in local, US and Healthy People data).

Cervical Cancer Screenings

About Screening for Cervical Cancer

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

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

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

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

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

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

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

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

Pap Smear Testing

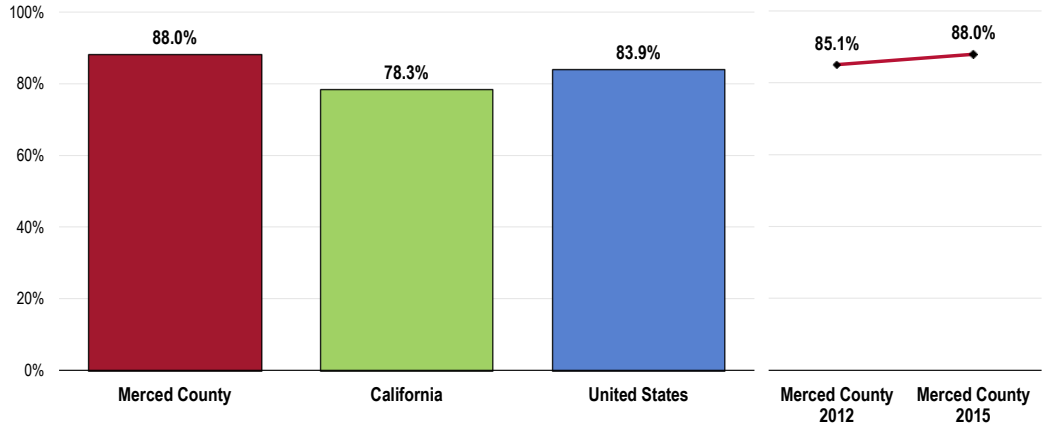
Among women age 21 to 65, 88.0% have had a Pap smear within the past three years.

- More favorable than the California findings (which represents all women 18+).
- Comparable to national findings.
- Fails to satisfy the Healthy People 2020 target (93% or higher).
- TREND: Statistically unchanged since 2012.

Have Had a Pap Smear in the Past Three Years

(Among Women Age 21-65)

Healthy People 2020 Target = 93.0% or Higher



Sources: PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 130]
Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2012 California data.
2013 PRC National Health Survey, Professional Research Consultants, Inc.
US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective C-15]

Notes: Reflects female respondents age 21 to 65.
*Note that the CA percentage represents all women age 18 and older.

Colorectal Cancer Screenings

About Screening for Colorectal Cancer

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

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

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

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

Colorectal Cancer Screening

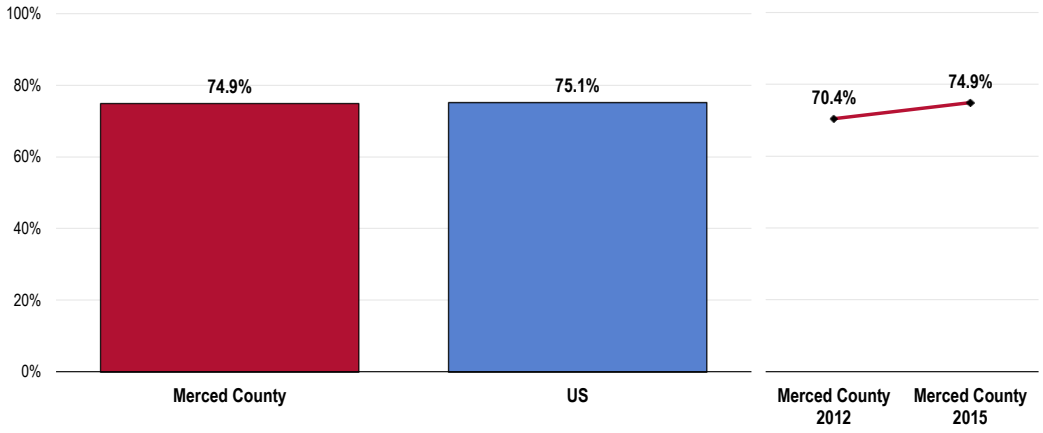
Among adults age 50–75, 74.9% have had an appropriate colorectal cancer screening (fecal occult blood testing within the past year and/or sigmoidoscopy/colonoscopy [lower endoscopy] within the past 10 years).

- Similar to national findings.
- Satisfies the Healthy People 2020 target (70.5% or higher).
- TREND: Statistically unchanged since 2012.

Have Had a Colorectal Cancer Screening

(Among Adults Age 50-75)

Healthy People 2020 Target = 70.5% or Higher



Sources: PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 133]
2013 PRC National Health Survey, Professional Research Consultants, Inc.
US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective C-16]

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

Lower Endoscopy

Among adults age 50 and older, more than three-fourths (77.5%) have had a lower endoscopy (sigmoidoscopy or colonoscopy) at some point in their lives.

- More favorable than California findings.
- Similar to national findings.

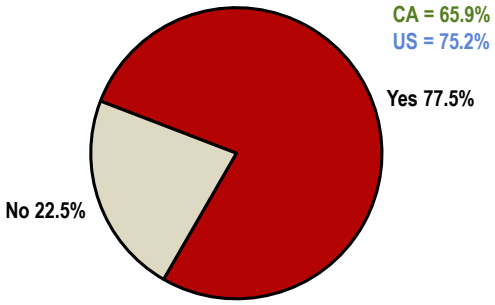
Blood Stool Testing

Among adults age 50 and older, 29.2% have had a blood stool test (aka "fecal occult blood test") within the past two years.

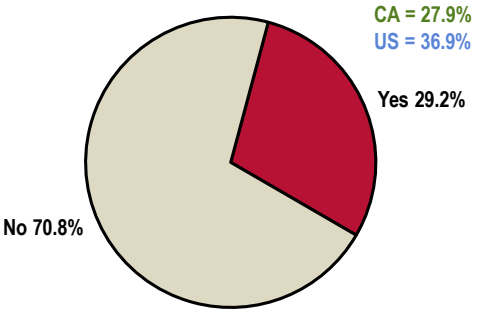
- Comparable to California findings.
- Lower than national findings.

Colorectal Cancer Screenings

(Among Merced County Adults Age 50 and Older, 2015)



Ever Had Lower Endoscopy



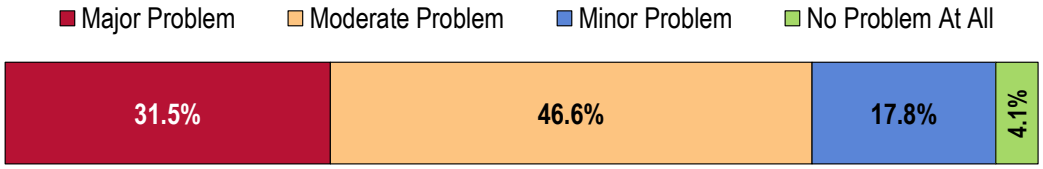
Blood Stool Test in Past 2 Years

Sources: PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 131-132]
Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2012 California data.
Notes: Asked of respondents age 50 and older.
Lower endoscopy includes either sigmoidoscopy or colonoscopy.

PRC Community Health Needs Assessment
Merced County, California

Perceptions of Cancer as a Problem in the Community

(Key Informants, 2015)



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

Top Concerns

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

95 *High Rate of Cancer*

> *We have more people diagnosed with cancer recently. – Public Health Representative*
>
> *The number of people being diagnosed and dying because of cancer is increasing. – Public Health Representative*
>
> *According to the Merced County Health Status Profile 2012, it indicated that all cancers are the leading cause of death in Merced County. – Public Health Representative*

> *It seems that everyone you know, family and friends, have or have had cancer versus 30 years ago. – Public Health Representative*
>
> *People die here every day from cancer. – Health Provider*
>
> *Increasing the diagnosis of cancer. Treatments of cancers vary and one cancer center may not provide an appropriate treatment course or available cancer specialists. – Physician*
>
> *I hear the statistics are high for our community due to the large numbers of people who have smoked in the past, have been exposed to poor air quality and have been exposed to pesticides in our food and on their jobs. – Social Services Provider*

Lack of Resources

> *Having to go out of town to receive better care. – Social Services Provider*
>
> *Many people I know dealing with various forms of cancer must go out of the area for what they feel are competent specialists. More options have become available in the last 4-6 years for local treatments, but the longevity of expertise has not yet been established. – Public Health Representative*
>
> *In spite of two, maybe more in the county, cancer centers in town, many people seek cancer care at tertiary care centers in this community. That must strain the resources of families and patients. – Physician*

Incidence of Childhood Cancer

> *I worked in a program where referrals were made on incidents of child cancer. I know many folks who have had and passed away or are recently diagnosed. That's just me. I imagine there is a problem if I can identify many in my circle. – Public Health Representative*

Lack of Early Detection and Treatment

> *Cancer is a problem because early detection and treatment is a problem and some hard to reach groups with ethnic and socio-economic have no awareness programs available. Cancer is often detected too late for many people. – Physician*

Environmental Risks

> *We live in an area that utilizes pesticides and other chemicals that are dangerous to our health. – Social Services Provider*

Tobacco/Smoking

> *Tobacco products. Marketing tobacco products to youth, resulting in addiction. – Public Health Representative*

Respiratory Disease

About Asthma & COPD

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

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

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

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

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

Risk factors for asthma currently being investigated include:

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

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

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

- Healthy People 2020 (www.healthypeople.gov)

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

Age-Adjusted Respiratory Disease Deaths

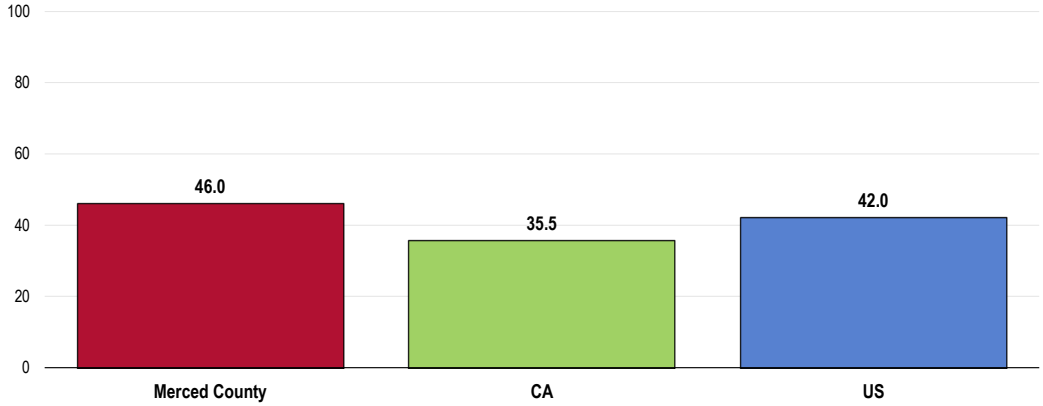
Chronic Lower Respiratory Disease Deaths (CLRD)

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

Between 2011 and 2013, there was an annual average age-adjusted CLRD mortality rate of 46.0 deaths per 100,000 population in Merced County.

CLRD: Age-Adjusted Mortality

(2011-2013 Annual Average Deaths per 100,000 Population)



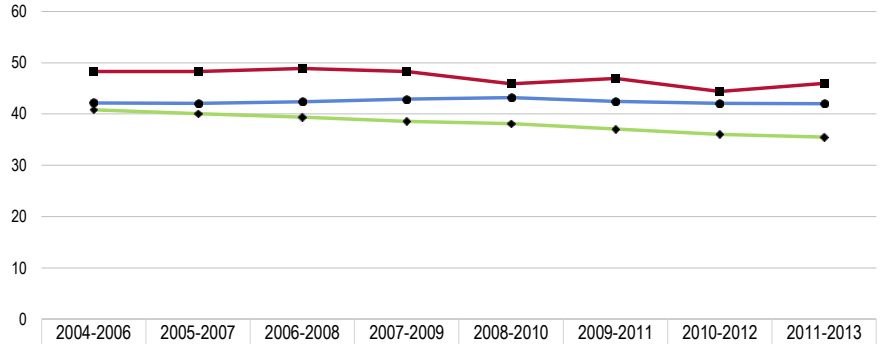
Sources: CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted May 2015.

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

- TREND: CLRD mortality has not shown a clear trend in Merced County over time, but has remained consistently above the state and national rates.

CLRD: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)



	2004-2006	2005-2007	2006-2008	2007-2009	2008-2010	2009-2011	2010-2012	2011-2013
Merced County	48.3	48.3	48.9	48.3	45.9	47.0	44.4	46.0
CA	40.8	40.1	39.4	38.6	38.1	37.1	36.1	35.5
US	42.2	42.1	42.4	42.9	43.2	42.5	42.1	42.0

Sources: CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted May 2015.

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

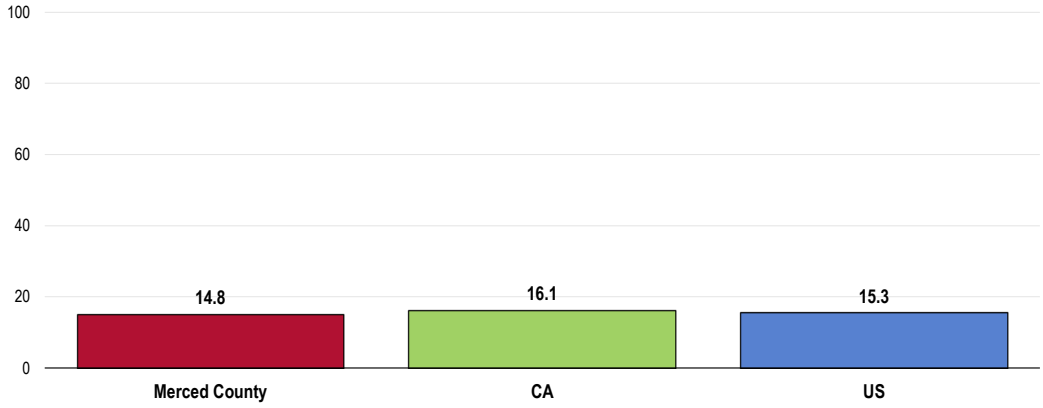
Pneumonia/Influenza Deaths

Between 2011 and 2013, there was an annual average age-adjusted pneumonia influenza mortality rate of 14.8 deaths per 100,000 population in Merced County.

For prevalence of vaccinations for pneumonia and influenza, see also *Immunization & Infectious Disease*.

Pneumonia/Influenza: Age-Adjusted Mortality

(2011-2013 Annual Average Deaths per 100,000 Population)



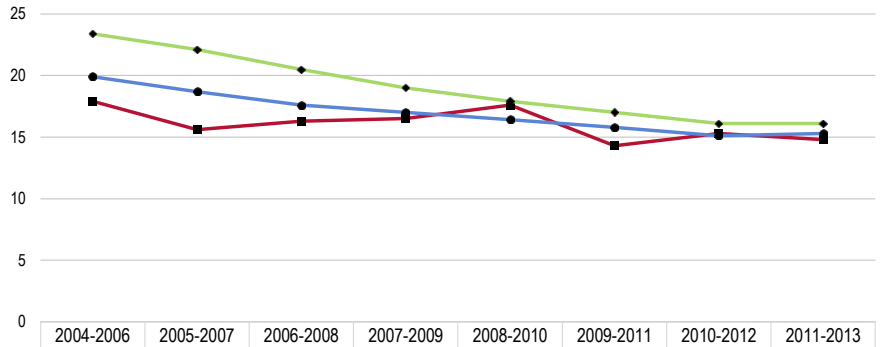
Sources: CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted May 2015.

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

- TREND: Despite fluctuations, pneumonia/influenza mortality has decreased over the

Pneumonia/Influenza: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)



	2004-2006	2005-2007	2006-2008	2007-2009	2008-2010	2009-2011	2010-2012	2011-2013
Merced County	17.9	15.6	16.3	16.5	17.6	14.3	15.3	14.8
CA	23.4	22.1	20.5	19.0	17.9	17.0	16.1	16.1
US	19.9	18.7	17.6	17.0	16.4	15.8	15.1	15.3

Sources: CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted May 2015.

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

Chronic Obstructive Pulmonary Disease (COPD)

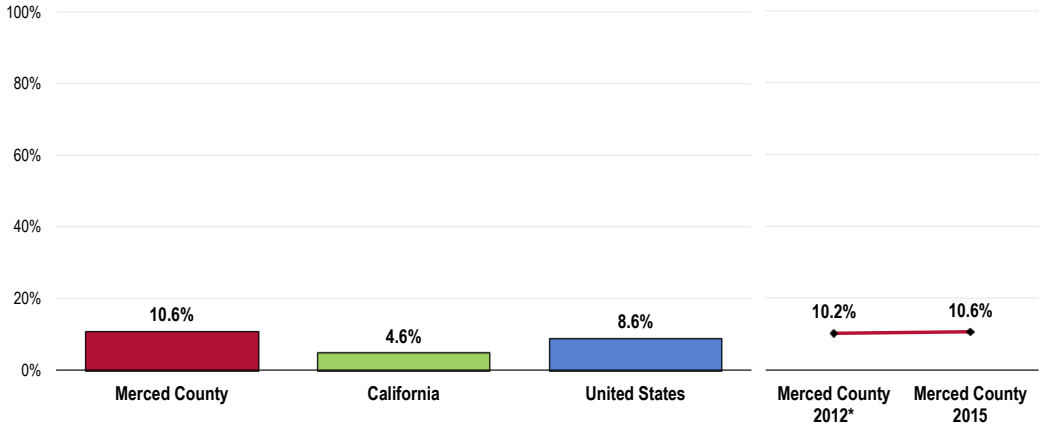
Survey respondents were next asked to indicate whether they suffer from or have been diagnosed with various respiratory conditions, including asthma and COPD.

A total of 10.6% of Merced County adults suffer from chronic obstructive pulmonary disease (COPD, including emphysema and bronchitis).

- More than twice the state prevalence.
- Similar to the national prevalence.
- NOTE: in prior data, this question was asked slightly differently; respondents in 2012 were asked if they had ever been diagnosed with "chronic lung disease, including bronchitis or emphysema," rather than "COPD or chronic obstructive pulmonary disease, including bronchitis or emphysema" as is asked currently.

  TREND: In comparing to 2012 data, the change in prevalence is not statistically significant.

Prevalence of Chronic Obstructive Pulmonary Disease (COPD)



Sources: PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 25]
Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2013 California data.
2013 PRC National Health Survey, Professional Research Consultants, Inc.

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

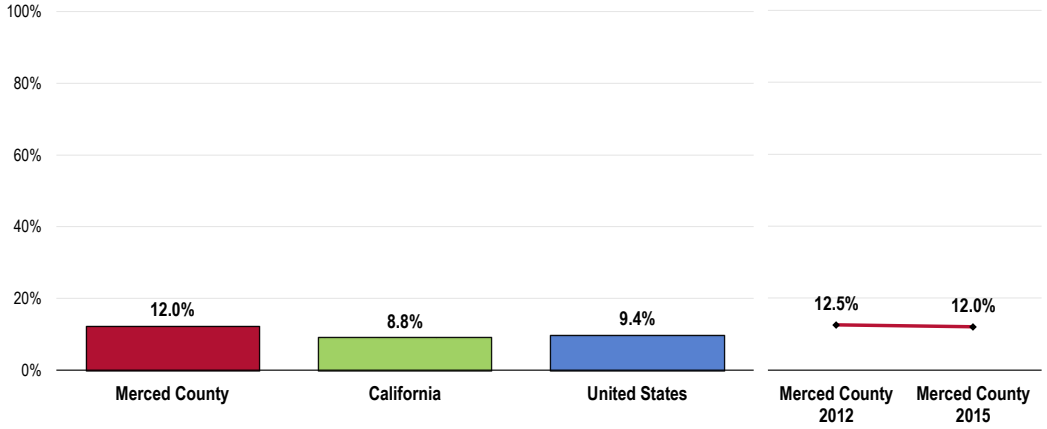
Asthma

Adults

A total of 12.0% of Merced County adults currently suffer from asthma.

- Similar to the statewide prevalence

Adult Asthma: Current Prevalence

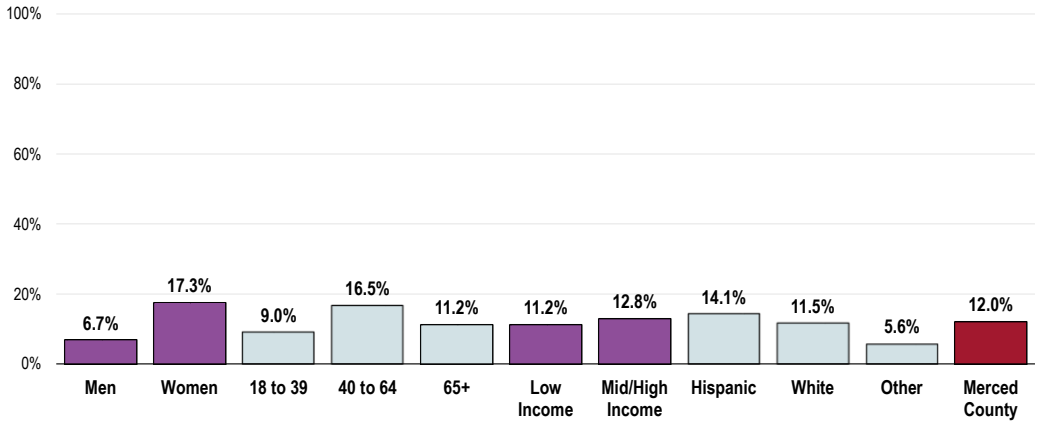


Sources: PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 134]
2013 PRC National Health Survey, Professional Research Consultants, Inc.
Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2013 California data.

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

The following adults are more likely to suffer from asthma:

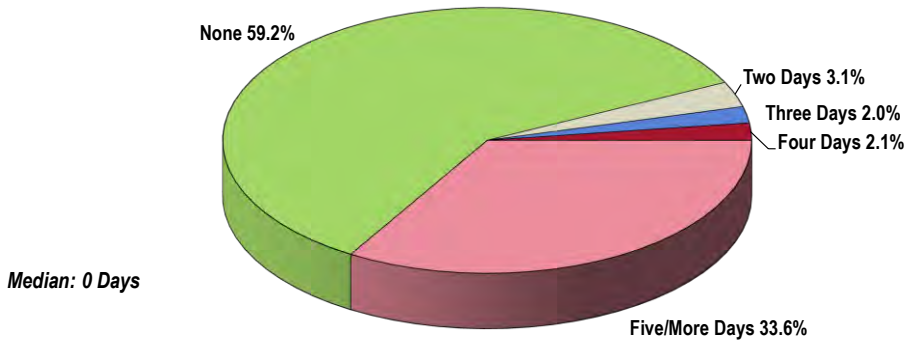
Currently Have Asthma
(Merced County, 2015)



Sources: 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 134]
Notes: Asked of all respondents.
Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

A total of 37.7% of respondents with asthma report three or more days in the past year on which they were unable to work or carry out their usual activities because of their

Number of Days in Past Year on Which Asthma Interfered With Work or Usual Activities
(Among Merced County Adults w/Asthma, 2015)



Sources: 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 301]
Notes: Asked of all respondents with asthma.

Children

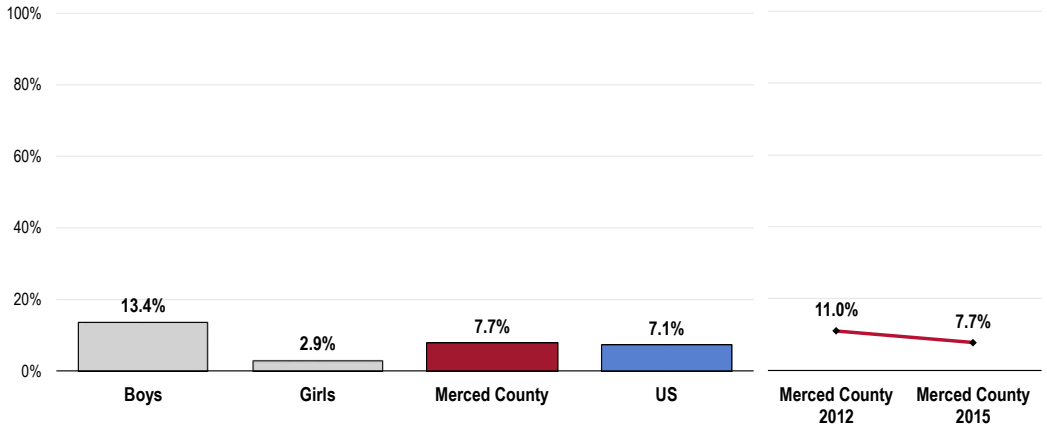
Among Merced County children under age 18, 7.7% currently have asthma.

- Similar to national findings.
- TREND: The prevalence of children with asthma has not changed significantly over

PRC Community Health Needs Assessment
Merced County, California

Childhood Asthma: Current Prevalence

(Among Parents of Children Age 0-17)

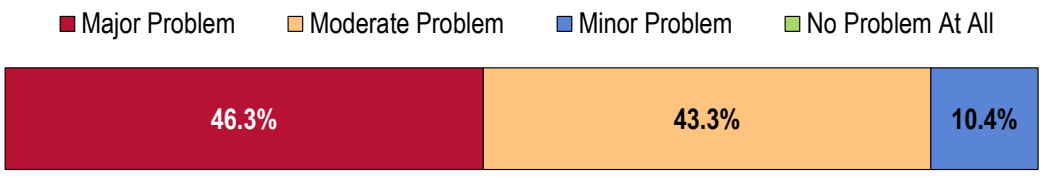


Sources: PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 135]
2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: Asked of all respondents with children 0 to 17 in the household.
Includes children who have ever been diagnosed with asthma, and whom are reported to still have asthma.

PRC Community Health Needs Assessment
Merced County, California

Perceptions of Respiratory Diseases as a Problem in the Community

(Key Informants, 2015)



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

Top Concerns

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

Air Pollution/Quality

Poor air quality, high rates of smoking and substance use. – Public Health Representative

With the valley air being at unhealthy levels, it creates breathing issues. – Community/Business Leader

Poor air quality, smoking, high agriculture area. – Health Provider

I believe this is an issue because this is an agriculture area where a lot of pesticides are and smog and it affects our air. – Public Health Representative

Air pollution levels, high pollen levels, prevalence of increased allergies with smoke and automobile exhaust levels. – Public Health Representative

With dust, pollutants, smoking and drug abuse, high incidence of chronic lung problems. Add to that the Central Valley Fever particular to this area. – Physician

Air quality is bad in this region and there, smoking is a problem. – Physician

Air quality, tobacco use. – Physician

Very poor air quality. – Physician

Air pollution. – Public Health Representative

Air quality in the Central Valley is horrendous. We have one of the highest ratings for poor air quality. Asthma rates, especially among children, is very high. – Public Health Representative

Central Valley air. – Public Health Representative

Poor air quality. – Public Health Representative

Bad air quality and overweight have been leading to respiratory disease. – Public Health Representative

Poor air quality in our county. – Public Health Representative

Allergies and Asthma

Asthma and allergies from living in the valley. – Physician

Asthma is a chronic disease that many persons living and working in Central Valley, including Merced County, develop due to air quality, working in fields and harvesting, construction and other occupations where exposed to dust, gravel and pollen. – Physician

Resources

Finding a specialist. – Social Services Provider

Tobacco

Tobacco abuse and not enough physical activities. – Public Health Representative

Injury & Violence

About Injury & Violence

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

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

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

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

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

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

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

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

Efforts to prevent violence may focus on:

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

- Healthy People 2020 (www.healthypeople.gov)

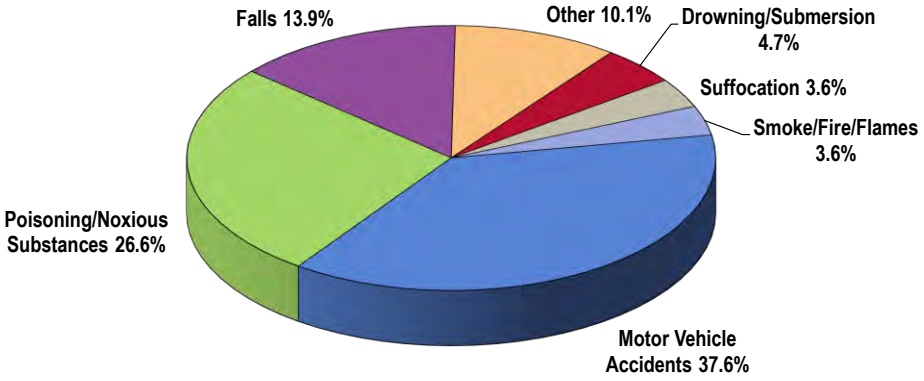
Leading Causes of Accidental Death

Motor vehicle accidents, poisoning (including accidental drug overdose), and falls accounted for 78.1% of accidental deaths in Merced County from 2011 to 2013.

Other accidental causes of death to note included drowning/submersion, suffocation, and smoke/fire/flames, as shown in the following chart.

Leading Causes of Accidental Death

(Merced County, 2011-2013)



Sources: CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted May 2015.

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

Unintentional Injury

Age-Adjusted Unintentional Injury Deaths

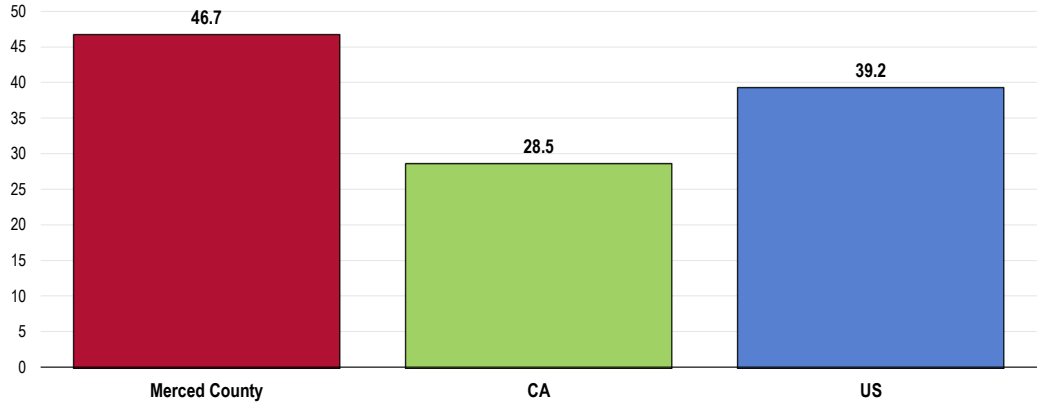
Between 2011 and 2013, there was an annual average age-adjusted unintentional injury mortality rate of 46.7 deaths per 100,000 population in Merced County.

- Much less favorable than the California rate.

Unintentional Injuries: Age-Adjusted Mortality

(2011-2013 Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 36.4 or Lower



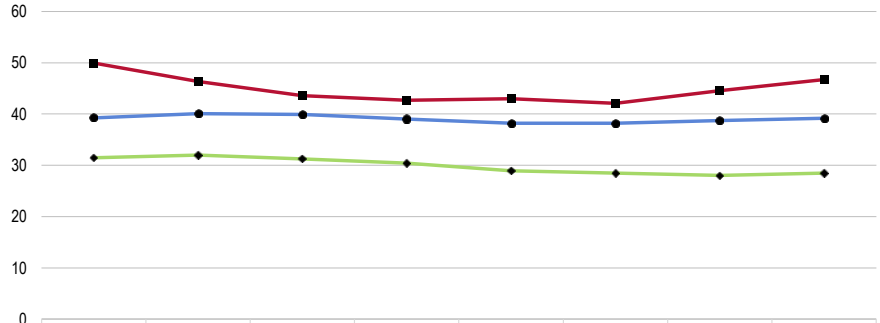
Sources: CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted May 2015.
US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IVP-11]

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

Unintentional Injuries: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 36.4 or Lower



	2004-2006	2005-2007	2006-2008	2007-2009	2008-2010	2009-2011	2010-2012	2011-2013
Merced County	50.0	46.4	43.6	42.7	43.0	42.1	44.5	46.7
CA	31.5	32.0	31.3	30.4	28.9	28.5	28.0	28.5
US	39.3	40.0	39.9	39.0	38.2	38.2	38.7	39.2

Sources: CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted May 2015.
US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IVP-11]

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

Motor Vehicle Safety

Age-Adjusted Motor-Vehicle Related Deaths

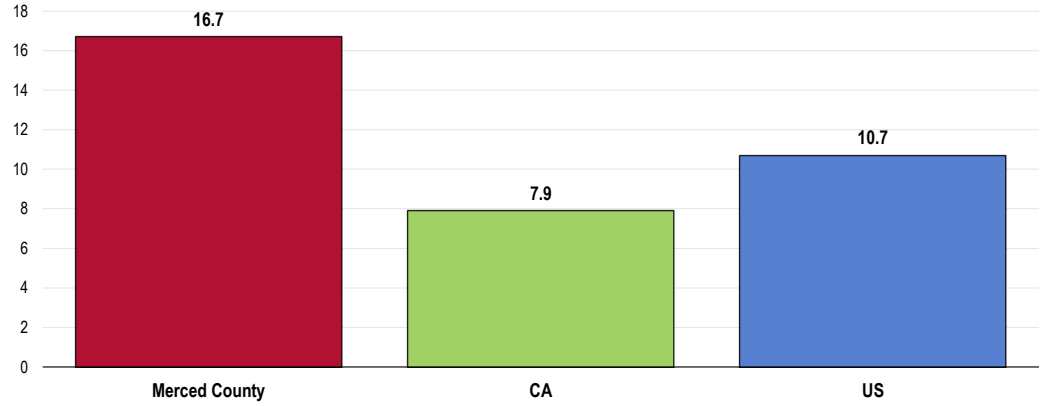
Between 2011 and 2013 there was an annual average age-adjusted motor vehicle crash mortality rate of 16.7 deaths per 100,000 population in Merced County.

- Twice as high as the statewide rate.
- Much higher than found nationally.
- Fails to satisfy the Healthy People 2020 target (12.4 or lower).

Motor Vehicle Crashes: Age-Adjusted Mortality

(2011-2013 Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 12.4 or Lower



Sources: CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted May 2015.
US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IVP-13.1]

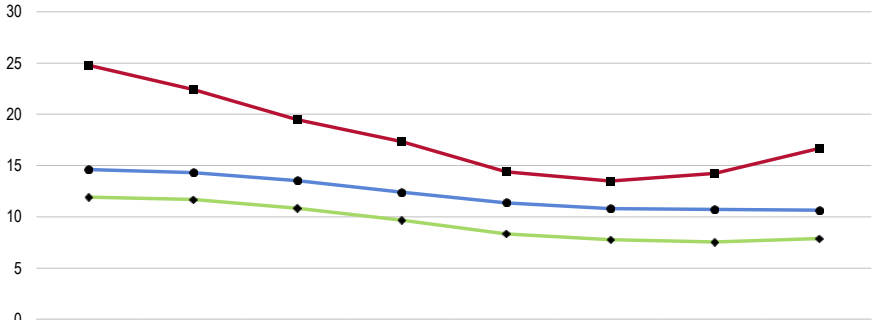
Notes: Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

- TREND: The motor vehicle mortality rate in Merced County has decreased overall in

Motor Vehicle Crashes: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 12.4 or Lower



	2004-2006	2005-2007	2006-2008	2007-2009	2008-2010	2009-2011	2010-2012	2011-2013
Merced County	24.8	22.4	19.5	17.3	14.4	13.5	14.2	16.7
CA	11.9	11.7	10.8	9.7	8.3	7.8	7.6	7.9
US	14.6	14.3	13.5	12.4	11.4	10.8	10.7	10.7

Sources: CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted May 2015.
US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IVP-13.1]

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

Seat Belt Usage - Adults

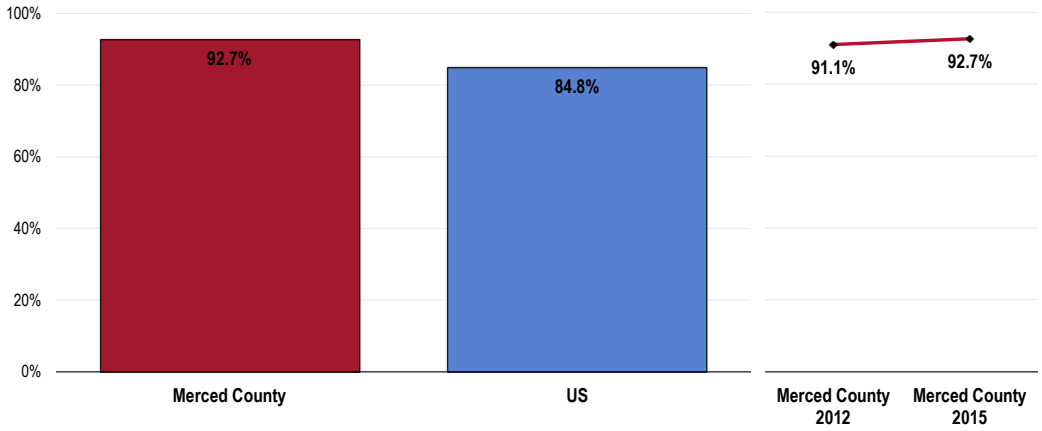
Most Merced County adults (92.7%) report "always" wearing a seat belt when driving or riding in a vehicle.

- More favorable than the percentage found nationally.
- Similar to the Healthy People 2020 target of 92.0% or higher

PRC Community Health Needs Assessment
Merced County, California

"Always" Wear a Seat Belt When Driving or Riding in a Vehicle

Healthy People 2020 Target = 92.0% or Higher



Sources: PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 49]
2013 PRC National Health Survey, Professional Research Consultants, Inc.
US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IVP-15]
Notes: Asked of all respondents.

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- Differences in seat belt usage within demographic groups, as illustrated in the following chart, are not statistically significant.

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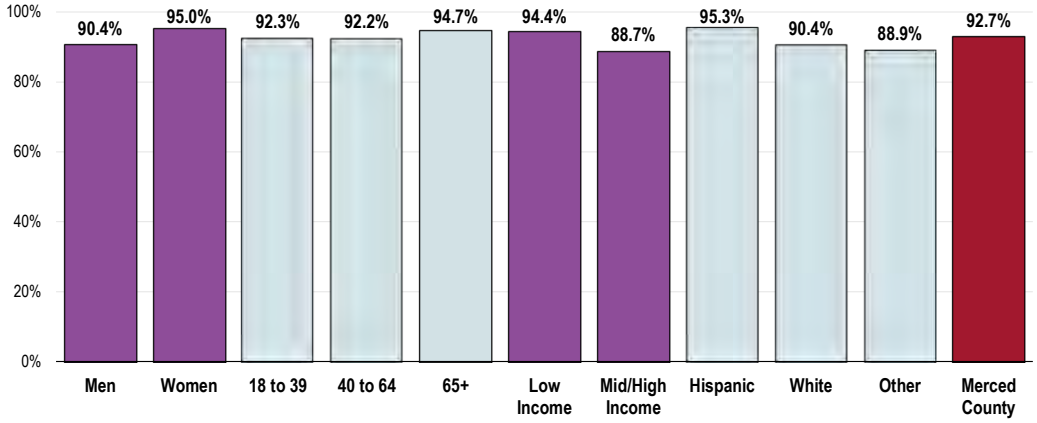
"Always" Wear a Seat Belt When Driving or Riding in a Vehicle

(Merced County, 2015)

Healthy People 2020 Target = 92.0% or Higher



Sources: 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 49]
US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IVP-15]

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

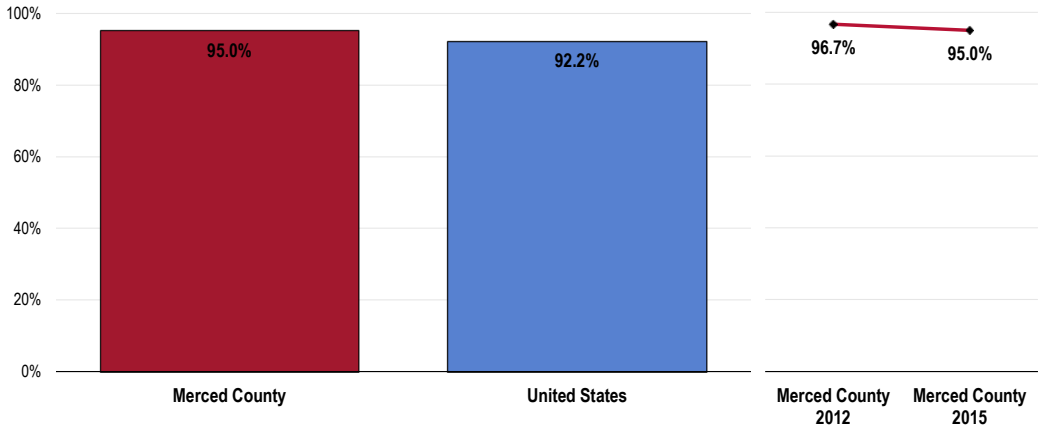
Seat Belt Usage - Children

A full 95.0% of Merced County parents report that their child (age 0 to 17) "always" wears a seat belt (or appropriate car seat for younger children) when riding in a vehicle.

- Statistically similar to what is found nationally.

Child "Always" Wears a Seat Belt or Appropriate Restraint When Riding in a Vehicle

(Among Parents of Children Age 0-17)



Sources: PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 122]
2013 PRC National Health Survey, Professional Research Consultants, Inc.

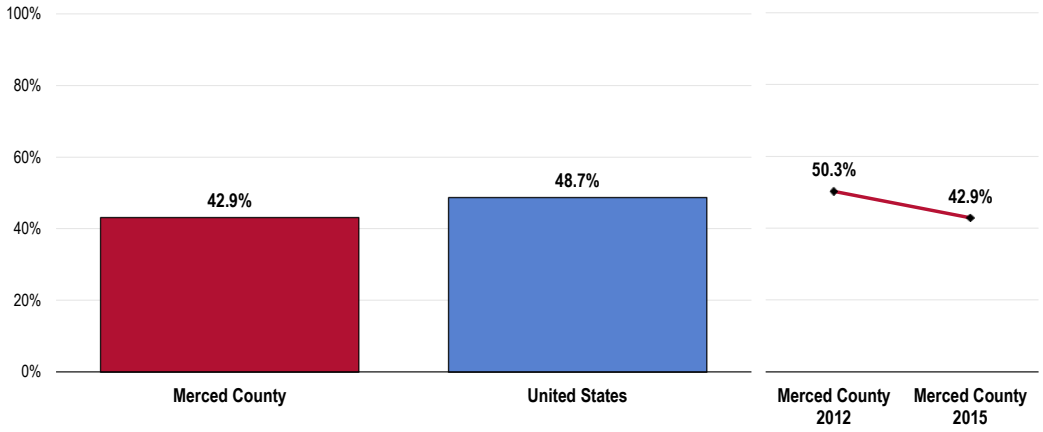
Notes: Asked of all respondents with children 0 to 17 in the household.

Bicycle Safety

Of Merced County children age 5 to 17, 42.9% are reported to "always" wear a helmet when riding a bicycle.

PRC Community Health Needs Assessment
Merced County, California

Child "Always" Wears a Helmet When Riding a Bicycle
(Among Parents of Children Age 5-17)



Sources: PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 121]
2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: Asked of all respondents with children age 5 to 17 at home.

Firearm Safety

Age-Adjusted Firearm-Related Deaths

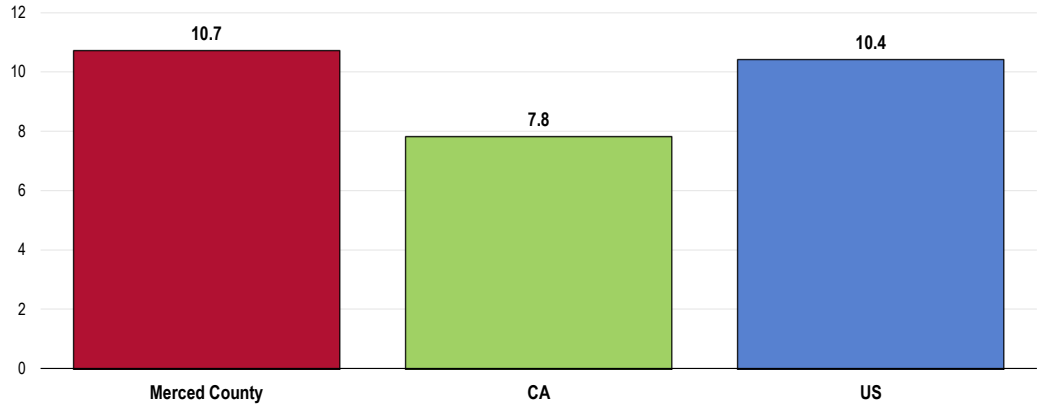
Between 2011 and 2013, there was an annual average age-adjusted rate of 10.7 deaths per 100,000 population due to firearms in Merced County.

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

Firearms-Related Deaths: Age-Adjusted Mortality

(2011-2013 Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 9.3 or Lower



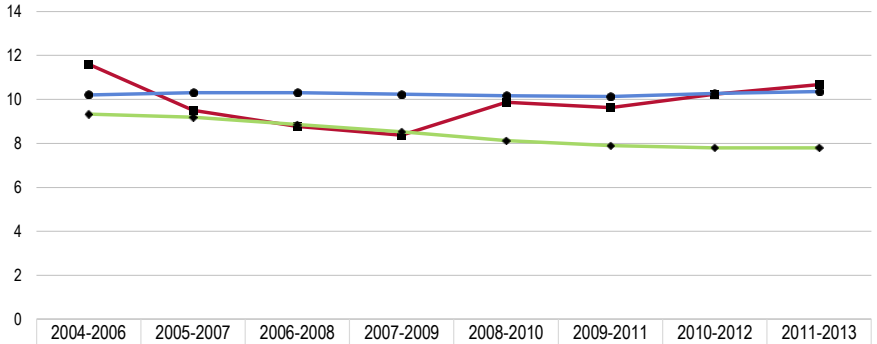
Sources: CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted May 2015.
US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IVP-30]

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

Firearms-Related Deaths: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 9.3 or Lower



	2004-2006	2005-2007	2006-2008	2007-2009	2008-2010	2009-2011	2010-2012	2011-2013
Merced County	11.6	9.5	8.8	8.4	9.9	9.6	10.2	10.7
CA	9.3	9.2	8.9	8.5	8.1	7.9	7.8	7.8
US	10.2	10.3	10.3	10.2	10.2	10.1	10.3	10.4

Sources: CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted May 2015.
US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IVP-30]

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

Presence of Firearms in Homes

Survey respondents were further asked about the presence of weapons in the home:

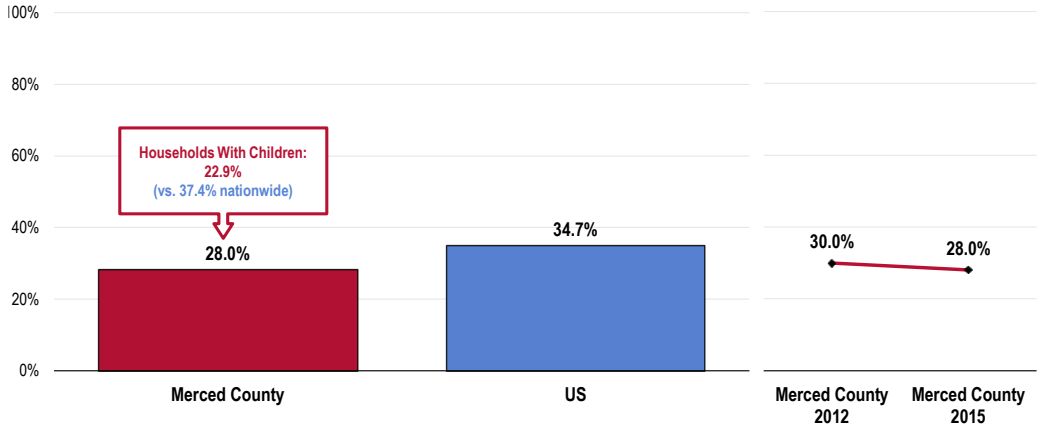
"Are there any firearms now kept in or around your home, including those kept in a garage, outdoor storage area, truck, or car? For the purposes of this inquiry, 'firearms' include pistols, shotguns, rifles, and other types of guns, but do NOT include starter pistols, BB guns, or guns that cannot fire."

Over one-fourth (28.0%) of Merced County adults has a firearm kept in or around their home.

- Lower than the national prevalence.
- TREND: Similar to that reported in 2012.
- Among Merced County households with children, 22.9% have a firearm kept in or

PRC Community Health Needs Assessment
Merced County, California

Have a Firearm Kept in or Around the Home



Sources: PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 52, 137]
2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: Asked of all respondents.
In this case, firearms include pistols, shotguns, rifles, and other types of guns; this does not include starter pistols, BB guns, or guns that cannot fire.

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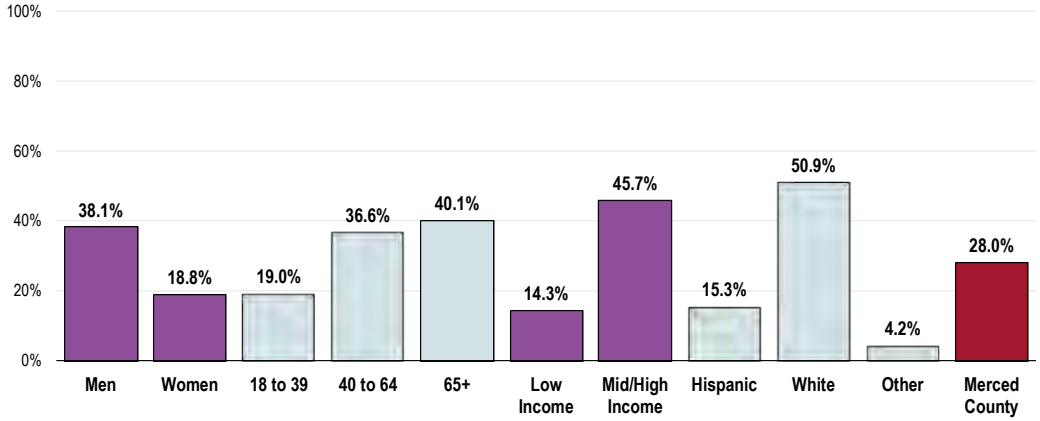
Reports of firearms in or around the home are more prevalent among the following respondent groups:

- Men.
- Adults 40 or older.
- Higher-income households.
- White respondents.

Have a Firearm Kept in or Around the House

(Merced County, 2015)

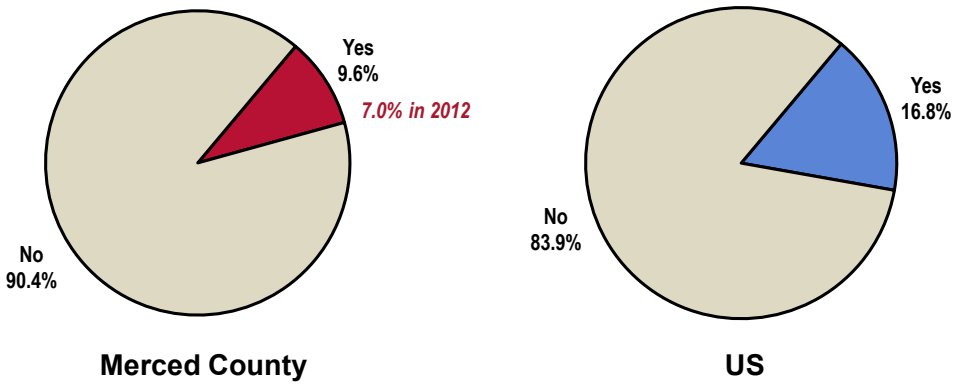


Sources: 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 52]
Notes: Asked of all respondents.
In this case, firearms include pistols, shotguns, rifles, and other types of guns; this does not include starter pistols, BB guns, or guns that cannot fire.
Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Among Merced County households with firearms, 9.6% report that there is at least one weapon that is kept unlocked and loaded.

Household Has An Unlocked, Loaded Firearm

(Among Respondents Reporting a Firearm in or Around the Home)



Sources: PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 138]
2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: Asked of all respondents with a firearm in or around the home.
In this case, firearms include pistols, shotguns, rifles, and other types of guns; this does not include starter pistols, BB guns, or guns that cannot fire.

Intentional Injury (Violence)

Age-Adjusted Homicide Deaths

Between 2011 and 2013, there was an annual average age-adjusted homicide rate of 7.7 deaths per 100,000 population in Merced County.

- Less favorable than the rate found statewide.

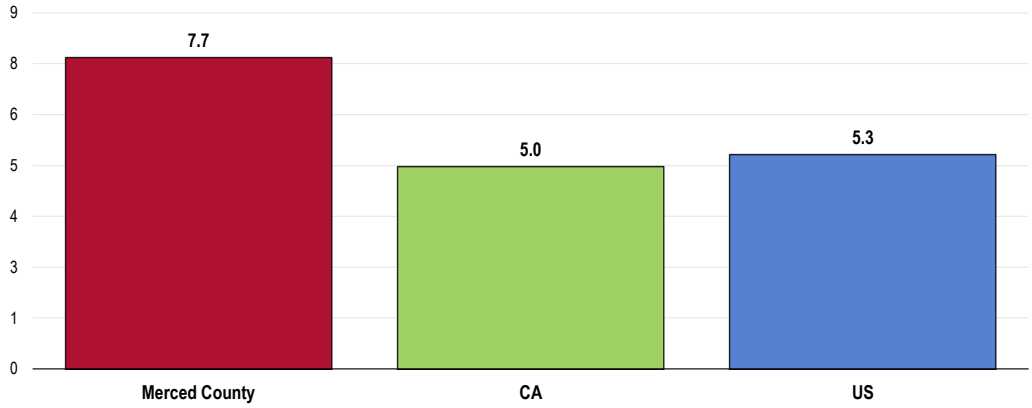
RELATED ISSUE:

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

Homicide: Age-Adjusted Mortality

(2011-2013 Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 5.5 or Lower



Sources: CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted May 2015.
US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IVP-29]

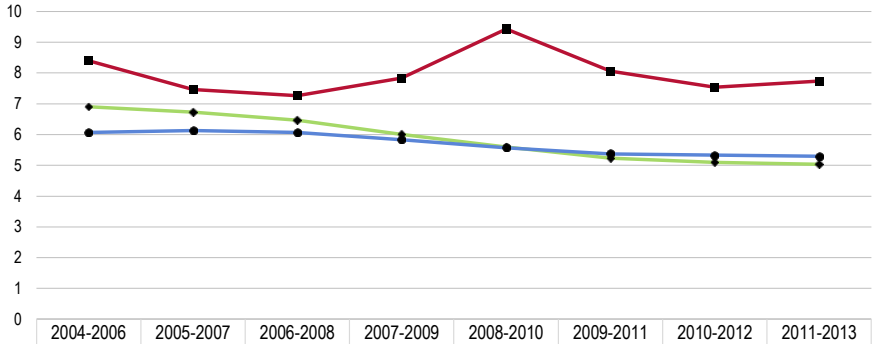
Notes: Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

- TREND: The homicide rate in Merced County has been consistently higher that state and national rates over the past decade.

Homicide: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 5.5 or Lower



	2004-2006	2005-2007	2006-2008	2007-2009	2008-2010	2009-2011	2010-2012	2011-2013
Merced County	8.4	7.5	7.3	7.8	9.4	8.1	7.5	7.7
CA	6.9	6.7	6.5	6.0	5.6	5.2	5.1	5.0
US	6.1	6.1	6.1	5.8	5.6	5.4	5.3	5.3

Sources: CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted May 2015.
US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IVP-29]

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

Violent Crime

Violent Crime Rates

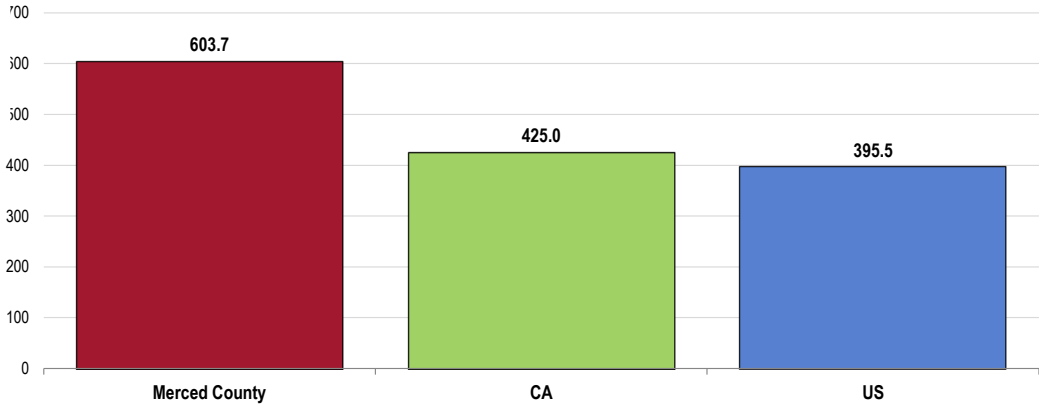
Violent crime is composed of four offenses (FBI Index offenses): murder and non-negligent manslaughter; forcible rape; robbery; and aggravated assault.

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

Between 2010 and 2012, there were a reported 603.7 violent crimes per 100,000 population in Merced County.

Violent Crime

(Rate per 100,000 Population, 2010-2012)



Sources: Federal Bureau of Investigation, FBI Uniform Crime Reports: 2010-2012.
Retrieved May 2015 from Community Commons at http://www.chna.org.

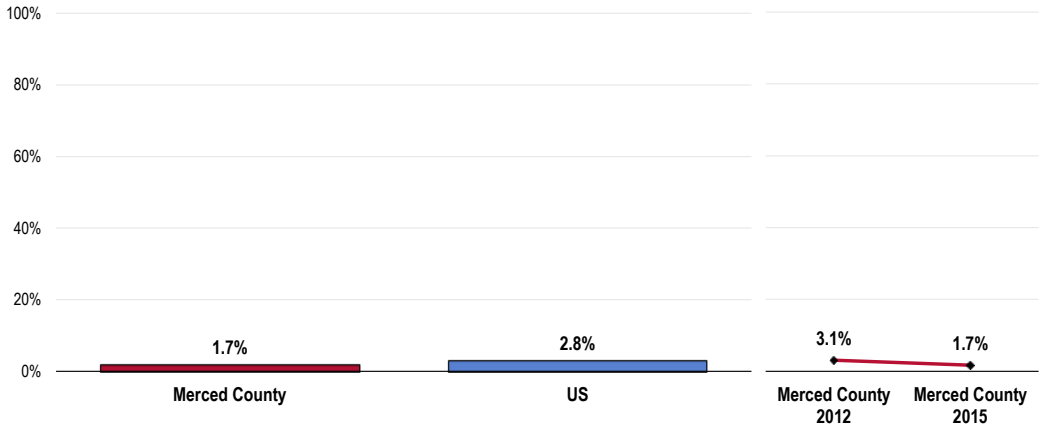
Notes: This indicator reports the rate of violent crime offenses reported by the sheriff's office or county police department per 100,000 residents. Violent crime includes homicide, rape, robbery, and aggravated assault. This indicator is relevant because it assesses community safety.
Participation by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

Self-Reported Violence

A total of 1.7% of Merced County adults acknowledge being the victim of a violent

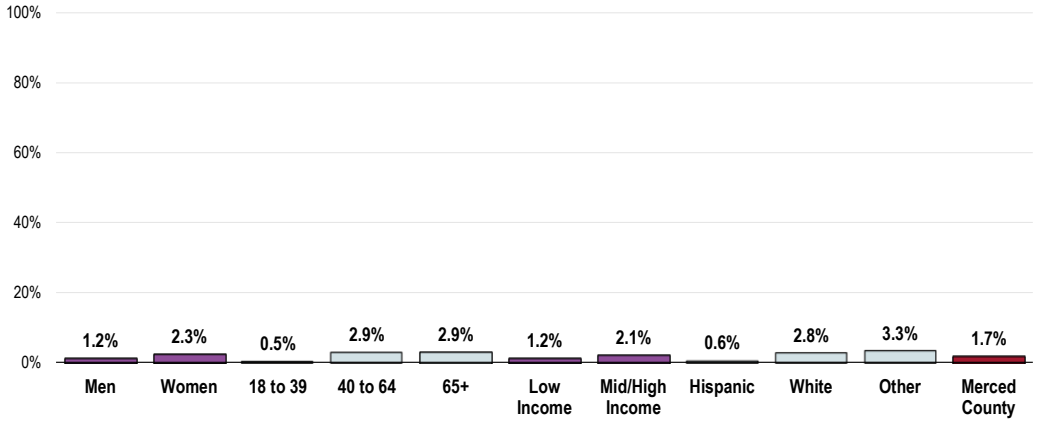
PRC Community Health Needs Assessment
Merced County, California

Victim of a Violent Crime in the Past Five Years



Sources: PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 50]
2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: Asked of all respondents.

Victim of a Violent Crime in the Past Five Years
(Merced County, 2015)



Sources: 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 50]
Notes: Asked of all respondents.
Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Self-Reported Family Violence

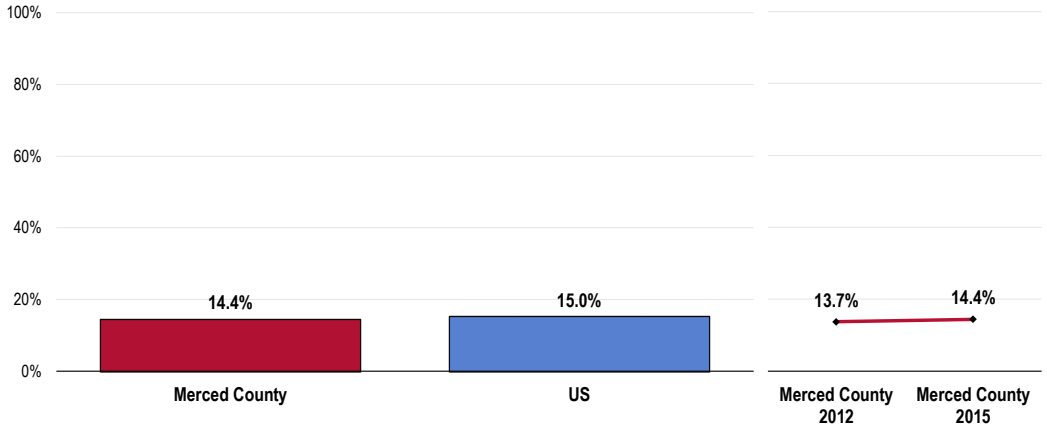
Respondents were told:

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

A total of 14.4% of respondents acknowledge that they have ever been hit, slapped, pushed, kicked, or otherwise hurt by an intimate partner.

PRC Community Health Needs Assessment
Merced County, California

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



Sources: PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 51]
2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: Asked of all respondents.

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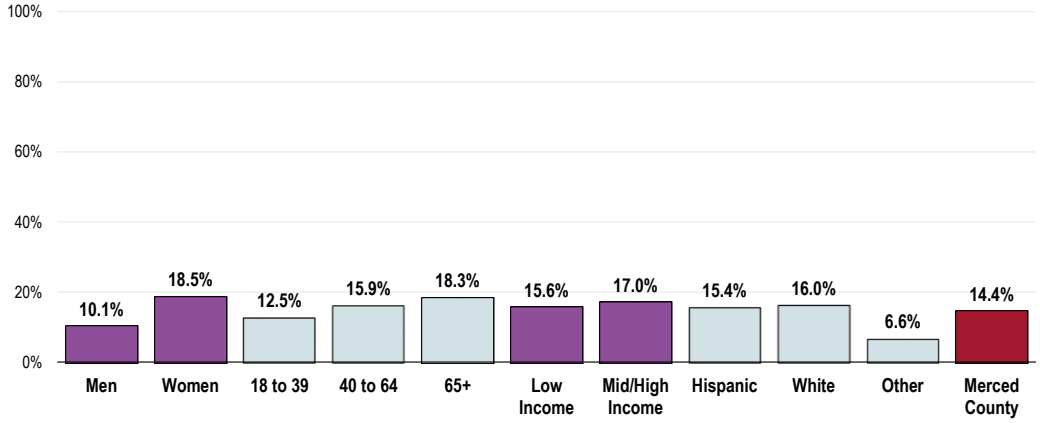
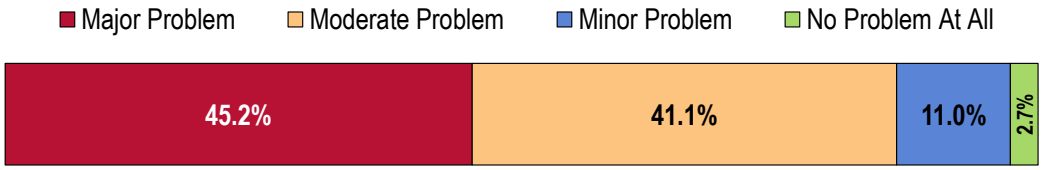
Have Ever Been Hit, Slapped, Pushed, Kicked, or Hurt in Any Way by an Intimate Partner
(Merced County, 2015)



Sources: 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 51]
Notes: Asked of all respondents.
Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Perceptions of Injury and Violence as a Problem in the Community

(Key Informants, 2015)



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

Top Concerns

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

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Violent Crime Incidence

High crime and violence in Merced. – Physician

We live in a community with a high crime rate that is often kept quiet. There needs to be more public education regarding this so more groups will get together and determine how to strengthen the community to solve the problem. – Public Health Representative

Because of the many reports in the media. – Health Provider

We have a high rate of violence due to the illegal drugs and gangs in the community. – Public Health Representative

Too much violence in our community. In and outside the home. – Public Health Representative

Every day we hear about the shootings, robberies and other types of crime on the news, much of it due to gang activity. – Social Services Provider

There are some very unsafe parts of Merced. There have been multiple occasions in which civilians have shot at police officers. – Public Health Representative

High incidence of crime and violence which leads to high incidence of injury. – Public Health Representative

Newspapers indicate the prevalence of domestic abuse, gang warfare, erratic drivers on freeways. – Physician

Gang Issues

There is quite of a gang affiliation in our community. – Public Health Representative

We have a large number of gang violence in our community as well as domestic violence. – Community/Business Leader

High gang violence rates, homicides in our communities, collateral damage from irresponsible driving, DUIs and such, I want to feel like I can walk from my home to the grocery store to get fresh vegetables, get some exercise, have a healthy dinner. – Public Health Representative

There are gang issues in this community. Violence and threats of violence are high. It is not a safe community, nor do I feel safe. – Social Services Provider

Accessibility to Services

Injury and violence is an issue because there are a lot or crowded areas of low income people who don't have anywhere to direct their anger. – Public Health Representative

Getting help with these problems are difficult here. – Social Services Provider

There are services available for injury and violence, but it is only minimal. The case workers have a regulated client ratio that does not meet the amount of those needing assistance. – Public Health Representative

Homicide Rates

Homicide rate and shootings. – Social Services Provider

There is a high incidence of homicide and domestic violence. This may be related to poverty and more stressful living environments for people in lower socio-economic situations. Parents may also not be very involved with their kids. – Public Health Representative

Poverty and Unemployment

High rates of poverty, unemployment, homelessness, mental health diagnoses, legal and illegal substance dependence, lack of capacity to effectively deal with these problems, along with gang activity leads to high rates of community violence and family violence. – Public Health Representative

Poor job market. Worsening gang violence. Methamphetamine abuse. – Physician

Drug Issues

There seems to be a lot of drug and alcohol abuse that leads to injury and violence. – Public Health Representative

Many crimes related to drugs. Poverty and lack of jobs. – Physician

Domestic Violence Among Youth

Domestic violence, violence among youth and young adults. – Public Health Representative

Diabetes

About Diabetes

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

Diabetes mellitus:

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

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

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

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

- Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Diabetes Deaths

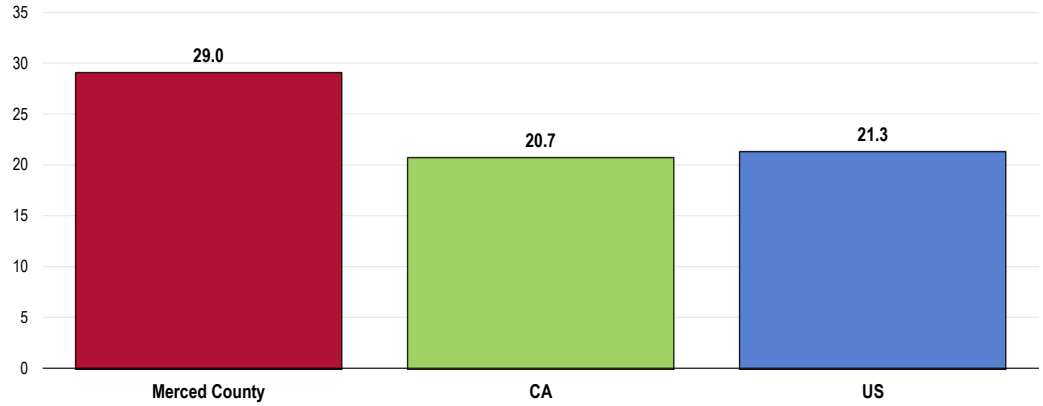
Between 2011 and 2013, there was an annual average age-adjusted diabetes mortality rate of 29.0 deaths per 100,000 population in Merced County.

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

Diabetes: Age-Adjusted Mortality

(2011-2013 Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 20.5 or Lower (Adjusted)



Sources: CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted May 2015.
US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective D-3]

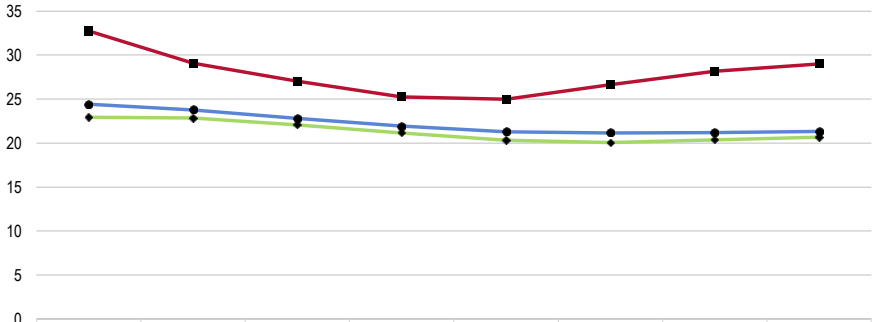
Notes: Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
The Healthy People 2020 target for Diabetes is adjusted to account for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

- TREND: The diabetes mortality rate in Merced County has risen in recent years, following a decline in the late 2000s; it has been consistently higher than state and

Diabetes: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 20.5 or Lower (Adjusted)



	2004-2006	2005-2007	2006-2008	2007-2009	2008-2010	2009-2011	2010-2012	2011-2013
Merced County	32.7	29.1	27.0	25.2	25.0	26.6	28.2	29.0
CA	22.9	22.8	22.1	21.2	20.3	20.1	20.4	20.7
US	24.4	23.8	22.8	21.9	21.3	21.1	21.2	21.3

Sources: CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted May 2015.
US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective D-3]

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

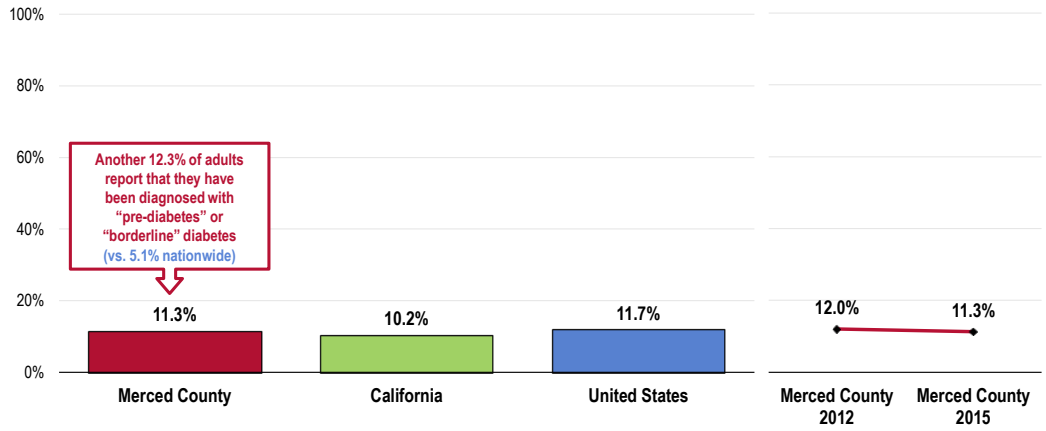
Prevalence of Diabetes

A total of 11.3% of Merced County adults report having been diagnosed with diabetes.

- Similar to the statewide proportion.
- Similar to the national proportion.
- TREND: Statistically unchanged since 2012.

PRC Community Health Needs Assessment
Merced County, California

Prevalence of Diabetes



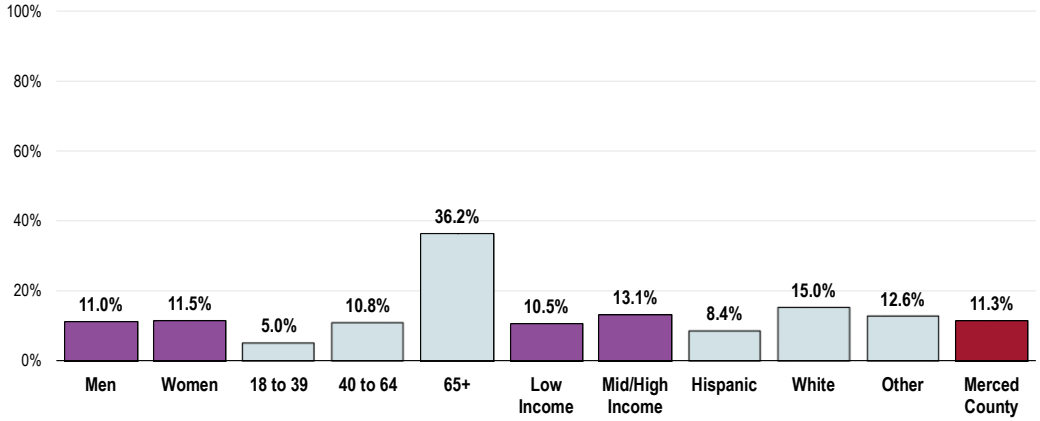
Sources: PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 136]
2013 PRC National Health Survey, Professional Research Consultants, Inc.
Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2013 California data.
Notes: Asked of all respondents.
Local and national data exclude gestation diabetes (occurring only during pregnancy).

133 Professional Research Consultants, Inc.

A higher prevalence of diagnosed diabetes (excluding pre-diabetes or borderline diabetes) is reported among:

- Older adults (note the strong positive correlation between diabetes and age, with 36.2% of seniors with diabetes).

Prevalence of Diabetes
(Merced County, 2015)

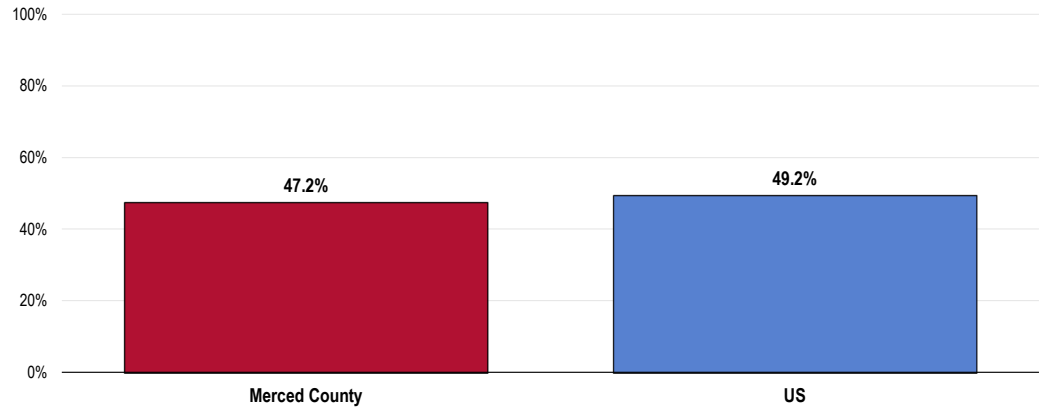


Sources: 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 136]
Notes: Asked of all respondents.
Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
Excludes gestation diabetes (occurring only during pregnancy).

Diabetes Testing

Of Merced County adults who have <u>not</u> been diagnosed with diabetes, 47.2% report

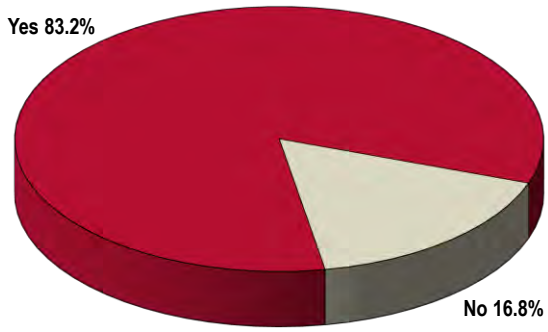
Have Had Blood Sugar Tested in the Past Three Years
(Among Non-Diabetics)



Sources: 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 40]
2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: Asked of respondents who have not been diagnosed with diabetes.

Diabetes Treatment

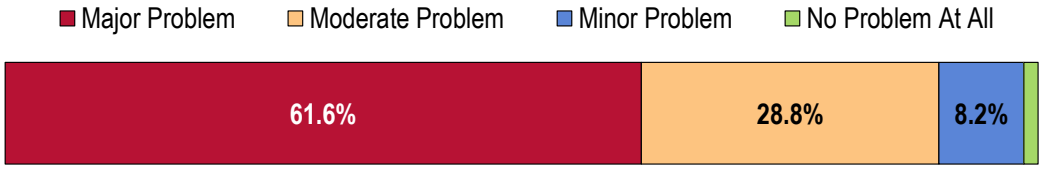
Taking Insulin or Other Medication for Diabetes
(Among Merced County Diabetics)



Sources: 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 302]
Notes: Asked of all diabetic respondents.

PRC Community Health Needs Assessment
Merced County, California

Perceptions of Diabetes as a Problem in the Community
(Key Informants, 2015)



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

Challenges

Among those rating this issue as a "major problem," the biggest challenges for people with diabetes are seen as:

Lack of Education & Resources

Lack of education on diabetes and of all the major other problems that diabetes brings along with it. Lack of nutrition education and lack of access to providers. – Public Health Representative

Clients need more education on diabetes and support groups. – Public Health Representative

Access to information support with substantial follow up. – Community/Business Leader

Lack of understanding of their disease, lack of access to primary care and medications. – Physician

Support for patients. – Social Services Provider

General diabetes education and follow up support and education. Many people are undiagnosed. – Social Services Provider

Exercise opportunities that are affordable. Community seminars on pre-diabetes and obesity prevention. Diabetes classes in the community. – Physician

Poor compliance due to the lack of understanding of the disease process, long term commitment, poor affordability. – Physician

Lack of pediatricians, disease management and educational support. – Public Health Representative

Diet education. – Physician

Managing the disease. – Social Services Provider

Diabetes health education available to all small or big communities in early diabetes stages in the community. – Public Health Representative

Too big of a beast to be handled by the present resources. – Physician

Maintaining health through access to medical care, healthy foods and time for exercise. – Public Health Representative

Late diagnosis and lack of close follow up due to a lack of primary care access. – Physician

Access to proper healthcare, nutritional counseling and guidance, affordable healthy choices to foods. – Public Health Representative

Sufficient education. – Physician

Getting and acting on information about diabetes, diet and drug therapy. – Physician

Lack of Access to Healthy Foods

Lack of access to healthy foods, especially in the areas of highest poverty concentration. South Merced and Planada. Support groups are needed and group learning style workshops. – Public Health Representative

There are not too many healthy food restaurants. – Public Health Representative

Poor diet and lack of access to stores with fresh produce. – Social Services Provider

Healthy food availability and affordability and choices. Lack of early education and intervention with families. – Public Health Representative

Behavioral Risk/Obesity

Obesity. – Public Health Representative

Due to the high obesity rates in the community, more and more children and adults are becoming obese. – Public Health Representative

Understanding the need for a diet that can help control the diabetes instead of their current diet that is based on their cultural habits. – Public Health Representative

Unhealthy eating habits and physical fitness. – Community/Business Leader

Non-compliance with diet, management and follow-up. – Physician

Obesity, diet and exercise for most people. – Health Provider

> *It is a growing concern. People are not eating properly. – Health Provider*
>
> *Diabetes and weight management go hand in hand. Without options that lend themselves to healthier eating and exercise choices integrated at the infrastructure level in our communities, it is difficult for most individuals to make healthier choices. – Public Health Representative*

Diabetes Prevalence

> *Documented evidence that diabetes is a chronic disease among the Central Valley residents. Diabetes develops early in life among obese young people and develops among those who become obese in later years. – Physician*

Poverty

> *Low income residents. Poor lifestyle. Poor diet, poor choice of foods partly due to race and ethnicity. – Public Health Representative*

Alzheimer's Disease

About Dementia

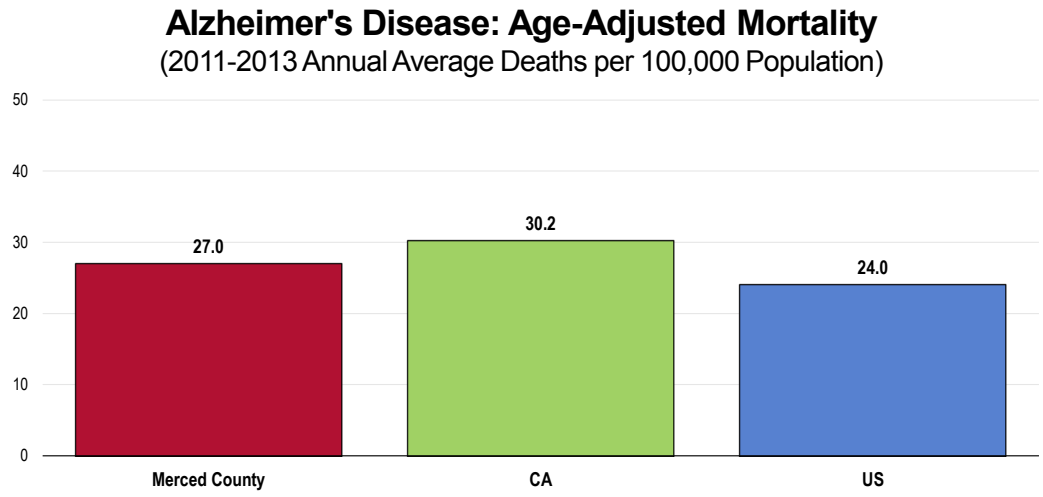
Dementia is the loss of cognitive functioning—thinking, remembering, and reasoning—to such an extent that it interferes with a person's daily life. Dementia is not a disease itself, but rather a set of symptoms. Memory loss is a common symptom of dementia, although memory loss by itself does not mean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

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

- Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Alzheimer's Disease Deaths

Between 2011 and 2013, there was an annual average age-adjusted Alzheimer's disease mortality rate of 27.0 deaths per 100,000 population in Merced County.

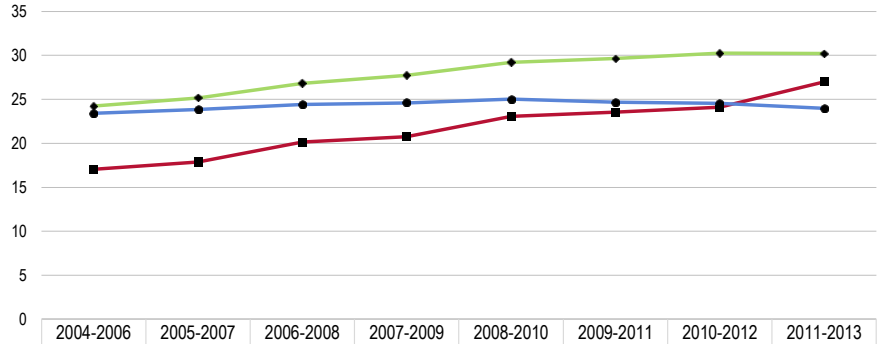


Sources: CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted May 2015.

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

Alzheimer's Disease: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)

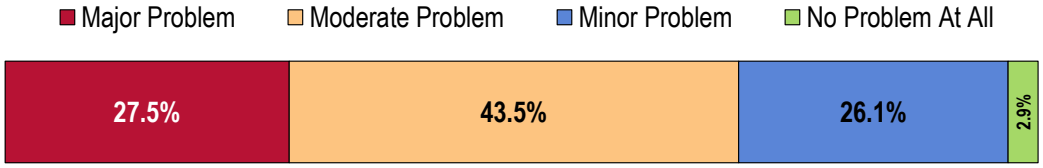


	2004-2006	2005-2007	2006-2008	2007-2009	2008-2010	2009-2011	2010-2012	2011-2013
Merced County	17.1	17.9	20.2	20.8	23.1	23.5	24.1	27.0
CA	24.3	25.2	26.8	27.7	29.2	29.6	30.3	30.2
US	23.4	23.8	24.4	24.6	25.0	24.7	24.5	24.0

Sources: CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics.
Data extracted May 2015.
Notes: Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

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

(Key Informants, 2015)



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

Top Concerns

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

Lack of Resources

Lack of support for the patient and family. – Public Health Representative

Families often are unprepared for the lack of coverage and/or lack of community resources and/or cost of resources when insurance does not cover. – Physician

Few places for care that are affordable. – Social Services Provider

Lack of physical activities, prevention education and treatment. – Public Health Representative

There is support for these conditions within the skilled facilities, but there needs to be a more proactive approach with in the community. – Public Health Representative

I feel like there is not a clear communication of which doctors can assist a person with these problems. – Public Health Representative

Increasing Prevalence

There are more elderly that are being diagnosed with dementia and Alzheimer's disease. – Public Health Representative

I have recently come across persons I know that have been diagnosed with dementia in the last five years from past to present. – Public Health Representative

There are many folks I know whose family or friends identify as having or who had these conditions. – Public Health Representative

Becoming more prevalent, few options for long term care. – Physician

There seems to be many people on the streets with erratic behavior versus 30 years ago. – Public Health Representative

Under-Diagnosed and Under-Managed

Many community members are not aware of symptoms until it is too late. In certain ethnic groups, mental diseases are hidden because of cultural sensitivities. – Physician

It is under diagnosed and under managed. It compromises patient's own rights as to have advance directives and choices to have a dignified end of life of personal choice, rather than going by families' wishes after dementia sets in. – Physician

Kidney Disease

About Chronic Kidney Disease

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

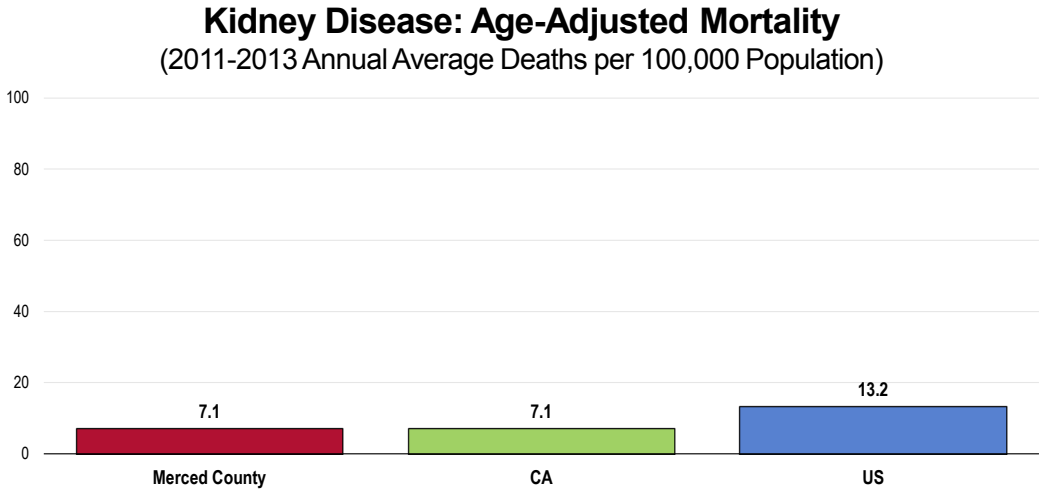
Genetic determinants have a large influence on the development and progression of chronic kidney disease. It is not possible to alter a person's biology and genetic determinants; however, environmental influences and individual behaviors also have a significant influence on the development and progression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

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

- Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Kidney Disease Deaths

Between 2011 and 2013 there was an annual average age-adjusted kidney disease mortality rate of 7.1 deaths per 100,000 population in Merced County.



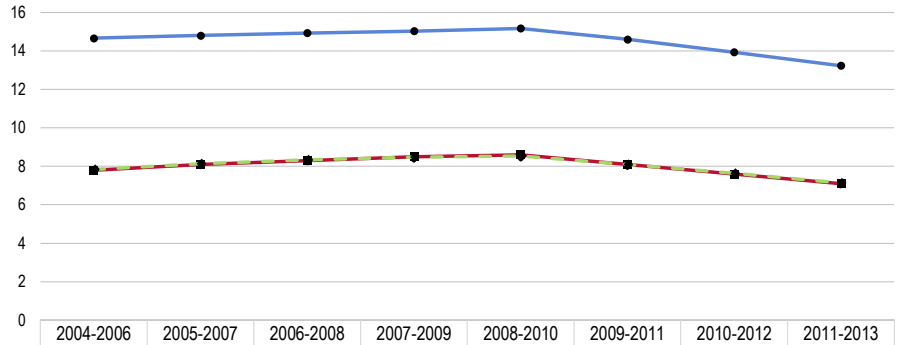
Sources: CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted May 2015.

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

TREND: The kidney disease death rate has overall decreased in the past decade

Kidney Disease: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)



	2004-2006	2005-2007	2006-2008	2007-2009	2008-2010	2009-2011	2010-2012	2011-2013
Merced County	7.8	8.1	8.3	8.5	8.6	8.1	7.6	7.1
CA	7.8	8.1	8.3	8.5	8.5	8.1	7.6	7.1
US	14.7	14.8	14.9	15.0	15.2	14.6	13.9	13.2

Sources: CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted May 2015.

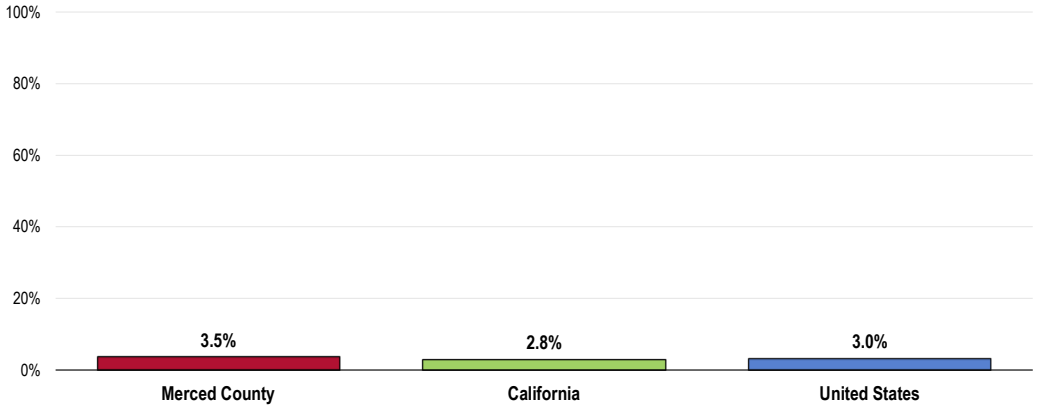
Notes: Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Prevalence of Kidney Disease

A total of 3.5% of Merced County adults report having been diagnosed with kidney

PRC Community Health Needs Assessment
Merced County, California

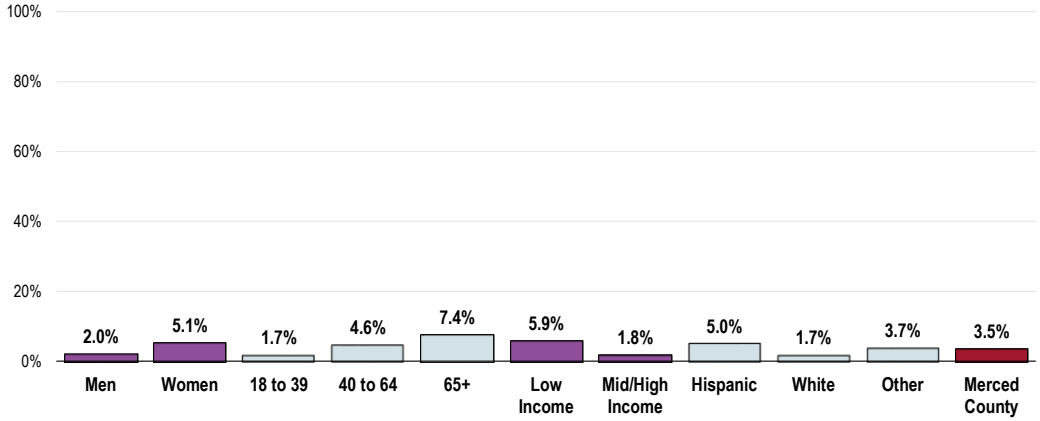
Prevalence of Kidney Disease



Sources: 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 33]
Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2013 California data.
2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: Asked of all respondents.

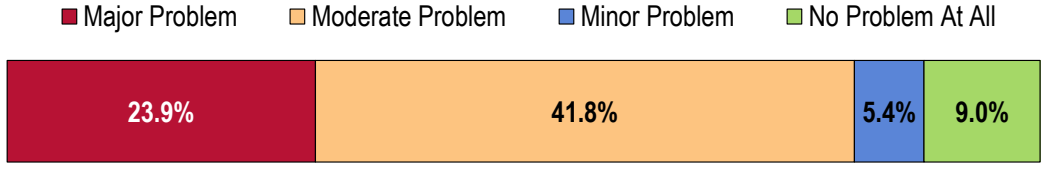
Prevalence of Kidney Disease
(Merced County, 2015)



Sources: 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 33]
Notes: Asked of all respondents.
Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

PRC Community Health Needs Assessment
Merced County, California

Perceptions of Chronic Kidney Disease as a Problem in the Community
(Key Informants, 2015)



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

Top Concerns

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

Co-Occurring with Diabetes

> *Diabetes rates are climbing and kidney disease follows. – Social Services Provider*
>
> *Many patients with this problem due to a large number of diabetes patients. – Physician*
>
> *There are more people on dialysis due to diabetes disease. – Public Health Representative*
>
> *Chronic kidney disease often accompany chronic diabetes, which affects people from youth to middle and late ages. – Physician*

Behavioral Risk and Ethnicity

> *This has come to be a problem due to the high number of people with chronic drinking problems and poor diet. Also, it is higher in certain ethnic groups that are in a higher proportion in our community. – Social Services Provider*

Lack of Resources

> *Lack of nutrition, education and access to providers. – Public Health Representative*

Dialysis Treatment

> *Dialysis treatment. – Social Services Provider*

High Prevalence

> *Most people have elevated CR. – Physician*

Potentially Disabling Conditions

About Arthritis, Osteoporosis & Chronic Back Conditions

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

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

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

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

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

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

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

- Healthy People 2020 (www.healthypeople.gov)

Arthritis, Osteoporosis, & Chronic Back Conditions

Prevalence of Arthritis/Rheumatism

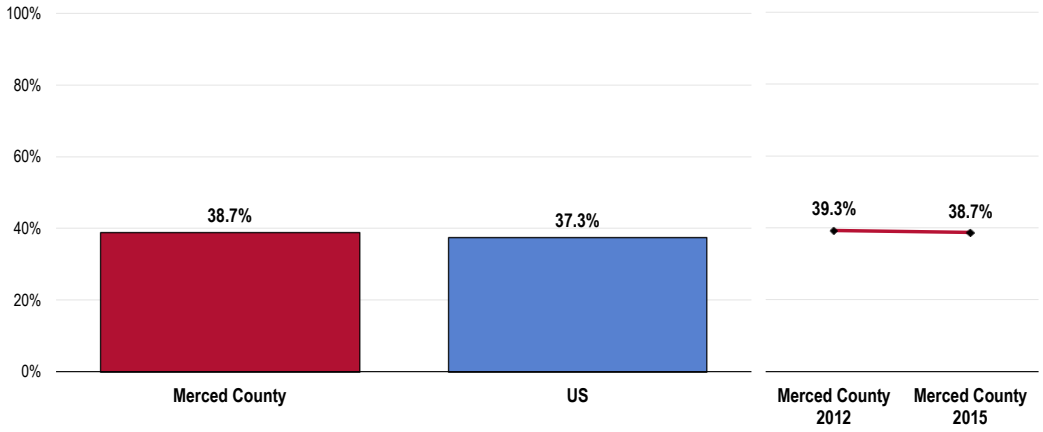
RELATED ISSUE:

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

Over one-third of Merced County adults age 50 and older (38.7%) reports suffering from arthritis or rheumatism.

- Comparable to the nationwide rate.
- TREND: The prevalence of arthritis/rheumatism is comparable to that reported in 2012.

Prevalence of Arthritis/Rheumatism
(Among Adults Age 50 and Older)



Sources: PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 139]
2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: Reflects respondents age 50 and older.

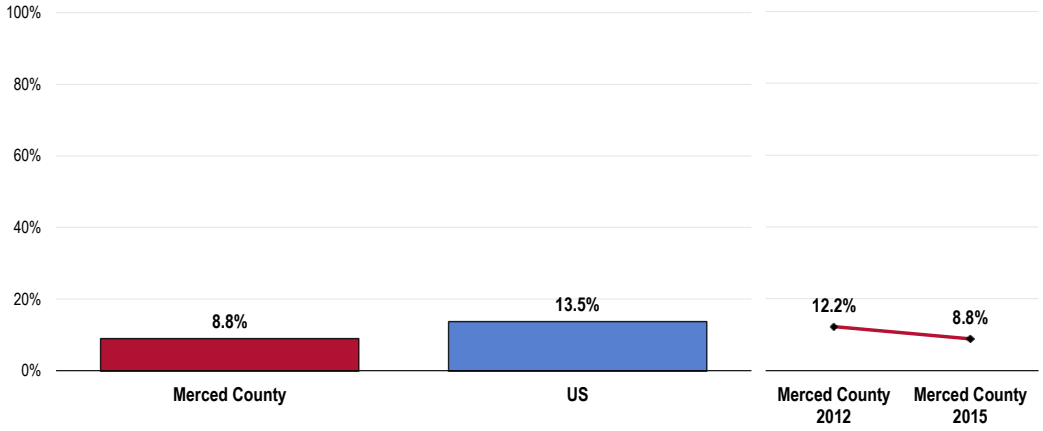
149 **Prevalence of Osteoporosis**

A total of 8.8% of survey respondents age 50 and older have osteoporosis.

- Lower than that found nationwide.

PRC Community Health Needs Assessment
Merced County, California

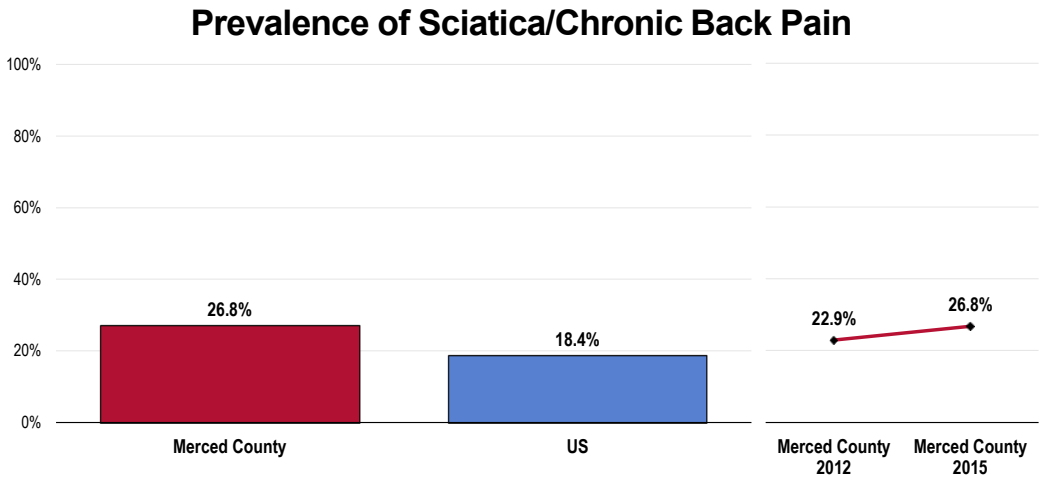
Prevalence of Osteoporosis
(Among Adults Age 50 and Older)
Healthy People 2020 Target = 5.3% or Lower



Sources: PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 140]
2013 PRC National Health Survey, Professional Research Consultants, Inc.
US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective AOCBC-10]
Notes: Reflects respondents age 50 and older.

Prevalence of Sciatica/Chronic Back Pain

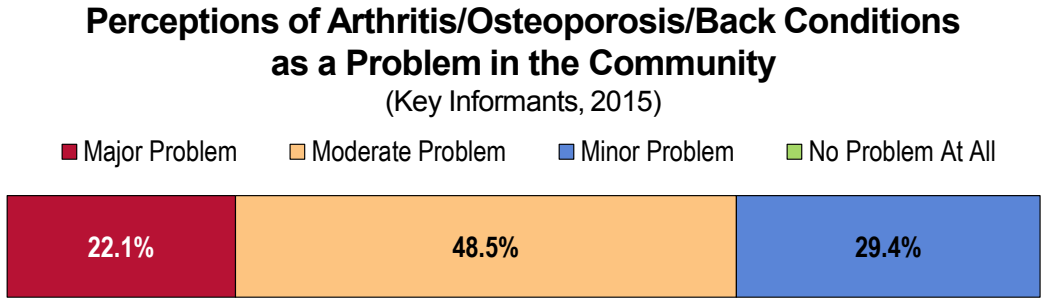
PRC Community Health Needs Assessment
Merced County, California



Sources: PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 29]
2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: Asked of all respondents.

Key Informant Input: Arthritis, Osteoporosis & Chronic Back

PRC Community Health Needs Assessment
Merced County, California



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

Top Concerns

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

Lack of Resources

Lack of coordinated care. Referrals made to different providers but no good communication between providers of services. – Physician

Lack of education as to how to prevent and treat the condition. – Public Health Representative

Specialty care is limited. Physical therapy appointments are weeks to months out. – Physician

Limited access to these services: primary care, physical therapy, chronic pain management, job retraining, spine surgery. – Physician

Historically, surgical treatment for back conditions have been below average. Patients needed to leave the area for correction of the treatment issues by local physicians. There has not been a strong educational support for the prevention of back conditions. – Public Health Representative

Community Education

Community education, engagement of community from population health standpoint to tackle these chronic issues, including specialty care as to treat these conditions, there are major challenges. – Physician

I believe not enough information is provided to our community in an effort to prevent this health issue. I believe it is addressed when the problem is already there. – Public Health Representative

High Prevalence

A large number is individuals have it and there is no specialist care around. – Public Health Representative

Lots of patients with arthritis, chronic back problems and are on narcotics for years. Lack of spinal surgeons in town. Long waiting for spinal injections. – Physician

Burden of suffering. Many individuals with these problem. – Physician

Major Problem in the Older Population

I believe it is a major problem in our older population. – Health Provider

Vision & Hearing Impairment

About Vision

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

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

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

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

- Healthy People 2020 (www.healthypeople.gov)

Vision Trouble

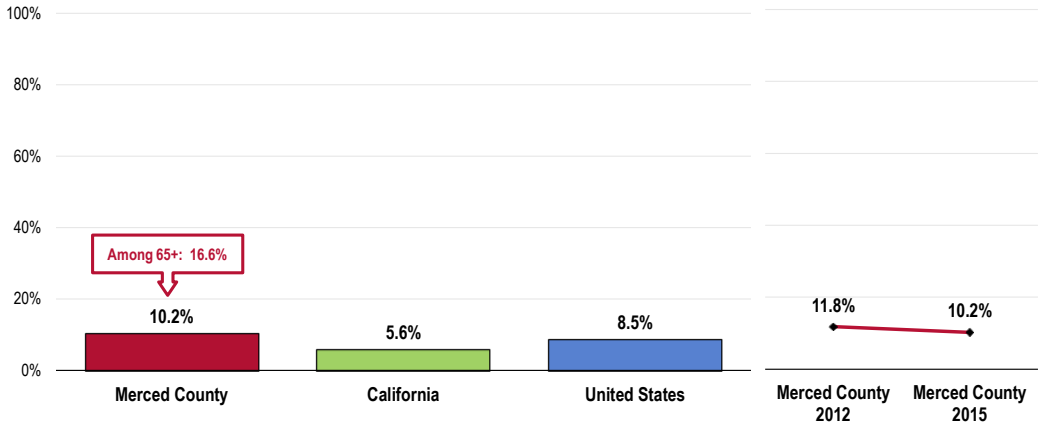
A total of 10.2% of Merced County adults are blind or have trouble seeing even when wearing corrective lenses.

- Much higher than the statewide prevalence

RELATED ISSUE:

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

Prevalence of Blindness/Trouble Seeing



Sources: PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 26]
Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2013 California data.
2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: Asked of all respondents.

Hearing Trouble

About Hearing & Other Sensory or Communication Disorders

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

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

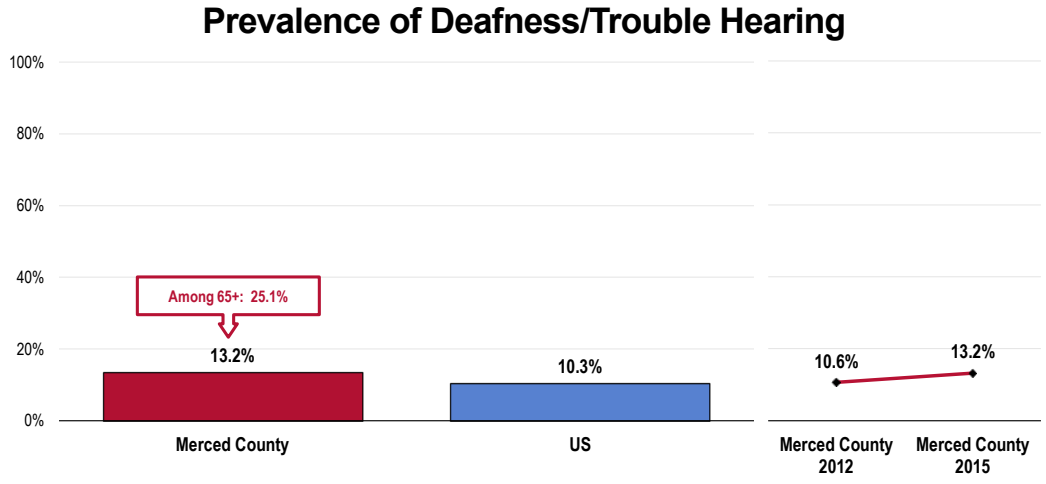
As the nation's population ages and survival rates for medically fragile infants and for people with severe injuries and acquired diseases improve, the prevalence of sensory and communication disorders is expected to rise.

- Healthy People 2020 (www.healthypeople.gov)

In all, 13.2% of Merced County adults report being deaf or having difficulty hearing.

- Similar to that found nationwide.

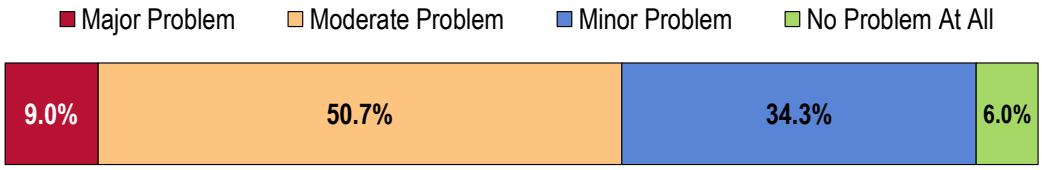
PRC Community Health Needs Assessment
Merced County, California



Sources: PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 27]
2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: Asked of all respondents.

Perceptions of Hearing and Vision as a Problem in the Community

(Key Informants, 2015)



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

Top Concerns

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

155 *Access to Care*

> *Affordable access to providers. – Public Health Representative*
>
> *Children are required to travel out of the county for hearing exams and hearing aids. – Public Health* Representative

Infectious Disease

Professional Research Consultants, Inc.

Influenza & Pneumonia Vaccination

About Influenza & Pneumonia

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

- Healthy People 2020 (www.healthypeople.gov)

Flu Vaccinations

FluMist® is a vaccine that is sprayed into the nose to help protect against influenza; it is an alternative to traditional flu shots.

Among Merced County seniors, 58.2% received a flu shot (or FluMist®) within the past year.

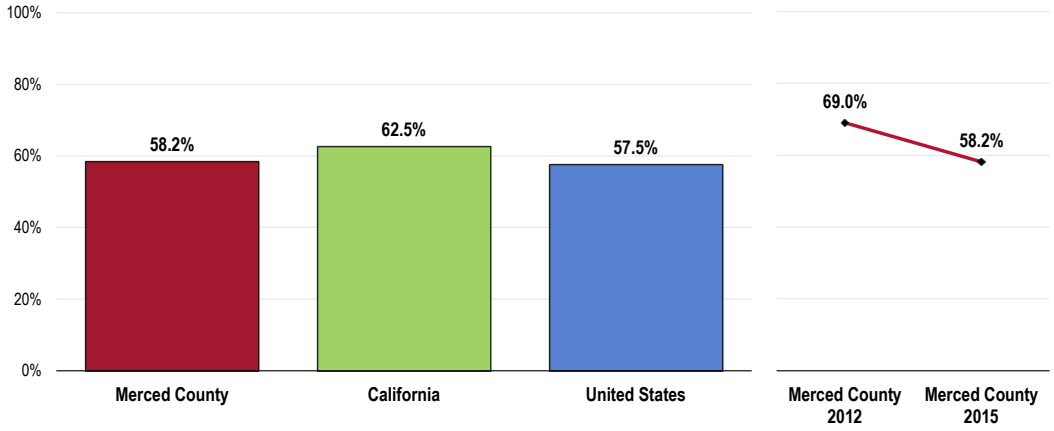
- Statistically comparable to the California finding.
- Comparable to the national finding.
- Fails to satisfy the Healthy People 2020 target (70% or higher)

PRC Community Health Needs Assessment
Merced County, California

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

(Among Adults Age 65+)

Healthy People 2020 Target = 70.0% or Higher



Sources: PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 141]
2013 PRC National Health Survey, Professional Research Consultants, Inc.
Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2013 California data.
US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IID-12.12]

Notes: Reflects respondents 65 and older.
Includes FluMist as a form of vaccination.

High-Risk Adults

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

A total of 34.6% of high-risk adults age 18 to 64 received a flu vaccination (flu shot or FluMist®) within the past year.

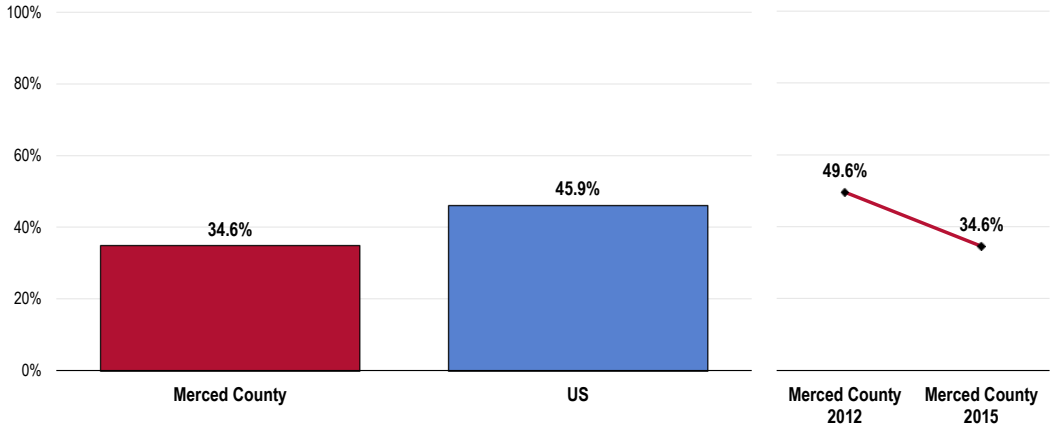
- Less favorable than national findings.

PRC Community Health Needs Assessment
Merced County, California

High-Risk Adults: Have Had a Flu Vaccination in the Past Year

(Among High-Risk Adults Age 18-64)

Healthy People 2020 Target = 70.0% or Higher



Sources: PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 142]
2013 PRC National Health Survey, Professional Research Consultants, Inc.
US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IID-12.12]

Notes: Reflects high-risk respondents age 18-64.
"High-Risk" includes adults age 18 to 64 who have been diagnosed with heart disease, diabetes or respiratory disease.
Includes FluMist as a form of vaccination.

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Professional Research Consultants, Inc.

Pneumonia Vaccination

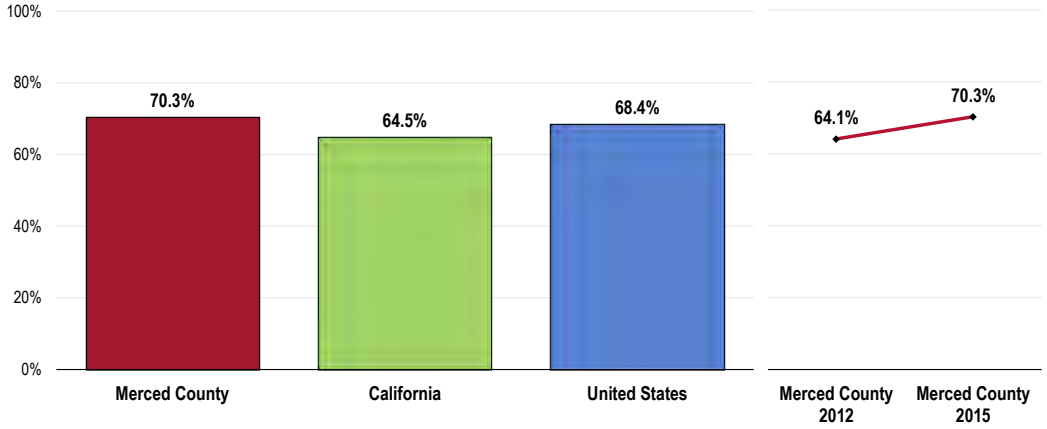
Among adults age 65 and older, 70.3% have received a pneumonia vaccination at some point in their lives.

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

Older Adults: Have Ever Had a Pneumonia Vaccine

(Among Adults Age 65+)

Healthy People 2020 Target = 90.0% or Higher



Sources: PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 143]
2013 PRC National Health Survey, Professional Research Consultants, Inc.
Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2013 California data.
US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IID-13.1]

Notes: Reflects respondents 65 and older.

High-Risk Adults

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

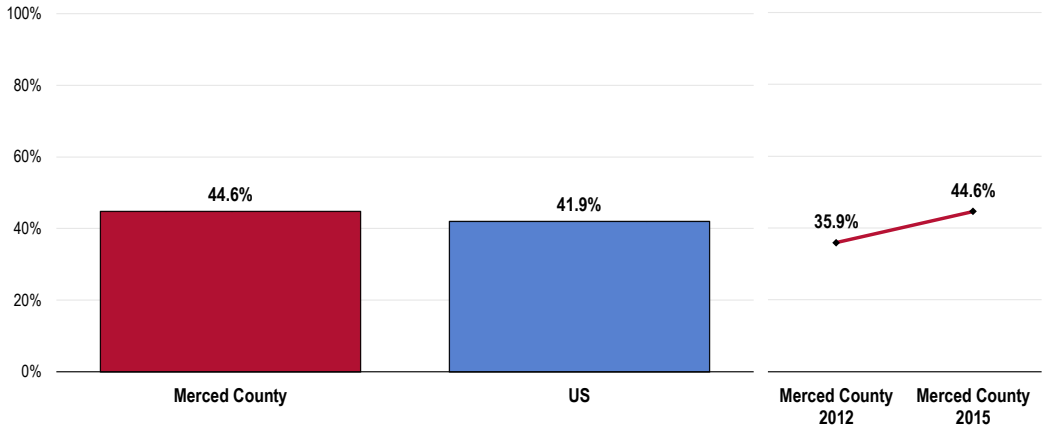
A total of 44.6% of high-risk adults age 18 to 64 in Merced County have ever received a pneumonia vaccination.

- Comparable to national findings.

High-Risk Adults: Have Ever Had a Pneumonia Vaccine

(Among High-Risk Adults Age 18-64)

Healthy People 2020 Target = 60.0% or Higher



Sources: PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 144]
2013 PRC National Health Survey, Professional Research Consultants, Inc.
US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IID-13.2]

Notes: Asked of all high-risk respondents under 65.
"High-Risk" includes adults age 18 to 64 who have been diagnosed with heart disease, diabetes or respiratory disease.

HIV

About HIV

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

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

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

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

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

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

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

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

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

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

- Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted HIV/AIDS Deaths

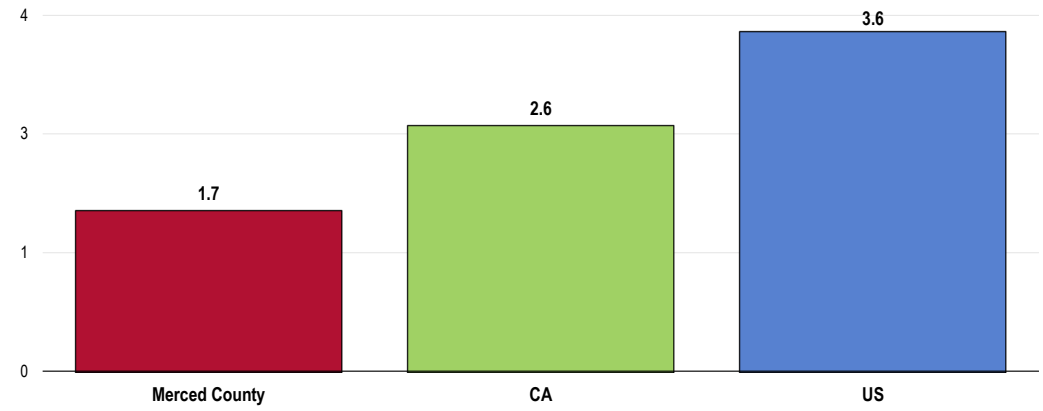
Between 2004 and 2013, there was an annual average age-adjusted HIV/AIDS mortality rate of 1.7 deaths per 100,000 population in Merced County.

- Lower than found statewide.
- Less than half the rate reported nationally

HIV/AIDS: Age-Adjusted Mortality

(2004-2013 Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 3.3 or Lower



Sources: CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted May 2015.
US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HIV-12]

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

HIV Prevalence

In 2010, there was a prevalence of 82.1 HIV cases per 100,000 population in Merced County.

- Much more favorable than the statewide prevalence.
- Much more favorable than the national prevalence.

HIV Prevalence

(Prevalence Rate of HIV per 100,000 Population, 2010)

Sources: Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention: 2010. Retrieved May 2015 from Community Commons at http://www.chna.org.

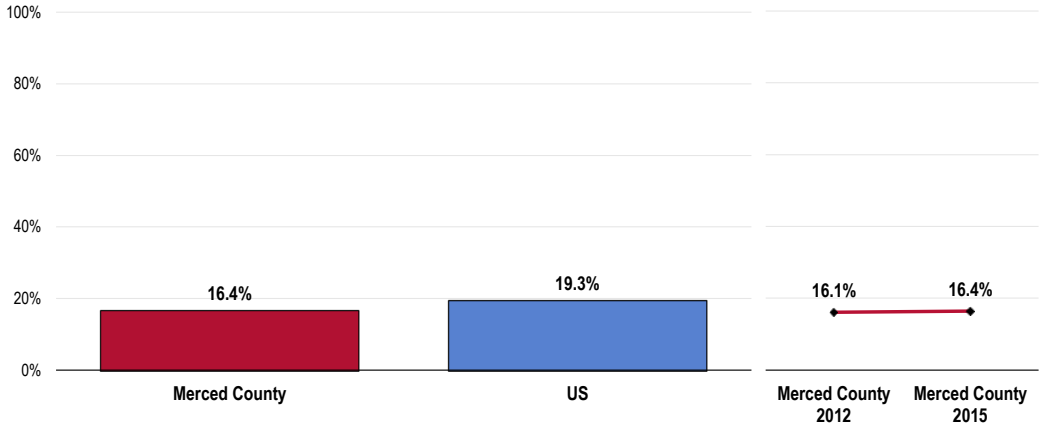
Notes: This indicator is relevant because HIV is a life-threatening communicable disease that disproportionately affects minority populations and may also indicate the prevalence of unsafe sex practices.

HIV Testing

Among Merced County adults age 18-44, 16.4% report that they have been tested for human immunodeficiency virus (HIV) in the past year.

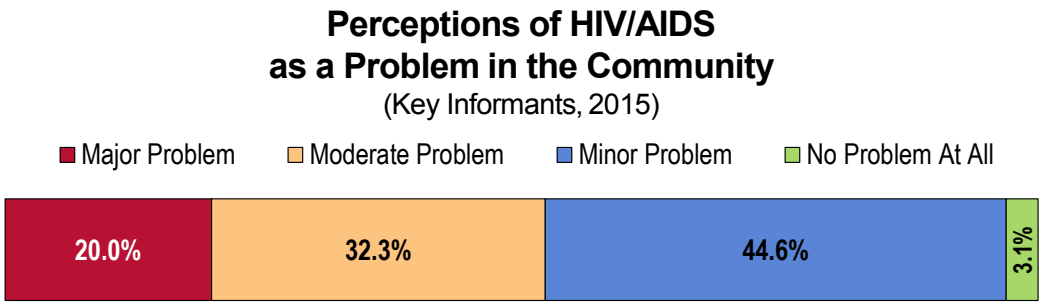
Tested for HIV in the Past Year

(Among Adults Age 18-44)



Sources: PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 145]
2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: Reflects respondents age 18 to 44.



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

Top Concerns

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

166

Lack of Resources & Education

Lack of education in regards to sexually transmitted diseases. – Public Health Representative

There is not enough awareness in this area that talks about HIV and what it is or how it can be contracted. – Public Health Representative

Not too many resources available for testing or counseling. – Public Health Representative

Limited resources in the area. – Social Services Provider

Lack of specialists in the area and no support groups in the area for individuals who are newly diagnosed. – Public Health Representative

Stigma, Discrimination, Mental Health, Drug Issues

Stigma, discrimination. Mental health and drug issues. Delayed diagnosis, inadequate screening, failure to adhere to medications and monitoring. – Public Health Representative

Sexually Transmitted Diseases

About Sexually Transmitted Diseases

STDs refer to more than 25 infectious organisms that are transmitted primarily through sexual activity. Despite their burdens, costs, and complications, and the fact that they are largely preventable, STDs remain a significant public health problem in the United States. This problem is largely unrecognized by the public, policymakers, and health care professionals. STDs cause many harmful, often irreversible, and costly clinical complications, such as: reproductive health problems; fetal and perinatal health problems; cancer; and facilitation of the sexual transmission of HIV infection.

Because many cases of STDs go undiagnosed—and some common viral infections, such as human papillomavirus (HPV) and genital herpes, are not reported to CDC at all—the reported cases of chlamydia, gonorrhea, and syphilis represent only a fraction of the true burden of STDs in the US. Untreated STDs can lead to serious long-term health consequences, especially for adolescent girls and young women. Several factors contribute to the spread of STDs.

Biological Factors. STDs are acquired during unprotected sex with an infected partner. Biological factors that affect the spread of STDs include:

- **Asymptomatic nature of STDs**. The majority of STDs either do not produce any symptoms or signs, or they produce symptoms so mild that they are unnoticed; consequently, many infected persons do not know that they need medical care.
- **Gender disparities**. Women suffer more frequent and more serious STD complications than men do. Among the most serious STD complications are pelvic inflammatory disease, ectopic pregnancy (pregnancy outside of the uterus), infertility, and chronic pelvic pain.
- **Age disparities**. Compared to older adults, sexually active adolescents ages 15 to 19 and young adults ages 20 to 24 are at higher risk for getting STDs.
- **Lag time between infection and complications**. Often, a long interval, sometimes years, occurs between acquiring an STD and recognizing a clinically significant health problem.

Social, Economic and Behavioral Factors. The spread of STDs is directly affected by social, economic, and behavioral factors. Such factors may cause serious obstacles to STD prevention due to their influence on social and sexual networks, access to and provision of care, willingness to seek care, and social norms regarding sex and sexuality. Among certain vulnerable populations, historical experience with segregation and discrimination exacerbates these factors. Social, economic, and behavioral factors that affect the spread of STDs include: racial and ethnic disparities; poverty and marginalization; access to healthcare; substance abuse; sexuality and secrecy (stigma and discomfort discussing sex); and sexual networks (persons "linked" by sequential or concurrent sexual partners).

- Healthy People 2020 (www.healthypeople.gov)

Chlamydia & Gonorrhea

In 2011, the chlamydia incidence rate in Merced County was 393.6 cases per 100,000 population.

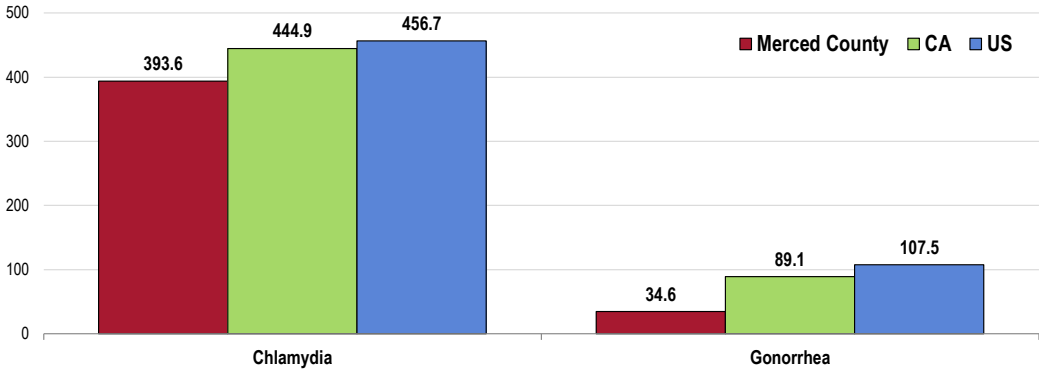
- Lower than the California incidence rate.
- Lower than the national incidence rate.

The gonorrhea incidence rate in Merced County was 34.6 cases per 100,000 population in 2011.

- Notably lower than the California incidence rate.
- Notably lower than the national incidence rate.

Chlamydia & Gonorrhea Incidence

(Incidence Rate per 100,000 Population, 2011)



Sources: Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention: 2011. Retrieved May 2015 from Community Commons at http://www.chna.org.

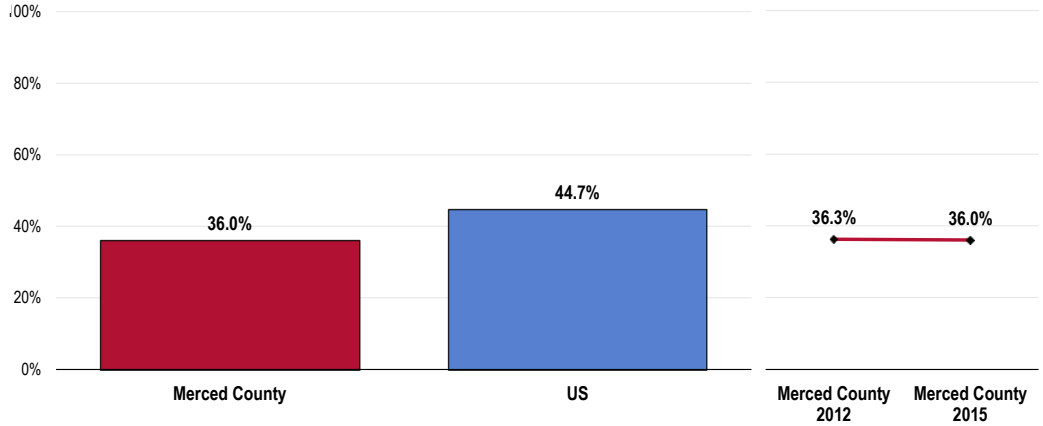
Notes: This indicator is relevant because it is a measure of poor health status and indicates the prevalence of unsafe sex practices.

Hepatitis B Vaccination

Based on survey data, more than one-third of Merced County adults (36.0%) reports

Respondents were told that, to be vaccinated against hepatitis B, a series of three shots must be administered, usually at least one month between shots. They were then asked if they had completed this vaccination series.

Have Completed the Hepatitis B Vaccination Series



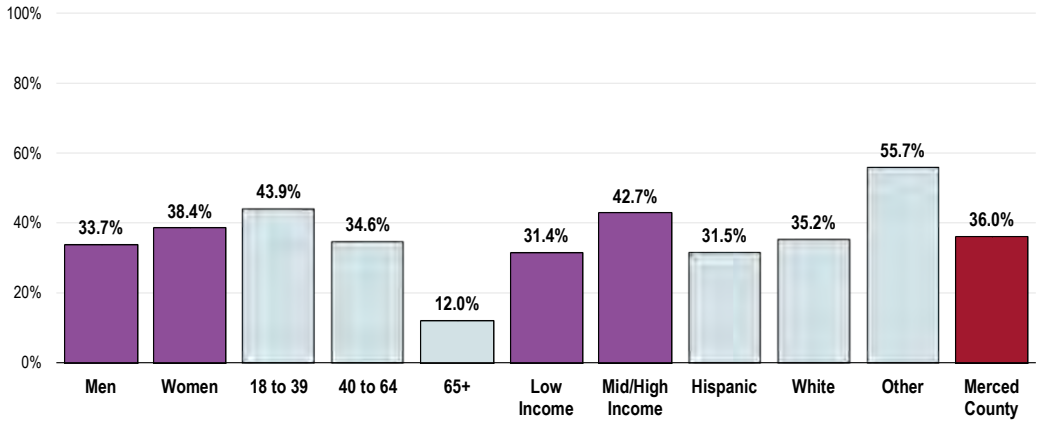
Sources: PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 70]
2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: Asked of all respondents.
Includes a series of three shots, usually administered at least one month between shots

- Note the negative correlation between age and hepatitis B vaccination.
- Residents living at higher incomes are much more likely than those with lower incomes to have received the hepatitis B vaccine.

Have Completed the Hepatitis B Vaccination Series

(Merced County, 2015)

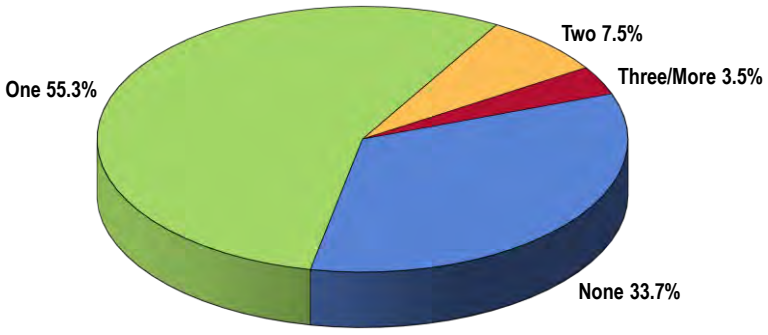


Sources: 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 70]
Notes: Asked of all respondents.
Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Safe Sexual Practices

Number of Sexual Partners in Past 12 Months

(Among Unmarried Adults Age 18-64; Merced County, 2015)

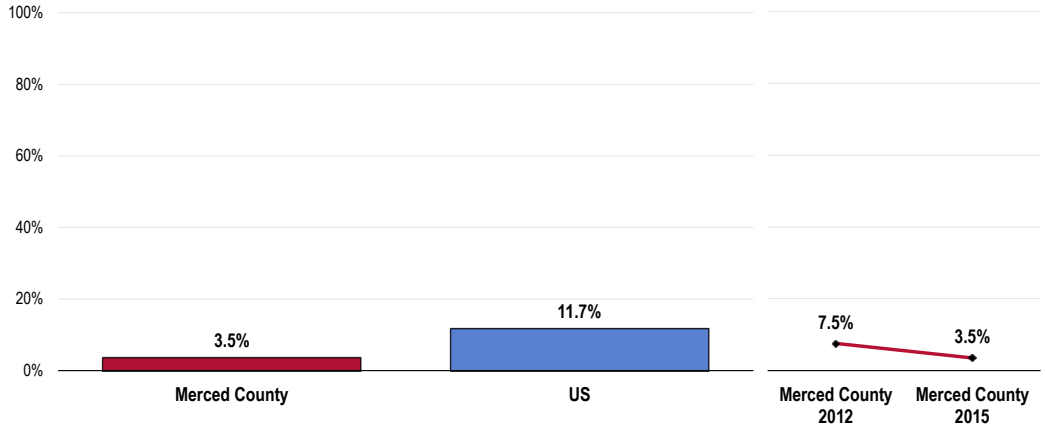


Sources: 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 86]
Notes: Asked of all unmarried respondents under the age of 65.

However, 3.5% report three or more sexual partners in the past year.

PRC Community Health Needs Assessment
Merced County, California

Had Three or More Sexual Partners in the Past Year
(Among Unmarried Adults Age 18-64)



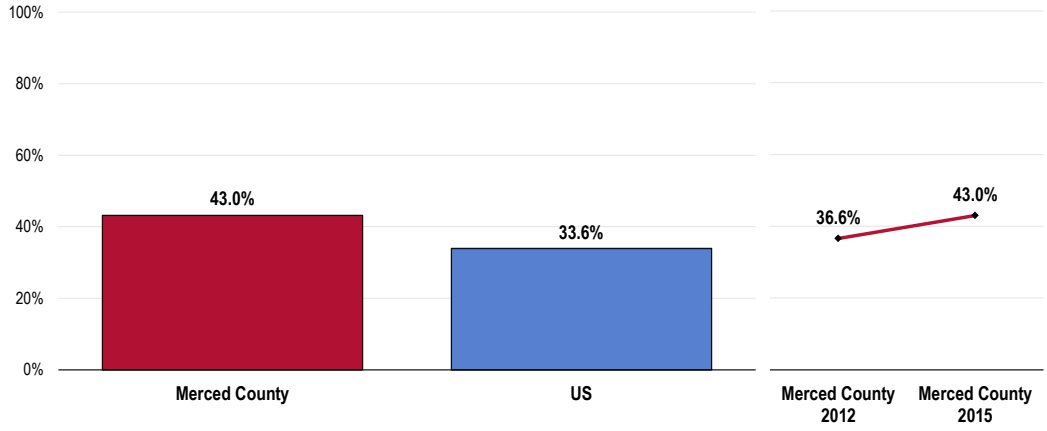
Sources: PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 86]
2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: Asked of all unmarried respondents under the age of 65.

Condom Use

Among Merced County adults who are under age 65 and unmarried, 43.0% report that a condom was used during their last sexual intercourse

PRC Community Health Needs Assessment
Merced County, California

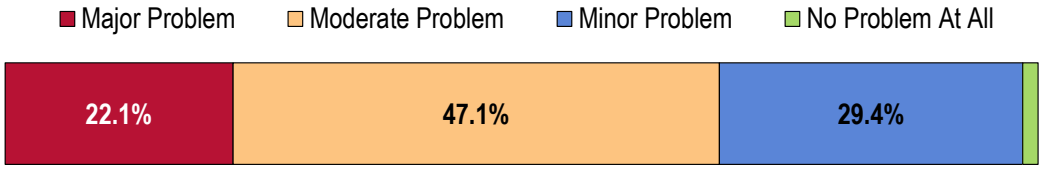
Condom Was Used During Last Sexual Intercourse
(Among Unmarried Adults Age 18-64)



Sources: PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 87]
2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: Asked of all unmarried respondents under the age of 65.

Perceptions of Sexually Transmitted Diseases as a Problem in the Community

(Key Informants, 2015)



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

Top Concerns

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

[174] ***Lack of Resources***

> *Again, no available appointments for urgent testing. – Public Health Representative*
>
> *Getting service. – Social Services Provider*

High Prevalence

> *High birth rate of children with STDs. – Public Health Representative*
>
> *We have one of the highest chlamydia rates in the state. – Physician*

Education

> *Lack of education in the school system. – Public Health Representative*
>
> *Lack of education and individuals are afraid or embarrassed to speak. – Public Health Representative*

Children Are Sexually Active at an Early Age

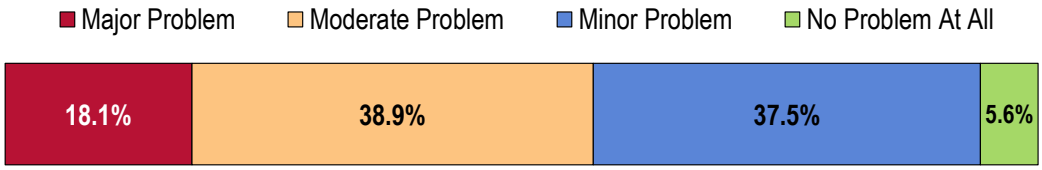
> *I feel like this is a problem because of children being sexually active at an early age and not told to be responsible and knowledgeable about diseases or to be able to having access to things that can prevent the spread of sexually transmitted diseases. – Public Health Representative*

Immunization & Infectious Diseases

PRC Community Health Needs Assessment
Merced County, California

Perceptions of Immunization and Infectious Diseases as a Problem in the Community

(Key Informants, 2015)



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

Top Concerns

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

[175] *Children Not Being Immunized*

There is an issue with the trend for parents to not want to immunize their children for school. Secondly, with the immigration of undocumented children, they have a very sporadic immunization coverage, to sometimes over coverage from their country of origin. – Public Health Representative

Not up-to-date on immunization schedules. Schools sending every child with a mild rash and flu symptoms to the clinics and home. – Physician

Beyond a major problem, this is a looming disaster. Most clinics are significantly behind on the intake of new patients, including newborns. I routinely field consults from the Emergency Department with 2-4 month old infants who have yet to receive even the first set of immunizations. – Physician

There are children that do not need immunizations before going to school and allowing the spread. Plus, the parent being neglectful and not getting the children's immunizations on time, due to not knowing when they should happen. – Public Health Representative

Access to Care

Access to providers. – Public Health Representative

Adults and children are not getting the preventative care they should be. – Public Health Representative

Difficulties of community providers to meet requirements and cover costs for immunizing. – Public Health Representative

Members of our community utilize the public health department for shots when it should be their primary physician. – Public Health Representative

Births

Professional Research Consultants, Inc.

Prenatal Care

About Infant & Child Health

Improving the well-being of mothers, infants, and children is an important public health goal for the US. Their well-being determines the health of the next generation and can help predict future public health challenges for families, communities, and the healthcare system. The risk of maternal and infant mortality and pregnancy-related complications can be reduced by increasing access to quality preconception (before pregnancy) and inter-conception (between pregnancies) care. Moreover, healthy birth outcomes and early identification and treatment of health conditions among infants can prevent death or disability and enable children to reach their full potential. Many factors can affect pregnancy and childbirth, including pre-conception health status, age, access to appropriate healthcare, and poverty.

Infant and child health are similarly influenced by socio-demographic factors, such as family income, but are also linked to the physical and mental health of parents and caregivers. There are racial and ethnic disparities in mortality and morbidity for mothers and children, particularly for African Americans. These differences are likely the result of many factors, including social determinants (such as racial and ethnic disparities in infant mortality; family income; educational attainment among household members; and health insurance coverage) and physical determinants (i.e., the health, nutrition, and behaviors of the mother during pregnancy and early childhood).

- Healthy People 2020 (www.healthypeople.gov)

Early and continuous prenatal care is the best assurance of infant health.

Between 2011 and 2013, 39.0% of all Merced County births did <u>not</u> receive prenatal care in the first trimester of pregnancy.

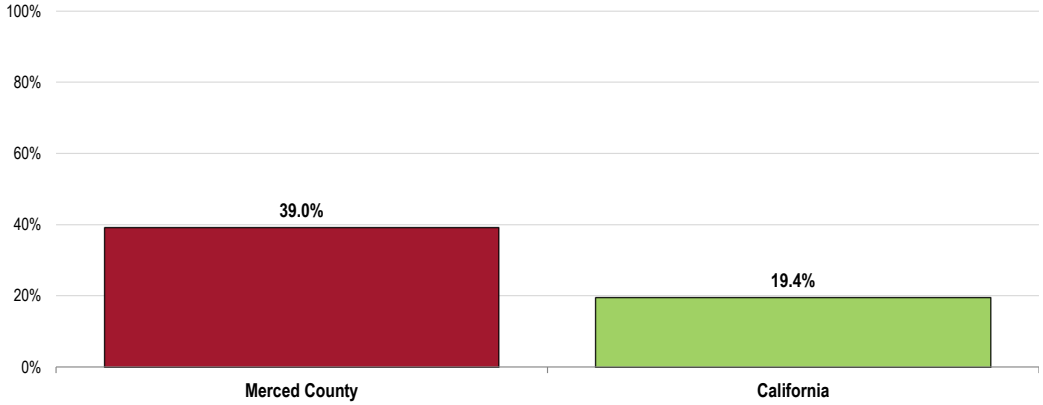
Less favorable than the California proportion

PRC Community Health Needs Assessment
Merced County, California

Lack of Prenatal Care in the First Trimester

(Percentage of Live Births, 2011-2013)

Healthy People 2020 Target = 22.1% or Lower



Sources: CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted May 2015.
US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective MICH-10.1]

Note: This indicator reports the percentage of women who do not obtain prenatal care during their first trimester of pregnancy. This indicator is relevant because engaging in prenatal care decreases the likelihood of maternal and infant health risks. This indicator can also highlight a lack of access to preventive care, a lack of health, knowledge insufficient provider outreach, and/or social barriers preventing utilization of services.

Birth Outcomes & Risks

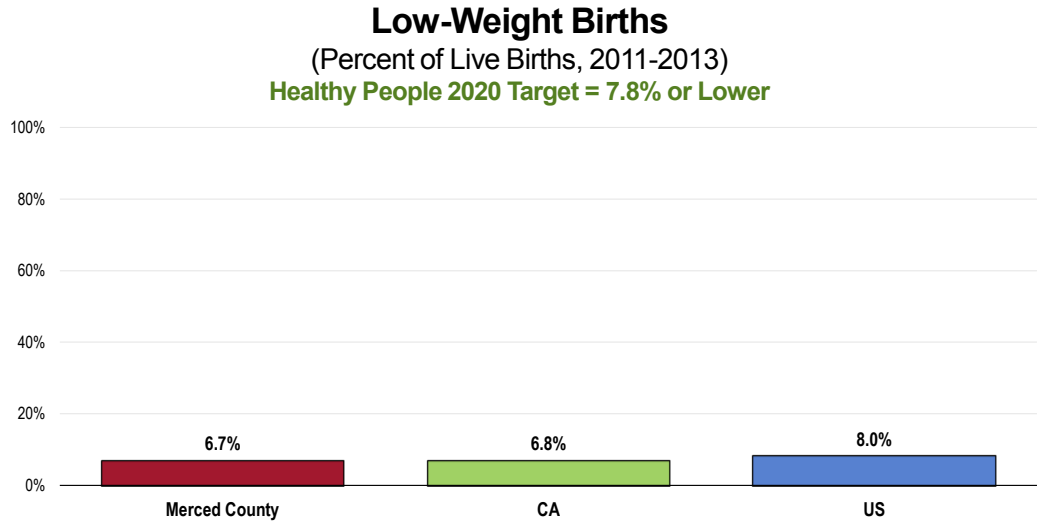
Low-Weight Births

Low birthweight babies, those who weigh less than 2,500 grams (5 pounds, 8 ounces) at birth, are much more prone to illness and neonatal death than are babies of normal birthweight.

Largely a result of receiving poor or inadequate prenatal care, many low-weight births and the consequent health problems are preventable.

A total of 6.7% of 2011-2013 Merced County births were low-weight.

- Nearly identical to the California proportion.



Sources: Centers for Disease Control and Prevention, National Vital Statistics System: 2003-09. Accessed using CDC WONDER. Retrieved May 2015 from Community Commons at http://www.chna.org.
US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective MICH-8.1]

Note: This indicator reports the percentage of total births that are low birth weight (Under 2500g). This indicator is relevant because low birth weight infants are at high risk for health problems. This indicator can also highlight the existence of health disparities.

Infant Mortality

Infant mortality rates reflect deaths of children less than one year old per 1,000 live births.

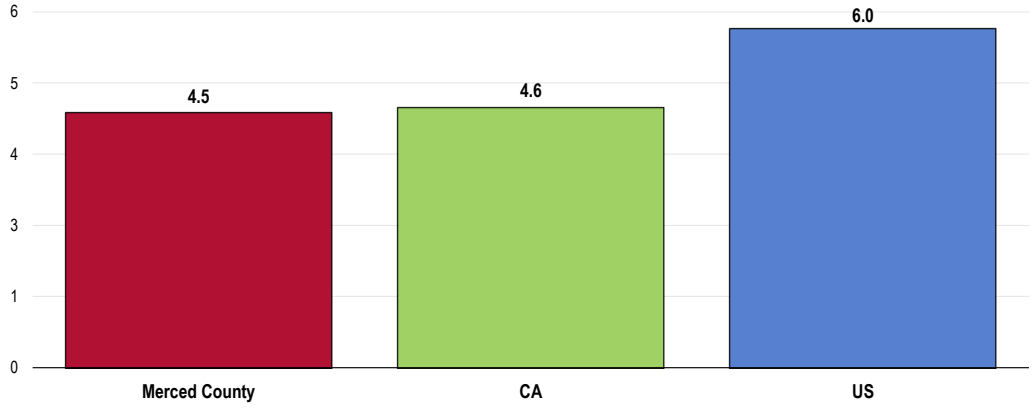
Between 2011 and 2013, there was an annual average of 4.5 infant deaths per 1,000 live births.

- Nearly identical to the California rate.
- More favorable than the national rate.
- Satisfies the Healthy People 2020 target of 6.0 per 1,000 live births.

Infant Mortality Rate

(Annual Average Infant Deaths per 1,000 Live Births, 2011-2013)

Healthy People 2020 Target = 6.0 or Lower



Sources: Centers for Disease Control and Prevention, National Vital Statistics System: 2003-09. Accessed using CDC WONDER.
Retrieved May 2015 from Community Commons at http://www.chna.org.
US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective MICH-1.3]

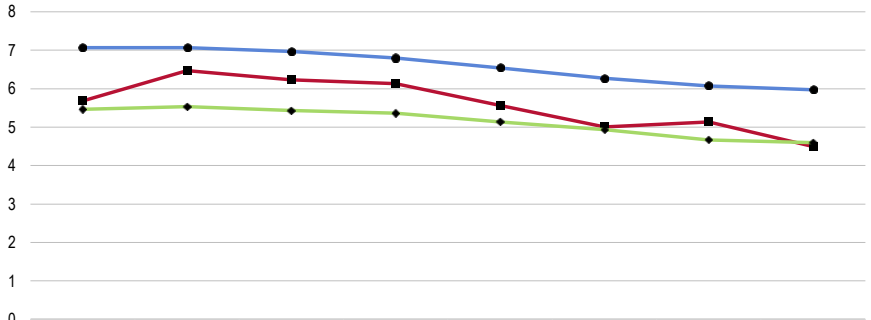
Notes: Infant deaths include deaths of children under 1 year old.
This indicator is relevant because high rates of infant mortality indicate the existence of broader issues pertaining to access to care and maternal and child health.

- TREND: The infant mortality rate has trended downward in recent years, reflecting

Infant Mortality Rate

(Annual Average Infant Deaths per 1,000 Live Births)

Healthy People 2020 Target = 6.0 or Lower



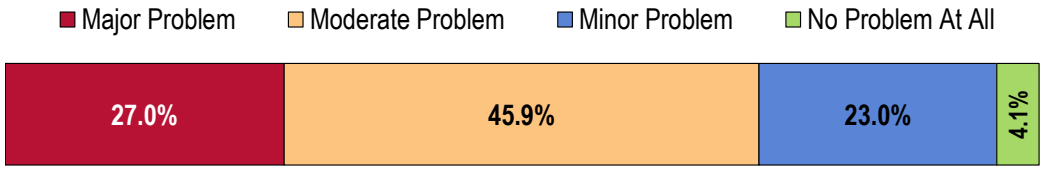
	2004-2006	2005-2007	2006-2008	2007-2009	2008-2010	2009-2011	2010-2012	2011-2013
Merced County	5.7	6.5	6.2	6.1	5.6	5.0	5.1	4.5
CA	5.5	5.5	5.4	5.4	5.1	4.9	4.7	4.6
US	7.1	7.1	7.0	6.8	6.5	6.3	6.1	6.0

Sources: CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted May 2015.
Centers for Disease Control and Prevention, National Center for Health Statistics.
US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective MICH-1.3]

Notes: Rates are three-year averages of deaths of children under 1 year old per 1,000 live births.

Perceptions of Infant and Child Health as a Problem in the Community

(Key Informants, 2015)



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

Top Concerns

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

[183] *Lack of Pediatricians*

Lack of pediatricians. – Public Health Representative

Difficult to access providers and limited number of pediatricians. A recent example is a client who had a baby six months old who had a fever, fussy, and a draining right ear. She called for an appointment with her home health and was told she'd have to wait. – Public Health Representative

Prompt access to providers. – Public Health Representative

There is a lack of pediatricians in our area. – Physician

Higher birth rate and inadequate pediatric services. – Physician

Big shortage of pediatric doctors. – Physician

There is a huge lack of pediatricians and then even among those few, even fewer participate in inpatient newborn and pediatric care at the hospital. The financial incentives have been stripped on the Medi-Cal side to care for patients in the hospital. – Physician

Access to Care

Difficult to access care in this area. – Social Services Provider

Children are not as healthy as they could be. They are not getting the preventative care. Children are overweight which we know leads to other conditions as they grow older. – Public Health Representative

Lots of visits to the Emergency Department. – Physician

We need more guidance and education for young parents. It's difficult getting children in to see their providers for physicals and immunizations because they are always booked up. – Public Health Representative

Lack of Community Awareness

Lack of community awareness. – Public Health Representative

Many of our community members are without healthcare and don't know their options for taking care of their children. – Community/Business Leader

Childhood Obesity

Childhood obesity and inadequate nutrition. – Social Services Provider

Family Planning

Births to Teen Mothers

About Teen Births

The negative outcomes associated with unintended pregnancies are compounded for adolescents. Teen mothers:

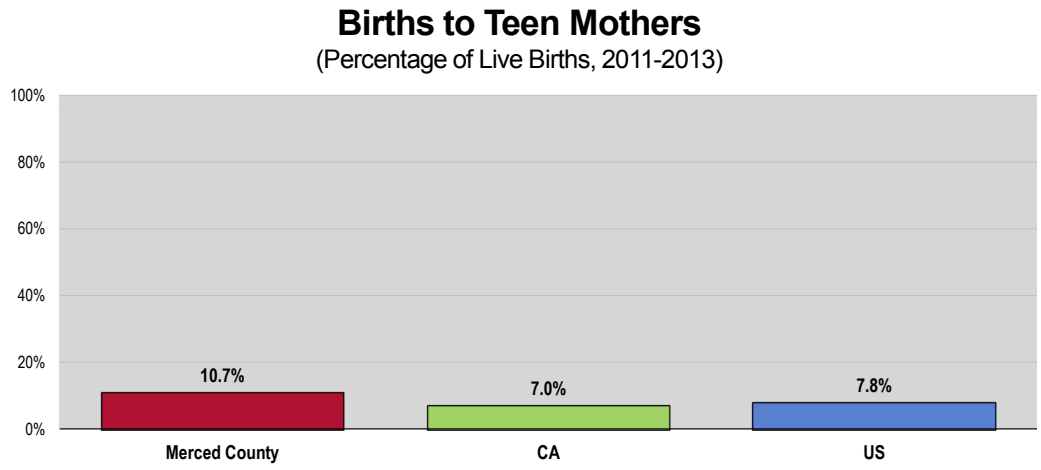
- Are less likely to graduate from high school or attain a GED by the time they reach age 30.
- Earn an average of approximately $3,500 less per year, when compared with those who delay childbearing.
- Receive nearly twice as much Federal aid for nearly twice as long.

Similarly, early fatherhood is associated with lower educational attainment and lower income. Children of teen parents are more likely to have lower cognitive attainment and exhibit more behavior problems. Sons of teen mothers are more likely to be incarcerated, and daughters are more likely to become adolescent mothers.

- Healthy People 2020 (www.healthypeople.gov)

Between 2011 and 2013, a total of 10.7% of Merced County births were to women age 15-19.

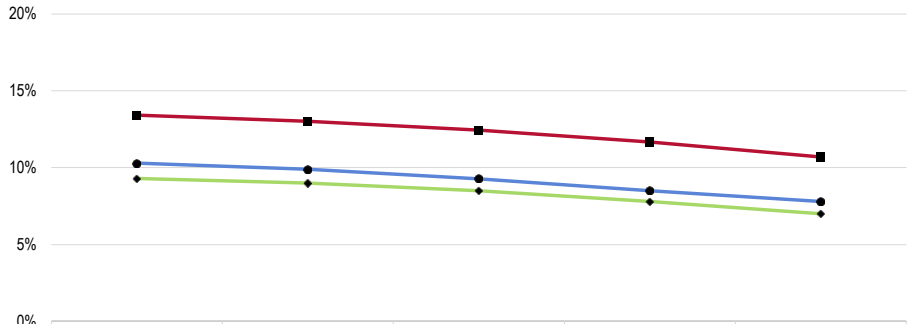
PRC Community Health Needs Assessment
Merced County, California



Sources: CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted May 2015.
Note: Numbers are a percentage of all live births within each population.

Births to Teen Mothers

(Percentage of Live Births)



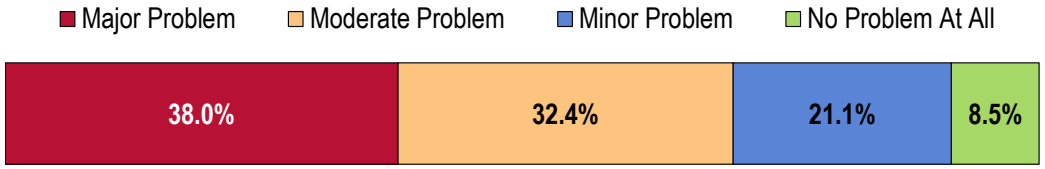
	2007-2009	2008-2010	2009-2011	2010-2012	2011-2013
Merced County	13.4	13.0	12.4	11.7	10.7
CA	9.3	9.0	8.5	7.8	7.0
US	10.3	9.9	9.3	8.5	7.8

Sources: CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted May 2015.
Note: Numbers are a percentage of all live births within each population.

PRC Community Health Needs Assessment
Merced County, California

Perceptions of Family Planning as a Problem in the Community

(Key Informants, 2015)



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

Top Concerns

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

187 ***Teen Pregnancy***

> *The statistics on teen pregnancies. – Community/Business Leader*
>
> *Teenage pregnancy. – Physician*
>
> *Merced County has had the highest teenage pregnancy rate in California for years. – Community/Business Leader*

High teen pregnancy rate. – Public Health Representative

Many young women having multiple children too young. – Physician

Because there are too many young people who feel it is appropriate to start a family when they don't have the means to support one and feel they can rely on the government to do it for them. – Public Health Representative

Teen and youth pregnancies. – Social Services Provider

Many teens are pregnant, lack of parent to daughter/son communication. – Public Health Representative

The rates of young moms is increasing, youth are getting pregnant. Children in high school are beginning to have children. Low income families are having more children than they could afford. – Public Health Representative

Overwhelmed Clinics

Providers routinely refer clients to Planned Parenthood for services such as implants and IUDs. Planned Parenthood is located in the city of Merced, which is difficult for teens or clients without reliable transportation. – Public Health Representative

People that come in here in desperation after unsafe sex and are frantic. Their primary doctors do not have openings for weeks at a time. – Public Health Representative

Service is mostly provided by Planned Parenthood, which is staffed by mid-level providers often without MD backing. Primary care has a significant shortage of providers and therefore can't focus on family planning. Clinics are overwhelmed. – Physician

Single-Parent Households

Many babies are born out of wedlock. Single parent households are common. 90% of babies born are on WIC and/or food stamps. – Public Health Representative

Lack of Education

Hostility from pro-life community deters providers. Undocumented persons may be reluctant to get care or not know where to get help. – Physician

Lack of education in homes, schools and medical facilities about reproduction. Stigma and secrecy about sex. Misunderstanding about STDs and pregnancy. Lack of access to care for reproductive care. Lack of confidentiality or fear about it. – Public Health Representative

Demographic Factors

Poverty, mental health issues, substance abuse, right-conservative influence. – Physician

Modifiable Health Risks

Professional Research Consultants, Inc.

Actual Causes Of Death

About Contributors to Mortality

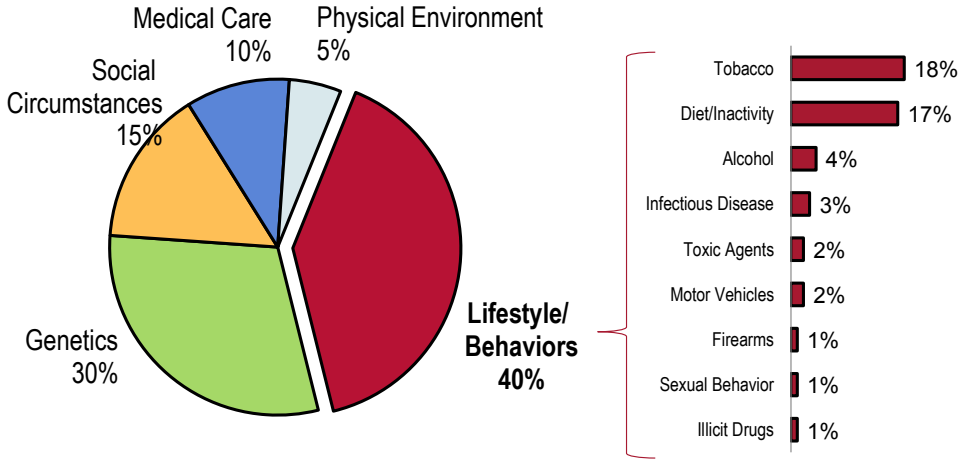
A 1999 study (an update to a landmark 1993 study), estimated that as many as 40% of premature deaths in the United States are attributed to behavioral factors. This study found that behavior patterns represent the single-most prominent domain of influence over health prospects in the United States. The daily choices we make with respect to diet, physical activity, and sex; the substance abuse and addictions to which we fall prey; our approach to safety; and our coping strategies in confronting stress are all important determinants of health.

The most prominent contributors to mortality in the United States in 2000 were **tobacco** (an estimated 435,000 deaths), **diet and activity** patterns (400,000), **alcohol** (85,000), **microbial agents** (75,000), **toxic agents** (55,000), **motor vehicles** (43,000), **firearms** (29,000), **sexual behavior** (20,000), and **illicit use of drugs** (17,000). Socioeconomic status and access to medical care are also important contributors, but difficult to quantify independent of the other factors cited. Because the studies reviewed used different approaches to derive estimates, the stated numbers should be viewed as first approximations.

These analyses show that smoking remains the leading cause of mortality. However, poor diet and physical inactivity may soon overtake tobacco as the leading cause of death. These findings, along with

While causes of death are typically described as the diseases or injuries immediately precipitating the end of life, a few important studies have shown that the actual causes of premature death (reflecting underlying risk factors) are often preventable.

Factors Contributing to Premature Deaths in the United States



Sources: "The Case For More Active Policy Attention to Health Promotion"; (McGinnis, Williams-Russo, Knickman) Health Affairs. Vol. 32. No. 2. March/April 2002.
"Actual Causes of Death in the United States": (Ali H. Mokdad, PhD; James S. Marks, MD, MPH; Donna F. Stroup, PhD, MSc; Julie L. Gerberding, MD, MPH.) JAMA. 291 (2000) 1238-1245.

Leading Causes of Death	Underlying Risk Factors (Actual Causes of Death)	
Cardiovascular Disease	Tobacco use Elevated serum cholesterol High blood pressure	Obesity Diabetes Sedentary lifestyle
Cancer	Tobacco use Improper diet	Alcohol Occupational/environmental exposures
Cerebrovascular Disease	High blood pressure Tobacco use	Elevated serum cholesterol
Accidental Injuries	Safety belt noncompliance Alcohol/substance abuse Reckless driving	Occupational hazards Stress/fatigue
Chronic Lung Disease	Tobacco use	Occupational/environmental exposures

Source: National Center for Health Statistics/US Department of Health and Human Services, Health United States: 1987. DHHS Pub. No. (PHS) 88–1232.

Nutrition

About Healthful Diet & Healthy Weight

Strong science exists supporting the health benefits of eating a healthful diet and maintaining a healthy body weight. Efforts to change diet and weight should address individual behaviors, as well as the policies and environments that support these behaviors in settings such as schools, worksites, healthcare organizations, and communities.

The goal of promoting healthful diets and healthy weight encompasses increasing household food security and eliminating hunger.

Americans with a healthful diet:

- Consume a variety of nutrient-dense foods within and across the food groups, especially whole grains, fruits, vegetables, low-fat or fat-free milk or milk products, and lean meats and other protein sources.
- Limit the intake of saturated and trans fats, cholesterol, added sugars, sodium (salt), and alcohol.
- Limit caloric intake to meet caloric needs.

Diet and body weight are related to health status. Good nutrition is important to the growth and development of children. A healthful diet also helps Americans reduce their risks for many health conditions, including: overweight and obesity; malnutrition; iron-deficiency anemia; heart disease; high blood pressure; dyslipidemia (poor lipid profiles); type 2 diabetes; osteoporosis; oral disease; constipation; diverticular disease; and some cancers.

Diet reflects the variety of foods and beverages consumed over time and in settings such as worksites, schools, restaurants, and the home. Interventions to support a healthier diet can help ensure that:

- Individuals have the knowledge and skills to make healthier choices.
- Healthier options are available and affordable.

Social Determinants of Diet. Demographic characteristics of those with a more healthful diet vary with the nutrient or food studied. However, most Americans need to improve some aspect of their diet.

Social factors thought to influence diet include:

- Knowledge and attitudes
- Skills
- Social support
- Societal and cultural norms
- Food and agricultural policies
- Food assistance programs
- Economic price systems

Physical Determinants of Diet. Access to and availability of healthier foods can help people follow healthful diets. For example, better access to retail venues that sell healthier options may have a positive impact on a person's diet; these venues may be less available in low-income or rural neighborhoods.

The places where people eat appear to influence their diet. For example, foods eaten away from home often have more calories and are of lower nutritional quality than foods prepared at home.

Marketing also influences people's—particularly children's—food choices.

- Healthy People 2020 (www.healthypeople.gov)

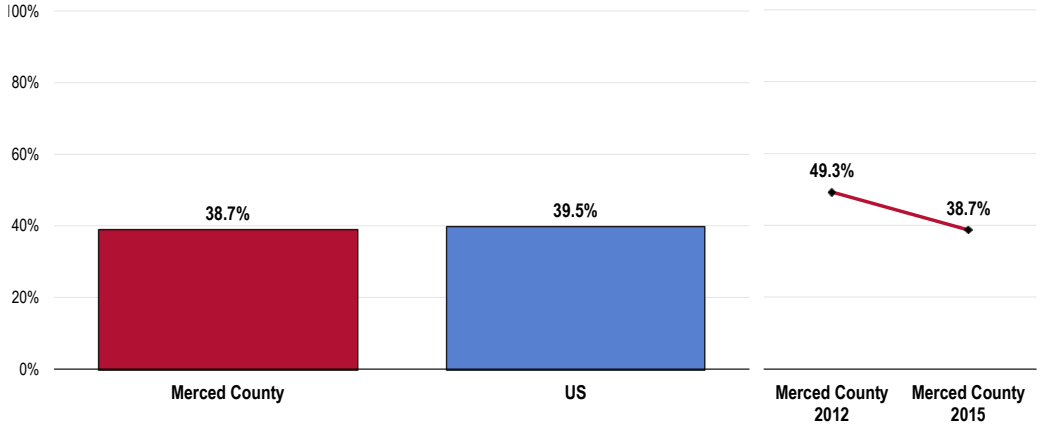
Daily Recommendation of Fruits/Vegetables

A total of 38.7% of Merced County adults report eating five or more servings of fruits

To measure fruit and vegetable consumption, survey respondents were asked multiple questions, specifically about the foods and drinks they consumed on the day prior to the interview.

PRC Community Health Needs Assessment
Merced County, California

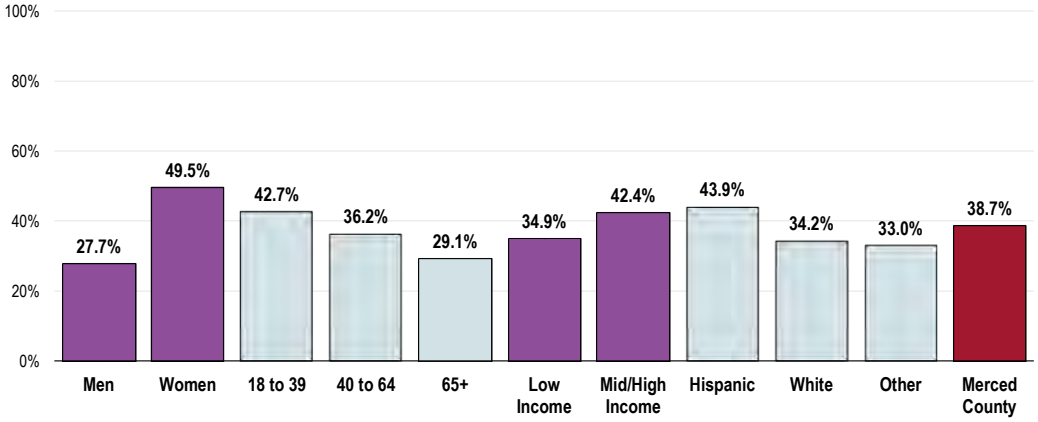
Consume Five or More Servings of Fruits/Vegetables Per Day



Sources: PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 146]
2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: Asked of all respondents.
For this issue, respondents were asked to recall their food intake on the previous day.

Consume Five or More Servings of Fruits/Vegetables Per Day

(Merced County, 2015)



Sources: 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 146]
Notes: Asked of all respondents.
Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
For this issue, respondents were asked to recall their food intake on the previous day.

Access to Fresh Produce

Difficulty Accessing Fresh Produce

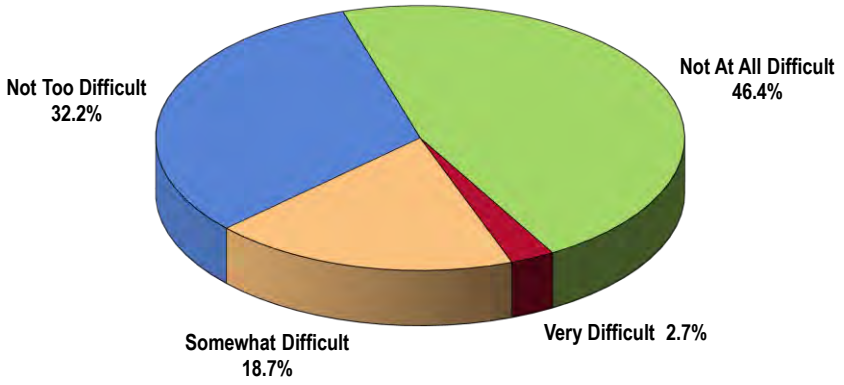
While most report little or no difficulty, 21.4% of Merced County adults report that it is

Respondents were asked:

"How difficult is it for you to buy fresh produce like fruits and vegetables at a price you can afford? Would you say: Very Difficult, Somewhat Difficult, Not Too Difficult, or Not At All Difficult?"

Level of Difficulty Finding Fresh Produce at an Affordable Price

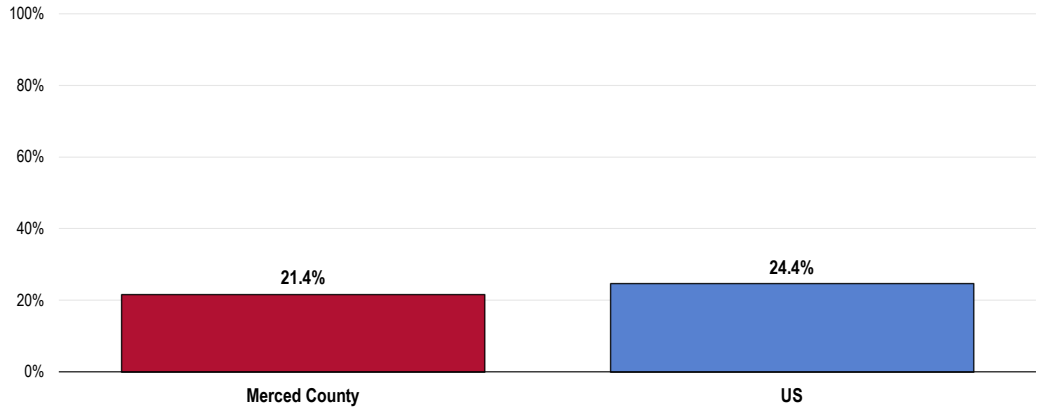
(Merced County, 2015)



Sources: 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 91]
Notes: Asked of all respondents.

PRC Community Health Needs Assessment
Merced County, California

Find It "Very" or "Somewhat" Difficult to Buy Affordable Fresh Produce

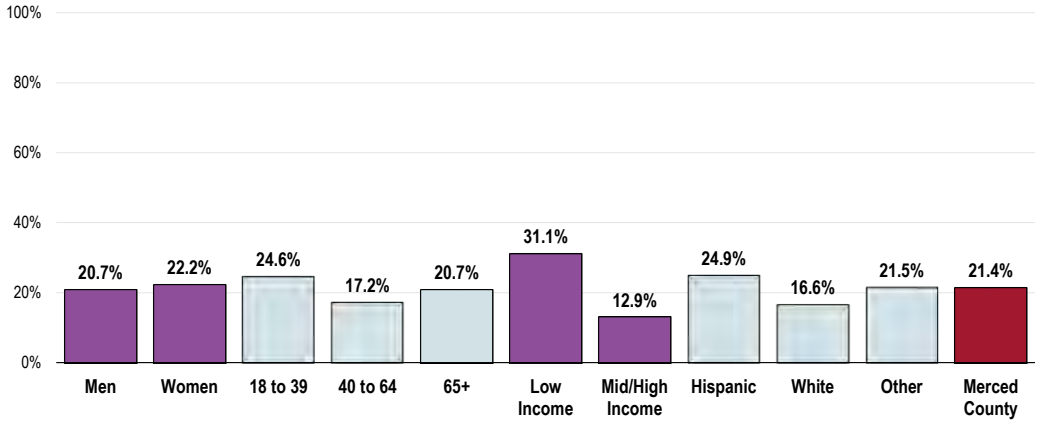


Sources: 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 91]
2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: Asked of all respondents.

- Lower income residents report more difficulty getting fresh produce than those with

Find It "Very" or "Somewhat" Difficult to Buy Affordable Fresh Produce

(Merced County, 2015)



Sources: 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 91]
Notes: Asked of all respondents.
Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Low Food Access (Food Deserts)

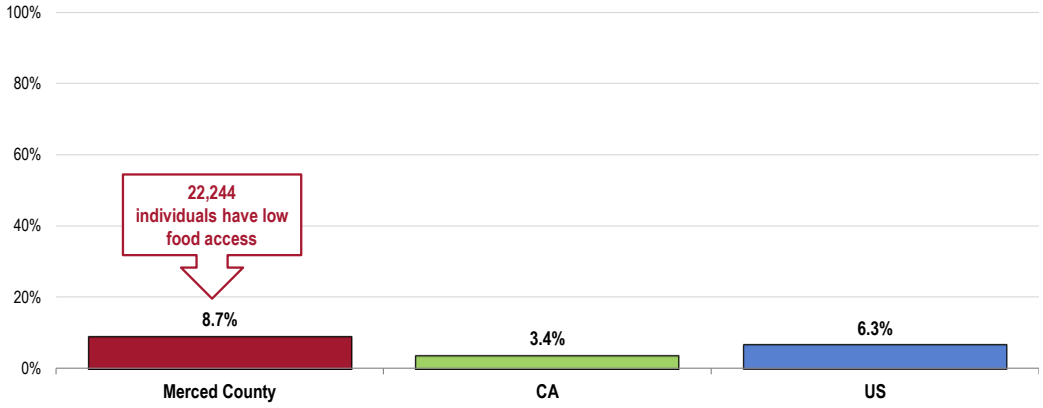
US Department of Agriculture data show that 8.7% of the Merced County population (representing over 22,000 residents) have low food access or live in a "food desert," meaning that they do not live near a supermarket or large grocery store.

A food desert is defined as a low-income area where a significant number or share of residents is far from a supermarket, where "far" is more than 1 mile in urban areas and more than 10 miles in rural areas.

- More than twice the statewide proportion.
- More than the national proportion.

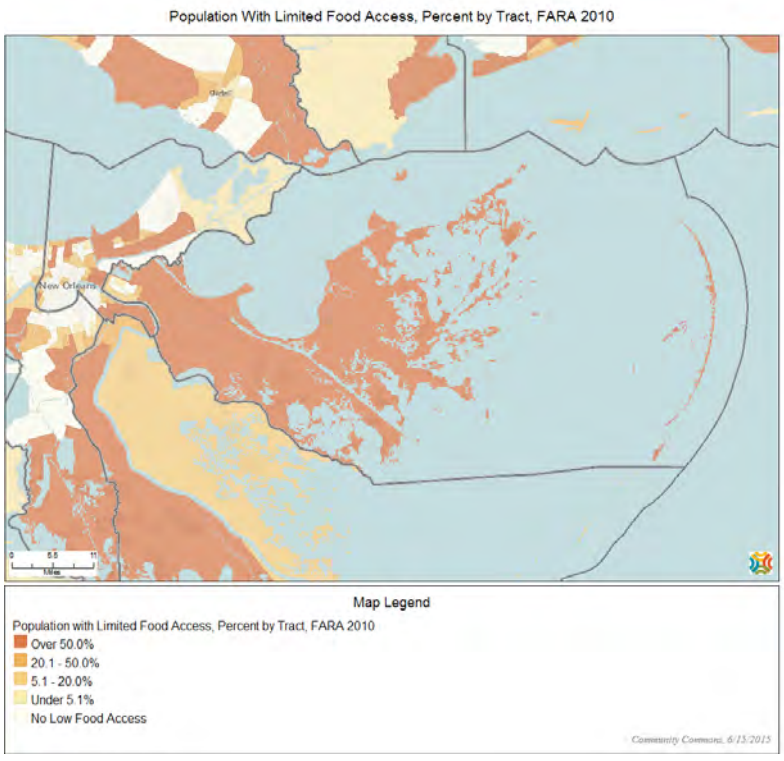
Population With Low Food Access

(Percent of Population That Is Far From a Supermarket or Large Grocery Store, 2010)



Sources: US Department of Agriculture, Economic Research Service, USDA - Food Access Research Atlas (FARA): 2010. Retrieved May 2015 from Community Commons at http://www.chna.org.

Notes: This indicator reports the percentage of the population living in census tracts designated as food deserts. A food desert is defined as low-income areas where a significant number or share of residents is far from a supermarket, where "far" is more than 1 mile in urban areas and more than 10 miles in rural areas. This indicator is relevant because it highlights populations and geographies facing food insecurity.



Health Advice About Diet & Nutrition

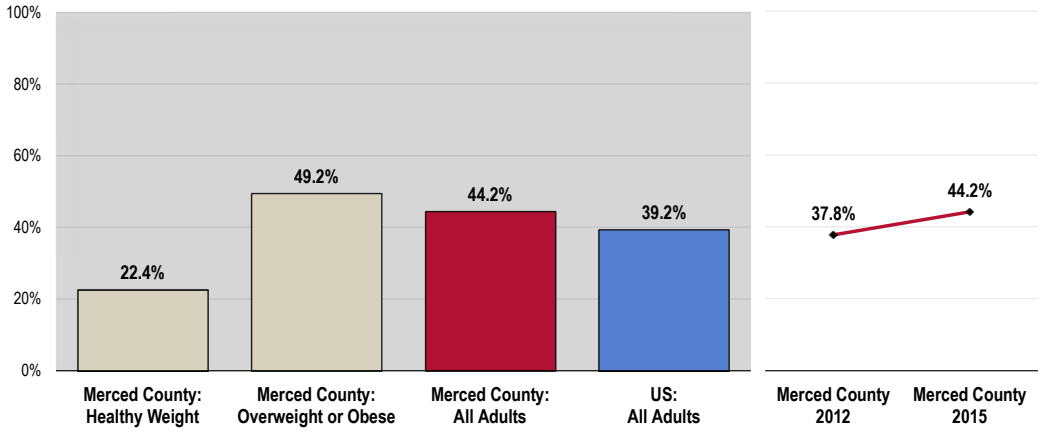
A total of 44.2% of survey respondents acknowledge that a physician counseled them about diet and nutrition in the past year.

- Similar to national findings.
- TREND: Statistically unchanged since 2012.
- Note: Among overweight/obese respondents, 49.2% report receiving diet/nutrition

PRC Community Health Needs Assessment
Merced County, California

Have Received Advice About Diet and Nutrition in the Past Year From a Physician, Nurse, or Other Health Professional

(By Weight Classification)



Sources: PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 18]
2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: Asked of all respondents.

Physical Activity

About Physical Activity

Regular physical activity can improve the health and quality of life of Americans of all ages, regardless of the presence of a chronic disease or disability. Among adults and older adults, physical activity can lower the risk of: early death; coronary heart disease; stroke; high blood pressure; type 2 diabetes; breast and colon cancer; falls; and depression. Among children and adolescents, physical activity can: improve bone health; improve cardiorespiratory and muscular fitness; decrease levels of body fat; and reduce symptoms of depression. For people who are inactive, even small increases in physical activity are associated with health benefits.

Personal, social, economic, and environmental factors all play a role in physical activity levels among youth, adults, and older adults. Understanding the barriers to and facilitators of physical activity is important to ensure the effectiveness of interventions and other actions to improve levels of physical activity.

Factors **positively** associated with adult physical activity include: postsecondary education; higher income; enjoyment of exercise; expectation of benefits; belief in ability to exercise (self-efficacy); history of activity in adulthood; social support from peers, family, or spouse; access to and satisfaction with facilities; enjoyable scenery; and safe neighborhoods.

Factors **negatively** associated with adult physical activity include: advancing age; low income; lack of time; low motivation; rural residency; perception of great effort needed for exercise; overweight or obesity; perception of poor health; and being disabled. Older adults may have additional factors that keep them from being physically active, including lack of social support, lack of transportation to facilities, fear of injury, and cost of programs.

Among children ages 4 to 12, the following factors have a positive association with physical activity: gender (boys); belief in ability to be active (self-efficacy); and parental support.

Among adolescents ages 13 to 18, the following factors have a positive association with physical activity: parental education; gender (boys); personal goals; physical education/school sports; belief in ability to be active (self-efficacy); and support of friends and family.

Environmental influences positively associated with physical activity among children and adolescents include:

- Presence of sidewalks
- Having a destination/walking to a particular place
- Access to public transportation
- Low traffic density
- Access to neighborhood or school play area and/or recreational equipment

People with disabilities may be less likely to participate in physical activity due to physical, emotional, and psychological barriers. Barriers may include the inaccessibility of facilities and the lack of staff trained in working with people with disabilities.

- Healthy People 2020 (www.healthypeople.gov)

Leisure-Time Physical Activity

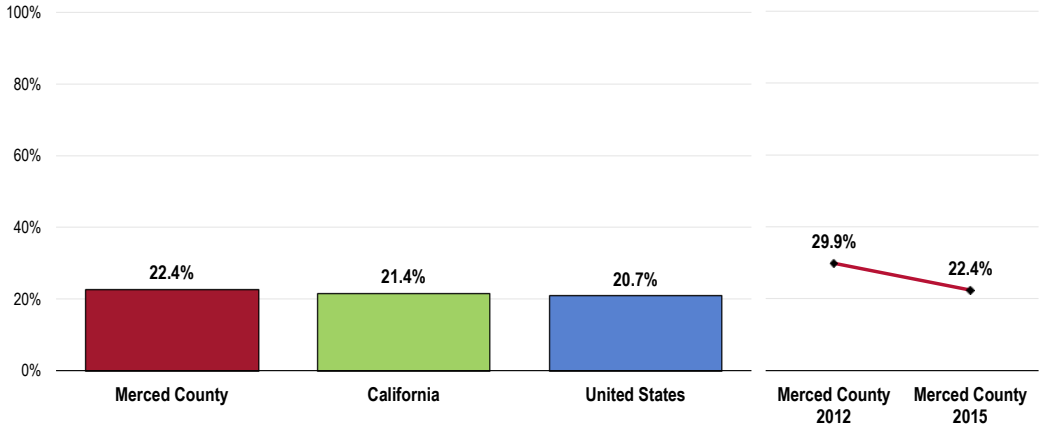
Leisure-time physical activity includes any physical activities or exercises (such as running, calisthenics, golf, gardening, walking, etc.) which take place outside of one's line of work.

A total of 22.4% of Merced County adults report no leisure-time physical activity in the past month.

- Comparable to statewide findings.
- Comparable to national findings.

No Leisure-Time Physical Activity in the Past Month

Healthy People 2020 Target = 32.6% or Lower



Sources: PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 92]
Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2013 California data.
2013 PRC National Health Survey, Professional Research Consultants, Inc.
US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective PA-1]

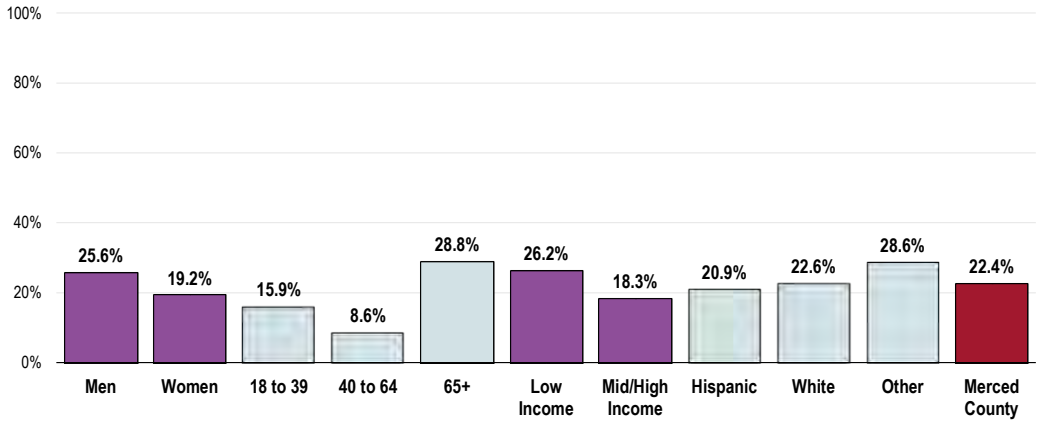
Notes: Asked of all respondents.

Lack of leisure-time physical activity in the area is higher among:

No Leisure-Time Physical Activity in the Past Month

(Merced County, 2015)

Healthy People 2020 Target = 32.6% or Lower



Sources: 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 92]
US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective PA-1]

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

Activity Levels

Recommended Levels of Physical Activity

Adults (age 18–64) should do 2 hours and 30 minutes a week of moderate-intensity, or 1 hour and 15 minutes (75 minutes) a week of vigorous-intensity aerobic physical activity, or an equivalent combination of moderate- and vigorous-intensity aerobic physical activity. Aerobic activity should be performed in episodes of at least 10 minutes, preferably spread throughout the week.

Additional health benefits are provided by increasing to 5 hours (300 minutes) a week of moderate-intensity aerobic physical activity, or 2 hours and 30 minutes a week of vigorous-intensity physical activity, or an equivalent combination of both.

Older adults (age 65 and older) should follow the adult guidelines. If this is not possible due to limiting chronic conditions, older adults should be as physically active as their abilities allow. They should avoid inactivity. Older adults should do exercises that maintain or improve balance if they are at risk of falling.

For all individuals, some activity is better than none. Physical activity is safe for almost everyone, and the health benefits of physical activity far outweigh the risks.

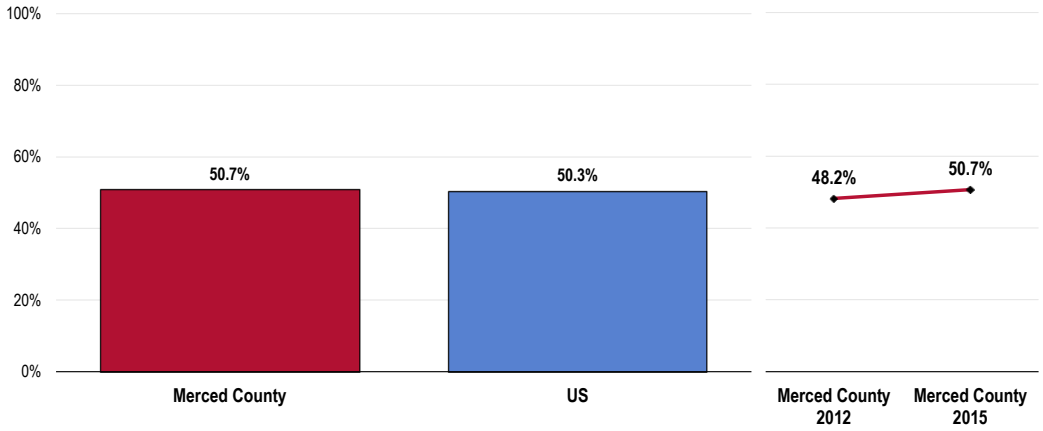
- 2008 Physical Activity Guidelines for Americans, U.S. Department of Health and Human Services. www.health.gov/PAGuidelines

Recommended Levels of Physical Activity

A total of 50.7% of Merced County adults participate in regular, sustained moderate or vigorous physical activity (meeting physical activity recommendations)

PRC Community Health Needs Assessment
Merced County, California

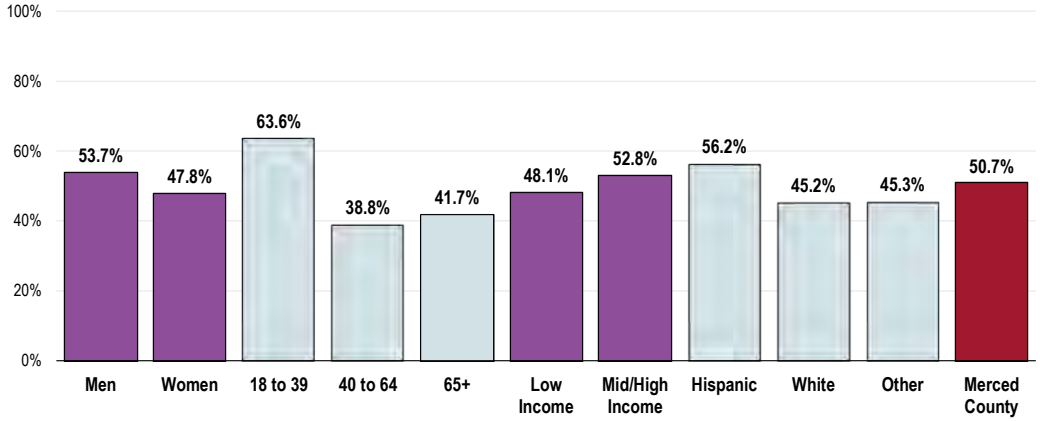
Meets Physical Activity Recommendations



Sources: PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 147]
2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: Asked of all respondents.
In this case the term "meets physical activity recommendations" refers to participation in moderate physical activity (exercise that produces only light sweating or a slight to moderate increase in breathing or heart rate) at least 5 times a week for 30 minutes at a time, and/or vigorous physical activity (activities that cause heavy sweating or large increases in breathing or heart rate) at least 3 times a week for 20 minutes at a time.

Meets Physical Activity Recommendations

(Merced County, 2015)



Sources: 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 147]
Notes: Asked of all respondents.
Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
In this case the term "meets physical activity recommendations" refers to participation in moderate physical activity (exercise that produces only light sweating or a slight to moderate increase in breathing or heart rate) at least 5 times a week for 30 minutes at a time, and/or vigorous physical activity (activities that cause heavy sweating or large increases in breathing or heart rate) at least 3 times a week for 20 minutes at a time.

Moderate & Vigorous Physical Activity

In the past month:

The individual indicators of moderate and vigorous physical activity are shown here.

A total of 23.8% of adults participated in moderate physical activity (5 times a week, 30 minutes at a time).

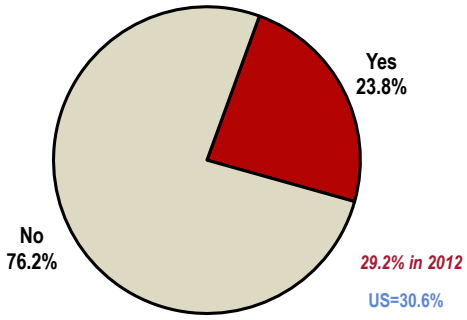
- Less favorable than the national level.
- TREND: Statistically unchanged since 2012.

A total of 40.2% participated in vigorous physical activity (3 times a week, 20 minutes at a time).

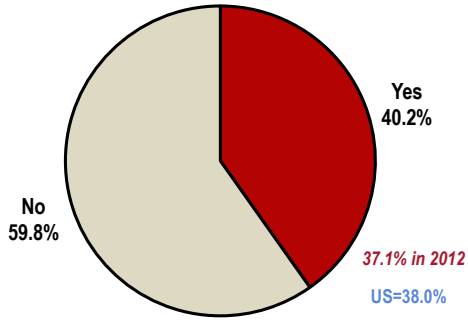
- Similar to the nationwide figure.
- TREND: Statistically similar to 2012 findings.

Moderate & Vigorous Physical Activity

(Merced County, 2015)



Moderate Physical Activity



Vigorous Physical Activity

Sources: PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 148-149]
2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: Asked of all respondents.
Moderate Physical Activity: Takes part in exercise that produces only light sweating or a slight to moderate increase in breathing or heart rate at least 5 times per week for at least 30 minutes per time.
Vigorous Physical Activity: Takes part in activities that cause heavy sweating or large increases in breathing or heart rate at least 3 times per week for at least 20 minutes per time.

Access to Physical Activity

Access to Recreation & Fitness Facilities

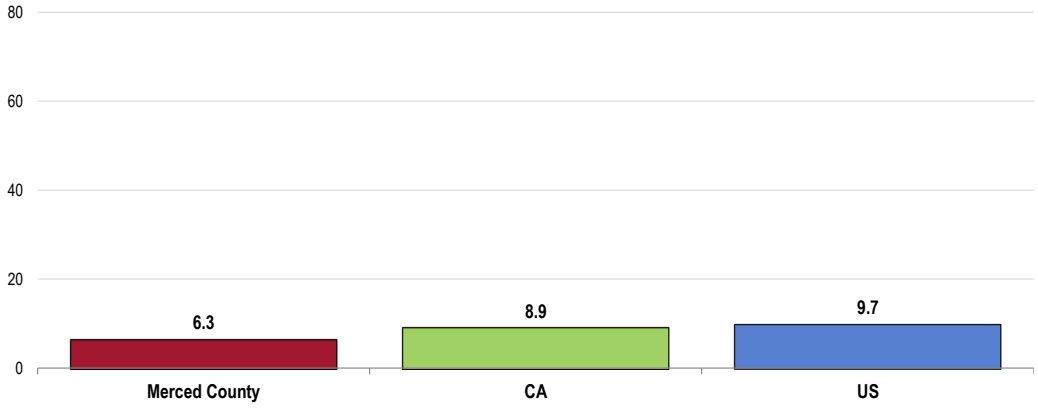
In 2013, there were 6.3 recreation/fitness facilities for every 100,000 population in Merced County.

Here, recreation/fitness facilities include establishments engaged in operating facilities which offer "exercise and other active physical fitness conditioning or recreational sports activities."

Examples include athletic clubs, gymnasiums, dance centers, tennis clubs, and swimming pools.

Population With Recreation & Fitness Facility Access

(Number of Recreation & Fitness Facilities per 100,000 Population, 2013)



Sources: US Census Bureau, County Business Patterns: 2013. Additional data analysis by CARES.
Retrieved May 2015 from Community Commons at http://www.chna.org.
Notes: Recreation and fitness facilities are defined by North American Industry Classification System (NAICS) Code 713940 , which include *Establishments engaged in operating facilities which offer "exercise and other active physical fitness conditioning or recreational sports activities". Examples include athletic clubs, gymnasiums, dance centers, tennis clubs, and swimming pools.* This indicator is relevant because access to recreation and fitness facilities encourages physical activity and other healthy behaviors.

Health Advice About Physical Activity & Exercise

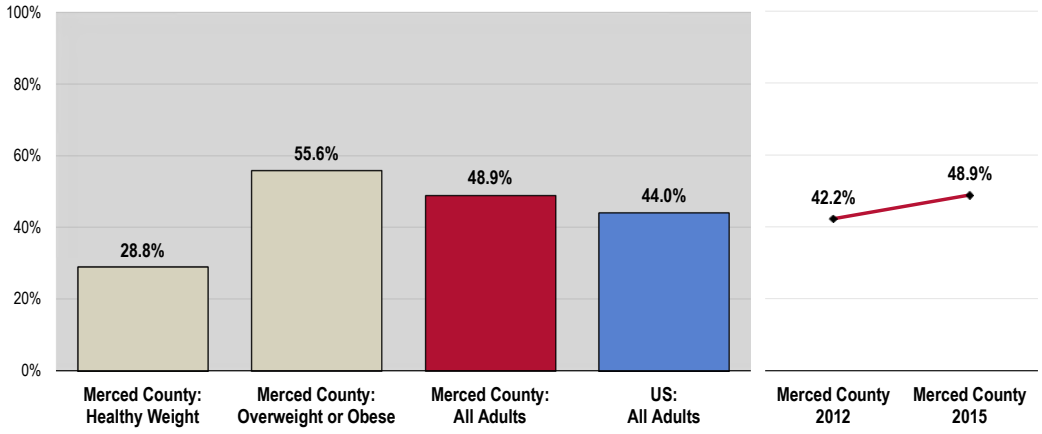
A total of 48.9% of Merced County adults report that their physician has asked about or given advice to them about physical activity in the past year.

- Comparable to the national average.
- TREND: Similar to 2012 survey findings.
- Note: 55.6% of overweight/obese Merced County respondents say that they have

PRC Community Health Needs Assessment
Merced County, California

Have Received Advice About Exercise in the Past Year From a Physician, Nurse, or Other Health Professional

(By Weight Classification)



Sources: PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 19]
2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: Asked of all respondents.

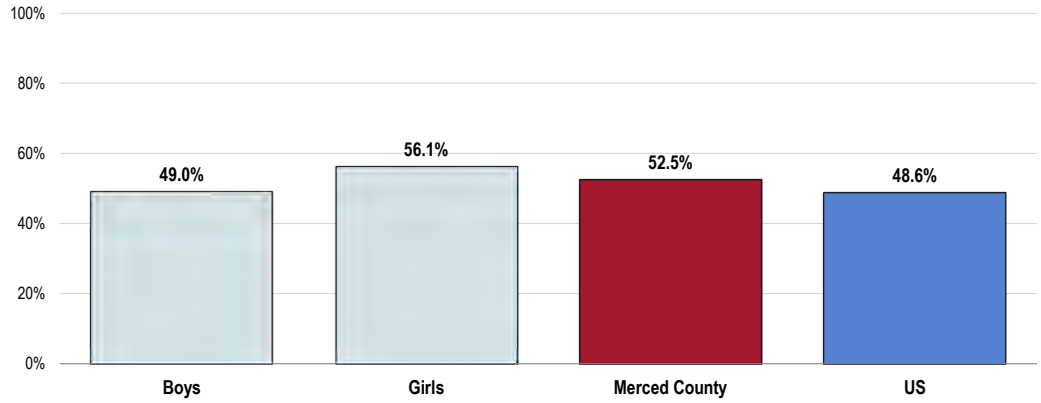
Children's Physical Activity

Among Merced County children age 2 to 17, 52.5% are reported to have had 60 minutes of physical activity on <u>each</u> of the seven days preceding the interview (1+ hours per day).

- Similar to what is found nationally.

PRC Community Health Needs Assessment
Merced County, California

Child Is Physically Active for One or More Hours per Day
(Among Children Age 2-17)



Sources: 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 117]
2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: Asked of all respondents with children age 2-17 at home.
Includes children reported to have one or more hours of physical activity on each of the seven days preceding the survey.

Weight Status

About Overweight & Obesity

Because weight is influenced by energy (calories) consumed and expended, interventions to improve weight can support changes in diet or physical activity. They can help change individuals' knowledge and skills, reduce exposure to foods low in nutritional value and high in calories, or increase opportunities for physical activity. Interventions can help prevent unhealthy weight gain or facilitate weight loss among obese people. They can be delivered in multiple settings, including healthcare settings, worksites, or schools.

The social and physical factors affecting diet and physical activity (see Physical Activity topic area) may also have an impact on weight. Obesity is a problem throughout the population. However, among adults, the prevalence is highest for middle-aged people and for non-Hispanic black and Mexican American women. Among children and adolescents, the prevalence of obesity is highest among older and Mexican American children and non-Hispanic black girls. The association of income with obesity varies by age, gender, and race/ethnicity.

- Healthy People 2020 (www.healthypeople.gov)

Body Mass Index (BMI), which describes relative weight for height, is significantly correlated with total body fat content. The BMI should be used to assess overweight and obesity and to monitor changes in body weight. In addition, measurements of body weight alone can be used to determine efficacy of weight loss therapy. BMI is calculated as weight (kg)/height squared (m^2). To estimate BMI using pounds and inches, use: [weight (pounds)/height squared ($inches^2$)] x 703.

In this report, overweight is defined as a BMI of 25.0 to 29.9 kg/m^2 and obesity as a BMI ≥30 kg/m^2. The rationale behind these definitions is based on epidemiological data that show increases in mortality with BMIs above 25 kg/m^2. The increase in mortality, however, tends to be modest until a BMI of 30 kg/m^2 is reached. For persons with a BMI ≥30 kg/m^2, mortality rates from all causes, and especially from cardiovascular disease, are generally increased by 50 to 100 percent above that of persons with BMIs in the range of 20 to 25 kg/m^2.

- Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults: The Evidence Report. National Institutes of Health. National Heart, Lung, and Blood Institute in Cooperation With The National Institute of Diabetes and Digestive and Kidney Diseases. September 1998.

Classification of Overweight and Obesity by BMI	BMI (kg/m^2)
Underweight	<18.5
Normal	18.5 – 24.9
Overweight	25.0 – 29.9
Obese	≥30.0

Source: Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults: The Evidence Report. National Institutes of Health. National Heart, Lung, and Blood Institute in Cooperation With The National Institute of Diabetes and Digestive and Kidney Diseases. September 1998.

Adult Weight Status

Healthy Weight

Based on self-reported heights and weights, 22.1% of Merced County adults are at a healthy weight.

"Healthy weight "means neither underweight, nor overweight (BMI = 18.5-24.9).

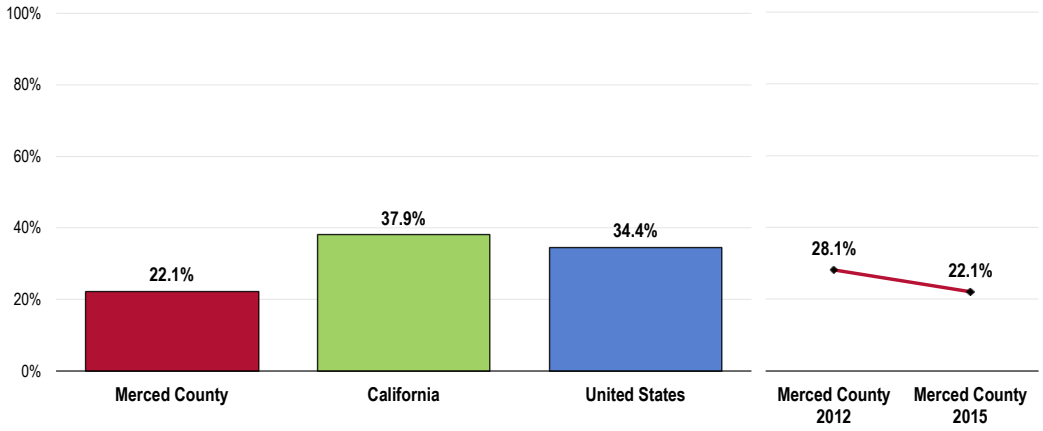
- Well below the California prevalence.
- Well below the national prevalence.
- Fails to satisfy the Healthy People 2020 target (33.9% or higher).

PRC Community Health Needs Assessment
Merced County, California

Healthy Weight

(Percent of Adults With a Body Mass Index Between 18.5 and 24.9)

Healthy People 2020 Target = 33.9% or Higher



Sources: PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 151]
2013 PRC National Health Survey, Professional Research Consultants, Inc.
Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2013 California data.
US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective NWS-8]

Notes: Based on reported heights and weights, asked of all respondents.
The definition of healthy weight is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), between 18.5 and 24.9.

Overweight Status

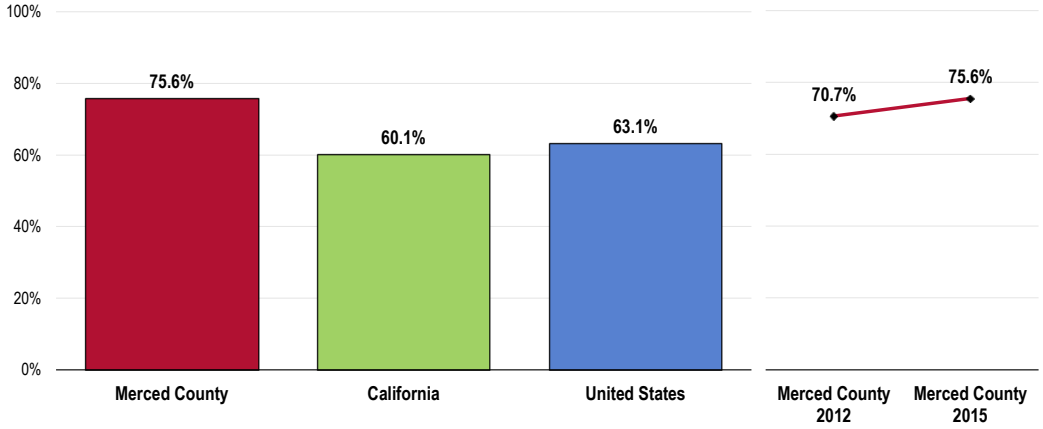
Three-fourths of Merced County adults (75.6%) are overweight.

Here, "overweight" includes those respondents with a BMI value ≥25.

- Worse than the California prevalence.
- Worse than the US overweight prevalence.
- TREND: Statistically unchanged since 2012.

Prevalence of Total Overweight

(Percent of Adults With a Body Mass Index of 25.0 or Higher)



Sources: PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 151]
2013 PRC National Health Survey, Professional Research Consultants, Inc.
Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2013 California data.

Notes: Based on reported heights and weights, asked of all respondents.
The definition of overweight is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 25.0, regardless of gender. The definition for obesity is a BMI greater than or equal to 30.0.

Further, 39.8% of Merced County adults are obese.

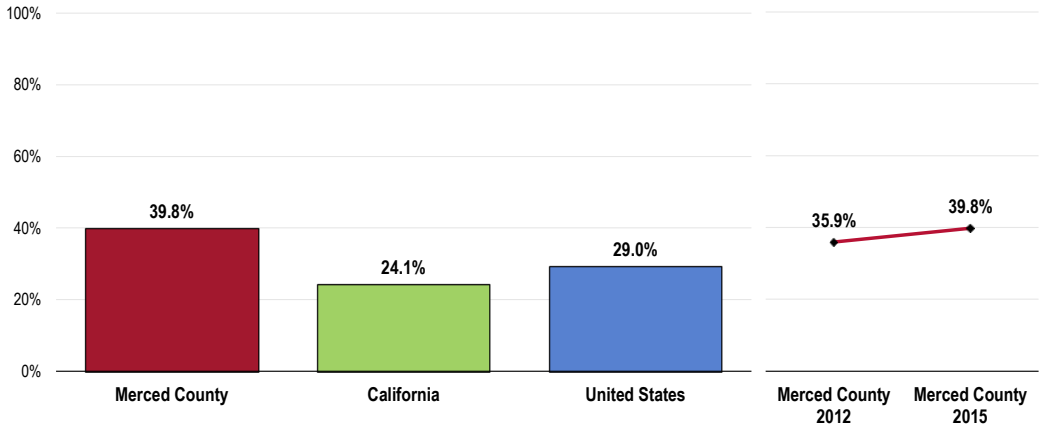
"Obese" (also included in overweight prevalence discussed previously) includes respondents with a BMI value ≥30.

- Less favorable than California findings.
- Less favorable than US findings.

Prevalence of Obesity

(Percent of Adults With a Body Mass Index of 30.0 or Higher)

Healthy People 2020 Target = 30.5% or Lower



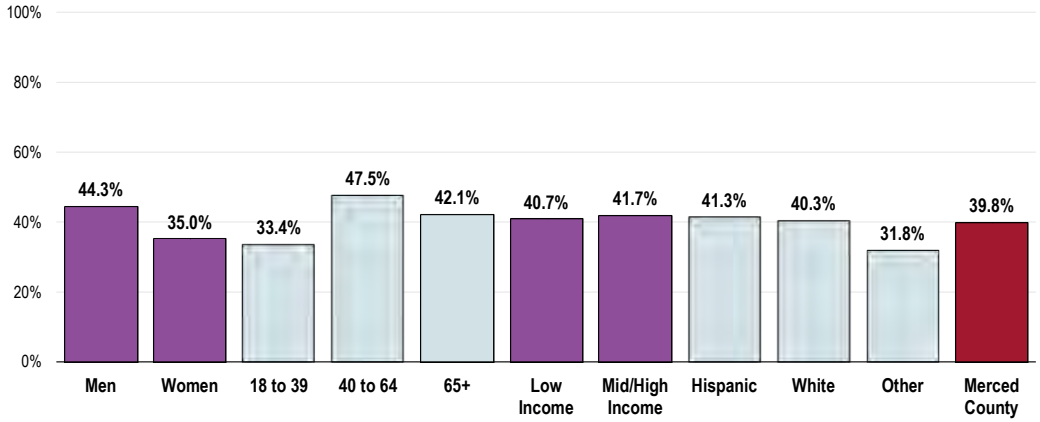
Sources: PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 151]
2013 PRC National Health Survey, Professional Research Consultants, Inc.
US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective NWS-9]
Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2013 California data.

Notes: Based on reported heights and weights, asked of all respondents.
The definition of obesity is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 30.0, regardless of gender.

Prevalence of Obesity

(Percent of Adults With a BMI of 30.0 or Higher; Merced County, 2015)

Healthy People 2020 Target = 30.5% or Lower



Sources: 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 151]
US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective NWS-9]

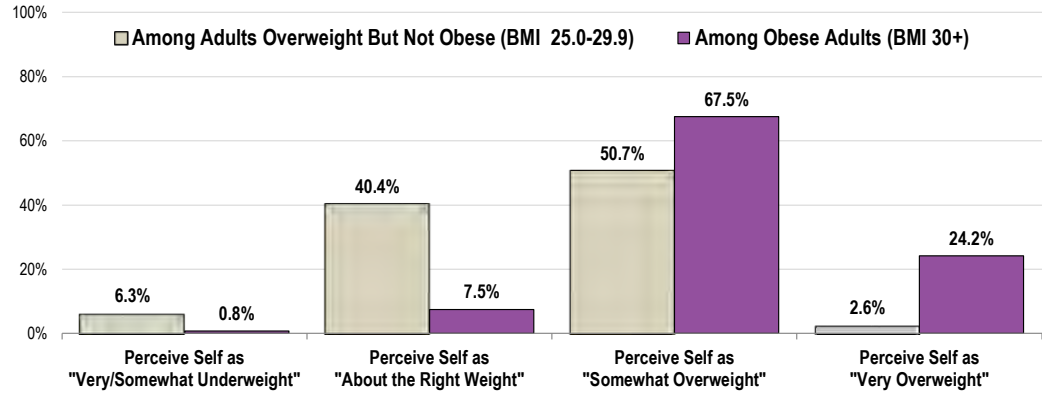
Notes: Based on reported heights and weights, asked of all respondents.
Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
The definition of obesity is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 30.0, regardless of gender.

Actual vs. Perceived Body Weight

A total of 7.5% of obese adults and 40.4% of overweight (but not obese) adults feel that their current weight is "about right."

Actual vs. Perceived Weight Status

(Among Overweight/Obese Adults Based on BMI; Merced County, 2015)



Sources: 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 99]

Notes: BMI is based on reported heights and weights, asked of all respondents.
The definition of overweight is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 25.0, regardless of gender. The definition for obesity is a BMI greater than or equal to 30.0.

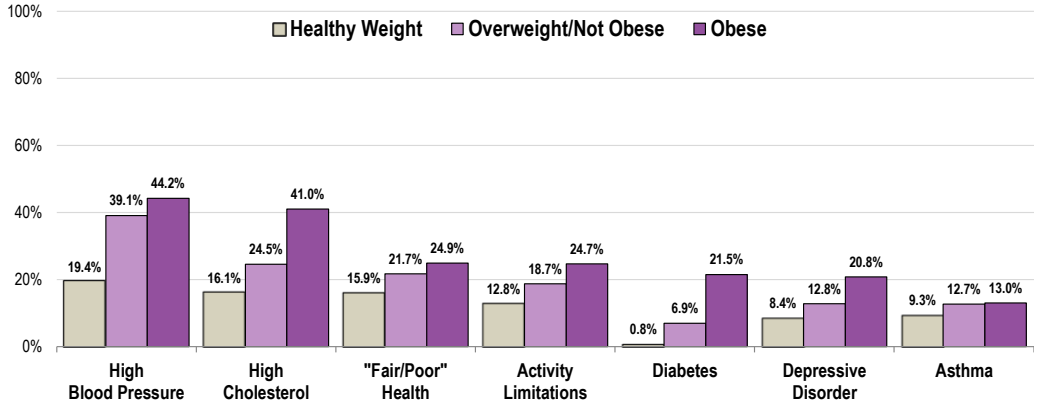
Relationship of Overweight With Other Health Issues

Overweight and obese adults are more likely to report a number of adverse health conditions. Among these are:

The correlation between overweight and various health issues cannot be disputed.

- Hypertension (high blood pressure).
- High cholesterol.
- "Fair" or "poor" physical health.
- Activity limitations.
- Diabetes.

Relationship of Overweight With Other Health Issues
(By Weight Classification; Merced County, 2015)



Sources: 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 5, 103, 105, 125, 126, 134, 136]
Notes: Based on reported heights and weights, asked of all respondents.

Weight Management

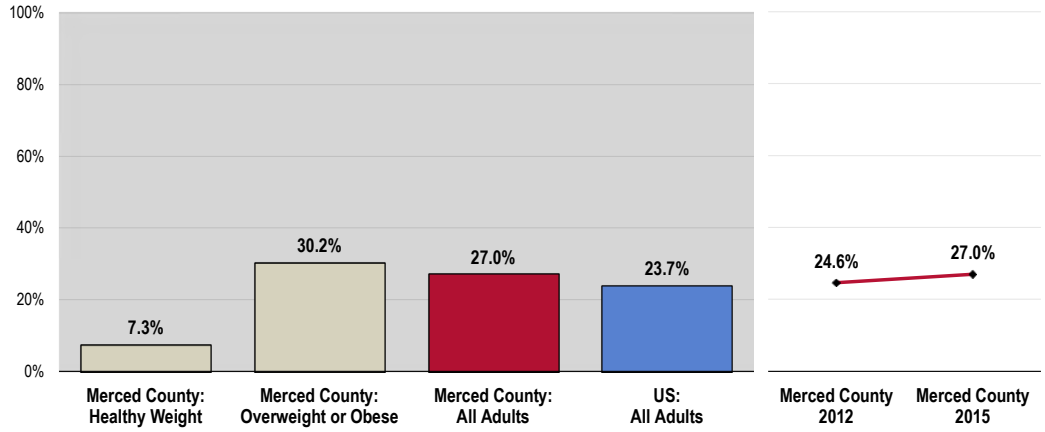
Health Advice

A total of 27.0% of adults have been given advice about their weight by a doctor, nurse or other health professional in the past year.

- Statistically similar to the national findings.
- TREND: Statistically unchanged from that reported in 2012.
- Note that 30.2% of overweight/obese adults have been given advice about their weight by a health professional in the past year (while 7 in 10 have not).

Have Received Advice About Weight in the Past Year From a Physician, Nurse, or Other Health Professional

(By Weight Classification)



Sources: PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 98]
2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: Asked of all respondents.

Weight Control

About Maintaining a Healthy Weight

Individuals who are at a healthy weight are less likely to:

- Develop chronic disease risk factors, such as high blood pressure and dyslipidemia.
- Develop chronic diseases, such as type 2 diabetes, heart disease, osteoarthritis, and some cancers.
- Experience complications during pregnancy.
- Die at an earlier age.

All Americans should avoid unhealthy weight gain, and those whose weight is too high may also need to lose weight.

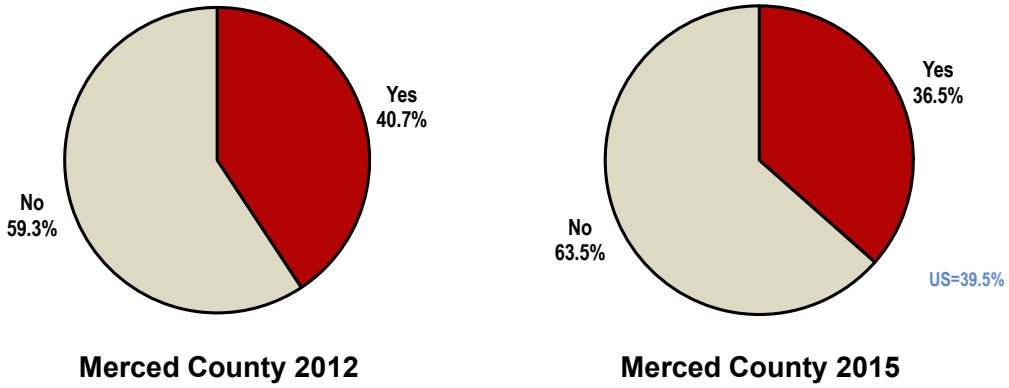
- Healthy People 2020 (www.healthypeople.gov)

A total of 36.5% of Merced County adults who are overweight say that they are both modifying their diet and increasing their physical activity to try to lose weight.

- Similar to national findings.
- TREND: Statistically similar to that reported among overweight adults in 2012.

Trying to Lose Weight by Both Modifying Diet and Increasing Physical Activity

(Among Overweight or Obese Respondents)



Sources: PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 152]
2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: Reflects respondents who are overweight or obese based on reported heights and weights.

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Childhood Overweight & Obesity

About Weight Status in Children & Teens

In children and teens, body mass index (BMI) is used to assess weight status – underweight, healthy weight, overweight, or obese. After BMI is calculated for children and teens, the BMI number is plotted on the CDC BMI-for-age growth charts (for either girls or boys) to obtain a percentile ranking. Percentiles are the most commonly used indicator to assess the size and growth patterns of individual children in the United States. The percentile indicates the relative position of the child's BMI number among children of the same sex and age.

BMI-for-age weight status categories and the corresponding percentiles are shown below:

- Underweight <5th percentile
- Healthy Weight ≥5th and <85th percentile
- Overweight ≥85th and <95th percentile
- Obese ≥95th percentile

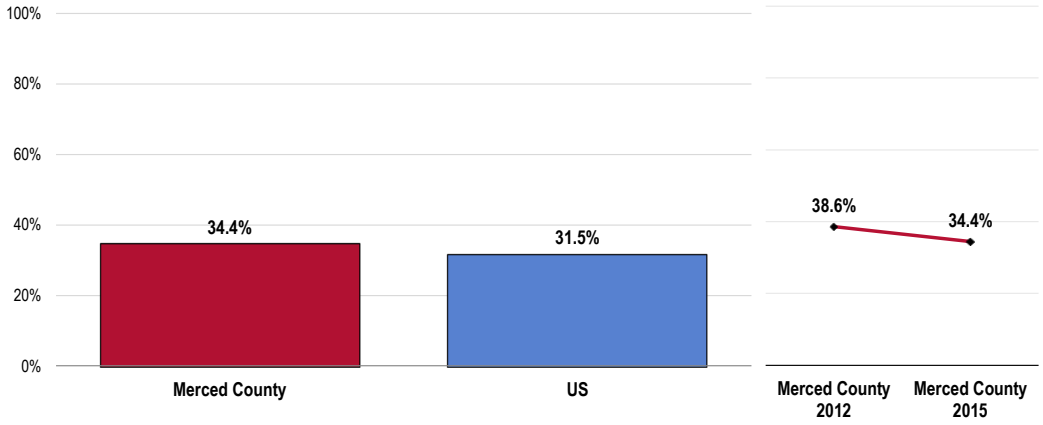
- Centers for Disease Control and Prevention

Based on the heights/weights reported by surveyed parents, 34.4% of Merced County children age 5 to 17 are overweight or obese (≥85th percentile).

- Comparable to that found nationally.
- TREND: Statistically unchanged since 2012.

Child Total Overweight Prevalence

(Percent of Children Age 5-17 Who Are Overweight/Obese; BMI in the 85th Percentile or Higher)



Sources: PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 155]
2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: Asked of all respondents with children age 5-17 at home.
Overweight among children is determined by children's Body Mass Index status at or above the 85th percentile of US growth charts by gender and age.

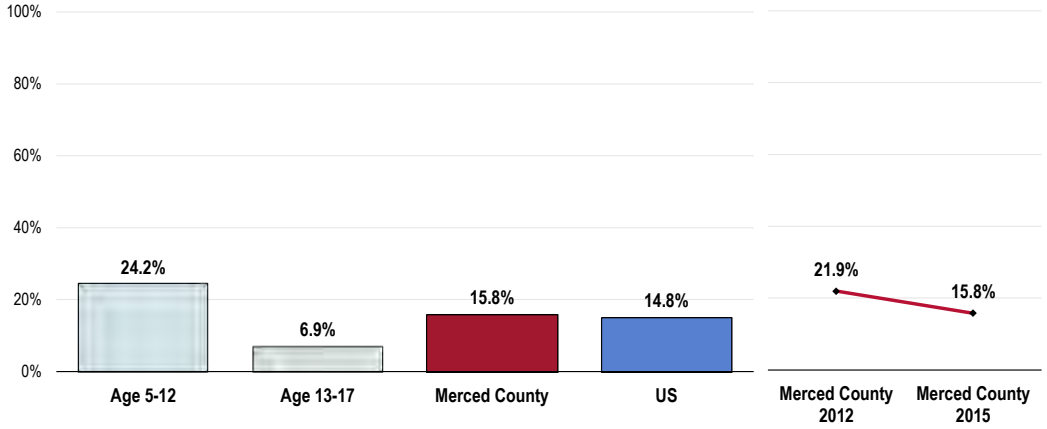
Further, 15.8% of Merced County children age 5 to 17 are obese (≥95th percentile).

- Comparable to the national percentage.
- Fails to satisfy the Healthy People 2020 target (14.5% or lower for children age 2-19).

Child Obesity Prevalence

(Percent of Children Age 5-17 Who Are Obese; BMI in the 95th Percentile or Higher)

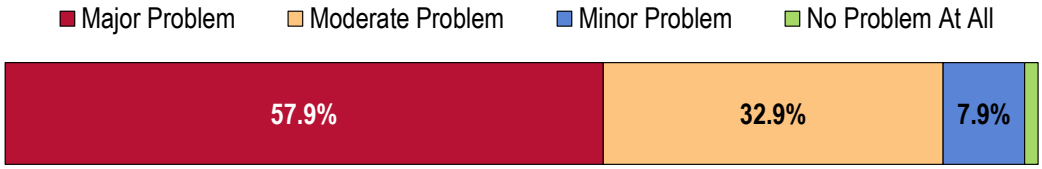
Healthy People 2020 Target = 14.5% or Lower



Sources: PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 155]
2013 PRC National Health Survey, Professional Research Consultants, Inc.
US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective NWS-10.4]
Notes: Asked of all respondents with children age 5-17 at home.
Obesity among children is determined by children's Body Mass Index status equal to or above the 95th percentile of US growth charts by gender and age.

Perceptions of Nutrition, Physical Activity, and Weight as a Problem in the Community

(Key Informants, 2015)



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

Top Concerns

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

220

Access to Support

Access to a health community. – Public Health Representative

Easy access and time. – Public Health Representative

Lack of supportive infrastructure within our communities at large, walking paths, intact sidewalks, farm fresh produce at reasonable prices, such that people feel safe enough, that enough of their base needs of safety and shelters are met on a consistent basis. – Public Health Representative

Supportive environments to promote healthier choices and affordable healthy foods. – Social Services Provider

I have one nutritionist on the private side and she only takes one form of insurance, Allcare IPA. The remainder of services are in Fresno at Valley Children's Hospital. – Physician

There is very little encouragement in our community to get out and walk, run or ride a bike. Physical education is not a priority. – Community/Business Leader

Access to primary care. – Physician

Infrastructure

Barriers to exercise, hazards, expense of joining gyms, health clubs, hot, cold and wet weather, lack of motivation, poor dietary habits. – Public Health Representative

Parks are not always safe or inviting, so exercise can be expensive. Lack of public pools. – Social Services Provider

Socioeconomic factors play a major role. Many public areas of our community are not safe to exercise, in particular for women. – Physician

There is an issue with this because in the public school system, they do not require health and physical fitness. When children grow up with their parents setting a bad example, it's better for the community to step up and teach all the importance. – Public Health Representative

Lack of parks. – Physician

Lack of outdoor park facilities for physical activity which are both clean and safe for children and families to play. – Public Health Representative

Education

Poor education about healthy eating. Too easy to purchase fast food. Families not taking the time to cook non-processed foods. Too much time spent on electronic devices. Lazy parenting. – Health Provider

Education or re-education of the way we see nutrition, plus physical activity equals weight reduction or healthy weight. – Public Health Representative

Non-compliance in medical care and education. – Public Health Representative

Education. – Community/Business Leader

Public education and availability of resources, transportation to market. – Physician

Behavioral Risks

Malnutrition and no physical activity leads to overweight. Having no access to safe parks and sidewalks are keeping people indoors. Having corner markets and fast food restaurants within minutes of everyone's home is also increasing the problem of overweight. – Public Health Representative

There is a high number of children under the age of two years of age who have severe anemia, hemoglobin less than 10.0, due to poor nutrition. A large number of the children are on whole milk only until the age of two years. – Public Health Representative

Poor eating habits of the community, poverty, high unemployment, high substance abuse, no culture of physical activity, no culture of going to school, or work on pedal bike, lack of enough parks and provisions, environments and culture. – Physician

Environment, Culture of Inactivity

Time constraints. People work long hours and it may be easier to eat ready-made meals and forgo exercising. Cost: convenience food is cheaper and more readily available than healthier real food options. Layout of the town makes it less inviting to walk. – Public Health Representative

Self-discipline. The challenge and difficulty of making lifestyle changes. Their environment and their community offer many opportunities or services to make healthy lifestyle changes, but perhaps the challenge comes from a lack of healthy living values. – Public Health Representative

A culture of inactivity, poor food choices, and poor eating habits. Lack of effective lifestyle management and weight loss treatment centers. – Physician

Obesity Prevalence

Three-fourths of the adults are overweight or obese. 45% of children are overweight or obese. 20% of residents live in a food desert. Parks are limited and full of homeless people. Parks and recreation services are extremely limited. Need walking and biking paths. – Social Services Provider

Obesity. – Physician

Obesity is big in our community. It leads to many health issues as well as mental health issues, such as low self-esteem and bullying. Our schools lack quality, good nutrition. Everything seems to be quick and easy food. – Public Health Representative

Food Availability

Healthy, nutritious foods are usually more expensive to buy, leading to more obesity. – Public Health Representative

Lack of accessible grocery stores with a variety of affordable healthy foods. – Public Health Representative

Lack of cheap healthy food. Lack of physical activity by most people. – Physician

Affordable food for everyone that can balance your diet in a much healthier way. – Public Health Representative

Substance Abuse

About Substance Abuse

Substance abuse has a major impact on individuals, families, and communities. The effects of substance abuse are cumulative, significantly contributing to costly social, physical, mental, and public health problems. These problems include:

- Teenage pregnancy
- Human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS)
- Other sexually transmitted diseases (STDs)
- Domestic violence
- Child abuse
- Motor vehicle crashes
- Physical fights
- Crime
- Homicide
- Suicide

Substance abuse refers to a set of related conditions associated with the consumption of mind- and behavior-altering substances that have negative behavioral and health outcomes. Social attitudes and political and legal responses to the consumption of alcohol and illicit drugs make substance abuse one of the most complex public health issues. In addition to the considerable health implications, substance abuse has been a flash-point in the criminal justice system and a major focal point in discussions about social values: people argue over whether substance abuse is a disease with genetic and biological foundations or a matter of personal choice.

Advances in research have led to the development of evidence-based strategies to effectively address substance abuse. Improvements in brain-imaging technologies and the development of medications that assist in treatment have gradually shifted the research community's perspective on substance abuse. There is now a deeper understanding of substance abuse as a disorder that develops in adolescence and, for some individuals, will develop into a chronic illness that will require lifelong monitoring and care.

Improved evaluation of community-level prevention has enhanced researchers' understanding of environmental and social factors that contribute to the initiation and abuse of alcohol and illicit drugs, leading to a more sophisticated understanding of how to implement evidence-based strategies in specific social and cultural settings.

A stronger emphasis on evaluation has expanded evidence-based practices for drug and alcohol treatment. Improvements have focused on the development of better clinical interventions through research and increasing the skills and qualifications of treatment providers.

- Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Cirrhosis/Liver Disease Deaths

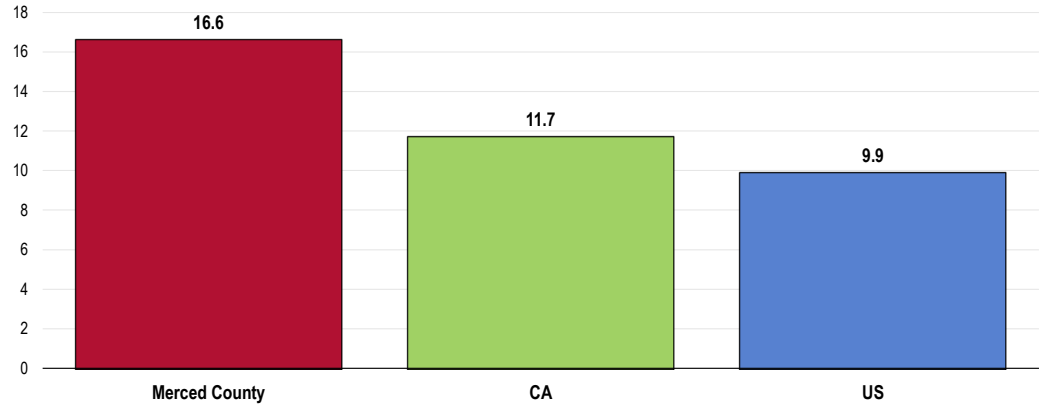
Between 2011 and 2013 there was an annual average age-adjusted cirrhosis/liver disease mortality rate of 16.6 deaths per 100,000 population in Merced County.

- Higher than the statewide rate.
- Higher than the national rate.
- Twice the Healthy People 2020 target (8.2 or lower).

Cirrhosis/Liver Disease: Age-Adjusted Mortality

(2011-2013 Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 8.2 or Lower



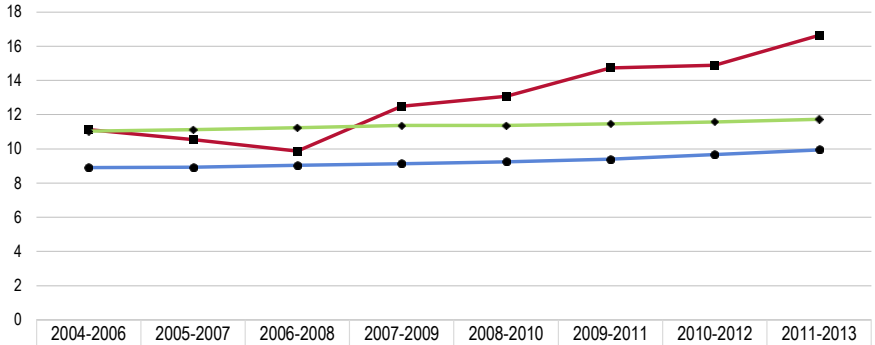
Sources: CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted May 2015.
US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective SA-11]

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

Cirrhosis/Liver Disease: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 8.2 or Lower



	2004-2006	2005-2007	2006-2008	2007-2009	2008-2010	2009-2011	2010-2012	2011-2013
Merced County	11.1	10.5	9.9	12.5	13.1	14.7	14.9	16.6
CA	11.0	11.1	11.2	11.4	11.4	11.5	11.6	11.7
US	8.9	8.9	9.0	9.1	9.2	9.4	9.7	9.9

Sources: CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted May 2015.
US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective SA-11]

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

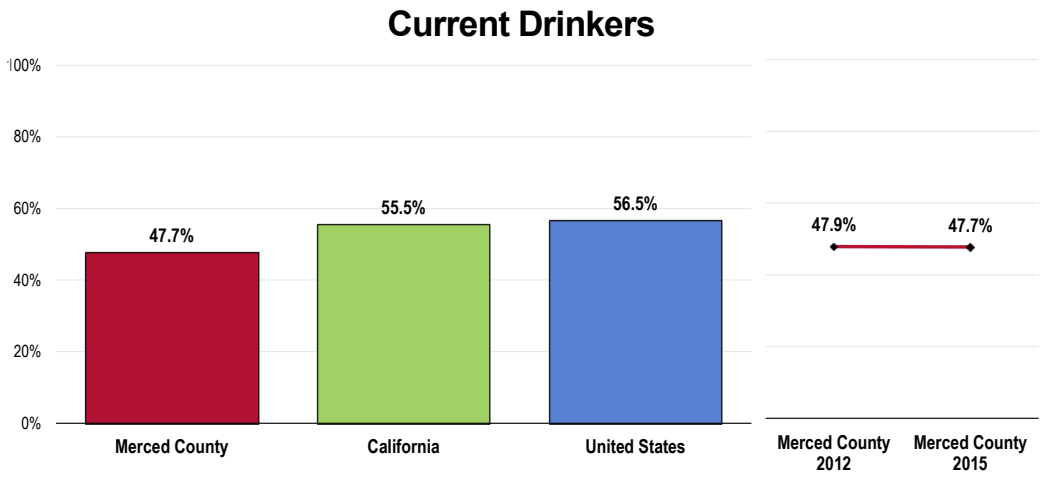
High-Risk Alcohol Use

Current Drinking

A total of 47.7% of area adults had at least one drink of alcohol in the past month (current drinkers).

"Current drinkers" include survey respondents who had at least one drink of alcohol in the month preceding the interview. For the purposes of this study, a "drink" is considered one can or bottle of beer, one glass of wine, one can or bottle of wine cooler, one cocktail, or one shot of liquor.

PRC Community Health Needs Assessment
Merced County, California



Sources: PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 160]
Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2013 California data.
2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: Asked of all respondents.
Current drinkers had at least one alcoholic drink in the past month.

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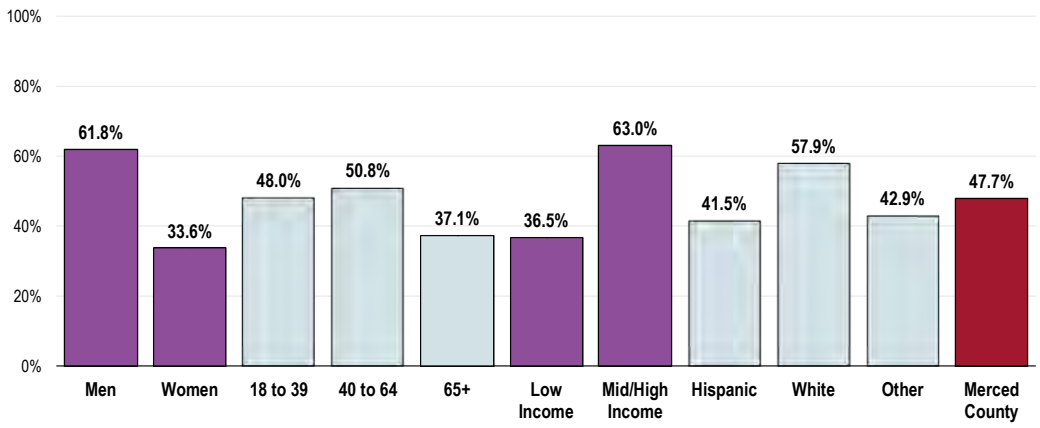
Professional Research Consultants, Inc.

Current drinking is more prevalent among:

- Men.
- Adults under age 65.
- Higher-income residents.
- Whites.

Current Drinkers
(Merced County, 2015)



Sources: 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 160]
Notes: Asked of all respondents.
Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
Current drinkers had at least one alcoholic drink in the past month.

Excessive Drinking

"Excessive drinking" includes heavy and/or binge drinkers:

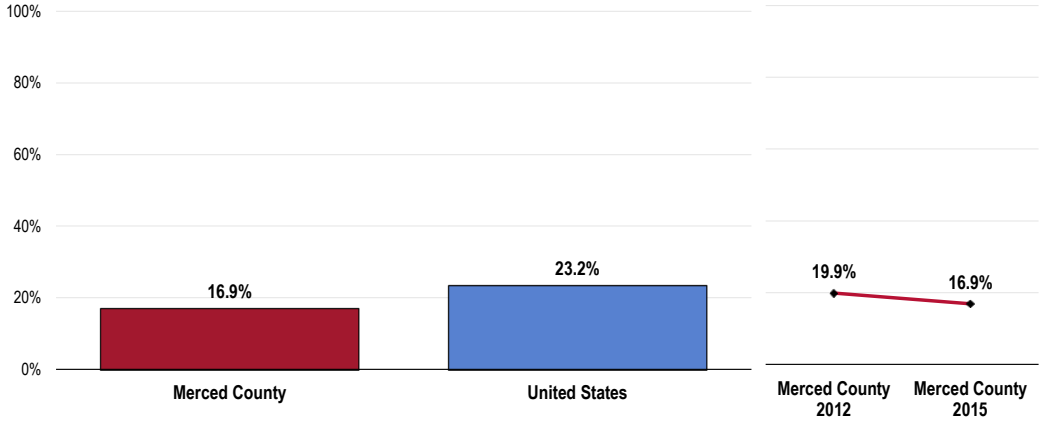
Heavy drinkers include men reporting 2+ alcoholic drinks per day or women reporting 1+ alcoholic drink per day in the month preceding the interview; and

Binge drinkers include men reporting 5+ alcoholic drinks or women reporting 4+ alcoholic drinks on any single occasion during the past month.

RELATED ISSUE: See also Stress in the Mental Health & Mental Disorders section of this report.

A total of 16.9% of area adults are excessive drinkers (heavy and/or binge drinkers).

Excessive Drinkers
Healthy People 2020 Target = 25.4% or Lower



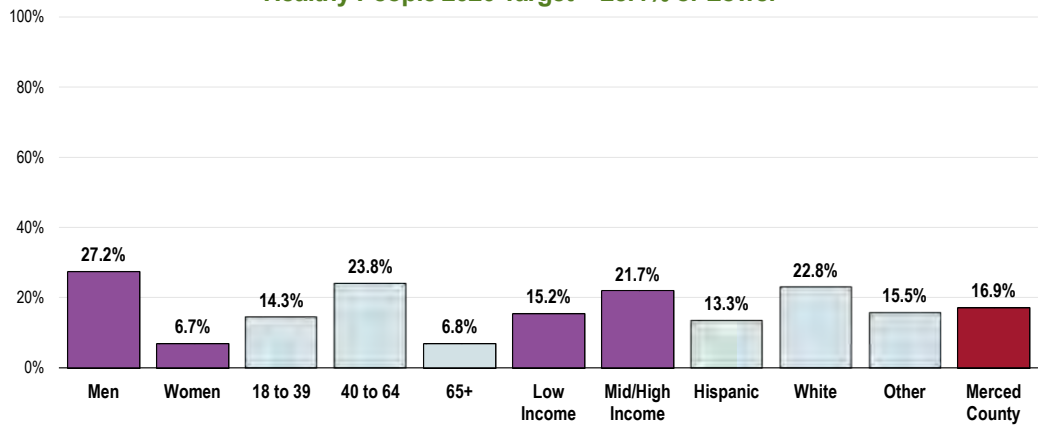
Sources: PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 164]
2013 PRC National Health Survey, Professional Research Consultants, Inc.
US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective SA-15]
Notes: Asked of all respondents.
Excessive drinking reflects the number of persons aged 18 years and over who drank more than two drinks per day on average (for men) or more than one drink per day on average (for women) OR who drank 5 or more drinks during a single occasion (for men) or 4 or more drinks during a single occasion (for women) during the past 30 days.

- Excessive drinking is more prevalent among men and adults age 40 to 64.

Excessive Drinkers

(Total Area, 2015)

Healthy People 2020 Target = 25.4% or Lower



Sources: 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 164]
US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective SA-15]

Notes: Asked of all respondents.
Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "NH White" reflects non-Hispanic White respondents).
Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
Excessive drinking reflects the number of persons aged 18 years and over who drank more than two drinks per day on average (for men) or more than one drink per day on average (for women) OR who drank 5 or more drinks during a single occasion (for men) or 4 or more drinks during a single occasion (for women) during the past 30 days.

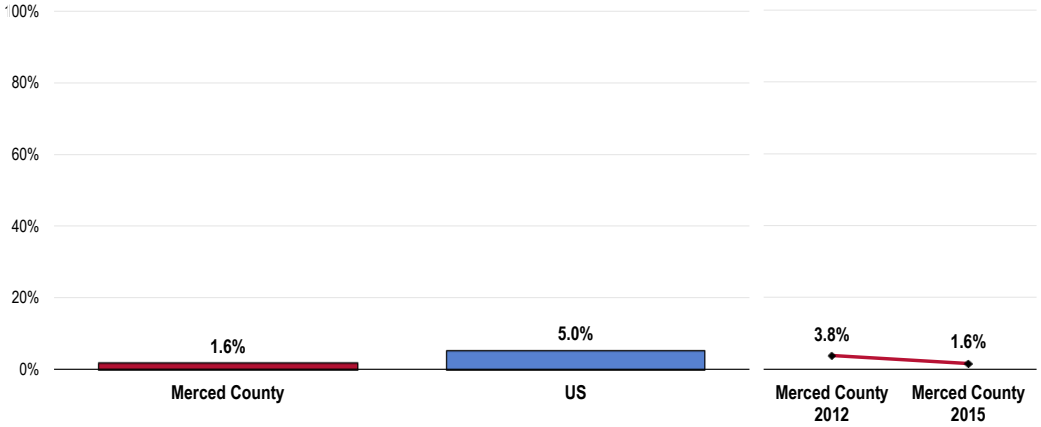
Drinking & Driving

A total of 1.6% of Merced County adults acknowledge having driven a vehicle in the past month after they had perhaps too much to drink.

Note: As a self-reported measure – and because this indicator reflects potentially illegal behavior – it is reasonable to expect that it might be underreported, and that the actual incidence of drinking and driving in the community is likely higher.

PRC Community Health Needs Assessment
Merced County, California

Have Driven in the Past Month After Perhaps Having Too Much to Drink



Sources: PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 65]
2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: Asked of all respondents.

Age-Adjusted Drug-Induced Deaths

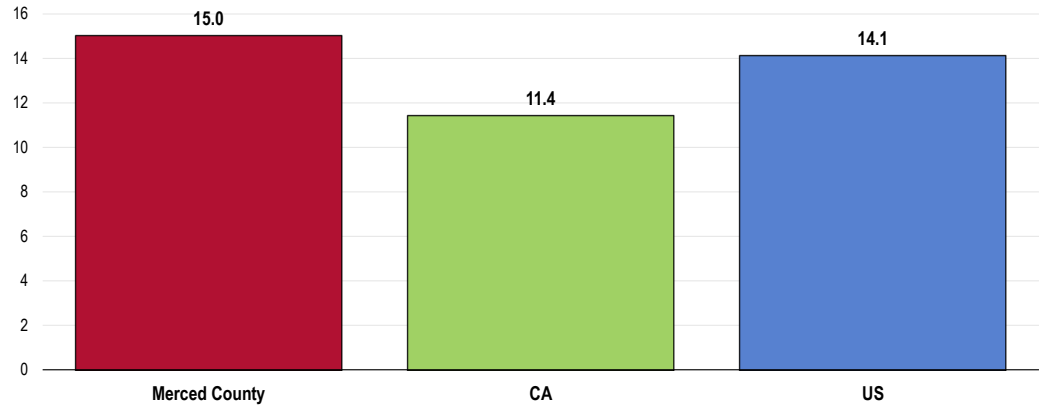
Between 2011 and 2013, there was an annual average age-adjusted drug-induced mortality rate of 15.0 deaths per 100,000 population in Merced County.

- Higher than the statewide rate.

Drug-Induced Deaths: Age-Adjusted Mortality

(2011-2013 Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 11.3 or Lower



Sources: CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted May 2015.
US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective SA-12]

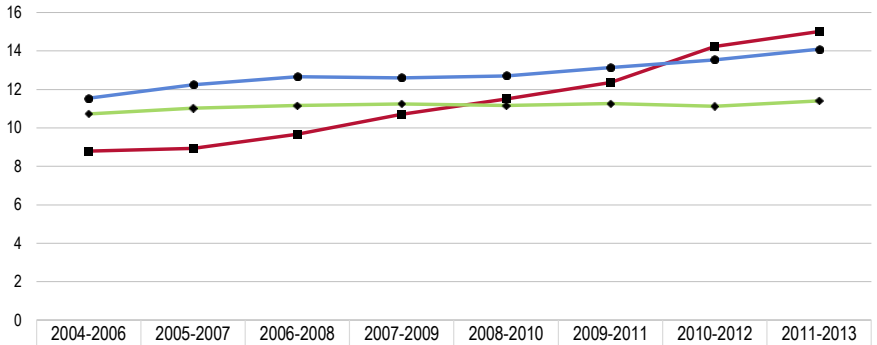
Notes: Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

- TREND: The mortality rate has increased dramatically in the region, surpassing the state and national rates.

Drug-Induced Deaths: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 11.3 or Lower



	2004-2006	2005-2007	2006-2008	2007-2009	2008-2010	2009-2011	2010-2012	2011-2013
Merced County	8.8	8.9	9.7	10.7	11.5	12.4	14.2	15.0
CA	10.7	11.0	11.2	11.2	11.2	11.3	11.1	11.4
US	11.5	12.2	12.7	12.6	12.7	13.1	13.5	14.1

Sources: CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted May 2015.
UD Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective SA-12].

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

Illicit Drug Use

A total of 1.6% of Merced County adults acknowledge using an illicit drug in the past month.

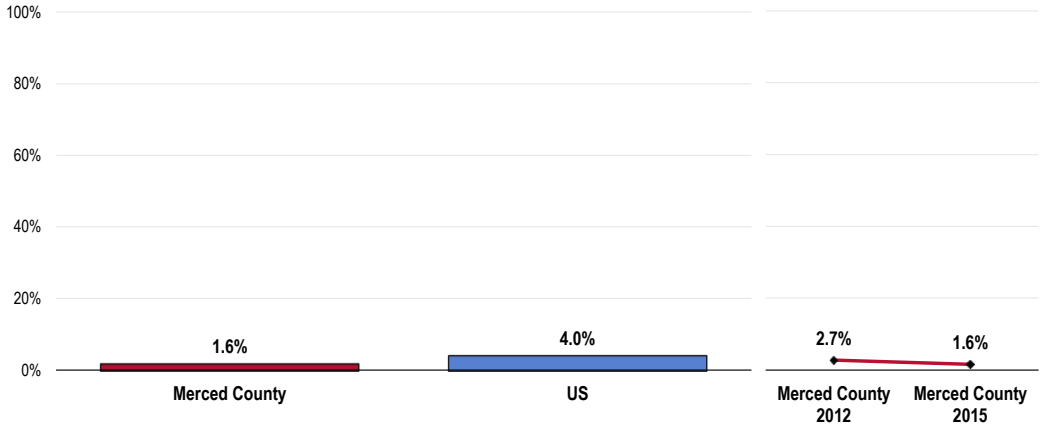
- Lower than the proportion found nationally

For the purposes of this survey, "illicit drug use" includes use of illegal substances or of prescription drugs taken without a physician's order.

Note: As a self-reported measure – and because this indicator reflects potentially illegal behavior – it is reasonable to expect that it might be underreported, and that actual illicit drug use in the community is likely higher.

Illicit Drug Use in the Past Month

Healthy People 2020 Target = 7.1% or Lower



Sources: PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 66]
2013 PRC National Health Survey, Professional Research Consultants, Inc.
US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective SA-13.3]

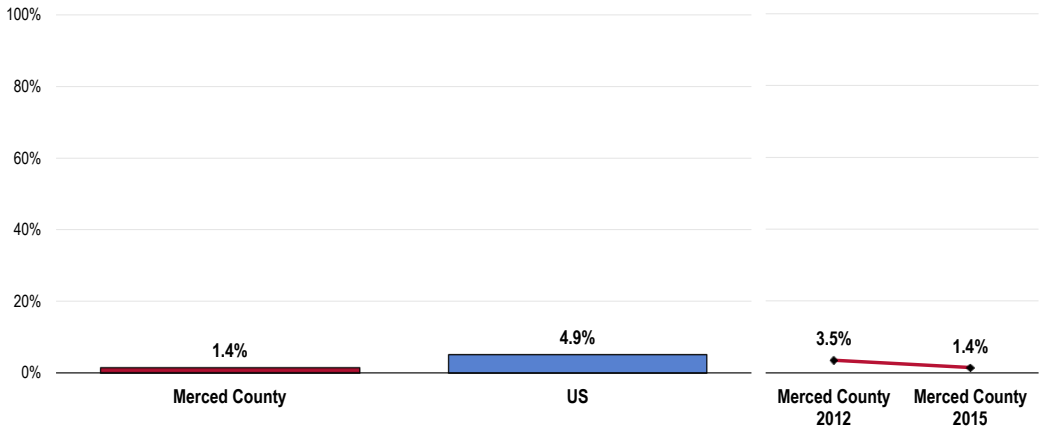
Notes: Asked of all respondents.

Alcohol & Drug Treatment

A total of 1.4% of Merced County adults report that they have sought professional help for an alcohol or drug problem at some point in their lives.

PRC Community Health Needs Assessment
Merced County, California

Have Ever Sought Professional Help for an Alcohol/Drug-Related Problem

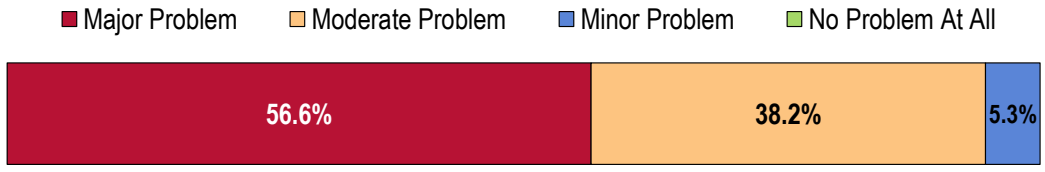


Sources: PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 67]
2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: Asked of all respondents.

PRC Community Health Needs Assessment
Merced County, California

Perceptions of Substance Abuse as a Problem in the Community

(Key Informants, 2015)



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

Barriers to Treatment

Among those rating this issue as a "major problem," the greatest barriers to accessing substance abuse treatment are viewed as:

Lack of Resources

The answer to this question is three-fold. First, the absence of treatment centers here in Merced. The abuse is commonly treated either in the hospital or the mental health facility. In the hospital, the treatment is medicated to avoid any reaction to withdrawal. – Public Health Representative

Accessing services. – Social Services Provider

The options other than AA and NA are lacking. – Physician

Lack of inpatient addiction rehabilitation facilities. – Physician

Treating substance abuse does not seem to be a top priority of our community, our county or our culture. Limited resources for uninsured or Medi-Cal individuals with substance abuse problems. – Physician

Most programs are support groups. Unsure of one to one evaluation by trained professionals. No feedback to the healthcare providers on individual responses to treatment. – Physician

Not enough counselors. – Public Health Representative

The programs in this area are too expensive for the drug user if they want to recover and get healthy. They usually are not working and do not have funds to cover the facilities. If new ones want to open up in someone's neighborhood, it gets shut down. – Public Health Representative

Unless it's court ordered, there are no programs here in Merced County. I see many families asking for help. I refer them to mental health. – Public Health Representative

Availability of services. Only two residential treatment programs, one for women, one for men. Limited bed space. Cost of programs are prohibitive for many. Transportation to outpatient programs is difficult and expensive for many. – Public Health Representative

Addiction & Abuse

Addiction is very strong and has many roots, is very disabling, limits life possibilities, is associated with criminal behavior and with adverse health effects. Access to care is limited, may not be effective and other needs, such as child care or work. – Public Health Representative

Drug and alcohol abuse continue to take place. Men and women end up in the streets due to this abuse. – Public Health Representative

Addiction and self-discipline. The challenge and difficulty of making lifestyle changes. – Public Health Representative

Drug abuse. – Physician

Addiction, transportation and healthcare. – Public Health Representative

Addiction. – Public Health Representative

Co-Occurring Issues

Those with mental health issues often depend on drugs for relief and support to live the day. Substance abuse is often a deterrent for assistance for those who are homeless. – Physician

Lack of desire, lack of knowledge, lack of space and availability of the programs. Limited follow through, recidivism rates. – Public Health Representative

Peer influence, not wanting to change, lack of transportation, lack of funds. – Health Provider

Poverty. – Social Services Provider

Substance use leads to broken homes, domestic violence, high divorce rate, single parenting, health issues, poverty, mental health issues, suicide and child neglect and abuse. – Public Health Representative

Social Stigma

Stigma, desire. – Physician

Social stigma, denial. – Public Health Representative

Community Education

> *Community education and awareness and other social ills. – Physician*
>
> *They don't seek help until something bad happens. – Physician*

Maternal/Infant Health

> *We are currently receiving an average of 60 referrals per month with moms and babies with substance abuse exposure. We cannot meet this demand with one nurse. We do not have adequate support resources to support this growing population. – Public Health Representative*

Most Problematic Substances

Key informants (who rated this as a "major problem") most often identified

Most Problematic Substances Abused in the Community

(Among Key Informants Rating Substance Abuse as a "Major Problem," YRNOW)

	Most Problematic	Second-Most Problematic	Third-Most Problematic	Total Mentions
Methamphetamines or Other Amphetamines	51.6%	16.7%	21.4%	27
Alcohol	45.2%	23.3%	10.7%	24
Marijuana	3.2%	13.3%	28.6%	13
Cocaine or Crack	0.0%	26.7%	10.7%	11
Prescription Medications	0.0%	10.0%	21.4%	9
Heroin or Other Opioids	0.0%	3.3%	3.6%	2
Over-The-Counter Medications	0.0%	3.3%	3.6%	2
Club Drugs (e.g. MDMA, GHB, Ecstasy, Molly)	0.0%	3.3%	0.0%	1

Tobacco Use

About Tobacco Use

Tobacco use is the single most preventable cause of death and disease in the United States. Scientific knowledge about the health effects of tobacco use has increased greatly since the first Surgeon General's report on tobacco was released in 1964.

Tobacco use causes:

- Cancer
- Heart disease
- Lung diseases (including emphysema, bronchitis, and chronic airway obstruction)
- Premature birth, low birth weight, stillbirth, and infant death

There is no risk-free level of exposure to secondhand smoke. Secondhand smoke causes heart disease and lung cancer in adults and a number of health problems in infants and children, including: severe asthma attacks; respiratory infections; ear infections; and sudden infant death syndrome (SIDS).

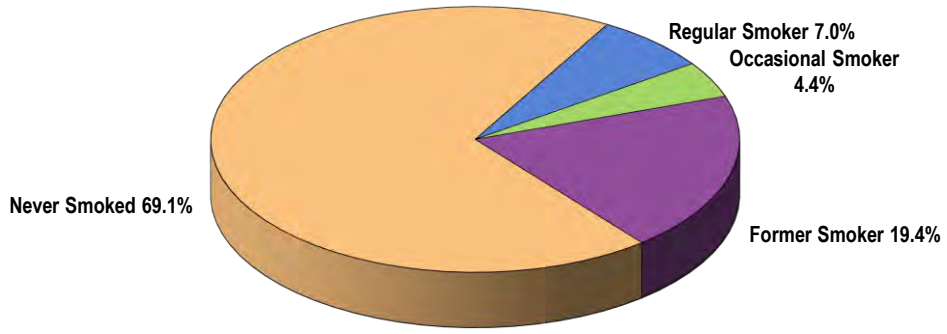
Smokeless tobacco causes a number of serious oral health problems, including cancer of the mouth and gums, periodontitis, and tooth loss. Cigar use causes cancer of the larynx, mouth, esophagus, and lung.

- Healthy People 2020 (www.healthypeople.gov)

Cigarette Smoking

Cigarette Smoking Prevalence

Cigarette Smoking Prevalence
(Merced County, 2015)

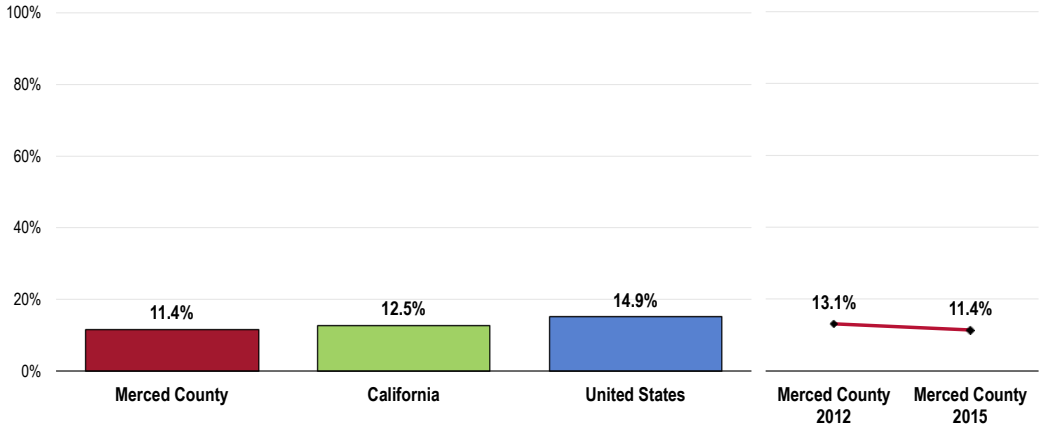


Sources: 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 156]
Notes: Asked of all respondents.

- Similar to statewide findings.
- Similar to national findings.
- Satisfies the Healthy People 2020 target (12% or lower).

Current Smokers

Healthy People 2020 Target = 12.0% or Lower



Sources: PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 156]
2013 PRC National Health Survey, Professional Research Consultants, Inc.
Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2013 California data.
US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective TU-1.1]

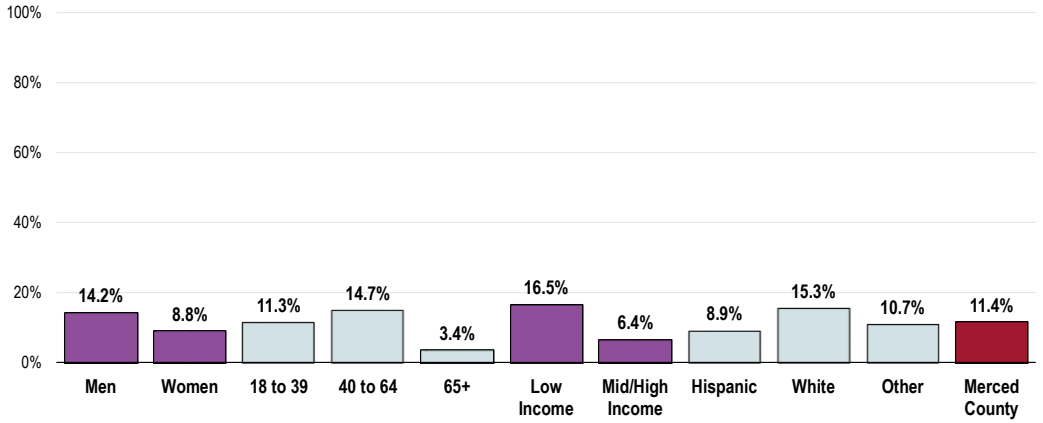
Notes: Asked of all respondents.
Includes regular and occasional smokers (those who smoke cigarettes everyday or on some days).

Cigarette smoking is more prevalent among:

Current Smokers

(Merced County, 2015)

Healthy People 2020 Target = 12.0% or Lower



Sources: 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 156]
US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective TU-1.1]

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

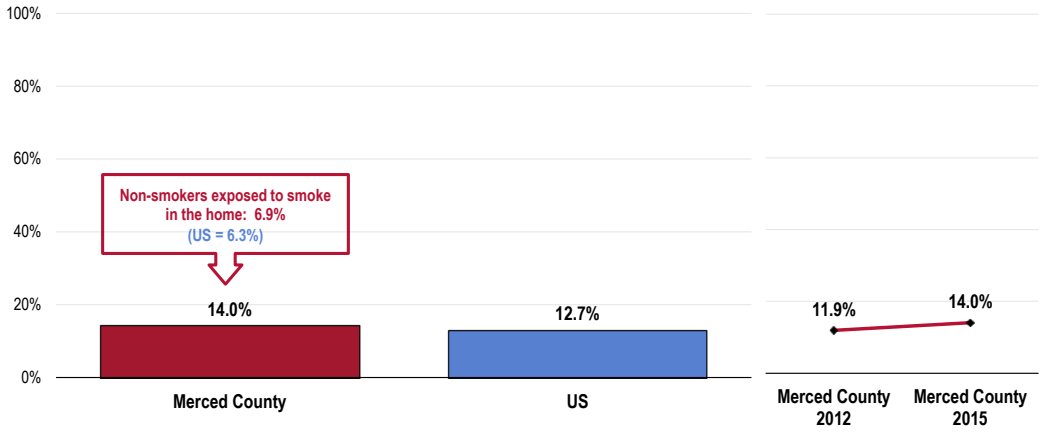
Environmental Tobacco Smoke

A total of 14.0% of Merced County adults (including smokers and non-smokers) report that a member of their household has smoked cigarettes in the home an average of 4+ times per week over the past month.

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

PRC Community Health Needs Assessment
Merced County, California

Member of Household Smokes at Home



Sources: PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 59, 158]
2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: Asked of all respondents.
"Smokes at home" refers to someone smoking cigarettes, cigars, or a pipe in the home an average of four or more times per week in the past month.

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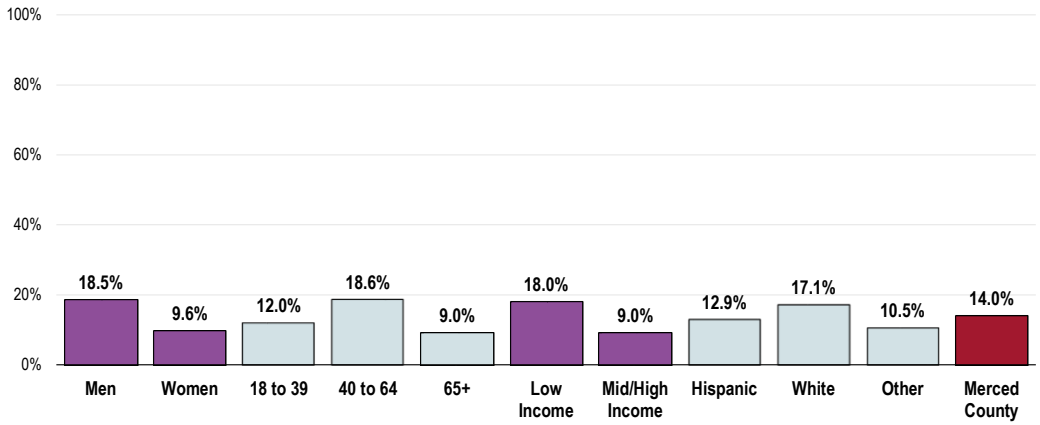
The following population samples are more likely to note that they or a member of their household smoke in the home:

- Men.
- Residents age 40 to 64.
- Those with lower incomes.

Member of Household Smokes At Home

(Merced County, 2015)



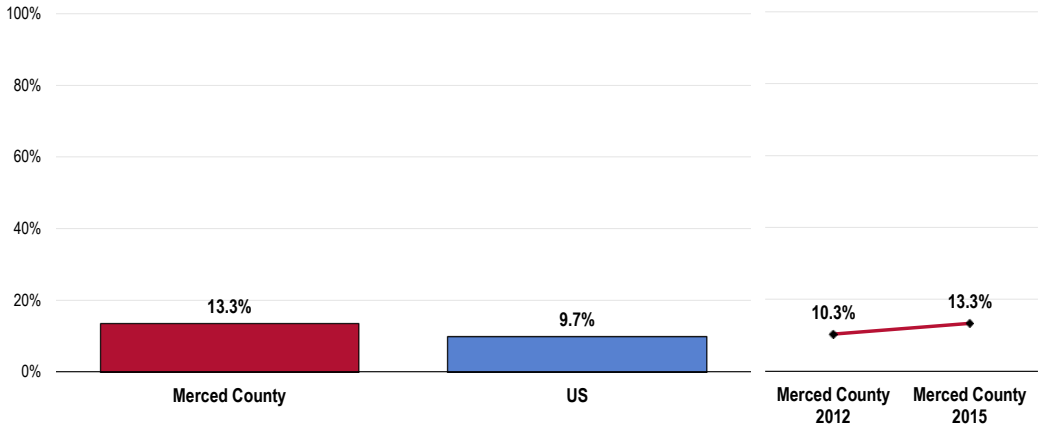
Sources: 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 59]
Notes: Asked of all respondents.
Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
"Smokes at home" refers to someone smoking cigarettes, cigars, or a pipe in the home an average of four or more times per week in the past month.

Among households with children, 13.3% have someone who smokes cigarettes in the home.

- Similar to national findings

Percentage of Households With Children In Which Someone Smokes in the Home

(Among Households With Children)



Sources: PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 159]
2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: Reflects respondents with children 0 to 17 in the household.
"Smokes at home" refers to someone smoking cigarettes, cigars, or a pipe in the home an average of four or more times per week in the past month.

Other Tobacco Use

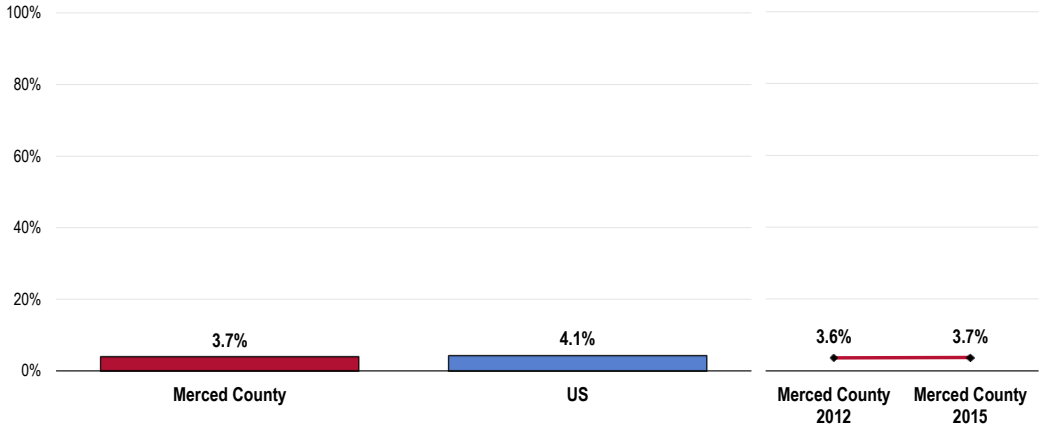
Cigars

A total of 3.7% of Merced County adults use cigars every day or on some days.

- Similar to the national percentage.

PRC Community Health Needs Assessment
Merced County, California

Use of Cigars
Healthy People 2020 Target = 0.2% or Lower



Sources: PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 61]
2013 PRC National Health Survey, Professional Research Consultants, Inc.
US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective TU-1.3]
Notes: Asked of all respondents.

Smokeless Tobacco

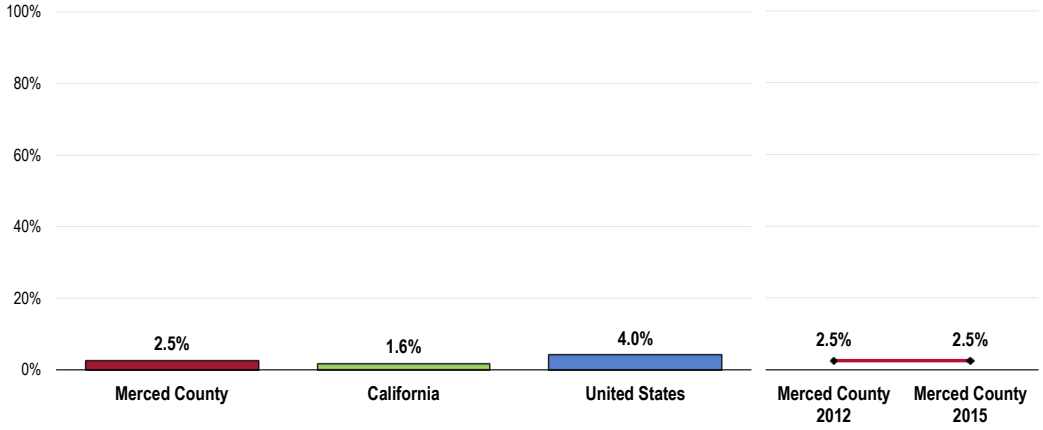
A total of 2.5% of Merced County adults use some type of smokeless tobacco every day or on some days.

Examples of smokeless tobacco include chewing tobacco, snuff, or "snus."

- Comparable to the state percentage.
- Comparable to the national percentage.
- Fails to satisfy the Healthy People 2020 target (0.3% or lower).
- TREND: Comparable to 2012 findings.

Use of Smokeless Tobacco

Healthy People 2020 Target = 0.3% or Lower

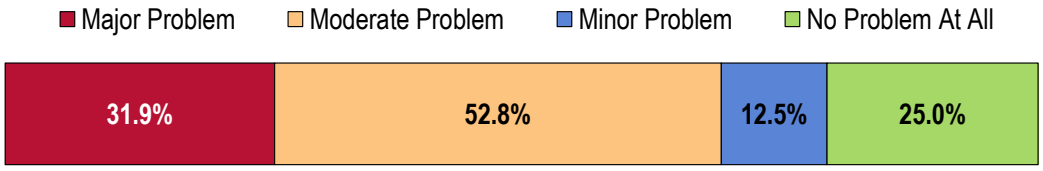


Sources: PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 60]
2013 PRC National Health Survey, Professional Research Consultants, Inc.
Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2013 California data.
US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective TU-1.2]
Notes: Asked of all respondents.
Smokeless tobacco includes chewing tobacco or snuff.

PRC Community Health Needs Assessment
Merced County, California

Perceptions of Tobacco Use as a Problem in the Community

(Key Informants, 2015)



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

Top Concerns

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

[244] *Youth Tobacco Use*

> *There are a lot of people who start using tobacco at a very young age. I think that we need to educate these young kids more on tobacco use. – Public Health Representative*
>
> *Tobacco is a major problem because I feel like it's been really lax in this county to allow little mom and pop liquor stores have their children behind the counter selling the cigarettes, and these kids don't ID. – Public Health Representative*

Because of the amount of young people smoking. – Health Provider

Tobacco is marketed to the poor and youth. – Physician

Accessibility for our young smokers. Familial tobacco use perpetuates and encourages use by young people. Tobacco use leads to many health issues. – Public Health Representative

High Prevalence of Tobacco Use

Tobacco use is still very common regardless of knowledge of the damages it causes. – Public Health Representative

As it goes with other ills of society, incidence is higher and needs further resources allocation. – Physician

A lot of nicotine and marijuana use. – Physician

Despite all the warnings, many people still smoke. The development of vaping has led to many who cross-use both products. Flavorful, colorful liquid tobacco products in non-child proof containers from an unregulated industry provide a false sense of safety. – Public Health Representative

Secondhand Smoke

Although tobacco use rates have dropped in the 20+ years I've been at public health, far too many children are exposed to environmental tobacco smoke and far too many women of child-bearing age continue smoking during pregnancy. This is in spite of knowing the risks. – Public Health Representative

Secondhand smoke. – Public Health Representative

Leading Cause of Cancer and Chronic Respiratory Disease

Leading cause of cancer and chronic disease of respiratory and other organ systems. Difficult to quit because of addiction. – Public Health Representative

Lack of Education

Lack of education. – Public Health Representative

Access to Health Services

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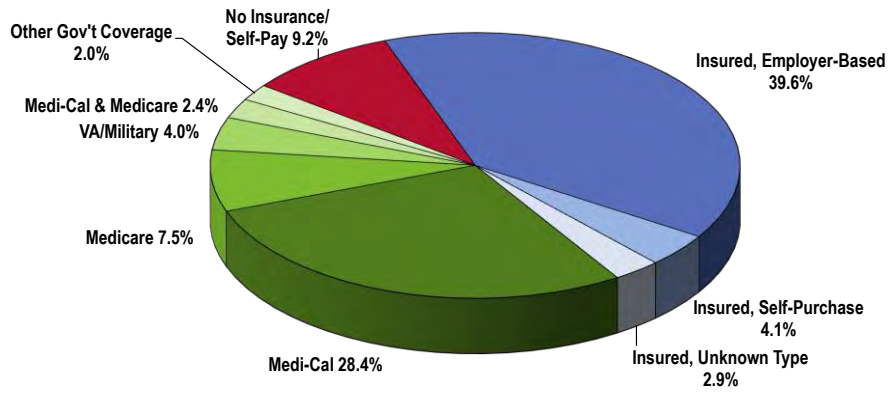
Health Insurance Coverage

Type of Healthcare Coverage

A total of 46.6% of Merced County adults age 18 to 64 report having healthcare

Survey respondents were asked a series of questions to determine their healthcare insurance coverage, if any, from either private or government-sponsored sources.



Sources: 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 165]
Notes: Reflects respondents age 18 to 64.

Lack of Health Insurance Coverage

Among adults age 18 to 64, 9.2% report having no insurance coverage for healthcare expenses.

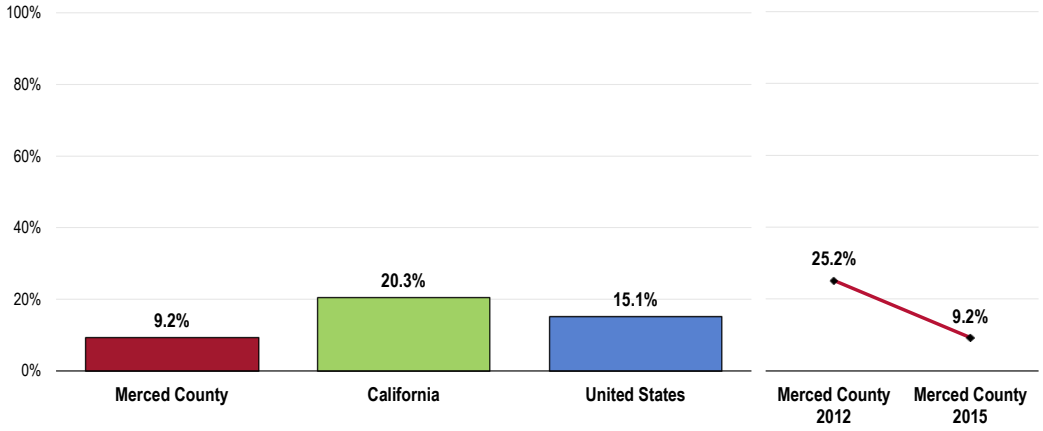
Here, lack of health insurance coverage reflects respondents age 18 to 64 (thus, excluding the Medicare population) who have no type of insurance coverage for healthcare services – neither private insurance nor government-sponsored plans (e.g., Medicaid).

- Better than the state finding.
- Better than the national finding.
- The Healthy People 2020 target is universal coverage (0% uninsured).
- TREND: Denotes a statistically significant decrease since 2012.

Lack of Healthcare Insurance Coverage

(Among Adults Age 18-64)

Healthy People 2020 Target = 0.0% (Universal Coverage)



Sources: PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 165]
Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2013 California data.
2013 PRC National Health Survey, Professional Research Consultants, Inc.
US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective AHS-1]

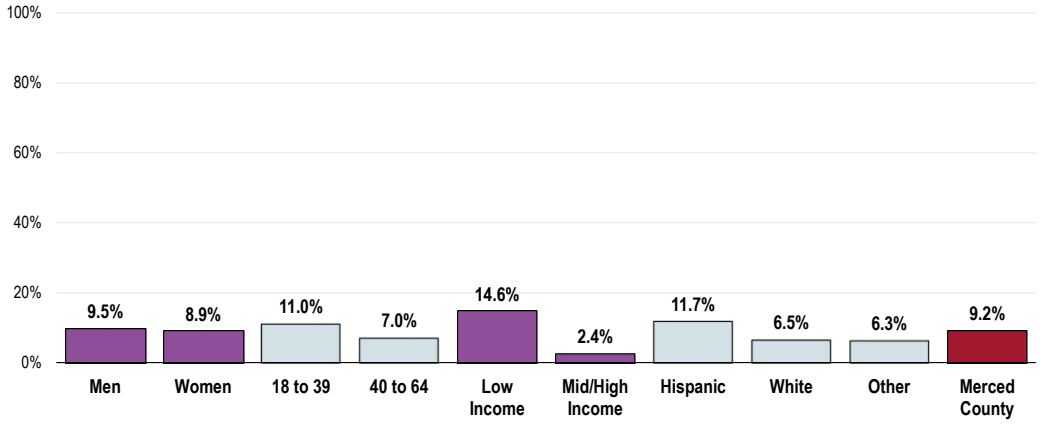
Notes: Asked of all respondents under the age of 65.

As may be expected, residents living at lower incomes are more likely to be without

Lack of Healthcare Insurance Coverage

(Among Adults Age 18-64; Merced County, 2015)

Healthy People 2020 Target = 0.0% (Universal Coverage)



Sources: 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 165]
US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective AHS-1]

Notes: Asked of all respondents under the age of 65.
Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Recent Lack of Coverage

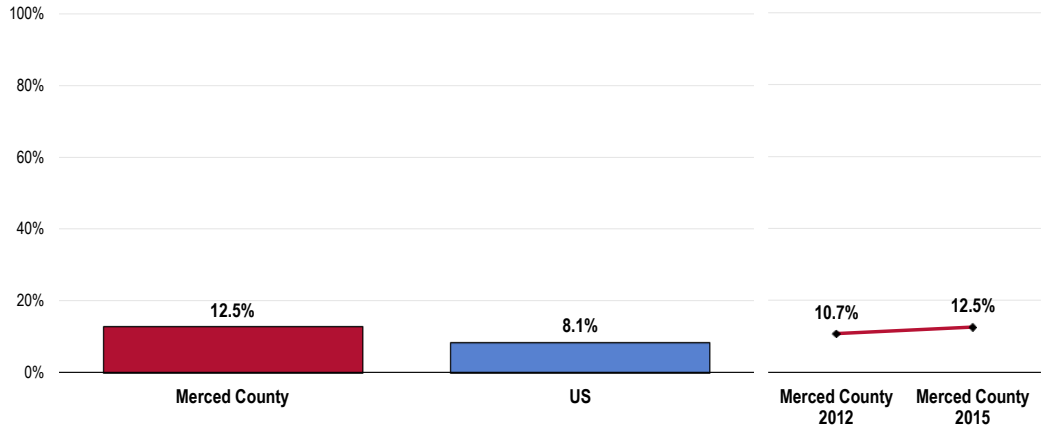
Among currently insured adults in Merced County, 12.5% report that they were without healthcare coverage at some point in the past year.

- Higher than the US findings

PRC Community Health Needs Assessment
Merced County, California

Went Without Healthcare Insurance Coverage at Some Point in the Past Year

(Among Insured Adults)



Sources: PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 79]
2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: Asked of all insured respondents.

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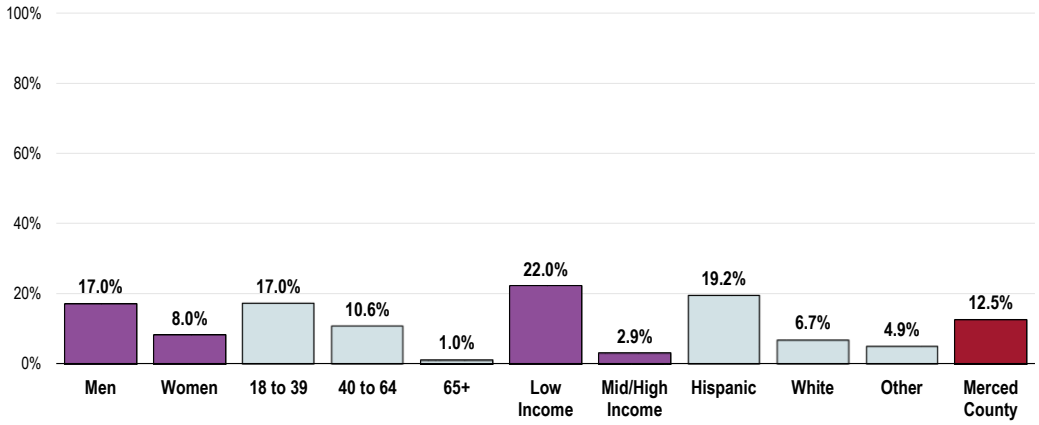
Among insured adults, the following segments are more likely to have gone without healthcare insurance coverage at some point in the past year:

- Men.
- Adults under age 40 (note the negative correlation with age).
- Lower-income residents.
- Hispanics.

Went Without Healthcare Insurance Coverage at Some Point in the Past Year

(Among Insured Adults; Merced County, 2015)



Sources: 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 79]

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

Difficulties Accessing Healthcare

About Access to Healthcare

Access to comprehensive, quality health care services is important for the achievement of health equity and for increasing the quality of a healthy life for everyone. It impacts: overall physical, social, and mental health status; prevention of disease and disability; detection and treatment of health conditions; quality of life; preventable death; and life expectancy.

Access to health services means the timely use of personal health services to achieve the best health outcomes. It requires three distinct steps: 1) Gaining entry into the health care system; 2) Accessing a health care location where needed services are provided; and 3) Finding a health care provider with whom the patient can communicate and trust.

- Healthy People 2020 (www.healthypeople.gov)

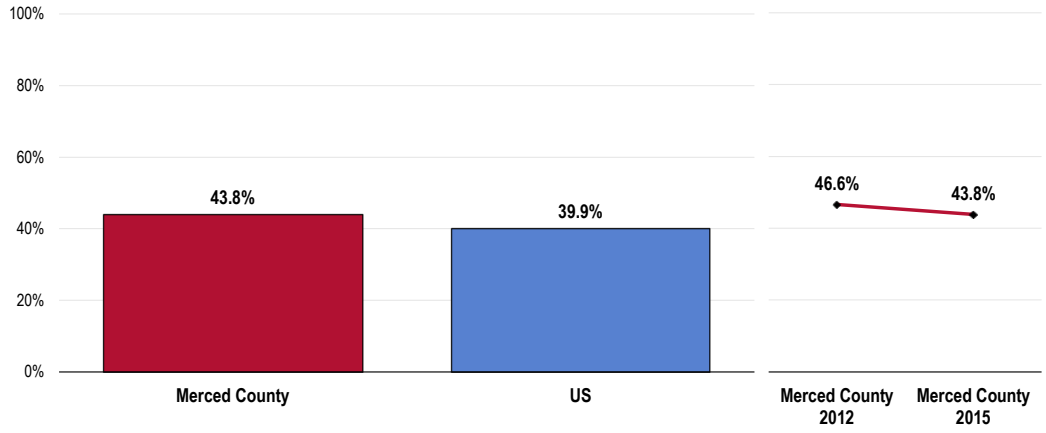
Difficulties Accessing Services

A total of 43.8% of Merced County adults report some type of difficulty or delay in obtaining healthcare services in the past year.

This indicator reflects the percentage of the total population experiencing problems accessing healthcare in the past year, regardless of whether they needed or sought care.

PRC Community Health Needs Assessment
Merced County, California

Experienced Difficulties or Delays of Some Kind in Receiving Needed Healthcare in the Past Year



Sources: PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 169]
2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: Asked of all respondents.
Represents the percentage of respondents experiencing one or more barriers to accessing healthcare in the past 12 months.

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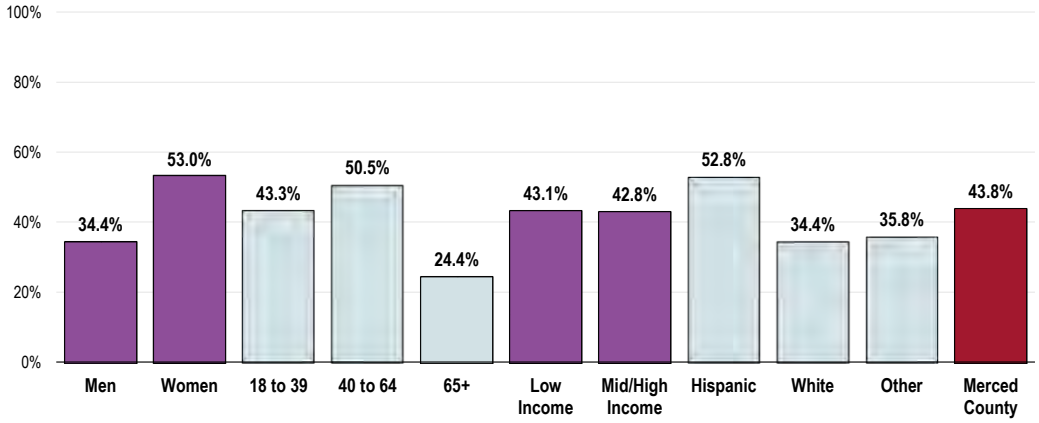
Note that the following demographic groups more often report difficulties accessing healthcare services:

- Women.
- Adults under the age of 65.

Experienced Difficulties or Delays of Some Kind in Receiving Needed Healthcare in the Past Year

(Merced County, 2015)



Sources: 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 169]
Notes: Asked of all respondents.
Represents the percentage of respondents experiencing one or more barriers to accessing healthcare in the past 12 months.
Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Barriers to Healthcare Access

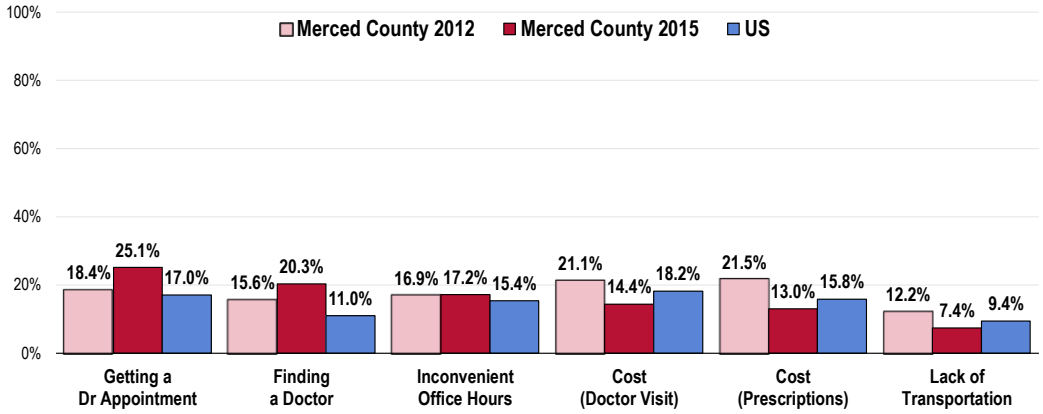
Of the tested barriers, getting a doctor's appointment impacted the greatest share of Merced County adults (25.1% say that difficulty getting an appointment prevented them from obtaining a visit to a physician in the past year).

To better understand healthcare access barriers, survey participants were asked whether any of six types of barriers to access prevented them from seeing a physician or obtaining a needed prescription in the past year.

Again, these percentages reflect the total population, regardless of whether medical care was needed or sought.

- A significantly higher proportion of Merced County adults had difficulties finding a physician or difficulties getting an appointment compared to the respective national proportions. All other barriers affected Merced adults at a comparable proportion to that found nationally.
- TREND: Cost of prescriptions, lack of transportation, and cost of doctor's visit each hindered a significantly lower proportion of people than in 2012, while difficulty getting an appointment hindered a significantly greater proportion than in the past.

Barriers to Access Have Prevented Medical Care in the Past Year

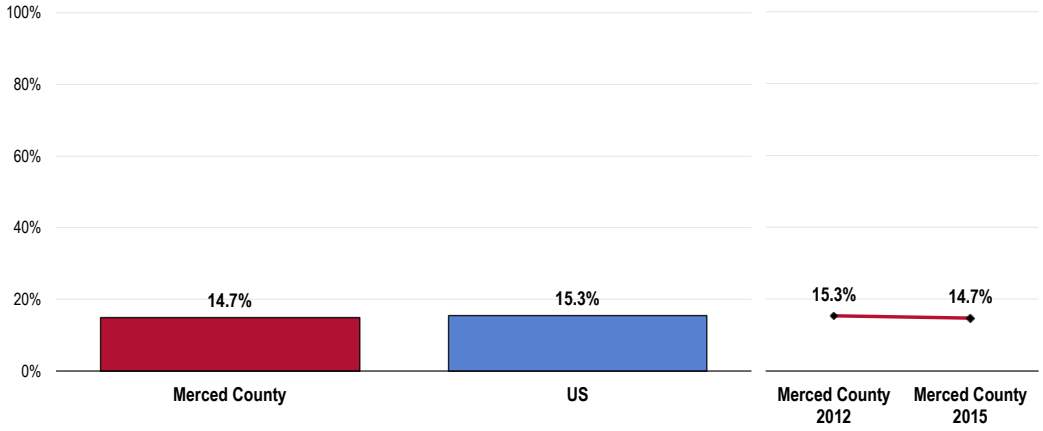


Sources: PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 7-12]
2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: Asked of all respondents.

Prescriptions

Among all Merced County adults, 14.7% skipped or reduced medication doses in the past year in order to stretch a prescription and save money.

Skipped or Reduced Prescription Doses in Order to Stretch Prescriptions and Save Money

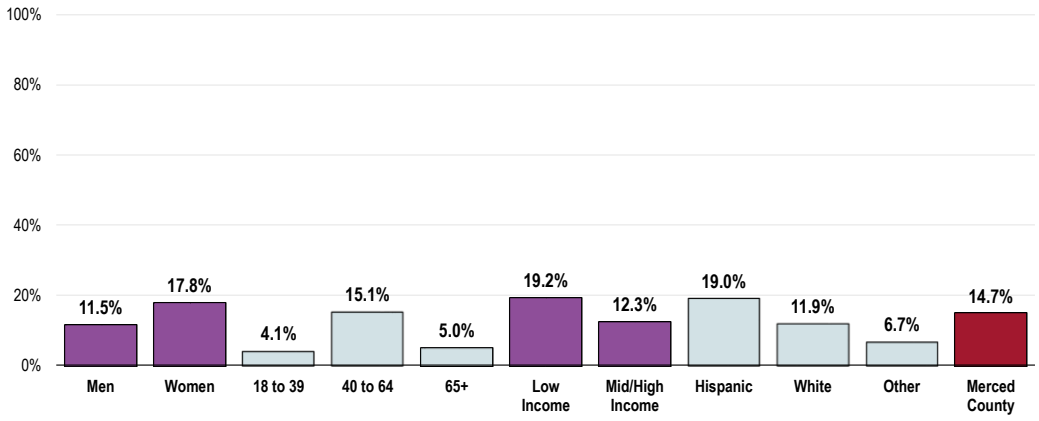


Sources: PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 13]
2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: Asked of all respondents.

- Hispanics and adults age 40 to 64 are more likely to have skipped or reduced their

Skipped or Reduced Prescription Doses in Order to Stretch Prescriptions and Save Money

(Merced County, 2015)



Sources: 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 13]
Notes: Asked of all respondents.
Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Accessing Healthcare for Children

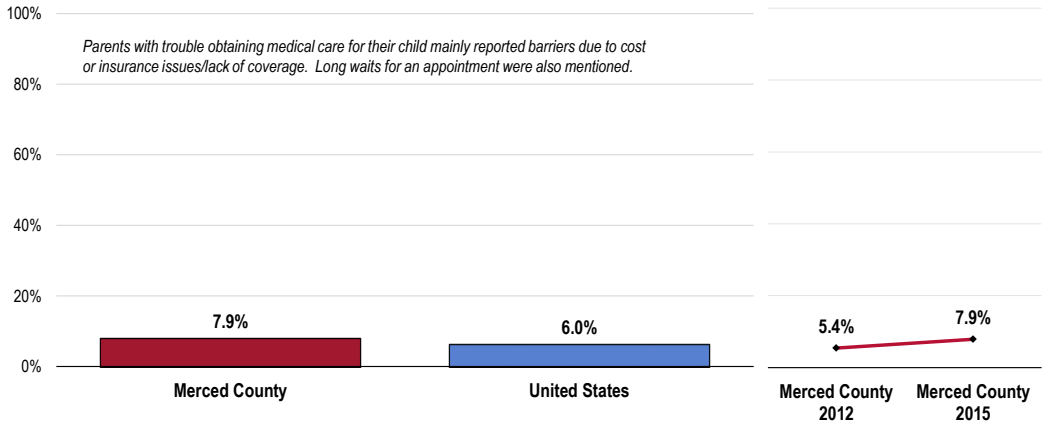
A total of 7.9% of parents say there was a time in the past year when they needed medical care for their child, but were unable to get it

Surveyed parents were also asked if, within the past year, they experienced any trouble receiving medical care for a randomly-selected child in their household.

PRC Community Health Needs Assessment
Merced County, California

Had Trouble Obtaining Medical Care for Child in the Past Year

(Among Parents of Children 0-17)



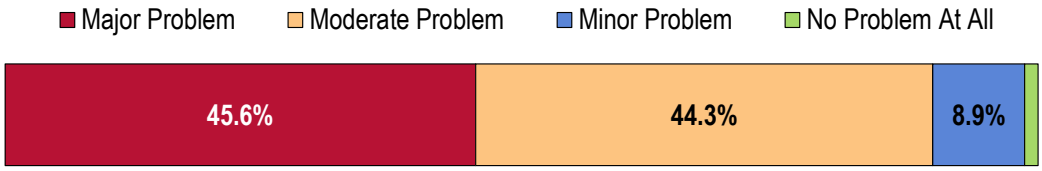
Sources: PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 111-112]
2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: Asked of all respondents with children 0 to 17 in the household.

Among the parents experiencing difficulties, the majority cited **cost or a lack of insurance** as the primary reason; others cited long waits for appointments.

PRC Community Health Needs Assessment
Merced County, California

Perceptions of Access to Healthcare Services as a Problem in the Community

(Key Informants, 2015)



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

Top Concerns

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

259 ***Lack of Providers***

Not enough medical, family practice or mental health providers in this town. – Physician

Not enough providers. – Physician

Not enough primary care physicians with an overreliance on mid-level providers who are often practicing unsupervised or outside their scope of practice. In the Pediatric population, access is horrible, sometimes leading to delayed routine care and immunizations. – Physician

Lack of providers in the community and poor reimbursement rates for medical patients. – Physician

The biggest challenges related to accessing healthcare services for people in our community is limited practitioners and specialists and the increase in clients accessing services from the ACA. – Public Health Representative

Specialized care. There are not enough specialists in our community. People have to travel over an hour to see a specialist. – Public Health Representative

Not enough primary care providers or specialists in the county to serve the community. – Public Health Representative

Our community is in great need of mental health clinicians and physicians. – Public Health Representative

Not enough family practice clinics leading to high Emergency Department volume. – Physician

Inadequacy of primary healthcare, family care, Pediatric care availability. Health education regarding obesity, childhood obesity. Lack of awareness and resources to engage in healthy, physical activities such as sports training, resources and competitions. – Physician

Not enough primary care providers in area. Must go out of the area to see specialists. Care for undocumented adults and children. – Social Services Provider

Not enough primary care doctors in our area, which leads to untimely care or none at all until you end up in the Emergency Room. There is also a severe shortage of specialty doctors such

as Dermatology, Cardiology, Orthopedic and general surgeons. – Community/Business Leader

Not enough Pediatricians, not enough CCS providers, not enough CCS paneled Endocrinologists or local CCS hearing aid and dispensers. – Public Health Representative

Not enough primary care doctors. – Physician

Accessing providers, Pediatricians and also providers who are willing to accept various insurances such as Obamacare and Medi-Cal. – Social Services Provider

Not enough local qualified practitioners or specialists. Most individuals must travel out of the county for services to meet their healthcare needs. – Public Health Representative

Lack of Transportation

Transport to medical appointments. Patients often cannot ride buses to appointments due to illness or disability. Bus routes not broadly planned. – Physician

As the population ages I see that they we will have a bigger need to depend on alternate methods of transportation to their doctors and due to this will also need more specialists that are outside our community. – Social Services Provider

Due to a small town, not many health services are available in Merced and major health problems will have to transfer to out of the county where better-equipped healthcare are available. Those are the biggest challenges to access healthcare services. – Public Health Representative

I see many people outside the building, most of whom are homeless, on drugs, needing medical care and also suffer from mental illness. I have seen people say they need a bus token for a ride to the Emergency Room. STD screening and HIV treatment or counseling. – Public Health Representative

Transportation, lack of insurance coverage, lack of physicians/specialists, difficult to find care if it's not knowledgeable about the healthcare system. – Social Services Provider

Quite a few of our families do not have transportation that allows them to access services out of our county. They can access services in our community through busing, but outside of our community is more difficult. – Public Health Representative

Lack of Insurance Coverage

Insurance coverage has increased because of Medicaid expansion, remains challenging. Coverage for undocumented residents, shortage of medical professionals. – Public Health Representative

Majority of the people have no health insurance. – Public Health Representative

Location of healthcare services, knowledge of services available, acceptance of various insurances. – Public Health Representative

Access to providers who will see patients with Medi-Cal as their primary insurance. We also struggle with quality providers. It is also challenging when there are only two hospitals in the county and neither engage in a collaborative or meaningful way. – Public Health Representative

Socioeconomics

Healthcare for people in rural areas of low socio-economic status is a problem. This is a problem for the poor, not necessarily any specific ethnic group. However, low socio-economic status tends to be imbedded in some of the ethnic groups. – Physician

Education on health, providers, transportation and language barriers. – Public Health Representative

Undocumented individuals are limited to healthcare services due to the lack of insurance. They are issued emergency Medi-Cal only and refer very often to the Emergency Department for acute, non-emergency health conditions, like fevers, ear aches and colds. – Public Health Representative

Follow-Up Care

Very difficult to obtain a follow up at primary care clinics for patients not previously assigned. – Physician

Type of Care Most Difficult to Access

Key informants (who rated this as a "major problem") most often identified *mental health services, primary care, specialty care, chronic disease care, and substance abuse treatment* as the most difficult to access in the community.

	Most Difficult to Access	Second-Most Difficult to Access	Third-Most Difficult to Access	**Total Mentions**
Mental Health Services	16.7%	42.9%	11.1%	**20**
Primary Care	26.7%	14.3%	3.7%	**13**
Specialty Care	20.0%	10.7%	11.1%	**12**
Chronic Disease Care	13.3%	10.7%	14.8%	**11**
Substance Abuse Treatment	3.3%	14.3%	22.2%	**11**
Dental Care	6.7%	0.0%	14.8%	**6**
Elder Care	10.0%	0.0%	3.7%	**4**
Pain Management	0.0%	3.6%	11.1%	**4**
Urgent Care	0.0%	3.6%	3.7%	**2**
Palliative Care	3.3%	0.0%	0.0%	**1**
Prenatal Care	0.0%	0.0%	3.7%	**1**

Primary Care Services

About Primary Care

Improving health care services depends in part on ensuring that people have a usual and ongoing source of care. People with a usual source of care have better health outcomes and fewer disparities and costs. Having a primary care provider (PCP) as the usual source of care is especially important. PCPs can develop meaningful and sustained relationships with patients and provide integrated services while practicing in the context of family and community. Having a usual PCP is associated with:

- Greater patient trust in the provider
- Good patient-provider communication
- Increased likelihood that patients will receive appropriate care

Improving health care services includes increasing access to and use of evidence-based preventive services. Clinical preventive services are services that: **prevent** illness by detecting early warning signs or symptoms before they develop into a disease (primary prevention); or **detect** a disease at an earlier, and often more treatable, stage (secondary prevention).

- Healthy People 2020 (www.healthypeople.gov)

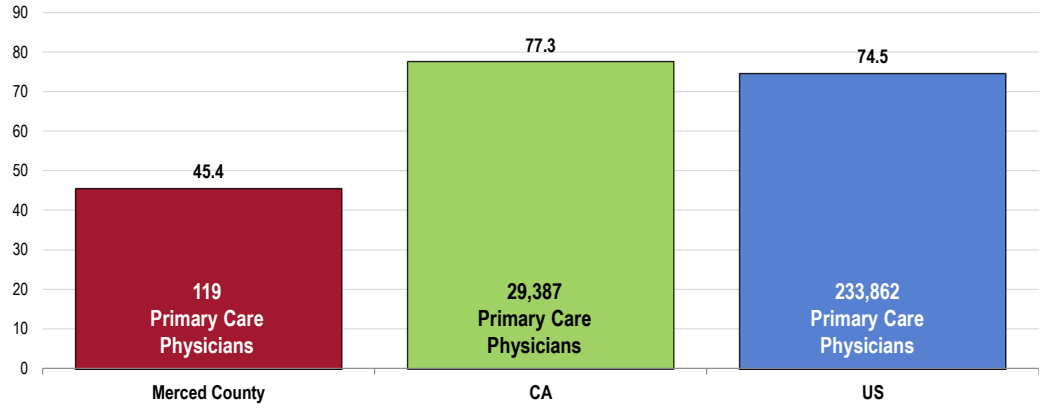
Access to Primary Care

In Merced County in 2012, there were 119 primary care physicians, translating to a rate of 45.4 primary care physicians per 100,000 population.

PRC Community Health Needs Assessment
Merced County, California

Access to Primary Care

(Number of Primary Care Physicians per 100,000 Population, 2012)



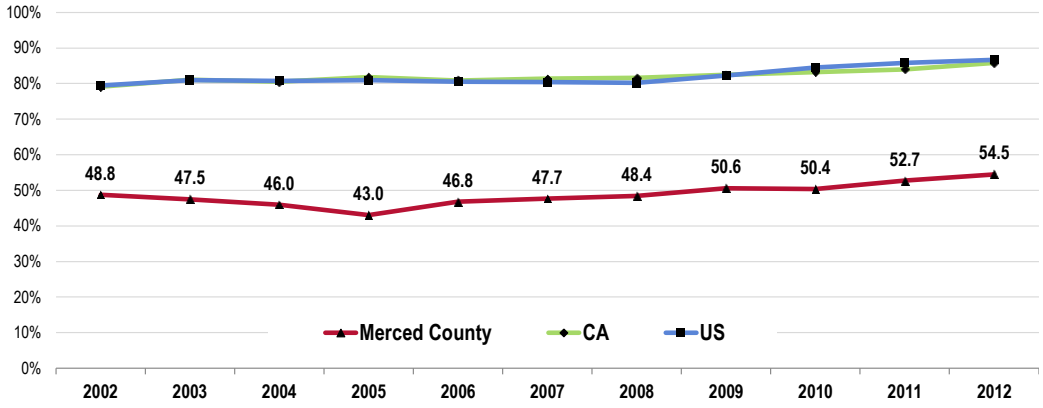
Sources: US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File: 2012. Retrieved May 2015 from Community Commons at http://www.chna.org.
Notes: This indicator is relevant because a shortage of health professionals contributes to access and health status issues.

- TREND: Access to primary care (in terms of the ratio of primary care physicians to population) has risen in recent years, but remains well below the state national ratios.

261

Trends in Access to Primary Care

(Number of Primary Care Physicians per 100,000 Population)



Sources: US Department of Labor, Bureau of Labor Statistics: 2013.
Retrieved May 2015 from Community Commons at http://www.chna.org.

Notes: This indicator is relevant because unemployment creates financial instability and barriers to access including insurance coverage, health services, healthy food, and other necessities that contribute to poor health status.
These figures represent all primary care physicians practicing patient care, including hospital residents. In counties with teaching hospitals, this figure may differ from the rate reported in the previous chart.

Specific Source of Ongoing Care

A total of 74.5% of Merced County adults were determined to have a specific source of ongoing medical care.

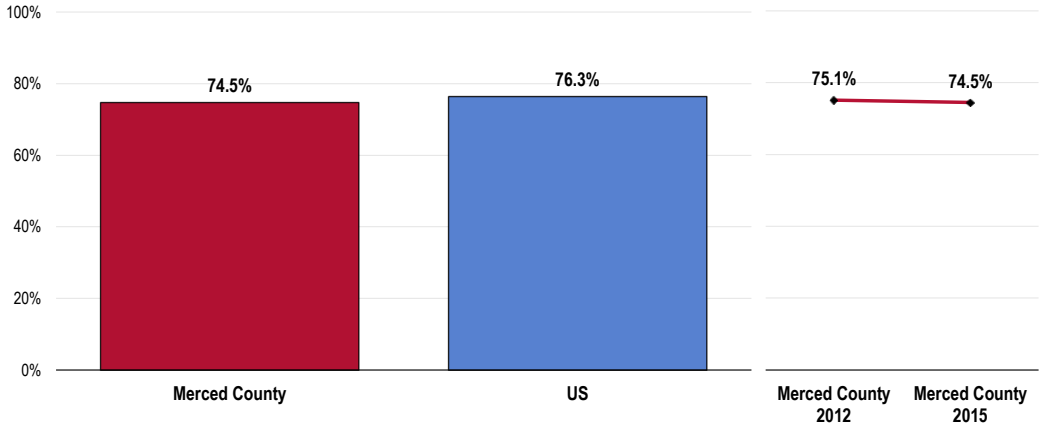
- Comparable to national findings.

Having a specific source of ongoing care includes having a doctor's office, clinic, urgent care center, walk-in clinic, health center facility, hospital outpatient clinic, HMO or prepaid group, military/VA clinic, or some other kind of place to go if one is sick or needs advice about his or her health. This resource is crucial to the concept of "patient-centered medical homes" (PCMH).

A hospital emergency room is not considered a specific source of ongoing care in this instance.

Have a Specific Source of Ongoing Medical Care

Healthy People 2020 Target = 95.0% or Higher [All Ages]



Sources: PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 166]
2013 PRC National Health Survey, Professional Research Consultants, Inc.
US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective AHS-5.1]

Notes: Asked of all respondents.

When viewed by demographic characteristics, the following population segments are less likely to have a specific source of care:

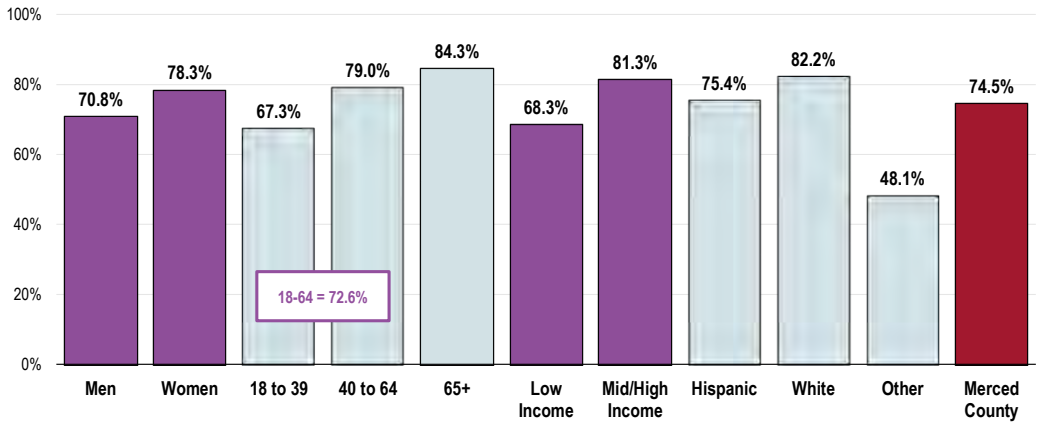
- Adults under age 65 (note the positive correlation with age).
- Lower-income adults.
- Hispanics and "Other" adults.
- Among adults age 18-64, 72.6% have a specific source for ongoing medical care, comparable to national findings.
    - Fails to satisfy the Healthy People 2020 target for this age group (89.4% or higher).
- Among adults 65+, 84.3% have a specific source for care, comparable to the

PRC Community Health Needs Assessment
Merced County, California

Have a Specific Source of Ongoing Medical Care

(Merced County, 2015)

Healthy People 2020 Target = 95.0% or Higher [All Ages]; ≥89.4% [18-64]; 100% [65+]



Sources: 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 166-168]
US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objectives AHS-5.1, 5.3, 5.4]

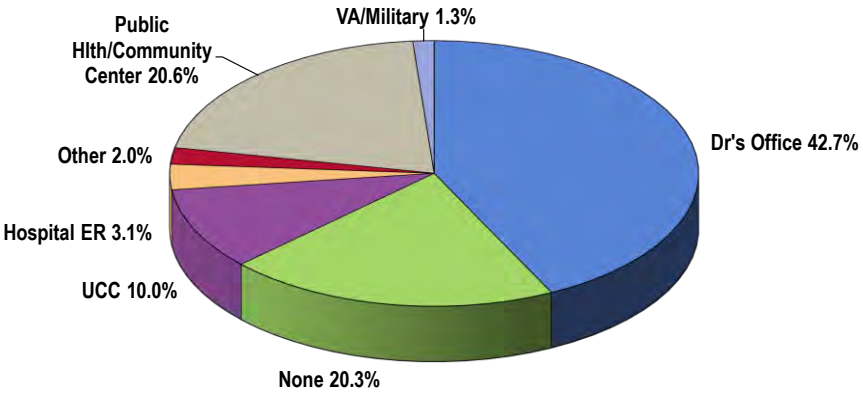
Notes: Asked of all respondents.
Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size.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

Type of Place Used for Medical Care

When asked where they usually go if they are sick or need advice about their health, the greatest share of respondents (42.7%) identified a particular doctor's office, followed by references to public or community health centers (mentioned by 20.6%) and urgent-care centers (10.0%).

Note that 3.1% of respondents rely on a hospital emergency room, and 1.3% use some type of military/VA facility.

Particular Place Utilized for Medical Care
(Merced County, 2015)



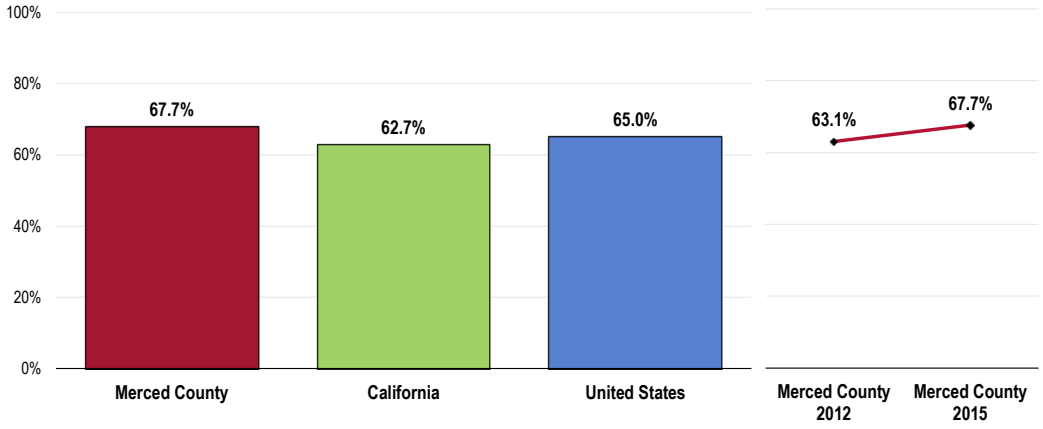
Sources: 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 15-16]
Notes: Asked of all respondents.

Utilization of Primary Care Services

Adults

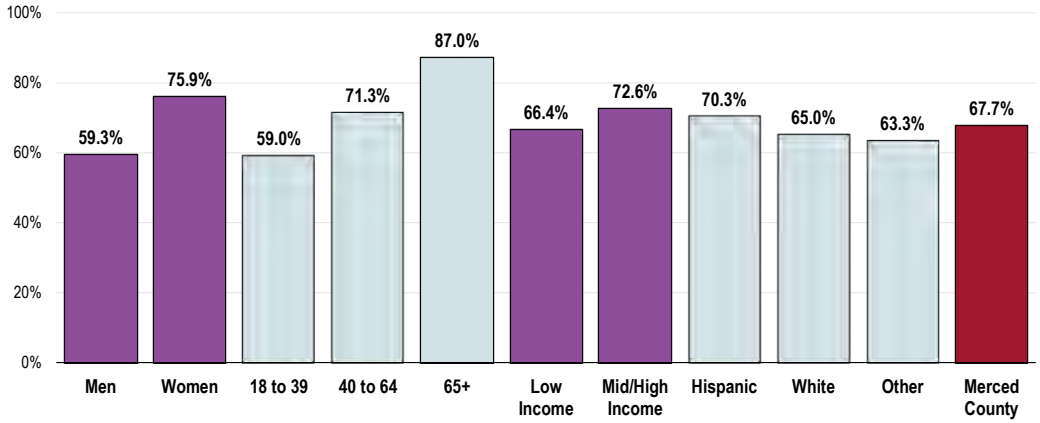
Two-thirds of adults (67.7%) visited a physician for a routine checkup in the past year.

Have Visited a Physician for a Checkup in the Past Year



Sources: PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 17]
Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2013 California data.
2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: Asked of all respondents.

Have Visited a Physician for a Checkup in the Past Year
(Merced County, 2015)



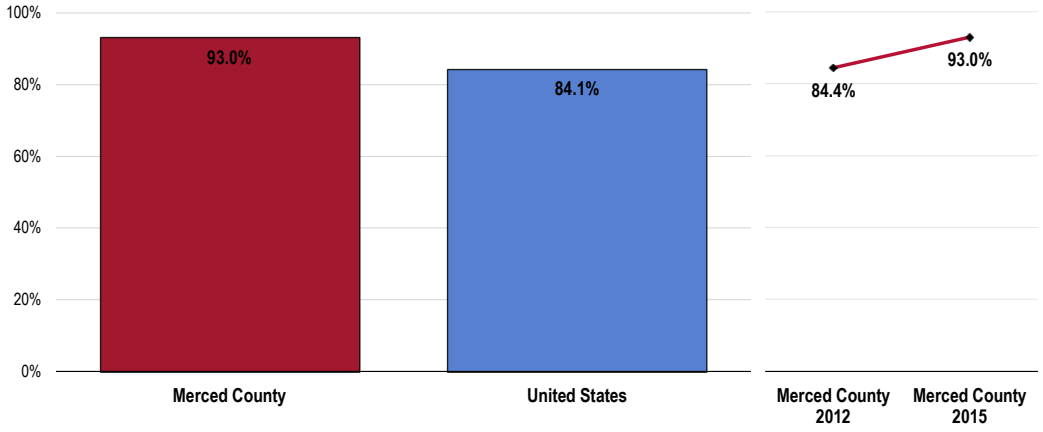
Sources: 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 17]
Notes: Asked of all respondents.
Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Children

Most parents (93.0%) report that their child has had a routine checkup in the past year.

- Higher than national findings

Child Has Visited a Physician for a Routine Checkup in the Past Year
(Among Parents of Children 0-17)

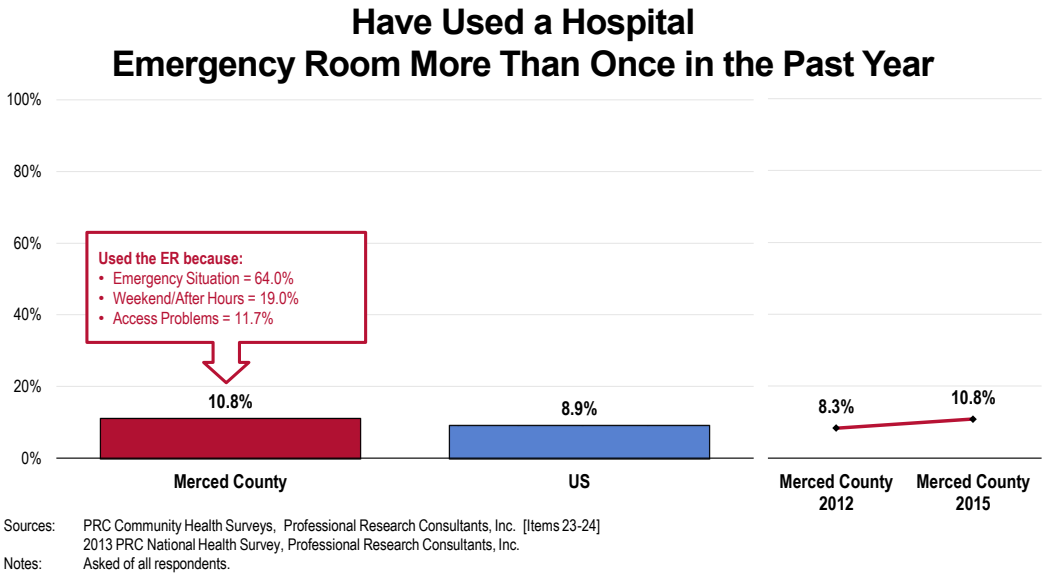


Sources: PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 113]
2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: Asked of all respondents with children 0 to 17 in the household.

Emergency Room Utilization

A total of 10.8% of Merced County adults have gone to a hospital emergency room more than once in the past year about their own health.

PRC Community Health Needs Assessment
Merced County, California



Sources: PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 23-24]
2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: Asked of all respondents.

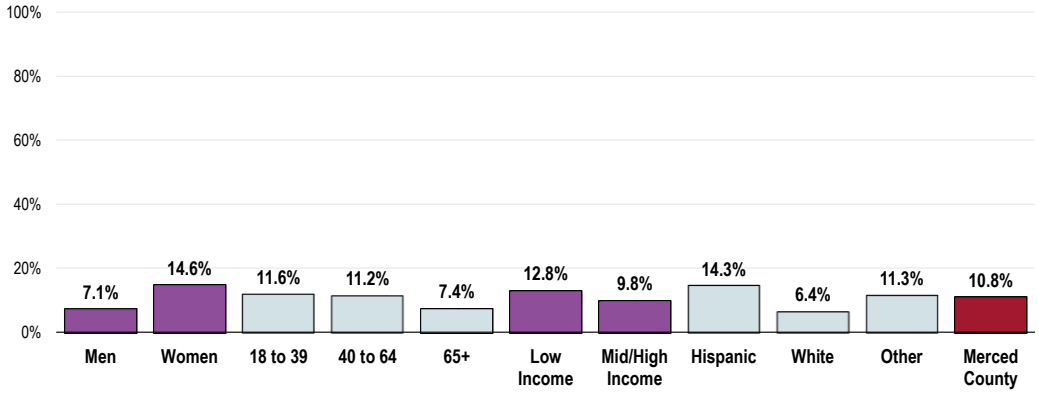
270 Professional Research Consultants, Inc.

Of those using a hospital ER, 64.0% say this was due to an **emergency or life-threatening situation**, while 19.0% indicated that the visit was during **after-hours or on the weekend**. A total of 11.7% cited **difficulties accessing primary care** for various reasons.

- Women and Hispanics are more likely to have used the ER multiple times.

Have Used a Hospital Emergency Room More Than Once in the Past Year

(Merced County, 2015)



Sources: 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 23]
Notes: Asked of all respondents.
Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
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Oral Health

About Oral Health

Oral health is essential to overall health. Good oral health improves a person's ability to speak, smile, smell, taste, touch, chew, swallow, and make facial expressions to show feelings and emotions. However, oral diseases, from cavities to oral cancer, cause pain and disability for many Americans. Good self-care, such as brushing with fluoride toothpaste, daily flossing, and professional treatment, is key to good oral health. Health behaviors that can lead to poor oral health include: **tobacco use; excessive alcohol use;** and **poor dietary choices**.

The significant improvement in the oral health of Americans over the past 50 years is a public health success story. Most of the gains are a result of effective prevention and treatment efforts. One major success is community water fluoridation, which now benefits about 7 out of 10 Americans who get water through public water systems. However, some Americans do not have access to preventive programs. People who have the least access to preventive services and dental treatment have greater rates of oral diseases. A person's ability to access oral healthcare is associated with factors such as education level, income, race, and ethnicity.

Barriers that can limit a person's use of preventive interventions and treatments include: limited access to and availability of dental services; lack of awareness of the need for care; cost; and fear of dental procedures.

There are also social determinants that affect oral health. In general, people with lower levels of education and income, and people from specific racial/ethnic groups, have higher rates of disease. People with disabilities and other health conditions, like diabetes, are more likely to have poor oral health.

Potential strategies to address these issues include:

- Implementing and evaluating activities that have an impact on health behavior.
- Promoting interventions to reduce tooth decay, such as dental sealants and fluoride use.
- Evaluating and improving methods of monitoring oral diseases and conditions.
- Increasing the capacity of State dental health programs to provide preventive oral health services.
- Increasing the number of community health centers with an oral health component.

- Healthy People 2020 (www.healthypeople.gov)

Dental Care

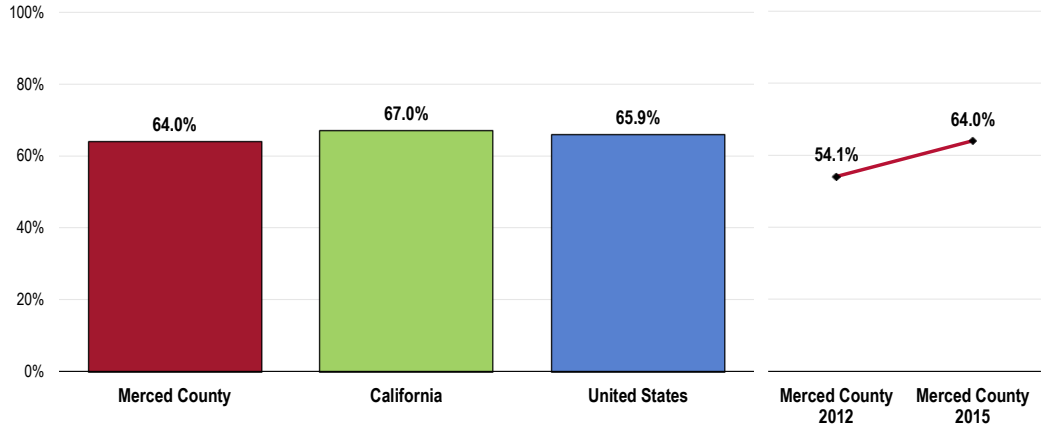
Adults

A total of 64.0% of Merced County adults have visited a dentist or dental clinic (for any reason) in the past year.

- Similar to statewide findings.
- Similar to national findings.
- Satisfies the Healthy People 2020 target (49% or higher).
- TREND: Denotes a significant increase in those having dental visits since 2012.

Have Visited a Dentist or Dental Clinic Within the Past Year

Healthy People 2020 Target = 49.0% or Higher



Sources: PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 21]
2013 PRC National Health Survey, Professional Research Consultants, Inc.
US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective OH-7]
Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2012 California data.

Notes: Asked of all respondents.

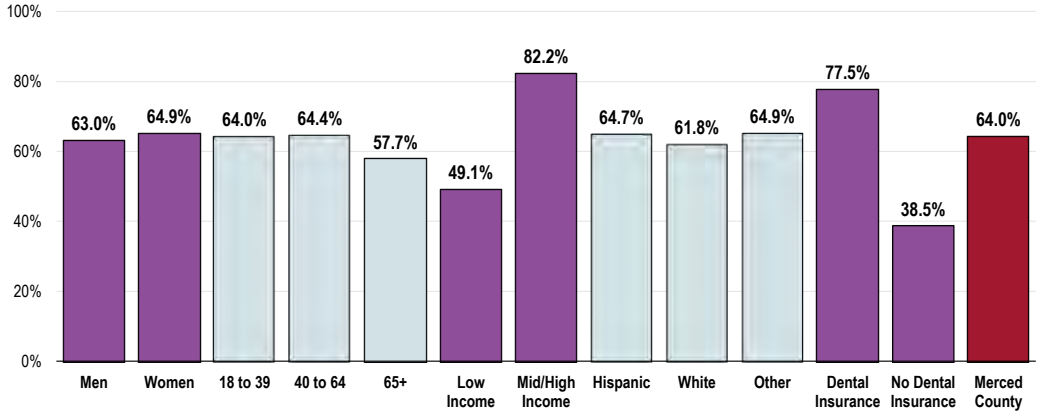
Note the following:

- Persons living in the higher income categories report much higher utilization of oral health services.
- As might be expected, persons without dental insurance report much lower utilization of oral health services than those with dental coverage (uninsured adults fail to satisfy the Healthy People 2020 target).

Have Visited a Dentist or Dental Clinic Within the Past Year

(Merced County, 2015)

Healthy People 2020 Target = 49.0% or Higher



Sources: 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 21]
US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective OH-7]

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

Children

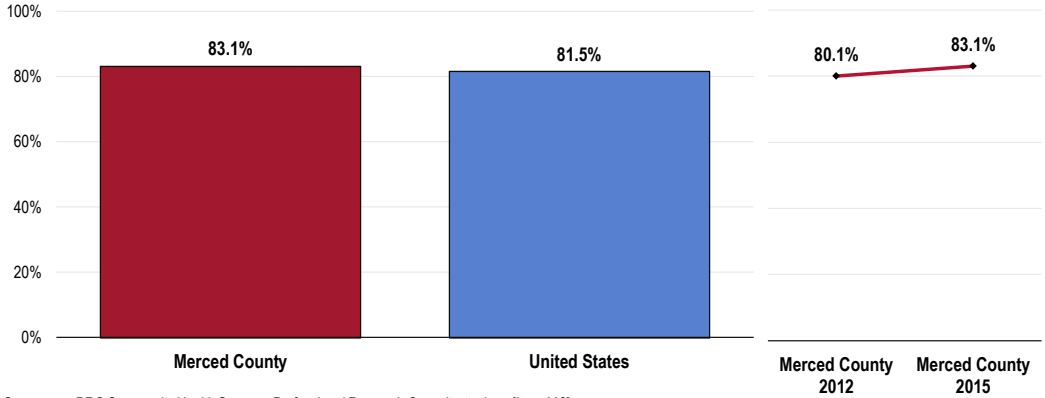
A total of 83.1% of parents report that their child (age 2 to 17) has been to a dentist or dental clinic within the past year.

- Comparable to national findings.
- Satisfies the Healthy People 2020 target (49% or higher).

Child Has Visited a Dentist or Dental Clinic Within the Past Year

(Among Parents of Children Age 2-17)

Healthy People 2020 Target = 49.0% or Higher



Sources: PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 116]
2013 PRC National Health Survey, Professional Research Consultants, Inc.
US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective OH-7]

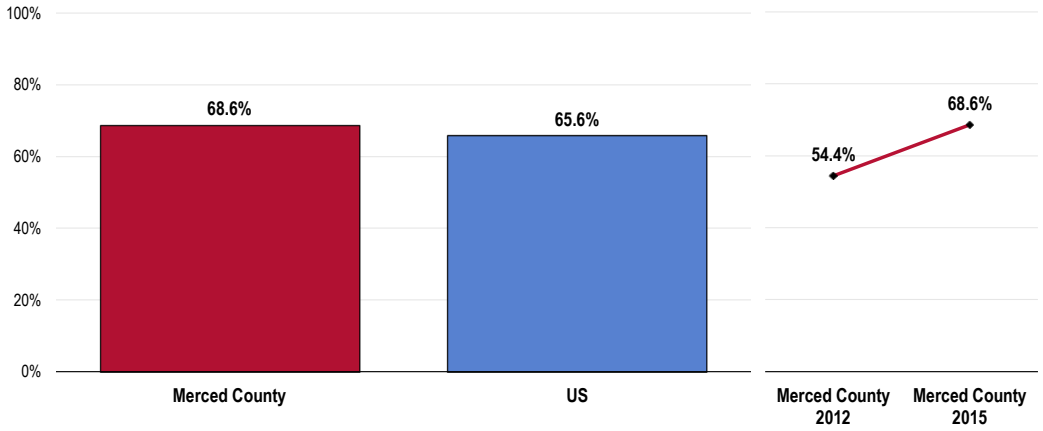
Notes: Asked of all respondents with children age 2 through 17.

Dental Insurance

Just over two-thirds of Merced County adults (68.6%) have dental insurance that covers all or part of their dental care costs.

PRC Community Health Needs Assessment
Merced County, California

Have Insurance Coverage That Pays All or Part of Dental Care Costs

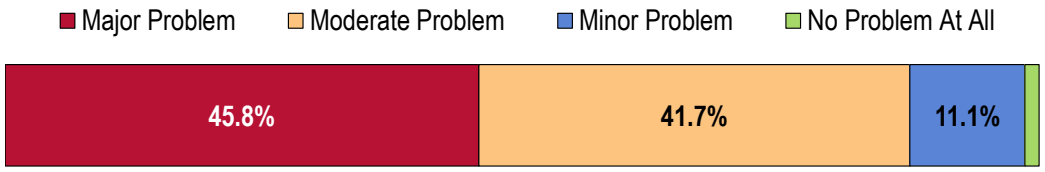


Sources: PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 22]
2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: Asked of all respondents.

PRC Community Health Needs Assessment
Merced County, California

Perceptions of Oral Health as a Problem in the Community

(Key Informants, 2015)



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

Top Concerns

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

Low-Income Population

Major lack of dental care among poor people. It is the cause of other health problems. Emergency Department is not equipped to address dental care. Local dentists don't see low paying patients. – Health Provider

Early dental screenings for low-income children and access to dentists who take Denti-Cal. – Social Services Provider

Oral health and dental health is a common disease and limited access for high Medicaid population in Merced County. – Physician

Poverty, poor food choices, poor dental hygiene, smoking, methamphetamine abuse, lack of fluoridation of most municipal water systems in Merced County. Dental health is not a high enough priority in the citizens. – Physician

Accessibility

Access to providers. – Public Health Representative

Access is difficult. – Physician

Access to providers to accept Medi-Cal as the primary payer source is an issue. – Public Health Representative

There is a large amount of bottle tooth decay in infants and toddlers, dental caries class II and III, and poor oral care due to lack of funding to access the care. The other issue noted, the pediatric dental offices are difficult to obtain a current appointment. – Public Health Representative

Access to a dentist is a challenge for those on Medi-Cal, undocumented. – Social Services Provider

Lack of Insurance

Lack of medical insurance prohibits families from seeking dental care, along with poor eating habits. – Community/Business Leader

Medical no longer covers dental care. Dental care has become a luxury and not everyone could afford it. – Public Health Representative

No medical coverage for the elderly. – Public Health Representative

Lack of insurance. – Health Provider

Education

Poor dental health due to family's lack of hygiene education or resources to purchase products. Lack of dental services available to those with Medi-Cal coverage. – Public Health Representative

Poor community, limited education on proper nutrition. – Physician

Lack of parent education regarding dental health and lack of dental health coverage are major factors to poor dental health. – Physician

Lack of awareness in certain low income communities and ethnic groups. – Physician

Lack of Services

I see plenty of people that have to wait to be seen with infections and all they do is pull the problem tooth out. Not many dentists take that medical. – Public Health Representative

Very little is offered besides conventional office visits. – Community/Business Leader

It is hard to get services other than tooth extraction. – Physician

Sugar

There is a large amount of bottle tooth decay in infants and toddlers, dental caries class II and III, and poor oral care due to lack of funding to access the care. – Public Health Representative

Too many unhealthy sugary foods, access to affordable dental care, being able to get regular dental cleanings and checkups. – Public Health Representative

Vision Care

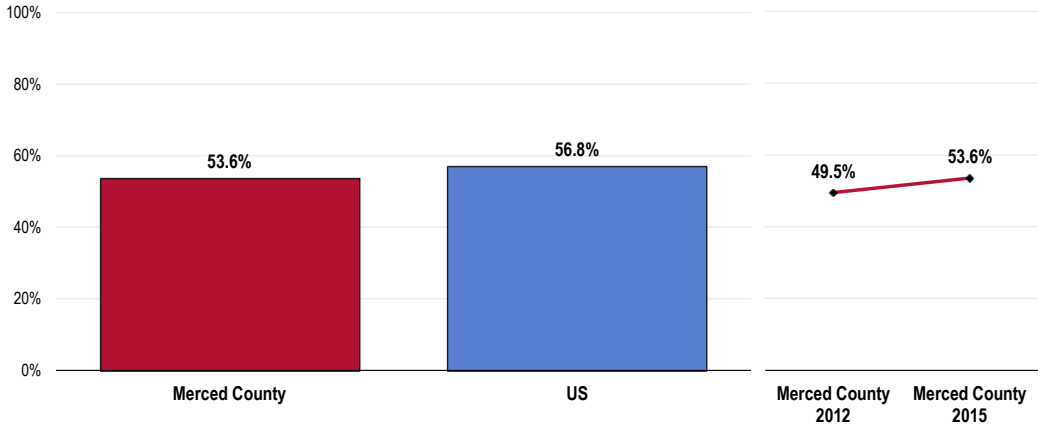
A total of 53.6% of residents had an eye exam in the past two years during which their pupils were dilated.

RELATED ISSUE:

See also Vision & Hearing in the **Death, Disease & Chronic Conditions** section of this report.

PRC Community Health Needs Assessment
Merced County, California

Had an Eye Exam in the Past Two Years During Which the Pupils Were Dilated



Sources: PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 20]
2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: Asked of all respondents.

Recent vision care in Merced County is more often reported among:

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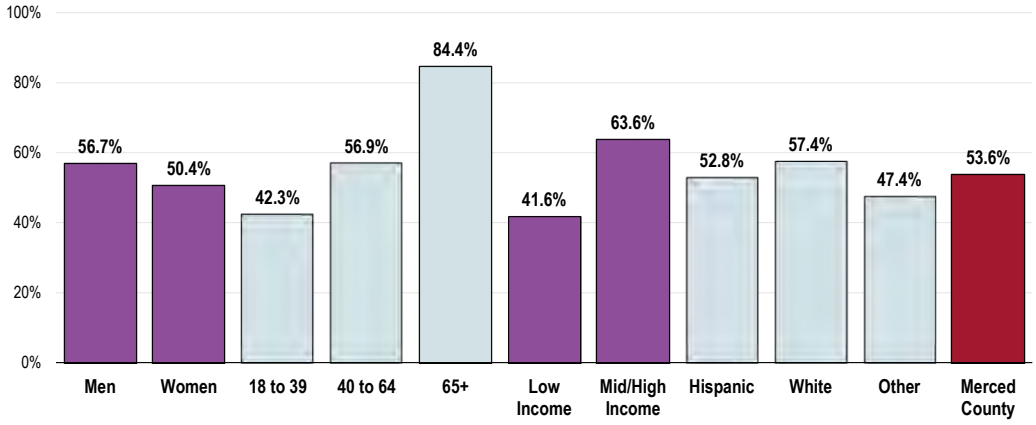
- Adults 65+ (note the positive correlation with age).
- Residents with higher incomes.

Had an Eye Exam in the Past Two Years During Which the Pupils Were Dilated

(Merced County, 2015)



Sources: 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 20]

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

Local Resources

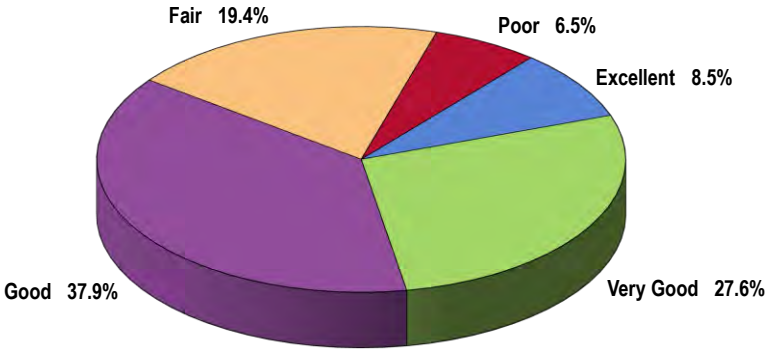
Professional Research Consultants, Inc.

Perceptions of Local Healthcare Services

A total of 36.1% of Merced County adults rate the overall healthcare services available in their community as "excellent" or "very good."

Rating of Overall Healthcare Services Available in the Community

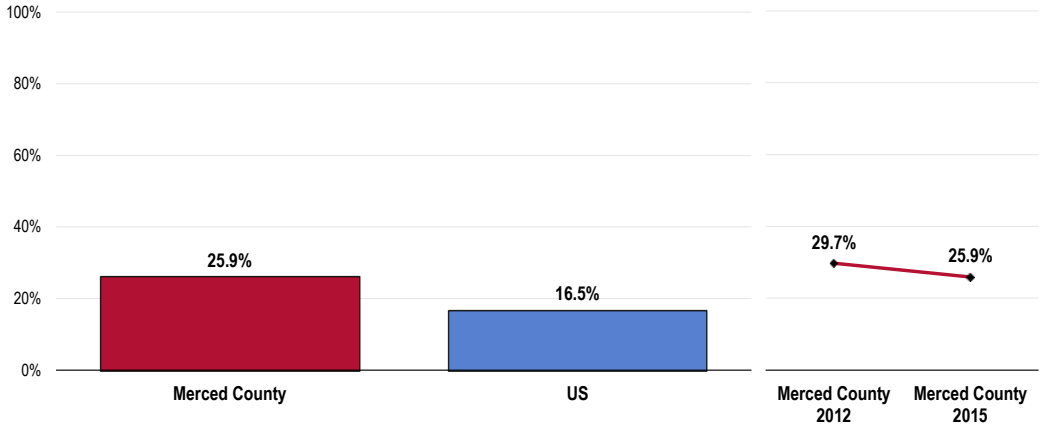
(Merced County, 2015)



Sources: 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 6]
Notes: Asked of all respondents.

However, 25.9% of residents characterize local healthcare services as "fair" or "poor."

Perceive Local Healthcare Services as "Fair/Poor"



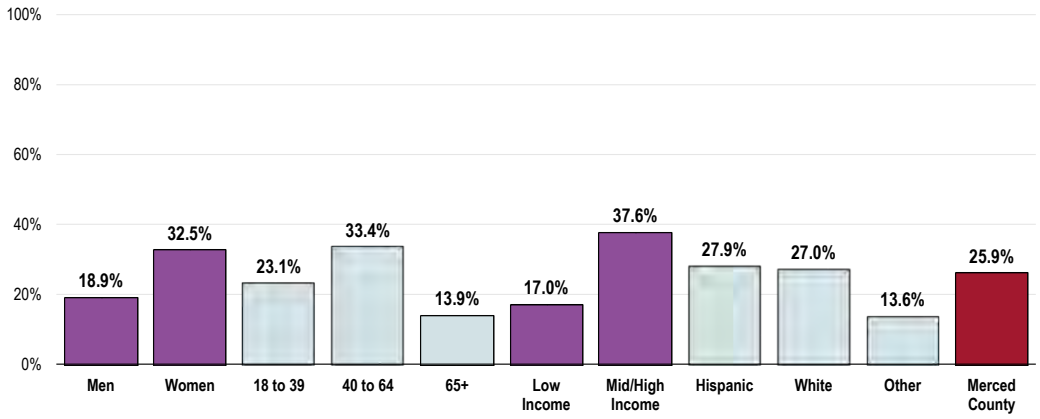
Sources: PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 6]
2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: Asked of all respondents.

The following residents are more critical of local healthcare services:

- Women.
- Adults age 40 to 64.

Perceive Local Healthcare Services as "Fair/Poor"

(Merced County, 2015)



Sources: 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 6]
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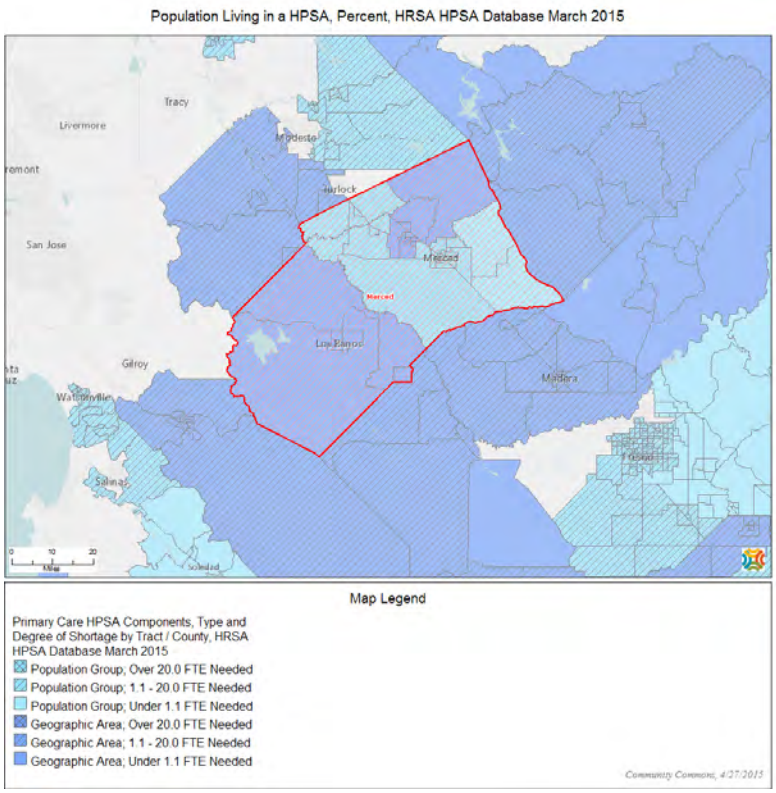
Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Healthcare Resources & Facilities

Health Professional Shortage Areas (HPSAs)

A "health professional shortage area" (HPSA) is defined as having a shortage of primary medical care, dental or mental health professionals.

Note in the following map that northern portions of Merced County are designated as geographic Health Professional Shortage Areas (HPSAs); other portions are designated as HPSAs for certain segments of the population.



Resources Available to Address the Significant Health Needs

The following represent potential measures and resources (such as programs, organizations, and facilities in the community) available to address the significant health needs identified in this report. This list is not exhaustive, but rather outlines those resources identified in the course of conducting this Community Health Needs Assessment.

Access to Healthcare Services

AAA
Alliant University
Alpha Pregnancy Help Center
American Cancer Society
Amtrak
Bigger Effort to Keep Residents
Cancer Center
Castle Family Health Center
CCS Services (California Children's Services)
Central California Alliance for Health
Clinics in Outlying Communities
Covered CA
Diabetes Center
Diabetes Support Group
Dial-a-Ride
Dignity Health Medical Group
Discounts for Seniors
Family Care Clinic
Federally Qualified Health Centers
Golden Valley Health Center
Healthcare Consortium
Higher Ed to Train Health Education Professionals
Homeless Shelter
Hospital
Livingston Medical Group
Local Clinic
Marie Green
Merced County MH
Merced County Public Health Department
Merced Faculty Associates
Mercy Medical Center
Non-Profit Volunteers
Pipeline Programs for Youth
Planned Parenthood
Primary Care Providers
Private Family Cars not Fitted for Wheelchairs
Public Health Department
Rural Clinics
Social Workers Through School

Training and Mentoring Programs for Youth
Transport Companies/The Bus
UC Merced
Valley Children's Hospital Specialty Medical Group
Visiting Nurses Programs

Arthritis, Osteoporosis & Chronic Back Conditions

Community Outreach Events
Endocrine Clinic
Family Care Clinic
Mercy Medical Center Physical Therapy
Ortho Clinic
Physicians/Primary Care Providers/ Private Medical Offices
Primary Internal Medicine Clinics
Public Health Department
Women's Health Clinics

Cancer

American Cancer Society
American Lung Association
California Children's Services
Cancer Center
El Portel Cancer Center
Hospice
Imaging Centers for Mammograms and Screening
Large Drug Stores
Merced Cancer Center
Merced Cares
Merced County Public Health Department
Mercy Cancer Center
Mercy Cancer Support Group
Mercy Hospital Cancer Center
Oncology Center Near Mercy Hospital
Peer Therapy Groups
Physicians/Primary Care Providers/Private Medical Offices
Public Health Department
School Smoking Prevention Programs
Tobacco Cessation Program
UC Davis Cancer Center
UC Davis Medical Center
Women's Health Clinics

Chronic Kidney Disease

CDSMP Education Classes
DaVita Dialysis Centers
Dialysis Clinics
Mercy Medical Center
Nephrologists

Primary Care Providers
Yosemite Surgical Center

Dementias, Including Alzheimer's Disease

Anberry Rehabilitation
Area Agency on Aging
Counseling for Families
Daybreak Adult Care Facility
Donna Ave and R Street
Franciscan Outreach
Hyland Convalescent and Rehabilitation
Mercy Hospital
Primary Care Providers
Psychiatric Care and Medication
Public Health Department
Senior Living Organizations
Skilled Nursing Facilities

Diabetes

Atwater Medical Group
Bicycle Racks on Buses
CDSMP Education Classes
Central California Alliance for Health
Chronic Disease Self-Management
Community Education
Diabetes Center at GMC Merced
Diabetes Community Health Education
Diabetes Self-Management Program
Diabetes Support Group
Dialysis Clinics
Dietitians
Dr. Reneto Fernandez Endocrinology
Farmers Market
Free Zumba Classes
Fruit Stands
Golden Valley Health Center
Health Insurer Programs
Hospital Health Education
Lee's Market
Local Clinic
Local Diabetes Center
Merced Center for Diabetes
Merced Endocrinology and Diabetes Center
Mercy Center for Diabetes
Mercy Medical Center
Mercy's Diabetes Classes
Monitoring and Medication
Nutrition Classes
Physically Active Lifestyle

Physicians/Primary Care Providers
Public Health Department
Safe Paths to School
Schools
Senior Centers
Training for Families to Support Diabetic Patients
Walking Paths

Family Planning

Alpha Pregnancy Help Center
Birthing Center
Castle Family Health Center
Churches
Family Care Clinic
Family PACT Providers
Golden Valley Health Center
Livingston Medical Group
Mercy Medical Center
Ob/Gyns
Planned Parenthood
Primary Care Providers
Public Health Department
Schools
Social Services Agency
Social Worker Referrals
WIC
Women's Health Clinics
Young Parents Program

Heart Disease & Stroke

1-800-No-Butts
Adult Day Care
American Heart Association
Cardiologists in Merced County
Chronic Disease Self-Management
Community Education
Department of Health and Human Services
Faith-Based Support Groups
Family Care Clinic
Free Zumba Classes
General Medical Facility
Hospital
In Shape Gym
Local Cardiologists
Local Clinic
Mercy Cardiac Care Program
Mercy Hospital Stroke Center and Awareness Program
Mercy Medical Center

Primary Care Providers
Programs at Merced County Health Department
Public Health Department
Smoke Free Policies
SNAP-Ed
St. Joseph's Medical Center
Stroke Organizations
Stroke Support Group
Tobacco Cessation Program
Trauma Center

HIV/AIDS

Castle Family Health Centers
County Health Department HIV/AIDS Program
Education in Schools About HIV/AIDS Prevention
Family Care Clinic
Golden Valley Health Center
Health Department
HIV Testing in Family Planning Clinics
LGBT Community Organizations
MCDPH
Pharmacy Syringe Exchange

Immunization & Infectious Diseases

Castle Family Health Centers
CCAH
Community Education
Golden Valley Health Center
Health Department
Kids Care
Primary Care Providers
Privacy Pharmacies
Public Health Department
Schools
Support for Local Immunization Efforts From State

Infant & Child Health

Availability of Physicians
Castle Family Health Center
CHDP
Collaboration With Community Partners
Dignity Health Medical Group
Family Care Clinic
Federally Qualified Health Centers
First 5
Golden Valley Health Center
Head Start
Hospital
Kids Care Clinic

Livingston Medical Group
Merced County Office of Education
Mercy Medical Center
NICU In Hospital
Planned Parenthood
Primary Care Providers
Public Health Department
WIC
Young Parents Program

Injury & Violence

4H
Adult Protective Agency
Anger Management
Boys and Girls Club
CASA
Child Protective Agency
Child Welfare Services
Churches
District Attorney's Office
Gang Sweeps
Increased DUI Checkpoints
Merced County Mental Health
Merced County Website
Merced Police
Merced Rescue Mission
Mercy Merced Medical Center Emergency Department
Mercy Urgent Care
Neighborhood Walks
Police Department
Public Health Department
Restorative Justice
Schools
Sports
Trauma Center in Merced County
Valley Crisis Center
Victim Witness
Violence Hotlines
Young Parent's Program

Mental Health

AspiraNet, DoWith, WeCan and Wrap Services
Catholic Charities Services
Central Valley Regional Center
Churches
Community Assistance Recovery Enterprise
Community Social Model Advocates
County Mental Health
County Services

CSU
D Street Shelter
Dual Diagnosis Center
Education in Schools
Education of Families
Education of Medical Providers in Advanced Practices
Faith Based Community
Family Care Clinic
First 5
Golden Valley Health Center
Hobie House
Homeless Shelter
Hospital Emergency Department
Human Services Agency
Integrated Behavioral Health Programs
JK Resources
Marie Green Mental Health Facility
MediCal
Mental Health Services Act Funded Programs
Mental Health With Long Time Appointments
Merced Behavioral Health Center
Merced County Mental Health
National Alliance on Mental Illness (NAMI)
Network of Care for Behavioral Health
Primary Care Providers
Private Psychiatrists
Public Health Department
Rescue Mission
Telemedicine With Remote Psych Professionals
Westside Community Counseling Center
Worker Help Programs

Nutrition, Physical Activity & Weight

Atwater Parks and Recreation
Bear Creek Walking Strip
Bike Paths
Boy Scouts of America
Boys and Girls Club
Churches
City Parks and Recreation
Clubs and Organizations
Community Education
Community Nutrition Action Plan Collaborative
Farmers Market
First 5
Flea Markets
Food Produce Truck
Gyms
Health Department

Healthy Weight for Life
Human Services Agency
In Shape Gym
Jennifer Hobbs
Land-Use Policies
Le Leche League
Limit Sugary Drinks to Children
Local Clinic
Local Fitness Centers
Local Martial Arts Programs
Local Pools
Meals on Wheels
Merced City Bicycle Coalition
Merced County Office of Education
Mercy Medical Center
Nutrition Classes
Nutritionists
Parks
Primary Care Providers
Public Health at the County Fair
Public Health Department
Safe Paths to School
School Lunch Programs
Schools
Senior Nutrition Site
SNAP-Ed
Summer Sports Programs
Walking and Bicycling Groups
Walking Paths
Weight Loss and Control Programs
Weight Loss Centers
Weight Watchers
WIC

Oral Health

Access Dental
Castle Family Health
CHDP
Dental Offices in Merced
Denti-Cal
Dr. Chang, DDS
Dr. Loretta Say, DDS
Dr. Mahasucon, DDS
Emergency Department
Farmer's Market in Merced
First 5
Golden Valley Health Center
Head Start
Health Educators Through Local Clinics and Hospitals

Local Physicians
Mercy Medical Center
PCP
Pediatric Dentists
Public Health Department
Schools
Vegetable/Fruit Truck

Respiratory Diseases

Air Quality Board
Allergy Clinics
American Lung Association
Asthma Coalition
Central California Asthma Coalition
Colored Flags about Air Quality to Warn Asthmatics
Department of Health and Human Services
Drug and Alcohol Services
GMC
Health Department
Local Pulmonologist
Mercy Medical Center
Physicians
Primary Care Providers
Private Pulmonary Offices
Smog Requirement on Vehicles
Tobacco Cessation Program

Sexually Transmitted Diseases

Planned Parenthood
PPMM
Primary Care Providers
Public Health Department

Substance Abuse

Aegis Treatment Center
Al Anon
Alcoholics Anonymous
Assistance With Substance Abuse
Central Valley Addiction Center
Churches
Community Social Model Advocates
Drug and Alcohol Services
Dual Diagnosis Center
Employee Assistance Programs
Expansion of Drug Courts
Faith Based Counseling Groups
Haven of Hope
Hobie House
Homeless Shelter

Human Services Agency
Mental Health Department
Merced County Mental Health
Merced Rescue Mission
Mercy Hospital
New Beginnings Sober Living
Primary Care Providers
Salvation Army
Support for Families
Tranquility Village

Tobacco Use

1-800-No-Butts
CA Smoker's Helpline
Employee Assistance Programs
Faith Based Support Groups
Health Department
Lung Association
Merced County Health Department
No Smoking Signs at Facilities
Primary Care Providers
Public Health Tobacco Cessation Program
Tobacco Cessation Online